Engaging a primary care clinic to enhance treatment for tobacco use and dependence

North Carolina Population Health Summit
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Objectives

- Identify the missed opportunities for evidence-based tobacco use treatment in clinical settings
- Describe components of the Chronic Care Model (CCM)
- Examine tobacco use treatment resources and tools that can be adapted for individual clinic settings
- Show post-intervention changes in standards of care around tobacco use treatment
Treating tobacco use: Missed opportunities

80% of people who smoke (in US=35 million) visit primary care provider annually of whom 70% want to stop smoking yet <50% report being advised by their provider to quit and only 25% receive evidence-based counseling and/or medication.

Background

UNC Family Medicine Center adopted tobacco registry Nov 2011

- Patient Centered Medical Home (PCMH) Level 3 accreditation
- Increased tobacco use treatment.

Following initial success:
- Could we replicate in non-academic setting?

Project Site

UNC Physicians Network Family Practice Clinic
Wake County, NC

Demographics

- Providers: 2 MD’s
- Staff: 2 LPN’s, 2 front desk, office manager
- Annual visits: 3300
- Average # adults patients/month who smoked or used tobacco: 26
One Year Timeline

Sept – Dec 2012
- Hire RA
- Meet with UNCPN leadership
- Visit 2 UNCPN clinics
- Develop survey & interview instruments
- Create MOA/BAA

Jan – Apr 2013
- Meet w/ Rex IT
- Lunch & Learn (LL) 1: group interview
- Pharmacotherapy Webinar
- LL2: Vignette/flowchart & Quitline Fax Referral (FR)
- Adapt vignette/flowchart; create clinic specific materials including new patient Readiness Assessment (RA)
- LL3: Motivational Interviewing
- LL4: Case studies and data feedback

May – Aug 2013
- Biweekly check-ins and collection of RA and FR
- Chart audits
- Continuous feedback
- LL5: Immunizations
- LL6: Post implementation group interview and surveys
Survey Instruments

1) “Readiness to Implement” assessment

2) Individual online surveys
   - Based on previous provider surveys
   - Assessed attitudes, knowledge, and practice of staff and providers

3) Clinic group structured interviews
   - Current approach to tobacco use treatment
   - Barriers to providing evidence based care
   - Potential strategies for promoting cessation
   - (Post) What worked?
Key findings from initial surveys & group interview

- Staff already did good job of documenting tobacco use status (MU)
- Providers offered NC Quitline number
  - Unaware of Quitline fax referral option
  - Providers desired easy way to assess patient interest
  - Practice manager: pushback from patients for tobacco prevention billing resulted in providers not coding
Patient Readiness Assessment

Rex/UNC Family Practice of Panther Creek

Name __________________________ Date of Birth _______
Today’s Date ___________________

You have indicated that you smoke cigarettes or use other tobacco products. Please take a minute to answer the questions below and give this to your doctor.

Would you be willing to talk with your doctor today about how we can support you in becoming tobacco free?

Yes ☐  No ☐

Thank you, we’re here to help when you are ready!

1) How important do you feel it is for you to stop smoking or using tobacco?

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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<td>Not at all Important</td>
<td>Extremely Important</td>
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2) How confident are you in being able to quit all tobacco use?

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FOR OFFICE STAFF ONLY

Patient Self-Management Materials  Accepted  Declined
NC Quitline Fax Referral
Patient Self-management Support (SMS) Tool

Being tobacco free makes a difference!

- Increased energy
- Decreased chance of cancer and heart disease
- Improved skin tone
- Fewer signs of premature aging, like wrinkles
- Better healing from illness and surgery
- More money to spend on things that are life-giving
- More time to spend with those you love
- Knowing you’re in control of your life

What works?

By using both medication and counseling support you can greatly increase your chances of becoming tobacco free, even if you’ve tried before.

It takes practice

Just like any new skill or behavior, it may take repeated attempts to become tobacco free. Most of us didn’t get up on a bicycle and ride the first time we tried. Each time you try, you’ll be learning something to help you the next time, until you are able to say:

“I’m tobacco free!”

First Step

Talk with your health care provider about medications that have been proven to help people become tobacco free.

- These medications don’t make you quit using tobacco. Instead, they help you manage withdrawal symptoms (ex. Irritability, depression)
- Medications can also help decrease urges and cravings to smoke.
- Most people use these medications for 3-6 months.

Next

Try out new behaviors that can replace smoking, chewing, or dipping.

- Practice ways of dealing with triggers, including the big one—STRESS
- You already have effective planning and organizing skills for having your cigarettes/lighters with you, knowing when/where you can smoke. Use those same skills to plan to be tobacco free.

On the way

- Set your date for being tobacco free or a schedule for cutting down
- Make your car and home tobacco free
- Plan how you will say “no” if offered a cigarette or other tobacco
- Make a list of 20 things you can do instead of using tobacco
- Make a list of 10 stress reducers—including things that bring you joy
- Make a list of ways you will reward yourself for being tobacco free

Get the support that you need and deserve

- Let friends & family know specific ways that they can offer support
- Use the free NC Quitline telephone coaching service 1-800-784-8669 (1 800 QUIT NOW)
- Schedule an appointment with UNC’s Nicotine Dependence Program by calling 919-966-0210. Learn more at www.ndp.unc.edu
- Visit online sites like www.becomemanex.org, www.strytostop.org, or www.smokefree.gov (which also offers text support program)
NC Quitline Fax Referral
Outcomes linked to interventions

- meds discussed/Rxed
- fax referrrals
- prevention codes entered
Documentation of counseling

Visits (n=663)  Unique patients (n=203)

- Baseline: 30%  - Post-intervention: 48%
- Baseline: 50%  - Post-intervention: 60%

$p=<0.01$
Documentation of cessation medication

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<tr>
<th>Visits</th>
<th>Unique patients</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>Post webinar</td>
</tr>
<tr>
<td>10%</td>
<td>19%</td>
</tr>
<tr>
<td>22%**</td>
<td>30%**</td>
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* p=0.0001  ** p=0.002  Baseline=11/01/11- 2/20/13  Post=2/21/13-9/31/13
Patient Readiness Assessment

Panther Creek Readiness assessments April 10 - June 30, 2013

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<thead>
<tr>
<th></th>
<th>April (15 visit days)</th>
<th>May (22 visit days)</th>
<th>June (20 visit days)</th>
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<tbody>
<tr>
<td>Readiness Assessments</td>
<td>13</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Willing to talk with dr</td>
<td>7</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Referred to quitline</td>
<td>4</td>
<td>6</td>
<td>6</td>
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</tbody>
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April (15 visit days) May (22 visit days) June (20 visit days)
Fax Referrals to QuitlineNC
Feb-Sept 2013

- Feb: 1
- Mar: 2
- Apr: 4
- May: 9
- June: 6
- Jul: 1
- Aug: 2
- Sept: 2
Follow-up staff interview

Provider attitude shift

I feel like telling patients to use the patch, the gum, or the lozenge is actually good…I didn’t think it had a very high quit rate. But knowing now that it actually is the best way with therapy, it doesn’t feel like I’m being lazy in getting them to quit.

Provider-patient discussion content change

I can say confidently now that the data shows the best way to quit is a combination of this and this (NRT) versus well there is Chantix and Wellbutrin, choose which you want. There’s more concrete, evidence-based stuff behind it.
Take home

- Clinics can do better with the right tools and resources
- Better integration of tobacco use treatment into workflow when clinic providers, staff, and even patients involved
- US Preventive Service Task Force recent “A” recommendation, along with ACA requirements should increase provider engagement in tobacco use treatment
- Higher patient satisfaction with providers who address tobacco use

Conroy MB, Majchrzak NE, Regan S, et al. The association between patient-reported receipt of tobacco intervention at a primary care visit and smokers’ satisfaction with their health care. Nicotine Tob Res 2005;7:S29-34