Treating Tobacco Dependence Practice Manual

National Dissemination Project a Success

The American Academy of Family Physicians (AAFP) conducted an Office Champions Tobacco Cessation National Dissemination Project with 50 family medicine practices. The project was a great success.

The goal of the Office Champions Tobacco Cessation Project was to recruit and train family medicine practices to provide leadership in implementing tobacco cessation activities in their offices. The Office Champions systems change quality improvement project was built on the AAFP's successful Ask and Act program, which encourages family physicians to ASK their patients about tobacco use, then ACT to help them quit.

The participating practices, through pre- and post-project chart reviews, increased documentation of tobacco-use status by 5% over baseline of 88%, and more than doubling tobacco cessation assistance documentation from 36% to 74%.

These increases over baseline demonstrated that the Office Champions model was instrumental in assisting the practices to successfully make systems changes that integrate tobacco cessation activities into daily office routines.

The results indicate there was, in fact, a systems change as desired and the change created an increase in the number of patients who had tobacco use status documented and were offered cessation assistance.

Next Steps

The AAFP has been awarded an independent medical education grant by Pfizer Inc, through the Smoking Cessation Leadership Center, to implement the Office Champions Tobacco Cessation Model in 20 Federally Qualified Health Centers.

E-Referrals to Quitline

In addition to fax referrals to quitlines, some healthcare systems are using e-referrals. To learn more about the types of referral programs offered by your state's quitline, go to http://map.naquitline.org/, select your state, and scroll down to the section on "Referral Program". You also may contact the North American Quitline Consortium for additional information at naqc@naquitline.org.

Meaningful Use

Meaningful Use criteria will change in 2014. Until that time, Meaningful Use Stage 1 criteria are still in effect. Please see the *Integrating Tobacco Cessation Into Electronic Health Records* document for smoking status objectives and measures included in Meaningful Use Stage 1 criteria. The link to the document can be found at www.aafp.org/askandact/officechampions.

Summary of Key Findings

Forty-nine out of fifty practices completed the project. On average, Office Champions submitted three to four changes per practice. Practices indicated that they successfully completed 95% of these systems changes.

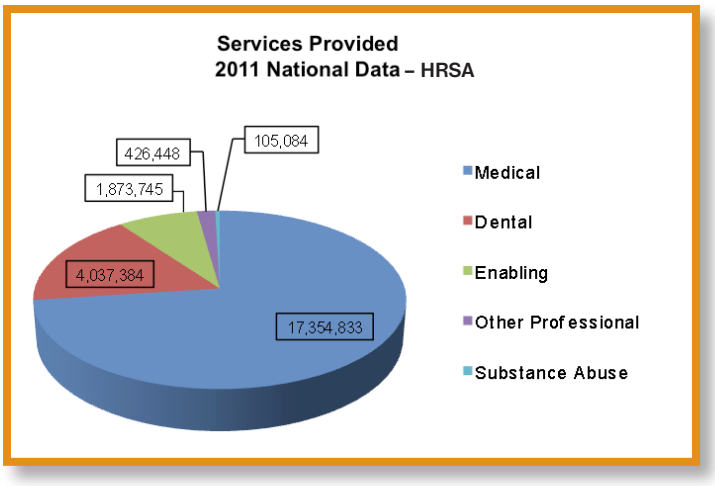
- 89% of the practices indicated all or most of the changes made were still in place at the conclusion of the project
- 96% of the practices were confident they would be able to sustain their changes
- 87% of practices found the chart reviews beneficial

Fact Sheet 2013: Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are non-profit private or public entities that serve designated medically underserved populations and/or areas. FQHCs may also serve special medically underserved populations such as migrant and seasonal farmworkers and the homeless. FQHCs provide comprehensive services including primary, preventive, and enabling healthcare services and treat patients regardless of ability to pay. In 2011, there were 1,128 Federally Qualified Health Centers that delivered care through over 8,500 service delivery sites.

In 2011, the impact of the health center program:

- *Served 20.2 million patients*
- *93% of patients were below 200% poverty*
- *72% of patients were below 100% poverty*
- *36% of patients were uninsured*
- *1,087,431 homeless individuals*
- *862,808 farmworkers*
- *187,992 residents of public housing*
- *Employ more than 138,000 staff including 9,900 physicians; 6,900 nurse practitioners, physicians assistants, and certified nurse midwives*



Tobacco Use Prevalence in Federally Qualified Health Centers

According to the Centers for Disease Control and Prevention (CDC), adults who live in poverty are more likely to smoke than those who live above poverty level.[1] The National Association of Community Health Centers states that approximately 93% of FQHC patients live at or below poverty level.[2] Studies indicate that more than 40% of FQHC patients use tobacco,[3] double the national prevalence rate.

Federally Qualified Health Centers provide a wide range of primary and preventive health services that often includes dental, pharmacy, behavioral health, vision, social services and public health interventions. Chronic disease management has become a regular, and increasingly critical, service. FQHCs provided over 1.8 million enabling services that include case management, interpretation, transportation, and other mechanisms by which patients are directly linked to preventive medicine and necessary treatments.[4] These services break down barriers to care while ensuring care is delivered in culturally and linguistically appropriate settings. In many cases, the FQHC is the only place the patient may receive health care.

By including tobacco use and tobacco cessation assistance documentation as part of every patient encounter, and in every area of care, the FQHC has the ability to reach more tobacco users consistently, thus addressing the high prevalence of tobacco use found so often in the FQHC patient population. FQHCs are in a unique position to address, and potentially reduce, the health inequities associated with tobacco use.

Meaningful Use and Tobacco Cessation

Information gathered from Meaningful Use quality of care indicators, 2011 national data from Health Resources and Services Administration (HRSA), indicates that for *Tobacco Use Assessment* 80% of patients were queried about tobacco use one or more times in the measurement year or prior year. For *Tobacco Cessation Intervention,* only 53% of tobacco users aged 18 and above received cessation advice or medication.[4] Considering the higher prevalence of tobacco use in the FQHC patient population compared to the national average, these percentages take on an even more significant meaning. Implementing systems changes to identify tobacco use and exposure, then to assist patients with tobacco cessation advice or medication, will help to lower these statistics and increase positive health outcomes.

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[1]CDC. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years—United States, 2005-2010.*Morbidity and Mortality Weekly* report 2011;60(35):1207-1212

[2]NACHC. America's Health Centers. *National Association of Community Health Centers, Inc.* 2011;Fact Sheet #0811 (August 2011)

[3]FQHC Tobacco Cessation Project *Tobacco Free Mississippi.* http://www.mphca.com/resources/Tobacco (Accessed 10/15/12)

[4]HRSA. 2011 National Data. *Table 6B – Quality of Care Indicators.* 2011; http://bphc.hrsa.gov/uds/view.aspx?q=r6b&year=2011&state (Accessed 10/15/12)