Development and Implementation of a Tobacco Registry in a Primary Care Practice

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Background

- Clinical guidelines for tobacco use treatment continue to be underutilized
- UNC previously implemented three tobacco use VS’s in EHR, increasing counseling rates
- Support tools inserted into clinician workflow can improve guideline implementation by >75%
- UNC Family Medicine Center (FMC) has used chronic disease registries to improve outcomes for patients w/ diabetes, CHF and CAD
- Summer 2011– FMC Clinical Systems Improvement (CSI) prepared for Primary Care Medical Home (PCMH) Level 3 recognition
  - Decision to include tobacco use as behavior-related condition for patient self-management
  - Develop and implement a tobacco use registry as reminder, guide, and record of treatment and self-management goals

PCMH Goal

- Show >50% of tobacco using patients visiting FMC during Nov-Jan with documented self-management plan for addressing tobacco use
- Plan to include
  1) at least one self-management goal
  2) provision of self-care tool
  3) educational resources and referral
- Resources offered
  - Counseling
  - Medication
  - Referral to on-site Nicotine Dependence Program
  - Fax referral to NC Quitline.

Method

Registry development
- Physicians and tobacco treatment specialist created initial draft with three sections:
  - Patient history
  - Instructions for staff
  - Instructions for clinicians
- Back page listed counseling strategies and mediation protocols for clinicians—later replaced by laminated cards in exam rooms
- Capturing all tobacco users
- All patients who at last visit had “Current tobacco use” in vital sign
- Draft registry piloted by subset of clinicians
- Feedback included in revised form
- Tobacco registry team guiding development and implementation

Registry implementation
- Training: Presentation at all practice meetings, team meetings, provider and staff meetings
- List of patients with next day appointments flagged for various registries and forms printed
- Staff enter data from day’s completed forms
- Registry automatically updated for next visit

Initial Results

Nov 2011 – Feb 2012
- # FMC pt visits 14398
- # Visits-current smoker 1895
- # Unique pts-current smoker 927
- # Registry documented visits 622
- # Counseling offered (per registry) 358

Audit for PCMH Level 3
24 patients with tobacco-related condition (12 tobacco only, 12 high-risk)
- Provided self management (SM) tools
- Documentation of SM abilities
- Provided educational resources to assist SM
- Developed & documented SM plan
- Counseled on healthy behavior

Fax Referrals sent to NC Quitline from UNC Family Medicine Center Jan 2011-Jan 2012
- 72 referrals

Next Steps

- Use the tobacco registry to dramatically improve individual provider and practice quality improvement for tobacco using patients
- Examine costs vs benefits of tobacco registry
- Disseminate tobacco registries to other primary care practices across U.S.
- Investigate utility of tobacco disease registry for enrolling tobacco users for research studies

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