Lessons Learned From Three Years of a Cancer Hospital Tobacco Use Treatment Program

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Tobacco Use Treatment for Patients with Cancer
- Cancer diagnosis presents a unique opportunity for intervention
- Many patients are highly motivated
- Less than one-third of NCI designated cancer centers offering onsite tobacco use treatment
- Quitting tobacco use after a cancer diagnosis associated with improved outcomes
- Improves chances for treatment efficacy and long-term survival and quality of life
- Reduces treatment complications and risk of recurrence and/or secondary tumors
- Cancer patients need support to quit
- Many cancer patients not able to quit on their own
- Counseling and medication important for success

North Carolina Cancer Hospital Nicotine Dependence Program
- Began in 2009 in one clinic, now serves all Cancer Hospital clinics
- Based in Department of Family Medicine, housed onsite in Department of Radiation Oncology
- 1 FTE Tobacco Treatment Specialist
- Pharmacist and psychiatrist available for consults
- Referrals made via electronic medical record system or direct contact with treatment specialist
- Patients receive comprehensive initial assessment, treatment plan including medication recommendations, and regular face-to-face or telephone follow-up
- Patients’ family members may participate but cannot access pharmacotherapy through NDP
- No charge for working with NDP, but patients are responsible for cost of medication

Outcomes: Participant Quit Rates*

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Eligible Participants¹</th>
<th>% Tobacco-Free (among all participants)</th>
<th>% Reduced Daily Smoking (50% from baseline)</th>
<th>% Active Tobacco Use (Confirmed)</th>
<th>% Lost to Follow-up (Assume Continued Tobacco Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Month</td>
<td>209</td>
<td>34.9% (73)</td>
<td>21.1% (44)</td>
<td>47.4% (59)</td>
<td>17.7% (37)</td>
</tr>
<tr>
<td>Three Months</td>
<td>195</td>
<td>31.8% (62)</td>
<td>11.3% (22)</td>
<td>27.2% (53)</td>
<td>41.0% (80)</td>
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<tr>
<td>Six Months</td>
<td>174</td>
<td>25.3% (44)</td>
<td>4.6% (8)</td>
<td>12.1% (21)</td>
<td>62.6% (109)</td>
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<tr>
<td>Twelve Months</td>
<td>133</td>
<td>13.5% (14)</td>
<td>3.0% (4)</td>
<td>8.3% (11)</td>
<td>78.2% (104)</td>
</tr>
</tbody>
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Provider Participation and Satisfaction
- Referrals made by more than 120 providers
- Provider satisfaction survey in late 2010 indicated high satisfaction with NDP Program

Referrals and Participants

Provider Ratings of NDP Program

Future Directions
- Develop collaborative, interdisciplinary research program
- Seek funding to pilot family based tobacco use treatment program
- Focus on key program improvements: improving access to pharmacotherapy and working towards full integration as standard of cancer care

Building a Program – Key Challenges
- Achieving full integration into a complex system as an outside entity
- Reaching busy providers and patients through traditional promotion
- Coordinating patients without dedicated clinic space and full scheduling rights
- Overcoming inconsistent messages from providers about importance of tobacco cessation
- Easily accessing cessation medications for all patients and extending medication to family members
- Balancing improvement, promotion, and growth with capacity of 1 FTE staff

Building a Program – Key Facilitators
- Garnering support from key leaders across multiple departments to facilitate systems level changes
- Building strong relationships with physician champions and non-physician staff to promote program to patients and other providers
- Developing and promoting user friendly referral systems
- Improving integration as part of quality improvement effort and
- Accessing space in new Cancer Hospital building
- Forming prescribing collaborations with pharmacists and physicians
- Accessing supervision for tobacco use treatment specialists

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