# Complete Summary

## GUIDELINE TITLE

Tobacco control.

## BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2003 Sep. 1 p.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Tobacco-related health problems

### GUIDELINE CATEGORY

Evaluation
Management
Treatment

### CLINICAL SPECIALTY

Family Practice
Internal Medicine

### INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

## GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the management of tobacco control through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of tobacco control to improve outcomes

## TARGET POPULATION

- All patients 12 years of age and older (regardless of prior use status)
- All patients identified as current smokers/tobacco users

## INTERVENTIONS AND PRACTICES CONSIDERED

### Evaluation

Assessment of tobacco use status

### Management/Treatment

1. Assess willingness to quit
2. Provide self-help material
3. Nicotine replacement therapy
4. Withdrawal medication (e.g., sustained release bupropion)
5. Smoking cessation program
6. Follow-up contact

## MAJOR OUTCOMES CONSIDERED

Not stated

# METHODOLOGY

## METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

## DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

## NUMBER OF SOURCE DOCUMENTS

Not stated

## METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

## RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation committee members for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

External Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

# RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

All Patients 12 Years of Age and Older (Regardless of Prior Use Status)

Identification of tobacco use status (never, former, current) and type (all forms, including smokeless tobacco, pipe, snuff, and cigars)

- Ask and record tobacco use status in the medical record and/or problem list [A].

Frequency

- At each outpatient visit and inpatient admission

All Patients Identified as Current Smokers/Tobacco Users

Intervention to promote cessation of tobacco use

- Advise to quit [A].
- Assess patient willingness to attempt to quit [C].
- Assist patients who are ready to quit by:

    - Establishing a quit date
    - Providing self-help materials
    - Offering nicotine replacement therapy and/or withdrawal medications (e.g., sustained release bupropion) [A]
    - Offering referral into smoking cessation program
- Arrange follow-up contact, either in person or by telephone:
    - First week after quit date
    - First month after quit date

Frequency

- At each periodic health exam, more frequently at the discretion of the physician

Special Circumstances

- Pregnant Smokers: Due to the serious risks to the mother and fetus, pregnant smokers should be offered interventions such as referral to a smoking cessation program.
- Hospitalized Smokers: Clinicians should provide appropriate pharmacotherapy and counseling during hospitalization to reduce nicotine withdrawal symptoms and assist smokers in quitting.
- Smokers with Psychiatric Comorbidity: Nicotine withdrawal symptoms may exacerbate depression among patients with a prior history of affective disorder. Stopping smoking may affect the pharmacokinetics of certain psychiatric agents. Clinicians should monitor closely the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit.

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

## CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (See "Major Recommendations" field).

This guideline is based on the 2000 U.S. Department of Health and Human Services guideline, Treating Tobacco Use and Dependence (www.surgeongeneral.gov/tobacco/).

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for tobacco control, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2003 Sep. 1 p.

### ADAPTATION

This guideline is based on the 2000 U.S. Department of Health and Human Services guideline, Treating Tobacco Use and Dependence (www.surgeongeneral.gov/tobacco/).

### DATE RELEASED

2003 Sep

### GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium

### SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

### GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

This is the current release of the guideline.

### GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

## AVAILABILITY OF COMPANION DOCUMENTS

None available

## PATIENT RESOURCES

None available

## NGC STATUS

This NGC summary was completed by ECRI on April 14, 2004. The information was verified by the guideline developer on July 27, 2004.

## COPYRIGHT STATEMENT

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