

Section IC: System Recommendations

1. Clinician Training and Reminder Systems

SUMMARY: All health professionals should have training in effective smoking cessation strategies.

US: All clinicians and clinicians-in-training should be trained in effective strategies to assist tobacco users willing to make a quit attempt and to motivate those unwilling to quit. Training appears to be more effective when coupled with systems changes. (Strength of Evidence = B)

NZ: Health care workers should seek appropriate training to enable them to provide brief advice. This training should include providing the health care workers with information on available evidence-based smoking cessation treatments. (Grade = B)

UK: Smoking and smoking cessation should be part of the core curriculum of the basic training of all health professionals. (No Grade)

UK: Training should be a core part of a smoking cessation programme in all health authorities. Protected time and funding should be built into this programme. (Strength of Evidence = B)

2. Cost-Effectiveness of Tobacco Dependence Interventions

US: The tobacco dependence treatments shown to be effective in this Guideline (both counseling and medication) are highly cost-effective relative to other reimbursed treatments and should be provided to all smokers. (Strength of Evidence = A)

US: Sufficient resources should be allocated for systems support to ensure the delivery of efficacious tobacco use treatments. (Strength of Evidence = C)

3. Tobacco Dependence Treatment as a Part of Assessing Health Care Quality

US: Provision of Guideline-based interventions to treat tobacco use and dependence should remain in standard ratings and measures of overall health care quality (e.g., NCQA HEDIS). These standard measures should also include measures of outcomes (e.g., use of cessation treatment, short- and long-term abstinence rates) that result from providing tobacco dependence interventions. (Strength of Evidence = C)

4. Providing Treatment For Tobacco Use and Dependence as a Covered Benefit

SUMMARY: Cessation medications should be covered by health insurance plans to lessen the financial burden especially on dependent smokers who require long-term treatment to successfully quit.

US: Providing tobacco dependence treatments (both medication and counseling) as a paid or covered benefit by health insurance plans has been shown to increase the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit. Therefore, treatments shown to be effective in the Guideline should be included as covered services in public and private health benefit plans. (Strength of Evidence = A)

OMA: Cessation medications should be covered under both public and private health insurance plans without penalizing the most dependent smokers who might need long-term treatment to quit successfully. (No Grade)

5. Clinical Governance and National Service Frameworks

SUMMARY: Funding should be provided for cessation training in the health care system, encouraging the integration of cessation services and smoke-free policies at healthcare facilities. NRT should be provided in these facilities for patients and smoking status recorded in their charts.

UK: To produce cost effective significant health gain in the population, smoking cessation interventions should be commissioned. (Strength of Evidence = A)

UK: Review current practice, identify needs, and provide core funding to integrate smoking cessation into health services; plan a cessation strategy with public health specialists; seek advice from smoking cessation specialists. (Strength of Evidence = A)

UK: These plans should include a specialist cessation service. (Strength of Evidence = A)

UK: Core funding smoking cessation training, or make sure that smoking cessation is prioritised within existing training budgets. (Strength of Evidence = B)

UK: Make provision to ensure the NRT is available to hospital patients who need it, in conjunction with professional advice and cessation support. (Strength of Evidence = A)

UK: Require all services, departments, and clinics, to introduce systems to maintain an up to date record of the smoking status of all patients in their (paper or electronic) notes. It should be regarded as a vital sign. (Strength of Evidence = A)

UK: Ensure that all health care premises and their immediate surrounding are smoke free (Strength of Evidence = C)

UK: Work with clinicians to put systems in place to audit smoking cessation interventions throughout the health care system. (No Grade)

6. NRT Availability/Accessibility

SUMMARY: NRT should be as easily accessible and priced to be as inexpensive as or less expensive than tobacco products.

OMA: The manufactures of NRT products should make these products available at every retail outlet where tobacco products are sold and retailers should display them prominently. (No Grade)

OMA: The federal government should remove the GST on NRT products. (No Grade)

OMA: The pharmaceutical industry should work to closely match the package quantity of NRT to tobacco products and ensure that the cost of NRT not exceed the cost of tobacco products. (No Grade)

OMA: Free NRT programs should be offered annually to help large number of smokers making a quit attempt to be successful. (No Grade)