

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

McCullough A, Patsakham K, Goldstein AO
 Department of Family Medicine, University of North Carolina, Chapel Hill, NC

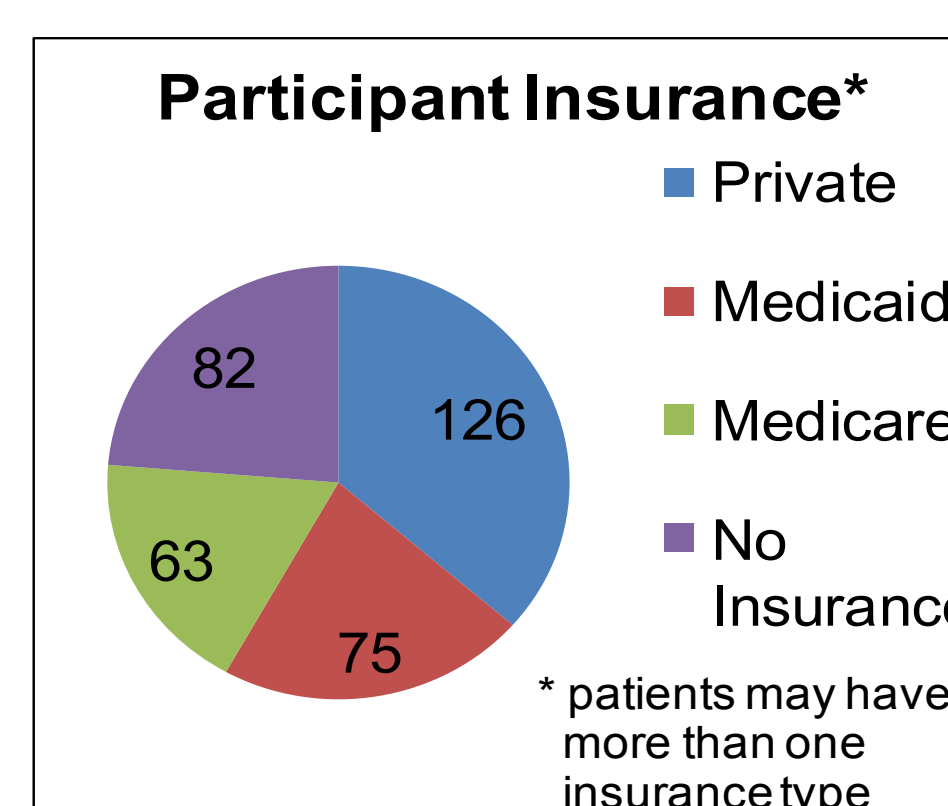
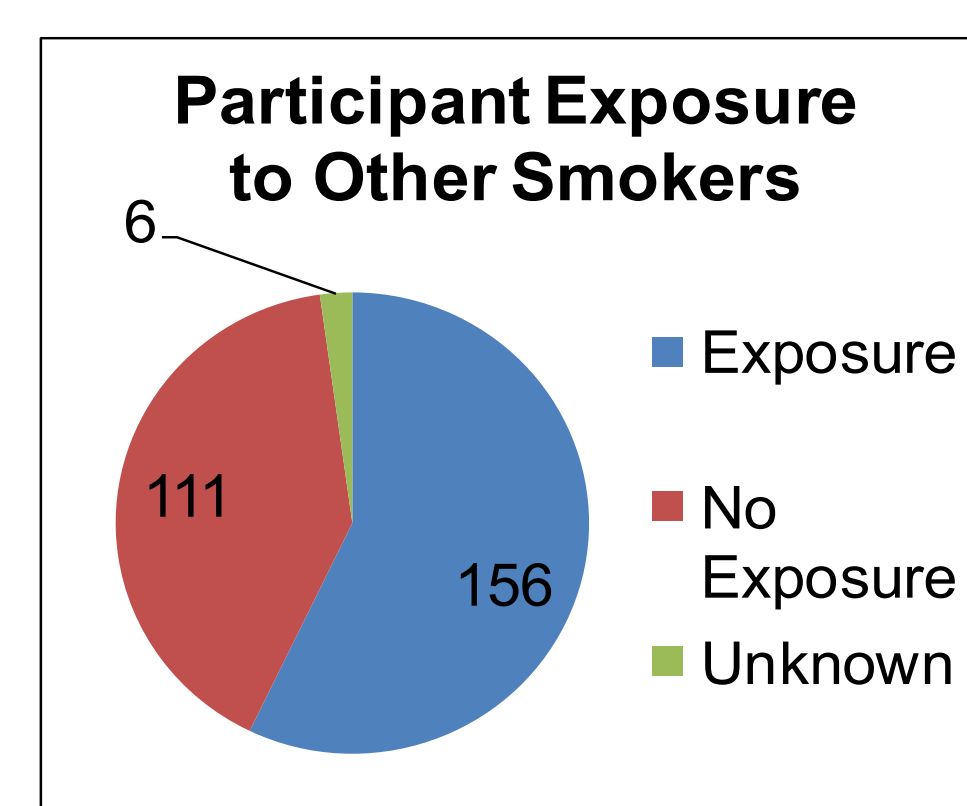
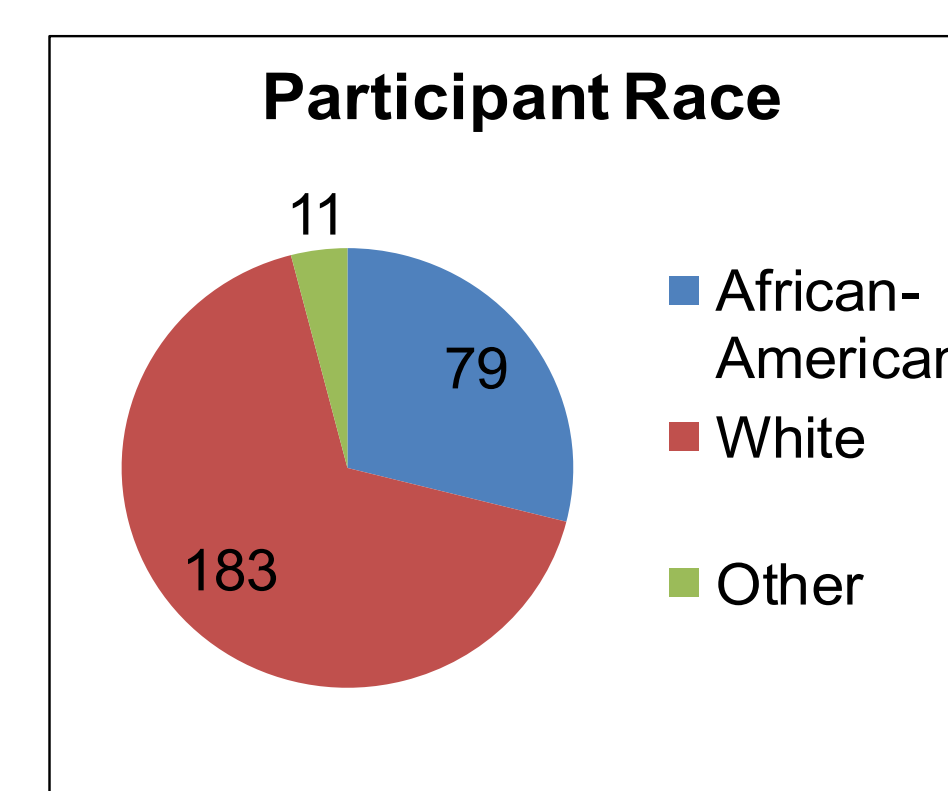
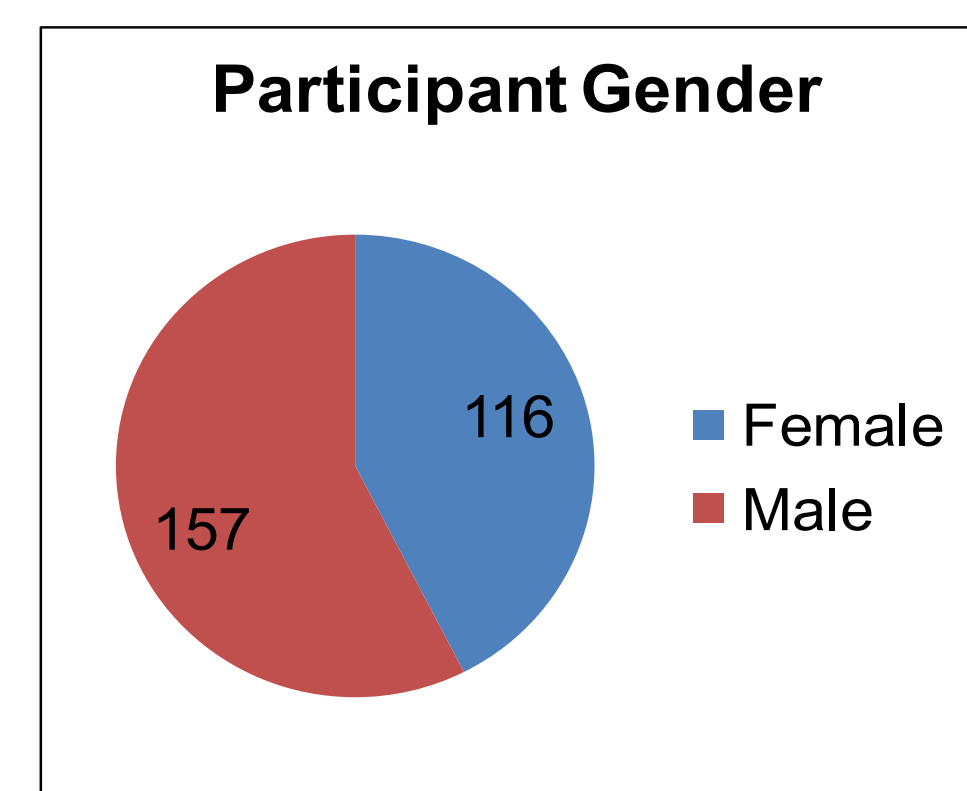
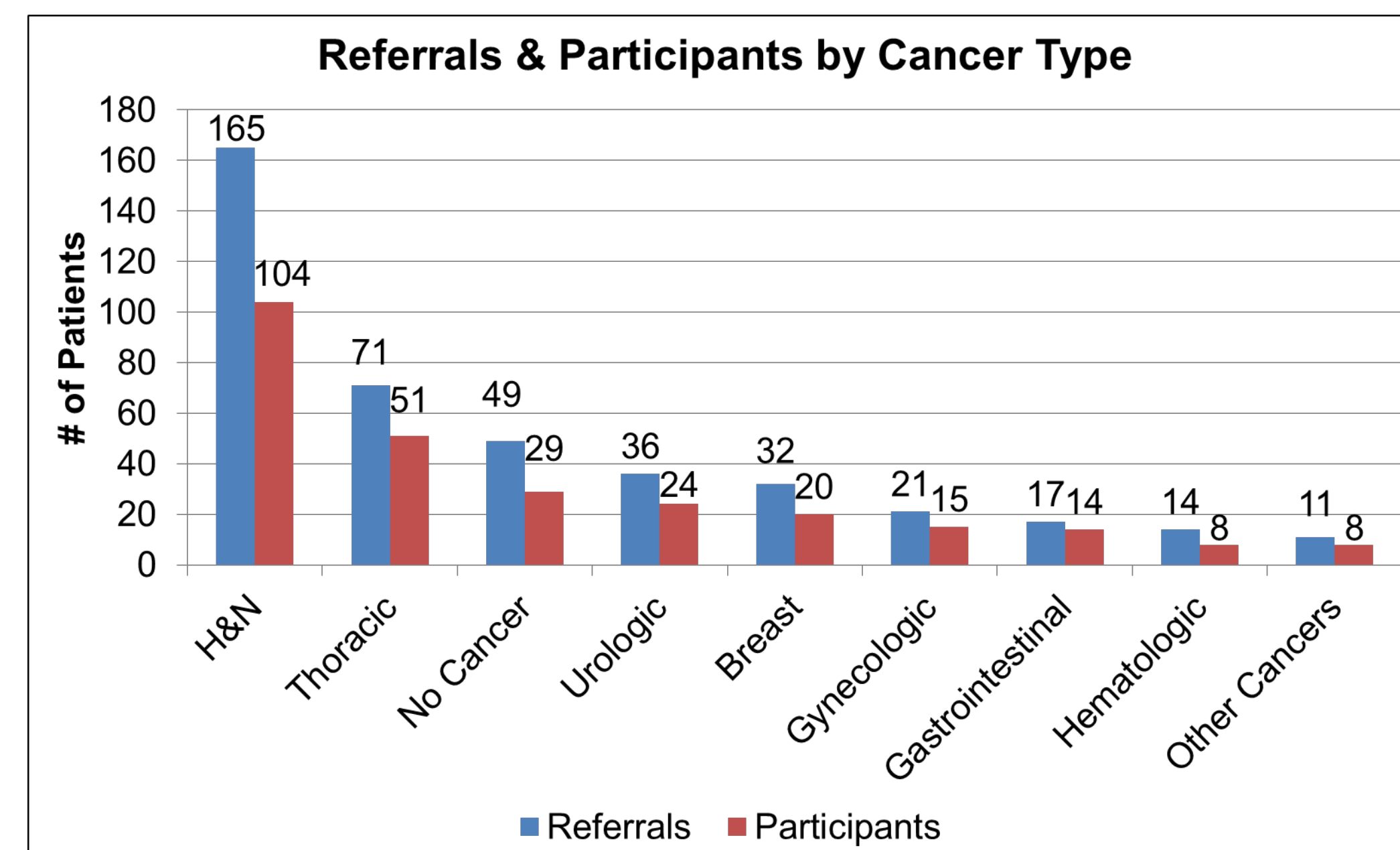
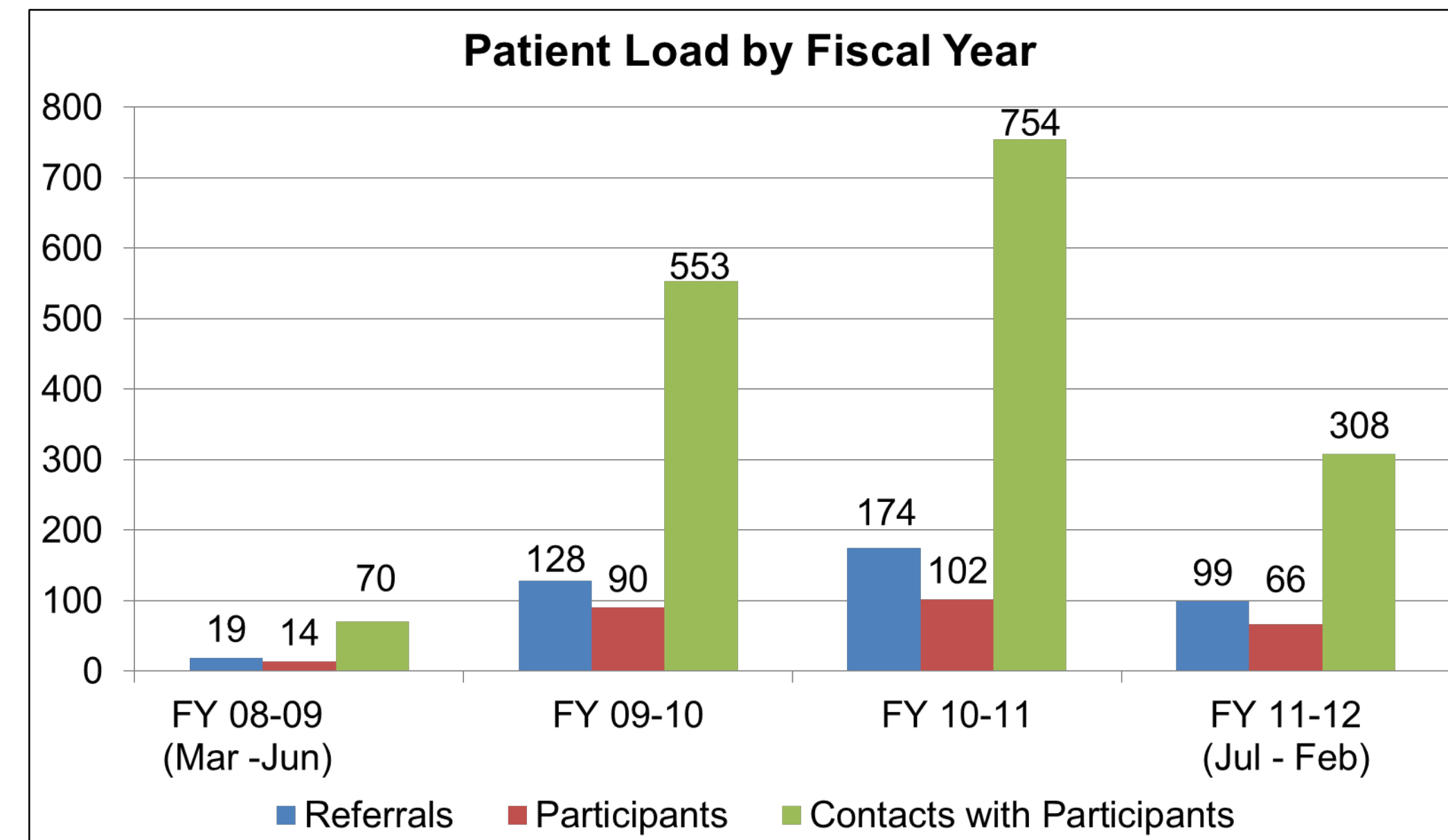
Tobacco Use Treatment for Patients with Cancer

- 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
 - Counselling 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

Referrals and Participants



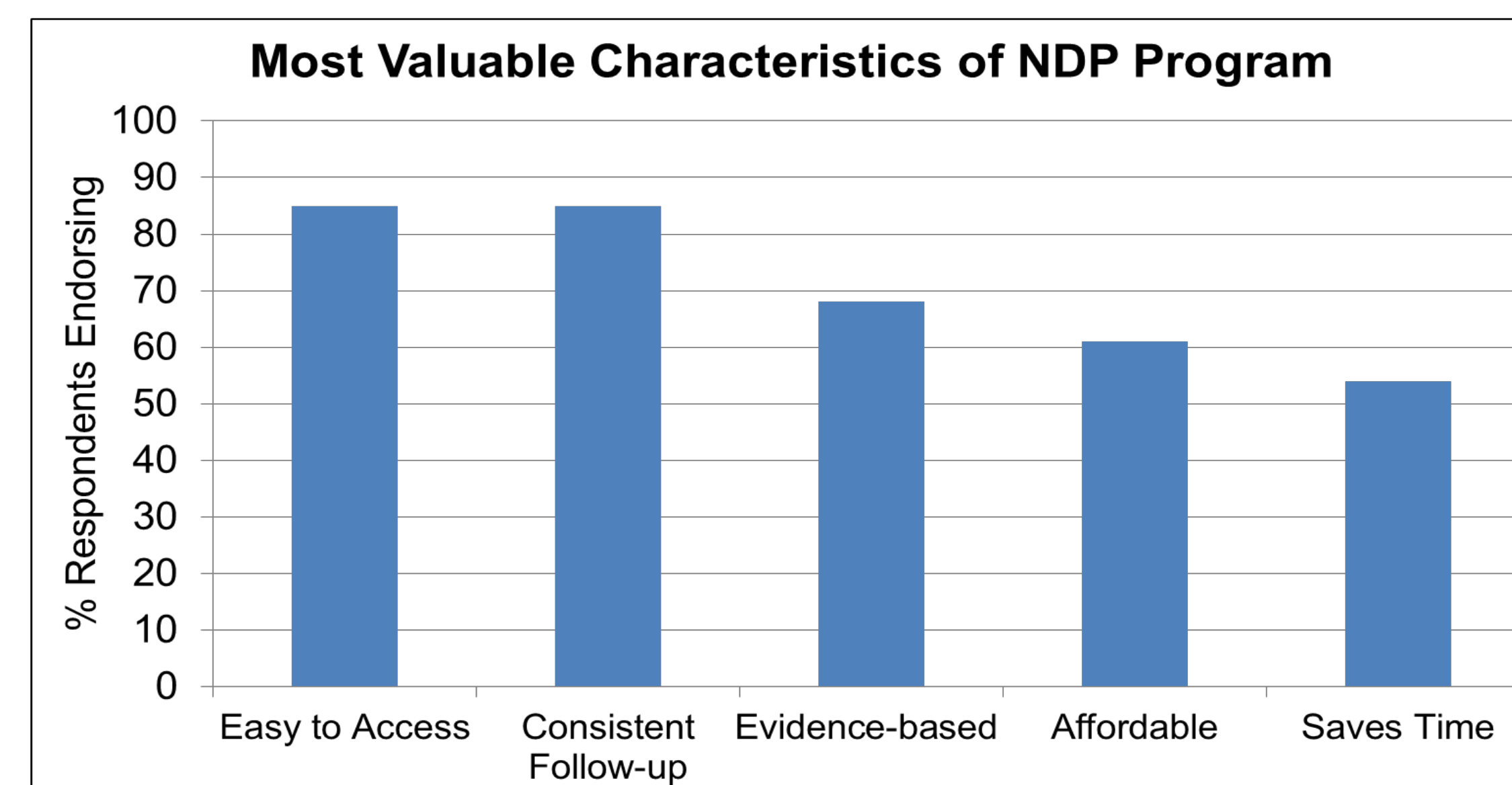
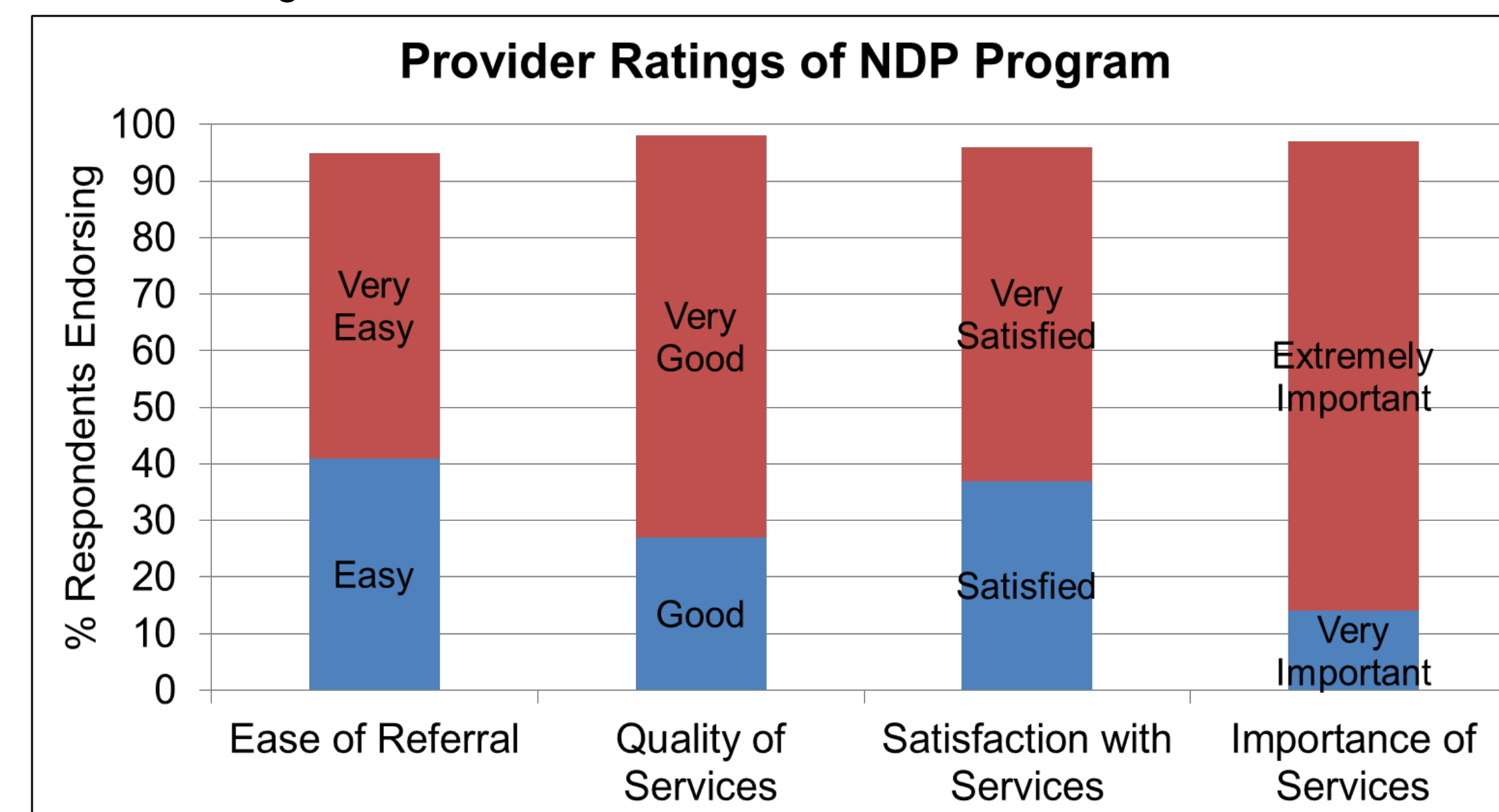
Outcomes

Follow-up	Eligible Participants†	% Tobacco-Free (among all participants)	% Reduced Daily Smoking (≤50% from baseline)	% Active Tobacco Use (Confirmed)	% Lost to Follow-up (Assume Continued Tobacco Use)
One Month	209	34.9% (73)	21.1% (44)	47.4% (99)	17.7% (37)
Three Months	195	31.8% (62)	11.3% (22)	27.2% (53)	41.0% (80)
Six Months	174	25.3% (44)	4.6% (8)	12.1% (21)	62.6% (109)
Twelve Months	133	13.5% (14)	3.0% (4)	8.3% (11)	78.2% (104)

*Intent-to-treat measure using self-reported seven day point-prevalence measure. Respondent rates: 42.4% (1 month), 53.9% (3 months), 67.7% (6 months), and 62.1% (12 months).
 † Participants who completed an initial assessment plus at least one follow-up session, minus those who were deceased or not yet eligible for follow-up at each follow-up time period

Provider Participation and Satisfaction

- Referrals made by more than 120 providers
- Provider satisfaction survey in late 2010 indicated high satisfaction with NDP Program



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

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

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