



Asking the Right Questions – Clinicians & Tobacco Cessation in the Clinical Encounter Outcomes Analysis Report Summary

The mission of the American Academy of Pediatrics (AAP) Julius B. Richmond Center of Excellence (RCE) is to improve child health by eliminating children's exposure to tobacco and secondhand smoke. This is accomplished by changing the clinical practice of pediatrics through the development and dissemination of practice tools and research, and improvement of community health.

Project Goals, Aims, and Objectives

The overall goals of this project were:

- To improve counseling by pediatricians and child health care clinicians about secondhand smoke exposure and tobacco use
- To improve prenatal/family-based cessation interventions
- To implement adoption of clinical practice systems changes to ensure that the right questions are asked at every visit to reduce exposure to secondhand smoke and increase cessation rates.

The specific aims for the project were:

1. Educate pediatricians and child health care clinicians about messages, tools, and counseling protocols to screen and counsel patients and families about cessation and secondhand smoke exposure during pediatric clinical encounters.
2. Accelerate the adoption of consistent secondhand smoke and tobacco use screening and counseling into all pediatric clinical settings.

To achieve these aims, the following objectives were:

1. By the end of the 2-year project period, train 60 pediatricians and child health clinicians about counseling patients and families and about secondhand smoke exposure, tobacco use, and cessation through participation in one of three in-person training sessions.
2. By the end of the 2-year project period, educate 60 pediatricians and child health clinicians about integrating practice systems change to ensure patients and families are

counseled about secondhand smoke exposure and tobacco use, and referred to cessation services, through participation in one of three in-person training sessions.

3. By the end of the 2-year project period, 50% of trained pediatricians will have implemented systems changes related to secondhand smoke exposure and tobacco use screening, counseling, and cessation in their practices by completing the EQIPP online quality improvement module “Tobacco Use and Exposure”.
4. By the end of the project period, 500 patients and family members will be screened for tobacco use and secondhand smoke exposure, and those for whom it would be appropriate will have been referred to cessation services.

Outcome Results

Due to availability of attendees determined during the application process to attend the training and faculty availability, it was determined that two trainings (vs the originally-proposed three) would accomplish the goals and aims of this activity. The trainings were held in April and July 2014. The outcomes are presented in relation to each objective below.

Objective #1: By the end of the 2-year project period, train 60 pediatricians and child health clinicians about counseling patients and families and about secondhand smoke exposure, tobacco use, and cessation through participation in one of three in-person training sessions.

and

Objective #2: By the end of the 2-year project period, educate 60 pediatricians and child health clinicians about integrating practice systems change to ensure patients and families are counseled about secondhand smoke exposure and tobacco use, and referred to cessation services, through participation in one of three in-person training sessions.

Two trainings were held in 2014 – one in April in Chicago, IL and one in July in Nashville, TN. Over 100 pediatricians, other physicians, and child health care clinicians applied to attend one of the two-day in-person trainings in pairs (one physician and one child health care provider) or individually. Sixty-eight attendees were invited to attend; 59 were able to participate in the training sessions. Continuing Medical Education (CME) credits were offered for participation in the in-person training. Topics covered included screening, coding, counseling adolescents and parents/families, new and emerging tobacco products (e.g, e-cigarettes), using electronic health records, Nicotine Replacement Therapy (NRT) and other treatment resources (e.g., quitlines), and quality improvement. Additionally, attendees had an opportunity to participate in breakout groups by practice role (e.g., physicians/nurse practitioners and other child health care professionals) to discuss implementation of what they learned when they return home.

All participants were asked to complete a pre-training assessment and six-week follow-up assessment to determine how helpful the training was for them in order to implement changes in practice. Comparing pre-test/baseline and six week post-test self-report, training attendees reported increased comfort in delivering tobacco control screening and interventions: Comparing pre- and 6 week post-intervention self-report, 50% vs 98% ($p < .0002$) of attendees were extremely or very comfortable counseling families for tobacco use and SHS exposure. No

participants were comfortable coding for these discussions at pre-test, compared to 39% at post-test ($p < .0001$).

Objective #3: By the end of the 2-year project period, 50% of trained pediatricians will have implemented systems changes related to secondhand smoke exposure and tobacco use screening, counseling, and cessation in their practices by completing the EQIPP online quality improvement module "Tobacco Use and Exposure".

After this proposal was written and accepted, the EQIPP "Tobacco Use and Exposure" online quality improvement course was scheduled to be revised and moved to the new e-learning platform at the AAP, thus it was unavailable for use during this project. Project staff worked with AAP e-learning staff to use another similar platform (Quality Improvement Data Aggregator – QIDA) using the same content and quality improvement activities as the EQIPP course. All physician attendees (22) were enrolled in this online learning course, in addition to any other physician or child health care clinician from attendees' practices if they desired. Many are still in the process of completing the course. To date, 4 have completed the entire course and claimed their credit (4-5 data cycles), 1 has completed 3 data cycles, 12 have completed 2 data cycles, and 5 have completed 1 data cycle. Staff continue to follow-up with those who are not complete to encourage completion.

To date results from all completed data cycles show that participants have demonstrated sustained improvement with 8 of the 13 measures: screening families annually for tobacco use, screening for tobacco use in the home, providing motivational messages about the benefits of a tobacco-free environment, providing motivational messages about the benefits of quitting, recommending that the smoker quit smoking, discussing medication options for cessation, presenting information about the quitline, and establishing a follow-up plan.

Practitioners have also shown some improvement in 4 of the remaining measures, although the level of success has fluctuated over time. These 4 measures include screening for tobacco use in the car, providing information about the harms of tobacco, offering to enroll families in a quitline, and offering a prescription for nicotine replacement therapy.

In addition to this demonstrated success, we have received anecdotal feedback from participants. One participant stated that he has trained all the residents in his practice to screen for tobacco smoke exposure in the car, and to educate parents that smoking in the car is harmful, even if children aren't present while you are smoking. Upon completing the program, another participant stated, "I feel it has been the most successful project I have ever implemented in my 21 years as a practicing pediatrician. Our feedback and success has been amazing. So many people want to stop [smoking] and just needed the tools and a little push. It has been a very rewarding experience."

Objective #4: By the end of the project period, 500 patients and family members will be screened for tobacco use and secondhand smoke exposure, and those for whom it would be appropriate will have been referred to cessation services.

In the 3-7 months after training, attendees reported screening over 60,000 patients and families, and 321 family members received prescriptions for Nicotine Replacement Therapy and referrals to quitline resources.

Summary

Pediatrician and other child health care clinicians have an interest in screening for and treating tobacco use of both their patients and families of their patients. These two in-person trainings provided an opportunity for physicians and their staff to learn and critically think about how to make sustainable changes in practice to better accomplish this goal. Participation in the training showed an increase in knowledge, skill, and comfort level to address this sensitive topic during a clinical visit. Additionally, many were able to put into practice what they learned as evidence through the results of the online quality improvement module, pre- and post-test surveys, and self-reported screening and treatment numbers. This has been a highly successful mode of delivering education to busy clinicians, and it is likely AAP will look to repeat these trainings in the future.

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