

Kaiser Permanente Policy Story, v1, No. 11

Combating a Killer: Smoking Cessation at Kaiser Permanente

- Cigarette smoking is the leading cause of preventable disease and death in the United States and accounts for \$96 billion per year in medical costs. One in five adults smokes today.
- Recent policy changes—such as an increased federal cigarette tax, new federal authority to regulate tobacco, and increased access to cessation programs—are part of a comprehensive national strategy to reduce tobacco use.
- To curb smoking, Kaiser Permanente makes medical campuses smoke-free and uses our electronic health record to identify smokers and rapidly refer them to a range of online, telephone, and in-person cessation programs.

Policy Context

Influencing people to quit smoking has been a top public health priority for decades. Smoking has been the subject of 27 reports from the U.S. Surgeon General since 1964, and the Centers for Disease Control and Prevention (CDC) have tracked tobacco use as a health indicator since 1965. As part of its evidence-based plan for tobacco control, the CDC supports cigarette taxes, enforcement of laws restricting tobacco sales to minors, bans on smoking in public areas, community and school-based prevention programs, and access to tobacco cessation programs.¹

Several recently-enacted policies support the CDC's multi-pronged framework for tobacco control. Twenty-seven states and the District of Columbia have instituted smoking bans in enclosed public spaces.² The 2009 Family Smoking Prevention and Tobacco Control Act gave the Food and Drug Administration full authority to regulate the sale and marketing of tobacco products for the first time ever.³ Also in 2009, the Federal excise tax on cigarettes was raised from 39 cents to \$1.01 per pack.⁴ The Affordable Care Act allocates \$16 million for tobacco cessation programs and education, and requires Medicaid to cover tobacco cessation drugs and provide tobacco cessation programs to pregnant women at no cost.

The Challenge

Cigarette smoking is the leading cause of preventable disease and death in the United States.⁵ The CDC estimates that 443,000 people die each year from smoking or exposure to second-hand smoke, and another 8 million people live with a smoking-related illness. The economic burden of smoking is substantial—tobacco use accounts for more than \$96 billion per year in medical costs and \$97 billion in lost productivity.⁶

Although the prevalence of smoking has declined dramatically since its health effects became known, about one in five adults in the U.S. smokes. Nearly 70 percent of smokers say they would like to quit, but many have a hard time doing so, especially without help.⁷ The American Cancer Society estimates that only four to seven percent of smokers quit on any given attempt without medications or other help.⁸

Kaiser Permanente Solution

Kaiser Permanente takes a comprehensive approach to curbing tobacco use among our members. Since 2007, all Kaiser Permanente medical campuses have been smoke-free. Our electronic health record, Kaiser Permanente HealthConnect®, tracks smoking status and prompts caregivers to counsel patients during office visits about the importance of quitting. Since 2004, adult members have had access to the online smoking cessation program, Breathe™. Members

receive a 16-page action plan that identifies their unique motivations to give up smoking, the factors favoring success, and the barriers to quitting. The plan gives personalized strategies for overcoming barriers and managing withdrawal.

Several of our regions have developed especially comprehensive smoking cessation programs. Our Hawaii region offers a telephone coaching program, and has partnered with the Hawaii State Quit Line to provide additional support, available from 3am-9pm, seven days per week. Hawaii members can receive a free two-week supply of nicotine patches when they decide to quit. Finally, nurses obtain smoking status from every patient admitted to the hospital or emergency department. Once identified, patients can be referred to outpatient programs and receive a one month supply of cessation medications immediately upon discharge.

In 1998, Northern California became our first region to record smoking status in the electronic health record. Physicians in Northern California have access to treatment support tools within Kaiser Permanente HealthConnect® and can easily connect members to a variety of evidence-based counseling programs. Ongoing training provides clinicians and staff with up-to-date tools and information to support their patients. Northern California collects data on how often patients receive advice to quit, cessation program attendance, cessation medication use, and smoking prevalence to continuously improve programs and provide performance feedback to caregivers.

Outcomes

In each of Kaiser Permanente's regions, the prevalence of smoking among our members is lower than that of the surrounding state.⁹ In 2012, just over 10 percent of Kaiser Permanente members smoked, compared to the national average of 19.3 percent.

Since 2004, more than 46,000 Kaiser Permanente members nationwide have participated in the Breathe™ program. Six months after they participated in the program, fifty-nine percent reported they remained cigarette-free.¹⁰

Practical Implications and Transferability

The key to our success in tobacco cessation is the use of our electronic health record to rapidly identify and refer patients to a wide range of smoking cessation programs. However, influencing our members to quit smoking remains a challenge. We continuously strive to improve our smoking cessation efforts by integrating them into routine patient care and using data on cessation program attendance, medication use, and number of referrals to provide caregivers with feedback and to inform performance improvement.

For more information, please contact:
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<http://www.kp.org/ihp>

- ¹ Centers for Disease Control and Prevention, "Best Practices for Comprehensive Tobacco Control Programs – 2007," Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- ² Public Health Law Center, <http://publichealthlawcenter.org/topics/tobacco-control/federal-regulation-tobacco>.
- ³ Fletcher, Michael. "Obama Signs Bill Regulating Tobacco." Washington Post 23 June 2009. Online.
- ⁴ Centers for Disease Control and Prevention, "Federal and State Cigarette Excise Taxes: United States, 1995-2009," *Morbidity and Mortality Weekly Report*, May 22, 2009, 58(19):524-527.
- ⁵ Centers for Disease Control and Prevention, *Tobacco Use: Targeting the Nation's Leading Killer – At a Glance 2011*, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
- ⁶ *Ibid.*
- ⁷ Centers for Disease Control and Prevention, "Quitting Smoking Among Adults - United States, 2001-2010," *Morbidity and Mortality Weekly Report*, November 11, 2011, 60(44):1513-1519.
- ⁸ The American Cancer Society, *Guide to Quitting Smoking*, 2012.
- ⁹ Kaiser Permanente, Care Management Institute, 2012. Based on self-reported use of tobacco. National data from: Centers for Disease Control and Prevention, *Tobacco Control State Highlights*, 2010, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. CDC data are based solely on cigarette use. Smoking prevalence in Kaiser Permanente may actually be lower than reported here because our figures include smokeless tobacco.
- ¹⁰ Kaiser Permanente: Internet Services Group.