

## Doctors Need to do Better

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One of the strengths and at the same time, shortcomings of the Tobacco Dependence Treatment field is the important role that physicians play in helping smokers quit. Physicians have been shown in several studies to carry a

great deal of impact in their messages to smokers. Additionally, physicians are key in prescribing and advising about cessation medications. Unfortunately, data has shown that physicians are not always meeting expectations with regard to their delivery of tobacco dependence treatment.

In two recent studies published by faculty at the UMDNJ-Tobacco Dependence Program, we have illustrated the need for continued improvement of physician involvement in smoking cessation. These studies explored data at both the national and the state level.

The first study analyzed data from a national database, the National Ambulatory Medical Care Survey. This survey is conducted through the Center for Disease Control and Prevention, and gathers information from doctor-patient encounters regarding the care of many conditions. We examined data from 2001-2002 (approximately 58,000 encounters), specifically looking at how physicians counseled and utilized cessation medications. In summary, our findings were:

- 30% of physician-patient encounters did not identify the patients' tobacco use status
- Less than 25% of encounters with a tobacco user resulted in counseling
- Female smokers and smokers 65 years or older were much less likely to receive a cessation medication
- Having a tobacco-caused disease and having the patient ask the doctor for help in quitting were most predictive of that smoker receiving a cessation medication

We concluded that more work still needs to be done in systematically identifying smokers during medical visits, improving counseling rates among physicians, and encouraging physicians to prescribe cessation medications, especially to certain groups of smokers (women and older smokers). These issues will become even more critical as more prescription medications enter the market for smoking cessation.

The second study was conducted here in New Jersey and focused on awareness and referral patterns of physicians to the State's Tobacco Treatment Services (NJ Quitline, NJ Quitnet, and NJ Quitcenters). The NJ Physician Census was conducted

by surveying 4,600 physicians who have direct patient care. The primary outcomes were awareness of and referral to any of the NJ Quitservices. Responses varied by specialty:

- 36% of the overall sample was aware of Quitservices
  - Pulmonary 69%
  - Family practice 65%
  - Cardiology 60%
  - Pediatrics 55%
  - General internal medicine 53%
  - OBGYN 50%
  - Oncology 41%
  - Psychiatry 20%
  - Ophthalmology 11%
  - Orthopedics 8%
- Overall, referral rates were similar across groups (about 40-60% of those aware had referred patients)
- Higher rates of awareness and referral were seen among physicians who were
  - Younger
  - Women
  - Non-white
  - Non-US trained
  - More teaching and clinical hours per week

Our conclusions included a need to target certain physicians who are likely to treat high numbers of smokers yet have low awareness of services (e.g. psychiatrists).

These articles can be found at:

Steinberg MB, Akincigil A, Delnevo CD, Crystal S, Carson JL; Gender and age disparities for tobacco dependence treatment: Results of the 2001-2002 National Ambulatory Medical Care Survey; *Am J Prev Med*; 30(5); 405-12; 2006.

Steinberg MB, Alvarez MS, Delnevo CD, Kaufman I, Cantor JC; Disparity of Physicians' Utilization of Tobacco Treatment Services; *Am J Health Behaviors*; 30(4); 375-386; 2006.

As tobacco treatment specialists, we need to continue to educate physicians of their important role in helping their patients stop smoking by identifying, counseling, and prescribing effective medications.

