National Tobacco Treatment Guidelines: Development, Dissemination, and Implementation

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Treating Tobacco Use and Dependence
Clinical Practice Guidelines

1996
• Initial Guideline published
• Literature from 1975 -1995
• Approx. 3,000 articles

2000
• Revised Guideline published
• Literature from 1995 -1999
• Approx. 6,000 articles

2008
• Updated Guideline published
• Literature from 1999 – 2007
• Approx. 8,700 total articles
U.S. Clinical Practice Guidelines

- Development Process
- Dissemination
- Implementation
U.S. Clinical Practice Guidelines

- Development Process
- Dissemination
- Implementation
US Clinical Practice Guidelines
Development Process

Topics for inclusion solicited from Panel and the public

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Literature searches conducted by topic

↓

Abstracts obtained

↓

Abstracts reviewed for inclusion criteria by literature reviewers

↓

Topics for inclusion chosen by Panel

↓

Full copy of each accepted article read and independently coded by at least 3 literature reviewers
Evidence tables created by literature reviewers

Initial meta-analyses conducted

Panel reviewed relevant literature and meta-analytic results

Panel formed tentative conclusions, identified need for further analyses

Additional literature reviews and meta-analyses conducted
Panel reviewed updated evidence and made recommendations based on evidence

Guideline drafted and reviewed by Panel

Additional manuscript drafts reviewed by Panel

Guideline draft reviewed by peer reviewers and the public

Guideline revised and reviewed by Panel

Guideline submitted to PHS
U.S. Clinical Practice Guidelines

- Development Process
- Dissemination
- Implementation
US Clinical Practice Guidelines
Dissemination

- Sponsorship
- Related Publications
- The Power of Endorsements
- Media
US Clinical Practice Guidelines
Dissemination

- Sponsorship
Sponsorship: Independent, Broad, Public-Private Partnerships

- Agency for Healthcare Research and Quality
- National Cancer Institute
- National Heart, Lung & Blood Institute,
- National Institute on Drug Abuse
- Centers for Disease Control and Prevention
- The Robert Wood Johnson Foundation
- American Legacy Foundation
- University of Wisconsin-Center for Tobacco Research and Intervention
US Clinical Practice Guidelines
Dissemination

- Sponsorship

- Related Publications
Related Publications

A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update
A U.S. Public Health Service Report

JAMA

A Clinical Blueprint to Accelerate the Elimination of Tobacco Use
Michael C. Fiore, MD, MPH
Carlos Roberto Jaén, MD, MPH

RESPIRATORY CARE

Tobacco Use and Dependence: 2008 Update
U.S. Public Health Service Clinical Practice Guideline
Executive Summary

Implementing Guidelines for Smoking Cessation
Comparing the Efforts of Nurses and Medical Assistants
David A. Katz, MD, MSc, Roger B. Brown, PhD, Donna R. Muehlenbruch, RN, Michael C. Fiore, MD, MPH, Timothy B. Baker, PhD, for the AHRQ Smoking Cessation Guideline Study Group*

JNCI Journal of the National Cancer Institute

Effectiveness of Implementing the Agency for Healthcare Research and Quality Smoking Cessation Clinical Practice Guideline: A Randomized, Controlled Trial
David A. Katz, Donna R. Muehlenbruch, Roger L. Brown, Michael C. Fiore, Timothy R. Baker

TOBACCO CONTROL

Overview of the Agency for Health Care Policy and Research guideline
Michael C Fiore

I am honored to be a part of this panel. Our—everybody who walks through the door gets at

Cost-effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation
Jerry Cromwell, PhD, William J. Barasch, MPA; Michael C. Fiore, MD, MPH
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Context.—The Agency for Health Care Policy and Research (AHCPR) published the Smoking Cessation: Clinical Practice Guideline in 1996. Based on the results of meta-analyses and expert opinion, the guideline identifies efficacious interventions for primary care clinicians and smoking cessation specialty providers.

Objective.—To determine the cost-effectiveness of clinical recommendations in AHCPR’s guideline.

Design.—The guideline’s 15 recommended smoking cessation interventions were analyzed to determine their relative cost-effectiveness. Then, using decision probabilities, the interventions were combined into a global model of the guideline’s overall cost-effectiveness.

Patients.—The analysis assumes that primary care clinicians screen all presenting adults for smoking status and advise and motivate all smokers to quit during the course of a routine office visit or hospitalization. Smoking cessation interventions are provided to 75% of US smokers 18 years and older who are assumed to be willing to make a quit attempt during a year’s time.

Intervention.—Three counseling interventions for primary care clinicians and 2 counseling interventions for smoking cessation specialists were modeled with and without transdermal nicotine and nicotine gum.

Main Outcome Measure.—Cost (1995 dollars) per life-year or quality-adjusted life-year gained.

This study analyzes the cost-effectiveness of the Agency for Health Care Policy Research’s (AHCPR’s) Smoking Cessation: Clinical Practice Guideline. Released in April 1996, the guideline was developed over a 2-year period by a panel of smoking cessation specialists using extensive qualitative analysis of published effectiveness data. Recommendations include screening all presenting patients for tobacco use, advising patients who use tobacco to quit, and providing interventions that appear most efficacious. The recommendations were based on rigorous

Tobacco use has been cited as the chief avoidable cause of death in the United States, responsible for more than 400,000 deaths annually. Despite this, physicians and other practitioners fail to assess and counsel smokers consistently and effectively.
US Clinical Practice Guidelines Dissemination

- Sponsorship
- Related Publications
- The Power of Endorsements
Endorsement by 59 National/Regional Organizations

- Action on Smoking and Health
- American Academy of Addiction Psychiatry
- American Academy on Communication in Healthcare
- American Academy of Family Physicians
- American Academy of Nurse Practitioners
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Association for Respiratory Care
- American Cancer Society
- American College of Cardiology
- American College of Chest Physicians
- American College of Obstetricians and Gynecologists
- American College of Preventive Medicine
- American Head and Neck Society
- American Heart Association/American Stroke Association
- American Legacy Foundation
- American Lung Association
- American Lung Association of DC
- American Nurses Association
- American Osteopathic Association
- American Psychiatric Nurses Association
- American Public Health Association
- American Society for Reproductive Medicine
- American Society of Addiction Medicine
- American Society of Preventive Oncology
- American Thoracic Society
- Association of Clinicians for the Underserved
- Association for the Treatment of Tobacco Use and Dependence
- Blue Cross and Blue Shield of Minnesota
- Campaign for Tobacco-Free Kids
- Colorado Clinical Guidelines Collaborative
- County of Los Angeles Public Health
- DC Tobacco Free Families Campaign
- The Joint Commission
- Institute for Healthcare Communication
- Lung Cancer Alliance
- National Committee for Quality Assurance
- National Hispanic Medical Association
- National Latino Council on Alcohol and Tobacco Prevention
- National Medical Association
- National Partnership for Smokefree Families
- National Tobacco Cessation Collaborative
- National Working Group to Improve Access to and Coverage for Smoking Cessation Benefits
- North American Quitline Consortium
- Partnership for Prevention
- Pharmacists Planning Service Inc.
- Pharmacy Council on Tobacco Dependence
- Pharmacy Partnership for Tobacco Cessation
- Robert Wood Johnson Foundation
- Society of Behavioral Medicine
- Society of General Internal Medicine
- Society for Research on Nicotine and Tobacco
- Tobacco Free Nurses
- University of Michigan Head and Neck SPORE
- University of Wisconsin Center for Tobacco Research and Intervention
- Youth Tobacco Cessation Collaborative
US Clinical Practice Guidelines

Dissemination

- Sponsorship
- Related Publications
- The Power of Endorsements
- Media
2008 PHS Guideline Release Event
U.S. Clinical Practice Guidelines

- Development Process
- Dissemination
- Implementation
US Clinical Practice Guidelines
Implementation

- Standard vs Customized Implementation
- Performance Measures
- National Health System Integration
- Citations/Related Research
- Leadership
US Clinical Practice Guidelines

Implementation

- Standard vs Customized Implementation
  - 5As vs 2As & R, etc

Ask
Advise
Assess
Assist
Arrange
US Clinical Practice Guidelines
Implementation

- Standard vs Customized Implementation
- Performance Measures
  - Joint Commission
The Joint Commission and Hospitalized Smokers: A New Performance Measure-Set for Tobacco Cessation
Performance Set Measures
(Effective January 1, 2012)

- Performance Measure 1:  
  Tobacco Use Screening of patients 18 years and over

- Performance Measure 2:  
  Tobacco Use Treatment, and Counseling & Medication during Hospitalization

- Performance Measure 3:  
  Tobacco Use Treatment Management at Discharge

- Performance Measure 4:  
  One Month Follow-Up Assessing Treatment Use and Cessation
Performance Measures: Joint Commission

The Joint Commission’s New Tobacco-Cessation Measures — Will Hospitals Do the Right Thing?

Michael C. Fiore, M.D., M.P.H., M.B.A., Eric Goplerud, Ph.D., and Steven A. Schroeder, M.D.

NEJM. 2012;366(13);1173-1174.
US Clinical Practice Guidelines
Implementation

- Standard vs Customized Implementation
- Performance Measures
  - Joint Commission
  - Meaningful Use
### Performance Measures: Meaningful Use

**Specifically, Meaningful Use of Electronic Health Records**

<table>
<thead>
<tr>
<th>Meaningful Use of Electronic Health Records</th>
<th>Stage 1 Core Objective (required)</th>
<th>Stage 1 Core Measure</th>
<th>Stage 2 Core Objective (required)</th>
<th>Stage 2 Core Measure</th>
<th>Stage 3 Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record smoking status for patients 13 years old or older</td>
<td>More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data</td>
<td>Record smoking status for patients 13 years old or older</td>
<td>More than 80% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data</td>
<td>Smoking status still required, but does not have to be reported for Meaningful Use attestation.</td>
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<tr>
<th>Clinical Quality Measures (All Stages of MU)</th>
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<tbody>
<tr>
<td>One of nine “Recommended” for Eligible Professionals (no tobacco intervention measure for Hospitals)</td>
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<tr>
<td>Tobacco Use: Screening and Cessation Intervention. Percentage of patients 18 and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</td>
</tr>
<tr>
<td>New Clinical Quality Measure “Recommended” for Eligible Professionals - Closing the Referral Loop: Receipt of Specialist Report</td>
</tr>
</tbody>
</table>
US Clinical Practice Guidelines
Implementation

- Standard vs Customized Implementation
- Performance Measures
- National Health System Integration
  - The Affordable Care Act
The Affordable Care Act: Tobacco Cessation Provisions

Insurance Reforms and Expansion of Coverage for Commercial and Public Insurers

- All preventive services that received an “A” or “B” from the USPSTF – including Tobacco Cessation – are covered without cost to the patient
- Tobacco users can be charged a rate differential not to exceed 1.5 times the rate charged to non-tobacco users
- *Essential Health Benefits* requirement: all qualified health plans must include tobacco cessation treatment
- Elimination of exclusion of coverage of certain medications
  - Forbids States from excluding FDA-Approved smoking cessation meds
  - This includes OTC meds
- Coverage for Tobacco Cessation Treatments for pregnant Medicaid enrollees
Helping Smokers Quit — Opportunities Created by the Affordable Care Act

A group health plan or health insurance issuer will be considered to be in compliance with the Affordable Care Act’s requirement to cover tobacco use counseling and interventions, if, for example, the plan or issuer covers without cost-sharing or prior authorization:

1. Screening of all patients for tobacco use; and,

2. For those who use tobacco products, at least two tobacco cessation attempts per year, with coverage of each quit attempt including:
   - Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone, group, and individual counseling).
   - All Food and Drug Administration (FDA)-approved tobacco cessation medications* (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider.

*Currently, the FDA has approved seven smoking cessation medications: 5 nicotine medications (gum, patch, lozenge, nasal spray, inhaler) and 2 non-nicotine pills (bupropion and varenicline)
US Clinical Practice Guidelines
Implementation

- Standard vs Customized Implementation
- Performance Measures
- National Health System Integration
- Citations/Related Research
Citations/Related Research

- The USCPG citations
  - Over 6,000 citations in peer-reviewed manuscripts

- The basis for hundreds of NIH and other funded research grants
US Clinical Practice Guidelines Implementation

- Standard vs Customized Implementation
- Performance Measures
- National Health System Integration
- Citations/Related Research
- Leadership
US Clinical Practice Guidelines
Implementation

- Leadership

Dr. Ron Davis
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