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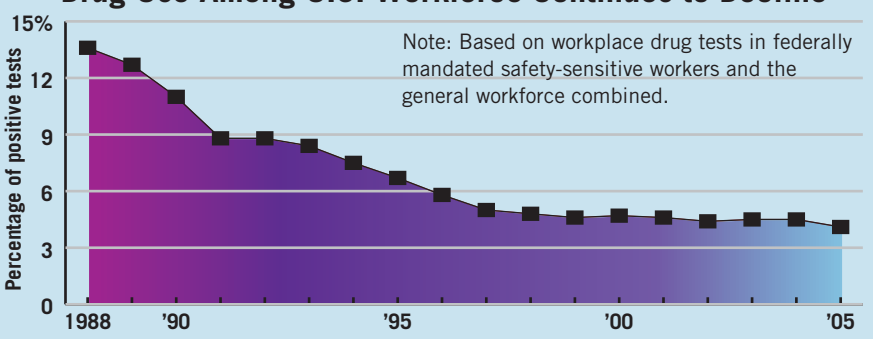

Smoking Quit Lines Appear To Ease Doctors' Workloads

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WASHINGTON — The opportunity to refer patients to a telephone quit line encourages physicians to talk to their patients about quitting smoking, Dr. Stephen Rothemich said at a conference on tobacco control sponsored by the American Cancer Society.

Dr. Rothemich found a statistically significant 14% increase in intensive counseling for patients in practices where their referrals were immediately faxed to smoking quit lines, compared with practices that were not partnered with quit lines, based on preliminary data from more than 1,500 smokers over 7 months' follow-up.

Dr. Rothemich, of Virginia Commonwealth University in Richmond, randomized eight medical practices to immediately refer patients who expressed interest in quitting smoking in the next 30 days to a quit line for follow-up support and guidance. Another eight practices that did not immediately refer patients to quit lines were controls.

The study participants were adults who had just visited a primary care medical practice. When the patients were surveyed after their office visits, significantly more smokers in the intervention practices, compared with the control practices, reported that they had been asked about plans to quit smoking (36% vs. 29%) and were referred to a quit line (22% vs. 9%). Of the 16 practices, 11 focused on family medicine, 2 on internal medicine, and 3 on combined family medicine and internal medicine practice.

The practice size ranged from two to seven providers. These small practices are representative of primary care in much of America, Dr. Rothemich noted. "Our intervention goal was to talk to the practices and figure out how to customize their use of quit lines," he said. After a basic training session, the practices decided which staff members would work with patients and fax the referral forms to the quit lines.

A lack of office support is one of the most common barriers to intensive counseling for smokers in primary care settings, but quit lines can supply the intensive follow-up counseling that many doctors do not have time for. "It's a win-win situation with great potential to improve public health," Dr. Rothemich said.

Although the referral rates at the practices using quit lines dropped dramatically—from 235 referrals during the first 3 months to 66 referrals during the second 3 months—the data collection is ongoing and the rates may stabilize, Dr. Rothemich said.

More important than the numbers, though, was the doctors' enthusiasm for the program. "They were disappointed when they were randomized to the control group," he said.

Telephone quit lines are state based, and residents of all 50 states and the District of Columbia can gain access to them, according to the North American Quitline Consortium, a nonprofit organization that promotes quit lines. When a quit line office receives a faxed referral from a health care provider, the patient receives counseling phone calls, support materials by mail, information about interactive online assistance programs, and referrals to community-based cessation programs.

For more information on telephone quit lines, visit the Centers for Disease Control and Prevention's Web site at www.cdc.gov/tobacco/quitlines.htm. ■