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Tobacco Control and the Intersection of Public Health and Health Care Delivery

Michael Ong, M.D., Ph.D.

UCLA and Greater Los Angeles VA Healthcare System



Tobacco Control Challenges

- Tobacco use continues to be the leading preventable cause of death in the U.S.
 - 18.1% of U.S. adults (42.1 million) are current smokers
 - 480,320 die each year
 - \$132.5 billion in annual smoking-attributable health costs
- Cigarette smoking is the predominant form of tobacco use in the U.S. (85%)
 - Other forms: cigars, pipes, hookah, electronic cigarettes, smokeless



CDC, [MMWR](#), 2009. 2014; SGR 2014



Smoking Cessation

- 5 Basic Ways to Get Smokers to Quit
 - Increase the price of tobacco
 - Ban smoking in public places
 - Effective counter-marketing
 - Ban tobacco advertising and promotion
 - Provide smoking cessation treatment

Schroeder, JAMA, 2005



Tobacco Control: Opportunities and Challenges

- 70% of cigarette smokers want to quit
- 70% of cigarette smokers see a health care provider in a given year
- Only 32% of those trying to quit got medications or counseling assistance
- Only 48% of cigarette smokers seeing a health care provider in the past year got advice to quit

CDC, MMWR, 2011



Tobacco Cessation: Barriers Against Interventions

Potential Provider Barriers Against Interventions

1. Too busy
2. Lack of expertise
3. No financial incentive
4. Most smokers can't/won't quit
5. Stigmatizing smokers
6. Respect for privacy
7. Negative message might scare away patients
8. I smoke myself

Schroeder, JAMA, 2005

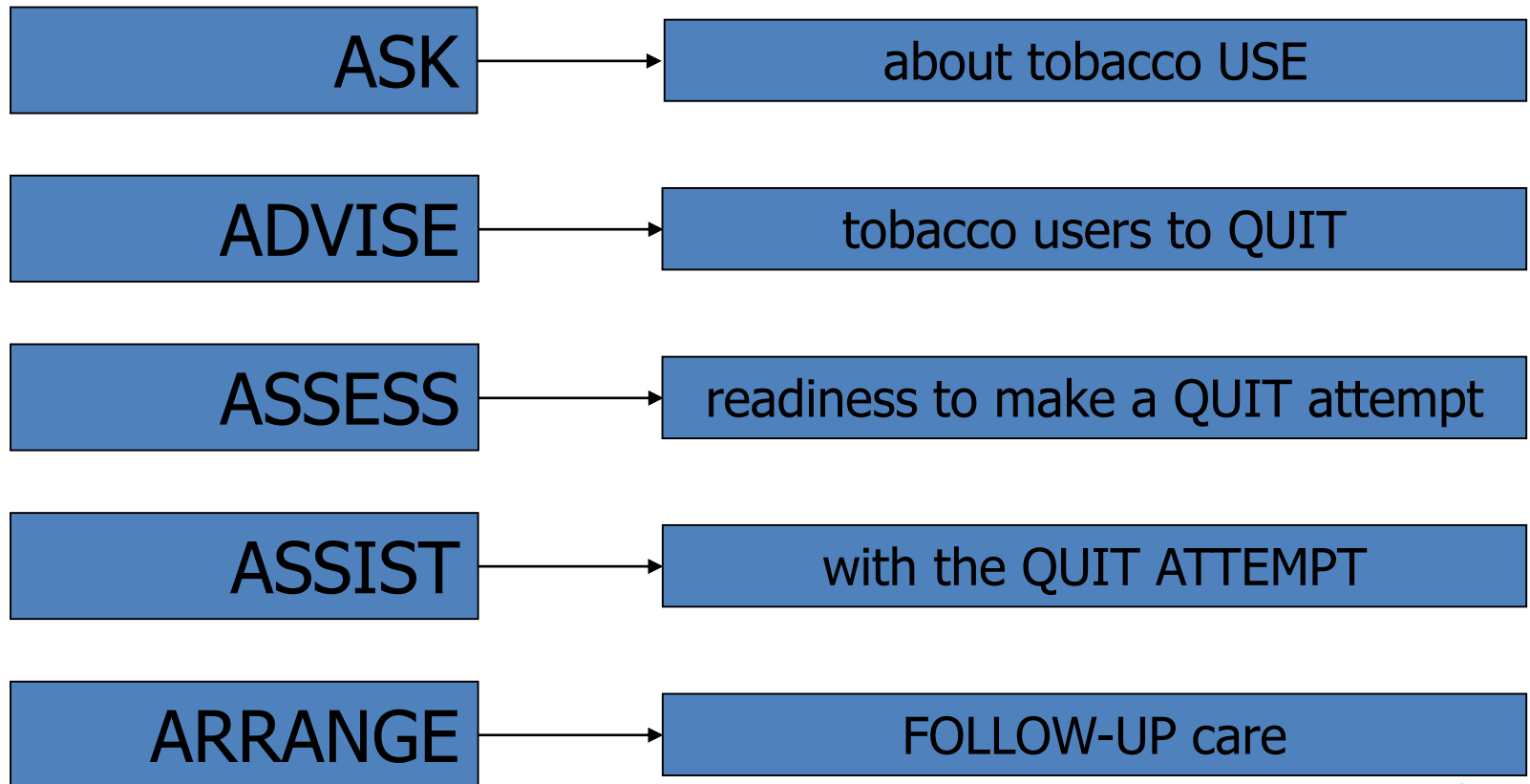


Tobacco Control: Opportunities and Challenges

- Private and public insurance do pay providers for tobacco cessation activities
 - Medicare in 2010 expanded coverage for counseling from those already with tobacco-related disease to any tobacco user
 - Variable coverage of tobacco cessation assistance
- Joint Commission now has a tobacco cessation measure that requires offering of tobacco cessation counseling and medications on hospital admission and discharge for tobacco users
 - Lack of follow up requirement



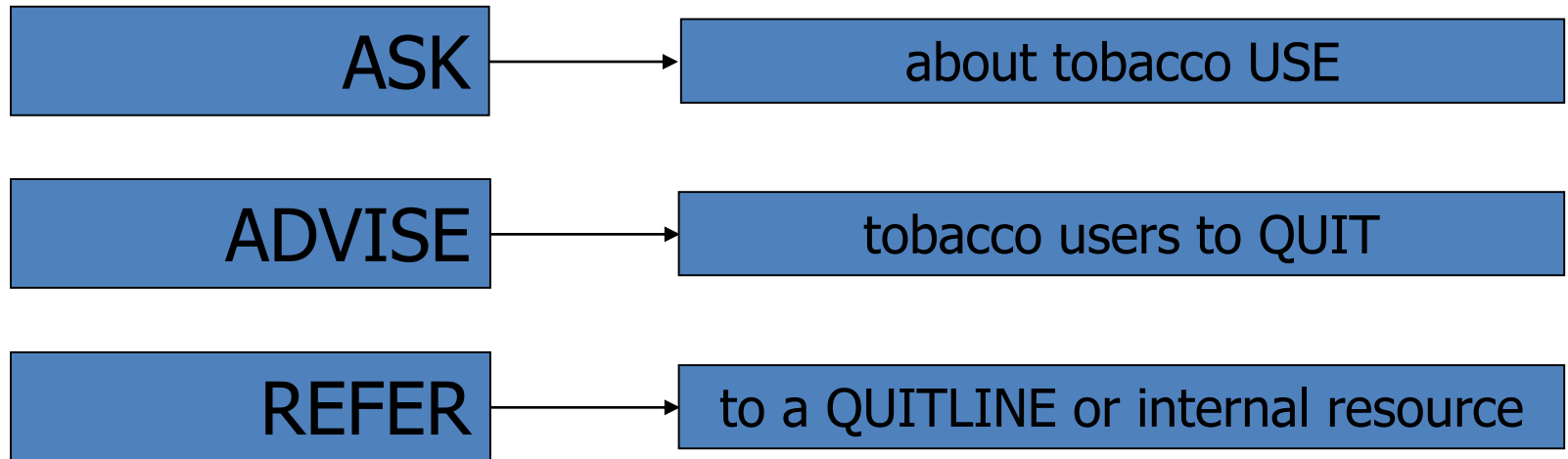
The 5 A's



Fiore et al., Treating Tobacco Use and Dependence.
Clinical Practice Guideline, 2008



Streamlining the Steps



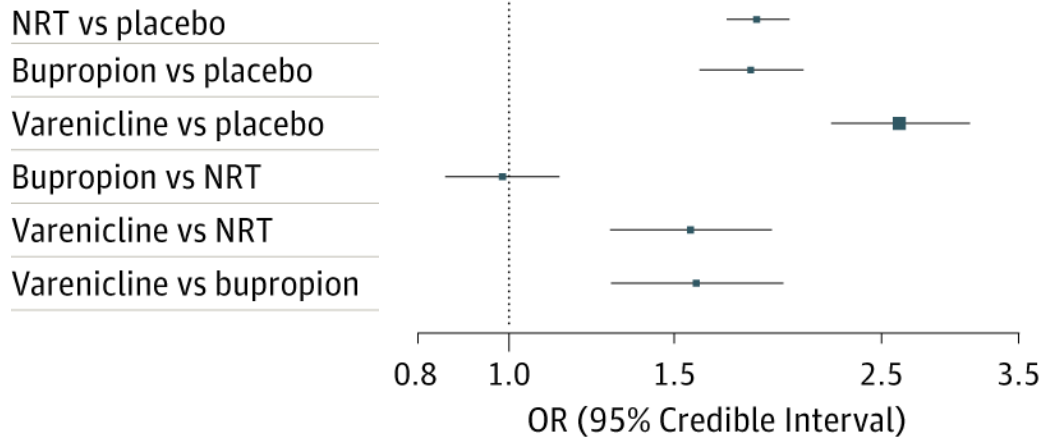
Schroeder, JAMA, 2005



Comparison of Long-Term (>6 month) Quit Rates

Comparison (Intervention vs Control)	No. of Studies	Total No. of Individuals	Absolute Quit Rates		Odds Ratio (95% Credible Interval)
			Intervention n/N (%)	Control n/N (%)	
NRT vs placebo	119	51 225	4704/27 258 (17.3)	2464/23 967 (10.3)	1.84 (1.71-1.99)
Bupropion vs placebo	36	11 440	1214/6409 (18.9)	535/5031 (10.6)	1.82 (1.60-2.06)
Varenicline vs placebo	15	6293	964/3496 (27.6)	332/2797 (11.9)	2.88 (2.40-3.47)
Bupropion vs NRT	8	2581	191/954 (20.0)	375/1627 (23.0)	0.99 (0.86-1.13)
Varenicline vs NRT	0	0	NA	NA	1.57 (1.29-1.91)
Varenicline vs bupropion	3	1622	174/823 (21.1)	111/799 (13.9)	1.59 (1.29-1.96)

Comparison (Intervention vs Control)



Silagy, et al.,
JAMA, 2014



Tobacco Control: Opportunities and Challenges

- Evidence-based smoking cessation approaches double the odds of quitting
 - Nicotine replacement therapy (gum, lozenge, patch, nasal spray, inhaler)
 - Bupropion
 - Varenicline
 - Counseling
- Absolute cessation rates from studies are much higher than in the real world
 - Baseline annual cessation rates around 5%
- An average quitter needs 14 attempts prior to successful cessation

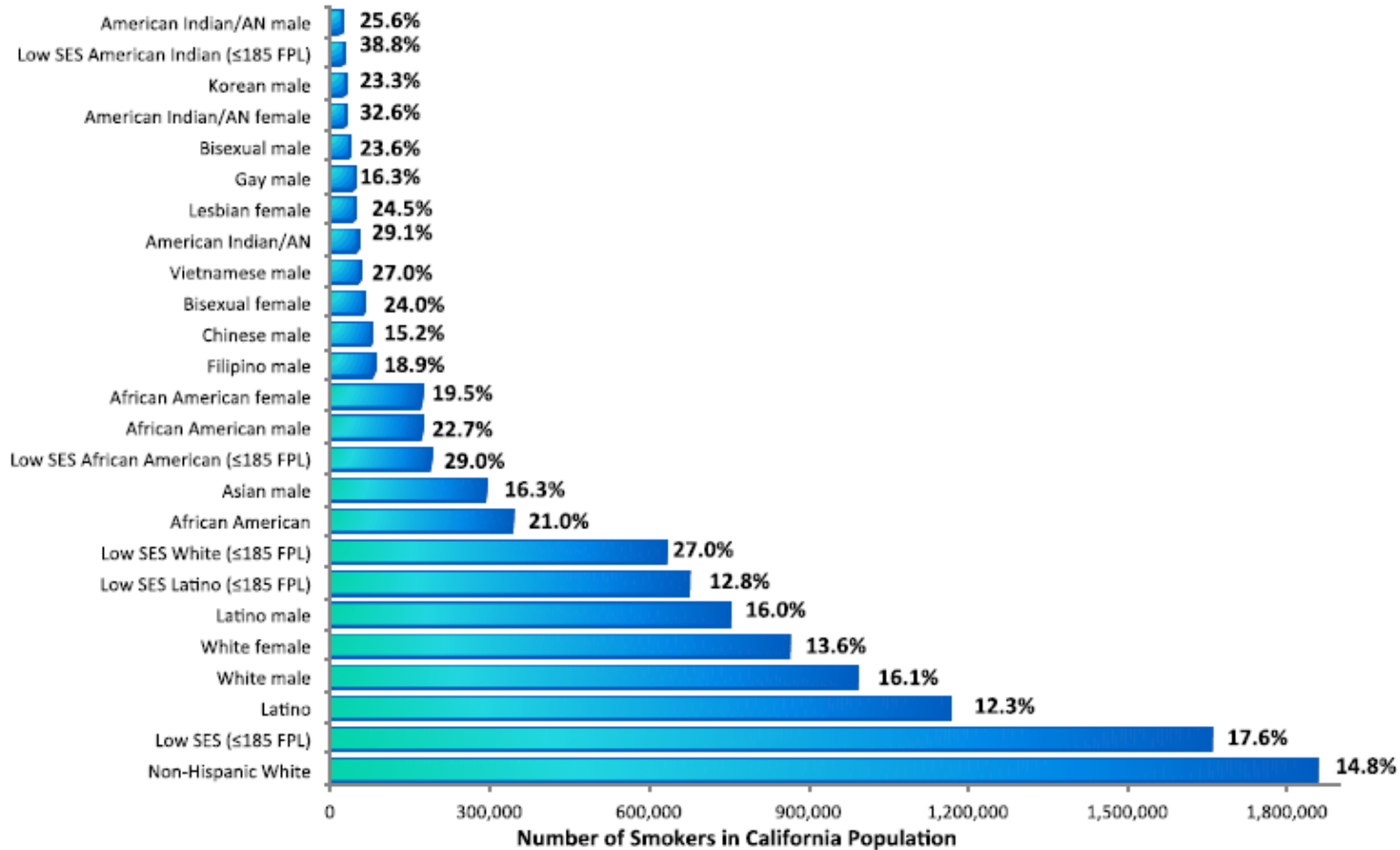


Other Approaches

- Non face-to-face approaches have been demonstrated to be successful
 - Telephone-based counseling (quitlines)
 - Text-based counseling
- Electronic health records and computer order entry systems provide new ways of organizing health delivery
 - Patient engagement with these systems such as patient portals also provide opportunities



Diversity of Smokers



CTCP, 2014



“Choose Your Own Adventure”

- You have been tasked by your health care organization to improve tobacco cessation efforts
- How should we think about implementation?
 - System perspectives
 - Provider perspectives
 - Patient perspectives

