GUIDELINE DESCRIPTION: (actual guideline attached)
This guideline via a flowchart describes the 5A’s for tobacco cessation and lists specific provider actions for each step. The flowchart includes information about the Tobacco Cessation Programs in our community.

FACTS ABOUT TOBACCO CESSATION:
- Tobacco use remains the leading preventable cause of illness and death in our society.
- Tobacco dependence is a chronic condition that often requires repeated intervention.
- Brief tobacco dependence treatment is effective and every patient who uses tobacco should be offered at least brief treatment.
- Counseling and medication are each effective treatment for tobacco dependence, but are most effective when used together.
- Nearly half a million Americans die each year from tobacco-related illness.
- Smokers, on average, die 10 years earlier than nonsmokers.
- Treatments involving person-to-person contact (individual, group, telephone) are consistently effective and their effectiveness increases with treatment intensity.
- Pharmacotherapy for smoking cessation should be considered with all patients who are attempting to quit smoking except if contraindicated (refer to Tobacco Cessation Guideline)
- Tobacco dependence treatments are both clinically effective and cost-effective and tobacco cessation counseling is a covered benefit under SAHP, IHN-CCO, Samaritan Choice, and the SHS Employee Wellness Benefit.

REFERENCES:

"These recommendations are designed to be guidelines but do not guarantee coverage by each plan. For coverage/benefit information please contact our member services department."
Tobacco Cessation Guideline

1. **ASK**
   Identify and document tobacco use status for every patient at every visit

   - Is patient a current tobacco user?
     - **NO**
       - Encourage continued abstinence for those who have recently quit and assess relapse potential. Continue primary prevention
     - **YES**
       - ADVISE

2. **ADVISE**
   In a clear, strong and personalized manner urge every tobacco user to quit

   - Promote motivation to quit. Re-assess at each visit

3. **ASSESS**
   Patient's willingness to make a quit attempt

   - Is patient ready to quit?
     - **NO**
       - Enhance motivation to quit using the “5R’s”
         - Relevance
         - Risks
         - Rewards
         - Roadblocks
         - Repetition
     - **YES**
       - ASSIST

4. **ASSIST**
   For patients willing to make a quit attempt, use pharmacotherapy and/or counseling to help them quit.

   - Assistance should be based on patient's tobacco history, overall health, and support network.

5. **ARRANGE**
   Schedule follow-up contact, preferably within the first week after the quit date

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**Reference:** Clinical Practice Guideline Treating Tobacco Use And Dependence, US Dept. of Health and Human Services, June 2000

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