


**Patients Say:**  
 "I will bleach my teeth after I quit"  
 "I didn't come here for a lecture"  
 "It's too late for me to change"

**Providers Say:**  
 "We'll run them off"  
 "It cuts into chair time"  
 "Patients aren't motivated to care"  
 "Give us ten easy steps"  
 "It's a personal choice thing"  
 "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"  
 "Reimbursement is horrible -- you can bill, but do you get paid?"  
 "Denial is huge"  
 "We're not required to talk about it, and it's not my place"

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


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1

## PURPOSE


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



2

## 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



3

## 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



4

## 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%

5

## 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%

6

## METHODS

- Card Survey

Study ID: _____		
DATE:		
TITLE:		
CLINIC NAME:		
Questions	Answers	
1. Do you offer tobacco cessation counseling services?	YES	NO
2. Do you bill for the tobacco cessation counseling services you provide?	if no, go to question 3	
	YES	NO
3. Did you know that you can be reimbursed for tobacco cessation counseling services?	YES	NO

- Focus group



7

## METHODS

- 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?

8

## ACTIVITY

### QUESTIONS:

WHAT ARE YOUR PREDICTIONS?  
WHAT DO YOU THINK THE BARRIERS ARE TO TOBACCO CESSATION?

9

## CARD SURVEY RESULTS

- 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.

10



## DENTAL FOCUS GROUP RESULTS

6 Dental Clinics Participated  
5 Bexar county, 1 Kerr County

11

## PERCEIVED BARRIERS

- Lack of chair side time
- Anger, hostility and willingness to listen
- Addiction and long history of smoking
- Billing and coding issues
- Lack of protocols for charting and recording
- Difficulty in prescribing medication
- Frustration on receiving cessation from multiple people
- Infrequency of patients contact
- Lack of resources or referral
- Appropriate time to address tobacco cessation
- Smokeless tobacco is perceived safer than smoking tobacco
- Dentist are lazy
- Tobacco cessation training
- Patients don't connect smoking with oral health
- Secondhand smoking issues

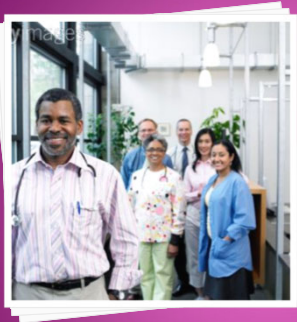


12

## 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

13



## PHYSICIANS FOCUS GROUP RESULTS

6 Physicians clinic participated  
5 Bexar county, 1 Medina County

14

## 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



15

## 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

16

## SOLUTIONS AND RESOURCES

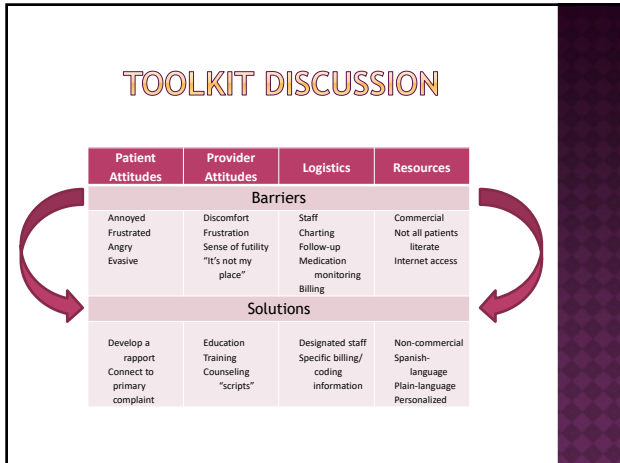
- Discuss consequences
- Address smoking each year as part of the physical.
- Give out a "tracking book" that discusses hurdles, plans, etc.
- Partner with CAM providers: acupuncture, hypnotism, therapy, herbal treatments.
- Have people breathe through a straw to simulate the effects of emphysema.
-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

17

## RESOURCES



18



19

### ACTIVITY

**QUESTIONS:**

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

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

20

**Providers Say:**

*"Patients see doctors like priests - they think they'll be caught if they lie"*

*"I'm intimidating"*

*"It's the patient's will"*

*"I won't force it on them"*

*"It's really the patient"*

*"Don't be forceful; joke with patients"*

*"Bring it up 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"*

## QUESTIONS?

21