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The Effects of Smokers' Characteristics on Receipt of Advice to Quit in Managed Care Organizations

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Background: Cigarette smoking continues to be the principal cause of premature death in the US and a major cause of medical expenditures and productivity losses. The USPHS report, "Treating Tobacco Use and Dependence: A Clinical Practice Guideline," calls for clinicians and health care delivery systems to identify, document, and treat every tobacco user seen in a health care setting. However, the national average among health plans in 1999 was only 64% for the proportion of smokers who had been advised to quit smoking by a health care provider in the previous year. The NCI-funded CRN HIT Study (HMOs Investigating Tobacco) examined the effects of smokers' characteristics on receipt of advice to quit in 9 managed care plans that insure more than 8 million Americans.

Methods: A 1999-2000 cross-sectional survey of random samples of health plan members 25-75 years of age that identified 4,207 smokers. Data included sociodemographics, health status, outpatient utilization, smoking history, and whether the smoker asked for help with cessation.

Results: 71% of HIT Study smokers reported they were advised to quit at least once during a year of outpatient visits. The 27% of the sample who reported asking for help had a 96% chance of receiving advice and there were no significant effects of patient characteristics on receipt of advice in this group. When smokers didn't ask for help, Hispanics were less likely while heavier smokers who had smoked for more years and had more outpatient visits were more likely to be advised.

Conclusions: HIT Study health plans have higher rates of advice than the national average. Smokers who asked for help were highly likely to receive advice. However, among smokers who didn't ask for help, fewer smokers were advised to quit especially those at lower risk for smoking-related disease.