2015

Provider Resources for Smoking Cessation Counselling

Pierre Galea
University of Vermont College of Medicine

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk
Part of the Community Health and Preventive Medicine Commons, Medical Education Commons, Primary Care Commons, and the Public Health Education and Promotion Commons

Recommended Citation
Provider Resources for Smoking Cessation Counselling

- Wilmington, VT (Deerfield Valley Health Center)
- Pierre Galea
- Family Medicine Rotation, Oct/Nov 2015
- Mentor: Dr. Peter Park
Problem Identification

- Tobacco is still the leading cause of preventable death.
- VT Department of Health has instituted Tobacco Use goals for 2020.
- The counties that Deerfield Valley Health Center serves, are primarily Bennington county and Windham county.
- Significant progress still needs to be made in these counties for most goals, as shown below:

<table>
<thead>
<tr>
<th>Healthy Vermonters 2020 metric</th>
<th>Goal</th>
<th>Latest Result</th>
<th>Latest Trend</th>
<th>Trend over years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce % adults who smoke cigarettes</td>
<td>12%</td>
<td>23%&lt;br&gt;17%</td>
<td>Worse&lt;br&gt;Same</td>
<td>2000-2013</td>
</tr>
<tr>
<td>Reduce % youth who smoke cigarettes</td>
<td>10%</td>
<td>10%&lt;br&gt;17%</td>
<td>Better&lt;br&gt;Worse</td>
<td>2001-2013</td>
</tr>
<tr>
<td>Increase % adult smokers who attempted to quit in past year</td>
<td>80%</td>
<td>53%&lt;br&gt;63%</td>
<td>Same&lt;br&gt;Better</td>
<td>2000-2013</td>
</tr>
</tbody>
</table>
Public health cost and unique cost considerations in host community

• Nationally, tobacco use is responsible for:
  • At least $96 billion per year in direct medical costs and
  • An estimated $96.8 billion per year in lost productivity due to sickness and premature death

• If brief counseling and therapy (including over-the-counter cessation aids) were offered to all smokers, it could save $3 billion in medical care costs annually in the United States.

• Smoking cessation treatment for pregnant women is considered one of the most cost-saving preventive services. Clinical trials have shown that $7 is saved in healthcare costs for every $1 invested.

• Estimated Annual Medical Savings per smoker who quits amount to $192 in total, which includes consequences of conditions such as coronary heart disease/stroke, pneumonia, childhood asthma, and low-birthweight babies.

• Locally, assuming populations of 43,857 people in Windham county, and 36,659 in Bennington county, reaching just the “Reducing % adults who smoke cigarettes” metric to the “Healthy Vermonters 2020” goal in both counties, would mean 7% and 13% improvement from current metrics of Windham and Bennington counties respectively:
  \[ \text{Estimated} \quad $1.5 \text{ million savings annually} \]

= [(7% of 43,857 people) + (13% of 36,659 people)] \times $192
Community Perspective on Issue and Support for Project

**Interview:** Shelley Park, Tobacco Coordinator at the Deerfield Valley Community Partnership (DVCP)

- **Outcome:** Deerfield Valley Community Partnership was awarded $100,535 for alcohol and other drug prevention, tobacco control and to increase access to healthy food. Five Prevention Coalitions in Windham County together received a second year $130,000 Partnership for Success grant to reduce substance abuse through a targeted regional approach. The vision of DVCP is to ensure a healthy and safe community. One resource for smoking cessation is 802quits, a statewide endeavor by the VT Department of Health, to help people with smoking cessation. Patients may not be aware of this resource. The website, 802quits.org has recently added a “Provider” section, that hosts material specific to certain patient conditions. Medical and dental offices in the area have not yet incorporated this new addition into daily practices.

**Interview:** Kori DeLuca, Practice Manager at Deerfield Valley Health Center

- **Outcome:** Providers at the Deerfield Valley Health Center, routinely counsel patients on smoking cessation. However, the approach is up to the provider himself/herself. Having information available, and placed strategically in the waiting room and in exam rooms, may be useful in a number of ways. First, the patient may read the information prior to seeing the provider. The physician may then counsel the patient during their visit. Finally, it would be useful for the patient to be able to keep any the information, to review in further detail. They should also be given referral information, so that it is easy for them to get connected into a smoking cessation program.

**Interview:** Local Dental Assistant

- **Outcome:** Smoking also affects oral health. People who smoke are more likely to have gum disease, spend more in dental work, have teeth staining, lose teeth, and are at a higher risk to develop oral cancer. Interviewee is particularly passionate about smoking cessation, as she has seen loved ones being affected by diseases directly attributable to smoking.
Intervention and Methodology A

• Interventions depended on the type of healthcare the center provided; medical or dental.

• For the medical center, a systems-based approach was taken. This comprehensively included both patient and provider outlook:
  • Patient: A whole patient visit to the medical center was reviewed, in order to place resources suitable for different aspects of the visit. Interventions were tailored and targeted for each part of the visit, namely:
    • Waiting room
    • Exam room, nurse encounter
    • Exam room, physician encounter
    • Post-visit
  • Provider: For the system to be effective, it needed to be an intervention that also respects nurses’ and physicians’ individual approach and preferences, so that it is an intervention that is carried out in practice, with minimal time and energy expenditure.
    • Individual meetings were set up with nurses and providers, in order to gather ideas and opinions, and establish a system that works for patient and provider alike.

• For the dental centers: The dental offices were in the middle of a merging transition, and the details of the intervention itself depend on the final outcome of the transition. For this reason, a more generalized approach was taken:
  • Smoking cessation information was discussed over the phone,
  • Resources targeting oral health were researched online, and made available to the community tobacco coordinator, and dental offices liaison
  • Resources will be printed and made available at the dental offices once the merging is complete
Intervention and Methodology B: Details of the Intervention at the Medical Office

• Waiting room:
  • Smoking cessation resources (flyers) were placed in strategic places.
  • 802quits videos were set to occasionally play on the TV.

• Exam room, nurse encounter:
  • After getting patient’s vitals, if the latter is a smoker, the nurses now load the 802quits.org website on the exam room computer.
  • The patient can explore the website while they wait to be seen by the physician.

• Exam room, physician encounter:
  • The 802quits.org “Provider section” was helpful for both physicians. In particular, the targeted information sheets included:
    - Smoking – Need to Know
    - Smoking and Cardiovascular Health
    - Smokers and Diabetes
    - Smoking and Women
    - Smoking and Youth
    - Smoking and Reproductive Health
    - Smoking and Cancer
    - Smoking and Respiratory Diseases
    - Smoking and Brain Health
  
  By leveraging symptoms that patients experience, the harmful effects of smoking become more tangible to the patient, acting as an added motivator to quit smoking.
  • One physician prefers to have a hyperlink set up in his browser’s “favorites.” This enables him to quickly access specific information while counseling the patient in the exam room. He then prints it out and hands it to the patient for them to keep.
  • Another physician prefers to have folders organized into tabs for each condition, set up in the exam room. The handouts were printed and placed in the folders, so that the physician can simply hand out the information sheet whenever appropriate.

• Post-visit:
  • By giving out the handout during the visit, the patient is able to refer back to it. This serves as a reminder for them to quit, and also provides the contact information to enable patients to take the first step.
Results/Response of Interventions at the Medical Office

• Waiting room intervention
  • Patients report reading about 802quits in the waiting room, and are ready to discuss smoking cessation during the visit.
  • One patient had already noted down the referral information, prior to the actual counseling.

• Exam room, nurse encounter
  • Patients report better awareness of the resources available to them.
  • One patient learned that she was able to get free gums, patches and lozenges through 802quits.
  • By becoming acclimated to the organization, there was less hesitation to contact them after the visit.

• Exam room, physician encounter
  • Physicians find the process of providing information easy and efficient.
  • The resources drive home salient points. For example, a tool on 802quits.org calculates the money spent on smoking, based on duration of smoking habits, amount smoked per day, and price of a pack of cigarettes. Showing patients the tens of thousands of dollars wasted on cigarettes, makes just one valid reason to quit smoking.

• Post-visit
  • Patients now have easy access to quitting resource, as well as chat and talk lines.

* Quantitative data is not available since interventions require long-term follow-up to evaluate effectiveness
Evaluation of effectiveness and limitations

- This project focuses on interventions to help patients quit smoking, as well as providing resources that helps them in their journey.

- Patients were routinely asked two questions to evaluate effectiveness of the medical center interventions:
  - “Had you heard about 802quits prior to today?” and
  - “Do you think you might find this useful?”

  This simple questionnaire yielded encouraging responses regarding this project. However, long-term quantitative data, including patient awareness of 802quits, effectiveness of the intervention, quit rate success, and long-term follow-up need to be collected in order to ascertain effectiveness. This can be done via surveys.

- Clearly, time is a considerable limiting factor. Even if patients found the resource valuable, 5 weeks is insufficient time to determine whether a quitting attempt has been successful or not.

- This intervention may be low “number-yield,” in the sense that many patients may learn about 802quits, but still not be able to quit. However, it is a high “reward-yield,” in the sense that every patient who successfully quits, benefits greatly from their choice. Moreover, as seen previously, each successful patient, helps reduce medical cost, and brings us closer to reaching the Healthy Vermonters 2020 goals.

- This project relies on continual effort on the part of the healthcare team. It’s effectiveness depends on conscious decisions from each member of the healthcare team, to address smoking cessation as an issue.

- Effectiveness also hinges on the usefulness of 802quits. This is a reputable resource, officially from the VT Department of Health, however, smoking is a tough addiction to beat. Patients report trying to quit 8 to 11 times before quitting permanently. Every intervention brings the patients closer to quitting.

- Regarding the dental offices, the unfortunate timing was a limiting factor. However, everything is in place such that it can be incorporated into the practice once it is appropriate.
Recommendations for future interventions/projects

• A more customized, focused intervention can be set up at the dental clinics, once they are set up.

• This site can be set up as a pilot site. The current amount patients who are smokers can be recorded. After this intervention is incorporated into the practice, surveys can be set up to assess effectiveness. Annual follow up with patients can be set up to check how many continue to smoke. This site can then be compared to other similar sites, to evaluate the effectiveness of the intervention. If it is deemed valuable, other sites can incorporate this intervention into their practice. Such a project would be feasible, since the Deerfield Valley Health Center is part of the Southwestern Vermont Medical Center network. Therefore, there are similar sites, using similar systems than might benefit from this project. Moreover, in this health center, an employee is trained in assessing Quality Metrics, and is able to perform statistical and data analysis on the patient population.

• There is increased prevalence of e-cigarette use. Future projects might focus on educating on their unproven track record, the limited scientific data available, and their ineffectiveness when used as a smoking cessation device.

• In a similar vein, with recent talks about legalizing marijuana, there is a danger that marijuana is incorrectly regarded as a completely harmless substance. Concrete medical information on pros and cons of marijuana use should be made available to patients. It is important for scientific information to supersede any other information, that may be intended for financial gain. Focusing on this could prevent another substance abuse epidemic, and might be considered for a future project.
References


Appendix: Sample of 802quits Waiting Room Flyer, Brochure and Poster
Appendix: Targeted Resources from 802quits: “Need to Know”
Appendix: Targeted Resources from 802quits: “Smoking and Cardiovascular Disease”
SMOKING AND DIABETES

WHAT YOU NEED TO KNOW ABOUT SMOKING AND DIABETES

The 802quits program has found that smoking is a cause of Type 2 Diabetes, which is known to worsen diabetes. Smokers have a greater risk of developing your diabetes but are also more likely to die from it. The risk of developing diabetes increases with the number of cigarettes smoked daily.

Diabetes is a chronic disease that results from high blood sugar levels. It is a serious health condition that can affect your heart, blood vessels, and eyes. Staying healthy and losing weight can help improve your blood sugar levels. It is also a good idea to quit smoking to reduce your risk of developing diabetes.

HOW SMOKING AFFECTS TYPE 2 DIABETES

Smoking can worsen the symptoms of diabetes, making it more difficult to control. Smoking decreases the amount of oxygen in the blood, which can lead to higher levels of blood glucose. Quitting smoking can help you manage your diabetes better.

SMOKING MEANS LESS TO PEOPLE WITH DIABETES

Smoking can increase the risk of developing diabetes. If you are a smoker, you are more likely to develop diabetes than someone who is not. The risk is even higher for people with Type 2 diabetes.

Resources for quitting smoking:

- National Quitline: 1-800-QUIT-NOW
- American Diabetes Association: www.diabetes.org
- Centers for Disease Control and Prevention: www.cdc.gov

RESOURCES FOR DIABETES:

- American Diabetes Association: www.diabetes.org
- Centers for Disease Control and Prevention: www.cdc.gov

RESOURCES FOR QUITTING:

- National Quitline: 1-800-QUIT-NOW
- American Diabetes Association: www.diabetes.org
- Centers for Disease Control and Prevention: www.cdc.gov
Appendix: Targeted Resources from 802quits: “Women and Smoking”
Appendix: Targeted Resources from 802quits: “Smoking and Youth”
Appendix: Targeted Resources from 802quits: “Smoking and Cancer”
Appendix: Targeted Resources from 802quits: “Smoking and Respiratory Diseases”
Appendix: Targeted Resources from 802quits: “Tobacco and Brain Health”
Appendix: Targeted Resources from 802quits: “Oral Health and Tobacco”