

**Include Tobacco Dependence Treatments (Both Counseling and Medication), Identified as Effective in This Guideline, as Paid or Covered Services for All Subscribers or Members of Health Insurance Packages<sup>2</sup>**

The Guideline suggests that the implementation of system strategies by managed care organizations and other insurers can reduce smoking prevalence among their members. These organizations—through formularies, feedback to clinicians, coverage criteria, and marketing approaches—can facilitate the delivery of tobacco dependence treatment. In addition to being clinically effective, tobacco use treatments are also cost effective in relation to other medical treatments, such as those for hypertension and hyperlipidemia. Tobacco dependence interventions can also lead to reduced health care consumption and costs, thereby producing a positive return on investment.

Purchasers of health care coverage should make coverage of tobacco use treatment part of their contracts with insurers who provide service to them. This may not only improve the health of their employees or subscribers, but may also lead to lower rates of absenteeism and lower utilization of health care resources.

Action	Strategies for Implementation
Provide all insurance subscribers, including those covered by managed care organizations, workplace health plans, Medicaid, Medicare, and other government insurance programs, with comprehensive coverage for effective tobacco dependence treatments, including medication and counseling.	<p><i>Cover</i> effective tobacco dependence treatments (counseling and medication) as part of the basic benefits package for all health insurance packages.</p> <p><i>Remove</i> barriers to tobacco treatment benefits (eg, co-pays, utilization restrictions).</p> <p><i>Educate</i> all subscribers and clinicians about the availability of covered tobacco dependence treatments (both counseling and medication), and encourage patients to use these services.</p>

**For more information on *Treating Tobacco Use and Dependence: 2008 Update*, visit [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco).**

**References:**

- Centers for Disease Control and Prevention. Cigarette smoking among adults — United States, 2000. *MMWR Morb Mortal Wkly Rep.* 2002;51(29):642-645.
- Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service. May 2008.

**US Public Health Service (PHS)  
Clinical Practice Guideline  
*Treating Tobacco Use and  
Dependence: 2008 Update***

**Some Highlights  
From This Document Include:  
Overall Key Findings and Recommendations  
Hospital Recommendations  
Managed Care Recommendations**

## 2008 Update Sponsoring Organizations:

- US Public Health Service
- Agency for Health Care Research & Quality
- Centers for Disease Control & Prevention
- National Heart, Lung, and Blood Institute
- National Institute on Drug Abuse
- National Cancer Institute
- American Legacy Foundation
- Robert Wood Johnson Foundation
- University of Wisconsin School of Medicine and Public Health's Center for Tobacco Research and Intervention

Approximately 20% of the US population smokes, and more than 70% of smokers say they want to quit.<sup>1</sup> However, many smokers lack the support needed to be successful, and most are not aware of the tools and treatments available to help them succeed. This updated Guideline is designed to provide health care professionals, insurers, purchasers, and others with evidence-based recommendations for smoking cessation treatments that increase the likelihood of a successful quit attempt.

Highlights of *Treating Tobacco Use and Dependence: 2008 Update* include:

### • Tobacco Dependence

- Tobacco dependence is increasingly recognized as a chronic disease that requires ongoing assessment and repeated intervention. Health professionals must consistently identify, document, and treat all tobacco users within the health care setting

### • Treatment/Intervention

- Clinicians should encourage all individuals making a quit attempt to engage in both counseling and medication treatments
  - There is an addition to the list of first-line effective medications for smoking cessation, allowing clinicians and patients several medication options
  - Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity

### • Insurance Coverage

- Tobacco dependence treatments are both clinically effective and highly cost effective, relative to interventions for other clinical disorders. Insurers and purchasers should ensure that all insurance plans include effective counseling and medication as covered benefits

## Key Findings and Recommendations From *Treating Tobacco Use and Dependence: 2008 Update*<sup>2</sup>

1. Tobacco dependence is a chronic disease requiring repeated intervention and multiple quit attempts.
2. It is essential that all tobacco users are consistently identified, documented, and treated within the health care setting.
3. Tobacco dependence treatments are effective across many populations, and clinicians should encourage willing patients to use these treatments.
4. Clinicians should offer every tobacco user at least brief treatments to help them quit.
5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Clinicians should encourage both practical (problem-solving/skills training) and social support counseling when helping patients quit.
6. Many effective medications for tobacco dependence exist, and clinicians should encourage their use by all patients attempting to quit, except when medically contraindicated or with specific populations where insufficient evidence of effectiveness is available.
7. Clinicians should encourage use of counseling and medication for treating tobacco dependence, which have been shown to be more effective in combination than alone.
8. Telephone quitline counseling has been shown to be effective. Clinicians should encourage patients to access and use these resources.
9. For tobacco users unwilling to quit, clinicians should use proven motivational treatments to increase future quit attempts.
10. Tobacco dependence treatments are clinically and cost effective. All insurance plans should include effective counseling and medication as covered benefits.

## Promote Hospital Policies That Support and Provide Inpatient Tobacco Dependence Services<sup>2</sup>

In addition to strategies that target only the clinician or the tobacco user, the Guideline provides system strategies that call for the combined involvement of clinicians, health care systems, insurers, and purchasers of health insurance. These strategies are intended to systematically assess and treat tobacco use at every clinical encounter, and the implementation of such strategies has the potential to improve abstinence rates substantially. It is estimated that widespread implementation could produce a 2% to 3.5% reduction in smoking prevalence rates.

The system strategy in the table below specifically focuses on promoting hospital policies that support and provide inpatient tobacco dependence services.

Action	Strategies for Implementation
Provide tobacco dependence treatment to all tobacco users admitted to a hospital.	<p><i>Implement</i> a system to identify and document the tobacco use status of all hospitalized patients.</p> <p><i>Identify</i> a clinician(s) to deliver tobacco dependence inpatient consultation services for every hospital, and reimburse them for delivering these services.</p> <p><i>Offer</i> tobacco dependence treatment to all hospitalized patients who use tobacco.</p> <p><i>Expand</i> hospital formularies to include FDA-approved tobacco dependence medications.</p> <p><i>Ensure</i> compliance with the Joint Commission regulations mandating that all sections of the hospital be entirely smoke free and that patients receive cessation treatments.</p> <p><i>Educate</i> hospital staff that first-line medications may be used to reduce nicotine withdrawal symptoms, even if the patient is not intending to quit at this time.</p>

The Guideline suggests that, without system strategies, the individual clinician likely will not assess and treat tobacco use consistently. Health care administrators, insurers, and purchasers should implement policies and provide resources to ensure consistent and effective treatment.