

A Survey of Baseline Tobacco Cessation Clinical Practices and Receptivity to Academic Detailing

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ABSTRACT

Background: Thirty percent of all cancers are directly attributable to smoking, yet tobacco cessation treatment is not commonly provided at cancer clinics.

Objectives: To assess current tobacco cessation practices among Wisconsin cancer clinics and to measure their receptivity to onsite training and technical assistance to increase their delivery of evidence-based tobacco cessation treatment.

Process: An online survey to assess current tobacco use identification and treatment clinical practice at 16 Wisconsin cancer clinics affiliated with the Wisconsin Oncology Network.

Outcomes: Fifteen clinics responded to the survey and 11 agreed to onsite academic detailing. Most clinics reported that they identify tobacco users, but fewer advised smokers to quit or provided evidence-based tobacco cessation treatments.

Implications: Less than half of Wisconsin cancer clinics consistently seize the oncology visit to address tobacco use, and the majority of cancer clinics are receptive to onsite academic detailing to increase the frequency and effectiveness of their tobacco cessation interventions.

tion teachable moment. A recent large prospective study found that patients with a cancer diagnosis (n=772) had higher smoking quit rates at 2 and 4 years (31% and 43% respectively) than smokers without a cancer diagnosis (20% and 34%, respectively).² While these findings demonstrate a prevention opportunity, historically, tobacco cessation treatment has been infrequently addressed and delivered at cancer treatment clinics.³

In response to these findings, in 2010 the National Cancer Institute (NCI) surveyed all NCI-supported cancer centers. That survey showed that while 60% of cancer centers offer some form of tobacco use treatment, the treatment was often confined to 1 disease subpopulation, such as lung cancer patients.⁴ The NCI

concluded that tobacco dependence treatment must become a higher priority and issued a call to action for all cancer centers in the United States to address this topic.^{4,5} Similarly, the American Association of Cancer Research⁶ and the National Comprehensive Cancer Network Guidelines⁷ now strongly encourage that all cancer patients who use tobacco be provided with evidence-based tobacco cessation. While many have called on cancer centers to better address tobacco dependence among their patients who smoke, little recent data has indicated whether these calls to action are having an impact.

In this article, we assess current tobacco cessation treatment practices in Wisconsin cancer clinics and assess their willingness to receive training and technical assistance (“academic detailing”) to improve their delivery of evidence-based cessation treatments to their patients who use tobacco.

METHODS

In January 2014, as part of a quality improvement project, a collaboration was established between the University of Wisconsin Carbone Cancer Center and the University of Wisconsin Center

BACKGROUND

Thirty percent of all cancer mortality and 80% of lung cancers are directly attributable to smoking.¹ In 2014, the US Surgeon General listed bladder and kidney, cervical, colorectal, esophageal, laryngeal, acute myeloid leukemia, liver, lung, oral and pharyngeal, pancreatic, stomach, and uterine as cancers induced by smoking.¹ A cancer diagnosis may serve as a tobacco cessa-

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Table 1. Sixteen Wisconsin-Based Cancer Clinics/Practices Surveyed About Their Tobacco Dependence Treatment Performance

| |
|---|
| Aspirus Regional Cancer Center, Wausau |
| Aurora Cancer Care, Wauwatosa |
| Aurora Healthcare Network, Green Bay, Marinette, Oshkosh, Sheboygan, Summit, Two Rivers |
| Bellin Memorial Hospital, Green Bay |
| Columbia St. Mary's Cancer Center, Milwaukee |
| Dean Clinic Hematology and Oncology, Madison |
| Fox Valley Hematology and Oncology, Appleton |
| Gundersen Health System, La Crosse |
| Holy Family Memorial Cancer Care Center, Manitowoc |
| Marshfield Clinic, Marshfield |
| Medical College of Wisconsin, Milwaukee |
| Mercy Health System Hematology/Oncology Clinic, Janesville |
| ProHealth Care, Waukesha |
| St. Vincent Regional Cancer Center, Green Bay |
| UW Cancer Center Johnson Creek, Johnson Creek |
| UW Cancer Center Riverview, Wisconsin Rapids |

for Tobacco Research and Intervention (UW-CTRI), with a goal of electronically surveying clinics participating in the Wisconsin Oncology Network (WON) regarding tobacco cessation treatments provided to patients with cancer who smoke. WON is a consortium of 19 academic- and community-based cancer practices in Wisconsin, Illinois, and South Dakota. Only the 16 Wisconsin-based WON practices were approached for this project (Table 1). The 16 practices serve both rural and urban areas. Additionally, these sites serve a varied number of patients representing from 160 to 7000 new cancer diagnoses each year, with an annual combined total of 20,000 cancer diagnoses.

Receptivity to Academic Detailing

UW-CTRI Outreach staff contacted each of the WON cancer clinics that responded to the survey, with an offer to provide onsite tobacco cessation technical assistance, including an assessment of current practices that identify and treat patients who use tobacco; and an invitation to collaboratively develop a tobacco cessation training and technical assistance plan to meet their specific needs and clinic workflow.

Academic detailing is tailored, onsite training and technical assistance to assist clinicians and systems with integration of evidence-based tobacco use identification, interventions, and treatment. Our past research has indicated the positive impact of academic detailing on tobacco cessation treatment in 49 primary care clinics in Wisconsin.⁸ This technical assistance is designed to increase the quantity and quality of delivery of tobacco use treatments delivered to tobacco users visiting cancer clinical sites. Examples of training and technical assistance include building tobacco dependence treatment protocols into electronic health records (EHR) and clinical workflow; tobacco dependence treatment continuing medical education clinician and staff training; collaborative planning related to clinic workflow, clinical support, and staff education; providing evidence-based tobacco

dependence treatment resources (eg, Wisconsin Tobacco Quit Line materials, clinical practice guideline) to the cancer practices; and, training cancer clinic staff to provide patient tobacco cessation counseling, as well as incorporating patient referral to the Wisconsin Tobacco Quit Line. While we focus on cancer clinic receptivity to tobacco cessation academic detailing in this paper, the academic detailing work with the Wisconsin cancer clinics is ongoing. The next phase of this project will be to repeat the baseline survey with the cancer clinics to measure tobacco cessation intervention practice change.

RESULTS

Baseline Survey

Of the 16 cancer practices that were e-mailed an invitation with a link to the online survey, we received responses from 15, for a baseline response rate of 94%. Of the 15 clinics that completed the baseline survey, 11 (73%) accepted the offer for tobacco cessation training and technical assistance from UW-CTRI. Survey results demonstrated marked differences across the responding WON cancer clinics regarding their stage of incorporating evidence-based tobacco dependence treatment. Only 6 of 15 clinics reported that they knew the smoking prevalence of their patients. Among these 6, smoking prevalence estimates ranged from 16% to 30%. Among the 15 clinic responders, 10 reported that they assess smoking at every clinic visit (Figure 1). A smaller proportion (8 of 15) assess patients for all tobacco use at every visit, and only 2 of 15 assess secondhand smoke exposure at every visit. Six of the cancer clinics reported that they have created and utilize a tobacco use registry (an EHR-based tool to compile a list of all tobacco users within the clinic), with 2 reporting that they used it for preventive services patient outreach. One of the cancer practices did not have a tobacco use registry, and 7 sites were unsure if they had a tobacco use registry (Figure 2). As shown in Table 2, the types and intensity of tobacco cessation interventions also varied markedly across the cancer practices. In general, clinics regularly advised their patients to quit, but were much less likely to consistently provide specific cessation assistance such as a referral to the free services provided by the Wisconsin Tobacco Quit Line. The Wisconsin Tobacco Quit Line is funded by the Wisconsin Department of Health Services Tobacco Prevention and Control Program, and managed by UW-CTRI.

DISCUSSION

This Wisconsin-based quality improvement initiative targeting oncology clinics had 2 chief findings. First, few of these clinics reported that they regularly delivered evidence-based tobacco cessation treatments to their patients who smoke. Second, most of these oncology clinics are receptive to onsite academic detailing (training and technical assistance) with a goal of increasing the frequency and effectiveness of tobacco cessation interven-

tions. These Wisconsin cancer clinics were similar to cancer clinics nationally with regard to their limited delivery of tobacco dependence treatment. Nationally, only about 60% of cancer clinics offer some form of tobacco dependence treatment.⁴ In Wisconsin, cancer clinics reported that they sometimes offer tobacco dependence treatment to approximately 54% of their patients who use tobacco.

The disappointingly low level of consistently providing tobacco cessation interventions in oncology clinics represents a missed opportunity to help patients quit tobacco use.⁹ The identification and documentation of smoking and tobacco use status is a crucial first step to being able to provide an evidence-based tobacco cessation treatment intervention for patients who use tobacco. Surveys of cancer clinics have identified some of the barriers to providing evidence-based tobacco cessation treatment to oncology patients. These include lack of time, tobacco cessation not being a priority during a cancer diagnosis or treatment visit, lack of awareness of tobacco dependence treatment guidelines and resources, and lack of reimbursement.^{3,4} In addition to its long-term health risks, tobacco use poses a particularly acute danger for this population given the effect smoking has on cancer recovery, recurrence, and outcomes.¹⁰ Oncology clinics provide a critical opportunity for patients who use tobacco to receive evidence-based tobacco cessation interventions, and this opportunity is often missed.

This survey of Wisconsin cancer clinics also provides evidence that most oncology clinic staff are open to receiving training and technical assistance to increase their rates of providing tobacco dependence interventions, and systematic academic detailing can provide such support.⁸ We plan to conduct a follow-up survey with these cancer clinics to assess the change in their tobacco dependence treatment services.

This baseline assessment of tobacco cessation clinical interventions at Wisconsin cancer practices has several limitations. First, only 1 contact person at each cancer practice (the WON member representative) was invited to complete the baseline survey, resulting in a potential response bias. Second, responding

to the baseline survey was optional for the cancer clinics resulting in a potential underresponding of tobacco control activities. Finally, the baseline survey did not collect information on attitudes about and knowledge of evidence-based tobacco cessation interventions in an oncology clinic, and such attitudes and knowledge may influence how and why clinics did or did not respond to this baseline tobacco cessation intervention practices survey.

In summary, few Wisconsin oncology clinics consistently provide evidence-based tobacco cessation interventions to their patients who use tobacco. While this survey identified a substantial lost opportunity, the high rates of interest in receiving

Figure 1. Clinic Sites Reporting Smoking Assessment (n = 15)

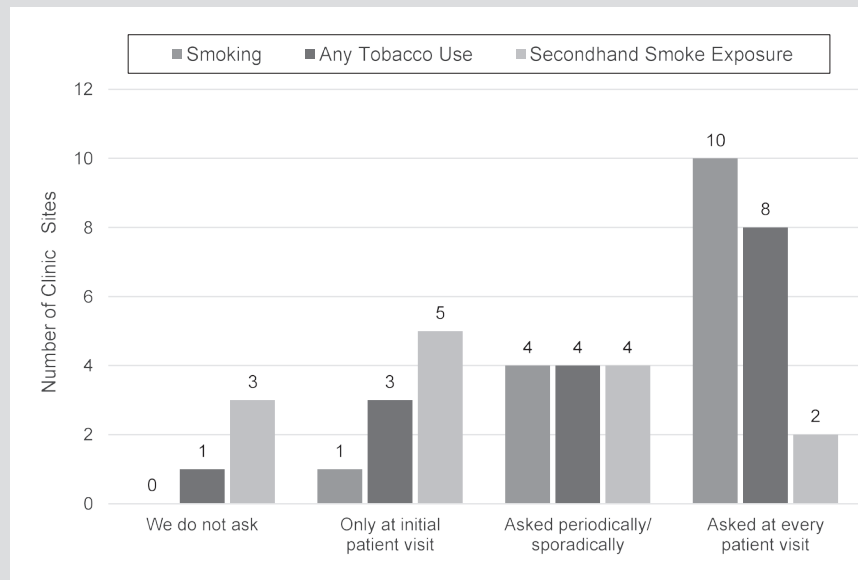


Chart shows responses to the question: "In general, how often are smoking, tobacco use and exposure to secondhand smoke assessed among your oncology clinic patients?"

Figure 2. Clinics Reporting on Tobacco Use Registry (n=14)

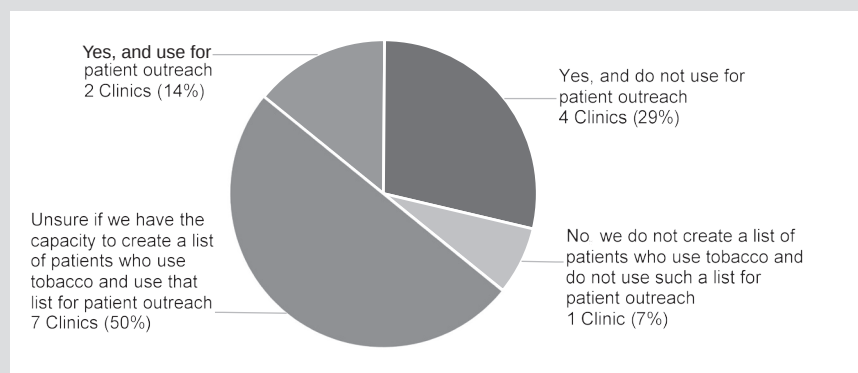


Chart shows responses to the question: "Does your clinic have the capacity to create a list of patients who use tobacco and is it used for outreach to these patients regarding tobacco cessation (eg, a tobacco use registry)?"

Table 2. For Patients Who are Identified and Documented as Smokers or Tobacco Users, How Often Do You Provide the Following interventions? (n = 13 clinics)

| Question | Always | Sometimes | Infrequently | Never | Don't Know | Total Responses |
|--|---------|-----------|--------------|-------|------------|-----------------|
| Advise the patient to quit. | 5 (38%) | 8 (62%) | 0 | 0 | 0 | 13 |
| Assess the patient's willingness to quit. | 6 (46%) | 7 (54%) | 0 | 0 | 0 | 13 |
| Provide tobacco cessation medication to interested patients. | 5 (39%) | 6 (46%) | 2 (15%) | 0 | 0 | 13 |
| Provide tobacco cessation counseling to interested patients. | 4 (31%) | 8 (62%) | 1 (8%) | 0 | 0 | 13 |
| Refer interested patients to internal (clinic or health care system) tobacco cessation services. | 2 (15%) | 8 (62%) | 1 (8%) | 0 | 2 (15%) | 13 |
| Refer interested patients to local/community tobacco cessation resources. | 1 (8%) | 7 (54%) | 2 (15%) | 0 | 3 (23%) | 13 |
| Refer interested patients to the Wisconsin Tobacco Quit Line (800-QUIT NOW). | 3 (23%) | 4 (31%) | 3 (23%) | 0 | 3 (23%) | 13 |

training and technical assistance in this area suggests that this lost opportunity can be readily addressed.

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