

Assessing Tobacco Treatment Practices and Beliefs Among Clinicians

[Announcer] *This program is presented by the Centers for Disease Control and Prevention.*

[Bret Atkins] Tobacco is the leading cause of death and preventable illness in the United States. The author of the study we'll be discussing today believes that increased tobacco screening and cessation counseling in the health care setting could help reach and surpass targets for reducing tobacco use among Americans.

I'm Bret Atkins for CDC's journal *Preventing Chronic Disease*. Today, I'm talking with Michael Celestin, Associate Director for the Louisiana Tobacco Control Initiative and Instructor at the Louisiana State University Health Sciences Center, New Orleans School of Public Health. He joins us to discuss his study conducted among Louisiana health care staff to determine what clinicians believe are the best ways to help patients quit smoking. Michael's study was featured in a May 2014 release of *Preventing Chronic Disease*. Thank you for joining us, Michael.

[Michael Celestin] Thank you, Brett.

[Bret Atkins] Michael, give us an overview of your study.

[Michael Celestin] Sure. This study describes the process for conducting a pre-intervention assessment of clinician practices and beliefs regarding treatment of tobacco use in a large safety net health care system in Louisiana. The system serves many of the state's under- and uninsured, low-income, and racial/ethnic minority populations—groups shown to have high rates of tobacco use compared to the general population.

The study actually stems from my current work as associate director for the Louisiana Tobacco Control Initiative, as well as my participation in the National Cancer Institute's Research to Reality mentorship program, which is part of an online community of practice.

We had four objectives for the study. First, we wanted to develop partnerships with hospital administrators to generate support for conducting the survey. Second, we wanted to identify and adapt a survey tool for assessing clinician practices and beliefs regarding tobacco use treatment. Third, we wanted to develop the survey protocol and obtain research approval from the institutional review board. And fourth, we wanted to administer the survey electronically.

[Bret Atkins] Tell us about the survey tool used in the project.

[Michael Celestin] We adapted a survey tool originally employed by Dr. Elisa Tong at the University of California's Davis Medical Center. Our study created an online version of the survey using the web based utility Survey Monkey, because it offered us a cost-effective and self-service solution. We distributed the survey via e-mail to all clinicians in the health care network, so the sampling frame included all physicians, such as primary care, emergency

department, and several subspecialty physicians, and nurses, such as nurse practitioners, registered nurses, and licensed practical nurses.

E-mails were sent to clinicians which contained invitation and reminder letters with a hyperlink to the survey embedded in the body of the text. All letters were signed by the systems' chief medical officer, and with the help of other key administrators, we were able to identify and use the health system's Web-Based In-service Learning and Management Application, or WILMA for short. Many health care systems use applications like WILMA to train providers and track mandatory education activities. Their system offered us three important advantages. First, it contained a built-in e-mail notification system used by all participating hospitals for announcements and other assigned lessons. Second, all clinicians were responsible for checking WILMA on a weekly basis for new information. And third, WILMA allowed one administrator to send the information out to all clinicians via e-mail.

[Bret Atkins] What types of questions were asked of the clinicians?

[Michael Celestin] Participants were asked questions in five categories. First, we asked about their clinical practice characteristics. Second, we asked about their level of adherence to the U.S. Public Health Service clinical practice guideline for treating tobacco use and dependence. Third, we asked about their knowledge, attitudes, and beliefs regarding treatment of tobacco use. Fourth, we asked about their current and former tobacco use. And fifth, we asked for their demographic information.

[Bret Atkins] Michael, World No Tobacco Day is May 31 and a lot of people use this day as a goal to quit smoking. What role do you think health care providers can serve in helping their patients develop a plan to quit smoking?

[Michael Celestin] Providers play a major role in the larger context of tobacco control. According to recent data from the National Health Interview Survey, more than 80 percent of smokers in the U.S. see a health care provider each year, offering an enormous opportunity for intervention. Providers can intervene by using the guideline's recommended clinical protocol called the five A's. That is, first, ask all patients about tobacco use. Second, advise identified smokers to quit. Third, assess their readiness to quit. Fourth, assist ready to quit smokers with making a quit attempt. And fifth, arrange follow-up support to ensure success. The five A's protocol can be completed in as little as three minutes. But many studies show that while clinicians report frequent asking and advising, they show less frequent assessing, assisting, or arranging. If the five A's aren't possible, other options include delegating roles amongst a team of clinicians, or reducing the five A's to just two: ask about tobacco use, advise identified smokers to quit, and refer or connect them to available cessation services or treatment specialists in their area. Bottom line, all clinicians should screen for tobacco use and provide some type of brief intervention.

[Bret Atkins] What did you learn from surveying these Louisiana clinicians?

[Michael Celestin] Among the more than 1,600 clinicians that completed the survey, low smoking rates were reported, except for nurses. Clinicians were more likely to ask, advise, and

assess, but less likely to assist and arrange. Compared to clinicians who asked about tobacco use, those that didn't ask were more likely to feel uncomfortable asking. Also, nurses were less likely to advise, assist or arrange, compared to primary care physicians. This information will be used to develop training strategies and other novel interventions to improve clinicians' full adherence to the guideline.

[Bret Atkins] Why is this type of research important in reaching the targets set out in the U.S. Department of Health and Human Services' Healthy People 2020 initiative?

[Michael Celestin] This type of research is important because it sets the stage for looking at the problem along a continuum of care, and it adds to the growing number of studies that highlight the important role of various types of clinicians. But frankly, Bret, the responsibility is not the clinicians' alone. Health care organizations also play a key role in implementing changes at the system and clinic level to increase population quit attempts and quit rates. Healthy People 2020 identifies a set of 26 leading health indicators as high-priority measures for the nation's health. Tobacco use made that high priority list. Health Systems Change was identified as one of three key areas to focus on. Unless health care organizations do more to adopt supportive policies that increase access to affordable services and treatments, and routinize screening and counseling, national objectives to reduce tobacco use will be difficult to achieve.

[Bret Atkins] What do you think other communities and stakeholders can learn from this research?

[Michael Celestin] We think others will learn three key points from this research. First, it is important to involve all stakeholders early in the process. Second, it is advantageous to use existing infrastructures to collect and disseminate information when possible. And third, communities and stakeholders should arrange enough time in the implementation schedule to accommodate protocol changes.

[Bret Atkins] Thank you so much for joining us, Michael. You can read his study online at cdc.gov/pcd.

The findings and conclusions in this report are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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