Leveraging your EHR to Support Youth Tobacco Cessation

Youth and young adult tobacco use, including e-cigarette use/vaping, is a significant health concern. Patients ages 11+ should be screened for tobacco use during clinical visits. All youth and young adults who use tobacco should receive counseling and support to help them quit. The electronic health record (EHR) can be a valuable tool to help pediatricians and healthcare teams screen youth for tobacco use and help them quit. The steps below are designed to help you leverage your health system's EHR for youth cessation.

☑ Step One: Identify Key Stakeholders

The first step toward making a change in your health system's EHR is to identify the key stakeholders who will be involved in this decision. Make a list of key decision-makers, and staff who will be affected by a change to the EHR. These stakeholders will vary by institution, but are likely to include:

- Leadership/Administration
- Information Technology
- Billing
- Quality Improvement and Patient Safety
- Healthcare Team: physicians, nurse practitioners, nurses, medical assistants, social workers, pharmacists, etc

☑ Step Two: Make a Strong Case

Once you've made a list of key stakeholders, you'll want to demonstrate how and why it's important to leverage the EHR system to address youth tobacco cessation. When asking for EHR modifications, it is important to understand that the changes will be for the entire health system EHR ecosystem. In most health systems, that requires significant review and approval processes.

Put together a list of talking points that might help your case, and be sure to consider different factors:

- **Improving Health:** Youth tobacco use is an urgent clinical concern. Despite declines in cigarette use, youth still use tobacco products—including e-cigarettes—at high rates. Tobacco use is the leading cause of preventable death and disease in the United States, and most adults who smoke begin use during their teen years. Youth are uniquely susceptible to nicotine addiction and become addicted more quickly than adults. Helping youth quit tobacco use can save them from a future with tobacco-related disease and death. (For more details, visit www.aap.org/youthcessation.)

- **Streamlining Clinical Workflow:** Using the EHR to facilitate tobacco screening, counseling, and treatment for all youth ages 11+ helps your health system provide evidence-based quality care in an automated way. Providers are seamlessly guided through each step: a prompt on the screen will walk them through the clinical interaction. If possible, estimate the amount of time that the EHR-assisted workflow will take during a clinical visit. Consider using a team-based approach to tobacco use screening and treatment intervention. Who interacts, or could interact, with the patient during a visit? Is it possible to develop a confidential screening tool that the patient could complete prior to the clinical visit (either before arrival or while in the waiting room)? Be sure to involve the clinicians/staff who will be responsible for youth tobacco use screening and intervention in the development of the workflow. This will not only make the workflow as efficient as possible, it will also increase clinician and staff buy-in and enthusiasm for the workflow.

- **Prioritizing Cessation:** Where does tobacco cessation fall on your institution's priority list? Do you have an engaged champion in your institution's leadership who can help prioritize youth cessation programs? Think about ways that tobacco is related to other institutional priorities: for example, health equity, or quality improvement. In addition, be sure to highlight the health benefits for your patients who quit tobacco. It is very important to prioritize your asks and to consider restricting requests for EHR modifications to those what will directly drive and impact screening and intervention.

- **Make it as easy as possible:** Be ready with examples of the specific changes that will need to be made to the EHR system, such as screening and counseling documentation, or referral orders to in-system counseling or to a state tobacco quitline. Think about strategies to minimize the IT department's time and effort: can you utilize existing tools and functions, such as a workflow for adult tobacco cessation? Are there screenshots you can share of what this could look like in a real-world scenario?

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☑ Step Three: Build a Workflow

Your health system's IT department may already have an EHR template that collects information about tobacco use, encourages quitting, and connects youth to appropriate cessation resources and supports. Whenever possible, use and build on existing EHR functionalities and tools. IT staff time is in high demand in a health system.

A Youth Tobacco Cessation Workflow can support all 3 elements of the "Ask, Counsel, Treat" protocol:

- **ASK: Implement mandatory screening for tobacco use with all patients, starting at age 11**

    o *Note: This already exists in the majority of EHR systems*

    o Tobacco use status can be included as a vital sign

    o Screening prompts should use a standardized question that screens for all types of tobacco use—not just cigarette smoking. This question may already exist in your EHR system. If it does not, or if the existing question is only focused on cigarettes, consider: "*Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, or dip?*"

    o Screening prompts can use standard categories that already exist in most EHR systems:
    - Current tobacco use: every day
    - Current tobacco use: some days
    - Former tobacco user
    - Never tobacco user
    - Tobacco user, current status unknown
    - Unknown if ever used tobacco

    o Include additional questions such as type(s) of product used, frequency, and duration

- **COUNSEL: Use Clinical Decision Supports to advise all youth who use tobacco to quit**

    o Assess and consider the full range of features of your EHR system to determine which components may help you provide comprehensive quit support to patients. Relevant features may include support with screening, clinical decision-making, counseling prompts, and e-referral.

    o Include a prompt with a script for use in advising the patient to quit.
    - Consider Motivational Interviewing to guide a conversation about quitting
    - Assess the patient's interest in quitting

- **TREAT: Use Clinical Decision Supports to link youth with behavioral and pharmacologic support**

    o Include a prompt to connect the youth with behavioral support
    - Consider an "opt-out" approach to linking youth with behavioral support
    - Consider the modality of behavioral support that is most useful for the individual patient.
        - Text: Text "QUIT" to 47848 (NCI SmokefreeTXT program)
        - Online: www.teen.smokefree.gov (NCI Smokefree teen program)
        - Phone: 1-800-QUIT-NOW (free national quitline)

    o Consider a prompt about pharmacotherapy for youth who are moderately-to-severely addicted.
    - In the prompt, include language about the limited evidence to support the use of tobacco cessation medication in youth under age 18, and encourage clinicians to use their clinical judgment in determining whether off-label use of pharmacotherapy is right for their patient.
    - For more information about youth and cessation medication, visit www.aap.org/NRT.

    o Consider a prompt to generate a ready-made cessation support resource on behavioral and pharmacologic support that you can print and give to the patient/family, or a confidential support document that could go directly to the patient portal for the patient to access later.

    o Include a prompt to arrange for a follow-up in 2 weeks via the methodology that makes most sense for the clinician and patient: telephone, EHR portal messaging, telehealth, in-person appointment, etc.