



One Last Cigarette: Seeking to Improve Rate of Tobacco Cessation Counselling

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Background

Tobacco use is the leading preventable cause of disease, disability, and death in the US. In 2014 480,000 deaths annually were attributed to cigarette smoking, including second hand smoke.¹ In 2019, an estimated 50.6 million US adults (20.8% of the adult population) used tobacco; 14.0% currently smoked cigarettes; and 4.5% used electronic cigarettes (e-cigarettes).²

Tobacco use screening rates were 62.7% during adult visits to outpatient physician offices between 2005-2008, with only 20.9% receiving tobacco cessation counseling and 7.6% receiving tobacco cessation medication.^{3,4}

We are a suburban family medicine residency practice with faculty, residents, nurse practitioners and physician assistant providers which uses EPIC exclusively for EMR documentation. We looked at the tobacco cessation counseling rate for adult patients amongst non-resident providers before and after initiation of EMR friendly tobacco cessation tools.

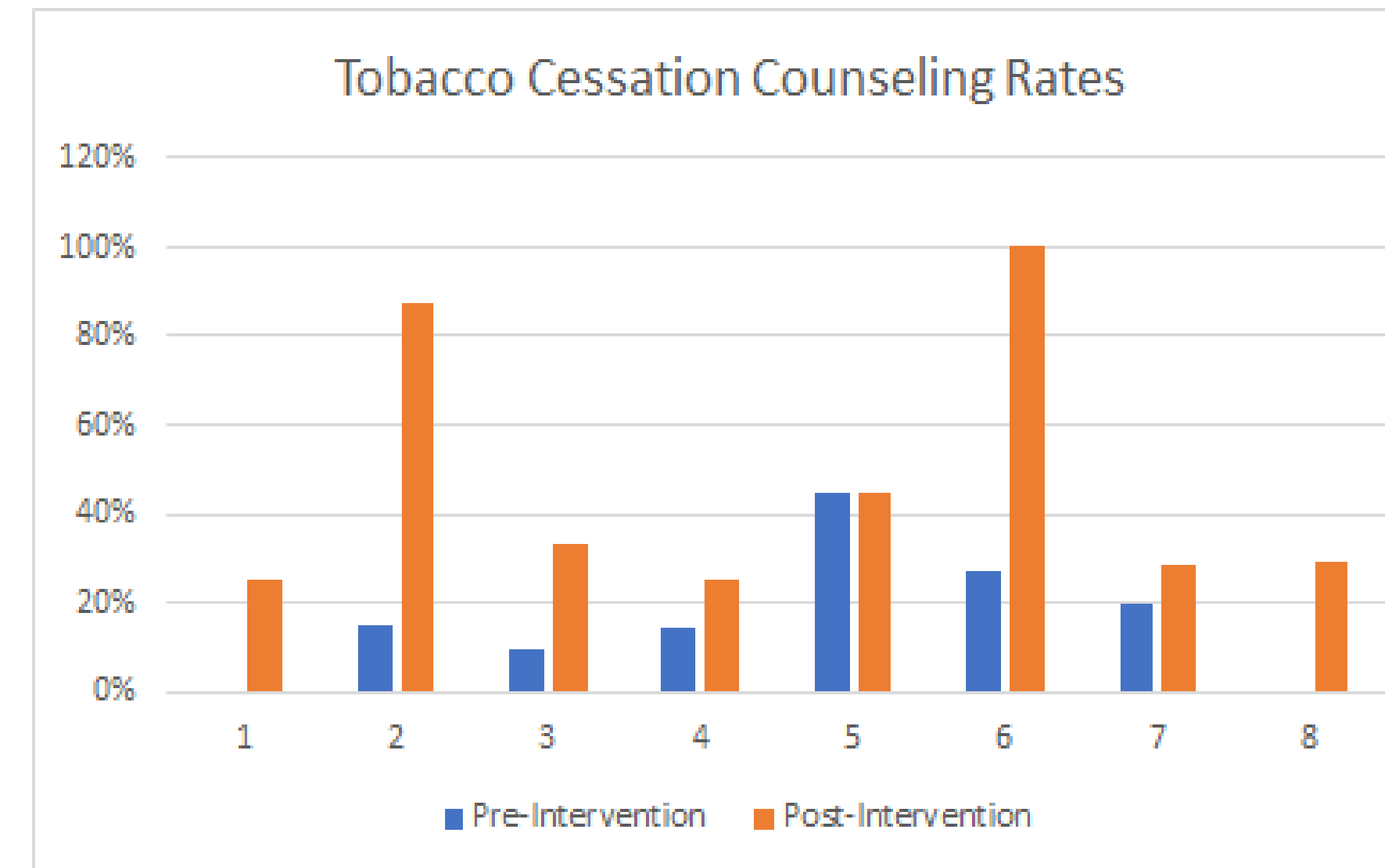
Goal

Our aim was to improve tobacco cessation counselling rates by giving providers simple and convenient EMR tools.

Method

To establish the baseline individual tobacco cessation counseling rate, we collected data for our adult patient providers from January – April 2020. The tobacco cessation smart phrase and pamphlets were made available July 1, 2020. Patient encounters from July to October 2020 were used for the post intervention data. We began with 12 providers, however, due to changes in staffing over this time, only 8 providers had complete pre- and post-intervention data and were included in this analysis.

Results



Rate of counseling:	Pre-Intervention	Post-Intervention
Provider 1		0% 25.00%
Provider 2		15% 87.50%
Provider 3		9.50% 33.30%
Provider 4		14% 25%
Provider 5		45% 45%
Provider 6		27% 100%
Provider 7		20% 28.50%
Provider 8		0% 29%
Average		19% 49.76%

Discussion

Prior to the intervention, the cumulative rate of tobacco cessation counseling amongst faculty providers was 16%. Post-intervention, the cumulative rate of tobacco cessation counseling improved to 46.66%. Individual faculty members also demonstrated significant improvement in their rates of counseling, (p- 0.0223).

The use of convenient EMR smart phrase and pamphlet significantly improved rates of tobacco cessation counseling amongst our providers. Unfortunately, we are not able to determine how much improvement was due to the availability of the tools or whether the act of reminding our providers regarding tobacco cessation alone impacted the rate of tobacco cessation counseling. Future considerations would assess whether the improvement in tobacco cessation counselling is sustained. Another investigation could examine whether simply reminding providers about smoking cessation counseling at regular provider meetings would also improve tobacco cessation counseling rates.

References

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