DATA from the 2018 Minnesota Adult Tobacco Survey shows health care providers, clinics, health systems and administrators can help smokers quit. Minnesota’s adult smoking rate has dropped to 13.8 percent, down from 14.4 percent in 2014. To further reduce smoking, smokers need to be encouraged to make more quit attempts, and use of evidence-based tobacco dependence treatment needs to increase. The Healthy People 2020 goal is for 80 percent of adult smokers to make a quit attempt over a 12-month period. Minnesota data shows that 45.7 percent of adult smokers quit for one day or longer in the past 12 months.

Given 65.2 percent of smokers reported seeing a health care provider in the last 12 months, there are many ways providers, clinics, health systems and administrators can help increase quit attempts and use of evidence-based treatment, leading to long-term tobacco cessation.

REFERENCES
RATES OF DELIVERING TOBACCO TREATMENT VARY

Evidence-based guidelines provide strategies for routinely assessing and addressing tobacco use. This includes the 5 A’s, which are to: Ask about tobacco use, Advise all tobacco users to quit, Assess their readiness to quit, Assist them in the quitting process and Arrange for follow-up. In Minnesota, health care providers are successfully assessing tobacco use (Figure 1). In 2018, 95.4 percent of smokers who saw a health care provider reported being asked if they smoke.

However, there is room for improvement in assisting tobacco users in quitting (Figures 1 and 2):

- 76.4 percent report being advised not to smoke.
- 55.2 percent of current smokers report receiving a referral for assistance to quit.
- 48 percent of smokers report using some form of assistance.

REFERENCES

AGE DIFFERENCES IN QUIT ATTEMPTS

Young adults (18-24) are more likely than older smokers to make quit attempts particularly compared to 45-64 year olds, 54.3 vs. 40.5 percent respectively (Figure 3). If we want to achieve the Healthy People goal of 80 percent of smokers making a quit attempt, then smokers of all ages need to be supported in the quitting process.

FIGURE 1: HEALTH CARE PROVIDER INTERVENTIONS AMONG ALL SMOKERS WHO SAW A PROVIDER IN THE PAST 12 MONTHS

95.4% Asked about smoking
76.4% Advised to quit smoking
55.2%* Referred for assistance

FIGURE 2: UTILIZATION OF SMOKING CESSATION SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Replacement Therapy</td>
<td>48</td>
</tr>
<tr>
<td>Prescription Medication Use**</td>
<td>33.2</td>
</tr>
<tr>
<td>Behavioral Counseling</td>
<td>19.7</td>
</tr>
<tr>
<td>Any Assistance</td>
<td>15.4</td>
</tr>
</tbody>
</table>

FIGURE 3: QUIT ATTEMPTS BY ADULT SMOKERS IN MINNESOTA, BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Quit Attempts (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Age Groups</td>
<td>45.7</td>
</tr>
<tr>
<td>18-24</td>
<td>54.3</td>
</tr>
<tr>
<td>25-44</td>
<td>49.7</td>
</tr>
<tr>
<td>45-64</td>
<td>40.5</td>
</tr>
<tr>
<td>65 or Older</td>
<td>42.2</td>
</tr>
</tbody>
</table>

Source: Minnesota Adult Tobacco Survey 2018
*Referral for assistance is defined as providing any referral, recommending stop-smoking medications or recommending behavioral counseling.
**Prescription Medication Use refers to Zyban, Wellbutrin, or Chantix.
In order to reduce tobacco related disparities, all smokers need to have their tobacco use routinely assessed, and need to be offered both counseling and medications to help them in the quitting process.

**WHAT CAN HEALTH CARE PROVIDERS DO?**

There are several things health care providers can do to assist their smoking patients in the quitting process. Providers can:

- Educate patients about evidence-based smoking cessation treatments and recommend both counseling and medications.
- Assist patients by providing brief counseling during office visits and/or refer to cessation programs, such as quittings.
- Prescribe cessation medications and carefully consider the amount of medication and dose needed for a successful quit attempt.
- Follow up with patients to see if they need additional support.

The FDA has approved seven medications for smoking cessation. Medications that are available either over the counter or by prescription are the nicotine patch, nicotine gum and nicotine lozenge. Medications that are available by prescription only are nicotine nasal spray, nicotine inhaler, bupropion SR (Zyban/Wellbutrin) and varenicline (Chantix).

**REFERENCES**


**WHAT CAN CLINICS, HEALTH SYSTEMS AND ADMINISTRATORS DO?**

Clinics, health systems and administrators can implement standard processes to routinely assess tobacco use status and intervene with patients that use tobacco. This includes:

- Using **referrals** to other programs or providers as part of this process (e.g., the Minnesota Quitline Network, other quit-smoking programs or tobacco treatment specialists).
- Utilizing the **electronic health record (EHR)** to support the process and generate **data** to monitor tobacco use assessment and treatment.
- Taking a **team approach** to addressing tobacco use, including defining each care team member’s role in the process.
- **Training** team members in the tobacco use assessment and treatment process.
- **Giving feedback** to providers to help improve provider interventions.
- Incorporating the process as a **routine** part of care delivered by the clinic or system (e.g., how new employees will be trained, how the process will be integrated into quality improvement efforts).
Several resources are available to assist with tobacco dependence health systems change. A Health Systems Change Starter Toolkit for Clinics was developed last year in partnership with ClearWay Minnesota and the Institute for Clinical Systems Improvement. The toolkit provides basic steps and tools for implementing tobacco dependence health systems change. This toolkit is available on ClearWay Minnesota’s Tobacco Health Systems Change website, www.clearwaymn.org/policy/tobacco-health-systems-change which also includes a number of additional resources.

**REFER YOUR PATIENTS TO FREE QUIT SUPPORT**

Health care providers can further assist patients in quitting commercial tobacco by making referrals to Quit Partner. To make a referral, visit www.QuitPartnerMN.com and click “Refer a Patient” at the top of the page. Providers submit a standard web or fax referral form for any patient interested in quitting, regardless of the patient’s insurance. Quit Partner connects the patient to the appropriate cessation service. Minnesota’s major health plans and the Minnesota Department of Health’s Quit Partner program collaborate to make referral simple.

**QUITPARTNER™ PROGRAMS**

Quit Partner is a free family of programs to help Minnesota residents quit commercial tobacco, including smoking, vaping, and chewing. Free support includes one-on-one phone coaching, text and email programs, and quit medications like patches, gum or lozenges. Quit Partner also has specialized programs for people living with mental illnesses or substance use disorders, American Indian communities, pregnant and postpartum women, and youth ages 13–17. Providers and patients can learn more about Quit Partner at www.QuitPartnerMN.com or by calling 1-800-QUIT-NOW (784-8669).

**AMERICAN LUNG ASSOCIATION CESSATION RESOURCE LIBRARY**

The American Lung Association has compiled many resources for health care providers and health systems on health systems change and cessation policy. Learn more at https://www.lung.org/policy-advocacy/tobacco/cessation/technical-assistance/resource-library.