

Concurrent Session A2-2

Implementing the National Guideline for Tobacco Treatment in Primary Care: Not All “As” Are Equal

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Background: Cigarette smoking accounts for an estimated 438,000 deaths in the US annually. Effective tobacco treatment was demonstrated in clinical trials and, for a decade, health care providers have had evidence-based recommendations to guide delivery of tobacco services. The treatment model is commonly referred to as the “5As”-Asking about tobacco use, Advising smokers to quit, Assessing willingness to quit, Assisting with pharmacotherapy/counseling, and Arranging follow-up. The NCI-funded Cancer Research Network’s HMOs Investigating Tobacco (HIT) study examined the effect of delivering the 5As to smokers during routine primary care visits.

Methods: The HIT study conducted baseline and one-year follow-up surveys among smokers who were members of 9 non-profit HMOs that provide health care to >8 million members.

Results: The baseline survey obtained demographics, smoking characteristics including cigarettes/day, level of addiction, and stage of readiness to quit, as well as health status and alcohol consumption. At follow-up, smokers who had a primary care visit in the previous twelve months (n=2,333) were asked about their receipt and use of the 5As and their current smoking status. 77% reported they were advised to quit, 63% were assessed, 35% were offered self-help materials, 39% were referred to classes/counseling, 33% were offered medication, and 12% were offered a follow-up contact. Overall, 9.2% of smokers reported they had been abstinent for 30 days or more. The multivariate model that included offers of the 5As found level of addiction (OR=.53, CI=.38-.74) and an offer of medications (OR=1.71, CI=1.19-2.5) were significantly associated with quitting. The multivariate model including use of the 5As found level of addiction (OR=.52, CI=.37-.73) participating in cessation classes/counseling (OR=1.73, CI=1.06-2.82) and use of medications (OR=2.12, CI=1.52-3.18) were significant. Of note, half the smokers offered pharmacotherapies used them.

Conclusions: Efforts to encourage clinicians to advise smokers to quit have met with considerable success. This study found the majority of smokers were advised by their primary care provider at least once in the previous year. Previous reports from smokers find they want and expect help with cessation from their physicians. These results suggest advice is not enough. Effective tobacco control programs need to focus on cessation treatments.