



Guideline Summary NGC-10086

Guideline Title

Tobacco control.

Bibliographic Source(s)

Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Sep. 1 p.

Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2011 Sep. 1 p.

Scope

Disease/Condition(s)

Tobacco use

Guideline Category

Evaluation

Management

Treatment

Clinical Specialty

Family Practice

Internal Medicine

Obstetrics and Gynecology

Pediatrics

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. Advisement to quit smoking/avoid second-hand smoke
2. Assessment of willingness to quit
3. Assisting patients to quit
 - Establishing a quit date
 - Providing self-help material
 - Nicotine replacement therapy for adults (e-cigarettes are not an approved therapy)
 - Non-nicotine medication (e.g., sustained release bupropion) for adolescents and adults
 - Recommending a smoking cessation program
4. Arranging follow-up contact
5. Considerations for special circumstances (pregnant smokers, hospitalized smokers, smokers with psychiatric comorbidity, smokers taking other medications)

Major Outcomes Considered

Not stated

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

The Michigan Quality Improvement Consortium (MQIC) health care analyst conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

For this guideline update, PubMed, Google, and U.S. Food and Drug Administration (FDA) databases were searched from 2011 to 2013. No inclusion/exclusion criteria were used. The specific search terms used included: tobacco control, e-cigarettes, nicotine withdrawal, depression, youth risk behavior survey, nicotine replacement therapy, bupropion, and smoking cessation.

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 Recommendations

- 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 information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) health care analyst prepares a draft guideline to be reviewed by the Medical Directors' Committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence (see the "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee, resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process.

and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the Medical Directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC health care analyst and prepared for review by the Medical Directors' Committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

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

Internal Peer Review

Description of Method of Guideline Validation

When consensus is reached on the final draft guideline, the Medical Directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC) health plans (health care analyst distributes final draft to Medical Directors' Committee, measurement and implementation groups to solicit feedback).

The MQIC health care analyst also forwards the approved guideline draft to appropriate state medical specialty societies and physicians with expertise in the related field for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this updated guideline in September 2013.

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 and exposure status (never, former, current) and type (all forms, including smokeless tobacco, pipe, snuff, cigars, hookah [water pipe], and second-hand smoke)

Recommendation

Ask and document 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

Recommendation

- **Advise** to quit [**A**]/avoid second-hand smoke.
- **Assess** patient willingness to attempt to quit. [**C**]
 - The Prochaska and DiClemente's Stages of Change Model: Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse
- **Assist**: Try to move patients along one stage. If ready to quit:
 - Establish a quit date.
 - Provide self-help materials. ☞
 - Offer nicotine replacement therapy (adults only; e-cigarettes not approved as nicotine replacement therapy) and/or non-nicotine medications (e.g., sustained release bupropion) [**A**] (adolescents and adults).
 - Recommend a smoking cessation program (e.g., Michigan Quit Line 1-800-784-8669 or your preferred program).
 - The combination of medication plus a smoking cessation program is more effective than either alone. [**A**]
- **Arrange** follow-up contact, either in person or by telephone [**D**]:
 - First week after quit date.
 - First month after quit date.

Frequency

At each periodic health exam, more frequently at the discretion of the physician. Patient may be more receptive to quit during respiratory illness.

during respiratory illness.

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 may cause or exacerbate depression. 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.
- **Smokers taking other medications:** Nicotine withdrawal alters pharmacokinetics of other medications, e.g., beta blockers, warfarin, theophylline.

Definitions:

Levels of Evidence for the Most Significant Recommendations

- 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 the "Major Recommendations" field).

The guideline is based on several sources, including the Department of Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guideline for Management of Substance Use Disorders (SUD), Department of Veterans Affairs, Department of Defense, 2009 Aug. 158 p. (http://www.healthquality.va.gov/sud/sud_full_601f.pdf); and Treating Tobacco Use and Dependence: 2008 Update - Clinical Practice Guideline, Fiore MC, Jaen CR, Baker TB, et al.

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

- Nicotine withdrawal symptoms may occur.
- Nicotine withdrawal may cause or exacerbate depression. 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.
- Nicotine withdrawal alters pharmacokinetics of other medications, e.g., beta blockers, warfarin, theophylline.

Qualifying Statements

Qualifying Statements

Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Implementation of the Guideline

Description of Implementation Strategy

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC health care analyst prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC health care analyst distributes approved guidelines to MQIC membership via email.

The MQIC health care analyst submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC health care analyst completes an annual statewide postcard mailing to physicians in all areas of medicine including primary care and specialties. The postcard provides the complete list of MQIC guidelines and includes which guidelines have been recently revised, which are coming up for revision, and any new published guidelines.

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.'s and 96% of the state's D.O.'s are included in the database.

The MQIC health care analyst submits request to the National Guideline Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

Implementation Tools

Resources

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

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Adaptation

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Date Released

2003 Sep (revised 2013 Sep)

Guideline Developer(s)

Michigan Quality Improvement Consortium - Professional Association

Source(s) of Funding

Michigan Quality Improvement Consortium

Guideline Committee

Michigan Quality Improvement Consortium Medical Directors' Committee

Composition of Group That Authored the Guideline

Physician representatives from the 13 participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health, Michigan Peer Review Organization, and the University of Michigan Health System.

Financial Disclosures/Conflicts of Interest

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g., health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships as well.

Guideline Status

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This guideline updates a previous version: Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2011 Sep. 1 p.

Guideline Availability

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

Availability of Companion Documents

The following are available:

- Guide your patients to a smoke-free future. Electronic copies: Available in Portable Document Format (PDF) from the [Michigan Quality Improvement Consortium \(MQIC\) Web site](#).
- Michigan providers tobacco cessation tool kit. Michigan Cancer Consortium. 2013 Sept. Electronic copies: Available from the [MQIC Web site](#).
- Michigan Medicaid tobacco cessation benefits. Electronic copies: Available in PDF from the [MQIC Web site](#).
- Michigan Steps Up "Don't Smoke." State of Michigan. 2001-2004. Electronic copies: Available from the [MQIC Web site](#).

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. This NGC summary was updated by ECRI on November 28, 2005. The updated information was verified by the guideline developer on December 19, 2005. This NGC summary was updated by ECRI Institute on March 5, 2008. The updated information was verified by the guideline developer on March 12, 2008. This summary was updated by ECRI Institute on July 20, 2009 following the U.S. Food and Drug Administration advisory on Varenicline and Bupropion. This summary was updated most recently by ECRI Institute on February 16, 2010. The updated information was verified by the guideline developer on March 22, 2010. This NGC summary was updated by ECRI Institute on December 22, 2011. The updated information was verified by the guideline developer on January 9, 2012. This NGC summary was updated by ECRI Institute on January 15, 2014. The updated information was verified by the guideline developer on February 11, 2014.

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