WISCONSIN MEDICAL JOURNAL

# A Decade of Experience Promoting the Clinical Treatment of Tobacco Dependence in Wisconsin

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## ABSTRACT

*Background:* The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) is the designated lead agency at the University of Wisconsin-Madison charged with the responsibility of reducing the harms from tobacco use in Wisconsin and beyond. In 2000, the UW-CTRI, with funding from the state of Wisconsin, launched a population-wide effort—the Wisconsin Cessation Outreach Program (Program)—to increase the availability and use of evidence-based clinical treatments for tobacco dependence. This paper describes the Program's strategies, outcomes, and impact on the clinical treatment of tobacco dependence in Wisconsin.

*Program Strategies:* The Program was designed to change the standard of health care in Wisconsin, so that primary care professionals, and the health systems in which they work, universally identified and intervened with tobacco users. Five primary strategies were used to accomplish its goal: (1) deliver clinic-based and Web-based training and technical assistance for clinicians, including free continuing medical education (CME); (2) provide technical assistance to accomplish health systems' change to support the routine provision of tobacco-dependence treatment; (3) include evidence-based cessation treatment as a covered insurance benefit and reduce other barriers to cessation treatment such as co-pays; (4) provide telephonic tobacco cessation quit line services to all state residents and integrate it with routine medical services; and (5) reduce tobacco-related disparities by increasing access to and use of evidence-based treatment by priority populations.

*Outcomes:* In the 10 years since the Program was initiated, progress has been achieved in a number of tobacco use parameters in Wisconsin, including higher rates of Wisconsin smokers making a quit attempt; increased insurance coverage for cessation counseling and medications; higher rates of discussion of cessation treatment options by clinicians; and integration of the Wisconsin Tobacco Quit Line (WTQL) into routine primary care, with almost 100,000 Wisconsin smokers using the WTQL. Nearly half of all WTQL callers were uninsured or Medicaid enrollees. Additionally, smoking rates in Wisconsin have fallen by almost 20% during this period, from about 24% of all adults in 2000 to <20% today.


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## BACKGROUND

In 2000, nearly 1 million Wisconsin adult residents (24.1%) were smokers—slightly higher than the national average (23.2%) at that time.[1] Among pregnant women in the state, 16.5% smoked during pregnancy, compared to the 2000 national rate of 12.2%.[2] In contrast to others states, such as California, that had invested in substantial tobacco control efforts and had observed substantial declines in their rates of tobacco use,[3] Wisconsin invested minimally in tobacco control prior to 2000, and Wisconsin's adult tobacco use rate had remained stagnant—around 24%—for a number of years. In 2000, Wisconsin initiated a comprehensive tobacco control program funded by the Master Settlement Agreement between the tobacco industry and the participating states.[4] The Wisconsin Department of Health Services (DHS) contracted with UW-CTRI to provide statewide comprehensive cessation services to ensure that any tobacco user who wanted help quitting would be able to readily access such treatment.

Figure 1 describes the activities of the Wisconsin

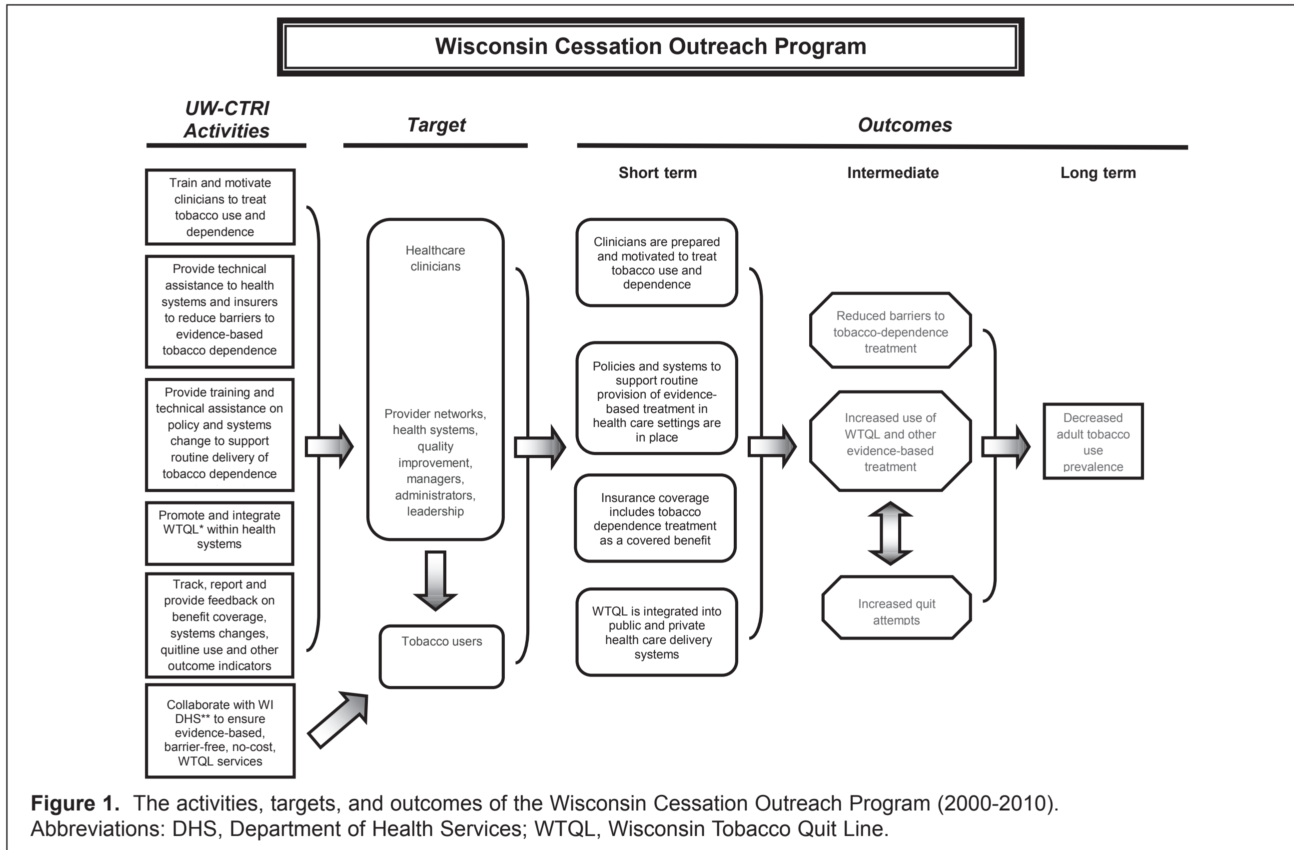


**Figure 1.** The activities, targets, and outcomes of the Wisconsin Cessation Outreach Program (2000-2010). Abbreviations: DHS, Department of Health Services; WTQL, Wisconsin Tobacco Quit Line.

Cessation Outreach Program (Program), its targeted audiences, and its intended outcomes. Central to all aspects of the Program was an emphasis on employing evidence-based strategies such as academic detailing, promoting free and convenient continuing medical education (CME), and tailoring technical assistance to integrate systems change so that tobacco users are universally identified and provided evidence-based treatment options.[5-7] To facilitate delivery of face-to-face academic detailing and development of long-term partnerships, the Program's team of 6 outreach specialists were housed across Wisconsin in Green Bay, Milwaukee, Rhinelander, Eau Claire, and Madison. They were assigned to the primary care clinics, hospitals, health systems, insurers, and purchasers in their regions.

All Program activities are based on a powerful scientific evidence base including best-practice recommendations as described in *The Guide to Community Preventive Services,*[8] *CDC Best Practices for Comprehensive Tobacco Control Programs (2000 and 2007),*[9] and the Public Health Services (PHS) Clinical Practice Guideline *Treating Tobacco Use and Dependence*[10] and its 2008 update.[11]

Building on this evidence base, the Program assisted primary care health care systems across the state in implementing an algorithm for the treatment of tobacco dependence. This treatment algorithm, described in the 2008 United States PHS Clinical Practice Guideline *Treating Tobacco Use and Dependence*,[11] is referred to as the "5As." Because tobacco dependence is a *chronic condition* that often requires repeated intervention, the PHS Guideline recommends that the 5As *(Ask, Advise, Assess, Assist, and Arrange)* be implemented for every patient who uses tobacco at every clinic visit. (See Figure 2.) The overarching goal of the PHS Guideline recommendations is that clinicians consistently recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments readily available. Through the evidence-based strategies described below, the UW-CTRI's Program worked to achieve this overarching goal.

## PROGRAM STRATEGIES

To achieve its goal of ensuring that smokers across Wisconsin, including those visiting primary health care settings, are identified and offered evidence-based treatments to help them quit, the Program implemented 5 core strategies over the last decade.

The Program's first core strategy is to deliver clinic-based and Web-based training and technical assistance

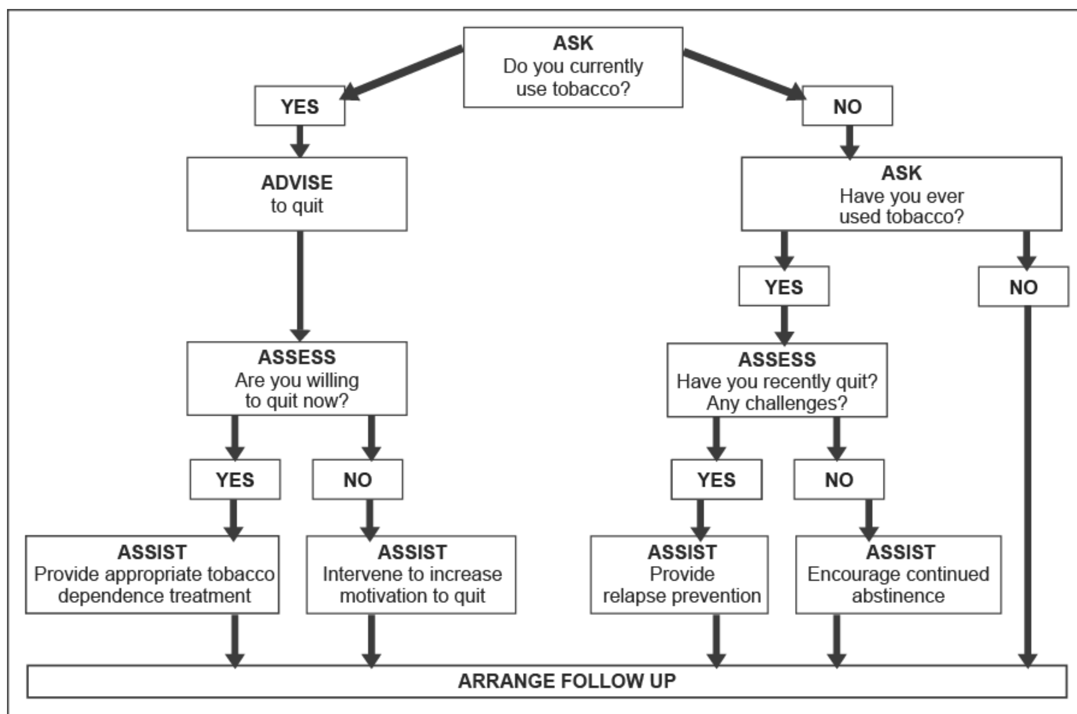


**Figure 2.** The 5As Tobacco Dependence Treatment Algorithm of the United States Public Health Service[11] as disseminated by the Wisconsin Cessation Outreach Program.

for clinicians, including free CME. On-site visits by Program outreach specialists include in-depth education on US Food and Drug Administration (FDA)-approved tobacco cessation medications (including how to prescribe them safely and effectively); training and practice on brief intervention and counseling strategies including motivational interviewing techniques; education about tobacco dependence as a chronic disease; and specific guidance about delivering treatments to populations of particular concern, including pregnant women, teens, racial and ethnic minorities, and those with mental health and alcohol and other drug abuse (AODA) diagnoses. Free CME has been available and can be delivered either in-person by outreach specialists or accessed electronically. The Program has developed a number of training and other supportive materials for clinicians and health systems including videos, fact sheets, targeted print materials, and case studies. One aspect of the outreach specialist's technical assistance is to provide clinicians with instructions on how to access the materials and use them effectively. All of these materials are public and available free of charge on the UW-CTRI website: www.ctri.wisc.edu.

The second Program strategy is to provide technical assistance to accomplish health systems' change to support the routine provision of tobacco dependence treatment. A large body of research has documented that training individual health care clinicians is necessary, but not sufficient, to achieve integration of tobacco dependence treatments into health care delivery.[11] This research has documented that enduring change requires the collaboration and effort of all stakeholders, including health care systems.[12-13] A 2007 Institute of Medicine (IOM) report[14] emphasizes the importance of systems integration to maximize the effectiveness of tobacco treatment interventions. Systems integration was listed as the "single most critical missing ingredient needed to maximize the yet unrealized potential to significantly increase population cessation rates."[14] Since 2000, the Program has worked with clinics and systems to institute feasible and enduring system changes designed to institutionalize evidence-based tobacco dependence treatment interventions for every patient at every primary care health care visit.

The third Program strategy is to include evidence-based cessation treatment as a covered insurance benefit and reduce other insurance barriers to cessation treatment, such as co-pays. One essential component for increasing access to tobacco dependence treatment is that health insurers must provide coverage for evidence-based tobacco dependence treatments. Toward this goal, the Program has conducted direct outreach to insurers over the last decade. Specifically, the Program provides detailed information for insurers regarding return on

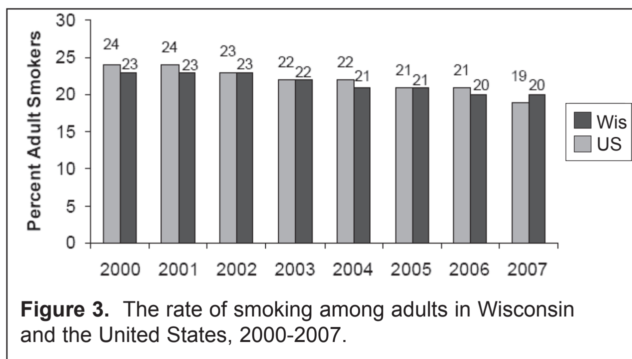


**Figure 3.** The rate of smoking among adults in Wisconsin and the United States, 2000-2007.

investment for tobacco dependence treatment services, model benefit language, and updating their formularies to reflect FDA-recommended treatments for tobacco dependence. The Program has tracked insurance coverage for tobacco dependence treatments in Wisconsin since 2002. This tracking has assessed benefit coverage for evidence-based cessation pharmacotherapy, counseling by each insurer, and additional factors impacting use of these benefits such as co-pays, the existence of company benefit plans based on the PHS Guideline, incentives offered to members to use the services, and barriers faced by the health plans themselves. Periodically, survey results are shared with all insurers in the state to provide relative rates of insurance coverage for tobacco dependence treatments.

The fourth Program strategy is to provide telephonic tobacco cessation quitline services to all state residents. To do this, the Program initiated and has managed the Wisconsin Tobacco Quit Line (WTQL), which provides free, proactive telephone counseling services for all Wisconsin residents. A large body of evidence has identified proactive telephone quitlines as an effective treatment for tobacco dependence.[11] WTQL coaches work one-on-one with tobacco users, health care professionals, and proxy callers (calling on behalf of a tobacco user) to provide confidential, tailored assistance with quitting tobacco or helping others to quit. Since 2007, callers also have been provided with a starter kit that includes free medications and self-help materials; a website that allows callers to build their quit plan and interact with quit coaches and peers in discussion forums (Web Coach); referrals to local quit-tobacco programs (where available); and information for family, friends, and others concerned about a tobacco user.

Outreach specialists include information about the WTQL in their education and technical assistance, framing it as a treatment extender for busy clinicians. The WTQL also serves as a central repository for the state because UW-CTRI collects information about local cessation resources and programs that the WTQL uses as a referral resource. Clinicians need remember only 1 resource that delivers evidence-based tobacco-dependence treatment, but also refers patients to local programs and resources for additional support in quitting. Another attractive feature of the WTQL is the "Fax to Quit" program. Fax to Quit was designed to link health systems, clinicians and tobacco users seamlessly with the WTQL. When a patient presents for a regular health care visit, is identified as a smoker, and is willing to make a quit attempt, the clinician simply faxes patient contact information and consent directly to the WTQL. Within 72 hours, a WTQL counselor proactively calls the patient to enroll him or her in treatment services. Clinicians still are responsible for urging the patient to quit, helping him or her set a quit date, and recommending 1 of the 7 FDA-approved medications. But these clinicians can now count on the WTQL to provide additional counseling and follow-up. Fax to Quit links smokers visiting clinics to the WTQL and facilitates convenient access to evidence-based counseling, then provides follow-up information to the referring clinician.

The Program's fifth strategy is to reduce tobacco-related disparities and increase access to and use of evidence-based treatment by priority populations. A key Program priority has been to partner with and serve health care settings that treat high numbers of smokers, such as federally qualified health care centers, free clinics, and tribal clinics. In addition, a number of special programs have focused on priority populations, including senior citizens (Senior Patch Program), pregnant women (a component of the Wisconsin Women's Health Foundation First Breath Program), military personnel and veterans (Operation Quit Tobacco), low-income parents (Healthy Air for Kids), and Medicaid enrollees (Medicaid Covers It).

## PROGRAM OUTCOMES

*Delivering Training and Technical Assistance*

UW-CTRI outreach specialists have provided on-site training and technical assistance to more than half of the 900 primary care clinics in Wisconsin over the last decade, plus hundreds of other outpatient, public health, and hospital settings. Since 2000, UW-CTRI outreach specialists have delivered more than 5000 hours of free training and technical assistance to approximately 10,000 clinicians and others.

The UW-CTRI website, managed by the Center's Communication Office, is extremely popular with both clinician and lay audiences and is frequently cited as one of the world's leading sites for information on

treating tobacco dependence. In 2009, this website (www.ctri.wisc.edu) had more than 2 million hits. Many regular users of the website are staff from Wisconsin health systems.

Through collaboration with the UW Office of Continuing Professional Development (OCPD) and the Wisconsin Nurses Association (WNA), the Program has awarded CME/CE credits to nearly 4000 Wisconsin clinicians through in-person tobacco dependence treatment training provided by the regional outreach specialists in every Wisconsin county. In addition to this in-person training, UW-CTRI's Web-based CME/CE, which is hosted by Medscape (http://cme.medscape.com/viewarticle/583425), offers free CME/CE credits to physicians, pharmacists, and nurses on effectively treating tobacco dependence. Since its implementation in 2002 as part of the Program, it has awarded credits or certificates to more than 25,000 participants.

A primary goal of the outreach specialist is to encourage clinicians to discuss evidence-based tobacco dependence treatment options with their patients. By 2004, Wisconsin had surpassed the national median by 28% in the rate that clinicians discuss treatment options with their patients who smoke, including recommending counseling and/or medication use for tobacco cessation.[15] Another key activity of the outreach specialists is to prompt clinicians to link their patients to the WTQL. Since 2001, 23,000 tobacco users (approximately 20% of the total) contacted the WTQL as a result of a clinician referral, testament to its integration into primary health care across Wisconsin.

*Promoting Treatment of Tobacco Dependence*

Over the last decade, the Program has worked with 26 Wisconsin health systems to implement recommendations of the 2008 PHS Clinical Practice Guideline *Treating Tobacco Use and Dependence* and to integrate the WTQL into their health systems' workflow. Over the years, the demand for on-site technical assistance on systems change rather than basic tobacco dependence treatment education has grown. Health care professionals are eager to improve consistency, rate, and documentation of tobacco dependence interventions. Outreach specialists help clinics, provider networks, and health systems to establish prompts, effective workflows, and other methods to ensure that these treatments are delivered routinely. Outreach specialists have worked closely with hospitals and health systems in the state including Gundersen Lutheran, Aspirus Wausau Hospital, and Dean Health System to integrate tobacco dependence treatment into their electronic medical records. They continue to provide technical assistance on various system projects to improve clinician performance on tobacco dependence treatment delivery, such as development of quality improvement initiatives and clinician feedback projects.

One indicator of systems integration is the success of WTQL's Fax to Quit program. Since Fax to Quit's inception in 2003, more than 800 clinics and other sites have enrolled, linking their patients directly to the WTQL, and have received training by UW-CTRI Outreach Specialists on how to use the program most effectively. More than 10,000 patients have been referred to WTQL services through Fax to Quit. Several large health systems in Wisconsin, including Dean, Aspirus, Aurora Health Care, and Marshfield Clinic, have integrated Fax to Quit systemwide, making it a priority among clinical services and/or quality initiatives.

*Reducing Insurance Barriers to Cessation Treatment*

Removing barriers to tobacco dependence treatment is a primary goal of the Program, and increasing insurance coverage for tobacco dependence treatment while eliminating co-pays has been a successful effort. The percent of insured Wisconsin residents with a health plan that covered tobacco cessation medications increased from 68% in 2002 to 88% in 2006.[16] UW-CTRI outreach efforts also contributed to increases in rates of cessation counseling provided. Ninety-four percent of beneficiaries had counseling coverage in 2006, compared to only 42% in 2002.[16]

*Providing Telephonic Tobacco Cessation Quit Line Services*

Since its inception in 2001, the WTQL (1-800-QUIT-NOW), has fielded a total of over 150,000 calls and provided services to over 110,000 registered callers—95,000 of whom were tobacco users. Almost 30,000 participants who called the Quit Line and received services have also been referred back to local quit-tobacco resources in their communities. Since the free 2-week starter kits of nicotine replacement therapy were made available to WTQL callers in December 2007, nearly 30,000 callers have received free medication. The interactive Web feature, Web Coach, the interactive Web feature launched in October 2007, has enrolled almost 20,000 WTQL participants.

*Reducing Tobacco-related Disparities and Increasing Access to Treatment*

UW-CTRI's Program has developed fruitful, long-term partnerships in settings that treat large numbers of tobacco users. For example, early on, UW-CTRI was able to furnish most of Wisconsin's federally qualified health centers with free nicotine patches as an incen-

tive for clinicians to intervene more routinely with their patients who smoke. More recently, the Program worked with the Wisconsin Primary Health Care Association on quality improvement projects with several of the qualified health centers to integrate prompts for tobacco dependence treatment into their electronic medical records. Special programs targeted to priority groups resulted in more evidence-based treatment provided to those populations, particularly through the WTQL. Advertising campaigns targeted to reach African Americans, Hispanics, and low-income residents have resulted in increased calls to the Quit Line from these priority groups. African Americans are consistently over-represented among quitline callers compared to their representation among Wisconsin residents overall. The outreach campaign to increase the use of evidence-based tobacco cessation treatment by Medicaid enrollees was highly successful, resulting in greater numbers of enrollees engaging in Quit Line services and receiving stop-smoking medications (P Keller, unpublished data, 2010). Approximately 50% of callers to the WTQL each month are either uninsured or Medicaid enrollees, providing support that the WTQL is unusually effective in reaching underserved and disparate populations.

*Long-term Outcomes*

Since the Program was launched, the percent of Wisconsin smokers who made a serious quit attempt jumped from 46% in 2003 to 59% in 2008. In contrast, the national rate of quit attempts was 45% in 2008. In 2007, for the first time in Wisconsin's recent history, the state's adult smoking rate fell below 20%. Between 2001 and 2007, the period when the Program was in place, adult tobacco rates decreased from 24% to 19.7% (Figure 3).[17-19]

## DISCUSSION

In Wisconsin, nearly 8000 lives are lost each year due to a disease directly caused by tobacco use. Tobacco use continues as the single greatest preventable cause of disease and premature death in our state. More than $1.6 billion in our state is spent on tobacco-related health care annually. These compelling statistics led Wisconsin health officials, in concert with the UW-CTRI, to establish the Program.

Recent policy changes have enhanced the need for cessation services in Wisconsin. In 2008, the Wisconsin cigarette excise tax increased to $1 per pack. In April 2009, a 61-cent federal cigarette tax increase went into effect, followed by an additional 75-cent per pack Wisconsin increase in September 2009. Wisconsin currently has the fifth highest cigarette excise tax rate in the nation at $2.52/pack. In addition, Wisconsin recently passed comprehensive smoke-free worksite legislation that will be implemented in July 2010. As a result of these policy changes, hundreds of thousands of Wisconsin tobacco users are considering quitting, and many will turn to the Program for assistance.

According to the 2008 Behavioral Risk Factor Surveillance System, more than 59% of Wisconsin smokers made a serious quit attempt (lasting ≥24 hours) in the previous year. If this trend continues, >480,000 of the 800,000 current adult smokers in our state will make a quit attempt this year. Given new policies (higher state and federal tobacco taxes and statewide clean indoor air legislation), the number of smokers making quit attempts may be even higher. This provides an unparalleled opportunity to help Wisconsin smokers quit by providing them with access to evidence-based treatments that can boost their quitting success 4-fold.[11] The Program was established in 2000 by the UW-CTRI and Wisconsin to seize this opportunity. Since established, it has succeeded in implementing strategies that have been associated with important tobacco cessation outcomes.

The Program is a nationally recognized model program that demonstrates how states can promote clinical tobacco cessation at the population level. Its components have been replicated broadly in numerous states. A number of factors have contributed to its success. Although access to clinics by outreach staff was somewhat challenging initially, the credibility of the University of Wisconsin School of Medicine and Public Health helped remove that barrier. Presentations at grand rounds by outreach staff across the state introduced many to the Program's services. In addition, the outreach staff presented at professional association meetings and other clinical events and meetings. Gradually, through repeated efforts, and by cultivating on-site "champions," partnerships were established with clinics, hospitals, and health systems across Wisconsin. Providing access to the latest in scientific research, delivering all services free of charge including CME, offering Web-based, on-site and regional training, and ensuring simple access to free resources including the WTQL all were helpful strategies. Training all members of the health care team has been effective. Nurses and physician assistants have been particularly receptive.

Sustainability of Program components at the clinic level has been a consistent goal, yet clinic staff turnover, particularly among medical assistants who play a key role in identifying smoking, has been problematic. And, when a "champion" leaves the clinic, it often results in setbacks. A growing body of evidence demonstrates the

importance of a systems approach designed to institutionalize tobacco dependence treatment as part of routine medical care.[12] The focus of the outreach work has shifted from an emphasis on training individual clinicians in the basics of tobacco dependence treatment to the provision of technical assistance on systems integration of tobacco dependence treatments across the clinic. The transition to electronic medical records (EMRs) has offered new opportunities, and UW-CTRI has worked with clinics, hospitals, and systems to integrate the 5As into their EMRs.

## FUTURE DIRECTIONS

Unfortunately as a result of the recent financial crisis in Wisconsin, tobacco control funding was cut in 2009 by 55% overall (from about $15 million per year to about $7 million per year), including an almost 70% cut to the Program. These cuts took place just as the state increased its tobacco excise taxes, borne by smokers, to over $700 million per year. These cuts have had a serious impact on both WTQL services and the capacity of the Program. WTQL counseling services have been reduced from up to 5 coaching calls to just 1. Outreach staffing was reduced from 6 full-time staff to 4 part-time outreach workers. The statewide academic detailing model that has been so effective will be modified to reflect a decrease in staff time and travel dollars. There will be a heightened focus on systems change versus working with individual clinics. Distance learning and the use of new technologies must replace and augment on-site training and technical assistance. These funding cuts are particularly challenging to Wisconsin smokers given the dramatic increases in cigarette excise taxes in Wisconsin over the last 18 months and the upcoming implementation of Smokefree Wisconsin in July 2010.

The Program has been referred to as a shining example of the "Wisconsin Idea," bringing the resources and expertise of the UW-CTRI to clinical partners across the state. It is a powerful example of how to translate "research into practice," disseminating and implementing best practices into routine medical care. The Program has also influenced the UW-CTRI research program, making it more translational and "real world" with the potential for greater and more immediate clinical impact.

## CONCLUSION

Established in 2000, The Wisconsin Cessation Outreach Program has delivered tobacco dependence treatment services and training successfully for more than a decade. During that time, more than 10,000 clinicians have been trained in evidence-based tobacco dependence clinical interventions, insurance coverage for evidence-based tobacco dependence treatments has increased substantially, and nearly 100,000 Wisconsin smokers have been provided treatment through the WTQL. These cessation initiatives, part of a statewide comprehensive tobacco control program, have witnessed a decline in adult smoking prevalence in Wisconsin from 24% to 20% over the 10 years they have been in effect. This suggests that comprehensive tobacco control programs—that include population-based, tobacco cessation components—can have substantial impact in reducing the harms from tobacco use.

**Funding/Support:** This research received support from the Wisconsin Department of Health Services.

**Financial Disclosures:** Michael C. Fiore, MD, MPH, MBA has served as an investigator in research studies at the University of Wisconsin that were funded by Pfizer, GlaxoSmithKline, and Nabi Biopharmaceuticals over the past 3 years. In 1998, the University of Wisconsin (UW) appointed Dr. Fiore to a named Chair funded by a gift to UW from Glaxo Wellcome.

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Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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