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Decreasing the Smoking Rate at EMMC Family Medicine Center and Residency in Bangor, ME

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Decreasing the Smoking Rate at EMMC Family Medicine Center and Residency in Bangor, ME

Alex Coffman
Family Medicine
February 2015
Mentor: Dr. Robin Pritham

*Utilize the Notes Page when viewing this PowerPoint*
Tobacco Problem in the State of Maine

- Maine’s rate of adult current smoking is 20%, which is significantly higher than all other New England states (Connecticut 16%, New Hampshire 17%, Massachusetts 16%, Vermont 17%, and Rhode Island 17%) ¹

- The **national adult smoking rate in the US is 17.8%** (data from 2013) ²

In Maine, the smoking rate is...

- 43% for adults enrolled in MaineCare ³
- 40% for adults who make less than $15,000 per year
- 37% for adults who have less than a high school education

¹ Maine Department of Health and Human Services
² Centers for Disease Control and Prevention
³ MaineCare
Tobacco Problem at EMMC Family Medicine Center and Residency

Anecdotal evidence illustrating the tobacco problem in the clinic and the source of inspiration for this project:

- 53 y/o F with a PMHx of a myocardial infarction four months ago who continues to smoke and presents to the clinic with chest pain
- 4 month old M with a four week history of upper respiratory infection whose mother continues to smoke in the home and patient ends up being transported to the ED
- 46 y/o F with COPD and asthma who presents to the clinic for hospital follow-up for COPD exacerbation and pneumonia who continues to smoke

An intervention is needed to decrease the smoking rate!
Public Health Cost

- An estimated **2,200 Maine adults die each year** from their own smoking.
- **Tobacco use kills** more people in Maine than alcohol, drugs, homicides, and suicides combined.
- **Annual healthcare costs** in Maine caused by smoking are **$811,000,000**.
- The estimated **productivity losses** in Maine between 2000 and 2004 attributable to smoking are **$534,231,000**.
- **Cancer has a larger relative burden on Maine** when compared with most of the nation. A major factor to explain the high rate of lung cancer and some other cancers... is tobacco use.

The **public health cost is likely even greater for the subset of Maine residents at this clinic** because of the increased smoking rate (results to follow) for this particular patient population compared to the state of Maine as a whole.
Community Perspective

Interview #1: [Name Withheld] LPN, TTS-C, AE-C
- Certified Tobacco Treatment Specialist (10+ years)
- Regional Tobacco Coordinator
- Public Health Educator and Nurse
- Bangor Public Health & Community Services

- Recommended motivational interviewing (MI) as the best intervention for patients in the clinic
- Given the book *Treating Tobacco Use and Dependence: 2008 Update*, which is the “bible” for clinical practice guidelines written by a panel of experts
- Entertained the possibility of hiring a tobacco treatment specialist in the clinic
- Discussed resident training for MI; given information regarding additional training resources and opportunities
- Enthusiastic to provide assistance to the clinic
Community Perspective

Interview #2: [Name Withheld] CMA
-Certified Medical Assistant (14 months)
-EMMC Family Medicine Center and Residency

- Responsibility is to access tobacco use at the beginning of every patient visit
- Reports good compliance with this rule except with teenagers when a parent is present in the room
- Believes tobacco use is a major problem in the clinic; surprised the smoking rate is not higher
- Allowed to fill out some information in the “tobacco interventions” tab in Centricity including: tobacco use and quantity, importance of issue, patient confidence, quit attempts and interventions used in the past, and referral to the Maine Tobacco Helpline
- Not allowed to recommend tobacco cessation or provide advice as part of clinical duties as a CMA
- Occasionally hands out tobacco cessation pamphlets
- Relays information to resident if patient is interested in cessation
Intervention

Smoking cessation requires a **persistent effort** from the healthcare provider and the patient and is best accomplished using **multiple approaches** with **constant reinforcement**

1. Electronic Medical Record (EMR) search in Centricity to determine **smoking rate** in the clinic and **percentage of those patients** who have received **motivational interviewing**

2. Prepared **presentation for block conference** to emphasis tobacco problem to residents using the results obtains from the EMR search *(Appendix I)*

3. **Motivational interviewing survey** to gauge residents’ perception, confidence, utilization, and documentation of MI *(Appendix II)*

4. **PowerPoint** presentation for the **waiting room lobby** to encourage patients to think about tobacco cessation and to bring up the issue with their provider *(Appendix III)*
Methodology

- EMR Search Criteria:
  - Age >16 years old
  - Patients seen between 08/01/2014 – 02/24/2015
- Current smokers were identified in this subsequent patient population by searching for the “Current every day smoker” answer for the “Today’s Smoking Status” question in the tobacco interventions tab
- Motivational interviewing documentation assessed by searching for the key terms “VAS CONFIDEN” and “SMOKCESSCOMN” in Centricity*
Centricity Search Results

- Current smoking rate = 32.6%
- Approximately 50% of all patient visits are with patients who have MaineCare
- 35.7% of current smokers declined all assistance for tobacco cessation
- Only 4.6% of current smokers have motivational interviewing documented in the chart
Conclusions

Results from the MI survey can be found in Appendix II

- Tobacco use is a large problem in the clinic \(^1\)
- An overwhelming majority of residents agree that tobacco use is a large problem and that MI is an effective tool; however, only a minority of residents regularly utilize MI \(^2\)
- At least a quarter of residents may benefit from additional MI training \(^3\)
- A majority of residents are either not documenting in the chart when they use MI or they are documenting in a location other than the “tobacco interventions” tab \(^4\)

\(^1\) Tobacco use is a large problem in the clinic
\(^2\) An overwhelming majority of residents agree that tobacco use is a large problem and that MI is an effective tool; however, only a minority of residents regularly utilize MI
\(^3\) At least a quarter of residents may benefit from additional MI training
\(^4\) A majority of residents are either not documenting in the chart when they use MI or they are documenting in a location other than the “tobacco interventions” tab
Effectiveness of the Project

- Impact of the block conference PowerPoint is uncertain because the residents were not accessed whether or not the information will impact their practice.
- The waiting room PowerPoint has not been displayed yet so the impact of this intervention is unknown.
- The overall effectiveness of these interventions is difficult to determine without long-term data follow-up, which is one of the limitations of this project (see limitations slide).
- The best way to evaluate the effectiveness would be to regularly monitor the smoking rate and MI documentation rate, but even then it would be difficult to rule out confounding factors (see future recommendations).
Limitations of the Project

- Promoting tobacco cessation is a topic that needs constant revisiting and reinforcement; therefore, a single five week intervention is unlikely to make a large impact unless the created PowerPoints are utilized regularly and the information resonates with the residents.

- Evaluating the effectiveness of the project will require long-term commitment and data follow-up; therefore, immediate results will not be seen, which may decrease the impact over time.

- The exact MI usage percentage is difficult to determine with lack of documentation or multiple locations for documentation and therefore the calculated rate may not be an accurate representation of the actual rate of MI utilization.

- Small sample size for MI survey, which left out the opinion of many of the residents who were not at block conference.

- Unable to implement further strategies because of time constraints (see future recommendations).
Recommendations for the Future

- **Yearly monitoring** of current smoking rate and percentage of patients who receive motivational interviewing; report given to the residents at the end of each year (constant reinforcement is needed)

- Encourage residents to **document motivational interviewing** in the “tobacco interventions” tab in Centricity so that progress can be monitored

- Offer **additional training opportunities** in motivational interviewing for those residents who are not as confident in their skills

- Consider hiring a **tobacco treatment specialist**

- Regularly display the **tobacco cessation PowerPoint** in the waiting room lobby, which encourages patients to think about this issue and discuss it with their provider

- Regular **MI lectures** at block conference and offer **CME credit**

- **Treating Tobacco Use and Dependence: 2008 Update** book placed in preceptor room as a resource
References


O Treating Tobacco Use and Dependence: 2008 Update, a Public Health Service-sponsored Clinical Practice Guideline.

Appendix I

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Public Health Cost
- An estimated 2,900 Maine adults die each year from their own smoking.
- Smoking kills more people in Maine than alcohol, drugs, homicides, and suicides combined.
- Annual healthcare costs in Maine caused by smoking are $811,000,000.
- The estimated productivity losses in Maine between 2000 and 2004 attributable to smoking are $5,542,000,000.
- Cancer has a large relative burden on Maine when compared with most of the nation. A major factor to explain the high rate of lung cancer and some other cancers is tobacco use.
- The public health costs are likely even greater for this subset of Maine residents because of the increased smoking rate resulting for this particular patient population compared to the state of Maine as a whole.

Community Perspective
- Interview #1: (Name Withheld) LFH, TSC, AF-C
- Regional Tobacco Coordinator
- Public Health Educator and Nurse
- Bangor Public Health & Community Services
- Recommended motivational interviewing (MI) as the best intervention for patients in the clinic.
- Given the book "Tobacco: How to CURE It" to a group of people.
- Entertained the possibility of hiring a tobacco treatment specialist in the clinic.
- Discussed resident training for MI, given information regarding additional training resources.
- Enthusiastic to help the clinic.

Centrality Search Results
- Search Criteria in Centrality:
  - Age > 16 years old
  - Patients seen since 8/01/2014

  Results:
  - Smoking rate = 32.6%
  - Approximately 50% of all patient visits are with patients who have MaineCare.
  - 35.7% of current smokers declined all assistance for tobacco cessation.
  - Only 4.6% of current smokers have motivational interviewing documented in chart.

References
Appendix II

Motivational Interviewing Survey

Feb 25, 2015 Block Conference

Check one:

Attending Physician n=1  Resident n=10  Student n=0  Other n=1

Circle one answer based on how you feel regarding each of the following statements/questions:

1. Tobacco use is a large problem with the patient population at EMMC Family Medicine Center and Residency.
   
   Strongly agree 91.7%  Agree 8.3%  Neutral 0%  Disagree 0%  Strongly disagree 0%

2. Motivational interviewing is an effective tool to promote tobacco cessation.

   Strongly agree 16.7%  Agree 75.0%  Neutral 8.3%  Disagree 0%  Strongly disagree 0%

3. How often do you use motivational interviewing with patients that are current smokers?

   Always 0%  Almost always 33.3%  Sometimes 66.6%  Almost never 0%  Never 0%

4. How often do you document motivational interviewing under the tobacco interventions tab in Centricity?

   Always 0%  Almost always 8.3%  Sometimes 41.7%  Almost never 16.7%  Never 33.3%

5. I have received adequate education and training regarding motivational interviewing and am confident in my skills.

   Strongly agree 16.7%  Agree 58.3%  Neutral 16.7%  Disagree 8.3%  Strongly disagree 0%
Appendix III

Reasons to Quit Smoking

You already know that smoking is bad for your health and the health of your friends and family. Here are some common reasons why smokers quit:

- **I want to feel better** (no more smoker’s cough, fewer colds and more energy, sense of smell and taste will return)
- **I want to look and smell better** (develop less wrinkles, whiter teeth, breath and clothes won’t reek of smoke anymore)
- **I want to save money** (save $1,800 or more per year)
- **I want to set a good example** (secondhand smoke can hurt your kids’ health, children more likely to smoke if parents smoke)
- **I want to save myself a lot of hassle** (cigarette breaks in the cold, rushing out to buy a pack, searching for a light)
- **I want to give my new family the right start** (quitting can help infertility or impotence problems, pregnant women who don’t smoke have healthier babies)

Are You Interested in Quitting?

- There are many options to help you quit smoking
- Did you know that many insurance companies will pay for medication or nicotine replacement (gum/patch)?

National Quitline: 1-800-QUITNOW

Maine Tobacco HelpLine: 1-800-207-1230

Talk with your doctor today!