THE IMPACT OF PROVIDER TRAINING ON TOBACCO ADDICTION AMONG A POPULATION OF MENTALLY ILL PATIENTS.

THE DEPARTMENT OF CHEMICAL DEPENDENCY

NYC HEALTH + HOSPITALS/WOODHULL

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Tobacco remains the leading cause of preventable death in the United States. Up to 80% of tobacco users see their primary care providers (PCP) at least once a year (get source), making the PCP the optimal point of intervention for tobacco intervention. 65% of tobacco users in Brooklyn have made at least one quit attempt in the last year. Only 7% succeed without provider assistance. This issue is further compounded among the mentally ill, where 80% are regular users of tobacco. “Nearly half of all the cigarettes sold in the U.S. are smoked by people with a serious mental illness, according to a study in the Journal of the American Medical Association in 2000. People with schizophrenia, bipolar disorder and other mental illnesses are twice as likely to smoke as the general population, and they tend to smoke about 50% more cigarettes per day.”[1] Further, many of the mentally ill are marginalized from mainstream medical care services, seeking primarily emergent health care. As a result, they are not exposed to basic preventive healthcare, such as tobacco prevention screening.

The overall aim for this initiative was to increase provider capacity to successfully treat mentally ill patients for tobacco dependence through training, resulting in a reduction of consumption and/or abstinence from tobacco use. The target population consisted of the patients of the Center for Integrated Health (CIH), a medical practice co-located with the Outpatient Psychiatric Department (OPD) of NYC Health + Hospitals/Woodhull (Woodhull). CIH receives referrals from the OPD to medically manage a population with significant co-morbidities, including hypertension, diabetes, asthma and COPD, and tobacco addiction. The practice was founded when it was learned that more than 65% of patients utilizing OPD services do not have regular primary care visits.

The program developed a series of trainings on a best practices approach in tobacco assessment and referral to quit smoking programs and aids. The intervention was implemented at the start of the second quarter of 2014 and continued for six months. A team comprised of a health education and the Chief of Chemical Dependency provided the staff of CIH with ongoing training and coaching. Staff who participated included:

- The Attending
- Nurse Practitioner
- Patient Care Associate
- 2-Patient Navigators
- 2-Clerical Staff

In 2014 there were 875 registered patients in CIH. We drew a sample of patients who were seen in the first quarter of 2014 (January through March) and were also seen in the fourth quarter (October through December). The first quarter represents the period before the interventions were begun, and the fourth quarter represents the period post

[1] Kessler, et. al.

intervention. We examined change between these two time periods. A total of 391 patients met the criteria and were included in the analysis.

Participant characteristics are presented in Table 1.

Table 1. Characteristics of the study sample		
Characteristic	Frequency	Percentage
Gender		
Male	110	28.1%
Female	281	71.9%
Race/Ethnicity		
African American/Black	70	17.9
Hispanic	278	71.1
White	9	2.3
Native American, Alaska Native	2	0.5
Asian	3	0.8
Other	23	5.9
Unknown	6	1.6
Primary Payer Group		
Medicaid	28	7.2
Medicaid Managed Care	205	52.4
Medicare	46	11.8
Medicare Managed Care	84	21.5
Commercial	3	0.8
Self-pay	24	6.1
Worker's Compensation	1	0.3
	Mean	Standard Deviation
Age	53.75	9.54
Number of weeks from first visit to last	40.18	4.85
How many years have you been smoking	31.86	11.82

The sample was primarily middle-aged (53.75 years old), Hispanic (71.1%) and female (71.9%). More than 90% were insured by a Medicaid or Medicare product. Analysis revealed that there was no relationship between gender and race/ethnicity, the likelihood of being assessed for tobacco addiction, number of years smoking, or length of time from pre intervention and post intervention. Approximately one in three (31.1%) of the sample were active smokers.

Chi Square analysis revealed a statistically significant relationship between time and the likelihood of being assessed for tobacco addiction. Participants were more likely to have a documented tobacco addiction assessment in their electronic health record than before the intervention ($p<0.0005$). These findings held true for nicotine replacement therapy (NRT). Patients were more likely to be prescribed NRT after the intervention with providers compared with before ($p=0.006$).

In general, the findings supported the overall aim of the project. The investigators were able to replicate the impact of the provider on the patient's tobacco addiction. Ongoing training of providers leads to improved assessment and treatment access among even the most challenged of patient populations. We further study is needed to demonstrate the sustainability of the change. Further, the investigators recommend annual in-servicing of existing staff on tobacco assessment and treatment and more intense training of all new staff entering the team. Finally, the assessment of tobacco addiction should be part of the Department's ongoing Quality Management process.