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 line.

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.

Dr. Rothemich concluded with a list of smoking cessation programs available at the American Cancer Society website: www.cancer.org/quitnow.