A CLINICAL INTEGRATED CARE APPROACH TO TOBACCO DEPENDENCE

Background

Although Oregon has seen a significant decline in tobacco use statewide, the prevalence of use is higher, often significantly higher, in rural communities than statewide.

- Any tobacco use—including cigarettes, smokeless, cigars and non-tobacco e-cigarettes—is 30% among Douglas County adults, as compared to 21.8% statewide.
- More than one in four Douglas County deaths are due to tobacco related illness, and nearly 7,000 residents suffer from tobacco caused illness. Oregon chronic disease data shows a higher rate of any cancer in Douglas County (10%), as compared to statewide (8.5%).
- SouthRiver EMR data show that at the beginning of the project, 36% of patients smoked cigarettes and 29% are former smokers, as compared to a smoking prevalence of 26% among Douglas County adults in general.

Project Goals & Objectives

The aim of this project is to normalize screening and treatment for tobacco use as a standard of care for adult patients who screen positive for tobacco use.

Objectives

- Establish stepped care clinical tobacco treatment protocol
- Offer pre/post provider trainings
- Train/certify one Behavioral Health Consultant as Mayo Clinic Tobacco Treatment Specialist
- At least 25% of patients who screen positive for tobacco use will receive referral to Behavioral Health Consultant
- Achieve 5% decrease in adult tobacco use (cigarette smoking)

Methods

Primary Target Audience

- Adult patients age 18 and over who use tobacco

Project Activities

- Develop stepped care clinical tobacco treatment protocol
- Train primary care providers in implementation of stepped care protocol, and conduct pre/post knowledge assessment
- Implement stepped care protocol, including tobacco cessation groups, and measure cessation rates
- Train additional behavioral medicine staff in tobacco cessation treatment

Project Time Frame

- January 1, 2017 to January 30, 2018

Project Results

Clinic Overall

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>4,702</td>
<td>100%</td>
</tr>
<tr>
<td>Screened for tobacco</td>
<td>4,597</td>
<td>97.76%</td>
</tr>
<tr>
<td>use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive for tobacco</td>
<td>1,457</td>
<td>31%</td>
</tr>
<tr>
<td>use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fagerström administration</td>
<td>940</td>
<td>20.45%</td>
</tr>
</tbody>
</table>

Patient Referrals

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Patients referred to BHC for Step 2.1</td>
<td>61</td>
<td>4.19%</td>
</tr>
<tr>
<td>Fagerström administration</td>
<td>21</td>
<td>34.43%</td>
</tr>
</tbody>
</table>

This is a higher Fagerström administration rate than in clinic overall (20.45%).

Patients referred or accepted referral were, on average, less dependent than patients overall—average score of 2.95 (low dependence), as compared to 3.85 overall.

<table>
<thead>
<tr>
<th>Patients prescribed meds by PCP</th>
<th>46</th>
<th>75.41%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>26</td>
<td>42.62%</td>
</tr>
<tr>
<td>Group (5 scheduled)</td>
<td>7</td>
<td>11.48%</td>
</tr>
<tr>
<td>Not All Clinic Patients</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

2 Patients Received NRT @ Group

Lessons Learned

- With increased focus on tobacco cessation, smoking rates were reduced from 36% to 31% for the entire clinic, even among patients who did not receive direct intervention
- Very few patients were interested in enhanced intervention for tobacco cessation, so the greatest opportunity for intervention is at the Primary Care Provider appointment.
- There is a gap between interest in quitting and engagement in interventions
- Primary Care Providers value having additional interventions available, even if patients are not consistently accessing them. Compared to the beginning of the study period, at the end of the study PCPs were more comfortable talking to patients about tobacco use and more likely to address tobacco use at each visit.
- Of the 47 patients who participated in a 1-month follow-up: 3 cut down, 21 quit attempts, 14 quit.
- Cessation rates were higher (22.95%) among those who participated in the stepped care protocol than in the clinic overall.

References


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