

Smoking Cessation: A Step Down Program

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Introduction

Tobacco abuse is one of the most preventable causes of illness in the United States and as of 2012 there were 42 million smokers in the United States.¹

The cost to the economy exceeds almost \$115 billion in health care related expenses. Individuals who smoke are more likely to suffer from comorbid conditions such as hypertension, heart disease, stroke and chronic obstructive pulmonary disease.²

With 27.9% of smokers falling below the federal poverty line quitting smoking stands to increase an individual's expendable income.¹

14% of the clinic's patients from June 9th – July 17th identified as smokers



Background

Dr. Richard Margaitis D.O. – Florida Hospital East Orlando

- 2 weeks between steps
- Patients received quitting supplies and medication at level 10 or 11
- Patients also enrolled in group smoking follow up classes

Robert Wood Johnson Foundation's Substance Abuse Policy Research Program
> 10.5 % of patients were able to quit after receiving smoking cessation counseling by a primary care provider³

Patient Experience

“I've tried to quit before”

Addiction Threshold

New England Journal of Medicine – 5mg nicotine⁴



Methodology

- Step Down Guide Development & Organization
 - Modeled off earlier program in Florida
 - Local cigarette vendors surveyed
 - Cigarettes organized by nicotine content
- Patient Pre-Survey
 - Questions about demographic information, current smoking habits, previous smoking cessation attempts, smoking awareness, and interest in a gradual reduction program
- Patient Enrollment
 - Patients who indicated on the survey that they were interested in participating the step down program were educated on current nicotine level and instructed on how to follow program.
 - Patients are given a handout with educational information on quitting smoking and available resources to help them quit.
 - Patients are asked about follow-up preference
- Patient Follow – Ups
 - Patients were followed up weekly to check on progress and counsel patients as needed.
 - In follow ups patient's were advised on their next step in the program, addressed any concerns and made aware I would be calling next week.



Results

A total of 39 patients were educated on smoking cessation at Bayou Clinic in a 4 week period.

Program Participants	21
Patients Withdrawn	3
Patients Self-Reporting Progress	4
Failure to Contact	3
Remaining Patients	10

Progress by Levels	Patients
0 Level of Improvement	0
1 Level of Improvement	2
2 Levels of Improvement	1
3 Levels of Improvement	4
4 + Levels of Improvement	3

Of the 10 remaining patients all 10 made progress in that they have successfully maintained at a nicotine level below their original starting value.

Participating patients had an average motivation score of 8. In post- survey patients will be asked to rate their motivation to continue with the smoking cessation program.

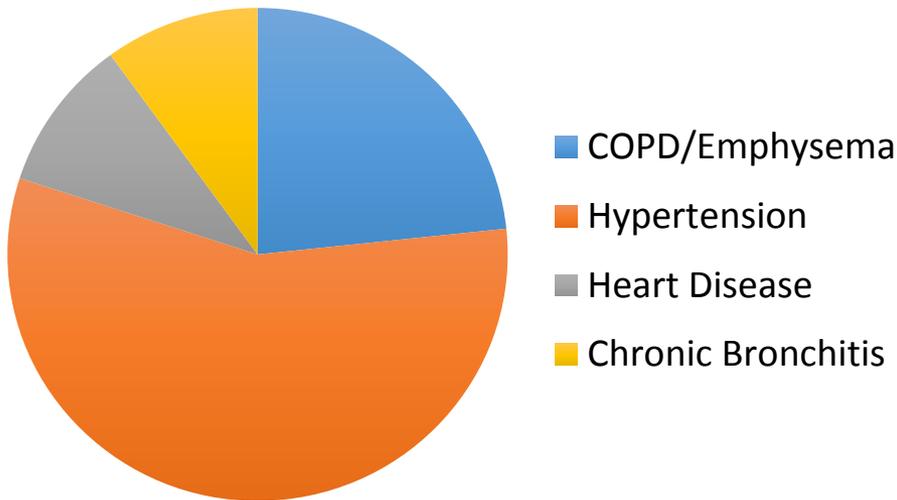
Survey Results

Smoking Negatively Impacts My Health: 84%

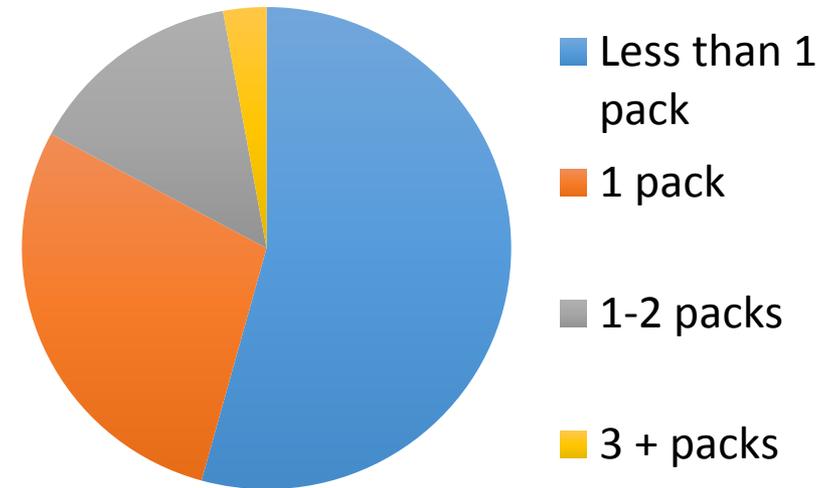
Been Told My Smoking Is a Problem: 77%

Second Hand Smoke Is Not Harmful: 23%

Patients With Comorbid Smoking Conditions



Amount Smoked



Discussion

Issues with Smoking Education

Understand how smoking impacts other's health

Helping patients cope with cravings and teach them to target smoking stressors

Tobacco cessation counseling is billable to the insurance for reimbursement providing the counseling was 10 minutes or more.

United Healthcare - \$25.25 reimbursement

Blue Cross Blue Shield- \$15.00 reimbursement

Considering I had 39 patient education encounters

The most common complaints by patients participating in the program were increased desire to quit as well as cost of cigarettes when the patient made a switch.



Recommendations

- Increase length between steps to 14 days
 - Most common complaint was desire to smoke more
 - Stay longer on steps and target the desire
- Encourage providers to continue with follow-up calls
 - Study found that of 112 Primary Care Providers 15.6% of patients quit with just physician reminders alone, compared to the 2.7% that received no counseling⁴
- Provide educational resources for patients to deal with nicotine cravings
 - AAFP – 5 A's⁶
 - CDC – DEADS⁷
 - VA – Smoking Cessation Workbook⁸
- Strive for 75% education rate with patients
 - eClinical Works – Reminders or “red flags”



Conclusion

Primary care providers are on the front line for preventative care such as smoking, diabetes and obesity. Smoking cessation can provide positive health benefits for comorbid conditions managed by primary care providers as well as specialist physicians.

A gradual smoking reduction plan allows patients to continue smoking but make slow changes. Patients can feel empowered by their small success and remain motivated.

Smoking cessation counseling can benefit the clinic by providing an additional avenue of income when billing patients.



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