

First Breath Provider Training - Important Information

First Breath Provider Training Description

This 30 minute, online training prepares healthcare providers to become official First Breath Providers. Completion of the training provides the information and tools needed to use the Ask-Advise-Refer model.

Target Audience

- This training is intended for healthcare and social service providers who provide services to pregnant women, postpartum women, and their families.
- Completion of this training confirms your standing as a First Breath provider, and the ability to offer the program to women you serve.
- Important: If multiple providers at your agency are providing First Breath, *each individual provider* must complete this training.

Instructions – 4 Easy Steps!

1 Complete the online training

- ✓ Access the training here: <https://www.surveygizmo.com/s3/3954333/First-Breath-Provider-Training>
- ✓ The training has 3 components.
 - Pre-training Survey
 - First Breath Training Video
 - Post-Training Evaluation

2 First Breath Coordinator will email you

- ✓ We will verify your contact information and mailing address.
- ✓ We will also share the secure online referral form link.

3 First Breath materials will be mailed to you

- ✓ Materials for Provider Use: Flowchart & Cheat Sheet
- ✓ Program Materials: Referral Forms, Referral Gifts, Booklets
- ✓ Promo Materials: Posters

4 Start enrolling your patients/clients into the First Breath Program!

Questions?

For more information about becoming a First Breath Site or to request training or technical assistance, Contact: Lauren Lotter at llotter@wwhf.org or 608-251-1675 x122

Thank you for your time. We look forward to working with you as a First Breath provider to help Wisconsin women, and their families, reach their healthiest potential!



FIRST BREATH

Helping pregnant women, new moms, & their families quit smoking

FIRST BREATH SITE

Trained clinic or organization that serves pregnant and postpartum women, children, and families

BRIEF INTERVENTION & REFERRAL

1. **ASK** – “Tell me about your tobacco use.”
2. **ADVISE** – Give strong, personalized advice. “The best thing you can do for your health – and the child’s health - is to quit.”
3. **REFER** – Submit First Breath Referral form (fax, online, or mail) to the Wisconsin Women’s Health

Referral

- ✓ _____
- ✓ _____
- ✓ _____



RECOMMENDED: FOLLOW-UP BRIEF INTERVENTIONS

Address smoking at every prenatal and postpartum visit.

The Wisconsin Women’s Health Foundation offers training, tools, and technical assistance to First Breath sites.

WISCONSIN WOMEN’S HEALTH FOUNDATION **FIRST BREATH QUIT COACHING**

Pregnant Women & Women with Babies up to 6 months old

FREE Quit Coaching Services Available:

- ✓ Monthly contacts with a First Breath Quit Coach (Certified Tobacco Treatment Specialist) from pregnancy – 6 months postpartum
- ✓ Home visits, phone calls, & text message support
- ✓ Personalized counseling sessions & quit plans
- ✓ Gifts and educational materials

Partners, Grandparents, Caregivers, & Women with Babies > 6 months old

FREE Quit Coaching Services Available:

- ✓ Education session with a First Breath Quit Coach (Certified Tobacco Treatment Specialist)
- ✓ Text message support
- ✓ Smoking assessment
- ✓ Referral to the Wisconsin Tobacco Quit Line (counseling and quit smoking medications)

First Breath Provider Cheat Sheet

REQUIRED Initial Session

- SAY** Tell me about your tobacco use.
- SAY** The best thing you can do for you and your baby is to quit smoking completely/stay quit.
- SAY** We offer a free program called First Breath. First Breath offers text message support, individualized counseling (phone and home-based), and gift cards.
- COMPLETE** Participant or provider completes: **Referral Form**
Participant **MUST** sign. Provider submit to WWHF via mail, fax, or online.
- REVIEW** Review contents of **First Breath Booklet**.
- SAY** Congratulations on taking this first step. A First Breath Quit Coach will call you in about a week. I will also follow-up with you on DATE. Please bring your First Breath Booklet along with you.
- GIVE** Give **First Breath Referral Gift**

Follow-Up Session #1 – Risks & Benefits (Recommended)

- SAY** How have things been going since we last met? Have you met with your First Breath Quit Coach?
- SAY** There are so many benefits to quitting smoking – for you and your baby.
Would it be ok if I shared some information about some of the risks and benefits of tobacco use?
- REVIEW** Review “Risks & Benefits” Section of **First Breath Booklet**. Give new copy if needed.
- SAY** Do you have questions about any of this information?
- COMPLETE** Participant and Provider jointly complete “Action Plan” in **First Breath Booklet**.
- SAY** I’m looking forward to hearing about your progress at our next visit. In the meantime, I encourage you to take advantage of First Breath Quit Coaching and/or Wisconsin Tobacco Quit Line.

Follow-Up Session #2 – Managing Cravings (Recommended)

- SAY** How have things been going since we last met? Have you met with your First Breath Quit Coach?
- SAY** One important step to quitting/staying quit is managing your cravings.
Would it be ok if I shared some information about managing your cravings?
- REVIEW** Review “Managing Cravings” Section of **First Breath Booklet**. Give new copy if needed.
- SAY** What HAS worked – and what HASN’T worked for you in the past?
What are 3 new things that you are willing to try?
- COMPLETE** Participant and Provider jointly complete “Action Plan” in **First Breath Booklet**.
- SAY** I’m looking forward to hearing about your progress at our next visit. In the meantime, I encourage you to take advantage of First Breath Quit Coaching and/or Wisconsin Tobacco Quit Line.

Follow-Up Session #3 – Smoke-Free Baby (Recommended)

- SAY** How have things been going since we last met? Have you met with your First Breath Quit Coach?
- SAY** When baby arrives – it is still important to focus on quitting smoking/staying quit. Would it be ok if I shared some information about ways to keep your baby safe from tobacco smoke?
- REVIEW** Review “Smoke-Free Baby” Section of **First Breath Booklet**. Give new copy if needed.
- SAY** What steps are you taking to make sure baby isn’t exposed to tobacco smoke?
- COMPLETE** Participant and Provider jointly complete “Action Plan” in **First Breath Booklet**.
- SAY** I’m looking forward to hearing about your progress at our next visit. In the meantime, I encourage you to take advantage of First Breath Quit Coaching and/or Wisconsin Tobacco Quit Line.



First Breath Referral Form - PREPRINTED SITE NAME

Provider Name: _____

Congratulations on taking an important step towards a smoke-free you!

1. Which best describes you?

- ☐ I am pregnant. My due date is: ____/____/____
- ☐ I am a mom with a baby that is less than six months old. His/her birthdate is: ____/____/____
- ☐ I am a caregiver to a young child. I am the child(ren)'s: _____ (mother, father, grandparent, etc.)
- ☐ My partner is pregnant. Her due date is: ____/____/____

2. Please tell us about yourself. (Fill out completely)

First & Last Name:		What is your birthdate (dd/mm/yyyy)?	
Mailing Address:		City:	Zip Code:
Phone Number 1 (Required): <input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline	Alternate Phone Number (Recommended): <input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline		
Would you like to receive free text messages from the First Breath program? <input type="checkbox"/> No <input type="checkbox"/> Yes. Best phone number: _____			
Best time to reach you? <i>After 2 pm, weekends, etc.</i>		Email Address:	
What is your race? (Check only one)			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latina	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Biracial or Multiracial	
	<input type="checkbox"/> White	<input type="checkbox"/> Don't Know	
What is your preferred language? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____			
What is your insurance type? <input type="checkbox"/> Medicaid/Badgercare Plus/SSI <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other			

3. Tell us about your smoking over the past week.

A. How many cigarettes have you smoked PER DAY on average? (Note: 1 pack = 20 cigarettes)

- ☐ I did not smoke in the last week ☐ 6 to 10 cigarettes per day ☐ 31 to 40 cigarettes per day
- ☐ A few some days, but not every day ☐ 11 to 20 cigarettes per day ☐ More than 40 cigarettes per day
- ☐ 1 to 5 cigarettes per day ☐ 21 to 30 cigarettes per day

B. Did you use non-cigarette nicotine products (vape/e-cigarette, chew, cigar, etc) ☐ Yes ☐ No

4. Pregnant/New Moms ONLY: Tell us about your smoking BEFORE you knew you were pregnant.

A. How many cigarettes did you smoke PER DAY on average? (Note: 1 pack = 20 cigarettes)

- ☐ I did not smoke in the last week ☐ 6 to 10 cigarettes per day ☐ 31 to 40 cigarettes per day
- ☐ A few some days, but not every day ☐ 11 to 20 cigarettes per day ☐ More than 40 cigarettes per day
- ☐ 1 to 5 cigarettes per day ☐ 21 to 30 cigarettes per day

B. Did you use non-cigarette nicotine products (vape/e-cigarette, chew, cigar, etc) ☐ Yes ☐ No

5. Consent. I give permission for the Wisconsin Women's Health Foundation to contact me to discuss options for free stop smoking education, counseling, and other benefits.

Client Signature: _____ Date: _____

PROVIDER INSTRUCTIONS: Submit COMPLETED & SIGNED form to the Wisconsin Women's Health Foundation:

MAIL: 2503 Todd Drive, Madison, WI 53713 FAX: 608-251-4136

ONLINE: <https://www.surveymzmo.com/s3/3963538/First-Breath-Referral-Form-new>

Frequently Asked Questions

Program Materials

What materials do I need to provide First Breath? How will I receive these?

Materials you will use for First Breath include the following:

- Provider Use Materials: Program Flowchart & Cheat Sheet
- Participant Materials: 1) Referral Form, 2) Referral Gift, and 3) Booklet
- Promotional Materials : Poster/Flyer

Your initial order of materials will be mailed to you following the completion of the initial First Breath Provider Training. When you run low on materials, please submit a material request by visiting

www.providefirstbreath.org

We have many supplemental tools and handouts available for you to use. Topics include smoking & mental health, stress management, nicotine dependence, e-cigarettes, Quit Smoking Medications, and many others. You can download and print as many as you'd like.

First Breath Eligibility

Who is eligible for First Breath?

Pregnant women, postpartum women, and “support people” other adult smokers such as partners, grandparents, other caregivers.

What do you mean by “support people”? Does the support person need to be my patient for a referral?

Support Person refers to any adult smoker that is in regular contact with a pregnant woman, baby, or young child (typically less than 6 years old). This includes, but isn't limited to, partners, step-parents, foster parents, family members/friends who live in the household or provide care to children. Support people DO NOT need to be your patient in order to make a referral.

Should I refer someone who has recently quit? What about someone who isn't sure if they want to quit?

Yes! Please refer all individuals with a history of tobacco use, including those who recently quit (typically within last 6 months), are ready to quit, and those who are thinking about quitting.

Should I refer someone who doesn't use cigarettes, but does use another tobacco product?

Yes! Please refer individuals using any kind tobacco product, including cigarettes, e-cigs (vaping), little cigars/cigarillos (like Black & Milds), chew, snuf, snus, dissolvable, and other tobacco products. We would encourage you to utilize the 'E-Cigarettes' brochure which can be ordered by submitting a material request.

Provider Role & Follow-Up

What is my role as a provider? How often should I follow-up with participants?

Your role as a First Breath provider is to utilize the Ask-Advise-Refer model with all of your patients with a history of tobacco use. Best practice suggests following up with client who have a history of tobacco use. Please utilize the First Breath provider cheat sheet to guide your discussion when following up at a visit.

My patient is asking me about Quit Smoking Medication. What should I do?

Quit Smoking Medication – such as Nicotine replacement Therapy, Bupropion, and Chantix have been shown to double or triple your patient’s chances of success. Quit Smoking medications are not for everyone. We advise you to follow your agency’s policies regarding Quit Smoking Medications. We also encourage you to utilize the “Quit Smoking Medications” handout which includes specific information for pregnant and lactating women. A handout specific to pregnant and postpartum women is available. Please contact us for a copy.

First Breath Coaching Role & Follow-Up**What happens after I submit a referral?**

First Breath Quit Coaches will follow-up with all individuals who are referred to First Breath within one week of receiving the referral. Quit Coaches will reach out via phone and letter, so accurate contact information is very important. Individuals will be offered a range of services depending on their needs and pregnancy status. Individuals can opt in to the services they are interested in. Refer to the flowchart for specifics about services that will be offered.

Who are the First Breath Quit Coaches?

First Breath Quit Coaches are employed by the Wisconsin Women’s Health Foundation. They are Certified Tobacco Treatment Specialists and are highly experienced working with high-risk tobacco users. They are located throughout the state.

How will I know if my patients consented to additional services?

The WWHF will send you regular reports that show the number of patients you referred and the enrollment status numbers (aggregate) from your site. If you would like to know the enrollment status of a specific individual, please contact us via phone. If we obtained consent from the individual we can share his or her enrollment status.

What incentives do First Breath Quit Coaching participants receive?

Pregnant women and postpartum women with babies less than 6 months old who consent to additional services will receive small gifts and Wal-Mart gift cards for completing counseling sessions and for “passing” carbon monoxide breath tests (biochemical verification of smoking status). If you have questions about the incentives, please contact us.

Work Flow & Implementation**Are there billing and reimbursement codes for First Breath?**

Please follow your agency’s policies and procedures regarding billing and reimbursement. The most recent information we have is:

- Diagnosis Code: 305.1 – Tobacco Use Disorder.
- Billing Codes (note that the correct diagnosis code (305.1) must be used when billing 99406 or 99407.
 - 99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
 - 99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

My agency is already Fax-To-Quit Site, can we still become a First Breath site?

Yes, your agency can easily implement both programs. Please contact us with specific questions.

First Breath Training**What are my training requirements as a First Breath Provider?**

The initial First Breath Provider training is required before offering First Breath. In addition, a refresher training every two years is also required to maintain your status as 'active' provider.

We strongly recommend that you take advantage of regular training and continuing education opportunities. Look for email communication about upcoming webinars, videos, and print materials. We will also offer periodic regional/group First Breath sponsored events.

Will WWHF still offer in-person trainings or presentations to individual sites?

Most (>75%) initial trainings will be completed online (basic First Breath implementation). Some in-person initial trainings may be offered as needed or if applicable.

Why did the First Breath Training Requirements change from previous years?

Training needs will be significantly lessened due to the nature of the new model- the online option will provide the most efficient method for delivering training needs to sites & providers

New Model**Why did the First Breath model change?**

In 2018 First Breath transitioned from a 5As/Provider-led intervention to a streamlined Ask-Advise-Refer model where the tobacco cessation counseling will be implemented by First Breath Quit Coaches. The changes are based on rigorous program evaluation, which included: Annual Provider Surveys, Stakeholder Meetings, Focus Groups, and Annual First Breath Continuing Education Events, STQ Impact Evaluation, and Participant Advisory Groups.

I have old First Breath paperwork, what should I do?

- For any paperwork/services completed in 2017, we ask that you submit "old" First Breath paperwork to the WWHF as soon as possible.
- Starting January 1, 2018 – you will only use one form called the First Breath Referral Form.

What should I do with "old" unused First Breath materials?

- Unused client folders & forms (client information, consent, prenatal survey, postpartum survey) – Recycle/Purge
- Old promotional materials (posters, brochures) – Recycle/Purge
- Unused gifts – distribute to patients at your discretion

Will First Breath participants receive a First Breath ID?

No, as this is a referral model, individuals will not need an ID. If you need to talk with us about a particular individual please contact us by phone and use the individuals EDD or DOB plus their initials.