



*Aligning experience, resources, and our communities
to build a better New Mexico.*

UPDATING ELECTRONIC HEALTH RECORDS TO ADDRESS
NICOTINE AND TOBACCO USE DEPENDENCY
TREATMENT
June 2022

Commercial Tobacco Products



All references to “tobacco” and “tobacco products” within this presentation refer to commercial tobacco and nicotine products and not the tobacco and/or other plant mixtures grown or harvested and used by American Indians and Indigenous People for sacred purposes.

References:

National Native Network. (2021). *Traditional vs. Commercial*. <http://keepitsacred.itcni.org/tobacco-and-tradition/traditional-v-commercial/> Tobacco
CDC. (2021). *American Indians/Alaska Natives and Tobacco Use*. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>

Agenda

- General overview of health systems change strategies for Integrating Nicotine and Tobacco Use Dependency Treatment Services
- Utilizing a whole-person and whole-health neighborhood approach
- Types of Electronic Health Record modifications to optimize integration
- Opportunities for enhancements
- Wrapping up & Next Steps

GENERAL OVERVIEW OF HEALTH SYSTEMS CHANGE STRATEGIES FOR INTEGRATING NICOTINE AND TOBACCO USE DEPENDENCY TREATMENT SERVICES

- Key Strategies
- Coverage
- Meaningful use
- Quality metrics
- Community Hospital Needs Assessment
benefit for non-profits

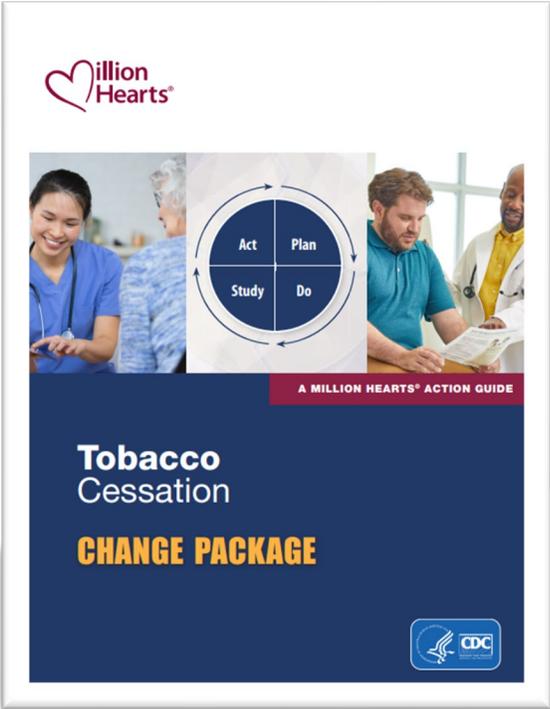
HEALTH SYSTEMS CHANGE STRATEGIES

INTEGRATING TOBACCO DEPENDENCE TREATMENT INTO ROUTINE CLINICAL CARE POLICIES, PROTOCOLS, AND SYSTEMS CAN HELP CLINICIANS DELIVER EFFECTIVE CESSATION INTERVENTIONS.

- **Key Foundations** include:
 - Implementation of a tobacco-free culture
 - Tobacco-free policy development and promotion
- **Equipping Care Teams** with training on tobacco treatment best practices
- Standardized **Screening** for all patients and for all tobacco products
- Protocols that include evidence-based **Treatment**
- Consistent **Referral and Follow-Up**



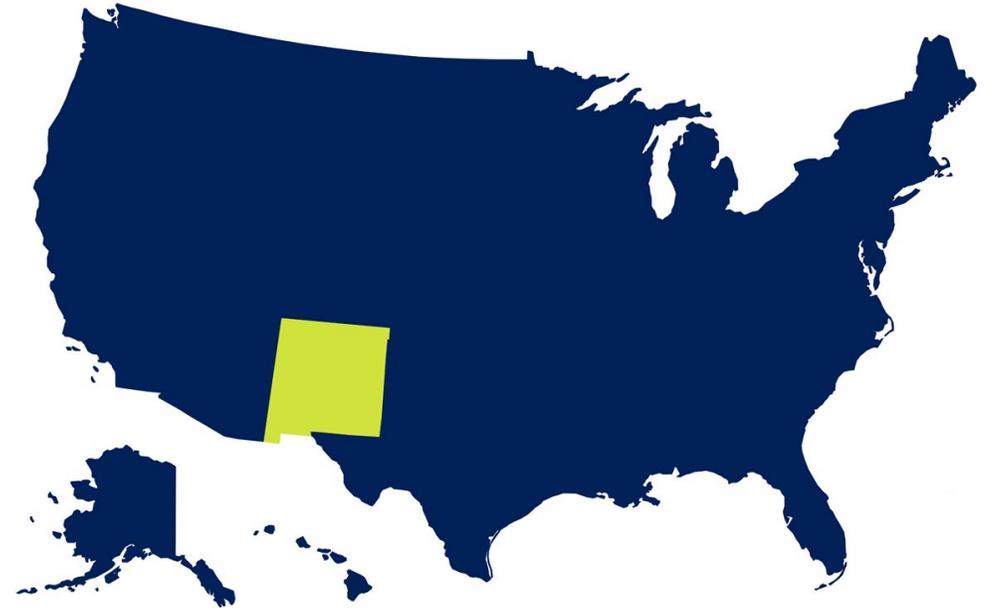
RECOMMENDED RESOURCE:



COVERAGE

New Mexico offers Comprehensive, Barrier-Free Access To Tobacco Treatment, including:

- ✓ All 7 FDA approved quit medications
- ✓ Cessation Counseling covered and includes multiple provider types
- ✓ No Co-Payments or Stepped Therapy
- ✓ No Prior Authorization Required
- ✓ No Lifetime Limits



MEANINGFUL USE

Goals:

- Improve quality, safety, efficiency and reduce health disparities
- Engage patients and families in health care services
- Improve care coordination and population/public health
- Maintain privacy and security of patient health information



Who Can Bill for Cessation?

Information Specific to NM

Medicare	Qualified physicians and other Medicare-recognized practitioners are eligible for reimbursement.	In addition to MDs and DOs, this includes physician assistants, nurse practitioners, clinical nurse specialists, clinical social workers, physical therapists, occupational therapists, speech language pathologists and clinical psychologists.	
Medicaid	Medical practitioners, including independently enrolled certified nurse practitioners; and behavioral health and dental practitioners.	Physician assistants, certified nurse practitioners not enrolled as independent providers, registered nurses, and dental hygienists may bill for counseling services, when under the supervision of a dentist or physician.	Although counseling services must be prescribed by a licensed practitioner participating in the New Mexico Medicaid program, the services do not require prior authorization.

When in Doubt: Contact the insurance carriers with whom you contract regarding any restrictions on providing cessation services. If you are a credentialed provider, it is unlikely that a commercial insurance carrier will prohibit you from providing cessation services. However, payment is by no means guaranteed.

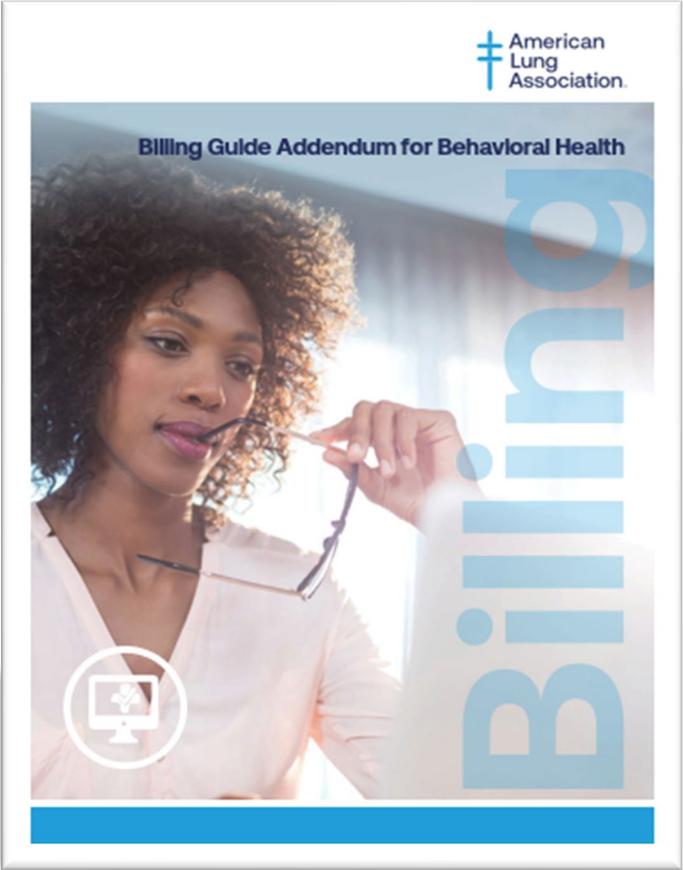


CPT Codes for Cessation Counseling

< 3 Minutes	3 - 10 Minutes	> 10 Minutes	Group Counseling
Routine care <i>no cessation-specific billing code can be used</i>	99406	99407	99078

Lung Association's Billing Guide

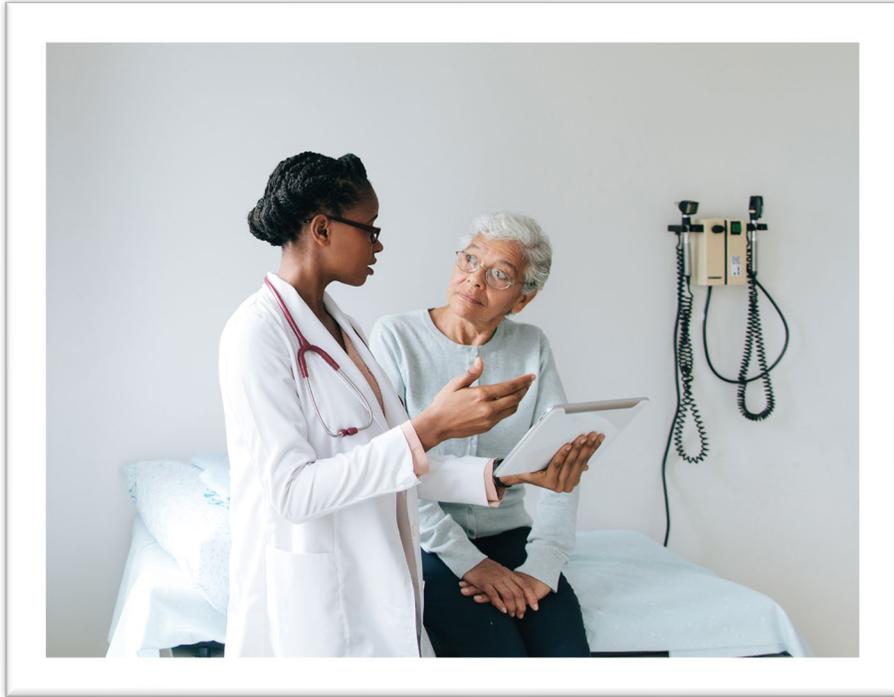
Scan the QR code to access the guide:





Is Billing for Payment the Primary Factor to Integrate Cessation?

COMMUNITY HOSPITAL NEEDS ASSESSMENT: A BENEFIT FOR NON-PROFIT SYSTEMS



Goal: Develop strategies to address the community's health needs and identified issues.

Community Benefits

Counting on Tobacco Treatment to Benefit Non-Profit Systems

Clinical Tobacco Treatment – Inpatient	It is not possible to bill for tobacco cessation services for inpatients; therefore, these services are done at the cost of the organization. Seeing that these inpatient activities address an identified health need and are not a required service, these in-kind tobacco cessation consults may count as a community benefit.
Clinical Tobacco Treatment – Outpatient	Outpatient providers can bill for tobacco cessation consultations. Even though this is a reimbursable service, many outpatient providers do not bill for this service. If providers are not billing for this service, it may be possible to count this as community benefit.
<i>Note: the information provided above does not constitute legal or tax advice. The information is provided for informational/educational purposes only. Please consult with counsel regarding your organization's particular circumstances.</i>	

Community Benefits

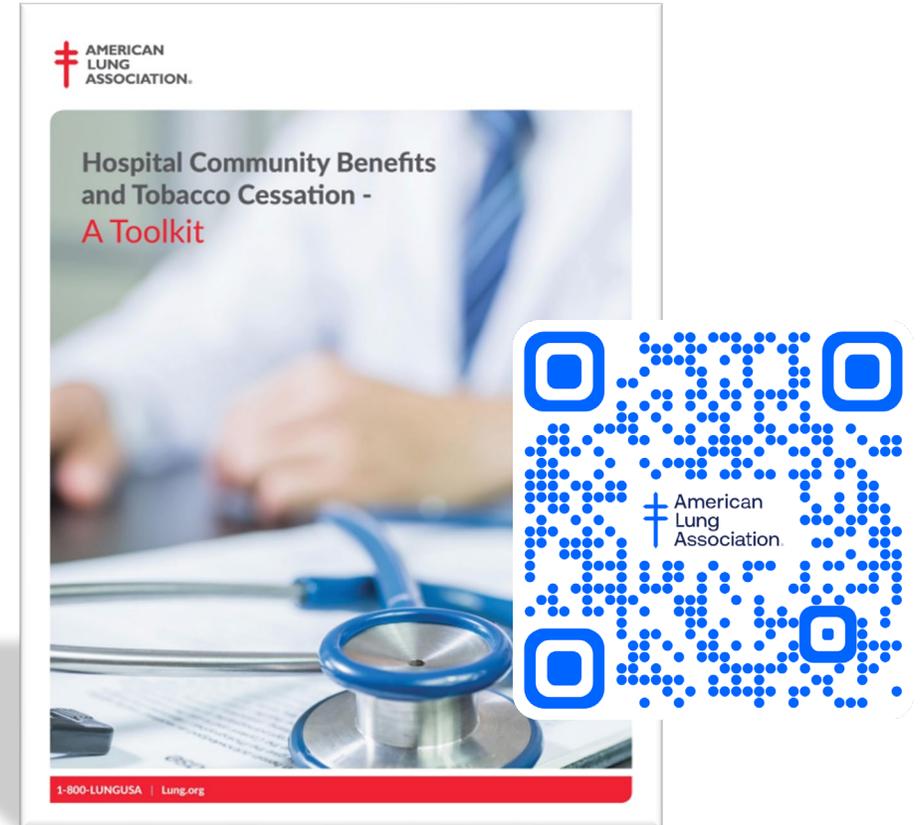
Counting on Tobacco Treatment to Benefit Non-Profit Systems

Community Events	<ul style="list-style-type: none">• Cessation support groups (e.g., Freedom from Smoking) and participation at health events in the community where tobacco education is provided can also be counted in the Community Health Improvement Services (Category A).• Employee time (preparing for and attending the event), expenses related to supplies, cost of running the program, and room rental for these endeavors can be counted.
No-Cost Medications	<ul style="list-style-type: none">• When hospitals provide FDA-approved cessation medications and nicotine replacement therapy at no cost to patients, the hospital may count the cost of that medication as community benefit. It is important to note that the cost to the hospital should be counted and not the retail cost of the medication. Tobacco Cessation Treatment and Community Benefits

Note: the information provided above does not constitute legal or tax advice. The information is provided for informational/educational purposes only. Please consult with counsel regarding your organization's particular circumstances.

RECOMMENDED RESOURCES:

Scan the QR code to access each guide:



RECOMMENDED RESOURCE:

The screenshot shows the American Lung Association website. At the top left is the logo and 'Call the Lung HelpLine' with a phone icon and 'Ask a Question' button. To the right is a search bar, a 'TRANSLATE' button, and a location dropdown set to 'NM'. A dark blue navigation bar contains links for 'Lung Health & Diseases', 'Quit Smoking', 'Clean Air', 'Research & Reports', 'Policy & Advocacy' (which is underlined), and 'Get Involved', along with a yellow 'DONATE' button. Below the navigation bar is a breadcrumb trail: 'Home > Policy & Advocacy > Tobacco Initiatives > Tobacco Cessation > State Cessation Coverage'. The main content area has a blue header with the title 'State Cessation Coverage' and social media icons for Facebook, Twitter, LinkedIn, Email, and Print. On the left is a 'Policy & Advocacy' sidebar menu with items: 'What We Advocate For', 'Take Action', 'Healthy Air Campaign', 'Healthcare & Lung Disease Initiatives', and 'Tobacco Initiatives'. The main text states: 'The American Lung Association supports state policies that give smokers easy access to all treatments proven effective to help them quit. This includes:' followed by a bulleted list: 'Fully funding state tobacco control programs including quitlines', 'Providing a comprehensive, easily-accessed tobacco cessation benefit to all Medicaid enrollees and state employees, and through other state-run health insurance plans', and 'Ensuring all private health insurance plans cover a comprehensive, easily-accessible tobacco cessation benefit'. At the bottom of the main text is the heading 'State Tobacco Cessation Coverage Database'.



RECOMMENDED RESOURCE:

The screenshot shows the CMS.gov website interface. At the top right, there are navigation links: Home | About CMS | Newsroom | Archive | Help | Print. The CMS.gov logo is on the left, with the tagline 'Centers for Medicare & Medicaid Services'. A search bar is located to the right of the logo. Below the logo is a row of yellow navigation buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Regulations & Guidance > Promoting Interoperability > Certified EHR Technology. The left sidebar contains a list of links under the heading 'Promoting Interoperability': 2022 Medicare Promoting Interoperability Program Requirements, 2020 Program Requirements Medicare, 2021 Program Requirements Medicare, Educational Resources, Annual Call For Measures, Medicare and Medicaid Promoting Interoperability Program Basics, Electronic Clinical Quality Measures Basics, Scoring, Payment Adjustment, and Hardship Information, Registration & Attestation, Certified EHR Technology, and Puerto Rico Hospitals. The main content area is titled 'Certified EHR Technology' and contains the following text: 'In order to efficiently capture and share patient data, health care providers need certified electronic health record (EHR) technology (CEHRT) that stores data in a structured format. Structured data allows health care providers to easily retrieve and transfer patient information and use the EHR in ways that can aid patient care. CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must meet to qualify for use in the Medicare Promoting Interoperability Program. For calendar year (CY) 2022, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and critical access hospitals (CAHs) may use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition, as finalized in the CY 2021 PFS final rule (85 FR 84818 through 84828). The CEHRT functionality must be in place by the first day of the EHR reporting period and the product must be certified by ONC by the last day of the EHR reporting period. The eligible hospital or CAH must be using their selected version's functionality for the full EHR reporting period. As a reminder, ONC's 21st Century Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The following changes constitute the 2015 Edition Cures Update: • New technical certification criteria to advance interoperability and make it easier for patients to access their own electronic

QUALITY METRICS

Tobacco Performance Measure Set

- **Measure 1:** Tobacco use screening of patients 18 years and over
- **Measure 2:** Tobacco use treatment, including counseling and medication during hospitalization
- **Measure 3:** Tobacco use treatment management plan at discharge

RECOMMENDED RESOURCE:

Tobacco Cessation Quality Measures

Quitting smoking is the best thing that a smoker can do to improve their health. Quitting is difficult and patients often need help, advice and support from their provider(s). Unfortunately, the 2020 Surgeon General's report on Smoking Cessation found that, "four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit." This is a problem as it is a missed opportunity for providers to facilitate the quitting process, especially given that smokers consistently cite a doctor's advice to quit as an important motivator to attempt quitting.

Quality measures for tobacco cessation can play an important role in the healthcare system by encouraging providers to ask about tobacco use and provide treatment, especially if linked to certification or provider payment. There are a limited number of quality measures that specifically address tobacco cessation. The chart below lists those measures, what they measure, who they measure, how they are currently used and other key information. This information can show where some of the tobacco cessation quality measures are already being used and can also help identify the most appropriate tobacco cessation quality measure to use with various health systems and payors. For a primer on quality measures, please see our factsheet on the [quality measures](#). Please note, there is a glossary of key terms and acronyms at the end of the document.



Name	Details	Reporting Level	Current Use	Patient Population	Provider Payment	Other Notes
Medical Assistance with Smoking and Tobacco Use Cessation (MSC) <ul style="list-style-type: none"> • Composite Measure • NQF ID: 0027 (NQF Endorsement Removed) • CMIT ID: 2867 • Steward: National Committee for Quality Assurance (NCQA) 	Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of Members age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year. Discussing Cessation Medications: A rolling average represents the percentage of Members age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. Discussing Cessation Strategies: A rolling average represents the percentage of Members age 18 and older who were current smokers	Health Plan	HEDIS Quality Measure System Marketplace Quality Rating System Medicaid Adult Core Set (Behavioral Health Care)	Patients with commercial health insurance and Medicaid Managed Care plans • Used to certify qualified health plans (QHP) and determine quality ratings for QHPs that are publicly displayed. • Population: People 18 and up, purchasing health insurance via Healthcare.gov. • Medicaid Adult Core set is voluntary for states and Medicaid	Plans submit data to be certified. Also allows the public to <u>compare</u> between types of health plans. Does not impact provider payment but does impact quality ratings for private insurance plans. Adults enrolled in state Medicaid programs.	



COMMUNITY HOSPITAL NEEDS ASSESSMENT: A BENEFIT FOR NON-PROFIT SYSTEMS

NUPAC NM
Nicotine Use Prevention
and Control Program

HEALTH SYSTEMS CHANGE

NM Tobacco System Change Training and Outreach Program

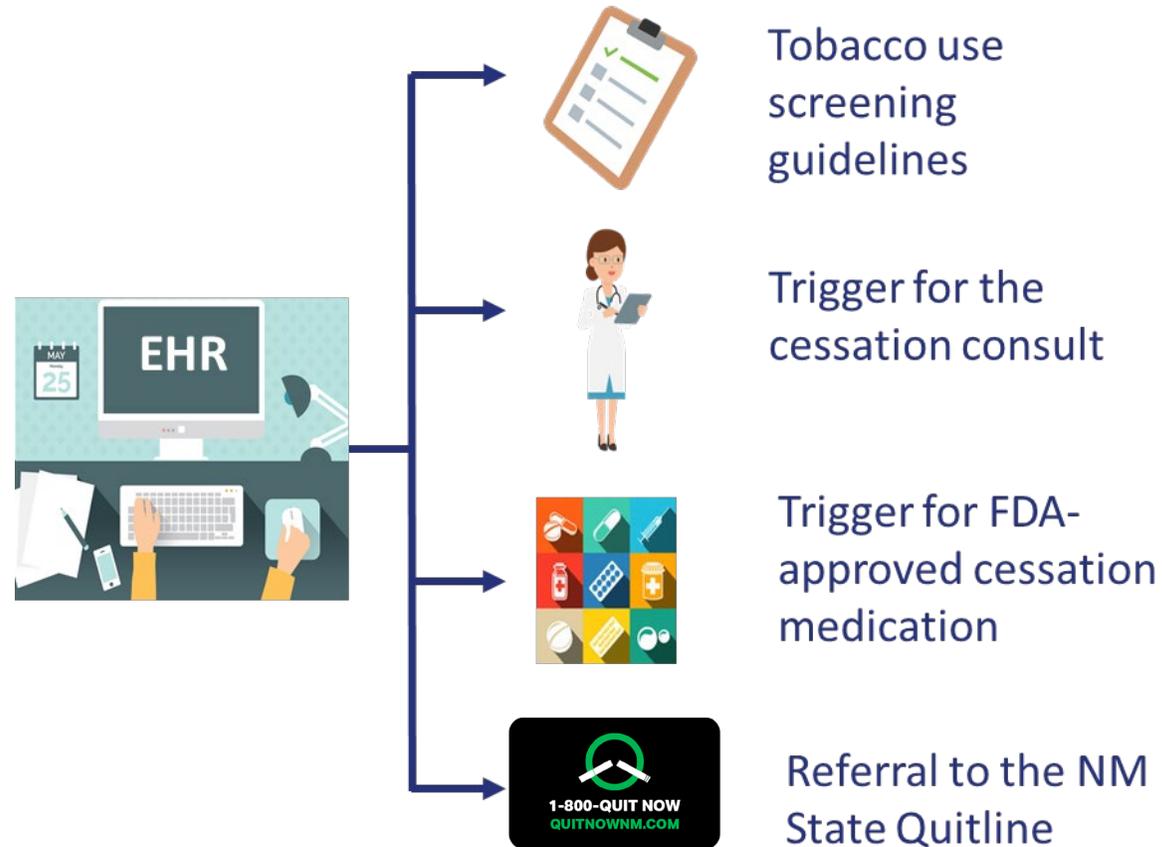
Technical assistance and resources for providers to systematically identify tobacco users, provide advice, and make appropriate referrals to patients.



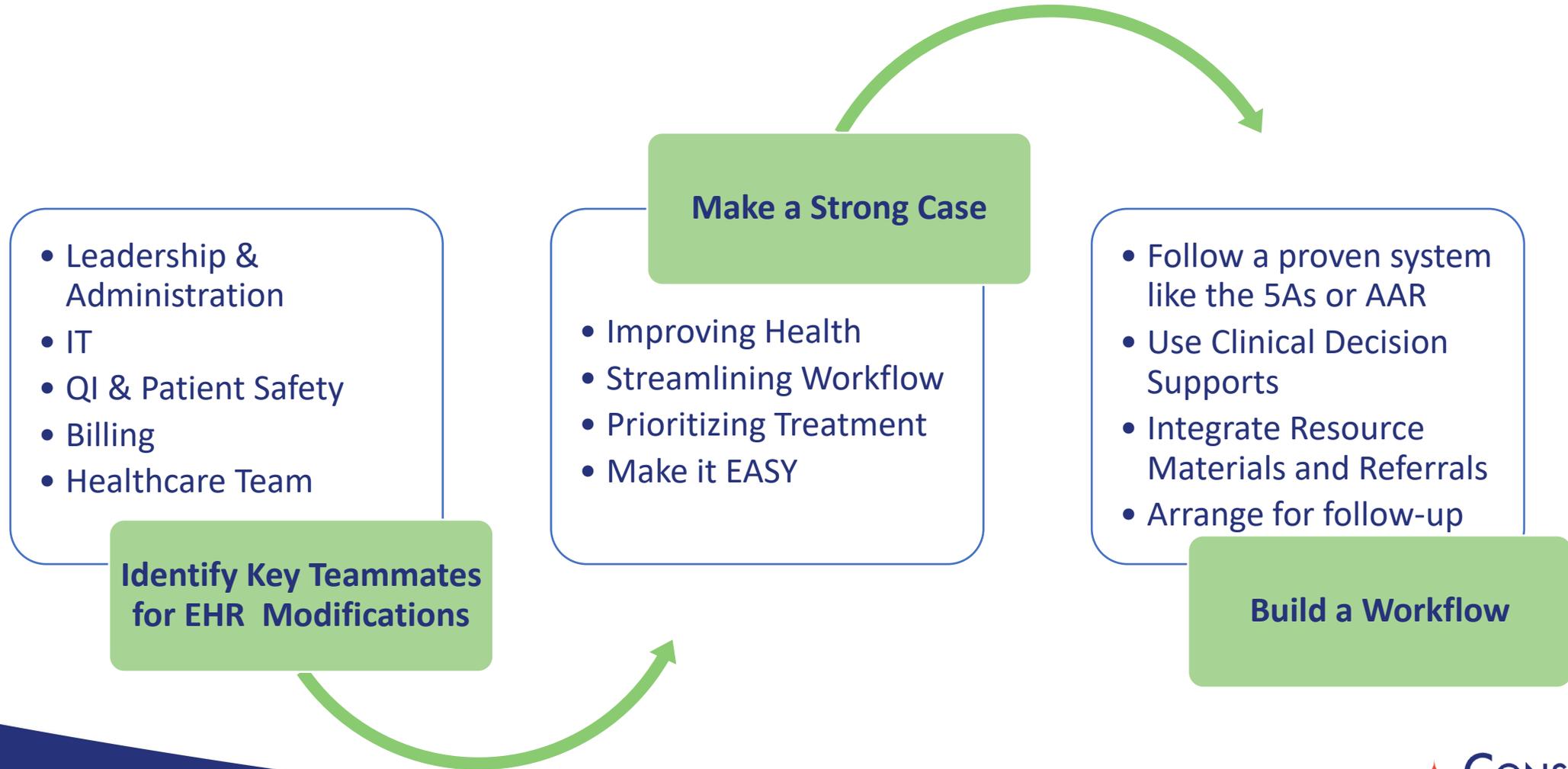
TYPES OF ELECTRONIC HEALTH RECORD MODIFICATIONS TO OPTIMIZE INTEGRATION

- Examples of Order sets & alerts
- E-referrals

LEVERAGING YOUR EHR TO SUPPORT CESSATION



KEY STEPS TO LEVERAGING YOUR EHR SYSTEM



Tobacco Treatment EHR Integration Examples

Tobacco Education	
Tobacco Education Status	<input checked="" type="radio"/> Tobacco Counseling >3min <input type="radio"/> Tobacco Counseling >10mins <input type="radio"/> Refused
Tobacco Education	<input type="checkbox"/> Tobacco Cessation Handout <input checked="" type="checkbox"/> Tobacco Educ Complete <input checked="" type="checkbox"/> NRT Discussed <input checked="" type="checkbox"/> NRT Orders Requested
Tobacco Education Comments	<p>Pt wants to stop smoking. Has had a difficult time stopping cold turkey while inpatient since yesterday. Ordered Patches. Spoke to nurse about getting patch as soon as it is available. Pt has signed up for Quit now line. The patient will call today to get the ball rolling. </p>

Respiratory Therapist documents that they completed a tobacco cessation consult with patient and what was discussed

Example: Meditech Screening

Smoking Cessation Protocol	
Smoking	
Smoking status	<input type="radio"/> Former smoker <input type="radio"/> Smoker current status unknown <input type="radio"/> Never smoker <input type="radio"/> Unknown if ever smoked <input checked="" type="radio"/> Current every day smoker <input type="radio"/> Current some day smoker <input type="radio"/> Light tobacco smoker (Less than 10 cigarettes daily) <input type="radio"/> Heavy tobacco smoker (Greater than 10 cigarettes daily)
Smoking stop date	
How many cigarettes do you smoke per day?	15
How many cigars do you smoke per day?	0
Does patient use an electronic or vapor cigarette?	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:
How many vapor cigarettes do you use per day?	
Does patient dip or chew tobacco?	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:
How many cans/pouches per week?	
Do you want to quit smoking?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment:
Smoking cessation education given?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment: Smoking Cessation education should be provided to all patients and/or smoking caregivers. Document Education in the Teaching Record.
Is this a cardiac diagnosis?	<input type="radio"/> Yes <input checked="" type="radio"/> No Physician order required to initiate smoking protocol for all cardiac diagnoses.
Smoking protocol initiated?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Help Line has previously been accessed by patient or CM?	<input type="radio"/> Yes <input type="radio"/> No
Helpline called for smoking cessation?	Enter date of access in the date field if not already there. <input type="radio"/> Yes <input type="radio"/> No Comment:

Example: GE Centricity

Font Paragraph Styles

Risk Factors

Tobacco

Tobacco Use: Required for patients age 13 & older

Reviewed No Changes

current quit never unknown

Year Started:

Every day? yes no

Some days? yes no

cigarettes Amt: packs/day

cigars Amt: # per week

pipes Amt: bowls per week

smokeless/chewing Amt: pouch / tin per day

Second hand smoke exposure: yes no

Tobacco Cessation Counseling Form

EMMI - Smoking Cessation - Thinking About Quitting Smoking Ordered

EMMI - Smoking Cessation Medications Ordered

EMMI - Benefits Of Quitting Tobacco Ordered

Tobacco Counseling-Referral Information Added To Clinic Summary.

Patient was referred to the Oklahoma Tobacco Helpline. (800)784-8669

Patient was prescribed the Emmi Module on Tobacco Cessation Counseling.

Previous Values

Tobacco Use: never (12/14/2014 5:39:25 PM)

Year Started:

Year Quit:

Pack Per Day:

Cigarettes: never smoker (12/14/2014 5:39:25 PM)

Cigars:

Pipes:

Smokeless/Chewing:

Second Hand Smoke Exp: no (12/16/2013 10:26:29 AM)

Smoking advice given: yes (12/07/2015 11:08:11 AM)

Tobacco Comments:

Nicotine Reviewed No Changes

Patient currently uses E-Cigarettes

Patient does not currently use E-Cigarettes

Tobacco Use Comments:

EPIC eReferral Screenshot

Priority:

Frequency:

Starting: At:

First Occurrence: **Today 1445**

Scheduled Times: [Hide Schedule](#)
12/23/16 1445

I have discussed tobacco cessation counseling with the patient. Patient agrees to referral to the Oklahoma Tobacco Quit Line, and agrees to information exchange between the quit line and health plan, including patient contract and outcomes information.

Yes No

Patient contact number:

Best contact time:

Is it ok to leave a message on your voice mail?

Yes No

NRT Authorization

Comments (F6):

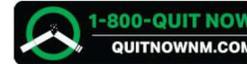
Class:



EHR Example from OK Hospital Association

Tobacco History/Referral	
Tobacco Use History	<input type="radio"/> Current Everyday Smoker <input type="radio"/> Current Someday Smoker <input type="radio"/> Former Smoker <input type="radio"/> Never Smoked <input type="radio"/> Smoker current status UNK <input type="radio"/> Smokeless Tobacco <input type="radio"/> Unknown if ever smoked <input type="radio"/> Heavy Tobacco Smoker <input type="radio"/> Light Tobacco Smoker <input type="radio"/> eCigs/Vapor w/Nicotine <input type="radio"/> eCigs/Vapor w/o Nicotine
	Smoking Status Definitions: Current Every Day Smoker= has smoked at least 100 cigarettes during lifetime and still regularly smokes every day. Current Some Day Smoker= has smoked at least 100 cigarettes during lifetime and still regularly smokes periodically. Former Smoker= has smoked at least 100 cigarettes during lifetime but does not currently smoke. Never Smoked= has NOT smoked 100 or more cigarettes during lifetime. Heavy Tobacco Smoker= smokes more than 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke. Light Tobacco Smoker= smokes less than 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke.
Have you used ANY Tobacco Products in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Date Last Used Tobacco Product	<input type="text"/>
What type of Tobacco Product	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Hookah
Request OKLA Tobacco Helpline Referral	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/> I have discussed tobacco cessation with the patient. Patient has given verbal consent to the referral to the Oklahoma Tobacco Quit Line, and agrees to information exchange between the Quit Line and Health plan, including patient contact and outcomes information. **Selecting "Yes" will electronically send a notice to the Oklahoma Tobacco Quit Line (1800QUITNOW)**
Select Time for OKLA Tobacco Helpline to contact patient	<input type="checkbox"/> 6am to 9am <input type="checkbox"/> 9am to 12pm <input type="checkbox"/> 12pm to 3pm <input type="checkbox"/> 3pm to 6pm <input type="checkbox"/> 6pm to 9pm
OKLA Tobacco Helpline may leave message on voice mail	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Contact Phone number	<input type="text"/> <small>Only enter numbers in this field, no free text. (123-456-7899)</small>

FAX AND E-REFERRALS



NEW MEXICO FREE TOBACCO HELPLINE
FAX REFERRAL FORM
Fax Number: 1-800-483-3114

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES NO DON'T KNOW

Patient Information:

PATIENT NAME DATE OF BIRTH GENDER MALE FEMALE

ADDRESS CITY ZIP CODE

PRIMARY PHONE NUMBER HM WK CELL SECONDARY PHONE NUMBER HM WK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

I am ready to quit tobacco and request the New Mexico Free Tobacco Helpline contact me to help me with my quit plan.
(initials)

I DO NOT give my permission to the New Mexico Free Tobacco Helpline to leave a message when contacting me.
(initials) ****By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: _____ DATE: ____/____/____

The New Mexico Free Tobacco Helpline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM - 9AM 9AM - 12PM 12PM - 3PM 3PM - 6PM 6PM - 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # Secondary #

© 2016. All rights reserved. Reprinted with permission of copyright owner. All trademarks are the property of their respective owners.

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

Utilizing a whole- person and whole- health neighborhood approach

- Engaging different care providers
- Opportunities for integration in various settings

RECOMMENDED RESOURCE:

NUPAC NM
Nicotine Use Prevention
and Control Program

HEALTH SYSTEMS CHANGE

NM Tobacco System Change Training and Outreach Program
Technical assistance and resources for providers to systematically identify tobacco users, provide advice, and make appropriate referrals to patients.



1-800-QUIT NOW
QUITNOWNM.COM

OPPORTUNITIES FOR ADDITIONAL SYSTEM ENHANCEMENTS

- Whole-Person, Whole-Health Approach
- Patient education integration
- Lung Cancer Screening integration
- Partnering for Success

WHOLE-PERSON, WHOLE HEALTH APPROACH



- ✓ Economic Stability
- ✓ Education Access and Quality
- ✓ Health Care Access and Quality
- ✓ Neighborhood/Built Environment
- ✓ Social & Community Context

Unique Settings in the Whole-Person Model



Pharmacies
Dental and Oral Health
Quitlines &
Behavioral Health Centers
Community Health Centers

Unique Settings in the Whole-Person Model



- Pharmacies
- Dental and Oral Health
- Quitlines
- Behavioral Health Centers
- Community Health Centers
- Community Services

Enhancement:

**Integrating Patient Education
Lung Cancer Screening**



COMMUNITY PARTNERSHIPS TO SUPPORT TREATMENT INTEGRATION & ACCESS TO SERVICES

Key Foundations

- Leadership buy-in is key
- Find your champions
- Engage with your state's Rural Health Association, Hospital Association, and Primary Care Association

Relationships Matter

- Meet partners in efforts where they are
- Explore unique strengths, barriers, and organizational cultures
- Understand that some settings and providers function in multiple roles

WRAPPING UP & NEXT STEPS

- Additional Resources
- Training Evaluation and Continuing education credit

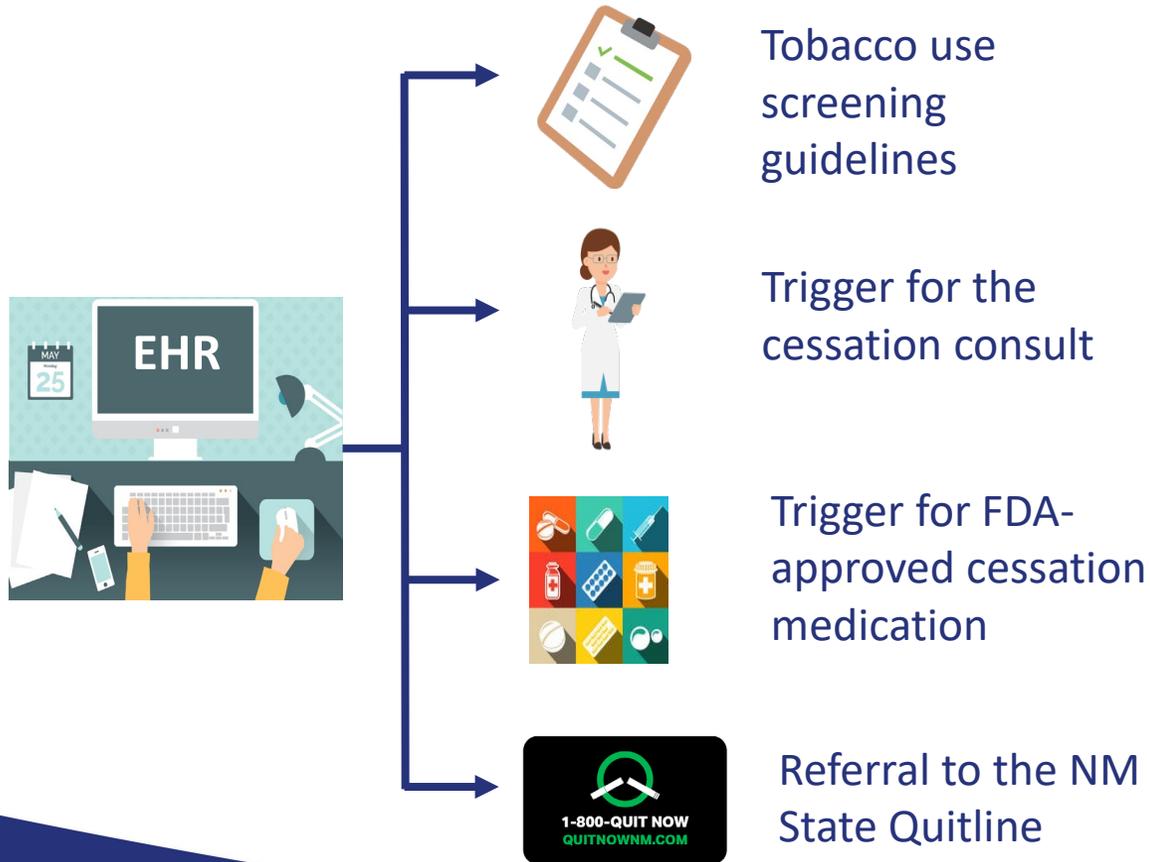
MORE INFO & ASSISTANCE FROM NM DEPARTMENT OF HEALTH'S NICOTINE USE, PREVENTION AND CONTROL PROGRAM

Free consultation and support is available from the New Mexico Tobacco Systems Change Training and Outreach Program (NM TOP) can help with:

- Leveraging Electronic Health Records Systems (EHRs) to support tobacco treatment
- Meeting Meaningful Use criteria for tobacco treatment
- Meeting Joint Commission standards
- Meeting PCMH and other initiative standards
- Integrating US Public Health Service Guidelines for tobacco treatment
- Coding and billing for tobacco-related diagnoses and treatment
- Providing evidence-based, high quality nicotine addiction treatment and referral

Visit nupacNM.com for these resources and more!

KEY POINTS TO REMEMBER:



- Best practices using the EMR
 - IT and informatics teams are your friends
- Diverse team needed for integration
 - Quality/safety personnel are great people to start with

MORE INFO & ASSISTANCE

FROM THE AMERICAN LUNG ASSOCIATION:

Resources from The American Lung Association for YOU and the people that you are helping quit!

For YOU:

- Toolkits, Billing Guides, and Cessation Coverage info at [Lung.org/CessationTA](https://www.lung.org/CessationTA)

For those you help:

- Educational info, fact sheets, and cessation support at [Lung.org/quit-smoking](https://www.lung.org/quit-smoking)
- Connect to community-based in-person and virtual quit groups at [Lung.org/FFS](https://www.lung.org/FFS)
- Clean Air, Lung Health Information and more at [Lung.org](https://www.lung.org) or **1-800-LUNG USA**



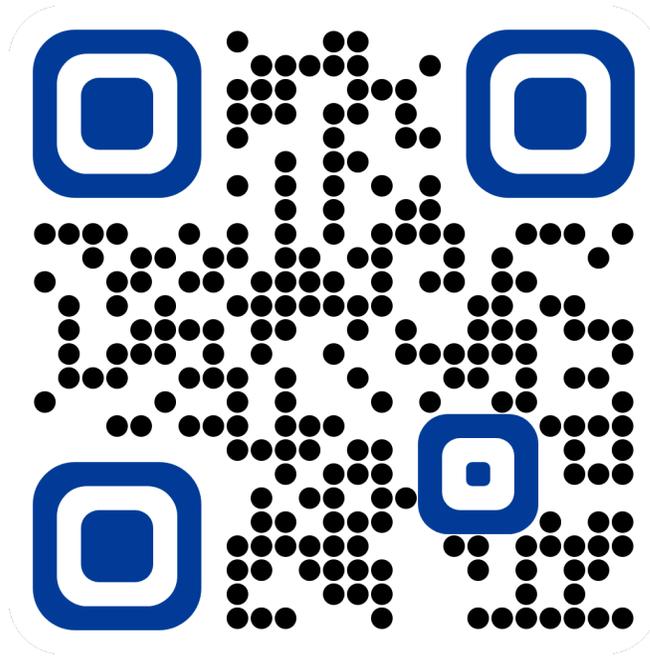
Rebecca Padilla, BA, CTTS

National Manager, Tobacco Programs

Rebecca.Padilla@Lung.org | 505-814-7551

Lung.org/CessationTA

Scan the QR Code to access training slides and the additional resources highlighted in this training:



FOR MORE INFORMATION

Please contact:

www.ConstellationNM.com

www.NMHealthEquity.org

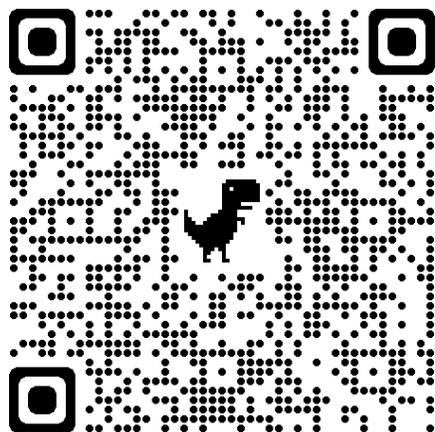
info@ConstellationNM.com

505-250-0689

EVALUATION & CEU CERTIFICATE REQUEST

To request CEUs for this session:

Scan this QR Code



Or visit the website below, and select
Session Evaluation & CEU Certificate Request.

[https://nmhealthequity.org/
tobacco-nicotine-treatment-control/](https://nmhealthequity.org/tobacco-nicotine-treatment-control/)