

What Family Physicians Need to Know About Tobacco Cessation

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Your patients want you to ask

Patients are more satisfied with their health care if their provider offers smoking cessation interventions — even if they're not yet ready to quit.

Payment for counseling

Medicare pays for tobacco cessation counseling for patients who use tobacco. Use the ICD-9 diagnosis code "305.1 non-dependent tobacco-use disorder, or V15.82 history of tobacco use." For more details on the 2011 changes, get the Coding Reference and Medicare Part B Benefits overview in the Ask and Act Practice Toolkit at www.askandact.org.

Guidelines were updated

Access the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, at <http://www.surgeongeneral.gov/tobacco>.

Quitlines work

Quitlines are staffed by trained smoking cessation experts who tailor a plan and provide free counseling for callers. The national number is **1-800-QUIT-NOW (1-800-784-8669)**. Patients who call this number are routed to their state quitline.

Medication increases long-term smoking abstinence rates

First line medications:

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine patch
- Varenicline

Also consider proven combined medications.

Get the Pharmacologic Product Guide in the Ask and Act Practice Toolkit at www.askandact.org.

Counseling works

Even brief tobacco dependence treatment is effective and should be offered to every patient who uses tobacco.

Counseling + medication work best

Studies show that the combination of counseling and medication is more effective than either alone.

AAFP has resources for family medicine offices

Visit the AAFP's tobacco cessation website at www.askandact.org.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

ASK AND ACT
A TOBACCO CESSATION PROGRAM