

Smoking as Vital Sign(s): Prompts to Ask and Assess Increase Cessation Counseling



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Introduction

- Smoking as a vital sign (SVS) is recommended as a system level intervention to facilitate universal identification of tobacco use in the clinical setting.¹
- Clinical practice guidelines recommend assessment of plan to quit for all smokers, a practice that should provide information to guide cessation counseling.¹
- A second SVS question prompting assessment of smokers' readiness to quit is an innovative strategy to improve impact of SVS on counseling.

Aims

- Examine the impact of adding a two question SVS to the electronic medical record (EMR)
- Explore relationship between assessment of readiness to quit and provision of cessation counseling

Method

Design

Pre/post intervention

Sample

899 chart reviews from three outpatient clinics at a large academic medical center

Sample was majority female, ages 36-54, Caucasian, with 3rd party insurance

159 current smokers

Procedure

Standardized EMR record review

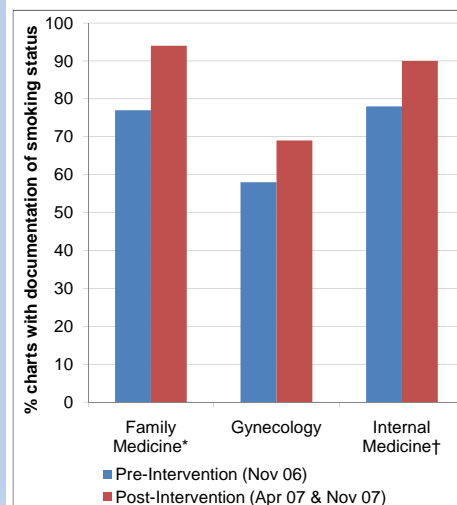
Analysis

Descriptive statistics and binary logistic regression using SPSS 14.0

Results

Identification of smoking status

- Documentation of smoking status increased 18% across all clinics (71% to 84%) ($p < 0.001$).
- Information regarding current smoking status was missing from 20.5% of sample.



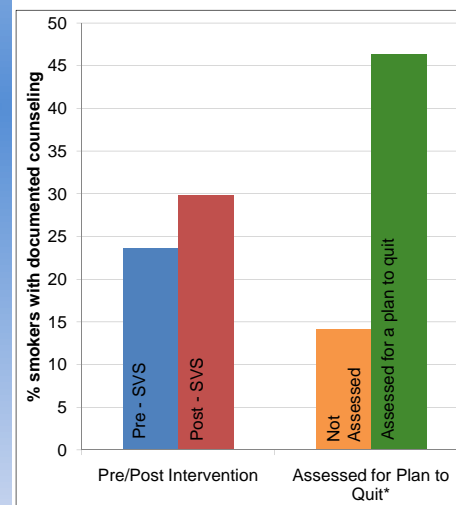
* $p < 0.001$
† $p < 0.05$

Assessment of plan to quit

- Among identified current smokers, assessment for a plan to quit increased 100% (from 25.5% to 51%, $p < 0.005$).
- Six times more smokers whose status was documented in SVS received assessment for a plan to quit (87% vs. 13%, $p < 0.001$).

Assistance with cessation

- Documented counseling rates for all smokers increased 26% (23.6% to 29.8%, $p = 0.41$).
- Among smokers who received assessment for a plan to quit, nearly half also received cessation counseling, compared to only 14% of smokers who were not assessed ($p < 0.001$).



* $p < 0.001$

Association between plan to quit assessment and documented counseling

- Assessment for having a plan to quit was significantly associated with receiving cessation counseling ($p < 0.001$).
- Smokers who received an assessment for having a plan to quit were 80% more likely to receive cessation counseling.

Conclusion

- When patients are both asked about smoking and assessed for having a plan to quit, a significant increase in physician documented cessation counseling is likely.
- Two SVS questions asking about smoking and assessing for a plan to quit show promise as effective prompts for cessation counseling.
- Low rates of counseling observed in this study are comparable to those observed in the SVS literature, reinforcing the need to improve the SVS strategy, in combination with other efforts to increase counseling.

Recommendations

Recommendations:

- Updated DHHS clinical practice guidelines recommend that every patient be asked about tobacco use and assessed for willingness to quit as part of the recommended brief intervention for smokers.¹
- Additional research is needed on interventions that achieve both these steps as part of the vital signs in a medical records system.

Acknowledgement

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For more information

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