Smoking cessation treatment must be integrated into specialty care, especially in respiratory therapy clinics.19,20

References


COUNTERPOINT:
Are Advanced Practice Professionals More Likely to Achieve Better Tobacco Cessation Results than Physicians? No

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More than 50 years ago, the US Surgeon General presented evidence about the harms associated with tobacco smoke. Since then, the prevalence of tobacco use in the United States has declined from 42% to 16.8%. However, tobacco smoking continues to be the leading cause of preventable deaths in the United States, accounting for > 480,000 premature deaths and more than $300 billion of direct health-care expenditures per year.1,2 Currently, there are 42 million Americans who smoke.2 Two-thirds of them are interested in quitting, and more than one-half of current adult smokers have tried to quit within the past year.

Given that most individuals visit either a physician or advanced practice professional (APP; ie, nurse practitioners...
or physician assistants) for health-care delivery each year, a tremendous opportunity exists to help patients quit smoking.4

Given the importance of helping patients to quit smoking, it has been questioned whether clinician type impacts smoking cessation rates.4 We argue that APPs are not more likely to achieve better tobacco cessation results than physicians. Studies have shown that APPs can deliver health care of comparable quality to that provided by physicians,5,6 but to our knowledge no available literature exists directly comparing the effectiveness of APPs with the effectiveness of physicians in smoking cessation counseling. In general, the ability to help a patient quit smoking may be more about the motivation of the patient to quit, as well as the timing of the discussion (eg, after a cancer diagnosis or at the first prenatal visit), and less about the type of provider delivering the treatment.

Studies examining the impact of provider type on smoking cessation rates can be categorized into randomized controlled trials (RCTs) and studies of tobacco screening and intervention rates in clinical practice. RCTs have primarily examined the impact of brief advice by physicians on cessation rates. Even a session of <3 minutes of counseling by a physician can make a substantial difference in smoking cessation.4 Physician advice to quit smoking increases cessation rates by 1% to 3%.7-9 Although it seems likely that brief advice from APPs would also increase cessation rates, we did not find any studies examining efficacy of brief advice from these providers.

Other RCTs have examined the impact of provider type when delivering motivational interviewing for smoking cessation. In motivational interviewing, smokers are counseled in a way in which they can explore and resolve their uncertainties about smoking cessation while avoiding confrontation. In one meta-analysis, physicians trained to deliver motivational interviewing vs brief advice for smoking cessation had higher quitting rates, with a risk ratio (RR) of 3.49 (95% confidence interval [CI], 1.53-7.94) compared with a nonsignificant effect when the intervention was delivered by nurses, with an RR of 1.24 (95% CI, 0.91-1.68).10; however, there have been no studies regarding the impact of motivational interviewing on smoking cessation rates delivered by APPs.

Rates of tobacco screening and treatment rates by health professionals can be examined in large data sets. One Veterans Administration study of 883 providers in cardiology practices (716 physicians and 167 APPs) showed a slightly higher rate of smoking cessation screening and intervention among APPs, with an RR of 1.14 (95% CI, 1.03-1.26) when compared with physicians.5 Data from the outpatient department subset of the National Hospital Ambulatory Medical Care Survey, which included 136,432 outpatient visits, showed that physician assistants were approximately three times more likely to provide health education regarding tobacco use and exposures to patients with asthma or COPD than either physicians or nurse practitioners.11 Although these two studies suggest that APPs could have slightly higher tobacco screening and treatment rates than physicians, more information is needed on this topic in other health-care settings and in individuals without chronic diseases to make any definitive conclusions. Moreover, future studies need to document patient cessation rates to determine whether provider type could impact the effectiveness of tobacco treatment in clinical practice.

It is noteworthy that screening and intervention for all provider types was low in the aforementioned studies. All medical providers should identify and document tobacco use status and counsel every tobacco user seen in a health-care setting. Medical providers are advised to use the “5 As” model: (1) Ask about tobacco use, (2) advise tobacco users to quit, (3) assess willingness to make an attempt to quit, (4) assist in the patient’s attempt to quit (including providing pharmacotherapy for most smokers), and (5) arrange for follow-up.4 Despite the known usefulness of this strategy, it is still not fully implemented in “real-world” conditions.12

Low tobacco treatment rates in clinical practice may be due to the multiple demands that medical providers face during the limited time available to care for patients.13 In addition to lack of time, other barriers identified by physicians include patient unreadiness to change, inadequate patient resources, inadequate provider resources, and inadequate clinical skills to help patients with cessation by providers.14 To overcome these barriers, several systems-based practice changes have been recommended, which may be made easier with the growing use of electronic medical records. Perhaps the most well known is making smoking status part of the vital signs.15 This intervention increases the documentation of tobacco use but may not lead to an increase in further steps toward smoking cessation.16 Other strategies used to improve smoking cessation
support are based on modifications of the “5 As.” Examples of these are “ask, advise, and refer” and “ask, advise, and connect,”17 in which smokers are directed toward a tobacco treatment specialist who will provide more intensive treatment.

Tobacco use must be addressed and considered a chronic health condition, similar to diabetes mellitus, COPD, or congestive heart failure.18,19 Like these conditions, in which multiple agents of the health-care system play an important role in improving outcomes, tobacco use can benefit from a multidisciplinary approach. Under the direction and supervision of both physicians and APPs, tobacco treatments such as counseling and the use of US Food and Drug Administration-approved medications can lead to higher and more sustained smoking cessation rates.

The truth is that despite the availability of effective treatments to combat tobacco use, we continue to overwhelmingly underuse them. We advocate that not only should smoking cessation be the responsibility of primary care providers but also that smoking cessation counseling must be offered by everybody involved in patient care. This work must start with medical schools, which should focus on finding novel ways to train physicians in smoking cessation and test their effectiveness in achieving the desired results.20,21 and continue through residency and specialty training.22 Physicians and APPs in all practice types should be competent and confident in providing smoking cessation treatment.

Given the terrible morbidity and mortality associated with smoking, every single contact of a smoker with our health care system should be viewed as an opportunity to provide effective treatment to quit smoking. Physicians are often leaders in health-care teams, and physician attention to the problem can help create a culture that universally addresses smoking. As we have noted, there is no evidence that APPs or other team members can achieve better results. Despite the many challenges physicians and APPs face in practice, including administrative pressure for increased productivity, decreasing revenue, and bureaucratic barriers, all providers must embrace their duty to provide their patients with smoking cessation treatment.

References


