1-18-2017

Gaps in Adolescent Tobacco Prevention and Counseling in Vermont

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Background

•Tobacco use remains the leading cause of preventable death in Vermont. 95% of adult smokers started before age 18.

•In 2015, 18% of Vermont adults smoked cigarettes while 15% used E-cigarettes. In the same year, 25% of Vermont high school students used tobacco products, including cigarettes, cigars, smokeless tobacco, or E-cigarettes.

•Youth smoking rates have declined by 13% since 2001 following the creation of the Vermont Tobacco Control Program (TCP), which advocated for raising the per pack excise tax, passing laws to prohibit smoking in all public indoor spaces, and to provide cessation resources for Vermonters looking to quit smoking.

•The Tobacco Master Settlement Agreement (MSA) has provided the majority of funding for tobacco prevention efforts, but is set to drop from $33 million annually to $12 million next year.

•This money, along with Vermont's tobacco tax revenue, is used to fund the TCP and Vermont Medicaid with 2.9% allotted to the TCP. A $53 million Medicaid deficit in Vermont's FY18 Budget may further decrease funds to the TCP.

•While the Vermont Blueprint for Health does recommend primary care providers (PCPs) assess tobacco use and implement cessation efforts for adult patients, but does not for children.

Project Goal

Our project aimed to study how Vermont primary care providers assess tobacco use, and offer prevention and cessation interventions in the Vermont pediatric population. Our research questions were:

•To what extent are tobacco assessment and cessation efforts occurring in the primary care setting with pediatric patients?

•What factors influence their practices?

•To what extent does the Vermont Blueprint for Health influence provider practice?

Methods

The American Academy of Pediatrics Periodic Survey of Fellows, number 78, was adapted. It was disseminated to family medicine physicians and pediatricians attending the Vermont Medical Society Meeting on November 6, 2016 and was emailed to primary care providers in Vermont.

Results

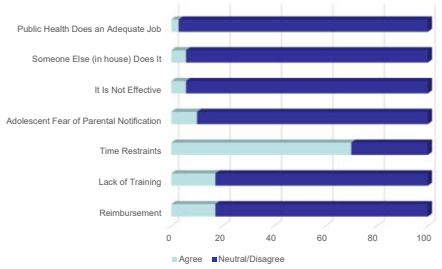

Figure 1: Physician cited reasons to not counsel on tobacco (%)

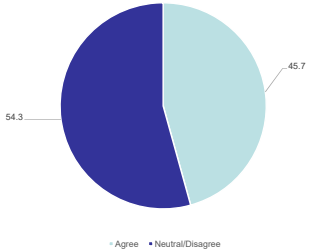

Figure 2: PCP confidence in understanding the VT Blueprint for Health

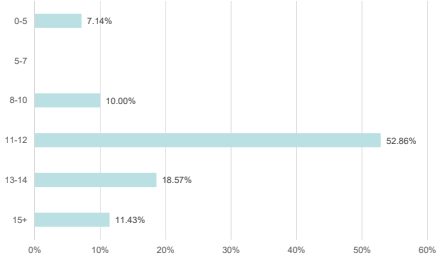

Figure 3: Age (in years) of patient when physician begins tobacco counseling

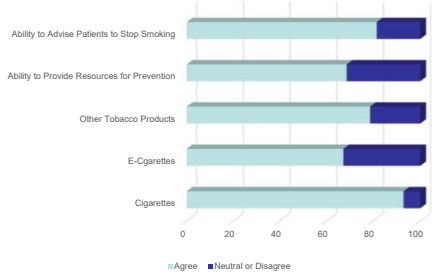

Figure 4: Physician confidence in counseling on harmful effects of tobacco (%)

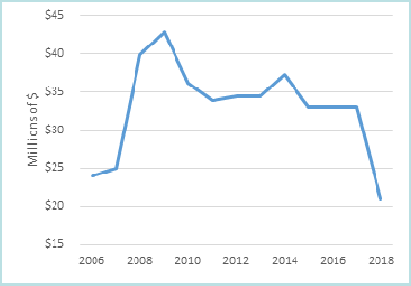

Figure 5: Master Settlement Agreement payments to Vermont from 2006 to 2018 (projected)

Vermont Blueprint for Health

- The Vermont Blueprint for Health is a reform initiative, codified in state law in 2006. It consists of incentives and strategies for the delivery and payment of primary medical care. It is based on a multi-payer model.
- "Advanced primary care practices" that join the Blueprint for Health model are reimbursed through a value-based methodology and rewarded on a NCQA-based quality scoring system. This quality scoring system is based on 40 "Core" measures defined in the Blueprint manual

Discussion

- There is no significant differences ($p > 0.05$) between the tobacco counseling practices within Chittenden County when compared to the rest of Vermont.
- 70% of PCPs began counseling by the recommended age (11 years old).
- The PCPs we polled spent an average of 2.7 minutes talking about tobacco with their pediatric patients. Time constraints were identified as the leading barrier to tobacco counseling.
- Only 45.71% of respondents were confident in their understanding of the recommendations for adolescent health screening in the Blueprint.
- 22.9% of providers agreed that E-cigarettes are less harmful than regular cigarettes.
- 92.8% of the providers expressed confidence in informing their patients about the harmful effects of cigarette smoking, while only 67.1% expressed the same confidence for E-cigarettes.
- Between 2011-2014 the E-cigarette use in high school students in the US use increased nine-fold and in 2014, the rate of E-cigarette use was higher than regular cigarettes.
- Our survey did not include an appropriate breadth of practice type options to adequately gather data on practice types

Recommendations

- The Vermont Blueprint for Health should include recommendations specific to youth prevention of tobacco and information specific to E-cigarettes.
- State-wide provider education should be provided on both the Vermont Blueprint for Health recommendations for prevention of pediatric tobacco use and on the dangerous effects of E-cigarettes.
- Legislative efforts should ensure adequate funding for pediatric tobacco cessation and prevention.
- Future revisions to healthcare statutes should include pediatric cessation in addition to prevention.

Citations

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