Sentara® Health Plans

SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:

TOBACCO CESSATION AND E-CIGARETTE USE

Guideline History

Date Approved	04/01
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Guideline Change Summary

Date	Description
9/2025	Review and Recommendations provided by Dr. Anthony Hardt for presentation to Committee 11/2025. No new recommendations or updates needed.

SENTARA HEALTH PLAN

Category:	Health and Preventive Services	Original Date: 04/01
Specialty/Area:	Sentara Health Plans and Sentara Health Plans, Inc., and its subsidiaries hereinafter Sentara Health Plans Health.	Last Revised/Reviewed Date: 11/2024
Subject:	Clinical Guidelines for Tobacco Cessation and E-Cigarette Use	Approval: Terrina Thomas, MS, **Director, Health & Preventive Services**

Clinical Guidelines for Tobacco Cessation and E-Cigarette Use

Purpose

To provide evidence-based practice strategies for Sentara Healthcare and Sentara Health Plans providers treating tobacco or e-cigarette users.

Background:
In August 2008, the Agency for Healthcare Research and Quality updated Treating Tobacco Use and Dependence Clinical Practice Guidelines and reviewed content in February 2020. The review of literature consisted of approximately 8,700 research articles that focused on data analyses and review. The update strongly recommends healthcare professionals implement effective tobacco dependence counseling and medication treatments when intervening with patients who use tobacco. "E-cigarettes are not an FDA-approved quit aid, and there is no conclusive scientific evidence on the effectiveness of e-cigarettes for long-term smoking cessation." (National Institute on Drug Abuse, 2020).

The following is a recommended protocol for all healthcare practices.

Procedures

Step 1 – Office Environment - Establish a tobacco and e-cigarette free environment by:

- Display sign(s) of no tobacco or e-cigarette use
- Use posters that encourage tobacco and e-cigarette cessation
- Provide appropriate patient education materials according to tobacco or e-cigarette use. Resources should include Sentara Health Plans Stay Smokeless for Life Toolkit materials and videos found at www.sentarahealthplans.com/quitsmoking, and available cessation medications
- Provide magazines in the waiting area that **do not** contain tobacco or e-cigarette advertisements

Step 2 – Screen Patients, Identify every patient at every visit by:

- Inquire about status of tobacco and e-cigarette use **(5th vital sign)**
- Ask patient about readiness to quit tobacco or e-cigarette use (See Stages of Change and Readiness To Quit Tool)
- Chart patient's tobacco or e-cigarette use and level of readiness to quit

Step 3 – Intervention

- Prescribe nicotine replacement therapy and medication as indicated
- Refer to Tobacco Cessation options *see page seven and eight of this document*

Step 4 – Follow up

- Ensure prescription medications and counseling are a good fit for patient. Consider adjustments as needed
- Ensure patient has no additional concerns or needs

The Ask, Advise, Assess, Assist, Arrange: The 5 A's

The first step of treatment for tobacco and e-cigarette use is effective identification of tobacco or e-cigarette users. Treating Tobacco Use and Dependence Clinical Practice Guidelines recommends that healthcare professionals utilize the office visit for assessment and intervention opportunities for every patient.

ASK about tobacco and e-cigarette use. Know the status (current or past) for every patient at every office visit.

ADVISE all tobacco and e-cigarette users to quit. Use a strong, clear and a personalized manner to urge every tobacco or e-cigarette user to quit.

ASSESS willingness to make a quit attempt. If the patient is willing to make a quit attempt, provide assistance.

ASSIST the patient willing to make a quit attempt, assist tobacco or e-cigarette user with setting a quit date. Give advice on successful quitting, offer medication and provide or refer for counseling or additional treatment to help the patient quit. Provide resources and information on quit lines. If the patient is unwilling to make a quit attempt within 30 days, provide a brief intervention that will motivate a future quit attempt. Identify reasons to quit in a supportive manner.

ARRANGE for follow up contacts beginning within the first week after quit date to prevent relapse. A second follow up call is recommended with in the first month.

Willingness to Change

Change does not just happen. According to the Prochaska Transtheoretical Model of Change, there are several stages to change. The Stages of Change are precontemplation, contemplation, preparation, action, and maintenance. Stages of Change assessments are useful for addressing the patient's actual willingness to quit smoking which could change with every office visit. These stages are cyclical.

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Stages of Change from the Transtheoretical Model of Intentional Behavior Change

Precontemplation	Current tobacco or e-cigarette users who are NOT planning to quit within the next 6 months.
Contemplation	Current tobacco or e-cigarette users who are considering quitting within the next 6months and have not made an attempt in the last year.
Preparation	Current tobacco or e-cigarette users who have made quit attempts in the last year and are planning to quit within the next 30 days.
Action	Individuals who have recently stopped using tobacco or e-cigarette within the past 6 months.
Maintenance	Individuals who are not currently using tobacco or e-cigarette for longer than 6 months but less than 5 years (former smokers).
Termination	Individual's former tobacco or e-cigarette usage is no longer perceived as desirable. They live as a former tobacco user.

American Lung Association, Tobacco Cessation Quick Reference Guide, 2022

Tobacco Readiness to Quit Tool



American Lung Association, Tobacco Cessation Quick Reference Guide, 2022

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Unwilling to Quit –Use the 5Rs

RELEVANCE – Encourage the patient to indicate why quitting is personally relevant. Be as specific as possible. Motivational interviewing has the greatest impact if it is relevant to the patient's condition, family, past quit attempts.

RISKS - Ask the patient to identify potential negative consequences of tobacco or e-cigarette use.
Acute (short-term pregnancy risks, shortness of breath) or Chronic (long-term risks– heart attack, stroke, COPD, cancer).

REWARDS – Ask patient to identify potential benefits of quitting tobacco or e-cigarette use. Suggest improved health benefits, reduced risks to family (secondhand smoke), and potential money saved.

ROADBLOCKS- Ask the patient to identify barriers to quitting and discuss treatment options. Discuss medications, stress management techniques, and behavior changes that could help manage the barriers.

REPETITION –Motivational interviewing should be repeated every time an unmotivated patient visits the clinic setting. Provide tobacco resources and information. Refer to Tobacco Cessation Referral Options on page eight of this document.

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Four Principles of Motivational Interviewing

Interventions to increase the likelihood that a tobacco user who does not want to quit will decide to quit can draw upon the principles of motivational interviewing:

Express Empathy	▪ Use open-ended questions to explore: ▪ The importance of addressing smoking or other tobacco use (e.g., "How important do you think it is for you to quit?"). ▪ Concerns and benefits of quitting (e.g., "What might happen if you quit?"). ▪ Use reflective listening to seek shared understanding: ▪ Reflect words or meaning (e.g., "So you think smoking helps you to maintain your weight?"). ▪ Summarize (e.g., "What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.") ▪ Normalize feelings and concerns (e.g., "Many people worry about managing without cigarettes.") ▪ Support the patient's autonomy and right to choose or reject change (e.g., "I hear you saying you are not ready to quit smoking right now. I'm here to help you when you are ready.")
Develop Discrepancy	▪ Highlight the discrepancy between the patient's present behavior and expressed priorities, values, and goals (e.g., "It sounds like you are very devoted to your family. How do you think your smoking is affecting your children and spouse/partner?"). ▪ Reinforce and support "change talk" and "commitment" language. ▪ "So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids." ▪ "It's great that you are going to quit when you get through this busy time at work." ▪ Build and deepen commitment to change: ▪ "There are effective treatments that will ease the pain of quitting, including counseling and many medication options. ▪ "We would like to help you avoid a stroke like the one your father had."

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Roll with Resistance	▪ Back off and use reflection when the patient expresses resistance. ▪ "Sounds like you are feeling pressured about your tobacco use." ▪ Express empathy. ▪ "You are worried about how you would manage withdrawal symptoms." ▪ Ask permission to provide information. ▪ "Would you like to hear about some strategies that can help you address that concern when you quit?"
Support Self-Efficacy	▪ Help the patient to identify and build on past successes. ▪ "So you were fairly successful the last time you tried to quit." ▪ Offer options for achievable, small steps toward change. ▪ Call the quitline (1-800-QUIT-NOW) for advice and information. ▪ Read about quitting benefits and strategies. ▪ Change smoking patterns (e.g., no smoking in the home). ▪ Ask the patient to share his or her ideas about quitting strategies.

U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality, Treating Tobacco Use and Dependence: 2008 Update

Treatments for the Patient Who Has Recently Quit

The patient who has recently quit should receive congratulations on any success and strong encouragement to remain abstinent.

- Discuss benefits of quitting if patient is willing to discuss issues related to quitting.
- Discuss any success the patient has had with quitting.
- Discuss problems and anticipated threats to maintain abstinence.
- Discuss effectiveness of medication if patient is taking medications. Adjust as needed.

Nicotine Withdrawal

Nicotine withdrawal symptoms include anger, irritability, anxiety, difficulty concentrating, restlessness, insomnia, negative or depressed mood, increased appetite, weight gain, and cravings. Cravings typically last 3-5 minutes. The use of evidence-based cessation medications during the quit attempt and intense cessation counseling have proven to be the best and effective strategies for long-term abstinence. Withdrawal symptoms typically peakwithin 1-2 weeks after quitting but may persist for months.

Help with Physical Addiction: Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) provides nicotine without the toxic and harmful chemicals found in tobacco. They also assist in providing support for long-term tobacco abstinence. NRT options include:

NRT Types	How to Get Them	How to Use Them
Patch	Over-the-counter	Place on the skin (gives a steady amount of nicotine)
Gum	Over-the-counter	Chew to release nicotine (chew untilyou get a tingling feeling, then place between cheekand gums)
Lozenge	Over-the-counter	Place in mouth like hard candy (releases nicotine as it slowly dissolves in the mouth)
Inhaler	Prescription	Cartridge attachedtoamouthpiece(inhalingthrough themouthpiece gives a specificamount of nicotine
Nasal Spray	Prescription	Pump bottle containing nicotine (put into nose and spray)

Medications

There are seven medications that are FDA-approved for treating tobacco use:

- Bupropion SR (Zyban®, Wellbutrin®,Aplenzin®)
- Nicotine Gum (Nicorette®)
- Nicotine Inhaler (Nicotrol®)
- Nicotine Nasal Spray (Nicotrol NS®)
- Nicotine Patch (Nicoderm CQ®)
- Nicotine Lozenge(Nicorette®)
- Varenicline (Chantix®)

Nicotine replacementmedications canbe combinedwithone another,and/or withprescribedtobaccocessation medications, to increase thechances ofquittingby limiting withdrawal symptoms.

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Tobacco Cessation Referral Options

Sentara Employees & Sentara Health Plans Insured Patients:

- **WebMD telephonic coaching**: patient should call 1-866-513-2507 to engage in a 12-week program with a certified health coach trained in tobacco cessation methods. The program provides free nicotine replacement therapy and advice on proper usage. This program is funded by Sentara Health Plans. Available options (telephonic coaching vs. online coaching), are determined by the patients' insurance plan.

- **At home program**: patient should visit www.sentarahealthplans.com/quitsmoking to view the self-paced program and toolkit called "Stay Smokeless for Life".

- **Tobacco cessation referral in EPIC:** clinical team member should submit a tobacco cessation referral for patient in EPIC. Referral will be sent to state quitline services and patient will receive a telephone call from a tobacco cessation counselor and enrolled in counseling and be provided option of free nicotine replacement therapy, pending availability.

Non-Sentara Health Plans Insured/Community Member:

- **State Quitline telephonic support**: This is a state funded quitline. The program provides counseling, free nicotine replacement therapy (pending availability), and advice on proper usage. Please instruct patient to call 1-800-QUIT-NOW to enroll.
- **At home program**: patient should visit www.sentarahealthplans.com/quitsmoking to access the self-paced program and toolkit called "Stay Smokeless for Life".

For any questions and/or additional information regarding the tobacco cessation referral options, contact Health and Preventive Services at 1-833-484-0044.

Online access to tobacco and e-cigarette resources are available at:

- www.sentara.com/tobaccocessation
- www.sentarahealthplans.com/quitsmoking
- www.wavenet.sentara.com/channels/empres/bobi/Pages/Tobacco-Cessation.aspx

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Questions and Answers about E-Cigarettes/Vaping

Q. What are electronic cigarettes?

A.: Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine and other flavored substances to users in the form of vapor that resembles smoke. Their design, size, and amount of nicotine delivered per use vary depending on the manufacturer and type of device. Typically, they are composed of a rechargeable battery, electric heating element (atomizer or cartomizer) and a replaceable liquid cartridge that contains variable amounts of nicotine and other chemical substances. When the liquid is heated, it creates a vapor. Inhaled e-cigarette vapor may contain an undetermined amount of nicotine and other harmful chemicals. E-cigarettes have also been used to smoke cannabis products.

Q. What are the dangers of smoking an e-cigarette?

A.: E-cigarettes contain some of the same harmful ingredients found in traditional cigarettes. Nicotine is contained in almost all e-cigarettes (despite claims against this ingredient). Inhalation of the two primary ingredients of e-cigarettes, propylene glycol (increases flavor) and vegetable glycerin (increases vapor), exposes users to high levels of toxins. The flavoring ingredient diacetyl has been found to cause irreversible lung damage and lung disease. Variable amounts of nicotine in devices cause a risk of nicotine overdose. Long-term consequences of using e-cigarettes remains unknown due to limited time on the market.

Q. What are the dangers of e-cigarette explosions?

A.: In 2016, the U.S. Fire Administration concluded e-cigarettes and their rechargeable batteries could cause fires and explosions while in the pockets of users, in use, being charged, or stored. The explosions have caused third degree burns, loss of body parts, and facial injuries to the users' body. Lithium-ion batteries should not be used in e-cigarettes and cause the greatest risks of explosions and injuries.

Q. Are there risks of secondhand e-cigarette emission?

A.: In 2016, the Surgeon General concluded that secondhand smoke from e-cigarettes contained nicotine, diacetyl (flavoring that cause severe lung disease), volatile compound benzene (found in car exhaust) and heavy metals (nickel, tin, and lead). Devices containing nicotine can affect lung and brain development during pregnancy.

Q. What are the current regulations on e-cigarettes?

A.: In 2016, the FDA mandated all e-cigarette manufacturers meet the same standards as other tobacco products. All "covered" tobacco products must bear the required warning statement of nicotine addictiveness on all product packages and advertisements. Both in-store and online retailers are prohibited from selling products to anyone under 21 years of age. E-cigarette manufacturers are required to list all liquid solution ingredients on their label.

Q. Are e-cigarettes a smoking cessation tool?

A.: E-cigarettes are not an FDA approved treatment for smoking cessation. Current FDA-approved nicotine replacement products include chewing gum, transdermal patch, nasal sprays, inhalers, and lozenges. They deliver a controlled dose of nicotine to relieve withdrawal symptoms while the person tries to quit. (National Institute on Drug Abuse, 2020).

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Other Information & Resources:

Most e-cigarettes are manufactured to look like conventional cigarettes, cigars, or pipes, while some brands resemble everyday items such as pens and USB memory sticks. The latest data from the CDC found that the rate of teens reporting ever having used e-cigarettes is significantly higher than reported usage of conventional tobacco products.

Other terms associated with e-cigarettes include ENDS –electronic nicotine delivery systems, vape, vape pen, e-pipe, hookah pen and JUUL. These terms may be used to identify non-prescribed e-cigarettes with or without nicotine.

Many states prohibit the use of e-cigarettes in indoor areas of private worksites, restaurants, bars, and other communal locations.

Many convenience stores, drug stores, grocery stores and other physical and online retail outlets sell e-cigarettes. As of December, 2022 it is illegal to sell any nicotine or tobacco products to anyone under the age of 21.

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**This document has been reviewed and updated by Sentara Health Plans, Healthand Preventive Services Department(10/2024)

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