Promotion and Assistance with Tobacco Cessation during and after Hospitalization (PATCH)
Family Health Administration, Office of Chronic Disease Prevention
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Description of Project

This proposal seeks to promote the Quitline as a standard practice for all tobacco dependent patients admitted to Maryland hospitals. In July 2011, new Joint Commission standards will require hospitals to identify all patients who use tobacco and offer them counseling, medications, and follow-up on discharge. The Maryland Quitline is an evidence-based approach to smoking cessation with a strong infrastructure. Promotion of this evidence-based practice to patients during hospitalization is advantageous to aiding smokers in remaining tobacco free upon discharge.

Evidence and Impact

According to the Public Health Service's *Treating Tobacco Use and Dependence: Clinical Practice Guideline*, hospitalization is a uniquely effective time to assist smokers to successfully quit. In the *2008 Update*, seven medications and three types of counseling are recommended as scientifically-proven to be effective in helping smokers quit. The Guideline is a review of decades of research on tobacco cessation, and is widely regarded as the definitive report on effective methods of treating tobacco users[1]. Included in this document is evidence that telephone quitline counseling is effective with diverse populations and has broad reach. Both clinicians and health care delivery systems should ensure patient access to quitlines and promote quitline use.

Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Services offered by quitlines can include counseling, referrals, mailed materials, training to healthcare providers, web-based services and, in some instances, free medications such as nicotine replacement therapy (NRT). Research shows that quitlines are highly effective in helping tobacco users quit. Due to their ability to reach and serve tobacco users, regardless of location, quitlines have quickly spread across North America and residents in all 50 states, the DC, each U.S. territory, and all Canadian provinces can access public quitline services.

The Maryland Tobacco Quitline (QL), 1-800-QUIT-NOW, has been in existence since 2006. This evidence-based intervention is staffed by highly trained, master's level Quit Coaches available 8:00am-3:00am, seven days a week. For those Marylanders who enroll in this free service, the QL provides up to four phone counseling services and four weeks of Nicotine Replacement Therapy (over the counter patch or gum mailed to the resident's home) to Maryland residents 18 years and older. The Quitline has received over 58,000 calls since its launch.

Most people who currently use tobacco products want to quit, but they often must make multiple quit attempts before they successfully break their addiction to nicotine. Use of cessation drugs (over-the-counter or prescription) and counseling can triple or quadruple cessation rates. In fact, results of the Maryland QL independent evaluation reveal that Marylanders who used the Quitline were far more successful then those attempting to quit without assistance, with quit rates *seven times* higher than average. Furthermore, 98% of callers reported being satisfied with Quitline services.

Cost savings

Smoking-related illnesses cost the State and the nation billions of dollars annually. Maryland's direct health care expenditures for smoker's costs are over $2.2 billion per year. Smoking costs the nation over $300 billion a year is lost productivity, premature death, and health care expenditures. The annual smoking attributable cost to the Maryland Medicaid system is $476,000,000[2]. For every dollar spent on providing tobacco cessation treatments, the average potential return on investment is $1.34. If all current smokers covered by State Medicaid programs quit, the annual savings to Medicaid would be approximately $9.7 billion after 5 years[3].

Furthermore, Massachusetts implemented a comprehensive tobacco cessation benefit in 2006 and has seen tremendous results. Smoking rates for beneficiaries in its Medicaid program (MassHealth) have dropped 26% and according to the MA Department of Public Health, there were 38% fewer hospitalizations for heart attacks and 17% fewer emergency room visits for asthma symptoms in the first year among users of the cessation benefit. There also have been 17% fewer claims for maternal birth complications since the benefit was implemented[4].

Ease of implementation

Financial resources- Moderate. The infrastructure exists, but additional call volume would require the acquisition of resources, ideally from health care payers, such as insurers and self-employed payers.

Human resources- Minimal. Inclusion of Quitline messaging and materials into the tobacco cessation and discharge planning process would mandate minimal additional human resource for hospitals. Furthermore, promotional materials exist, which only requires resources for their creation and dissemination.

Time- Minimal. The Quitline is fully operational, as well as its promotion materials. This project is "shovel ready."