The 5A's and CF-5A's

The 5A's Intervention is an evidence-based, practice guideline for smoking cessation released by the US Public Health Service\(^1\). It instructs providers to ASK about smoking at every visit, ADVISE the patient to quit, ASSESS the patient's level of readiness to quit, ASSIST with enhancing motivation and/or creating a quit plan, and ARRANGE a follow-up appointment to continue the conversation. The Computer Facilitated 5A's (CF-5A's) is an innovative new tool that has converted the standard 5A's into a digital format delivered by the PhreesiaPad!

CF-5A's from the tablet ASKS patients about smoking and gathers basic smoking data, ADVISES patient to quit, ASSESES a patient's level of readiness to quit, then ASSISTS a patient using motivational interviewing and behavior change principles. At present, although CF-5A's recommends a follow-up, ARRANGING a follow-up is left to the discretion of the provider. Tailored summaries and instructions are created for both the provider and the patient. The CF-5A's is available in English and Spanish and takes patients about 5 minutes to complete before a primary care appointment. CF-5A's can also be configured to assist with billing for behavioral counseling.

The 5A's stand for:
?Ask? patients about their smoking.
?Advise? them to quit.
?Assess? their readiness to quit.
?Assist? patient to?
- Quit smoking with counseling, medications, nicotine replacement and other resources,
- Develop a quit plan based on their personal interests, past experiences, and current resources,
- Enhance their motivation to quit if not yet ready, and

?Arrange? for a follow-up appointment and other referrals to assist with cessation
Delivery of the fourth and fifth A "Assist" and ?Arrange? are critical for 5A's efficacy and success. Provider delivery of assisting patients to quit or motivating them to think about quitting, as well as arranging for follow-up is lacking. Providers assisting patients is at 56.4% then arranging for a follow-up and resources drops as low as 10.4%, compared to ask 77.2%, advise 75.6%, assess 63.4%. With screening for tobacco completed by patients on the PhreesiaPad, providers can now focus their time during the patient encounter assisting and arranging for their quitting success. The investment of time taken to assist and arrange are critical for the 5A's to be effective. When all 5As are delivered, quitting success rates can increase by 46%².

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2. Primary Care Provider-Delivered Smoking Cessation Interventions and Smoking Cessation Among Participants in the National Lung Screening Trial. Park E., et al. 2015,[12]

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