Increasing NJ Quitline Use By Pregnant & Postpartum Smokers: Knowledge, Barriers & Referral

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Agenda

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- Discussion – Survey
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Background Information: Smoking in NJ

- In 2004 and 2005, 16.2% of women in NJ smoked prior to their pregnancy and[1]:
  - 49.8% quit before entering prenatal care
  - 24.8% smoked the same amount or more during pregnancy
  - 20.2% reduced smoking during pregnancy
  - 5.2% quit after entering prenatal care
- Of women who reported smoking upon entering prenatal care[1]:
  - 56.7% reported discussing how to quit with provider
  - 31.1% reported setting a quit date with provider

1. Tong, VT, England, LJ, Dietz, PM, et. al. Smoking Patters and Use of Cessation Interventions During Pregnancy. Am J Prev Med. 2008; 35(4): 327-333.

Background Information: Quit Services

- NJ Quitline
  - Funded by the NJ Department of Health and Senior Services (NJDHSS) & the Comprehensive Tobacco Control Program (CTCP)
  - Free telephone-based counseling service, client initiated & open to all NJ residents; FTQ is not currently offered
- Mom's Quit Connection
  - Sponsored by the Southern New Jersey Perinatal Cooperative (SNJPC) and funded by the NJDHHS & CTCP
  - Free telephone-based counseling service, client initiated & open to all pregnant and postpartum women in NJ; FTQ is not currently offered
- Fax-to-Quit (FTQ)
  - Provider fills out referral form, the patient signs the form, & the form is faxed to the telephone cessation service
  - Counselors call the patients to initiate the service

Methodology: Interviews

- Eight (5 Nurse Midwives and 3 OB/GYNs) one-to-one structured key informant interviews assessing:
  - Knowledge of available NJ smoking cessation services and referral of pregnant and postpartum patients to those services
  - Perceptions of proposed FTQ program
- 30-90 minutes in duration
- $50 VISA gift card incentive

Key Findings: Interviews

NJ Quitline

- Participants realize smokers may need additional help and believe the NJ Quitline is a good adjuvant treatment option among scarce resources.

  "…this is the only resource I know about. I have hundreds of pamphlets from the NJ Quitline that I give out to all of my patients who smoke and want help to quit."

- Barriers to referring include:
  - Current/preferred use of an on-site service
  - Not knowing it exists
  - Not remembering it during a patient encounter
  - Not having information about it readily available
  - Reported negative experiences from patients
  - Belief that service is limited to English-speakers

Key Findings: Interviews

Mom's Quit Connection

- No participants had referred patients to it
- Barriers to referring include:
  - Not knowing it exists
  - Not understanding it's state-wide reach
  - Preferring an on-site *"one stop shop model"*
  - Preferring NJ Quitline as an information clearinghouse

    "…no matter what gets funded or cut, I give out the 1-800 [NJ Quitline] number and the patients get the information they need from there. I don't have time to figure out the funding… I'm too busy seeing patients."

Key Findings: Interviews

FTQ

- All participants thought their clinical sites had the resources to implement FTQ and they would use it
- It would prompt providers to have follow-up discussions with patients
- It would fit into daily task
- It could be useful for non-English speaking patients
- It would remove the burden of the initial call from the patient and place it on the counselor

  "I think it would be helpful with compliance on [the patients'] part. Having someone call them would be good. They aren't left to make a call first."

Key Findings: Interviews

FTQ

- Participants using EMRs would like a point-and-click option; those with little/no computer access would fax the form.
- The form should be designed to obtain informed consent and it would become part of the patient's chart.

  "The doctor may introduce the program, then hand off the patient to the nurse to fill out the form, then a clerical person does the faxing, and then someone to scan it into the electronic record."

- Most participants would like progress notes, but they are not essential.
- Notes would prompt follow-up at future prenatal visits, could be used as back-up records in malpractice suits, and would be used internally to evaluate the FTQ program, but would add to the work burden.

Key Findings: Interviews

FTQ

- Noted barriers include:
  - A lack of staff resources and current work burden
  - A lack of available minutes on patients' cell phones
  - The inability to reach postpartum women

    "…In the postpartum, we can't find them. How is a telephone Quitline supposed to find them? They say they have no minutes left to talk. You may want to give these women 1000 minutes and hope that by the time you call them, they haven't used up all of those minutes already."

Discussion: Interviews

- All participants reported currently providing some form of cessation assistance to pregnant and postpartum patients.
- Some participants are misinformed about available NJ services.
- There was enthusiasm for the adoption of a FTQ program.
- Some FTQ program barriers, such as obtaining informed consent and determining work flow, may be site-specific; while other barriers, such as a lack of available minutes on phones, are systemic. All barriers appear to be surmountable.

Recommendations: Interviews

- **Continued efforts to properly inform healthcare providers of available smoking cessation services is warranted.**
- **Pamphlets and other user-friendly materials about available services should be distributed to healthcare providers on a regular basis.**
- **A feasibility study of FTQ would be beneficial to inform future programming.**

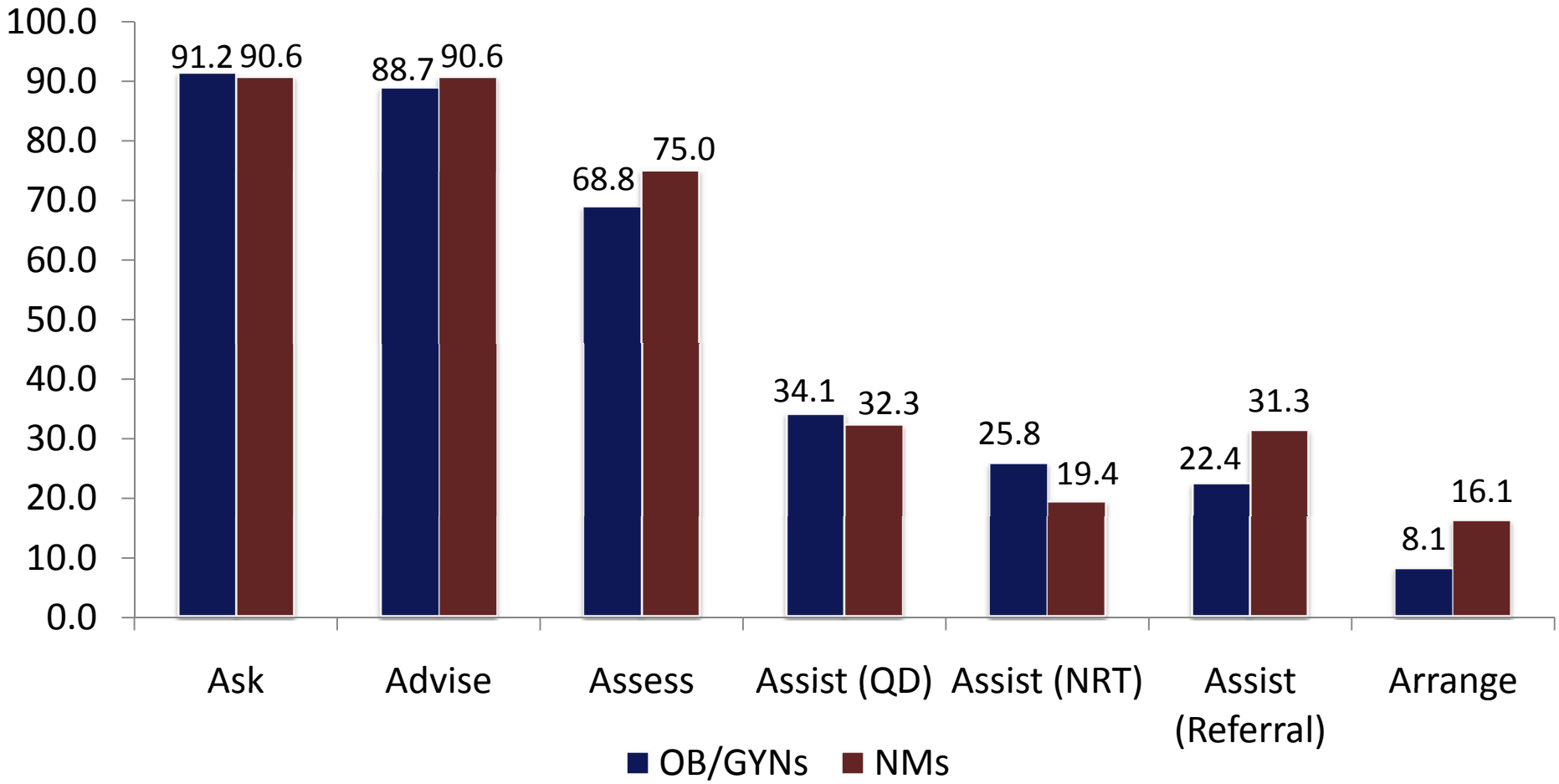
Methodology: Survey

- Self-reported, cross-sectional, mailed questionnaire assessing:
  - Provision of tobacco cessation assistance including referral to available smoking cessation services
  - Perceived effectiveness, barriers and facilitators for treatment options including proposed FTQ program
- 15 minutes to complete
- $10 Exxon Mobile gas card incentive
- 157 eligible completed questionnaires
- NM RR= 67.8% & OB/GYN RR= 60.5%

Key Findings: Survey- Demographics

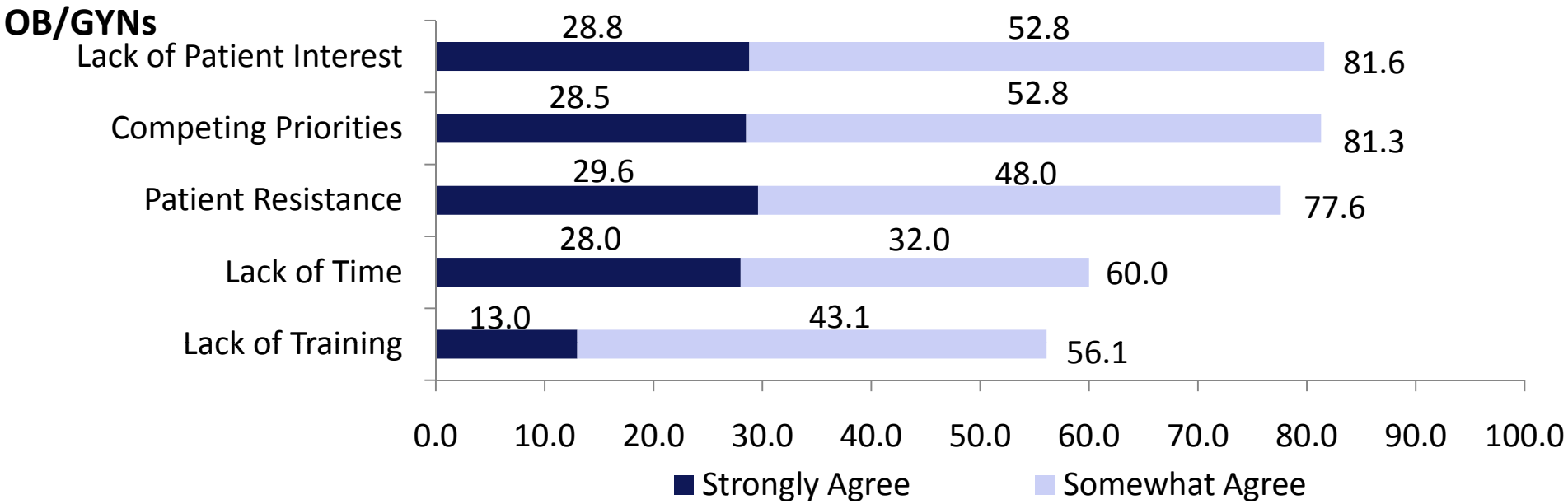
	OB/GYNs		NMs	
Age	n	%	n	%
35 years and younger	11	9.0	5	16.5
36 – 45 years	38	31.2	7	21.9
46 – 64 years	69	56.6	20	62.5
65 years and older	4	3.3	0	0.0
Gender				
Male	53	43.1	0	0.0
Female	70	56.9	32	100.0
Race/ethnicity				
White	84	70.0	28	87.5
Black/African American	12	10.0	2	6.3
Hispanic	3	2.5	1	3.1
Asian/Pacific Islander	19	15.8	0	0.0
Other	2	1.7	1	3.1
Smoking cessation training				
Yes	14	12.3	8	26.7
No	100	87.7	22	73.3

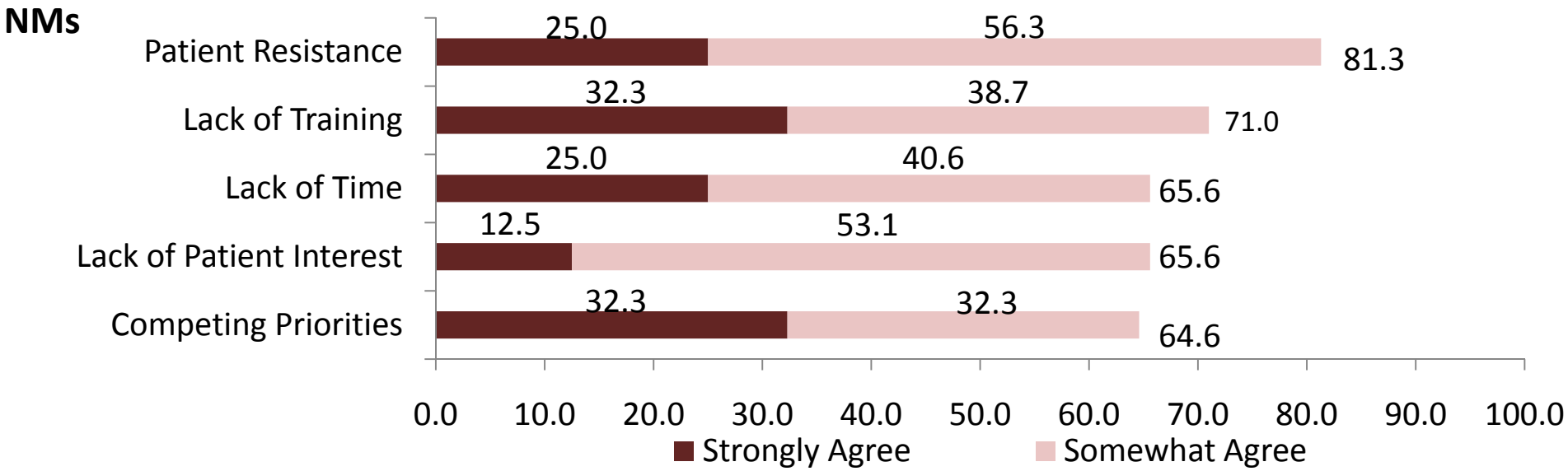
Key Findings: Survey "Always" Adherence to 5As



Key Findings: Survey

Barriers to Providing Tobacco Treatment

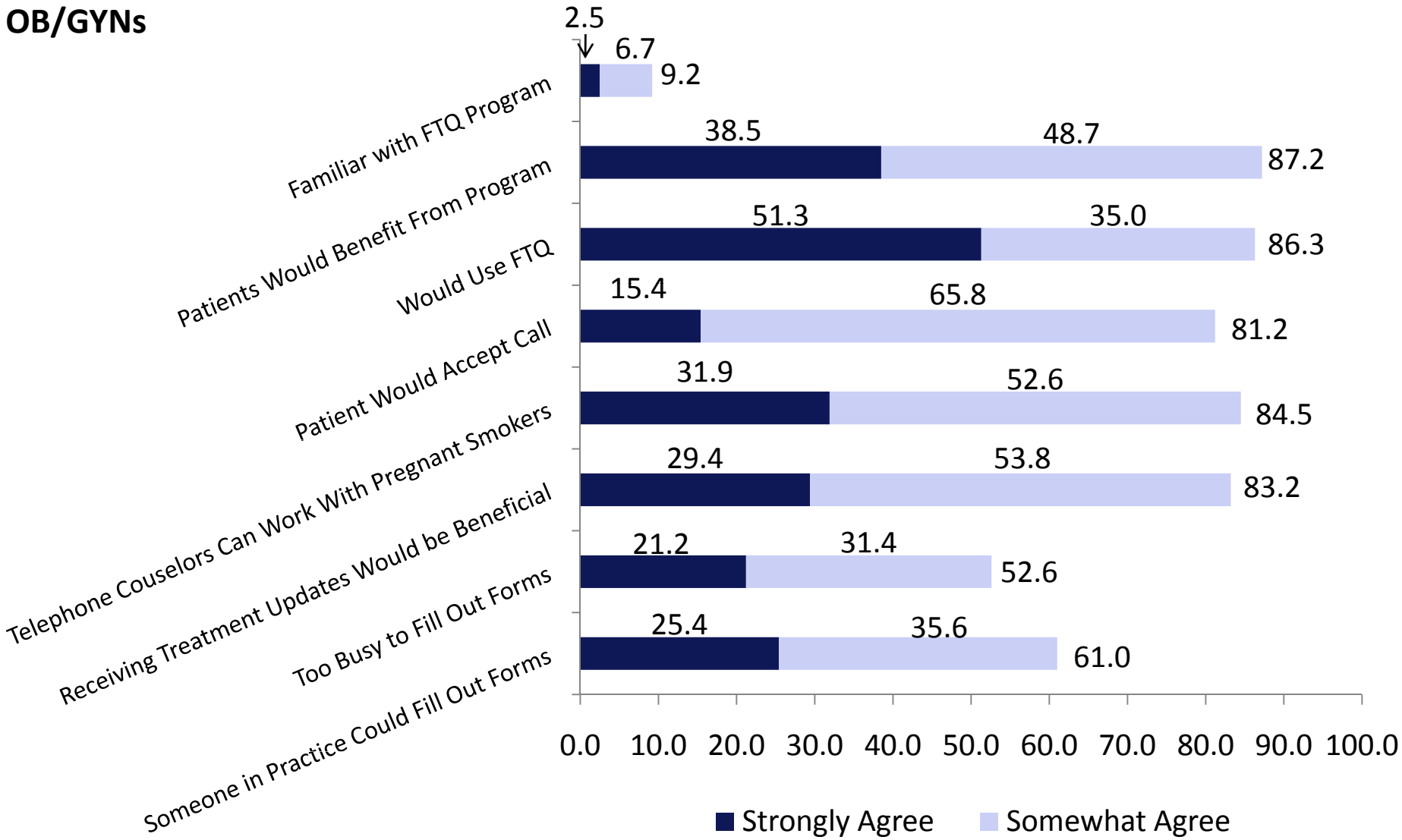




Key Findings: Survey

Fax-to-Quit (FTQ)

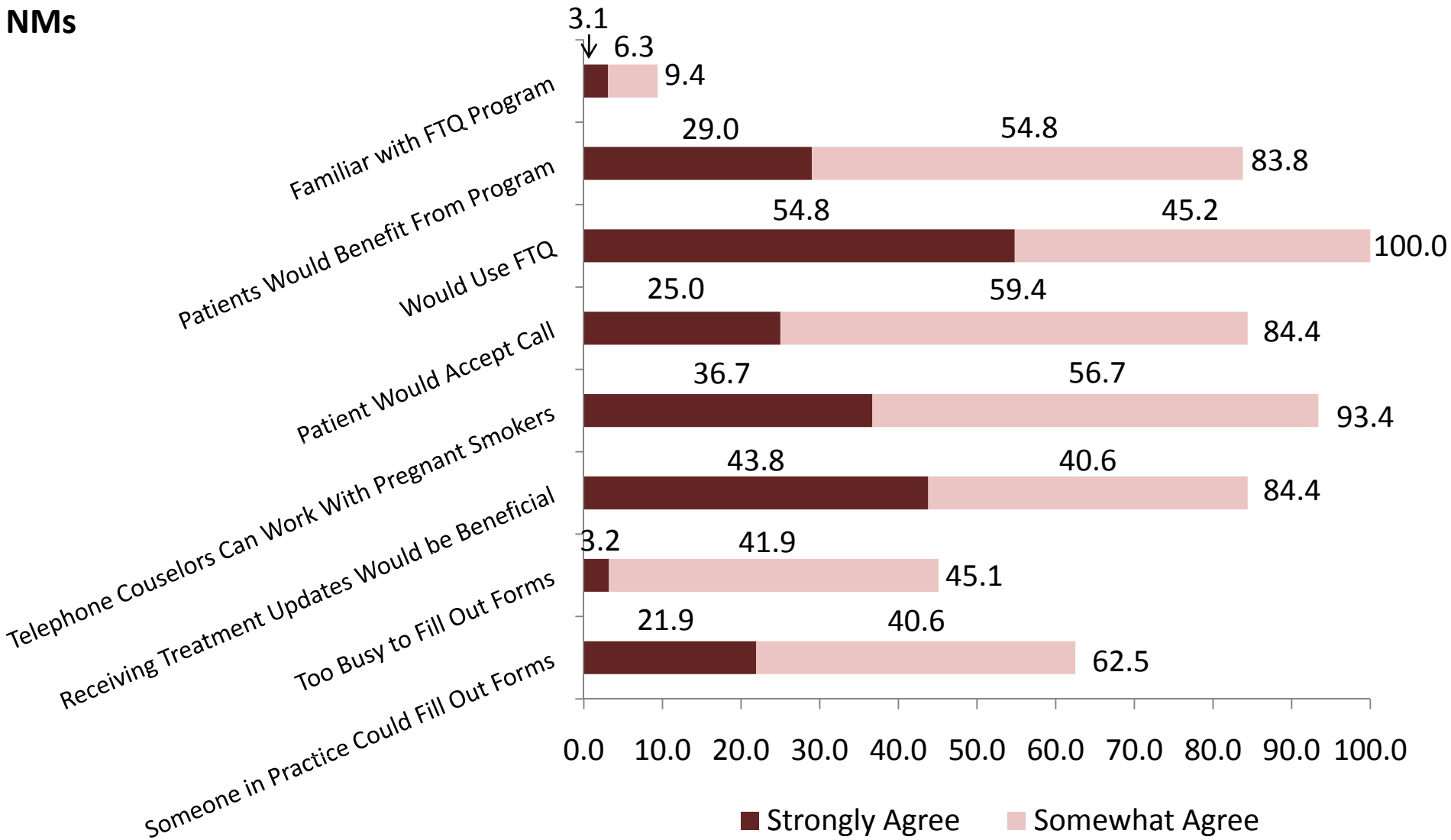
OB/GYNs



Key Findings: Survey

Fax-to-Quit (FTQ)

NMs



Discussion: Survey

- A large proportion of respondents agreed that patients would benefit from FTQ.
- Nearly all of the respondents agreed that they would use a FTQ program.
- A large proportion of respondents agreed that patients would accept a call from a cessation counselor, that cessation counselors can assist pregnant patients, and that receiving treatment updated would be beneficial.

Discussion & Recommendation: Survey

- Information obtained in the key informant interviews was confirmed by the representative survey of OB/GYNs and NMs practicing in NJ.
- In comparison with other surveys conducting by CTSER among healthcare providers, this study observed an increase in use of the 5A's. However, there still remains a need for continuing education around this important "Best Practice".

- **We have determined that a feasibility study of the FTQ program in NJ is warranted.**

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Thank you!