
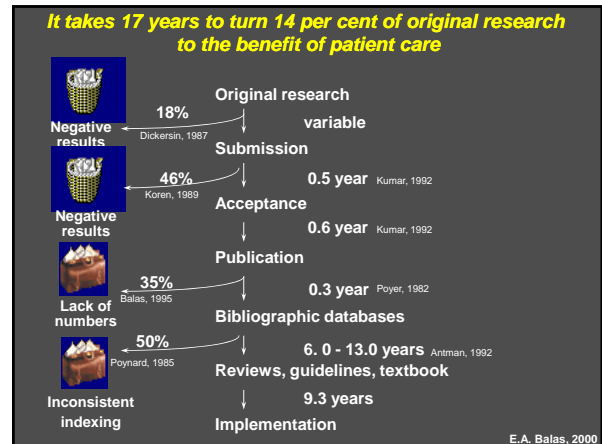


## Translating tobacco research into practice: A systems challenge

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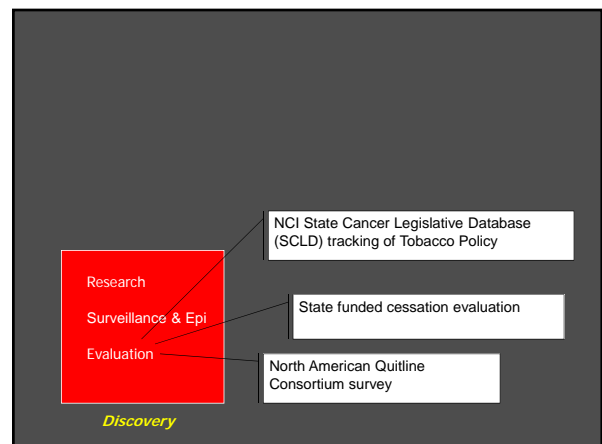
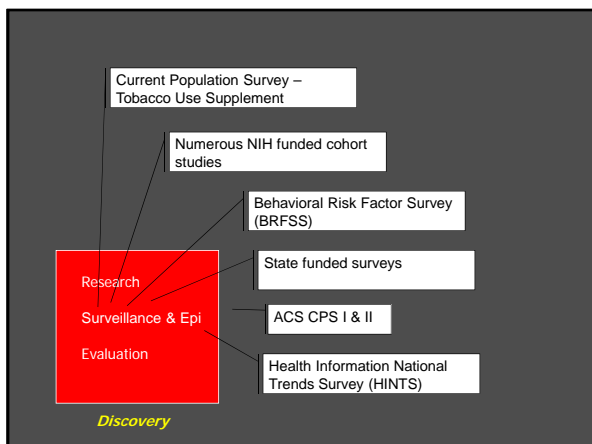
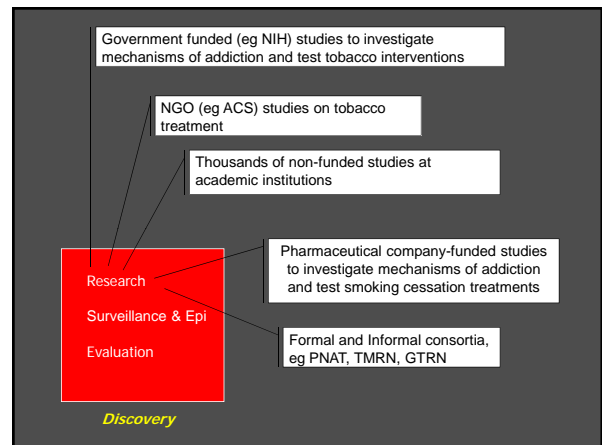



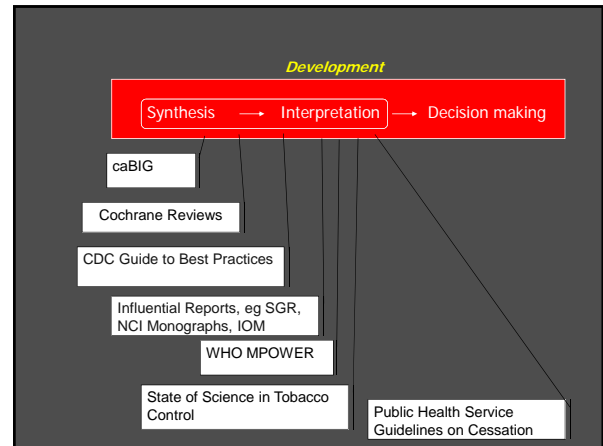
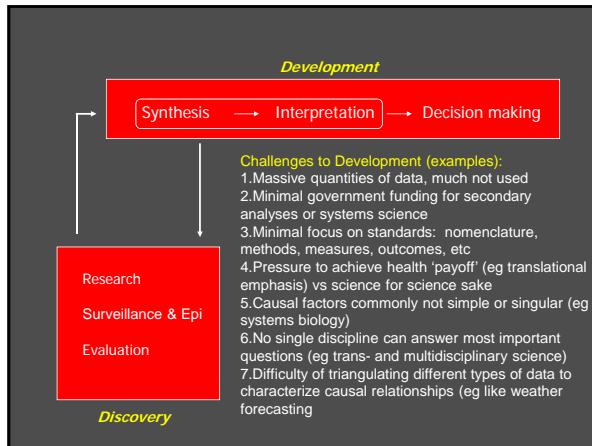
## Translating Research into Practice

**Discovery:** The original research that demonstrates a particular outcome

**Development:** The process of synthesizing and interpreting research into products and practices so that it is most relevant to practice

**Delivery:** Applying evidence-based interventions to real world environments, including health care services and communities





### Evidence-Based Approaches to Increase the Decision to Quit Tobacco

- Tax increases: A 10% price increase reduces consumption by
  - 4% in developed countries
  - 8% in developing countries
- Smoke-free workplace laws: These laws provide an environment that protects nonsmokers from secondhand smokers and give smokers incentive to quit
- Free or low cost cessation treatment → Increased demand for evidence-based smoking-cessation services
- Mass media in combination with other interventions

http://www1.worldbank.org/tobacco/Presentations/Presentation3/slide2.ppt; McGoldrick & Bounn, AJPM, 2010; NIH State of the Science mtg

### Evidence-Based Behavioral Treatments for Adults

- Health care provider, particularly physician
- Group and individual counseling, and in general more is better
- Social support - in treatment, and by friends, family, co-workers
- Quitline (Proactive treatment)
- Web-based intervention

US PHS, 2008; Myung et al, Arch Int Med, 2009

### Evidence-Based Pharmacological Treatments for Adults

FDA-approved Medications:

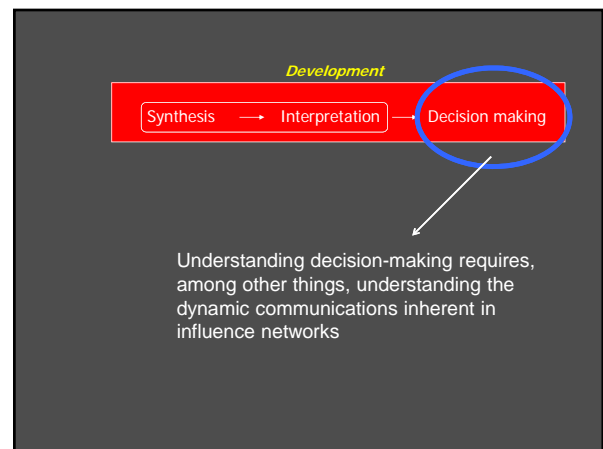
- Nicotine Gum
- Nicotine Inhaler
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Patch
- Bupropion SR
- Varenicline

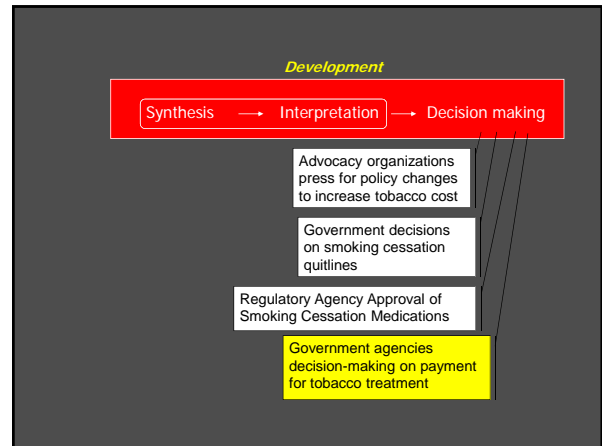
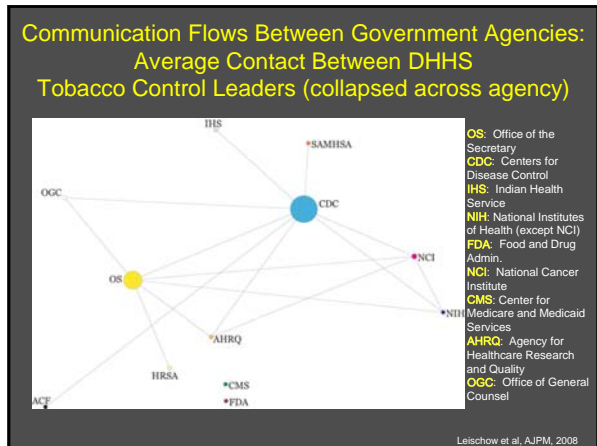
} Non-nicotine

-Most effective medications:  
1. Patch + gum or lozenge  
2. Varenicline

-Combination of behavioral and pharmacologic treatment leads to the best quit rates

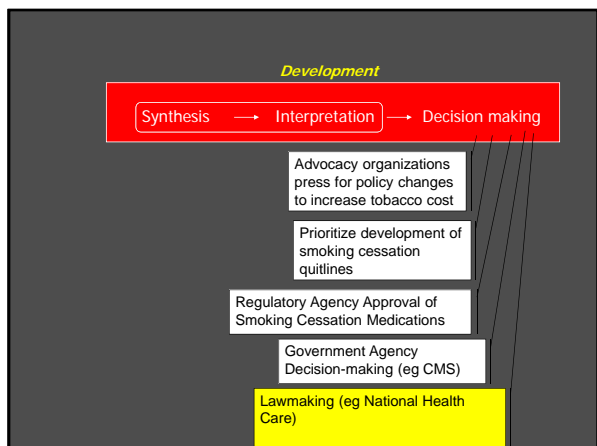
Fiore MC, Jaén CR, Baker TB, et al, 2008



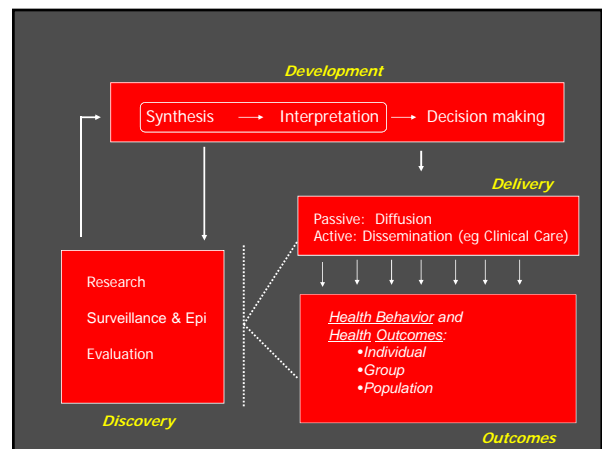
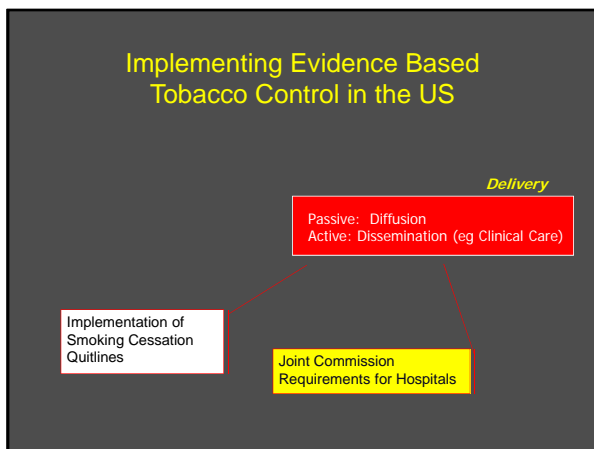
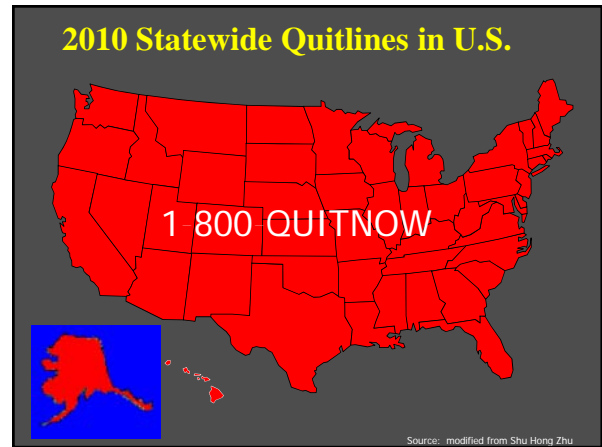
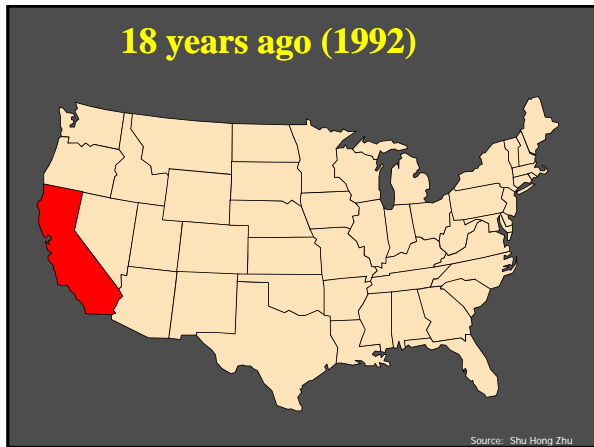
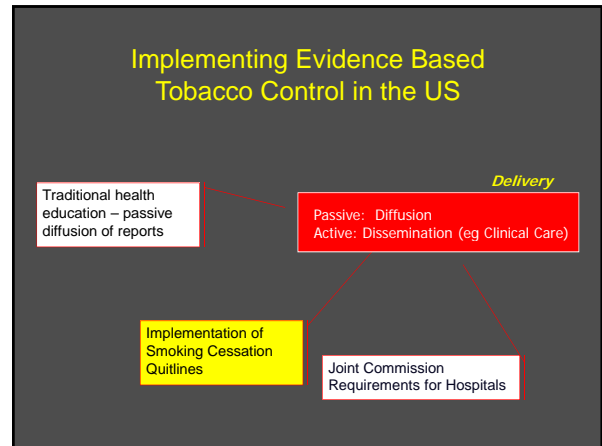
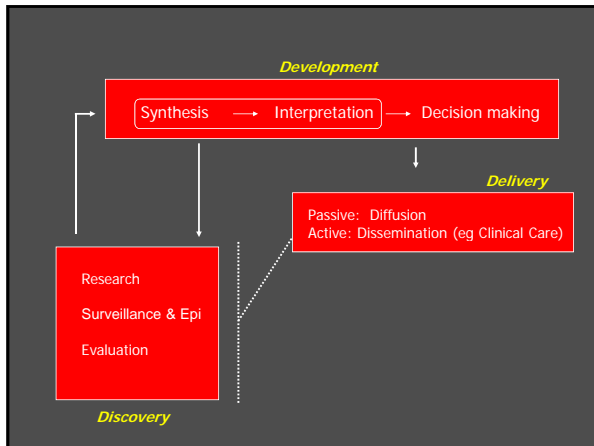


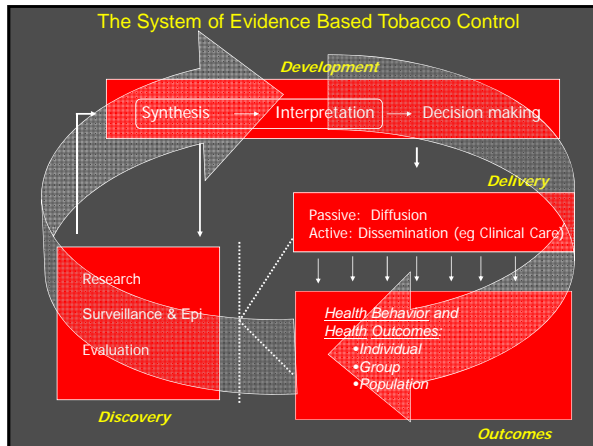
- ### Joint Commission Hospital Requirements
- Current
- Tobacco Use Screening (i.e. ask about tobacco use)
- Proposed
- Tobacco Use Screening
  - Tobacco Use Treatment
  - Tobacco Use Treatment - Management at Discharge
  - Tobacco Use Treatment - Assessing Status after Discharge

- ### Center for Medicare & Medicaid Services
- Current
- Current rule is to provide treatment for patients with certain tobacco caused diseases and pregnant women, including behavioral and pharmacological
- Proposed
- Rule under discussion would provide treatment to all Medicare and Medicaid Patients regardless of medical condition. Final decision by August 2010.



- ### Likely Changes in U.S. Tobacco Treatment Policy
- #### Health Care Reform
- Health benefits would be required to cover an essential benefits package that includes preventive services, including those services recommended with an A or B grade by the U.S. Preventive Services Task Force (USPSTF). (Sec. 222) Tobacco cessation has been given an A grade by the USPSTF.
  - No cost sharing (ie free services)
  - States would pay for Medicaid treatment





### Summary

- Evidence indicates that more people quit smoking when (1) tobacco cost increases, (2) indoor smoking decreases, (3) doctors help smokers to quit, and (4) use of effective smoking cessation treatments (behavior and medication) increases. But.....
- Improving tobacco control success requires a systems approach that speeds Discovery to Development to Delivery. For example, drug development is slow relative to risk; compare with HIV/AIDS drug development

### Challenges and Opportunities

Identify, and re-prioritize to remove 'bottlenecks' to speed the 3D process. Some potential bright spots:

- Critical Path process to speed drugs to market
- Planned development of Comparative Effectiveness Center under the new healthcare law
- Network and systems science gaining in acceptance, along with expansion of informatics infrastructures
- Health officials in the US appear to be far more oriented to coordination and collaboration

