

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
 - at least one self-management goal
 - provision of self-care tool
 - educational resources and referral
- Resources offered
 - Counseling
 - Medication
 - Referral to on-site Nicotine Dependence Program
 - Fax referral to NC Quitline.

The UNC NDP Program has received an unrestricted educational grant from Pfizer to support tobacco cessation in inpatient settings.

Method

Registry development

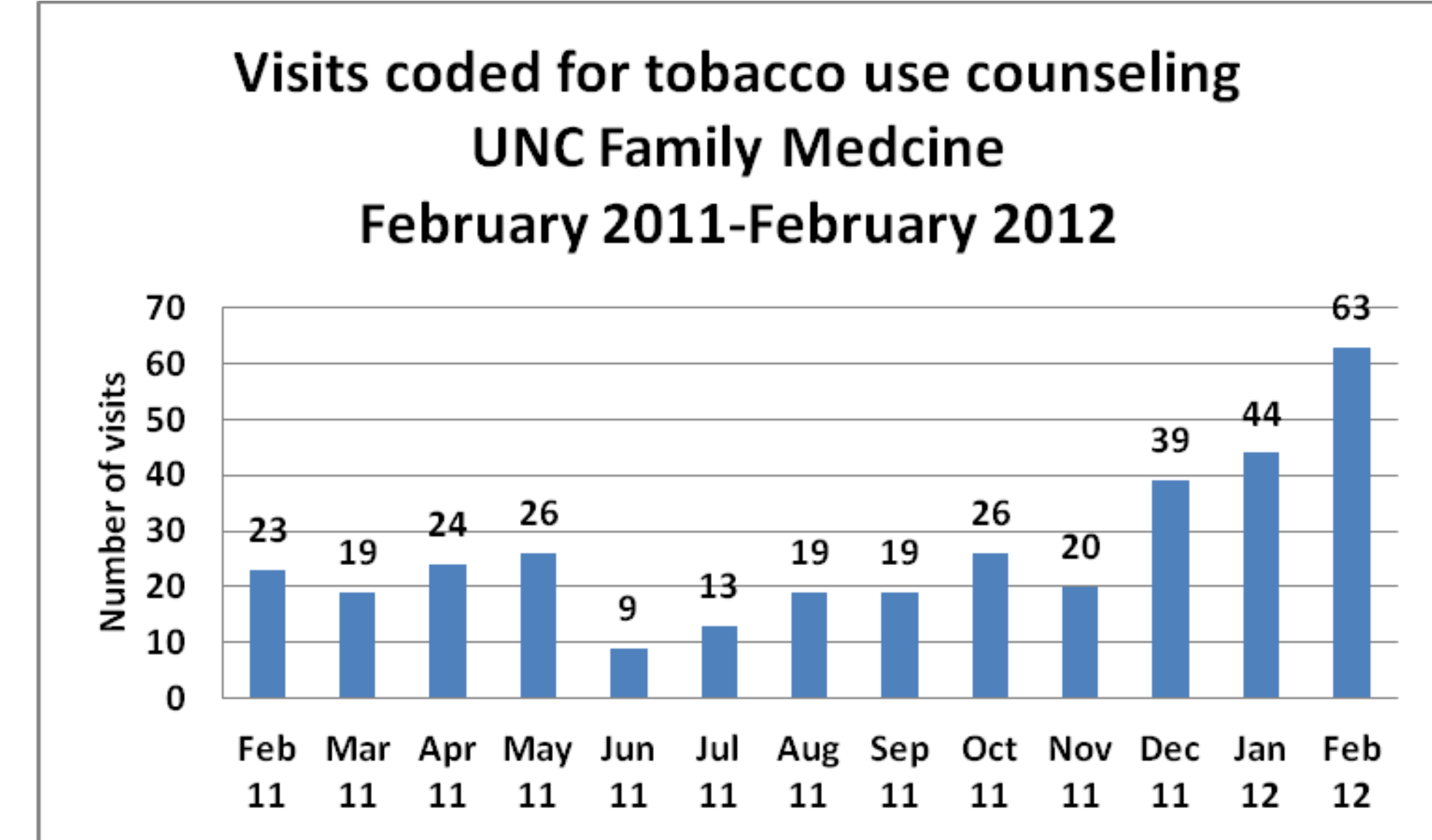
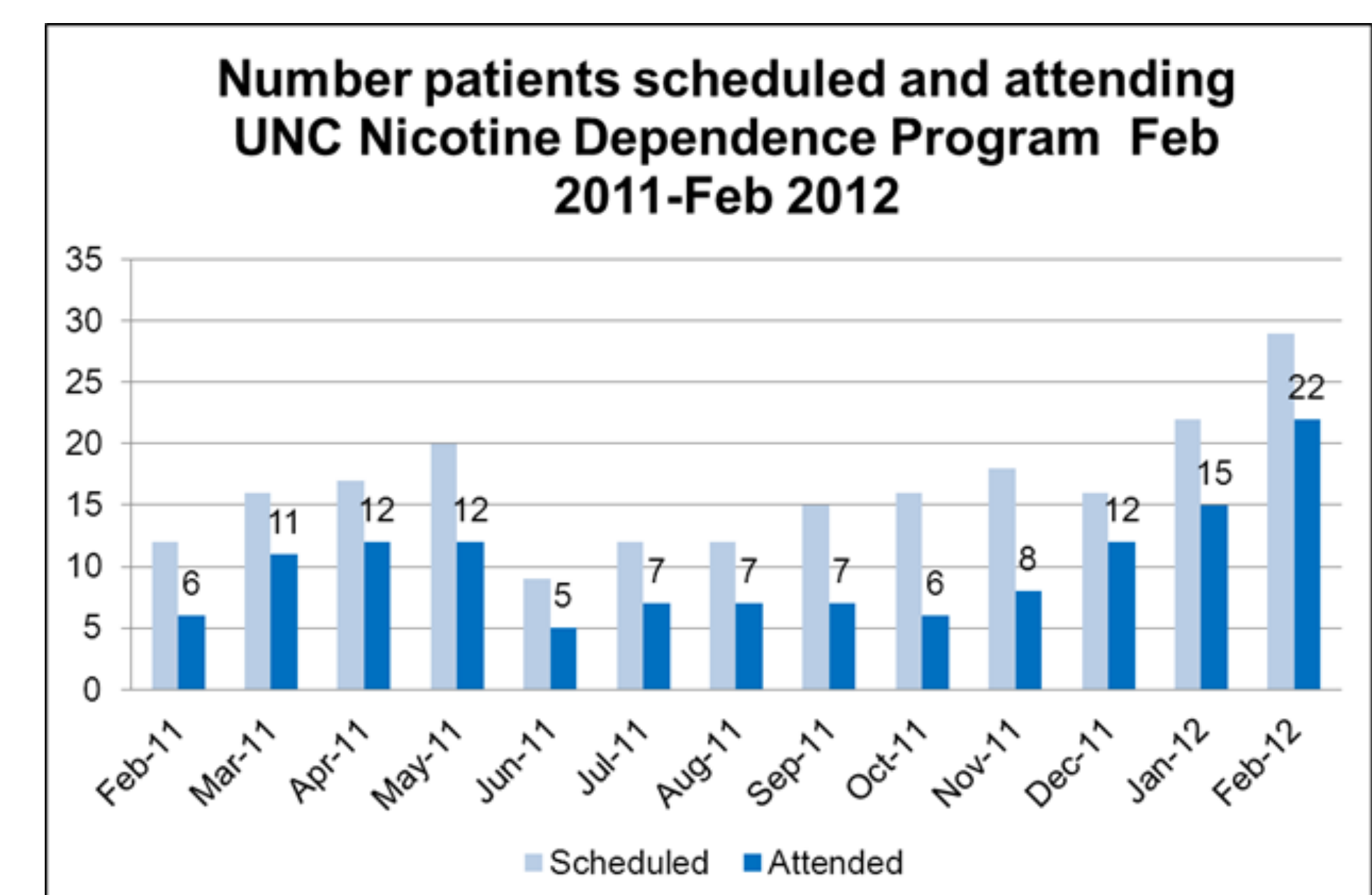
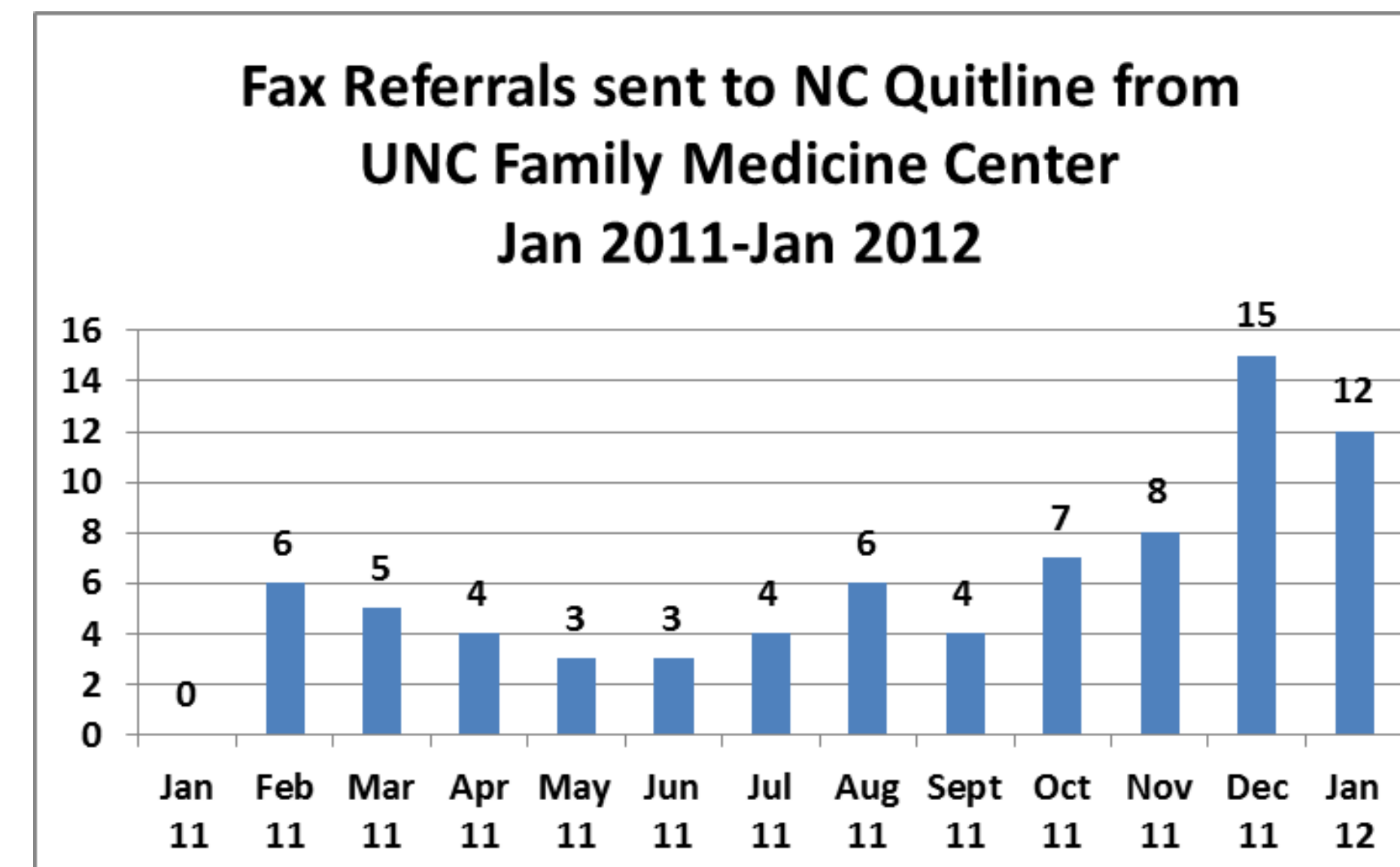
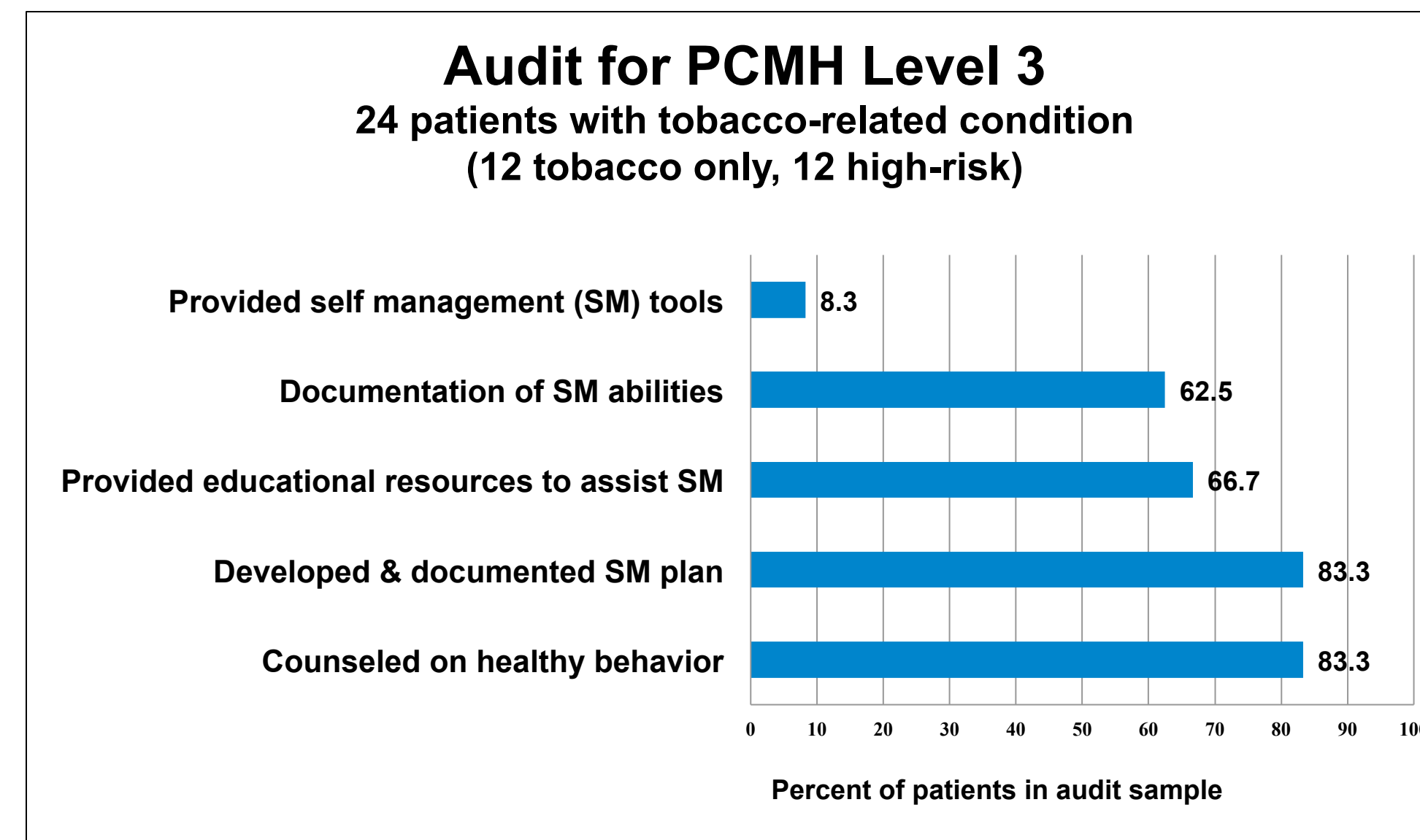
- Physicians and tobacco treatment specialist created initial draft with three sections:
 - Patient history
 - Instructions for staff
 - Instructions for clinicians
- Back page listed counseling strategies and mediation protocols for clinicians-later replaced by laminated cards in exam rooms
- Capturing 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



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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