

TOBACCO, ELECTRONIC NICOTINE DELIVERY SYSTEMS, AND RELATED TRENDS



A quarterly newsletter brought to you by the U.S. Public Health Service
Nicotine Cessation Services Access Workgroup (NCSAW)

MARCH 2023

Increased Reach and Effectiveness with a Low-Burden Point-of-Care Tobacco Treatment Program in Cancer Clinics

- Smoking cessation has a profound, positive impact on cancer outcomes, including improved response to treatment, fewer adverse effects from treatment, increased survival rates, and decreased risk of secondary cancers.
- Effective smoking cessation strategies are underutilized in cancer care settings due to barriers including lack of time, knowledge, and resources.
- This study evaluated whether these obstacles could be mitigated using an Electronic Health Record (EHR)-integrated, low-burden, point-of-care tobacco treatment intervention called ELEVATE.
 - The ELEVATE module was designed to navigate clinicians through the “5 As” Model – ask, advise, assess, assist, and arrange – for smoking cessation treatment.

Bottom Line:

ELEVATE is a low-burden, point-of-care tobacco treatment approach that increased the reach and effectiveness of evidence-based tobacco treatment in cancer clinics.

Study Design:

- Patients in the intervention group were roomed by a medical assistant, who used the ELEVATE module to:
 - Assess smoking status
 - Provide brief, scripted advice regarding smoking cessation
 - Offer and refer patients to tobacco treatment counseling options including phone-, text-, and app-based programs
- Next, the patient was evaluated by a physician who was prompted to utilize the EHR smoking module to encourage smoking cessation and prescribe cessation medications.
- The study followed a quasi-experimental design with pre/post comparisons to measure the reach and effectiveness of the ELEVATE module among current adult smokers who visited outpatient oncology clinics within a large Midwestern healthcare system. These results were further compared with the tobacco treatment outcomes of the non-intervention group where the ELEVATE module was not being used.
 - The primary outcomes included reach (proportion of current smokers exposed to any of the components of evidence-based treatment) and effectiveness (proportion of current smokers who quit smoking). These outcomes were modeled using chi-square tests and the generalized estimating equation Poisson regression methodology.
 - ELEVATE demonstrated improved outcomes in access to tobacco treatment and smoking cessation:
 - Reach: The proportion of tobacco smokers receiving cessation treatment increased from pre-ELEVATE to post-ELEVATE (1.6%–27.9%; difference, 26.3%; relative risk, 16.9 [95% CI, 9.8–29.2]; $P < .001$).
 - Reach from non-intervention group ranged from 11.8% to 12%, values much lower than the 27.9% treatment reach with ELEVATE during the same time period.
 - Effectiveness: The proportion of current smokers who achieved cessation increased significantly from pre-ELEVATE to post-ELEVATE (12.0% vs 17.2%; difference, 5.2%; relative risk, 1.3 [95% CI, 1.1–1.5]; $P = .002$).
 - Achievement of cessation from the non-intervention group ranged from 8.2% to 9.9%, values lower than 17.2% smoking cessation achieved with ELEVATE.

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Definitions:

- Generalized estimating equation Poisson regression: Used to analyze non-normal data using all available data for each subject; accounts for correlations between binary outcomes across time within the same individual and allows specification of both time-varying and individual difference variables.

Practice considerations:

- Low-burden, point-of-care tobacco treatment strategies such as ELEVATE have the potential to effectively increase tobacco treatment and cessation among patients with cancer.
- Low intensity interventions, such as brief advice, were shown to be effective and underscore the potential that clinical and support staff can have on promoting cessation.
- Integrating tobacco treatment in each healthcare encounter promises to engage more patients, increase access to evidence-based treatment, smoking cessation, and improve health outcomes.

Limitations:

- Smoking prevalence could not be accurately determined during the pre-implementation period due to low assessment levels.
- Smoking cessation status was determined by patient self-reporting and was not biochemically verified.
- Patients who were missing follow-up smoking status data were coded as actively smoking, potentially underestimating actual cessation levels.
- There were demographic differences between the ELEVATE group (medical oncology patients) and the non-intervention group (internal medicine and surgical oncology patients), limiting the value of comparisons.
- Secular and temporal confounding variables exist, including EHR platform transition and practice changes over time.

Reference

Ramsey AT, Baker TB, Stoneking F, et al. Increased Reach and Effectiveness With a Low-Burden Point-of-Care Tobacco Treatment Program in Cancer Clinics. *J Natl Compr Canc Netw*. 2022;20(5):488-495.e4.
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