Dissemination of the Agency for Health Care Policy and Research guideline

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Introduction
The efforts of the Agency for Health Care Policy and Research (AHCPR) to disseminate our smoking cessation guideline to a variety of populations has netted some very impressive payoffs. Our efforts are not without challenges in dissemination as well as implementation, however. The key challenge in dissemination is to be broad enough to capture a wide range of populations. The key challenge in implementation has been debunking the myths surrounding smoking cessation.

Depending on the desired outcome, dissemination can be a time-intensive and multi-layered process. This is necessary to get the right messages—the most appropriate products to reinforce those messages—to the right audiences at the right time.

AHCPR's dissemination strategy for the guideline was more extensive than for any previous AHCPR guideline. We developed seven separate products, almost twice as many as we typically do. This multi-faceted approach was dictated by the fact that the smoking variables are epidemiological, biological, psychological, and sociological.

AHCPR's dissemination strategy needs to be as broad as possible. We appreciate the challenges in the clinical arena faced by the guideline's panel of dedicated tobacco experts in dispelling commonly held beliefs. The guideline clearly proves that smoking cessation interventions:

- do work
- are cost-effective
- can be quick—just three minutes
- can be initiated by any healthcare clinician, not just physicians
- can benefit everyone, including healthcare systems, such as managed care.

AHCPR smoking cessation publications
Our work in the dissemination arena was to dispel the myths that clinicians do not want to embrace this issue wholeheartedly or know where to begin to request and obtain the products needed to implement effective smoking cessation programmes. The numbers speak for themselves. As of the first quarter of 1998, AHCPR has disseminated more than two million of the following guideline publications.

SMOKING CESSATION CLINICAL PRACTICE GUIDELINE
This guideline, the result of an exhaustive and systematic review and analysis of the scientific literature, contains strategies and recommendations designed to assist clinicians, smoking cessation specialists, and healthcare administrators, insurers, and purchasers in identifying tobacco users and supporting and delivering effective smoking cessation interventions.

QUICK REFERENCE GUIDE FOR SMOKING CESSATION SPECIALISTS
This guide presents highlights from the guideline's recommendations for smoking cessation specialists. Specialists are a vital resource in smoking cessation efforts, not only through their important contributions to cessation research but also through their critical role in service delivery—especially in intensive cessation interventions. The quick reference guide is most frequently requested by smoking cessation specialists, from primary care physicians and healthcare organisations.

HELPING SMOKERS QUIT: A GUIDE FOR PRIMARY CARE CLINICIANS
This pocket guide highlights guideline recommendations and steps all clinicians should follow during a cessation intervention.

SMOKING CESSATION: A SYSTEMS APPROACH
This guide is designed to provide healthcare administrators, insurers, and health care organisations, and purchasers with information needed to make smoking cessation a priority. It can benefit everyone.

COST-EFFECTIVENESS OF AHCPR'S SMOKING CESSATION GUIDELINE
This report and related article based on related AHCPR-sponsored research, was designed to assure administrators and health systems that implementing a smoking cessation programme is cost-effective. In fact, smoking cessation interventions are less costly than other routine medical interventions, such as treatment of mild-to-moderate high blood pressure or high cholesterol levels.

SMOKING CESSATION TWO--THREE TOOLS KIT
This product was designed to help the clinician in cessation interventions with easy-to-read, one-page documents addressing specific patient populations and issues such as pregnant women, first-time quitters, multiple quit attempts, and elective surgery.
“Two–Three” reinforces one of the guideline’s recommendations that all clinicians ask two questions: “Do you smoke?”—to identify smokers; and “Do you want to quit?”—to determine their readiness to quit, then going on to explain their cessation treatment options within a counselling timeframe of at least three minutes.

Traditionally, we have translated all of AHCPR’s consumer materials into Spanish. The guideline broke that mould for the first time with a printing of six additional translations in Korean, Chinese, Vietnamese, Cambodian, Tagalog [a Malayo-Polynesian language], and Lao, at the request of the National Asian Pacific Center on Aging.

**Partnerships**

Dissemination activities began well before the first materials were completed. It was important to keep the message simple and to share resources as much as possible. AHCPR has formed a number of partnerships around its guideline with such veteran tobacco control activists as the Robert Wood Johnson Foundation and a number of nationally recognised clinician and consumer groups. Typically, we announce our partnerships at the first public rollout of the guideline, usually at a press conference, with the partners present. These partnerships are also formed with medical organisations and pharmaceutical organisations, because of the implications for nicotine replacement.

In our highly technical environment, we are learning to appreciate the value of electronic dissemination. Although it has not traditionally played as large a role in our overall dissemination strategy, we are looking toward the future. With roughly 17% of the total American population online, and an even smaller percentage of the minority populations online, we are presented with an even greater challenge to disseminate electronically. Downloading multi-page documents is not an attractive option to our online clientele. They prefer to order printed copies of documents. So making our products more user-friendly via electronic dissemination is a work in progress.

AHCPR has worked closely with the National Medical Association, the United States’ leading association of African American physicians. The NMA has been helping us reach out to the minority community, including Asian American populations. It is very important to form public as well as private partnerships. We have also created partnerships with our sister agencies in the federal government, including the US Centers for Disease Control and Prevention, to disseminate the guideline.

 Typically, our partnerships centre around the reprints of our products. The partners distribute these products to their constituent populations. Our collaborators have included healthcare provider groups, insurers and managed care organisations. So far, our smoking cessation products have reached 71% of all managed care organisations.

We are pleased with the road travelled by the agency thus far. But we also realise we still have a way to go. We are moving towards the new millennium with much hope and an even brighter future for expanded dissemination of the AHCPR smoking cessation guideline.