

Smoking cessation: Improving documentation accuracy and frequency



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INTRODUCTION

2020 US Surgeon General's report for smoking cessation concluded that smoking cessation reduces risks of many adverse effects to include, but not limited to: impaired reproductive health, cardiovascular disease, COPD, and cancer(1). Although smoking rates have declined from 2005 through 2020 in all populations; the white, black, American Indian/Native American population smoking rates remain above national average. Smoking rates in the white, black, Native American populations are 15.5%, 14.9%, and 20.9% respectively, while the national average is 14.0%. Additionally, the highest rates of smoking in the US population are seen in household incomes that are less than \$35,000 per year (2). This is important because smoking not only is detrimental to the patient's physical health but also causes a significant financial burden which further exacerbates healthcare disparities within this population.

OBJECTIVES

At the OSU Health Care Center, OSU Eastgate, OSU Women's Health Clinic, OSU POB Family Medicine, and OSU Internal Medicine Clinic:

1. Promote smoking cessation by instituting standardized, precise, and effective counseling on each visit with appropriate documentation.
2. Capitalize on billable hours spent on counseling patients, including offering therapeutic interventions.

METHODS

A three-step approach to increasing smoking cessation encounters as well as appropriate documentation included:

- 1) Construction of an EPIC smart phrase to be added to patient's progress note during a smoking cessation encounter (Fig 1) with a trial run for the month of December 2020.
- 2) We revised the smoking cessation smart phrase as well as offering a presentation to the OSU Family Medicine Resident team on January 8, 2021. initiated following the conclusion of the trial run on December 31, 2020. Video Tutorial was made.
- 3) Emailed all members of clinics listed above the PowerPoint presentation as well as a YouTube link detailing a step-by-step tutorial on how to appropriately document for smoking cessation.

Data from fourth quarter 2020 was compared to January 2021 as can be seen in (Fig 1) vs (Fig 2)

RESULTS

Patient Encounters vs Smoking Cessation Encounters in Quarter 4 2020

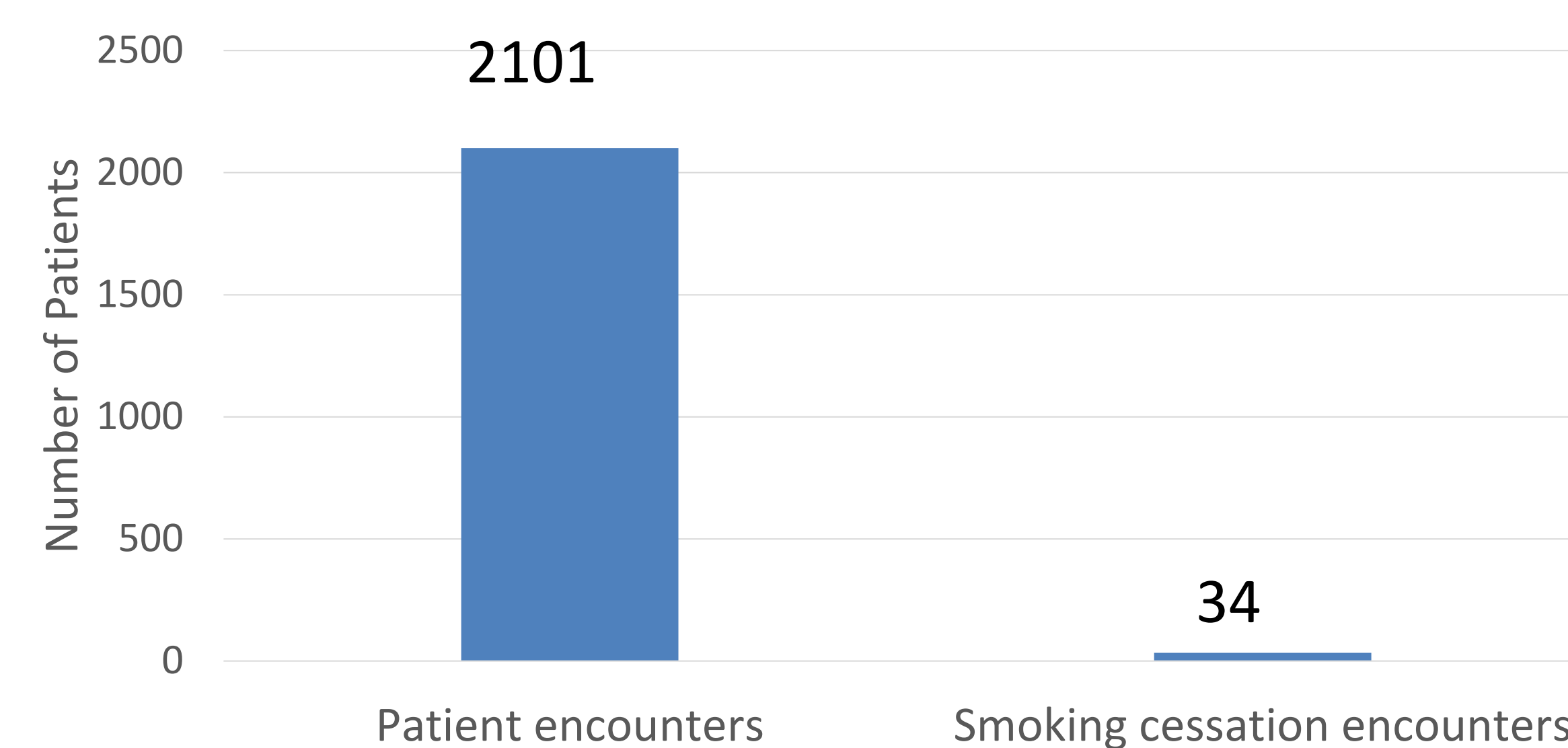


Fig 1. Shows patients who reported tobacco use compared to the number of billable smoking cessation encounters for Q4 2020

Patient Encounters vs Smoking Cessation Encounters January 2021

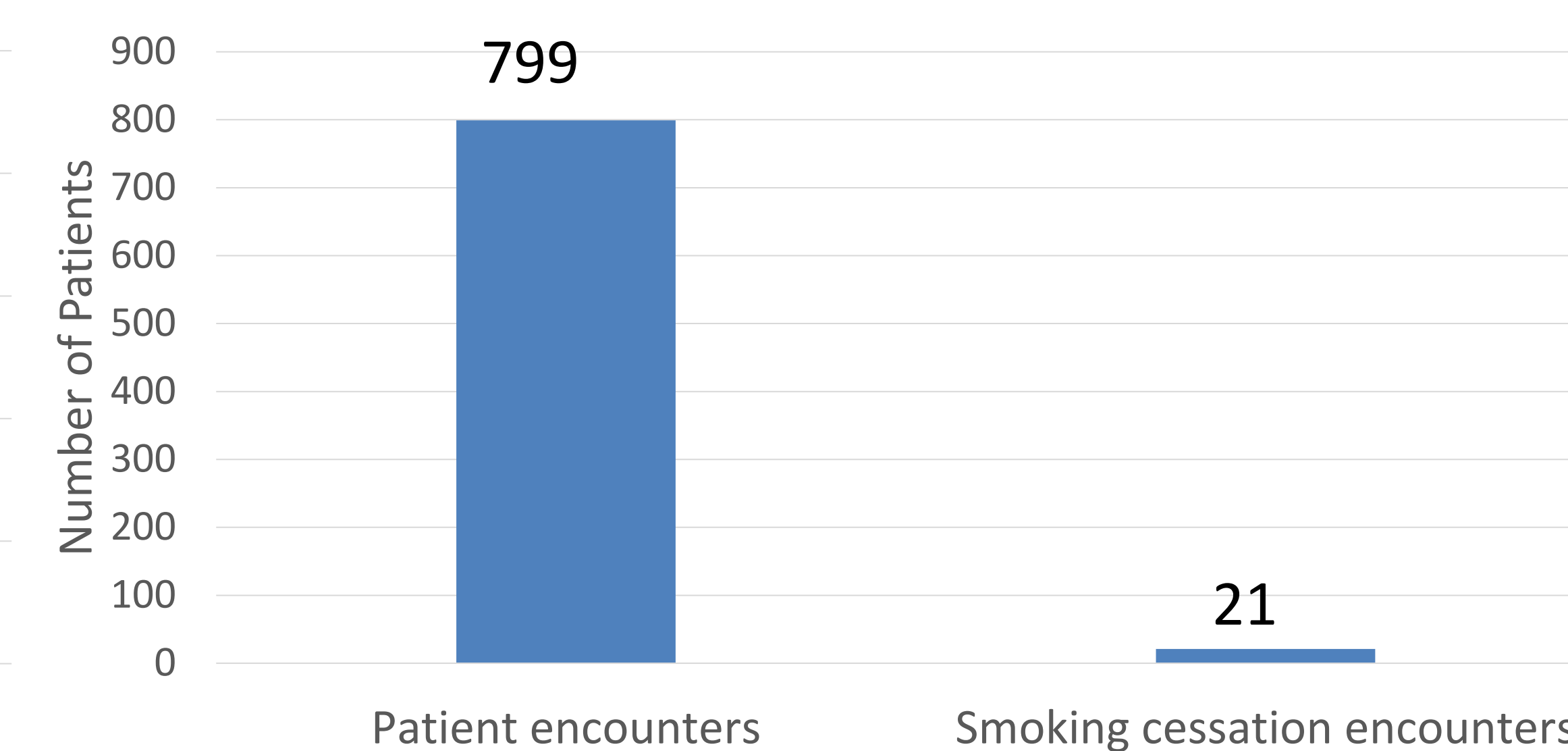


Fig 2. Shows patients who reported tobacco use compared to the number of billable smoking cessation encounters for January 2021. These numbers were recorded after resident education through didactics.

Smoking Cessation Smartphrase

Ask:

Current every-day smoker?
How many packs a day?

Advise:

Counseled on tobacco cessation, health benefits of quitting, and current and long term risks if continued smoking including, but not limited to; increased risk of cancer, development and increasing progression of copd, increased heart/cardiovascular disease risk, and worsening long-term chronic pain.

Assess:

Current tobacco use?
Symptoms resulting from tobacco use: None/ Acute exacerbation of chronic bronchitis/ Emphysema/ Pneumonia/ URI with stable lung symptoms/ SHOB/ Productive cough
Ready to quit? Yes/ No/ Unknown/ Maybe
Estimated Quit Date?

Assist/Arrange:

Smoking Cessation class/referral made? Yes/ Referral made to tobacco cessation program/ Saint Francis Health Zone/ Smoking Cessation Help Line/ No
Pharmacotherapy? See orders if applicable
Arrange follow up visit:

Fig 3. The above shows the actual smoking cessation smartphrase as can be seen within the EPIC EMR.

Percent Change in Smoking Cessation Encounters from Q4 2020 vs Jan 2021

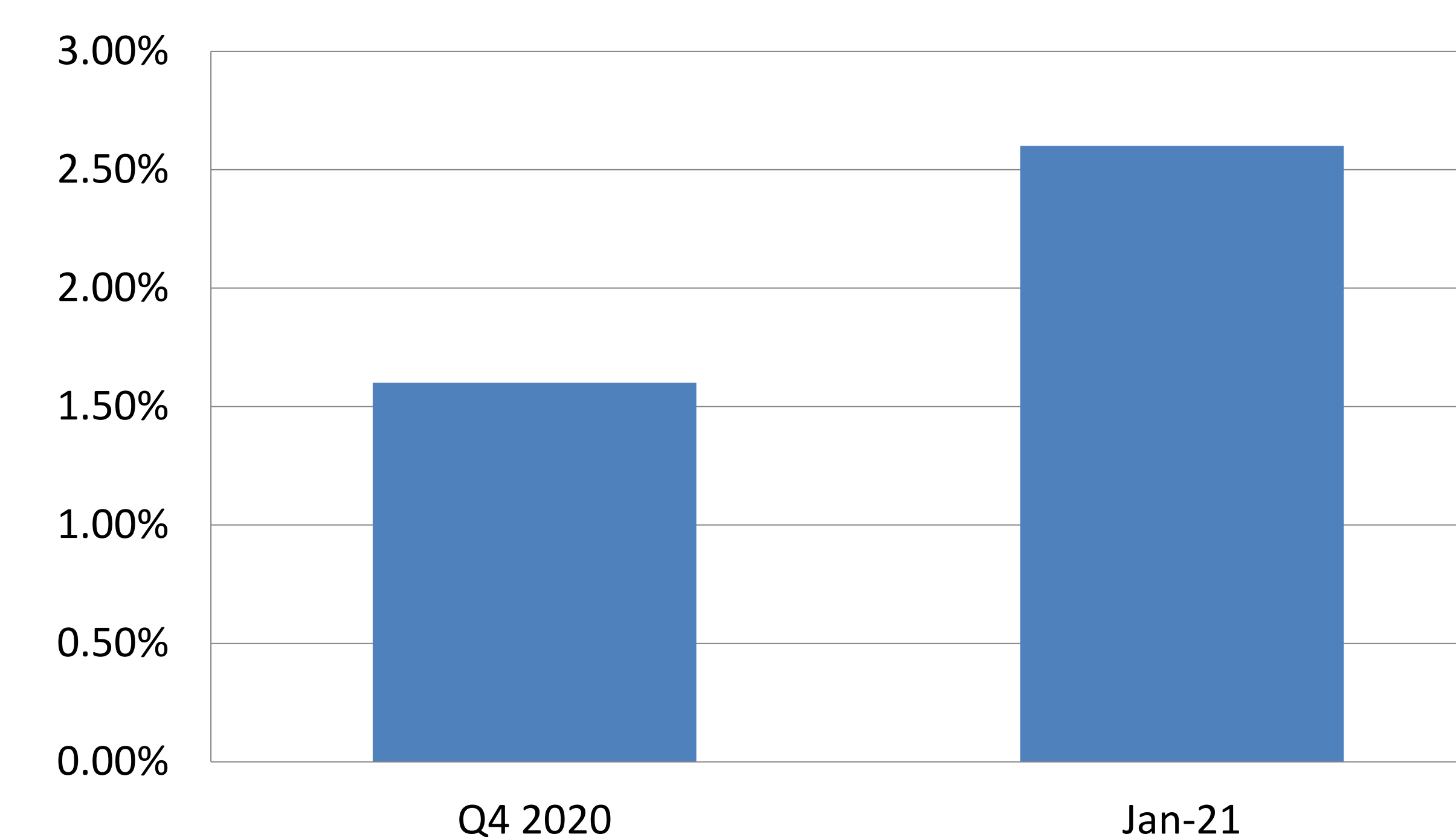


Fig 4. between Q4 2020 and Jan 2021, there is a 62% increase in smoking cessation encounters as can be seen in the graph to the left

REFERENCES

1. Office of the Surgeon General. "Smoking Cessation: A Report of the Surgeon General – Key Findings." HHS.gov, 23 Jan. 2020, www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html.
2. Centers for Disease Control. "Burden of Cigarette Use in the U.S." Tips From Former Smokers, Centers for Disease Control and Prevention, 19 Nov. 2020, <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

METHODS cont.

The smoking cessation smart phrase was generated off the Oklahoma Health Authority guideline to proper smoking cessation counseling documentation. Billed visits for smoking cessation counseling was counted if a patient was billed for CPT codes 99406-99408. The number of billed encounters for Q4 2020 and Jan 2021 was compared to the number of patients seen who reported tobacco use.

CONCLUSION

This quality improvement study showed that when appropriate education as well as implementation of a smoking cessation smart phrase is presented to physicians that there is a significant increase in smoking cessation encounters as well as appropriate documentation. Between quarter four 2020 and January 2021 there is a 62% increase in smoking cessation encounters. Although the number of actual encounters versus patients who report tobacco use remains small at 1.6% and Q4 2020 and 2.6% in January 2021, the increase in actual encounters in 1 month is dramatic.

Moving forward, steps that OSU can take in order to further improve smoking cessation encounters include yearly lectures to remind incoming interns of the importance of smoking cessation counseling and documentation. Presentations can also be presented to other departments such as general surgery, cardiology, internal medicine, and other specialties within the OSU network. Additionally, physicians who are within the OSU network but not associated with the residency program would also benefit from yearly reminders were refreshers on appropriate smoking cessation counseling and documentation.

Finally, it must also be mentioned that there were smoking cessation encounters that were properly documented but not billed for due to unknown reasons.