BARRIERS, SOLUTIONS, AND RESOURCES FOR IN-OFFICE TOBACCO CESSATION COUNSELING

Rahma Mungia
South Central AHEC

Patients Say:
"I didn't come here for a lecture"
"It's too late for me to change"
"We'll run them off"
"It's too late for me to change"
"Give us ten easy steps"
"It's a delicate topic – it's like bringing up bad breath"
"It's difficult to quit if a spouse smokes: If one does, the other does"
"It's a personal choice thing"
"I will bleach my teeth after I quit"

Providers Say:
"It cuts into chair time"
"We're not required to talk about it, and it's not my place"
"It's a personal choice thing"
"It's a delicate topic; it's like bringing up bad breath"
"We're not required to talk about it, and it's not my place"
"Denial is huge"

PURPOSE
- Determine barriers to dentists and physicians providing in-office tobacco cessation counseling, brainstorm solutions, and provide resources

METHODS
- 6 dental and 6 primary care practices from STOHN and STARnet Networks were recruited to participate in a survey and focus group.
- Network clinics and clinicians were sent an study invitation letter inviting to participate in the study
- Dentist, Physicians, Nurses, Hygienist, Physicians Assistants, Dental Assistants, Medical Assistants and their staff participated

PRACTICE-BASED RESEARCH NETWORK
- A group of practices devoted primarily to the care of patients, but also committed to collaboratively studying and improving care, with a representative governance structure that exists beyond the needs of a single project
- Tool for transforming the relationship between community clinicians and academic researchers

SOUTH TEXAS ORAL HEALTH NETWORK
South Texas Oral Health Network (Formed 2008)
Co-Directors: Rahma Mungia & Thomas Oates
28 Private dental practitioners
22 Dental practices
4000 Patient visits
White 40%, Hispanics 36%, African-American 15%, others 9%
Private insurance 47%, No insurance 47%, Medicaid 6%
Children < 14 15%, Adults 15-64 58%, Adults > 65 27%

SOUTH TEXAS AMBULATORY RESEARCH NETWORK
South Texas Ambulatory Research Network (Formed 1992)
Co-Directors: Walter Calmbach & Michael Parchman
165 practitioners
108 practices
8000-10000 Patient visits
White 53%, Hispanics 42%, African-American 5%
Private insurance 72%, Medicare 19%, No insurance 8%, Medicaid 1%
Children < 8 15%, Adults 18-64 45%, Adults > 64 40%
Focus groups were conducted with the entire office staff
- Do you offer tobacco cessation counseling services?
- What barriers do you and your staff face in providing tobacco cessation counseling services to patients? (BARRIERS)
- What do you think can/should be done to encourage health care providers and their staff to counsel their smoking patients to quit? (SOLUTIONS)
- Do you feel you have the resources available to provide tobacco cessation counseling? (RESOURCES)
- Is there anything that you would like to comment on that has not been covered in the group discussion?

ACTIVITY

87 medical and dental professionals (doctors, dentists, nurses, hygienists, assistants, and office personnel) participated
- 66 (76%) were located in Bexar county
- 25 (29%) participated in some type of in-office tobacco cessation counseling with patients
- 11 (13%) knew that practices could bill for these services
- 7 (8%) had actually billed for it.

DENTAL FOCUS GROUP RESULTS
6 Dental Clinics Participated
- Lack of chair side time
- Anger, hostility and willingness to listen
- Addiction and long history of smoking
- Frustration on receiving cessation from multiple people
- Infrequency of patients contact
- Lack of protocols for charting and recording
- Difficulty in prescribing medication
- Tobacco cessation training
- Patients don’t connect smoking with oral health
- Secondhand smoking issues
**Solutions and Resources**
- Hygienist are appropriate to provide tobacco cessation
- Interest and concern
- Good take-home materials
- Contact insurance company and determine codes and procedures
- Charting and recording options
- Script and training on cessation
- New strategies like drink more water, implants are expensive and smoking damages it, appeal to vanity, link smoking to discomfort, offer incentives for patients
- Show pictures and posters of effects of tobacco
- Use intraoral cameras to show effects
- Show videos on quitting
- Enlist spouse in consultations

**Perceived Barriers**
- Lack of interest and willingness
- Lack of time
- Patients denial
- Lack of teaching tools and resources
- Limited staff & lack of training
- Reimbursement issues
- Difficulty in prescribing medication
- Addiction
- No control over second-hand smoke.
- Weight issues
- There is a myth that you get sick once you quit.
- Patients are ignorant of the dangers of smoking
- Patients don’t want to deal with withdrawal symptoms
- They have no support at home to quit smoking
- Cost of prescription aids

**Solutions and Resources**
- Standardized toolkits
- Culturally appropriate educational materials
- Prevention specialist on staff
- Family support
- Ways to follow-up
- Ways for Quitline (and similar) to share information with doctors
- Coordination of primary care, dental care, pharmaceutical companies, and community resources
- Relationship /rapport with patients makes them more open
- New strategies like, appeal to vanity, voice change, lab results and medication use, refuse to prescribe contraceptive pill for smokers
- We need non-smoking facilities and parking lots

**Focus Group Results**
- 6 Physicians clinic participated
- 5 Bexar county, 1 Medina County

**Solutions and Resources**
- Discuss consequences
- Address smoking each year as part of the physical.
- Give out a “tracking book” that discusses hurdles, plans, etc.
- Partner with CAM providers: acupuncture, hypnotism, therapy, herbal treatments.
- Have people breathe through a straw to simulate the effects of emphysema.
- Ask patients to read materials while they wait in the exam room and quiz them afterwards.
**TOOLKIT DISCUSSION**

<table>
<thead>
<tr>
<th>Patient Attitudes</th>
<th>Provider Attitudes</th>
<th>Logistics</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annoyed</td>
<td>Frustrated</td>
<td>Staff</td>
<td>Commercial</td>
</tr>
<tr>
<td>Irritated</td>
<td>Resistant</td>
<td>Charting</td>
<td>Not all patients</td>
</tr>
<tr>
<td>Revolting</td>
<td>Disobedient</td>
<td>Follow-up</td>
<td>Internet access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medication monitoring</td>
<td></td>
</tr>
</tbody>
</table>

**Solutions**

- Develop support
- Connect the primary complaint
- Education: Teaching, Counseling
- Designated staff: Specific billing/coding information
- Non-commercial: Spanish-language, Plain-language, Personalized

---

**ACTIVITY**

**QUESTIONS:**

**WHAT RESOURCES DO YOU THINK SHOULD BE INCLUDED?**

**WHAT MATERIALS DO YOU THINK DENTISTS & DOCTORS WOULD FIND MOST USEFUL?**

---

** Providers Say:**

- "Patients see doctors like priests – they think they’ll be caught if they lie"
- "Frustrating!"
- "It’s the patient’s will"  
- "I won’t force it on them"
- "It’s really the patient"
- "Don’t be pushy; joke with patients"
- "Try it a lot of times and see what will stick"
- "Patients see doctors like priests – they think they’ll be caught if they lie"
- "It all depends on the person – they have to want to quit"
- "Patients need a ‘catalyst’ to quit – something has to scare them"
- "Patients came in for other issues – quitting is rarely the primary complaint"