



## **CDC Best Practices for Comprehensive Tobacco Control Programs 2014: Cessation Interventions**

Helping tobacco users quit has always been an integral part of tobacco control work. The 2014 edition of the Centers for Disease Control and Prevention's (CDC) [\*Best Practices for Comprehensive Tobacco Control Programs\*](#) continues to recognize this, with an expanded section on tobacco cessation interventions. The Best Practices document recommends that state tobacco control programs focus on three types of cessation interventions: 1) promoting health systems change, 2) expanding insurance coverage and utilization of proven cessation treatments and 3) supporting state quitline capacity.

While state tobacco control programs are likely experienced in supporting state quitline capacity, they might not have as much experience in the other two areas. Below are recommendations for getting started:

### **Getting Started**

#### **Promoting Health Systems Change**

- Identify the major health care systems in your state, including hospitals, large physician practices, community health centers and systems that your state runs, such as the state Medicaid program or the state employee health plan
- Prioritize health care systems based on your priority geographic areas or populations and/or existing relationships
- Conduct an assessment of tobacco screening and cessation treatment in priority systems. Questions to ask:
  - Does the organization use electronic health records? What vendor/system is used? Is the system participating in the Meaningful Use initiative?
  - Does the system screen patients for tobacco use? Does it screen parents and family of pediatric patients (where applicable)?
  - Is there a protocol for treating patients (and families of patients) who are identified as tobacco users and who want to quit?
  - Is there a designated staff person trained to treat or refer patients identified as tobacco users who want to quit?
- Familiarize yourself with best practices in implementing tobacco use screening. The [University of Wisconsin Center for Tobacco Research & Intervention](#) is a good place to start.
- Familiarize yourself with best practices in treating tobacco use in a clinical setting, starting with the Clinical Practice Guideline on [Treating Tobacco use and Dependence](#).



**CDC Best Practices for Comprehensive Tobacco Control  
Programs 2014: Cessation Interventions (continued)**

Expanding Insurance Coverage and Utilization of  
Proven Cessation Treatments

- Identify major health insurance systems in your state, including Medicaid, plans in your state Marketplace, and other major insurance plans
- Identify major employers in your state, including the state government and other employers that may have self-insured plans
- Establish priorities based on your priority geographic areas or populations and/or existing relationships
- Conduct an assessment of which cessation treatments your priority insurance plans/ employers cover. Be sure to ask about:
  - Coverage of individual, group, and phone counseling
  - Coverage of all seven FDA-approved cessation medications: nicotine gum, patch, lozenge, nasal spray and inhaler; bupropion; and varenicline
  - Policies that limit access to treatments, such as co-pays, prior authorization, limits on duration of treatment or number of quit attempts per year, stepped care, or counseling requirements
  - Promotion of covered cessation treatments
- Familiarize yourself with recommendations for best practice tobacco cessation coverage, which are discussed in the 2014 Best Practices and which are based on the Clinical Practice Guideline on *Treating Tobacco use and Dependence*. The American Lung Association has developed [recommendations](#) based on this guideline.