

CONCLUSIONS

1. Individual, telephone, and group counseling are all effective, with individual counseling being possibly most effective.
2. There is consistent evidence from multiple analyses that greater intensity of counseling yields higher smoking cessation rates.
3. Nicotine replacement therapy (NRT), clonidine, and bupropion are all effective as pharmacotherapy for smoking cessation, although clonidine is not approved by the FDA for this use.
4. Patients visiting physicians trained in smoking cessation had higher cessation rates than those visiting untrained physicians.
5. Health insurance benefits of 100% for both counseling and NRT produced the greatest number of quitters in a population.
6. There is good evidence that both medical and non-medical providers are effective at delivering smoking cessation services, but conflicting evidence about the relative degree of effectiveness between provider types.
7. Interventions with follow-up calls or visits are more effective than those without.
8. There are insufficient data to support or refute variations on smoking cessation interventions among special populations.

RECOMMENDATIONS

Recommendations based on the evidence were formulated by a panel of experts on smoking cessation, health services research, medicine, and behavior change. The body of the report contains a list of these experts.

1. Smoking cessation interventions should be tested as a Medicare benefit.

2. Any demonstration project should include pharmacotherapy, physician visit, and/or telephone hotline. Group counseling should not be required, as most older smokers will avoid groups.
3. Primary care practitioners participating in smoking cessation demonstrations should be offered and encouraged to have training in this area.
4. There is no evidence that paying providers for outcomes will work, and there is considerable evidence that it will not. However, providers should be held accountable for their performance in accordance with the Public Health Service clinical practice guideline.¹⁸ The five As (ask, advise, assess, assist, and arrange) should be documented in provider records.
5. As in any demonstration project, sufficient numbers of minorities and women should be included.