
Tobacco Cessation Performance Improvement Project

Workbook for Physicians,
Physician Assistants and
Nurse Practitioners
STAGE C



Stage C

Learning from the evaluation of the PI effort.

1. When did you first begin working with the PI project (completed Stage A)? _____

2. When did you submit the first set of data to the Cessation Center (completed Stage B)? _____

3. How have you used or plan to use the analysis of this data to enhance your current tobacco dependence standard of care? _____

4. What are your overall impressions of this performance improvement project? _____

5. What other improvements can you implement in your practice for patients who use tobacco? _____

6. Describe the feedback you have received from your patients identified as using tobacco, since the implementation of the Clinical Practice Guidelines: _____

Stage C

7. Has the implementation of the Clinical Practice Guidelines improved your treatment of patients who use tobacco? Yes No

How so: _____

8. What barriers remain in treating patients for tobacco dependence (circle all that apply)?

- | | |
|---|---|
| A. Not reimbursed by third party payers | E. Inadequate training |
| B. Not necessary/not needed | F. Not cost-effective |
| C. Unsubstantiated by research | G. Patients not willing/motivated |
| D. Takes too much time | H. Other health issues take priority during a visit |

9. Are you interested in pursuing additional CME hours related to tobacco use and dependence, through performance improvement and evaluation? Yes No

Name _____
PLEASE PRINT

Signature _____ Date _____

Cessation Center Contact _____

CME Credit Claim Form

APFME Office of Continuing Medical Education School of Medicine and Biomedical Sciences University of Buffalo

Tobacco Cessation Performance Improvement Project

Please circle one: MD DO Other _____

Social Security Number or
other CME ID number (registered with UB CME Office)

Last Name

First Name

Street Address

City

State

Zip Code

	Maximum Credit Hours	ACTUAL Hours of Attendance
Stage (circle appropriate stage) A B C	5.0	***

*** Since this is a performance improvement project, when you have completed each stage of the program use 5.0 under "actual hours of attendance" and return to Cessation Center contact. If you successfully complete all three stages you will be awarded 5.0 additional credits for a total of 20 possible credits.

Each physician should claim only the actual time spent in each session up to 5.0 hrs. total for this program.	Total Time Spent
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