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Delaware Physicians' Behavior Regarding Patient Advice on Tobacco Use

James M. Gill, MD, MPH*
James J. Diamond, PhD**
Frank T. Leone, MD**
Richard C. Wender, MD**

* Christiana Care Health System

** Thomas Jefferson University

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Delaware Physicians' Behavior Regarding Patient Advice on Tobacco Use

The purpose of this study was to determine current knowledge and patterns of care among Delaware physicians regarding smoking prevention, the identification of tobacco use and exposure to second hand smoke, counseling regarding second hand smoke, and counseling and treatment of tobacco cessation. Specifically, these behaviors were measured against the recommendations of the Agency for Healthcare Research and Quality (AHRQ) and the objectives of the Delaware Tobacco Prevention Plan.

A survey was mailed to 890 Delaware physicians in four primary care specialties (family/general practice, general internal medicine, general pediatrics and obstetrics/gynecology) and three subspecialties that manage smoking-related illnesses (cardiology, pulmonary medicine and allergy/immunology). The survey asked about physician behaviors in smoking assessment/cessation, physician beliefs regarding effective techniques, and resources that would help them in their smoking cessation efforts.

One hundred fifty-four completed surveys were received, which represents a 17.3 percent response rate. Respondent characteristics (by county and specialty) closely represented the actual distribution throughout the state. The vast majority of these physicians reported that they regularly ask their patients about smoking and advise their smoking patients to quit. However, the majority of physicians do not routinely assist their patients in quitting, other than providing smoking cessation medications; neither do they routinely schedule follow-up visits after a patient decides to quit smoking. Also, most physicians indicated that they do not routinely ask about smoking in the home for their pediatric patients, nor do they routinely counsel smoking parents to quit. However, most physicians said that they do ask these questions at least during initial visits and when the child is ill.

Based on this sample, physicians do not routinely assist in smoking cessation programs, arrange follow-up, or ask/counsel about environmental smoke. The problem does not seem to be lack of knowledge or belief that these are important issues. Rather, the barrier seems to be lack of quick and easy tools to facilitate these processes.

The results of this study will be used to guide programs to help achieve two major objectives of the Delaware Tobacco Prevention Plan: 1) to increase the number of physicians who routinely help their patients quit smoking and 2) to increase the number of pediatric and family healthcare practitioners who ask about and advise against smoking in the home. Specific recommendations for achieving these objectives include educating physicians regarding the Delaware Smoking QuitLine; providing physicians with quick and easy tools to assess and educate their patients regarding smoking (e.g., preprinted handouts for smoking cessation and parental smoking, and chart flags for identifying smokers); educating the public regarding their physician's role in smoking cessation; and further exploring reasons why physicians do not help their patients with smoking cessation and why some physicians do not use tobacco cessation medications.

James M. Gill, et al.: Delaware Physicians' Behavior Regarding Patient Advice on Tobacco Use

See also the New England Journal of Medicine article (Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers. N Engl J Med 2002;347:1087-1093).

About the Authors

James M. Gill, MD, MPH, is Director of Health Services Research for the Christiana Care Health System. James J. Diamond, PhD, is Director of Research in the Department of Family Medicine; Frank T. Leone, MD, is Assistant Professor of Medicine in the Division of Pulmonary and Critical Care Medicine; and Richard C. Wender, MD, is Chairman of the Department of Family Medicine, all at Jefferson Medical College, Thomas Jefferson University. Please address comments and questions to jgill@christianacare.org.