An Initiative to Improve Evidence-Based Nicotine Prescribing in the Primary Care Setting Alaina Martinez, MD; Payam Sazegar, MD

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STUDY OBJECTIVES

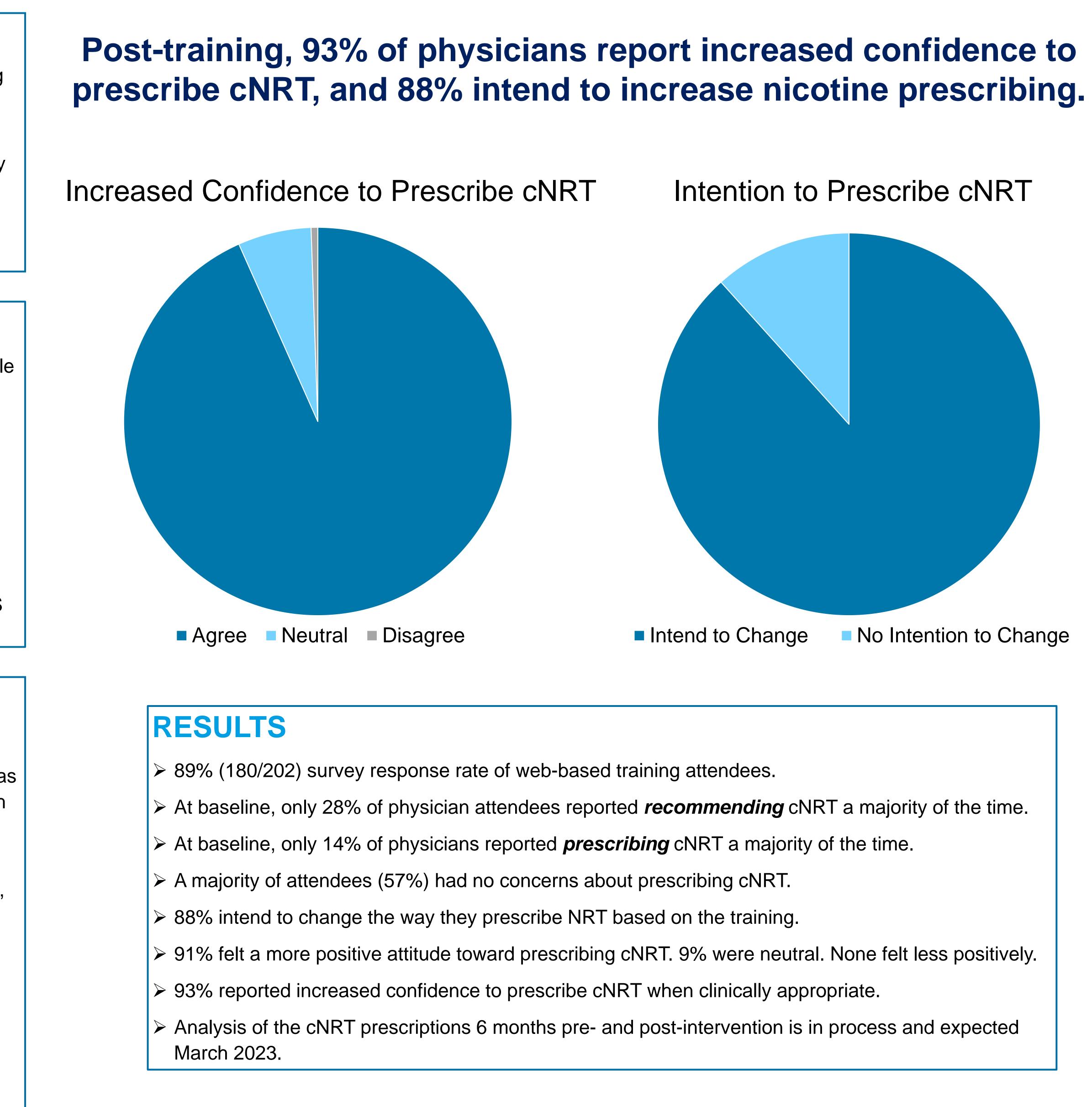
- To provide primary care physicians with the evidence supporting the safety, efficacy, and tolerability of combination Nicotine Replacement Therapy (cNRT) for smoking cessation.
- To educate clinicians about the benefits and pitfalls of commonly used pharmacotherapies for smoking cessation.
- To measure changes in prescribing cNRT after a web-based training module in a large primary care group.

BACKGROUND

- \succ While nearly 70% of tobacco smokers want to quit, many struggle to successfully quit.¹⁻²
- Patients prescribed cNRT are 25% more likely to quit smoking compared to patients prescribed NRT monotherapy (systematic review, n=11,356; RR 1.25, 95% CI 1.15 to 1.36).³
- CNRT improves tobacco cessation success compared to monotherapy but is often under-prescribed.³
- In 2021, baseline cNRT physician prescriber data from Kaiser Permanente San Diego demonstrated cNRT is prescribed LESS THAN 10% of the time.

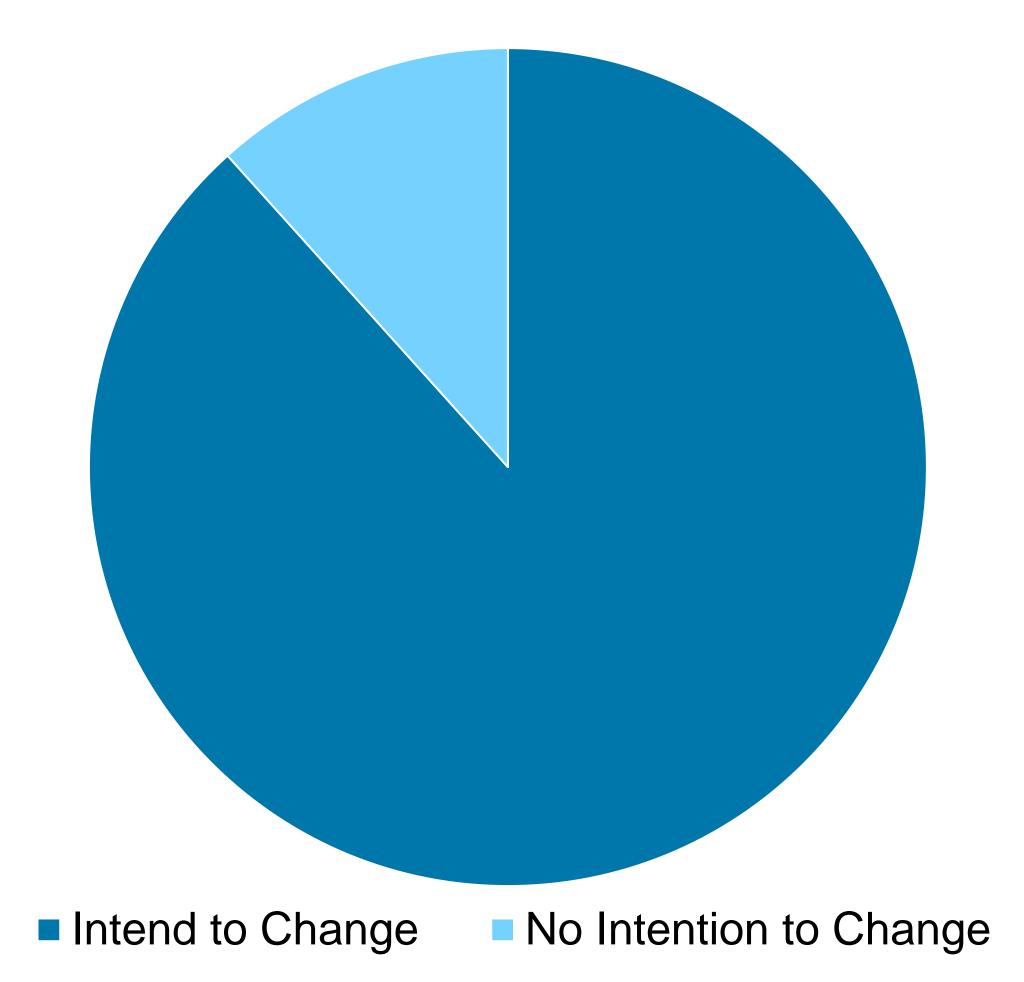
STUDY DESIGN

- Prospective Cohort Study
- Intervention: A 30-minute web-based training module on cNRT was offered to 202 primary care physicians in a large integrated health system in San Diego in September 2022.
- Primary care physicians completed a 7-item questionnaire posttraining to assess baseline cNRT prescribing behaviors, attitudes, and intention to change prescribing behaviors.
- A follow up email was sent 6 weeks post-training to reinforce concepts and remind physicians to prescribe cNRT.
- Rates of cNRT prescriptions per month have been collected 6 months pre- and post-intervention from the EHR database, and analysis is in process.
- We defined cNRT prescriptions as a 1-month overlap of nicotine patch with either gum and/or lozenge, consistent with formulary restrictions and prior studies.





Intention to Prescribe cNRT



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KEY POINTS

 \succ cNRT is an underutilized form of smoking cessation therapy, and this may reflect a gap in prescriber knowledge.³⁻⁵

Brief education about cNRT appears to positively impact physician attitudes and prescribing behavior in the short-term.

> A web-based training module is a potential solution for reducing the care gap by educating clinicians about evidence-based nicotine prescribing.

LIMITATIONS

Over-the-counter cNRT that was not prescribed might not have been captured. However, physicians at Kaiser Permanente San Diego are mostly aware NRT is a covered benefit, so effect size may be small.

CNRT prescription rates do not necessarily correlate with change in smoking behavior.

Future studies should exam short-term and long-term abstinence rates among patients.

FERENCES

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> Take a picture to see survey questions and preliminary responses.

