Improving the Treatment of Patient’s Tobacco Use by Primary Care Providers and Staff in a Family Practice Setting

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The purpose of this project was to improve the process of addressing and treating tobacco use in patients in a family practice clinic by utilizing clinical staff to their fullest potential. The outcome objectives included removing the barriers that prevent healthcare providers and staff from treating tobacco addiction, developing relationships with community resources, providing the patient with a motivational behavior change treatment plan, and educating the staff on tobacco addiction, health consequences, and treatment options.

Between 2001 and 2010, only 48.3% of tobacco users had been advised to quit tobacco by their healthcare provider, and only 31.7% had received counseling and/or used medication (Centers for Disease Control and Prevention, 2011; Fiore et al., 2008). Seventy percent of tobacco users visit a primary care provider every year (Fiore et al., 2008). It has been estimated that 79-90% of tobacco users want to quit but less than 30% of smokers receive any type of evidence-based assistance to quit (Bentz et al., 2007; Rice & Stead, 2009).

A team approach was developed using a primary care provider, health coach (LPN), and Certified Medical Assistant (CMA). Prior to initiating the project, the team was educated in several areas including tobacco treatment, the 5As (Ask, Advise, Assess, Assist, and Arrange), the 5Rs (Relevance, Risks, Rewards, Roadblocks, and Repetition), and motivational behavior change. The process in the clinic started with the CMA who identified tobacco users while rooming the patient and determined if they wanted to quit. Those patients who wanted to quit were then referred onto the health coach who assisted the patient in developing an individualized treatment plan. Medications and referrals were discussed and ordered by the healthcare provider.

The process was evaluated using the Plan-Do-Study-Act pilot process. After each intervention with the first five patients the team met to discuss ways to improve the process and ways in which the process worked. The process is now functioning in the clinic. Dissemination of the project started with the rest of the providers and staff in the family practice clinic and expanded to health coaches from other clinics. Some resistance was noted from the providers and staff. Use of the process and education of the process to the providers and staff has continued to gradually remove that resistance.

Providing a patient with all the education and treatment options for multiple health concerns in a 15 minute appointment is not feasible. By providing a team approach, tobacco use can be addressed and treatment implemented in a feasible and sustainable manner. Data has shown that patients want to have their tobacco use addressed. This process utilizes staff to their fullest potential within their licensure/certification and allows a motivational behavior change to be provided. This project provides an easily reproducible process for tobacco treatment in a family practice setting.
References


