



Center for Health Systems Innovation

Transforming Rural and Native American Health

CHSI/VA Collaborative Development of an Asynchronous Digital Solution to Increase Veteran Access to Smoking Cessation Medications

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Abstract

Introduction:

Smoking is a major modifiable health risk factor in the United States especially for veterans. Approximately, 10 million adults search online for assistance in quitting smoking each year. These signify a need for decreased barriers to smoking cessation medications, especially for smokers with a desire to quit.

Research Question or Hypothesis:

The aim of this study is to develop a digital solution to increase veteran access to smoking cessation medications.

Study Design:

Quality Improvement Study

Methods:

Design and development of an online smoking cessation platform that allows online request for smoking cessation medications. This platform will also measure adoption and use by smokers when offered by physicians.

Results:

We successfully developed an asynchronous online platform that allows the following: (1) secure invitation from a physician; (2) a quick consultation in form of a questionnaire filled out by the patient; (3) review of patient profile by physician; (4) prescription of medication and (5) continuous evaluation of patients as they progress through the program.

Conclusion:

This platform was successfully developed and is in the process of being tested for effectiveness at the VA Hospital in Muskogee, Oklahoma.

Background

The WHO estimated that in 2004, direct smoking use caused about five million deaths around the globe, which is approximately one death every six seconds. ¹ Smoking is significantly more prevalent among veterans and service members, with 19.0% of Veterans Health Administration (VHA) patients reported to currently smoke everyday compared to 16.8% of the US general population. ²

The VHA in an attempt to reduce the smoking population in the VA created an online and text messaging cessation program for veterans called SmokefreeVET. SmokefreeVET has been quite effective with 13% reporting abstinence within 5 weeks. However, 48% of these successful quits did quit with the aid of some type of medication, not provided through SmokefreeVET. ³ This simply means in addition to SmokefreeVET, patients seek medications to help them quit smoking.

With about 10 million adults searching online for assistance in quitting smoking each year, web based smoking cessation programs have the potential to reach very large numbers of smokers at their homes and have proven successful. ⁴ Studies have shown that computer or web-based smoking cessation programs significantly increase abstinence, with some studies reporting up to 29% abstinence rate at 6 weeks. ⁴

CHSI's aim is to develop a digital solution that will combine web/mobile based support interventions like SmokefreeVET with online access to smoking cessation medications, thereby increasing patient access to smoking cessation medications and other avenues of support.

Methods

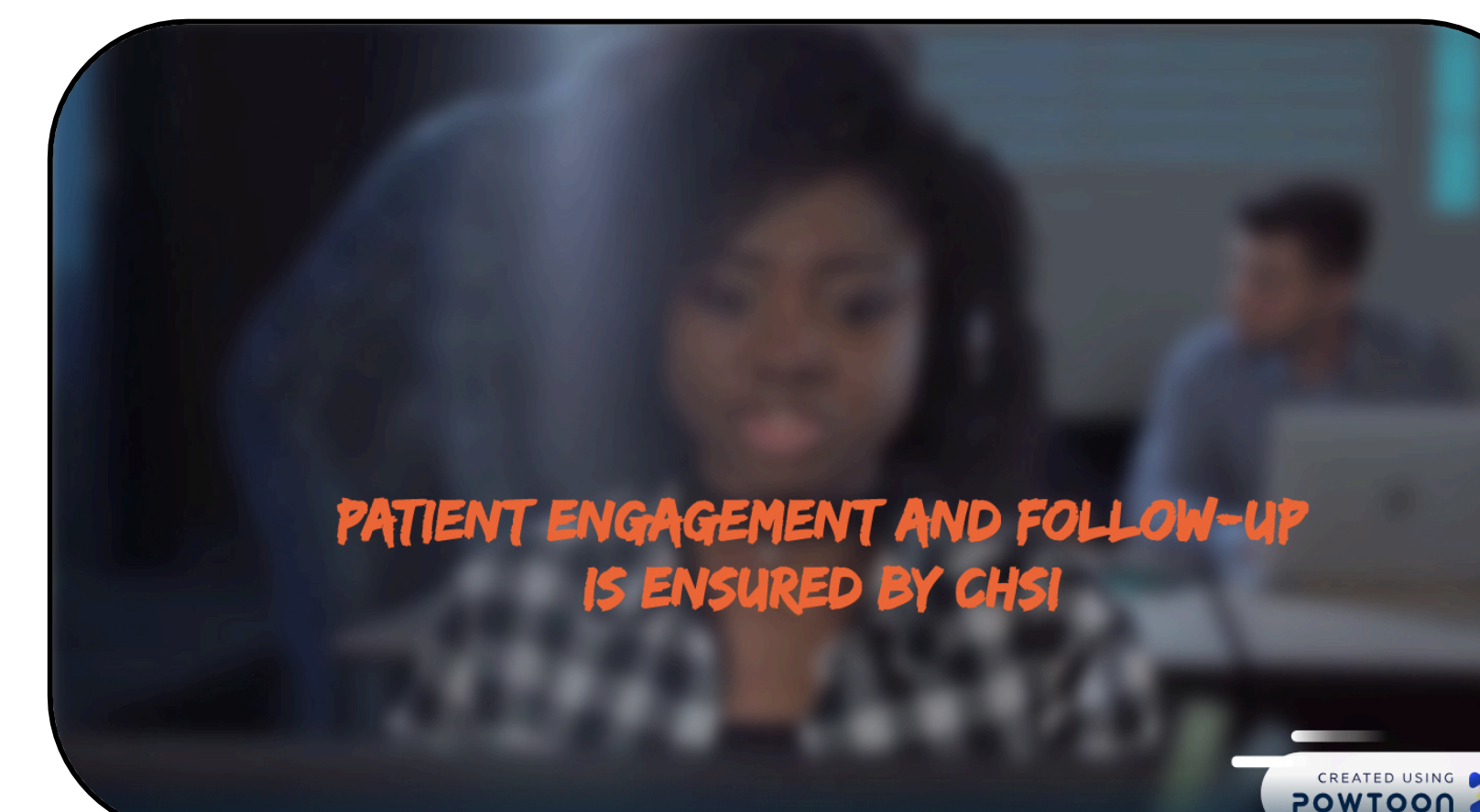
Our quality improvement goal was to develop a digital platform, targeted towards established patients who would otherwise need to schedule an appointment with their provider to access smoking cessation medications. This platform will allow patients to request these medications from anywhere, it will also allow us measure adoption and use of the program by smokers when they are offered by physicians.

Results and Findings

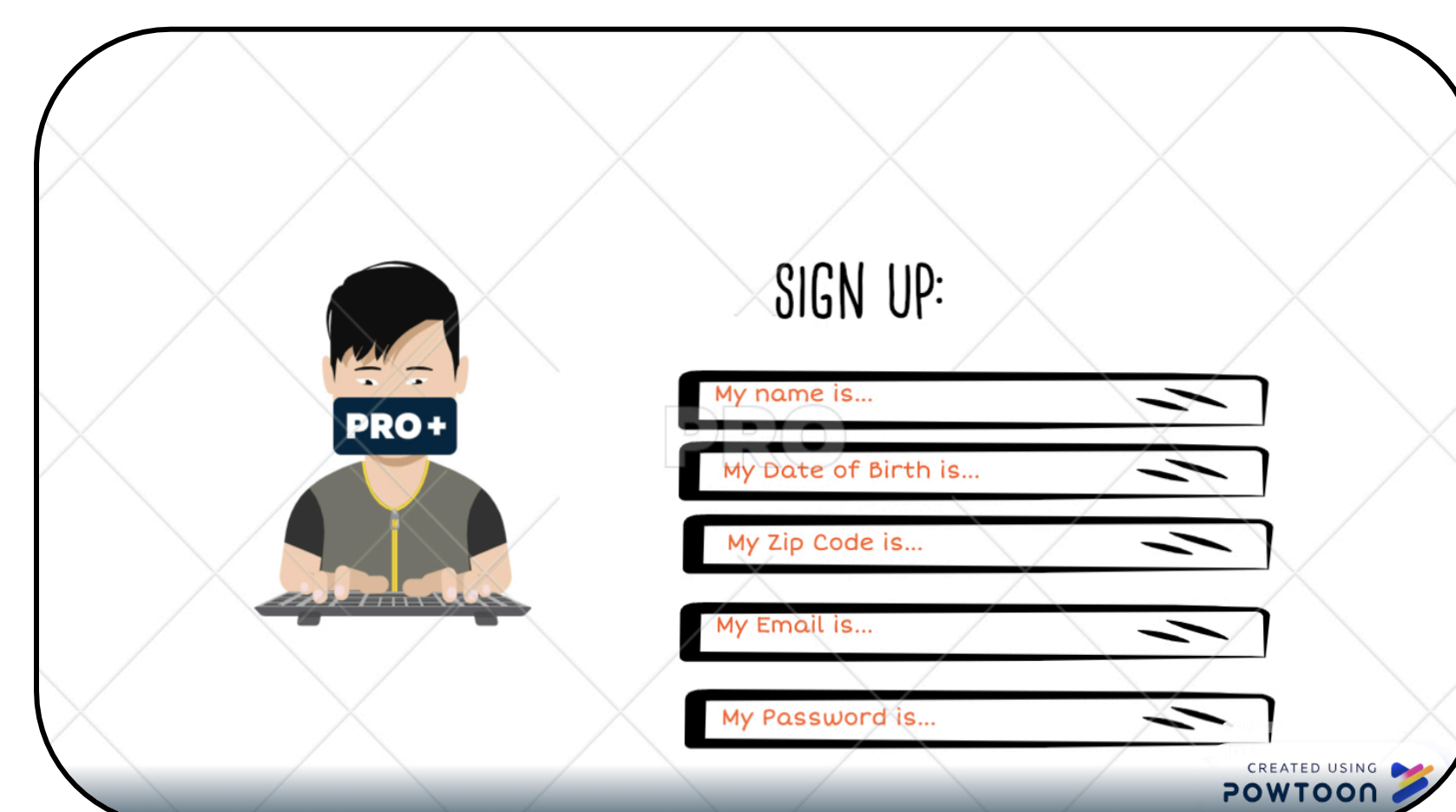
1. Invitation



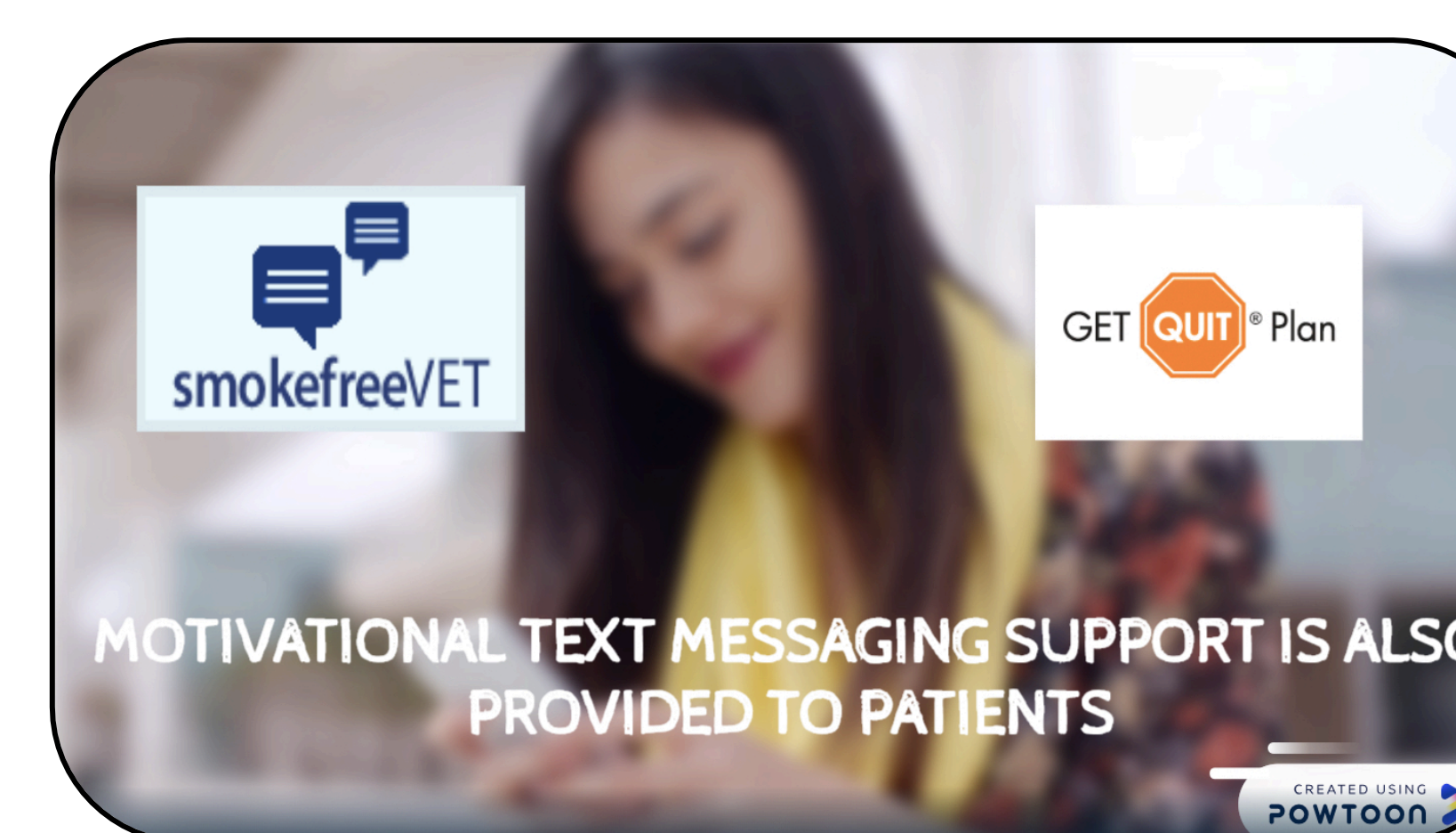
8. Evaluation



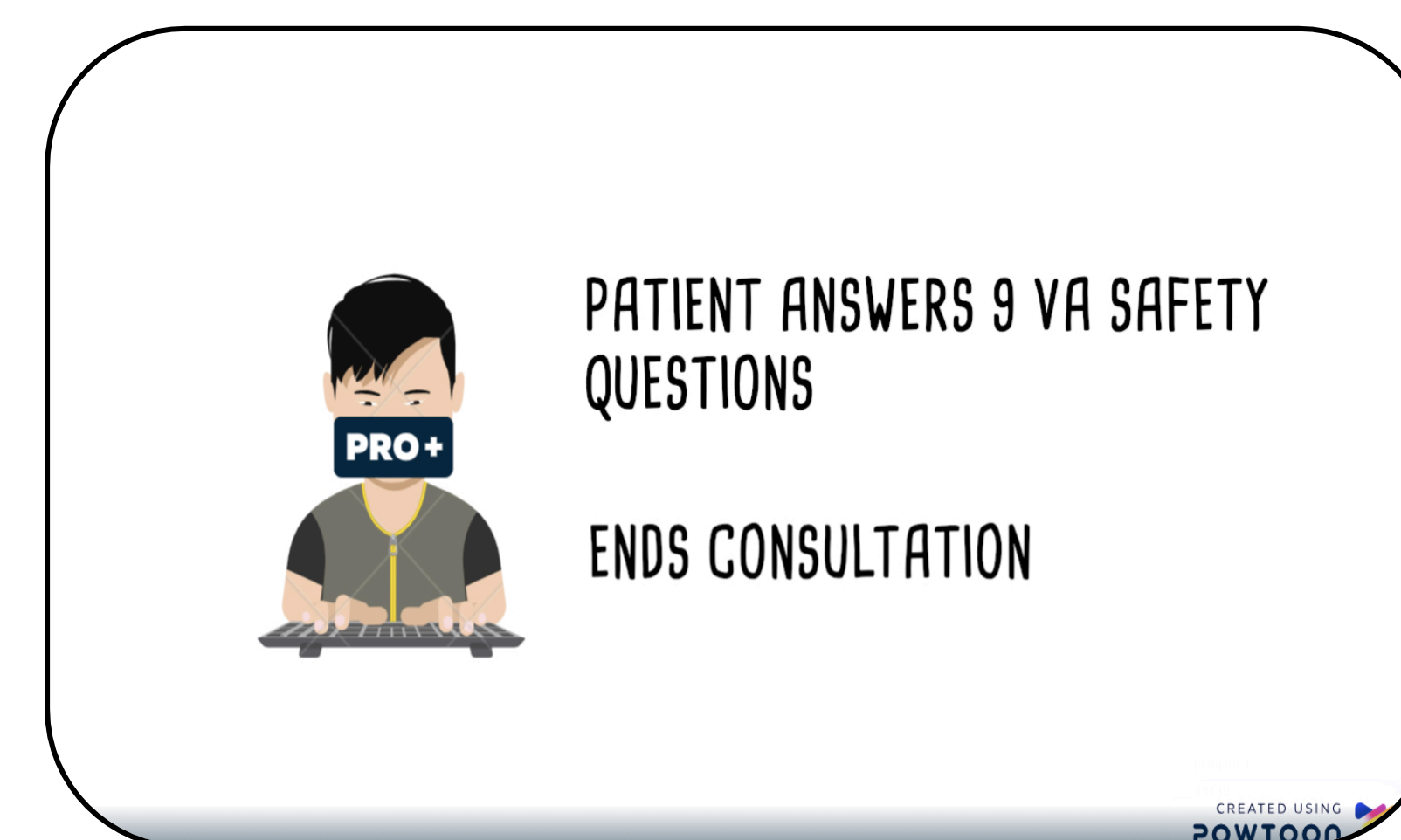
2. Profile Creation



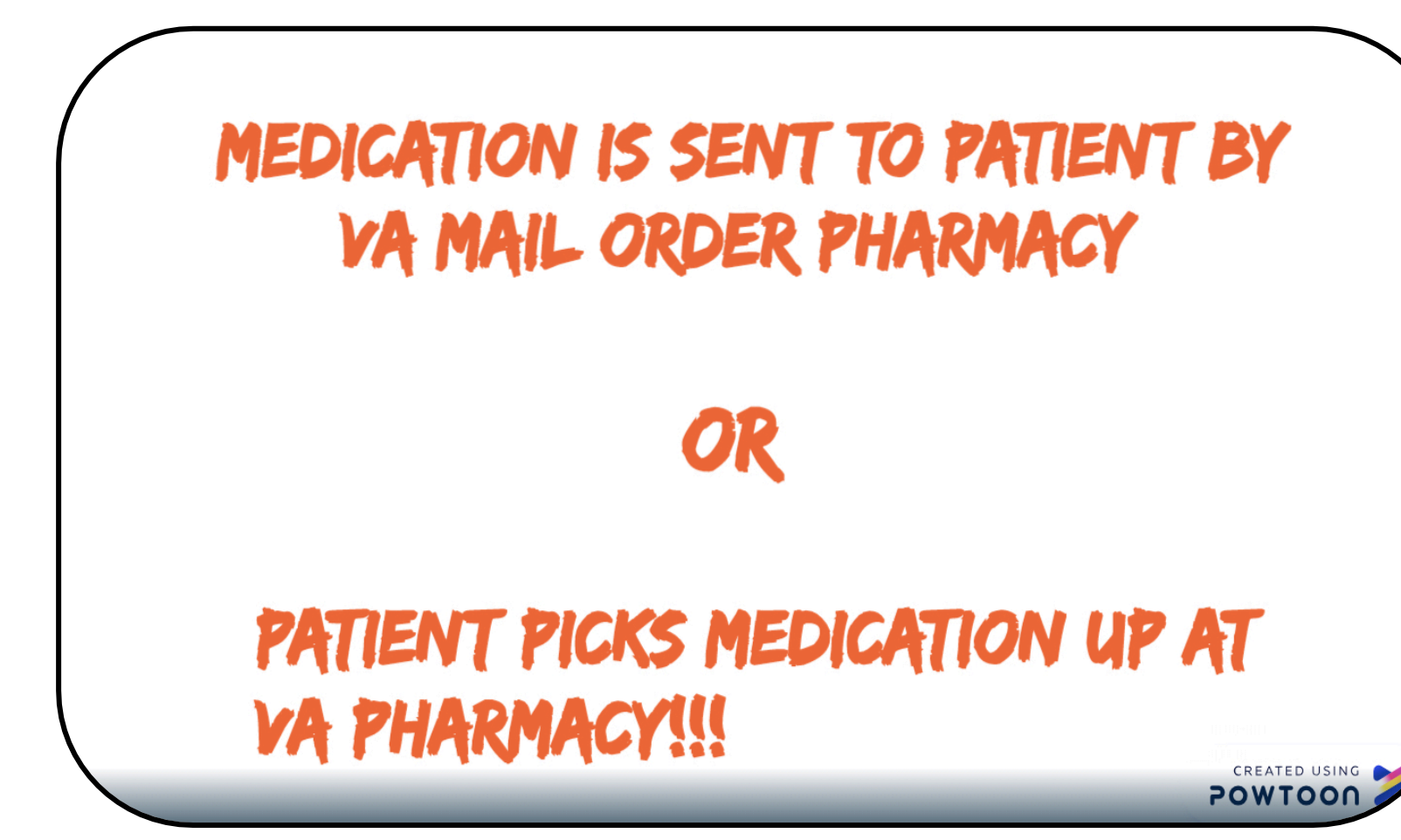
7. Support



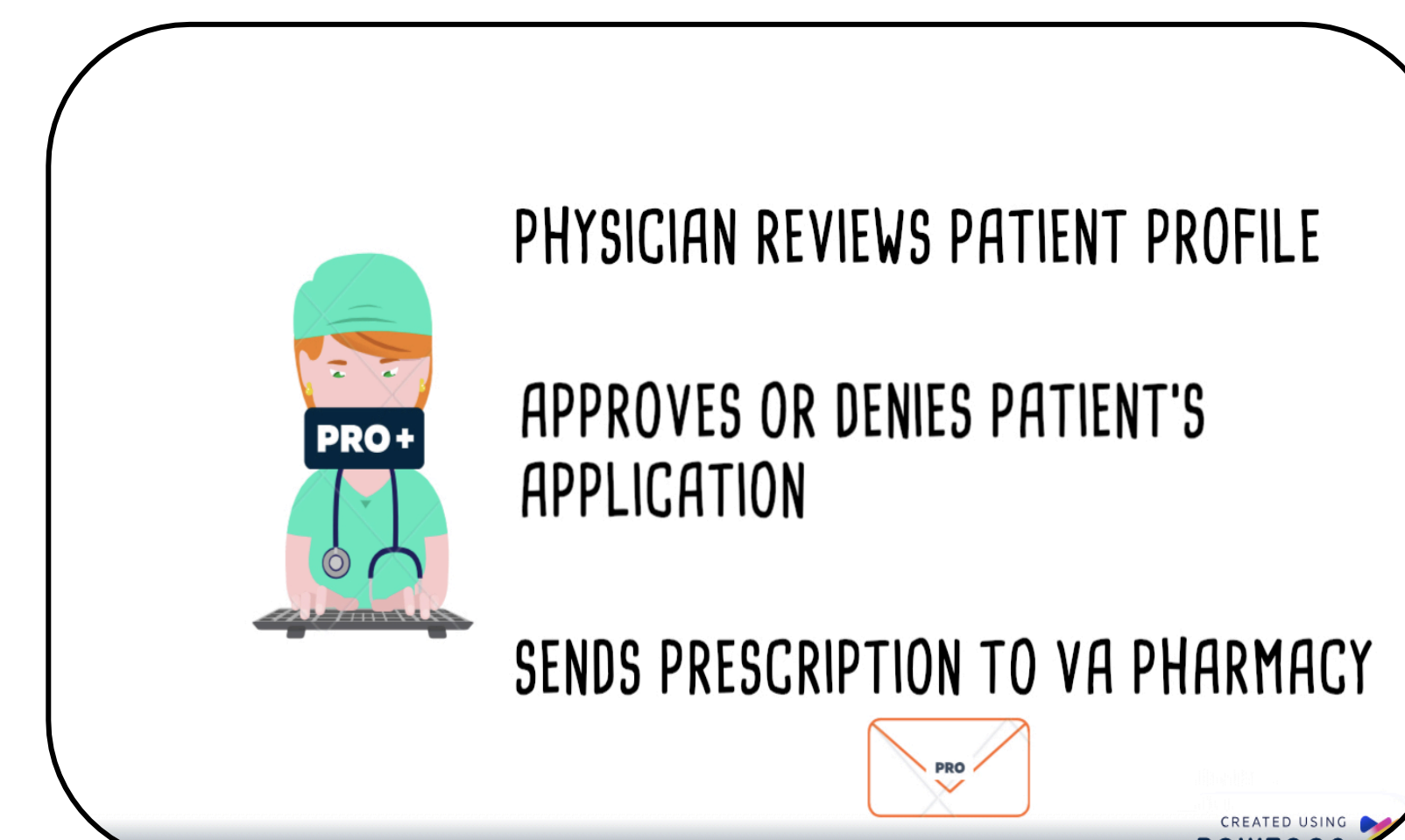
3. Consultation:



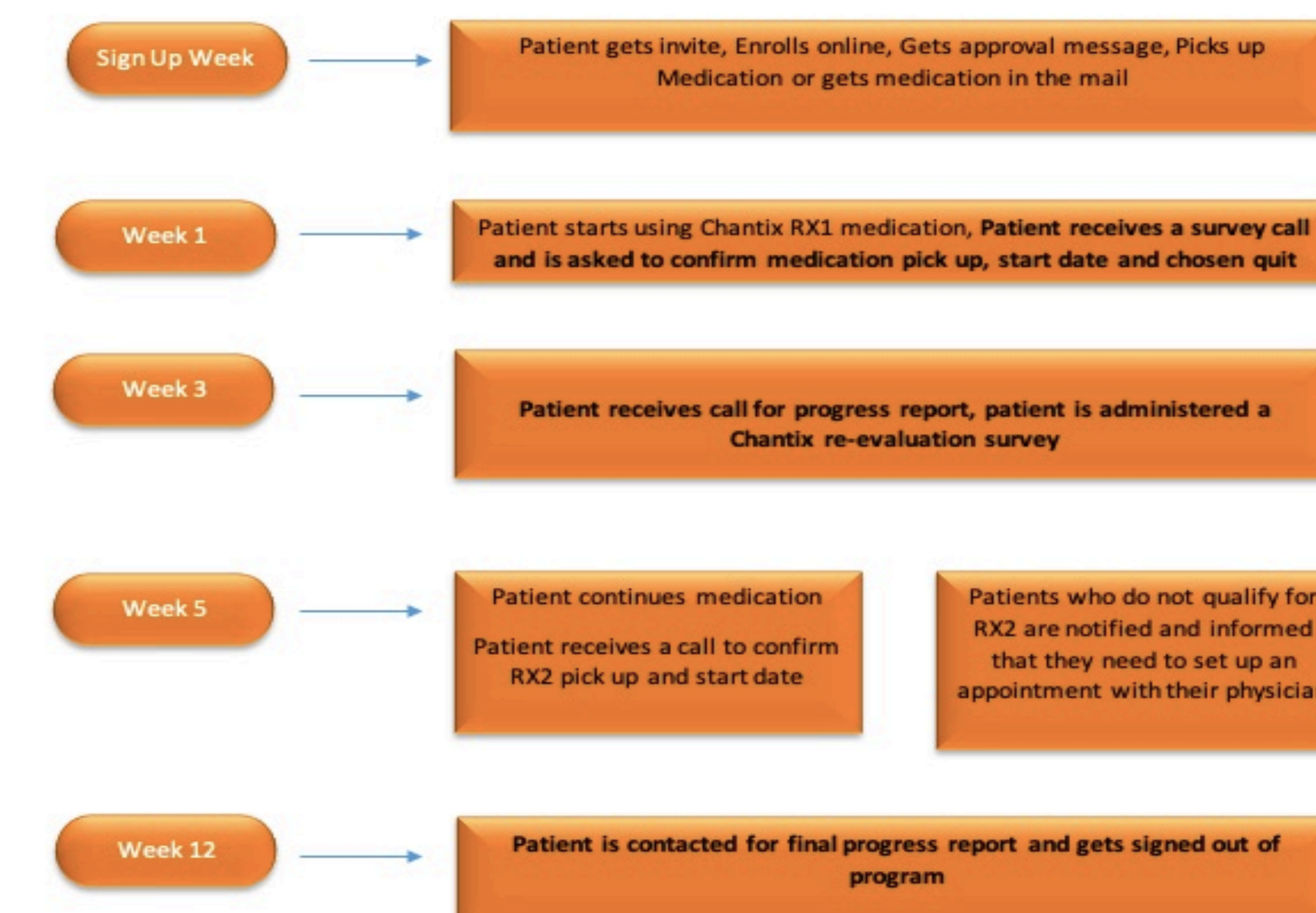
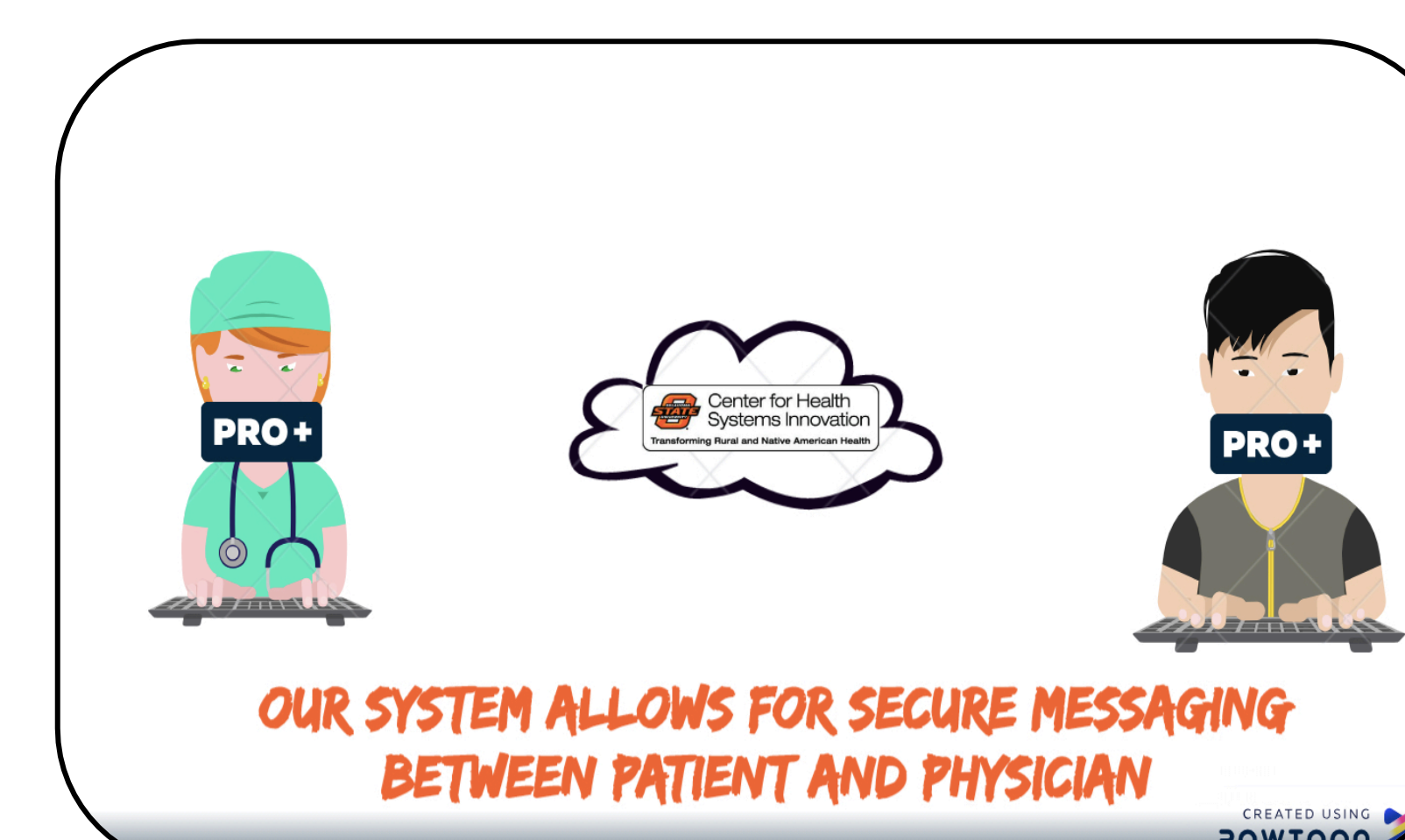
6. Medication Received



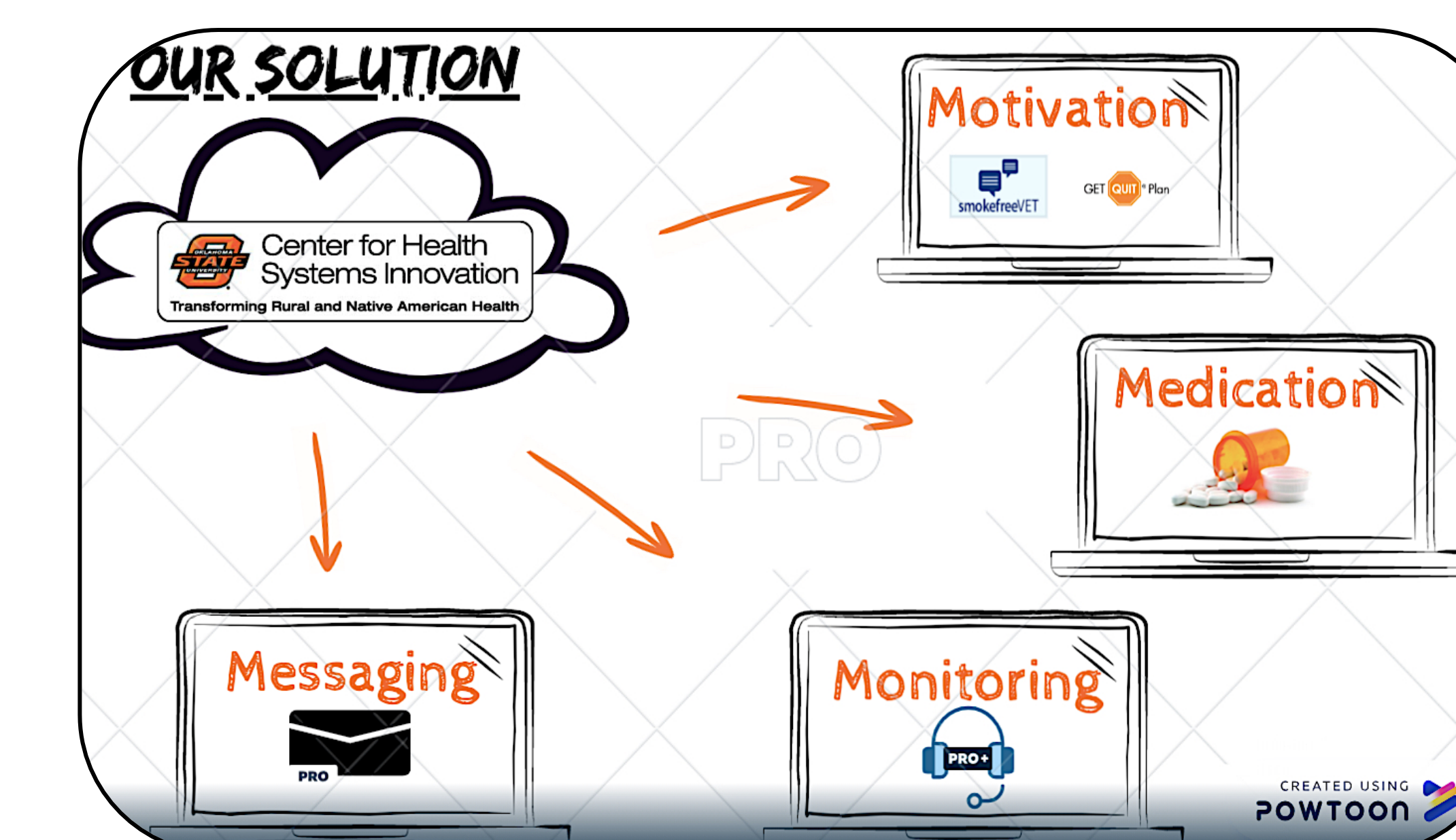
4. Profile Review:



5. Physician Response



Conclusion



Our veterans will greatly benefit from this program whether they are current smokers or not. It will increase smoking cessation encouragement from physicians and reduce patients' time and travel expenses. Simply, adding an additional avenue for patients to access smoking cessation support is another heightened benefit for patients.

Clinics and providers also benefit from this program as potential patient traffic that could increase inefficiencies is averted. Clinics will also meet various quality measures by providing better patient centered care.

This innovative platform was successfully developed by CHSI and is in the process of being tested for effectiveness at the VA Hospital in Muskogee, Oklahoma. If successful, we hope to re-use this model in other patient populations, to improve access to healthcare especially in rural Oklahoma.

References

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Acknowledgement

CHSI gratefully acknowledges Dr. Priyanka Pathania of the Veterans Health Administration for her continuous support on this project.