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
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

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

Multi Step Intervention

Medical Assistant Education (50 minute session)
• Review new patient handouts
• Review malignant communication system
• Stress Management Techniques
• Medications to Aid Smoking Cessation
• Benefits of Quitting
• Financial Costs of Smoking

Low literacy Handouts (made available in CHC)

No-smoking magnet system
• Visual reminder and communication device for MAs to share patient information with providers
• Red no-smoking magnets moved onto exam room door by MA after identification of patients interested in talking about quitting

Table 1: Details of the Quality Improvement Intervention:

Medical Assistant Education (50 minute session)

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

Pre-Intervention Post-Intervention
Documented Smoking Status 96% 92%
If Documented Current Smoker 59% 33%
If Current Smoker, Smoking Cessation Discussion Documented 30% 48%

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

Pre-Intervention Post-Intervention
Documented Smoking Status 62% 79%
If Documented, Current Smoker 50% 48%
If Current Smoker, Smoking Cessation Discussion Documented 19% 54%

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