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# **Clinical Practice Guidelines: Treating Tobacco Use and Dependence**

*An Overview for Primary Health Care Workers*



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# Learning Objectives

- Describe the rationale for the development of the Clinical Practice Guidelines
- Explain the process used to review evidence of effectiveness
- Describe the major content areas contained in the Guidelines
- List some of the key recommendations
- Identify services offered by the Hawaii Tobacco Quit Line
- Locate Guideline resources available on the web



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## Tobacco cessation within the larger tobacco control picture

### The Four major Goals in Tobacco Control

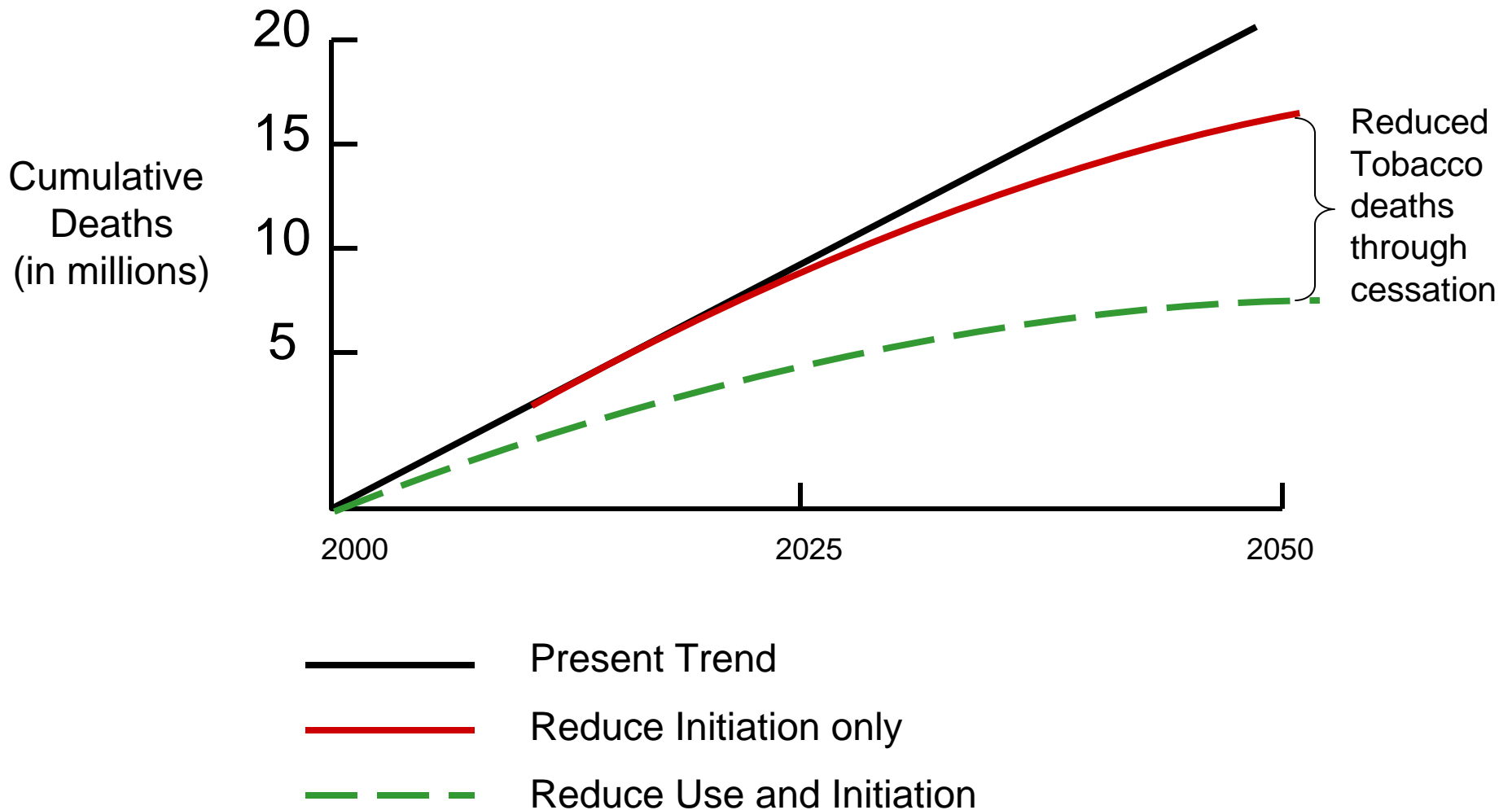
- Preventing initiation of tobacco use among young people
- Eliminating nonsmokers' exposure to secondhand smoke
- **Promoting quitting among adults and young people**
- Identifying and eliminating tobacco-related disparities

**FROM:** KEY OUTCOME INDICATORS for Evaluating Comprehensive Tobacco Control Programs, *DHHS, Centers for Disease Control and Prevention*



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## Rationale for Development of Clinical Practice Guidelines for Treating Tobacco Use Dependence





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# Rationale for Guideline Development

- Until recently, few effective treatments existed
- Effective treatments had not been identified clearly
- Health care *systems* have not supported their consistent and universal delivery



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# The Challenge

- **Evidence-based treatments exist but are not widely disseminated**
- **Good results requires *much more than***
  - Providing education
  - Willpower
  - Waiting for smoker to be “ready”

70% of adult smokers would like to quit...

40-50% of smokers will try to quit each year, ***and yet...***

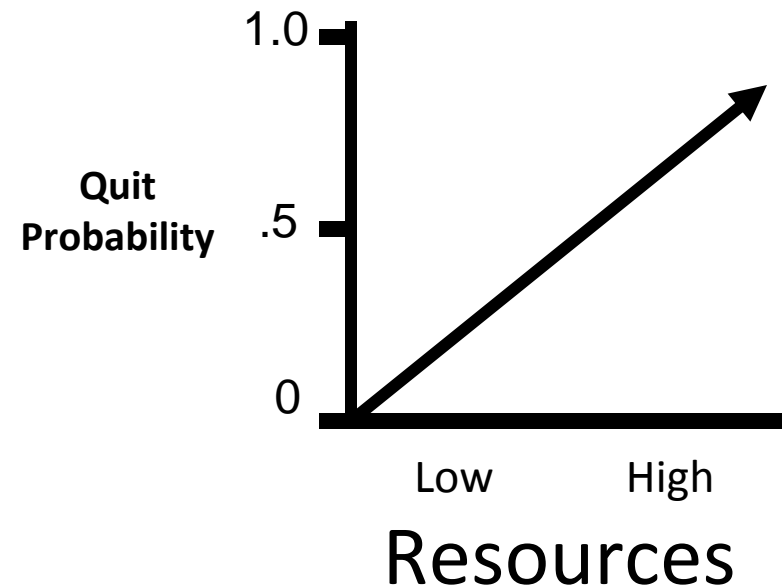
Current National Quit Rate is 2-4%



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# Current Situation

- **Individuals who can quit more easily have done so in response to effective public health strategies that encouraged them to quit**  
(such as increased cigarette taxes, promoting smoke-free workplaces and businesses, and social norm changes)
- **Those who continue to smoke may find quitting more difficult for several reasons, such as:**
  - Fewer personal resources
  - Lower Income
  - Lower Education
  - Less Access to services
- **Other factors may include:**
  - Depression, Anxiety Disorders
  - Severe Psychopathology
  - Substance Dependence
  - Childhood Disorders



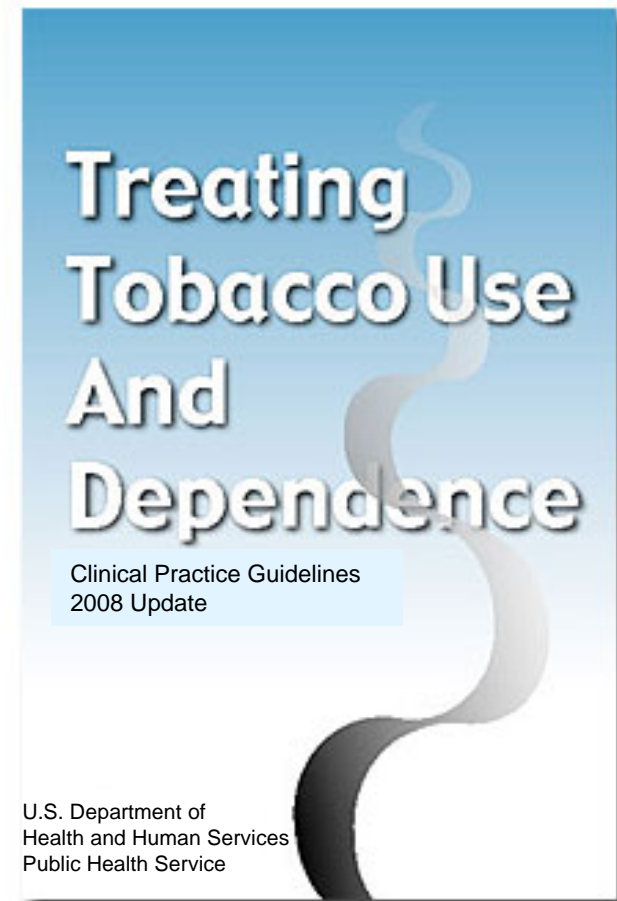




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## A Brief History of the Guidelines

- Based on Systematic Reviews of the available scientific literature
- 1996 – Initial Guideline; Reviewed literature from 1975 -1995; approximately 3,000 articles
- 2000 – Revised Guideline; Reviewed literature from 1995 -1999; approximately 3,000 articles
- 2008 - Updated Guideline; Reviewed literature from 1999 – 2007; approximately 2,700 articles (approximately 8,700 total articles)





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# Key Content Areas of 2000 Practice Guideline

- **Overview and Methods** – Principle analytic technique is **meta-analysis**: *combining the results of several studies that address a set of related research hypotheses*
- **Assessment of Tobacco Use**
- **Brief Clinical Interventions**
- **Intensive Clinical Interventions**
- **Systems Interventions**: Relevance to Health Care Administrators, Insurers, Purchasers
- **Evidence**
- **Special Populations**
- **Special Topics**



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# Selected topics for Review in the 2008 Update

- Proactive Tobacco Quit Lines
- Combining counseling and medication relative to either counseling or medication alone
- Varenicline (Chantix)
- Various medication combinations
- Long-term medication use
- Tobacco use interventions for individuals with low socio Economic status/lack of formal education
- Tobacco use interventions for adolescent smokers
- Tobacco use interventions for pregnant smokers
- Tobacco use interventions for individuals with psychiatric disorders, including substance abuse disorders
- Providing cessation interventions as a health benefit
- Systems interventions, including provider training and the combination of training and systems interventions



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# Ten Key Recommendations

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. However, effective treatments exist that can significantly increase rates of long-term abstinence.
2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this Guideline.



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# Ten Key Recommendations

4. Brief tobacco dependence treatment is effective. **Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective.**
  
5. Individual, group and telephone counseling are effective, and their effectiveness increases with treatment intensity. **Two components of counseling are especially effective** and clinicians should use these when counseling patients making a quit attempt
  - **Practical counseling (problem-solving/skills training)**
  - **Social support delivered as part of treatment**



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# Ten Key Recommendations

6. There are numerous effective medications for tobacco dependence and clinicians should encourage their use by all patients attempting to quit smoking, except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).
  - Seven first-line medications (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates:
    - Bupropion SR
    - Nicotine gum
    - Nicotine inhaler
    - Nicotine lozenge
    - Nicotine nasal spray
    - Nicotine patch
    - Varenicline (Chantix)
  - Clinicians should also consider the use of certain combinations of medications identified as effective in the Guideline.

Additional information is available in the module on Pharmacotherapy for Treatment of Tobacco Use Dependence



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# Ten Key Recommendations

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. However, the combination of counseling and medication is more effective than either alone. **Clinicians should encourage all individuals making a quit attempt to use both counseling and medication.**
8. **Telephone counseling is effective with diverse populations and has broad reach.** Therefore, **clinicians and health care delivery systems should both ensure patient access to quitlines and promote quitlines**



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# Ten Key Recommendations

9. If a tobacco user is currently unwilling to make a quit attempt, clinicians should use the motivational treatments shown in this Guideline to be effective in increasing future quit attempts.
  
10. Tobacco dependence treatments are both **clinically effective and highly cost-effective relative to interventions for other clinical disorders**. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in this Guideline as covered benefits.



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## **Clients will benefit most from a menu of services that meet their individual needs**

**Self-Help  
Materials**

**Brief Treatment  
From Health  
Care Providers**

**Telephone  
Treatment**

**Group and  
Individual  
Treatment**

Offering a range of intensities can help maximize reach and effectiveness of cessation services



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## Clients should be informed about help available through the Hawaii Tobacco Quitline



**Call It Quits**

The Hawai'i Tobacco Quitline  
**1-800-QUIT-NOW**

How it Works | Quit Tips | FAQ's | Register | Success Stories | Home

### Quitting is **HARD** Getting help is **EASY**

**Step 1 Call 1-800-QUIT-NOW**  
A friendly Quit Coach will give you the support you need.

**Step 2 Talk to a Quit Coach**  
If Call It Quits is the right program for you, your Quit Coach will talk story with you to find out what's worked for you and what hasn't.

**Step 3 Set a Quit Plan**  
Your Quit Coach will work with you to create a quit plan just for you.

**Step 4 Get Follow Up Support**  
In addition to sending you a helpful Quit Kit, your Quit Coach will schedule at your convenience follow up calls to support you through your quit.

- Provider & Community Info
- About Us
- Quit Coaches

**Mahalo for visiting Call It Quits**  
The official website for the Hawaii Tobacco Quitline.

Even if Clients are already receiving help quitting, the Quitline can help to supplement those services. Health care providers should know what services are available and help clients with access if interested.



# Services Provided by the Hawaii Quitline

## Adult Uninsured

### **Counseling:**

Single intervention and, if ready to quit in 30 days or recently quit, an additional 3 intensive proactive counseling sessions with unlimited access to a Quit Coach offering NRT decision support.

### **Medication:**

If enrolled in intensive sessions and clinically eligible, 8-week course of NRT in 2 shipments, free of charge.

### **Materials:**

Stage-appropriate quit guides sent immediately after first single intervention.



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# Services Provided by the Hawaii Quitline

## Adult Insured

### **Kaiser Permanente and HMSA:**

Transferred to Kaiser Free & Clear or HMSA's Ready-Set-Quit programs. Medication & Materials provided by these programs

### **All other plans:**

Provides single intervention and referral to health plan for benefit information. Stage-appropriate quit guides sent immediately after intervention.



# Services Provided by the Hawaii Quitline

## Adult Medicaid Fee for Service

### **Counseling:**

Single intervention and, if ready to quit in 30 days or recently quit, an additional 3 intensive proactive counseling sessions with unlimited access to a Quit Coach offering NRT decision support

### **Medication:**

If enrolled in intensive sessions and clinically eligible, 2-week course of NRT in 1 shipment, free of charge. Guidance on how to obtain additional NRT from Medicaid

### **Materials:**

Stage-appropriate quit guides sent immediately after first single intervention



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# Services Provided by the Hawaii Quitline

## Proxy Caller

- Provide Brief intervention & encouragement for the tobacco-user to call the Quitline, and send out pre-contemplation guide
- Provide Brief intervention & encouragement for the tobacco-user to call the Quitline, and send out pre-contemplation guide



# Making referrals to the Hawaii Quitline

Healthcare providers can contact the Quitline to discuss program design with a Quit Coach or request materials



HAWAII TOBACCO QUITLINE  
FAX REFERRAL FORM  
FAX NUMBER 1-800-483-3114

**PROVIDER INFORMATION**

Clinic Name: \_\_\_\_\_  
 Health Care Provider: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Fax Number: (\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Comments: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
 Gender: M / F Pregnant: Y / N Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Island \_\_\_\_\_ Zip \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Insurance Coverage:  HMSA  Kaiser  Other \_\_\_\_\_  
 Language Preference:  English  Other \_\_\_\_\_  
 Primary Tobacco Type:  Cigarettes  Smokeless Tobacco  Cigar  Pipe

\_\_\_\_\_ I am ready to quit tobacco and would like the Hawai'i Tobacco Quitline to contact me.  
 (Initial)

Patient Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Hawai'i Tobacco Quitline is open 7 days per week. We will call you in the timeframe you check below.

5am - 9am  9am - 12pm  12pm - 3pm  3pm - 6pm  6pm - 9pm

Within this timeframe, please call me on my:  home phone  work phone  cell phone

**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 this material. **Do not review, disclose, copy or distribute.**

**Fax Referral Outcome.** (for Hawai'i Tobacco Quitline use only)

Did not reach. Letter and materials sent (after 3 attempts). DATE: \_\_\_\_\_  
 Intervention completed, refused benefit, materials sent. DATE: \_\_\_\_\_  
 Intervention completed, enrolled in benefit, materials sent. DATE: \_\_\_\_\_  
 Refused services.



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# Conclusion

**“There is no clinical treatment available today that can reduce illness, prevent death, and increase quality of life more than effective tobacco treatment interventions”**

- *Treating Tobacco Use and Dependence. Quick Reference Guide.* April 2009. U.S. Public Health Service. Agency for Healthcare Research and Quality. <http://www.ahrq.gov/clinic/tobacco/tobaqrg.htm>



## Websites for more information

- Guideline Materials  
<http://www.surgeongeneral.gov/tobacco/>
- Association for the Treatment of Tobacco Use Dependence (ATTUD)  
<http://www.attud.org>
- Tobacco Cessation Leadership Network  
<http://www.tcln.org/>
- Hawaii Tobacco Quitline (1-800-QUIT NOW)  
<http://www.callitquitshawaii.org/>