

# Smoking Cessation at Crossroad Health Center: A Community Partnered Project

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## GOALS

- Learn about communities of patients and providers at Crossroad Health Center
- Partner with Crossroad to design and implement QI project about an issue of importance to the community

## INTRODUCTION

Worked with Crossroad Health Center, an urban Federally Qualified Health Center in downtown Cincinnati



Established 1992, FQHC since 2000  
 Medicaid - 58%  
 80% of patients below federal poverty level  
 65% of patients African American  
 40 Full and Part time employees

Initial needs assessment identified patients and staff both interested in improving smoking cessation

Following QI principles, Planned an intervention based on initial data collection, Did a multi-step intervention, Studied the results with more data, Crossroad now Acting on the results

## METHODS

- Chart review of 100 random adult patients with at least 1 visit in previous 6 months (pre-intervention) and previous 3 months (post-intervention) was obtained
- Pre & Post-Intervention Medical Assistant survey to assess comfort assessing patient tobacco use
- 2 Patient focus groups helped guide development of intervention

### Multi Step Intervention

Table 1: Details of the Quality Improvement Intervention:

Medical Assistant Education (50 minute session)	<ul style="list-style-type: none"> <li>• Goals of quality improvement project reviewed (increase documentation of smoking status and cessation counseling)</li> <li>• Proper methods for MA's to document in EMR</li> <li>• Goals for smoking with regards to meaningful use &amp; PCMH</li> <li>• Review new patient handouts</li> <li>• Review magnet communication system</li> <li>• Staff question and answer</li> </ul>
Low literacy Handouts (made available in CHC)	<ul style="list-style-type: none"> <li>• Stress Management Techniques</li> <li>• Medications to Aid Smoking Cessation</li> <li>• Benefits of Quitting</li> <li>• Financial Costs of Smoking</li> </ul>
No-smoking magnet system	<ul style="list-style-type: none"> <li>• Visual reminder and communication device for MAs to share patient information with providers</li> <li>• Red no-smoking magnets moved onto exam room door by MA after identification of patients interested in talking about quitting</li> </ul>

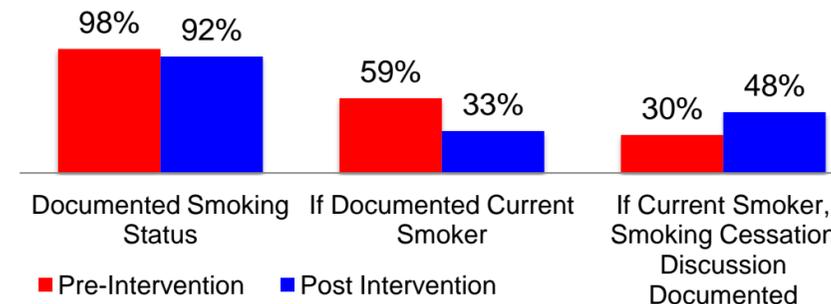
## RESULTS

### Focus Group Themes

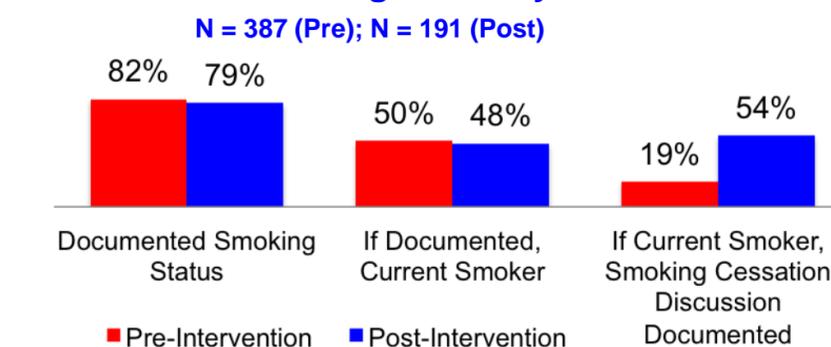
From 16 patients

- Started smoking < 18 yo with family influence
- Want to quit and know negative effects of smoking
- Patients have talked to their doctors about it
- Do not want to talk about quitting at every visit
- Concerns about side effects of medications
- Faulty methods of quitting
- Desire for regular support groups

### Documented smoking status during at least one visit N = 100 (Pre); N = 101 (Post)

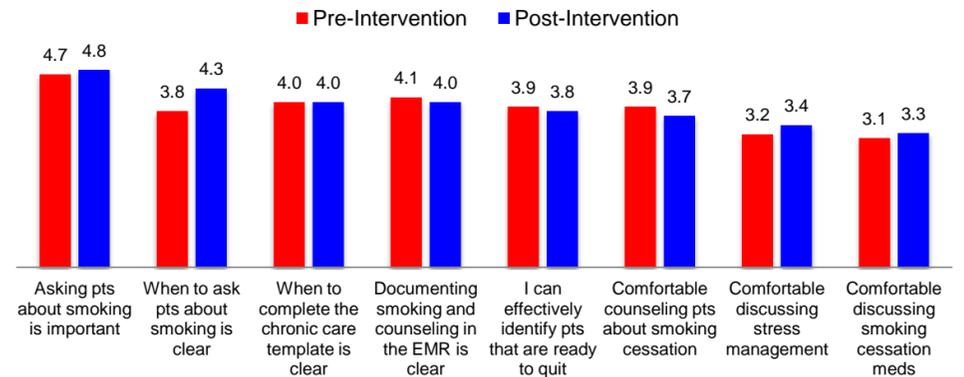


### Documented smoking status by visit N = 387 (Pre); N = 191 (Post)



### Medical Assistant Survey

Mean MA Response on Scale of 1 – 5 with 5 Being Strongly Agree, N = 10



There was no significant differences in MA responses pre & post intervention

## CONCLUSION

- Changing smoking in a community FQHC is challenging and requires multi-faceted approach
- There was no statistical difference in smoking status documentation pre or post intervention
- Significantly fewer smokers were in the post-intervention group
  - Unknown if an artifact or if fewer smokers in practice
- When examining all visits there were significantly more (p<.001) documented discussions about smoking cessation in the post-intervention group (54%) than in the pre-intervention group (19%).
- Continued efforts needed to change smoking practices at Crossroad