Engaging a Network of Primary Care Practices in an Effort to Better Assist Patients in Quitting Tobacco Use

Jacqueline Halladay, Robert Gianforcaro

Primary care practices are critical partners in helping people enjoy tobacco-free lives. Clinical practice guidelines recommend combining behavioral counseling and pharmacotherapy in a model of care that recognizes the chronic nature of tobacco dependence [1]. To successfully implement these guidelines, providers and office staff members need efficient tools that enable practice change and that work within their unique settings.

Investigators at the University of North Carolina (UNC) School of Medicine, including J.H., partnered with members of the UNC Physicians Network (UNCPN), including R.G., over the course of a year to develop and pilot a clinic-based treatment intervention for tobacco use; this intervention was developed using quality improvement techniques. We formed a team that included health care providers, information technology personnel, practice managers, other office staff members, and the UNC researchers.

The researchers from UNC worked with UNCPN leaders and with one UNCPN practice to establish how we would conform with the privacy and security rules regarding protected health information set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA); to create a memorandum of understanding; and to schedule team meetings at which to devise and test a protocol for assisting tobacco users in quitting. We used survey data and interviews with clinic staff to understand the practice’s current processes for identifying smokers, offering behavioral counseling, prescribing cessation medications, and billing for tobacco use counseling; we also sought to find out what challenges staff members faced in carrying out these activities. We devised an educational curriculum that could be delivered during 5 lunchtime sessions; topics included the latest information regarding cessation medications and use of motivational interviewing.

Although several changes were made by the pilot practice, 2 changes were particularly important. Providers needed a better system for identifying patients who were truly interested in using their office visit to discuss cessation strategies. To address this need, we provided sample “readiness assessment” forms and patient educational tools that had been developed at the UNC Family Medicine Center. We collaboratively refined these to develop a 3-question form that assesses the patient’s willingness to address tobacco use during the office visit, the importance to the patient of quitting tobacco use, and the patient’s confidence in making a quit attempt. This 3-question form is shown on page 404 of the commentary by Harrill-Smith and colleagues (in this issue); it can also be found, along with other tools and resources, on the Web site of the UNC Nicotine Dependence Program (www.ndp.unc.edu). Another key change involved creating a more formal referral system for patients who are interested in receiving additional smoking cessation
counseling. To do this, we tested and implemented the North Carolina Tobacco Use Quitline (QuitlineNC) fax referral process.

To assess the practice’s progress with implementing change, the UNC team reviewed data with the practice’s staff members on a monthly basis; these data included the number of readiness assessments completed, the number of referrals to the quit line, and the number of office visits during which tobacco use counseling was provided or smoking cessation medication was prescribed. We also reached out to other providers in the UNCPN to assess their interest in a Continuing Medical Education webinar on tobacco use treatment. We gathered ideas about content and solicited input regarding the best time of day to hold such an event. The webinar covered topics such as tobacco cessation pharmacotherapy, motivational interviewing techniques, and how to align tobacco use treatment with the recognition process for patient-centered medical homes. With support from the North Carolina Translational and Clinical Sciences Institute, we evaluated the webinar and assessed its value to clinical and network leaders.

The pilot practice rapidly implemented practice changes and has steadily increased the number of readiness assessments, quit line fax referrals, and prescriptions of cessation medications. Practice managers have begun disseminating the tools and resources to other UNCPN practices. Although we are still in the implementation phase of this project, our team of practice staff members, network leaders, and academic partners plans next to engage patients as team members, which should allow for further high-value improvements in this care delivery process. By engaging an even broader group of stakeholders, we hope to increase the number of quit attempts and patients’ rates of success in becoming tobacco-free.

Jacqueline Halladay, MD, MPH assistant professor, Department of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.

Robert Gianforcaro, DO adjunct clinical professor, School of Medicine, University of North Carolina at Chapel Hill, and executive medical director, UNC Physicians Network, Chapel Hill, North Carolina.

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Reference