AMERICAN COLLEGE OF PREVENTIVE MEDICINE | *PHYSICIANS DEDICATED TO PREVENTION*

Strategic Roadmap for the Integration of Tobacco Use and Dependence Interventions into Clinical Care Settings

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I. Introduction

Tobacco use remains the leading cause of preventable death, disease and disability in the United States and impacts nearly every organ system in the body[1]. Cigarette smoking is responsible for more than 480,000 deaths annually in the United States, which is more than deaths from HIV, illegal drug use, alcohol use, motor vehicle accidents and firearms-related incidents combined[1]. More than 16 million Americans live with a smoking-related disease[1]. Among U.S adults in 2019, 20.8% (50.6 million) used any tobacco product[2]. There is substantial evidence that current and former smoking increase the risk of severe illness from COVID-19[3]. Preliminary estimates from the National Center for Health Statistics suggest an adult self-reported cigarette smoking prevalence of 13.8% during January–March 2020 and 12.2% during April–June 2020[4]. In addition to the human cost, smoking imposes an economic cost on the United States. In 2018, the cost of smoking-related illness was more than $300 billion annually, including $170 billion in direct medical care costs and $156 billion in lost productivity[1].

In 2017, the prevalence of past year quit attempts among U.S. adults who smoke cigarettes was 55.4%[5]. Within the last two decades, past-year quit attempts, as well as recent and longer term smoking cessation, has increased among adults who smoke[5]. Although a majority of adults who smoke try to quit, more than two-thirds do not use evidence-based treatments to support their quit attempts[1]. Research shows that smokers who use evidence-based tools to help them quit are more likely to succeed than those who do not[1, 6]. Evidence-based clinical systems and population-level strategies exist to drive increased quit attempts, treatment delivery and uptake, and cessation[6]. However, the delivery of evidence-based interventions by healthcare professionals, who play a critical role in providing treatment for tobacco use and dependence, has been sub-optimal[5, 6]. The effective integration of these evidence-based smoking cessation interventions into clinical settings has the potential to increase the number of successful quit attempts among adult patients[1]. While significant efforts and progress have been made to improve the delivery of cessation interventions in clinical settings, there is substantial room for improvement[5, 6].

In 2020, the American College of Preventive Medicine (ACPM), under a cooperative agreement with the Centers for Disease Control and Prevention (CDC), facilitated a series of convenings with representatives from more than 15 medical societies, associations and universities to discuss how to effectively accelerate the integration of tobacco use and dependence interventions into the clinical setting. Discussions focused on articulating goals, outcomes and strategies for driving change in three key domains:

- Medical Education — including undergraduate, graduate and continuing medical education
- Health Systems Change — including clinical practice guidelines, quality improvement initiatives, use of technologies such as Electronic Health Records (EHR) and public health-health care partnerships
- Policy — including reimbursement, insurance coverage, scope of practice and environmental policies

This report provides a summary of the outcomes of those convenings in the form of a Strategic Roadmap for the Integration of Tobacco Use and Dependence Interventions into Clinical Care Settings. The roadmap describes a shared vision of the ideal state outcomes, informed by

subject matter experts in medical education, health system transformation and policy, as well as detailed strategies and actions for achieving those outcomes over the next 10 years. It will take the collective effort of many stakeholders to affect the transformation described in the following roadmap, but with this tool, stakeholders can identify where they can insert themselves into the process to drive change in their respective areas of influence and authority.

II. The Future of Tobacco Cessation Interventions in Clinical Health Care Settings

A. Vision

The current state of the effective and widespread integration of smoking cessation interventions in clinical health care settings — from emergency rooms to primary care clinics to dentist offices — reveals both successes to build on and opportunities for improvement. Articulating a vision and a definition of success in advancing the integration of tobacco cessation interventions in clinical health care settings is critical to moving beyond the current state in a way that maximizes the potential for collective impact and collaboration across the ecosystem of health care, medical education and policy.

During the two subject matter expert convenings on September 21 and October 21, 2020, participants discussed their vision for the overarching ideal state for the integration of tobacco use and dependence interventions into clinical settings, in terms of the following desired outcomes and measures of success:

1. **System Acknowledgement of the Importance of Tobacco Use Screening and Intervention:**
    - Tobacco use is acknowledged as a substance use disorder (i.e., a medical condition) and not a lifestyle choice.
    - Screening for tobacco use and dependence is embraced in all clinical settings as the fifth vital sign.
    - Health system-level supports (e.g., quality and performance measures, systems for continuity of care) are in place to reduce barriers for providers to deliver tobacco dependence treatment.
    - Evidence-based tobacco dependence treatment is accepted and delivered as a routine, expected standard of care in every clinical encounter across all aspects of the health care continuum, from behavioral health, to dentistry, to primary care, and across all medical specialties.
    - An effective and well-incentivized team-based approach to the treatment of tobacco use and dependence is in place, within and across clinical settings and specialties.

2. **Healthcare Provider Awareness and Knowledge of Appropriate Intervention Strategies**
    - Health care providers in all clinical settings recognize that addressing tobacco use and dependence is part of their scope of service to support the health and well-being of patients.

- Clinicians and health care providers in all clinical settings possess the knowledge, skills and resources appropriate to their scope of practice to recommend and connect patients to cessation interventions

3. **Established Community Partnerships and Resources to Eliminate Barriers to Providing Treatment**

    - Clinical settings have partnerships and referral networks in place and activated to enable providers to immediately connect patients to resources they need to utilize evidence-based treatment options.
    - The barriers to patients receiving tobacco use treatment are eliminated both for the providers as well as patients.

4. **Sustainable Funding and Incentives Support Treatment Integration into Clinical Settings**

    - Strong financial incentives that guarantee appropriate reimbursements are in place across the healthcare continuum to motivate providers to give the treatment of tobacco use the level of attention it needs.
    - State health plans provide funding and financial incentives to motivate providers to offer tobacco cessation interventions.
    - Statewide health plans provide comprehensive insurance coverage without barriers for patients to receive the services they need to successfully quit.

III. A Strategic Roadmap for Change

A. Overview

The strategic roadmap for change outlines opportunities and approaches for advancing the integration of tobacco use and dependence interventions into clinical settings within three main domains of transformation: health systems, medical[1] education and policy. For each domain, a vision of transformation is articulated, followed by success metrics to provide measurable data against which to track progress towards achieving the vision, and a series of milestone objectives aligning with key drivers of change within each domain.

B. Vision Statements by Domain

DOMAIN	VISION STATEMENT
DOMAIN 1: HEALTH SYSTEMS	**Vision for Health System Transformation:** *Tobacco use and dependence interventions are integrated into the culture and structure of health systems (e.g., hospitals, clinics, behavioral health and private practice settings encompassing all specialties) with protocols, systems and quality measures in place to encourage health system accountability to reduce the prevalence of tobacco use and dependence among populations served.*
DOMAIN 2: MEDICAL EDUCATION	**Vision for Medical Education:** *All medical students, residents, fellows and active health care providers receive the training they need to effectively provide patients tobacco cessation treatment using evidence-based techniques with appropriate cultural sensitivity and attention to the social determinants of health that may influence tobacco use and dependence among high-risk populations*.
DOMAIN 3: POLICY	**Vision for Policy Transformation:** *Federal, state and health system policies are in place that encourage and incentivize barrier-free access to, and delivery of, tobacco use and dependence treatments across geographic regions, specialties and physician and non-physician health care providers.*

[1] While ACPM refers to medical education and physicians throughout the document, ACPM recognizes that the goals and milestone activities presented in the strategic roadmap will require collaboration beyond the medical community to include all health care professionals from across the system.

C. Detailed Roadmap Activities by Domain

Domain 1: Health Systems			
Success Measures	**Y 1-3**	**Y 3-5**	**Y 5-10**
1. Increase in the number of patients using tobacco who are offered treatment.	✓	✓	✓
2. Increase in the number of patients who are provided treatment.	✓	✓	✓
3. Evaluation of the EMR/EHR market shows all developers provide smoking status and cessation e-referral as standard components in their products.	✓		
4. Documentation exists that patients who use tobacco are advised to quit and offered treatment in every clinical encounter.		✓	✓
5. Increase in the number of patients who successfully quit among the population served.		✓	✓
6. Documentation exists of universal screening to generate accurate metrics of how many patients who use tobacco were identified, offered treatment, provided treatment, the type of treatment provided and by whom, and the rate of follow-up/follow-through.		✓	✓
7. Increase in the percentage of individuals who utilize evidence-based treatment when attempting to quit smoking from 32% to 60% within 10 years.			✓

Milestone Objectives for Health Systems Transformation	**Y 1-3**	**Y 3-5**	**Y 5-10**
Health Systems & Clinical Culture			
1. Health systems have designated an internal champion(s) who is responsible for ensuring that policies for tobacco use cessation interventions are integrated into the health system, that the health system is compliant with these policies, and that cessation interventions are being delivered.	✓		
2. Administrators and leadership of health systems are fully supportive of, and have implemented policies to ensure, tobacco use screening and treatment within their clinical settings.		✓	
Health System Environment			
3. Health systems implement and enforce tobacco-free policies on their campuses, including all indoor and outdoor locations.	✓		
Quality & Performance Measures			
4. Health systems (inpatient and outpatient) have mandatory quality and performance measures in place that require tobacco use screening and delivery of tobacco cessation services and provide the means to track and report on progress towards these measures for health systems and providers.		✓	
5. Scores on quality and performance measures are used to acknowledge strengths, identify gaps, and award bonus payment or other incentives in order to provide training, support or systems improvements to address those gaps.		✓	

Milestone Objectives for Health Systems Transformation	Y 1-3	Y 3-5	Y 5-10
EHR/EMR & Data Tracking			
6. Consensus exists among electronic health record/electronic medical record (EHR/EMR) developers regarding what is required in the base level of information or interoperability measures that are uniformly included in EHR with respect to tobacco-related variables.		✓	
7. EHR/EMR developers integrate tobacco use and dependence screening protocols and cessation referrals into standard records/patient intake forms in every EHR product.		✓	
8. EHR/EMR developers ensure EHRs allow for interoperability—with respect to tobacco-related data, including the tobacco registry data—between all types of EHR/EMRs, and bi-directional automatic referrals with quitlines, smoke-free text, and/or linkage to other community-based resources outside of the clinical setting.		✓	
9. EHR protocols and population-health management tools (e.g., tobacco registries) allow providers to identify and track patients screening positive for tobacco use, whether and when treatment was offered and/or provided by whom, and how and to what extent that treatment was successful.		✓	
10. All providers are trained to use EHR to maintain patient records related to smoking cessation and monitor interventions, treatment, and progress.		✓	
11. Structures are in place to support health systems to track improvements in patient population data with regards to screening, treatment offered, treatment utilized, successful quit attempts, relapses, and other aggregate data on patients' tobacco use status to assess whether health system changes are successful.		✓	
Treatment Protocols			
12. Health system protocols and infrastructure allow patients to be connected to, or provided with, treatment and/or services before they leave the clinical setting.	✓		
13. Health systems adopt and implement evidence-based treatment protocols related to tobacco use and dependence.		✓	
14. Treatment protocols and data tracking take into account high-risk populations, the related social determinants of health, and co-usage of tobacco and other substances among populations.		✓	
15. Systems are in place to support follow-up with patients as they move from one clinical encounter to another to maintain continuity in cessation support and track progress to ensure permanent cessation.		✓	
16. Treatment protocols allow for the utilization of telehealth and other technologies to expand delivery of tobacco-related services.	✓		
Academic Detailing			
17. State and local departments of health and national professional organizations and associations provide technical assistance and continuing education to improve the skills of health care providers in the position to help patients quit smoking, as part of their outreach to practices and clinical settings to help support increased delivery of treatment.		✓	

Milestone Objectives for Health Systems Transformation	Y 1-3	Y 3-5	Y 5-10
Team-Based Approaches			
18. Health system patient flow and policies encourage a team-based approach to smoking cessation intervention within clinical settings.		✓	
19. Health systems encourage a team-based approach to tobacco use treatment across clinical settings and specialties (e.g., the range of clinicians that include tobacco use treatment in their scope of practice is expanded to include primary care providers, specialty care providers, pharmacists, respiratory therapists, health educators, dentists).		✓	
Community Linkages			
20. Health systems create and maintain linkages to community tobacco cessation services and support systems that allow for same-day referrals, data sharing, and patient tracking and follow-up.		✓	

Domain 2: Medical Education			
Success Measures	**Y 1-3**	**Y 3-5**	**Y 5-10**
1. Increase in the variety of continuing medical education (CME) products available to provide differing levels of intensity and accessibility, as well as specialty-specific modules.	✓	✓	
2. Increase in provider awareness and utilization of existing CMEs (e.g., Rx for Change) that provide training on tobacco cessation interventions.	✓	✓	✓
3. Training and policies related to tobacco cessation are integrated into accreditation standards for UME, GME and CME programs.		✓	
4. Increase in the number of practitioners providing tobacco use cessation interventions as a result of completing related training.		✓	✓
5. Improvement over time in the number of medical students and practitioners demonstrating knowledge and skills related to tobacco use treatments, including cultural sensitivities related to cessation.		✓	✓
6. Measurable increase in the amount of time dedicated to tobacco use treatment in medical school and residency curricula, including classroom, clinicals, and residency programs.		✓	✓
7. Increase in the number of residency and fellowship programs that require training in tobacco dependence and treatment.		✓	✓
8. Smoking cessation interventions and motivational interviewing are included on the Objective Structured Clinical Examination (OSCE) in preparation for the USMLE Step 2 Clinical Skills Examination.		✓	
9. Tobacco dependence and treatment questions are included on exams (i.e., NBME, USMLE Step 1 and 3, licensing and certification exams) across all medical specialties.		✓	

Milestone Objectives for Medical Education Transformation	Y 1-3	Y 3-5	Y 5-10
Educational Content Development, Access & Instruction			
1. A streamlined repository of information on smoking cessation that aggregates existing and emerging templates for education is accessible to all health care providers (e.g., Rx4 Change).	✓		
2. Faculty and curricula developers at all levels of health care education are engaged in identifying where tobacco use and treatment fits within current curricula (e.g., develop and launch an assessment tool).	✓		
3. Core educational content exists that is informed by evidence-based standards of treatments; is appropriate to the student or practitioner's level of education, specialty, and profession; and addresses cultural, socio-economic and geographical considerations influencing tobacco use and dependence.		✓	
4. Faculty development and training ensures adaptive methods/modules of education are offered in training programs for all health care providers across the education continuum (undergraduate, graduate, and continuing education).		✓	
Level of Integration in Current Education			
5. An updated survey assessing the extent to which content related to tobacco use and treatment is currently present in undergraduate, graduate and continuing medical education has been completed.	✓		
UME Curriculum & Assessments			
6. Modules and/or overt content related to evidence-based treatments for tobacco use and dependence are mandatory in undergraduate medical/health care education for providers across health care professions (e.g., physicians, nurses, pharmacists, physician assistants).		✓	
7. Opportunities to interact with real or simulated patient scenarios at various stages of treatment and in different clinical situations are integrated into content modules and practical training to ensure command of motivational interviewing.		✓	
8. Additional student and/or content assessments are regularly conducted to provide feedback to faculty regarding the effectiveness of content and instruction related to student understanding of the health risks presented by tobacco use and evidence-based tobacco dependence treatment.		✓	
9. Questions related to understanding of the health implications of tobacco use and dependence, as well as competency in evidence-based cessation, are incorporated into undergraduate medical examinations.		✓	
GME Programs & Assessments			
10. Modules and/or overt content related to evidence-based treatments for tobacco use and dependence are mandatory in graduate medical education and residency programs for all specialties.		✓	
11. Additional resident and/or content assessments are regularly conducted to provide feedback to faculty regarding the effectiveness of content and instruction related to resident/graduate students' understanding of the health risks presented by tobacco use and evidence-based tobacco dependence treatment.		✓	
12. Questions related to understanding of the health implications of tobacco use and dependence, as well as competency in evidence-based cessation, are incorporated into specialty board exams.		✓	

Milestone Objectives for Medical Education Transformation	Y 1-3	Y 3-5	Y 5-10
CME Programs			
13. CME opportunities that address current science on tobacco use, health impacts of tobacco use, and evidence-based tobacco use treatment interventions are available for all health care professionals.	✓		
14. Hospitals/health systems are aware of and utilize existing online learning resources for continued professional development in tobacco cessation.	✓		
15. At least one UME and GME faculty and/or supervisor in each school and/or program is well-versed in the current evidence-based treatment protocols and able to provide education to students (and colleagues) on tobacco cessation.		✓	
16. State agencies and/or health systems provide support and/or training for unlicensed health care providers (e.g., medical assistants, community health workers, patient navigators, health coaches, peer educators) in tobacco cessation treatments.		✓	
Evaluation of the Field			
17. Periodic evaluations/assessments of the field are conducted to gauge the level of provider knowledge of—and confidence in—delivering treatment and/or referrals.	✓		
Culture/Attitude Related to Tobacco Use			
18. The health care field recognizes tobacco use and dependence as a medical condition (versus a lifestyle choice) and prioritizes its treatment accordingly.	✓		
19. Faculty, students, and training institutions in all healthcare professions and across all specialties: acknowledge the importance of prevention as it relates to tobacco use; accept their responsibility in addressing tobacco use; implement policies to support provider training on tobacco dependence treatments; implement policies that support cessation among students, faculty, and staff; and exercise motivational interviewing as part of their overall delivery of care.		✓	
20. Providers are aware that tobacco use and dependence is not “solved” and that there are significant gaps and disparities in tobacco use and cessation behaviors, particularly among specific segments of the population and in geographical areas.		✓	
Cross Specialty / Profession Inclusion			
21. Tobacco cessation champions are established in relevant sub-specialties with major downstream impact from tobacco use (e.g., oncology, pulmonology, cardiology, dentistry).	✓		
22. All specialties and healthcare providers embrace tobacco use and dependence as within their scope of practice, based on a heightened awareness of the impact tobacco use has on the domains of health addressed by each specialty.			✓
Funding			
23. Funders of medical programs are identified and the ways their work may intersect with tobacco use cessation in school curricula—or contribute to an omission of content—is assessed.	✓		
Accreditation Standards			
24. Accrediting bodies in non-physician education require the inclusion of tobacco treatment modules in order to maintain or receive accreditation.		✓	

Milestone Objectives for Medical Education Transformation	Y 1-3	Y 3-5	Y 5-10
25. Accrediting bodies for UME, GME, and CME (i.e., Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME) include tobacco treatment as a module within all specialty programs as a requirement of accreditation.			✓

Domain 3: Policy			
Success Measures	**Y 1-3**	**Y 3-5**	**Y 5-10**
1. Increase in the number of public and private insurance plans that provide comprehensive, barrier-free coverage of tobacco cessation treatments.	✓	✓	✓
2. All state Medicaid programs provide comprehensive, barrier-free coverage for tobacco cessation treatments to all enrollees.		✓	
3. Tobacco-related quality measures are required for CMS incentive payments in the appropriate programs.		✓	
4. Expansion of the type of healthcare providers who can bill and receive reimbursement for providing tobacco cessation services.		✓	
5. Increase in the reimbursement amount for tobacco cessation treatment services.		✓	

Milestone Objectives for Policy Transformation	Y 1-3	Y 3-5	Y 5-10
Insurance Coverage			
1. Medicaid and Medicare highlight tobacco cessation service coverage and expand who can bill for services provided.	✓		
2. Non-ACA-compliant insurance plans are held accountable to providing barrier-free access to tobacco cessation treatments.		✓	
3. Barriers* to accessing tobacco treatment are removed from public and private insurance plans to provide comprehensive, barrier-free coverage. *(*Barriers include - Copays, Prior Authorization (PA), lifetime limit, cap on number of quit attempts per year, type of medications, not able to use two forms of pharmacological methods simultaneously, counseling restrictions etc.)*		✓	
Quality Measures			
4. Policies are enacted that require health systems to include quality measures related to tobacco use screening and treatment in appropriate inpatient and outpatient settings across primary care and relevant specialties.		✓	
Reimbursement			
5. Reimbursement amounts for tobacco treatment services are comparable to other treatments for chronic conditions to motivate clinicians to offer services.		✓	
6. Reimbursement amounts are sustainably consistent across geographical areas.	✓		

Milestone Objectives for Policy Transformation	Y 1-3	Y 3-5	Y 5-10
7. Reimbursement for tobacco treatment services delivered via telehealth, for physicians as well as non-physicians, is expanded including allowing them to bill across state lines.	✓		
Billing & Scope of Practice			
8. The range of licensed and certified health care providers who can bill for tobacco cessation treatment is expanded.		✓	
9. Health system policies and practices ensure health care providers are able to practice at the top of their licensure, particularly with regard to prescribing and/or providing tobacco cessation services.		✓	
Innovative Delivery			
10. Support for reimbursement of innovative health care delivery channels such as telemedicine and telehealth are maintained and expanded in order to increase patient access to treatment, particularly for high-risk populations.	✓		
11. Data substantiating the effectiveness and technical feasibility of innovative initiatives is collected and reported to support the case for these delivery channels continuing to be billable and reimbursable.		✓	
Funding & Resources			
12. Tobacco industry sponsorship/funding of medical training institutions, research centers and health systems is eliminated or rigorously regulated to ensure it does not compromise the integrity of training, research and/or health care practice related to tobacco use treatments.	✓		
13. Viable, alternative funding methods that can be applied to support sustainable reimbursement of tobacco cessation services are identified (e.g., ASAM opioid funding as a model, tobacco tax funding to support reimbursement).		✓	
14. Ongoing funding and resources for quitlines, community-based interventions, and other prevention measures related to tobacco use and dependence are secured and protected as extenders of tobacco use treatment provided in the clinical setting.		✓	

IV. Moving Forward Together: A Call to Action

A. How to Use the Roadmap

Implementing the recommendations outlined in this strategic roadmap will require collaboration and coordination across the ecosystem of health and healthcare education, systems and policy. There is a role for all stakeholders to play and it is ACPM's hope and intention that stakeholders identify action steps in this report that fall within their organizational scope of mission and objectives and take ownership of implementing aspects of this plan. The roadmap is intended to provide a tool to:

1. **Educate** stakeholders on the vision of transformation and the steps required to achieve that transformation across health systems, medical education and policy

2. **Inspire** stakeholders to take action and ownership of pathways in this report that fall within their sphere of influence and authority

3. **Create Accountability** for change by providing clear goals, milestone activities, timelines, and success metrics to align and coordinate stakeholder efforts

4. **Empower** stakeholders to seek out funding required to convert the recommendations in this strategic roadmap into action by providing a comprehensive plan of action

To support ACPM in its efforts to operationalize the recommendations in this strategic roadmap we ask stakeholders to consider where they can take action, using the following suggestions as guidance.

1. **Share**: Circulate the strategic roadmap to stakeholders that may have the ability to operationalize aspects of the roadmap.

2. **Discuss**: Discuss the roadmap internally to determine where individual organizations can claim ownership of milestone objectives or success metrics that align with their mission impact and strategic initiatives. Assess where existing organizational activities may already be aligned with recommendations in this roadmap as well as where the roadmap can inspire new initiatives that advance organizational objectives.

3. **Connect**: Reach out to ACPM and other organizations that participated in the creation of the strategic roadmap recommendations to foster collaboration, provide feedback and express your support in operationalizing the roadmap.

B. ACPM Convening Partners' Immediate Next Steps

ACPM and convening partners identified immediate next steps to advance the efforts outlined in the strategic roadmap.

1. **Prioritize** stakeholders to engage based on which entities are able to contribute the most immediate impact across a breadth of initiatives.

2. **Conduct** a relationship assessment among convening participants and stakeholders to determine potential champions and advocates at each of the priority stakeholder organizations.

3. **Conduct** an inventory of the health care sector to identify potential partners who may be attempting to advance similar or adjacent initiatives as those outlined in the strategic roadmap.

4. **Develop** a list of model policies to align collective advocacy efforts in support of the ideal state outcomes articulated in the roadmap regarding health system policy, policies within medical education and policies at the federal, state and local levels.

V. Appendix

A. Methodology

Under a cooperative agreement with the Centers for Disease Control and Prevention (CDC), the American College of Preventive Medicine (ACPM) received funding to develop a strategic roadmap articulating a set of actionable recommendations for advancing the integration of tobacco cessation interventions across clinical settings and specialties, including the continuum of medical education, health systems and policy. The roadmap is intended to strengthen the capacity of clinicians to effectively deliver evidence-based treatment to their patients in various clinical settings.

ACPM designed and completed the following activities to provide insight into success, barriers, and opportunities for more effectively and consistently integrating tobacco cessation interventions into clinical settings:

1. **Key Informant Interviews** conducted with subject matter experts related to tobacco cessation efforts and strategies in health systems, medical education and policy

2. **A Literature Review** of published materials providing insight and perspective on successes and barriers to current, past and emerging efforts to integrate tobacco cessation interventions into a variety of clinical settings

3. **Stakeholder Convenings** with selected subject matter experts from more than 15 medical societies, associations and universities to discuss how to effectively accelerate the integration of tobacco use and dependence interventions into the clinical setting. Convenings took place virtually on September 21 and October 21, 2020

4. **Development of a Strategic Roadmap Framework** based on the above inputs, which articulated the vision, goals, milestone objectives, timelines and success metrics to guide collective efforts to advance the integration of tobacco cessation interventions into clinical settings via key drivers in health systems, medical education and policy. The strategic roadmap framework was vetted by convening participants.

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About the American College of Preventive Medicine
The American College of Preventive Medicine (ACPM) is a professional medical society of more than 2,000 physicians dedicated to improving the health and quality of life of individuals, families, communities and populations through disease prevention and health promotion. ACPM's mission is to represent and support preventive medicine physicians in their role as public health and health systems leaders. ACPM provides a dynamic forum for the exchange of knowledge and practice advancement, offering high-quality continuing medical education, resources for ongoing professional development, networking opportunities and advocating for the important role of preventive medicine in our healthcare system.

VI. Endnotes

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VII. Glossary

Terms	Definitions
Clinicians	A doctor, nurse practitioner, or other health care worker who treats patients directly.
Clinical Setting	A hospital, department, outpatient facility, or clinic whose primary purpose is wellness.
Health Professional	Maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals' study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve.
Healthcare Provider	An individual health professional or health facility organization licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.
Specialty	A pursuit, area of study, or skill to which someone has devoted much time and effort and in which they are expert.