

Physician Directed Smoking Cessation in the ED: Do Patients Opt-Out?

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Physician Directed Smoking Cessation in the ED: Do Patients Opt-Out?

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Background/Objective

SBIRT (Screen, Brief Intervention, and Referral for Treatment) interventions for smoking cessation in the ED have been shown to be effective. The goal of this study was to investigate patients' willingness to participate in a smoking cessation intervention known as **STIR** (Screening, Treatment Initiation, and Referral).

Methods

In this prospective pilot quality improvement program, a convenience sample of smokers at two NE PA hospitals who met inclusion criteria were approached. Criteria included being: English speaking, ≥18yo, discharged, and not critically ill, incapacitated, incarcerated, or known to be currently pregnant. A standardized intervention was provided by residents/attendings to the patient in which the patient could opt-out at any level (to have the intervention, to receive prescriptive advice, or to follow-up with their primary care provider/tobacco treatment program). At the end of the encounter, patients were asked (5-point Likert scale) how important it was to have this conversation with a physician about their smoking behavior.

Results

A total of 106 patients who met inclusion criteria were approached and 99 (93%) agreed to the intervention. Of those that agreed, 50 (50.5%) were male and 49 (49.5%) were female. Their mean age was 42.4 (range 19–85 years old) and 80% reported having a primary care physician. Patients (as indicated) were offered prescriptive advice (nicotine replacement and/or oral medication) and 58

(58.6%) accepted one or both. An indication for prescriptive advice was not present in 6 (6.1%). Seventy-seven (77.8%) patients opted for at least one ambulatory referral for follow-up with primary care or tobacco treatment program. Seventy-nine (79.8%) felt it was important (Likert scale 4 or 5) for the physician to be the team member to have this conversation with them.

Conclusion

In this small ED pilot using the STIR concepts in a patient “opt-out” setting, nearly all smokers chose to participate in the smoking cessation intervention and the vast majority felt it was important for the physician member of the health care team to lead the discussion. Over half of the patients accepted prescriptive advice and more than ¾ agreed to ambulatory referral for follow-up. These findings support a willingness of patients to participate in STIR. Future study regarding their change in smoking behaviors compared to those that receive SBIRT is indicated.

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