

# Tobacco Cessation and Primary Care

## Background

Health professionals are in an opportune position to help foster the use of proven tobacco cessation treatments among their patients. Over 70% of smokers are seen by a health care provider each year. Recognizing this opportunity, the U.S. Public Health Service (PHS) recommends in its PHS Clinical Practice Guidelines that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for current tobacco users.

The figure below summarizes recommended treatments based on strength of evidence.

## TREATING TOBACCO USE AND DEPENDENCE: PHS CLINICAL PRACTICE GUIDELINES

### Recommended (odds ratios – long-term quit rates):

- Provider advice and brief counseling (MD/non-MD) (1.3 -- 10%)
- Face-to-face counseling (group, individual) (1.4-2.3 -- 16-25%)
- Proactive telephone counseling (1.56 -- 12%)
- Multiple format counseling (1.9-2.5 -- 19-23%)
- Extended counseling for pregnant smokers (2.8 --16.8%)
- First-line FDA-approved medications: Nicotine gum, patch, spray, inhaler; Bupropion (Zyban, Wellbutrin) (1.5-2.7-- 18-31%)

**Not recommended:** Self-help materials alone; acupuncture; hypnosis

**Further research recommended:** Treatments for adolescents and for smokers with mental health and/or substance abuse co-morbidities; culturally-tailored treatments for racial/ethnic minority populations

**Not reviewed:** Individually-tailored, computer-based/on-line treatments; combined counseling plus pharmacotherapy; newly FDA-approved NRT lozenges and varenicline (Chantix)

*References: Fiore et al., 2000; Stead et al., 2006*

### The “5As” intervention

Health professionals can significantly increase quit rates among their patients by conducting the brief primary care intervention known as the “5As.”<sup>1</sup> The “5As” intervention recommends that health care providers take a few minutes to follow the following five steps as part of their routine patient procedures:

1. **Ask** – systematically identify all tobacco users at every visit.
2. **Advise** – strongly urge all tobacco users to quit.
3. **Assess** – determine patient’s willingness to make a quit attempt at this time.
4. **Assist** – aid the patient in quitting.
5. **Arrange** – schedule follow-up and support.

The few minutes it takes for health care professionals to deliver the “5As” intervention can help to double quit rates among their patients.

### Efficacy of the “5As”

- The “5As” treatment components were found to be effective when delivered by a variety of physicians and non-physicians, including nurses, dentists, physician assistants and pharmacists, in a variety of populations and settings.<sup>2</sup>
- The intervention is intended to be repeatedly delivered to patients at every visit as part of their routine care. Research by Solberg et al., 2006 found a 23% quit rate for tobacco use screen and brief intervention annually over a smoker’s lifetime.<sup>3</sup>

- The National Commission on Prevention Priorities recently recognized the “5As” intervention as potentially the most effective among all adult-recommended clinical preventative services in the general population.<sup>4</sup>
- Utilization of the “5As” intervention has an estimated cost savings of \$500 per smoker.<sup>5</sup>
- A recent study of smokers enrolled in nonprofit health plans found that they received higher rates of advice than assistance from health care providers: 71% had been advised to quit in the last year; 56% were assessed; 49% received some form of assistance, of which 28% were offered pharmacotherapy; and only 9% received recommendation for follow-up.<sup>6</sup>
- Data from HEDIS measures developed by the National Committee for Quality Assurance show that 69% of smokers enrolled in commercial managed care plans reported in 2005 that they had been advised by their physicians to quit. Only 38% of these, however, received counseling about cessation treatments.

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<sup>1</sup> Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. October 2000.

<sup>2</sup> Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. October 2000.

<sup>3</sup> Solberg LI, Maciosek MV, Edwards NM, Khanchandani HS, Goodman MJ. Repeated tobacco-use screening and intervention in clinical practice health impact and cost effectiveness. *Am J Prev Med* 2006; 31:62-71

<sup>4</sup> Maciosek MV, Coffield AB, Edwards NM, Flottenmesch TJ, Goodman MJ, Solberg LI. Priorities for improving utilization of clinical preventive services results. *Am J Prev Med* 2006;31:52-61.

<sup>5</sup> Solberg LI, Maciosek MV, Edwards NM, Khanchandani HS, Goodman MJ. Repeated tobacco-use screening and intervention in clinical practice health impact and cost effectiveness. *Am J Prev Med* 2006; 31:62-71

<sup>6</sup> Quinn VP, Stevens VJ, Hollis JF, et al. Tobacco-cessation services and patient satisfaction in nine nonprofit HMOs. *Am J Prev Med* 2005;29:77-84.