



AAFP Tobacco and Nicotine Chapter/Family Medicine Residency Program Mini Grants  
**Final Report**  
**2015-2016**

**Each question in this Final Report should be answered thoroughly and completely.**

Describe your project. Please answer the following questions.

1. Why did you choose this project? In other words, how was it relevant to your chapter/residency?

In Arizona, 17.1% of residents are documented as current smokers. Moreover, more than 33% of elementary school students and 61% of high school students have admitted to using tobacco products at least once in their lifetime. With these continuing trends, it is estimated that roughly 7,400 Arizonians under the age of 18 will become daily smokers by the end of 2015. Of these young smokers, almost 33% will eventually prematurely lose their lives secondary to a smoking-related disease.

The goal for our residency is to reduce these statistics to better the health of Arizona. Using a team-based approach to deliver patient-centered healthcare with a focus on disease prevention, the HonorHealth Neighborhood Outreach Access to Health (NOAH) Family Medicine Residency clinic advocates for patients via a three-level care coordination system comprised of physician providers, individual care coordinators, and medical assistants. Although the clinic provides much needed healthcare to an underserved population, recent statistics on provider assessment and counseling of tobacco usage in this clinic indicate areas of deficiencies, are not reflective of the clinics overarching stated goals.

In the latter half of 2015, only 69% of patients were assessed and counseled for tobacco use in the clinic. This number has decreased from the previous 64% in 2014, which is an alarming statistic considering the high-risk population of the clinic and more than 58% of Arizona smokers have reported at least one quit attempt. Prior to the start of the project, no formal provider and staff education had been given regarding tobacco use and there was a significant lack of tobacco cessation resources and materials. In addition to these issues, there was an inefficient workflow to aid and prompt providers, care coordinators, and medical assistants to identify tobacco users and give appropriate cessation counseling. Overall, the combination of lack of materials, time, and education greatly hindered the clinics ability to properly assess and counsel tobacco users.

2. What did you do and how did you accomplish it?

Initially, we used the funding provided by the AAFP to purchase smoking cessation resources directly from the AAFP website, including but not limited to tobacco cessation guides, prescription pads, posters, and Quitline referral cards. Next, we created three resource packets for patients: a packet for all Spanish-speaking tobacco users in the clinic, a packet for all English-speaking tobacco users in the clinic, and a packet for tobacco users that were ready to quit (or actively trying to quit). The last packet contained the large "Quit Smoking Guide", available on the AAFP website.

For data reporting purposes, it was decided to run the project for 5 weeks, from January 25, 2016 to February 26, 2015. After educating the providers and staff on the project, the three different types of resource packets were placed in a visible area of the main clinic working space. These resource packets were replenished and counted weekly. Medical assistants and providers were counseled on assessing whether patients use

tobacco, at which point providers would advise patients to quit using the proper resource packets. The patient was then prompted to schedule a follow-up appointment that focused solely on tobacco cessation counseling, providing the patient was willing to quit. Lastly, providers were educated on the importance of correctly documenting whether or not tobacco use was assessed, and whether counseling was given.

3. What were your goals and to what extent did you achieve them?

The specific goals of the project were to identify smokers and record smoking history in the electronic medical record, provide education to providers and clinic staff, including medical assistants, care coordinators, and behavioral health consultants on providing cessation counseling to patients, create a workflow that prompted providers and clinical staff to provide smoking cessation counseling, provide education to providers specifically on assisting and prescribing patients with medications to help with smoking cessation, provide cessation material to be given to patients from clinic staff and providers, and develop an efficient workflow for providers and clinical staff to offer smoking cessation that is not time consuming or burdensome, but provides the patient with support and education.

Overall, we achieved all of the goals that were set out for this project. During the initial project kickoff luncheon, we not only educated the clinic staff and providers on the importance of making smoking status a routine question at every visit, but also properly educated staff on where to document tobacco assessment and counseling efforts in the EHR. We also provided simple education materials for all smoking patients, more robust material for patients in contemplative stages, and educational materials for Spanish-speaking patients that were easy for providers to refer to during patient encounters. By providing education and resources, we were able to create an easy workflow, whereby providers could readily assess and counsel patients on tobacco cessation. Lastly, we were able statistically quantify the impact of our project on the clinic.

4. How did you measure your goals?

The primary means by which we measured our goals was through the monitoring of the percentage of patient visits that had documented tobacco assessment and counseling efforts in the EHR. During the data collection period, reports were generated weekly by the IT department to determine the number of providers assessing and counseling for tobacco usage. The data report included the following: patient name, provider name, patient date of birth, office visit date, tobacco use screening assessment (never/quit/yes), counseling (yes/no), and most recent counseling date. The data report also included a summarized snapshot of the data, including a breakdown of percentage and number of patients assessed and counseled for tobacco usage by provider.

A total of 31 providers saw patients in the clinic throughout the 5-week data collection period. The percentages were calculated by first assessing how many patients were actually assessed for tobacco usage, and by then taking each current smoker, i.e. those patients that report “yes” to the tobacco screening assessment, and determining how many patients received counseling. If the patient identified as a “never” smoker, or smoker that “quit”, then providers were given credit for documenting that they assessed the patient for tobacco usage. It is important to note that providers were not given credit if the patient was identified as a smoker but not counseled on tobacco cessation.

5. How did this project benefit your chapter/residency? Please provide examples.

The project was successful in enabling providers to assess and counsel for tobacco usage. It benefited our residency by providing us with an efficient workflow to screen for tobacco use and provide time-efficient counseling to all tobacco users. Prior to the start of the program, only 69% of all patients in the clinic were assessed (and counseled) for tobacco usage. This data represents the total number of patients that were seen in the clinic from July 1, 2015 to January 22, 2015. During this time, 1977 patients were identified as current smokers, and only 1364 of these patients received the appropriate tobacco assessment and counseling, indicating that 31 out of 100 smokers were not properly counseled for tobacco cessation at their visit with the provider.

After the five-week data collection period, an overall 92.3% of patients received tobacco usage assessment and cessation counseling, as documented in the EHR. This is a sharp, and statistically significant, increase from the previous 69% prior to the program. This indicates that only 8 out of 100 smokers were not properly counseled for tobacco cessation at their visit with the provider. The results indicate that provider education, access to readily made resources, and efficient workflows increase the likelihood that providers complete tobacco assessment and cessation counseling of patients

6. What challenges did you face implementing your project and how did you overcome them?

One of the main challenges faced while implementing the project was determining when and how to give the provider and clinic staff education. It was difficult to determine a time when all the residents were in the clinic at once, as residents were on varying rotations throughout the project. Moreover, the education that we provided to residents was vastly different than that of the medical staff. To address this issue, we decided to hold two different kickoff luncheons, one for the medical providers and one for the residents during the monthly resident meeting. Although initially this was more time consuming, it provided us with better access to each group for a more interactive conversation about tobacco cessation.

Another challenge was to continuously remind medical staff and providers of the project efforts. We wanted to make a lasting, sustainable impact on tobacco assessment and counseling. To address this, we placed tobacco cessation posters throughout the entire clinic, and in every patient room. In addition, medical assistants were provided with tobacco cessation pins to wear, as another reminder of the project efforts. Lastly, we created a friendly competition between providers and teams of providers in the clinic, noting that the individual provider and larger team with the best reporting numbers wins a gift card and/or an office lunch. This helped incentive providers and staff to prioritize this project.

Describe how other chapters/residencies could learn from your project.

7. Do you think that your project could be easily adapted by other chapters/residency programs? Why or why not? If other residencies were provided the resources that we received they would be able to adapt our project. In residency, as well in general practice a valuable commodity is time. Although tobacco screening and cessation counseling is a vital aspect of every doctor visit, it can be lost within a hectic appointment. By providing education to medical assistants to screen for tobacco usage, it not only helped prompt and remind counseling between residents and their patients but it also empowered medical assistant's to start the process. With the help of visual reminders such as posters in the room it also allowed another layer of prompting that patient and their physician can use. Lastly, counseling of any kind can take time. With the packets that were assembled it helped guide residents to be more efficient and hopefully effective in their counseling.
8. What recommendations would you have for other chapters/residencies who want to replicate your project? The first suggestion would be to make sure that the residency's EMR has the capability to collect data on screening and counseling. Since residencies aren't run like standard practices and many providers are on different schedules, we would suggest finding meeting times when all residents, faculty and medical assistants can be counseled in small groups. In our clinic we witnessed a lot of success with the first step in the process when medical assistants would screen for tobacco usage and they were the ones counseled in small groups. We would also suggest that cessation packets could be kept in patient rooms. We kept our packets in a common area (where residents had to leave patient rooms to get them) for data collection, however if they were more accessible we believe more would have been handed out.

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**NOTE: AAFP would like to help disseminate your good work by sharing your project with others via the AAFP Mini-grant web page. Please indicate whether you consent to AAFP sharing on its website your project results, final report and contact information.  Yes  No**