

What Do Physicians Say to Their Patients About Smoking?

Developing and testing an expanded Health Plan Employer Data and Information Set tobacco measure

SUMMARY

In 1999 and 2000, the Kaiser Foundation Hospitals, Kaiser Foundation Research Institute, Portland, Ore., developed and tested new measures to assess the frequency, extent, and quality of tobacco treatment services delivered to patients during routine doctor visits.

These questions were then recommended to the National Committee on Quality Assurance (NCQA) for inclusion in future surveys conducted by the Health Plan Employer Data and Information Set (HEDIS) Tobacco Measure, a set of performance measures produced by NCQA.

When the grant was made, HEDIS included a question asking smokers if, during routine doctor visits, their physicians had advised them to quit smoking. This question helped draw attention to how health care plans address tobacco use and addiction, but it offered little incentive for them to provide more effective assistance and follow-up to patients.

Key Results

- Researchers recommended that NCQA incorporate new questions into future HEDIS surveys. They suggested that the new questions explore whether physicians assess patient motivation to stop smoking and whether physicians offer specific types of assistance or follow-up, such as suggesting particular smoking cessation programs.
- Researchers recommended that the survey retain questions assessing the frequency of
 patient visits to health care professionals, the number of visits during which patients
 were advised to quit smoking, and the frequency with which smoking was discussed.

Funding

The Robert Wood Johnson Foundation (RWJF) supported the project with a grant of \$178,500 between September 1999 and October 2000.

THE PROJECT

HEDIS is a set of performance measures produced by NCQA, a nonprofit organization that assesses and disseminates information on the quality of health care delivered by managed care organizations. HEDIS has included a question for smokers regarding whether, as part of routine doctor visits, their physicians advise them to quit smoking. This question was developed in 1996 with support from a grant by RWJF (ID# 028757) and was first used in the 1996 to 1997 measurement year.

The measure has helped draw attention to how health care plans address tobacco use and addiction, but it has offered little incentive for them to provide more effective assistance and follow-up, which are more likely to promote smoking cessation. In particular, clinical practice guidelines published by AHRQ, a division of the US Department of Health and Human Services (AHRQ was formerly called the Agency for Health Care Policy and Research), call for physicians to move beyond simple statements and offer repeated advice and support regarding smoking cessation during all or most visits; and provide assistance and follow-up services such as brief counseling, self-help material, or recommendations for appropriate pharmacotherapies.

This grant from RWJF provided funds to the Kaiser Foundation Hospitals, Kaiser Foundation Research Institute to develop and test new questions that would better assess the frequency, extent, and quality of tobacco treatment services delivered to patients during routine visits. These questions would then be recommended to NCQA for inclusion in future HEDIS surveys.

Methodology

The project took place in two phases. During Phase 1, researchers conducted a review of literature regarding measures currently in use, added two questions recommended by the American Heart Association, and consulted with a panel of 22 experts (see the Appendix).

From these activities, they prepared a list of potential new questions. They then conducted four focus groups with adults who had been smokers or who had quit smoking within the past two months and who received their health care through Kaiser Permanente Northwest, a health maintenance organization in Portland, Ore., or the University of Massachusetts Memorial Health Care, a primary health care facility in Worcester, Mass. The purpose of the focus groups was to assess participants' understanding of the questions and to explore alternative ways of wording questions.

During Phase II, researchers conducted two surveys using the questions developed in Phase I. First, they sent the questions to 1,711 randomly selected adult primary care patients at Kaiser and Memorial, both smokers and nonsmokers; 817 responses were

received. Two weeks later, they resurveyed 196 of those patients—those who were identified from the first survey as current smokers. The purpose of the second survey was to determine "test-retest reliability" or whether the questions yielded consistent responses over time. Some 135 responses were received. The questions asked on the second survey were:

- In the past 12 months, how often did you visit a health care professional?
- In the past 12 months, on how many visits were you advised to quit?
- In the past 12 months, did the health care professional discuss smoking with you?
- In the past 12 months, did you express interest in quitting?
- In the past 12 months, were you asked of past experience with quitting?
- In the past 12 months, did your health care professional discuss medications for quitting?
- In the past 12 months, did your health care professional discuss methods other than medications for quitting?
- In the past 12 months, did your health care professional offer written materials about quitting smoking?
- In the past 12 months, did your health care professional offer to help you set a quit date?
- In the past 12 months, did your health care professional plan a follow-up to support quitting?

RESULTS

- Researchers recommended that NCQA incorporate new questions into future HEDIS surveys. They suggested that the new questions explore whether physicians assess patient motivation to stop smoking and whether physicians offer specific types of assistance or follow-up, such as suggesting particular smoking cessation programs.
- Researchers recommended that the survey retain questions assessing the
 frequency of patient visits to health care professionals, the number of visits
 during which patients were advised to quit smoking, and the frequency with
 which smoking was discussed.

Limitations

The two study sites—Oregon and Massachusetts—offered different pictures of the level of smoking cessation assistance given by health care providers, but because of the small sample size, researchers were not able to determine whether this difference is significant.

Communications

The project director is preparing a manuscript with the working title, "Developing and Testing New Smoking Measures for the Health Plan Employer Data and Information Set (HEDIS)," reporting on the project's findings.

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Grant ID# 37080

APPENDIX

Expert Panel

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

Sue Curry, PhD

The Group Health Cooperative Center for Health Studies Seattle, Wash.

Ronald Davis, MD

The Henry Ford Health System Center for Health Promotion and Disease Prevention Detroit, Mich.

Emily Eaton (for Michael Kelleher, MD)

The Fallon Community Health Plan Worcester, Mass.

Karen Emmons, PhD

The Dana Farber Cancer Institute Boston, Mass.

Eric France (from Ned Calonge's group)

Kaiser Permanente, Colorado Denver, Colo.

Michael Goldstein, MD

The Bayer Institute for Health Care Communications Inc. West Haven, Conn.

Jeffrey Harris, MD, MPH

The Centers for Disease Control and Prevention Atlanta, Ga.

Jack E. Henningfield, PhD

Pinney Associates Research and Health Policy Bethesda, Md.

Nancy Houston-Miller, BSN

The Stanford Cardiac Rehab Program Palo Alto, Calif.

Corrine Husten, MD

The Centers for Disease Control Office on Smoking and Health Atlanta, Ga.

Ed Lichtenstein, PhD

The Oregon Research Institute Eugene, Ore.

Richard S. Luckmann, MD

The University of Massachusetts Memorial Care Worcester, Mass.

Tim McAfee, MD, PhD

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The University of Wisconsin Medical School Madison, Wis.

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Leif Solberg, MD

The Health Partners Research Foundation Minneapolis, Minn.

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The Kaiser Permanente Northwest Center for Health Research Portland, Ore.

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