Cigarette Smoking Cessation Tool

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Recommended Citation
Anant, Pavan K., "Cigarette Smoking Cessation Tool" (2024). Family Medicine Clerkship Student Projects. 953.
https://scholarworks.uvm.edu/fmclerk/953

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Cigarette Smoking Cessation Tool

Host clinic: Berlin VT Family Medicine (CVMC)
Student Name: Pavan Anant
Rotation: Family Medicine December 2023
Mentors: Dr. Lopez, Samara Coble
Problem Identification

- This tool addresses both current health issues (tobacco use disorder) and medical practice transformation.
- During my time at CVMC, approximately 1 in 4 clinic patients had some level of tobacco use. Although patients visit the family medicine for a number of issues (annual wellness, subacute problems, medication management), addressing cigarette smoking is rarely fleshed out. Partially, this is due limited face-time with providers during high volume clinics.
- I also noticed that there were no tobacco cessation pamphlets in the waiting room, further demonstrating a need for an informative modality for patients.
Public Health cost and unique considerations

- Vermont received $96.4 million (estimated) in revenue from tobacco settlement payments and taxes in fiscal year 2021.\(^2\)
- Of this, the state allocated $2.7 million in state funds to tobacco prevention in fiscal year 2021, 32% of the Centers for Disease Control and Prevention’s annual spending target.\(^2\)
- Smoking-caused health care costs: $348 million per year.\(^2\)
- Smoking-caused losses in productivity: $232.8 million per year.\(^3\)
Community Perspective and Support

Per Samara Coble, a case manager at CVMC, providers are typically expected to have conversations with patients regarding tobacco cessation tools and resources, however, this does not always happen. She notes that while there are resources in the office to connect patients with the help they need, this connection is not always made. ‘An ease-of-access tool in the waiting area would be very helpful.’ She notes since my tool is anonymous, it may be challenging to interpret data, since it is not tied to each patient specifically. Nonetheless, she thinks this will be a helpful tool for patients and staff.

-Per Dr. Lopez, family medicine physician at CVMC, if patients can be connected with appropriate resources without significant oversight from providers, this would help to streamline patient visits and allow them to access help outside of the hospital.
Intervention and Methodology

- In an attempt to connect appropriate patients with adequate use disorder resources, as well as to motivation and understanding, a survey based tool was developed that utilizes mobile devices for ease of data collection and participant access.
- A QR code was posted in waiting areas so patients waiting for appointments can answer several questions. The questions aim to capture basic demographic information, smoking history, burden of disease, and motivation for potential cessation.
- The survey also links patients to local resources.
- Lastly, clinic counselors and providers can access the tool to gather data that may help prioritize conversations for future patients.
Results/Response data

- The attached survey collects the following information
  - Demographic information
  - Level of education
  - Relative family structure
  - Tobacco/smoking history
  - Perception of the role of physicians in the cessation process
  - Links to further the conversation of smoking prevention/quit smoking

- Correlations can be easily drawn between the amount of cigarette smoking, level of preferred provider oversight, and patients’ level of education/socioeconomic status.

- This can help provide the clinic with metrics to identify patients who may need/want help
Evaluation of Effectiveness and Limitations

- Although the tool has not been live for an adequate amount of time, the tool's effectiveness stems from the fluidity of the survey. Providers can easily fetch data, update survey questions, and distribute QR codes to other clinics or environments. Data collection is also paperless, therefore making this a powerful approach to gathering large amounts of information. A similar concept can be adopted for other use disorders or lifestyle queries (diabetes/diet).
- Because this an electronic tool, a technologic barrier does exist. Patients who do not have smartphones or are not privy to technology may have difficulty answering questions. However, paper forms can theoretically be distributed.
Recommendations for future interventions/projects

- As stated previously, future projects can include an exploration into diet, lifestyle, and other forms of use disorders (alcohol, opioid).

- Based on results from this tool, secondary endeavors can be tailored to survey results. For example, if an overwhelming amount of patients want smoking cessation to be prioritized by providers, a follow up project can address how effective these conversations are at curbing smoking. IE: how many patients who directly discuss their smoking at wellness visits actually eventually quit smoking.
References

1. https://truthinitiative.org/research-resources/smoking-region/tobacco-use-vermont-2021
