

Policy/Standard of Care Development: Addressing Tobacco Use in Primary Care.

Why?

- ✓ Tobacco related illnesses are the single greatest cause of disease and premature death in the United States.
- ✓ 18.7% of New Yorkers smoke.
- ✓ Each year, 25,500 people die prematurely in NYS from using tobacco.
- ✓ Related health care costs in NYS are \$8.17 billion a year.
- ✓ All aspects of patient's health are affected by their tobacco use.
- ✓ We can reduce tobacco use in NYS through evidence-based interventions.

The Opportunity:

- ✓ Effective treatment for tobacco use and dependence exists.
- ✓ Research shows that abstinence rates increase as clinicians provide brief interventions to people who smoke or chew tobacco.
- ✓ Tobacco dependence treatment needs to be viewed as the same level of importance as immunizations.
- ✓ Implementing the 5A's described in the Public Health Service Clinical Practice Guideline- Treating Tobacco Use and Dependence – 2000 is the Gold Standard of Care:

1. **Ask** – implement a system that identifies each person that uses tobacco and a process that prompts an intervention by a clinician.
2. **Advise** - tobacco users to quit in a clear, strong, personalized manner.
3. **Assess** - the readiness of tobacco users to make a quit attempt.
4. **Assist** - the person willing to quit within the next 30 days by providing counseling and the use of pharmacotherapy.
5. **Arrange** - follow up support.

Create a standard of care that incorporates Clinical Practice Guidelines:

- ✓ Institutionalize a system that identifies tobacco users and prompts clinicians to talk to their patients about quitting at “every” visit.
- ✓ Advises them to Quit.
- ✓ Refers to NYS Smokers' Quitline, a cessation program, offer self help materials, pharmacotherapy or provider counseling, and provide follow-up.



