Rationale for Smoking Cessation

About 42 million people in the United States (nearly 18 percent of the population) currently smoke.¹ Tobacco use is a leading cause of illness, disability, and death in the United States. Cigarette smoking accounts for one out of every five deaths and is estimated to increase the risk for heart disease and stroke by two to four times.² Smoking during pregnancy increases the risk of congenital anomalies, perinatal complications, miscarriage, and stillbirth. Substantial PCOR evidence shows that quitting smoking is one of the most important things a person can do for his or her health.

Findings from PCOR

In 2015, the U.S. Preventive Services Task Force released evidence-based recommendations for behavioral and pharmacological interventions to help people quit smoking. The recommendations are based on a systematic review of literature on the effectiveness of these interventions (Siu, 2015).

- PCOR evidence strongly supports the use of behavioral interventions alone or in combination with pharmacotherapy. All pregnant women who smoke should receive behavioral interventions.

Evaluating and Measuring Use of PCOR-supported Recommendations

- The measure used by EvidenceNOW to evaluate smoking cessation support assesses the percentage of patients ages 18 and older who were screened for tobacco use and received a cessation counseling intervention if they were identified as a tobacco user. This measure has been endorsed by the National Quality Forum.

- The EvidenceNOW goal is to have at least 70 percent of eligible patients in primary care practices receive smoking cessation counseling.

Improving Health Care Through Patient-centered Outcomes Research (PCOR)

PCOR is research that compares the impact of two or more preventive, diagnostic, treatment, or health care delivery approaches on health outcomes. PCOR outcomes are those that are meaningful to patients and families, such as pain, symptoms, quality of life, and premature death. PCOR research can focus on specific clinical interventions (such as a medication or surgical procedure) or on ways of delivering care (such as the use of text messages to remind people to take a medication daily). PCOR evidence can come from individual studies, but often comes from comprehensive reviews of a large group of studies. Using PCOR evidence gives clinicians confidence that they are providing the best care to their patients.

Additional Tools and Resources

- Smokefree.gov provides evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking. The portal also contains information and resources for health professionals.

- Tips from Former Smokers: This Web site features real people with compelling stories of their suffering as a result of smoking and exposure to secondhand smoke, along with resources to help smokers quit.

PCOR Evidence Sources


About EvidenceNOW

EvidenceNOW is an Agency for Healthcare Research and Quality grant initiative dedicated to helping small- and medium-sized primary care practices across the country use the latest evidence to improve the heart health of millions of Americans. The initiative is focusing on the ABCS of heart health—Aspirin use by high-risk individuals, Blood pressure control, Cholesterol management, and Smoking cessation—while helping primary care practices improve their capacity to use new PCOR evidence to improve the care they deliver.