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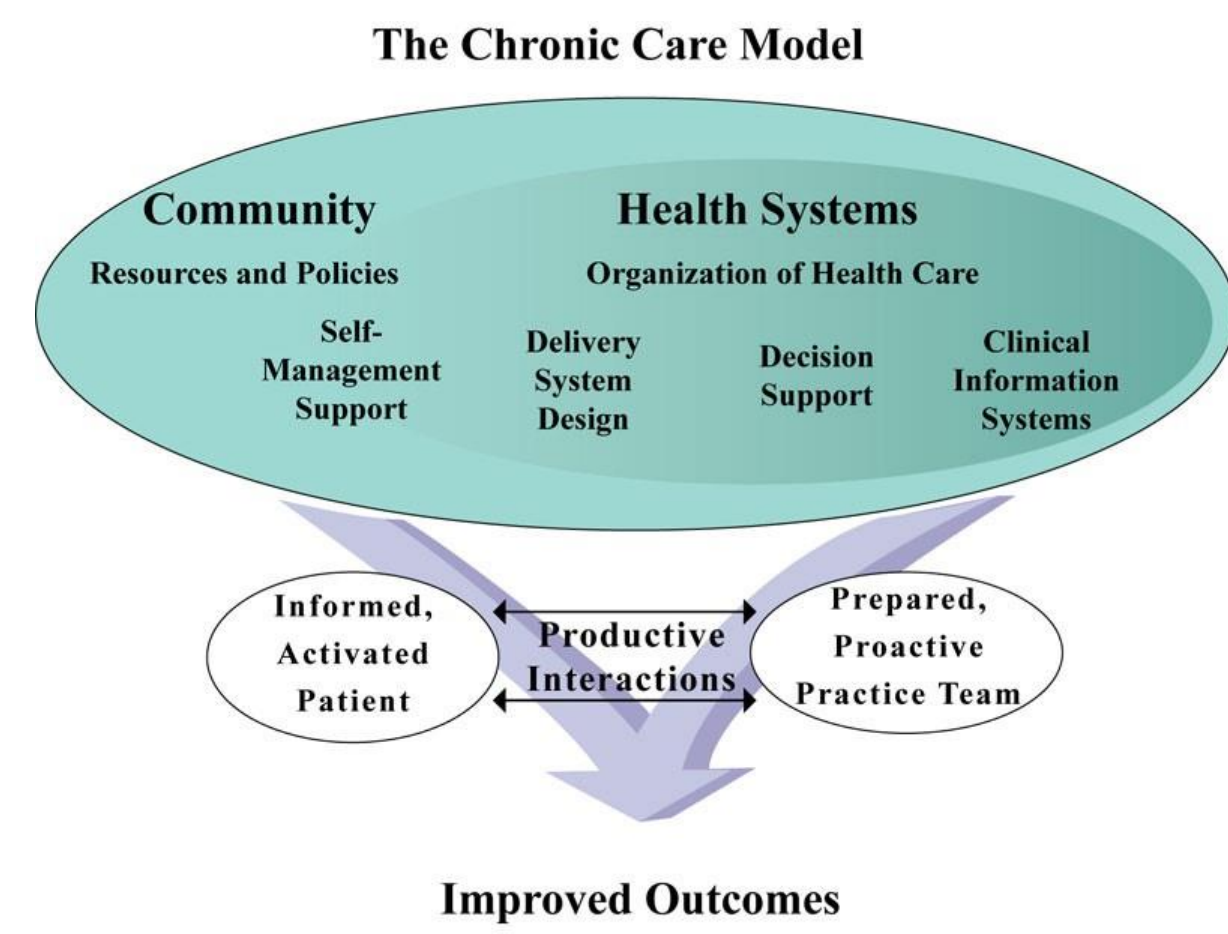
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## Background

- Adherence to clinical practice guidelines for treating tobacco use can improve patient care and quit rates, yet
  - Tobacco cessation counseling offered to patients who use tobacco in only 20.9% of physician office visits;
  - Cessation medication ordered in only 7.6% of visits<sup>1</sup>
- Adoption of a tobacco registry/decision support tool at UNC Family Medicine Center resulted in significant increases in medication orders & tobacco treatment referrals
- Could a similar decision support tool increase evidence-based tobacco use treatment in a non-academic setting?

## Approach

Chronic Care Model guided intervention and tool design



Informed, activated patient + prepared, proactive team = high-quality care, satisfying encounters, & improved outcomes<sup>2</sup>

- Engaged UNC Physicians Network to identify a clinic among 36 community practices

- Rex/UNC Family Practice of Panther Creek in Cary, NC
- 2 MDs, 2 LPNs, 2 front desk staff, & office manager
- 3,300 annual visits
- Avg. 26 patients/mo. who smoke/use tobacco

- Low touch, minimally-disruptive intervention:

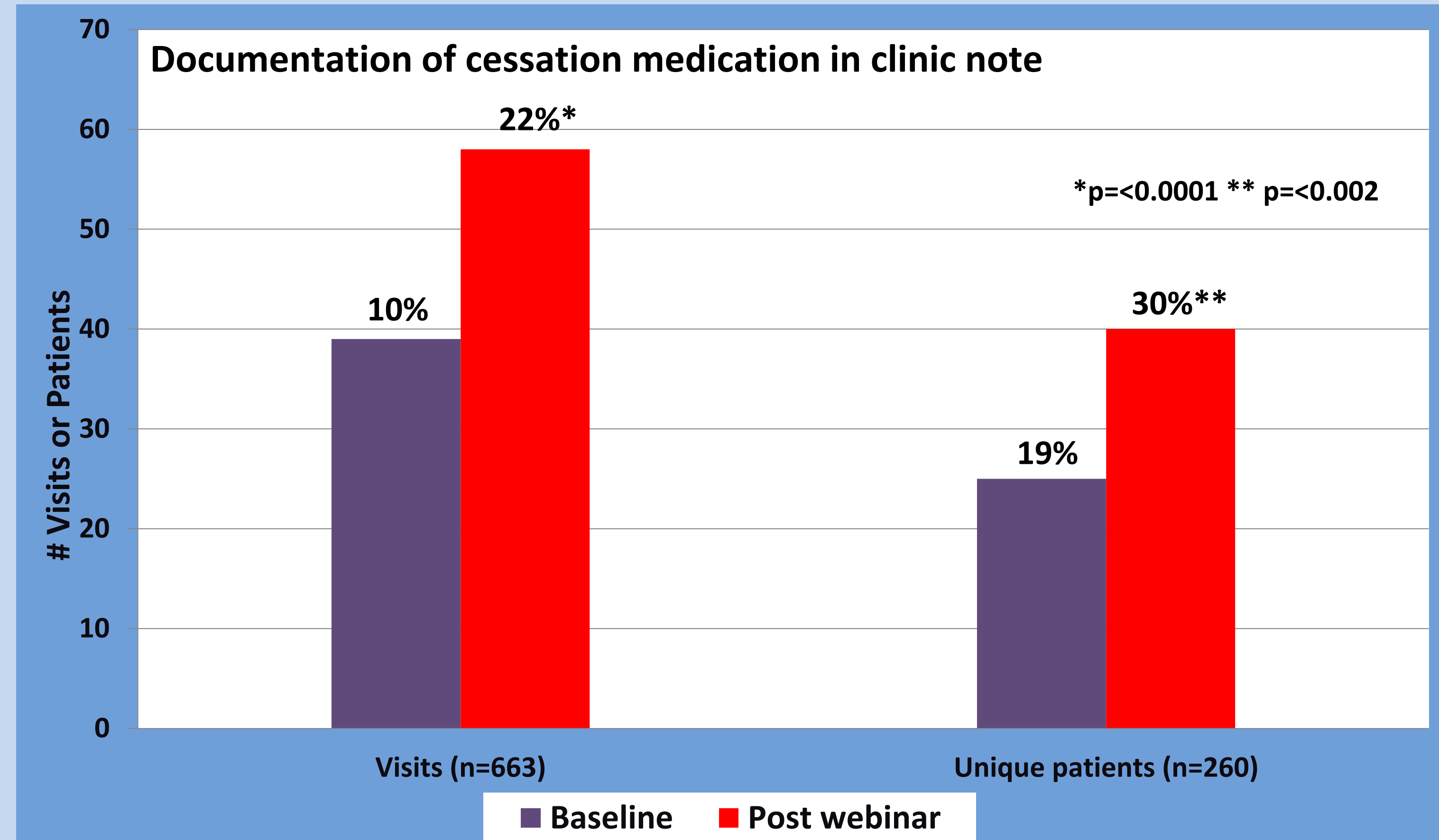
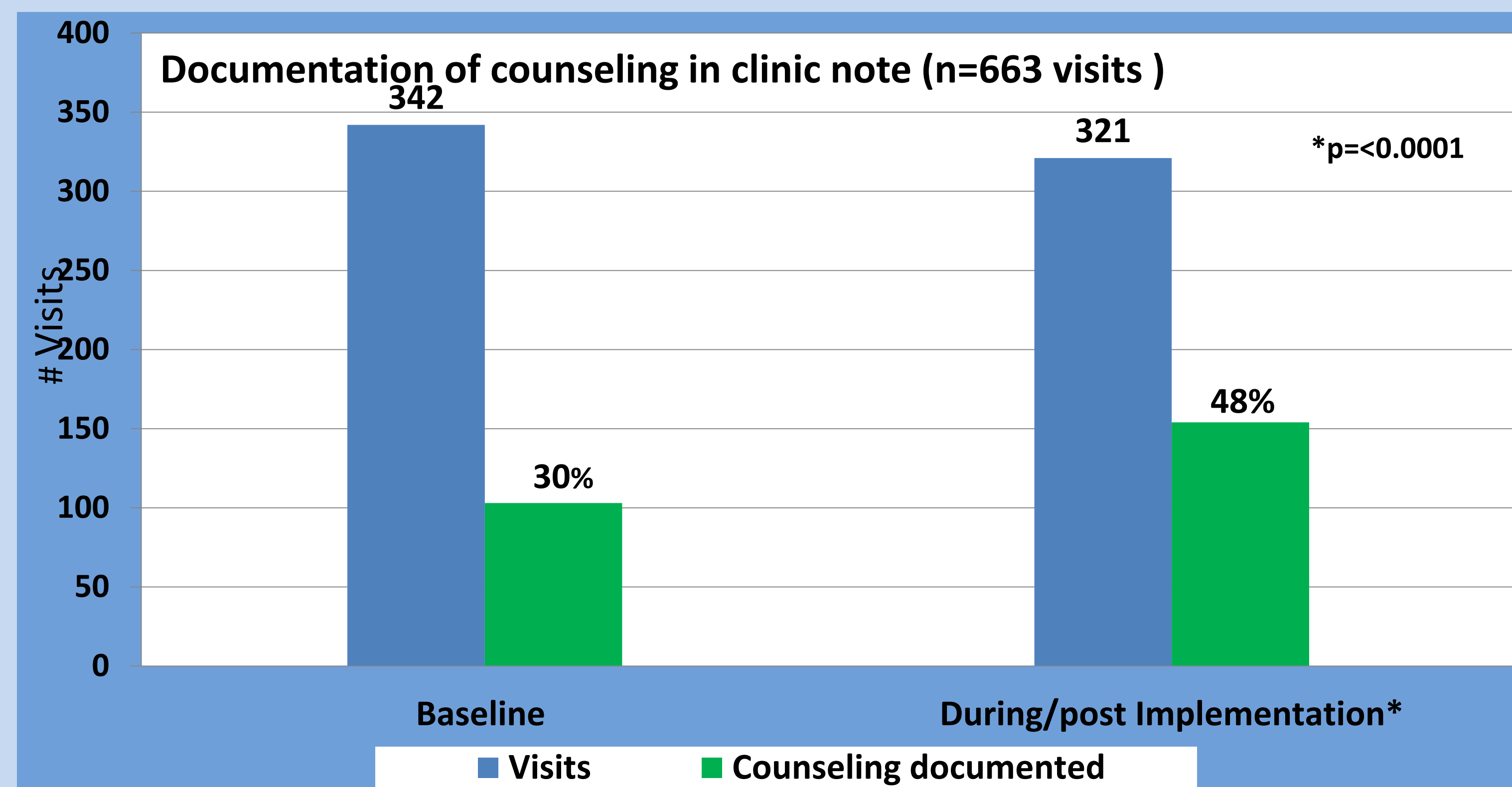
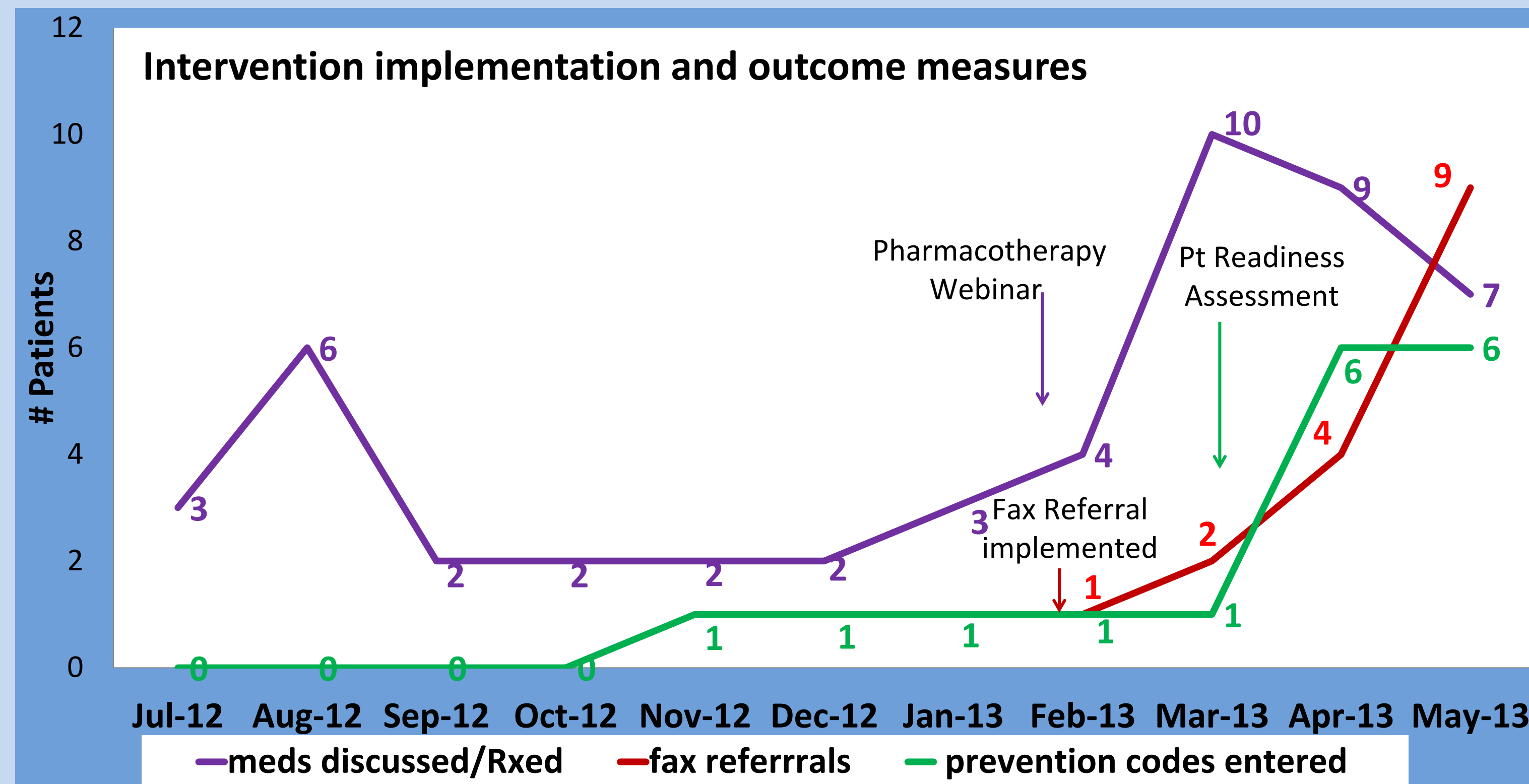
- Needs assessment
  - Readiness to Implement assessment
  - Individual online surveys: attitudes, knowledge, and practice
  - Group interview: current approach, barriers, potential strategies

- Six "lunch and learn" meetings with entire clinic staff

Jan	Feb	Mar	Apr	Jun	Aug
Group interview	Flow chart feedback & QL referral	Motivational Interviewing	Pharmacotherapy case studies	Immunizations & AAA screening	Follow-up group interview

- Pharmacotherapy webinar for physicians across NC
- Designed and/or implemented tools to
  - Clarify roles/clinic flow using quality improvement approach to develop feasible standard processes
  - Assess patient readiness to talk with provider about tobacco use
  - Assist patients with self-management support tool
  - Refer patients to NC Quitline

## Results – Patient Visit Measures



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## Tools Developed

## Results – Process Measures & Feedback

- Patient Readiness Assessments completed at about half of visits
  - Assessments increased provider confidence in offering, documenting, and billing for counseling
- Follow-up staff interviews
  - Provider attitude shift about value of cessation meds
    - I actually used to feel that [telling patients to use the patch, the gum, or the lozenge] was kind of a copout. I didn't think it had a very high quit rate. But knowing now that it actually is the best way with therapy, it doesn't feel like I'm being lazy in getting them to quit.
    - Change in content of provider-patient discussions
    - Desire for shorter, more staff specific training sessions
- Office manager champion for disseminating to other practices

## Limitations

- EHR data not structured for research
  - Referral and SMS documentation functionality built, but not ultimately of high value for implementation
- Impact of EPIC transformation
  - Resources for changing current Allscripts application limited, but hope to use for input with EPIC

## Conclusions

- As US health care systems create new networks of providers, results of this low touch pragmatic intervention (e.g., increased documented counseling 60% & cessation medication 120%) demonstrate potential for improvements in the delivery of evidence-based care for patients who use tobacco.
- This intervention aligns with the practice networks' enhanced quality improvement (e.g. Meaningful Use & Patient Centered Medical Home), a WIN-WIN-WIN for networks, providers, & patients

## Next Steps

- Adding the patient voice to the intervention design via creation of practice advisory panels

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