5 A's Intervention to Increase Smoking Cessation in Primary Care

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Practice Concern

- Tobacco use remains the leading preventable cause of death in the U.S. in adults, with more than 400,000 deaths per year.[1]
- Even though tobacco interventions are highly important, only 1/2 of smokers state they've been advised to stop smoking by their PCP. [3]

ANNUAL DEATH RATES ATTRIBUTED TO SMOKING IN THE U.S.
Total Deaths: +480,000

- Chronic Obstructive Pulmonary Disease
- Other Diagnoses
- Stroke
- Lung Cancer
- Heart Disease

(The Centers for Disease Control and Prevention, 2017).
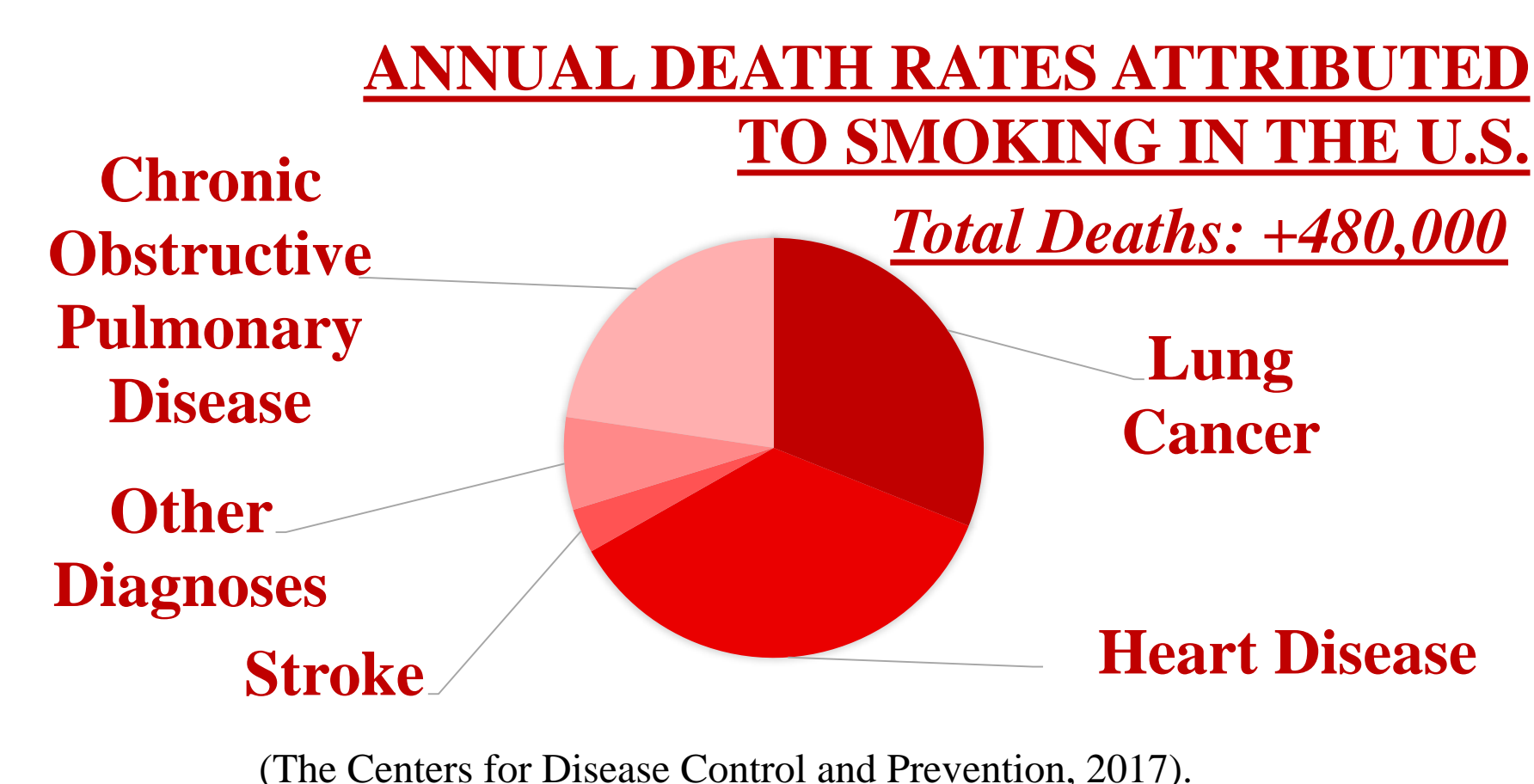
Needs Assessment

- Smoking can damage nearly every organ in the body; the lungs, heart, blood vessels, mouth gonads, skin, eyes, and bones.[5]
- 68% of people who currently smoke would like to quit, and over 55% attempted to quit in the previous year.[1]
- Studies show that millions of smokers are simultaneously using electronic cigarettes for the purpose of quitting smoking, and they usually do so without receiving any medical or behavioral assistance.[3]

PICOT Question

In primary care settings, how does the implementation of a consistent, comprehensive, smoking cessation program increase smoking cessation, compared to little or no consultation, in adults over 18 years of age over a period of one year?

Literature Review

- **Databases**: CINAHL, Pub Med, Cochrane Library, Medline, and Google Scholar.
- **Key words**: smoking cessation, evidence based smoking intervention, outpatient smoking cessation, primary care smoking cessation.
- The search initially produced 949 articles.
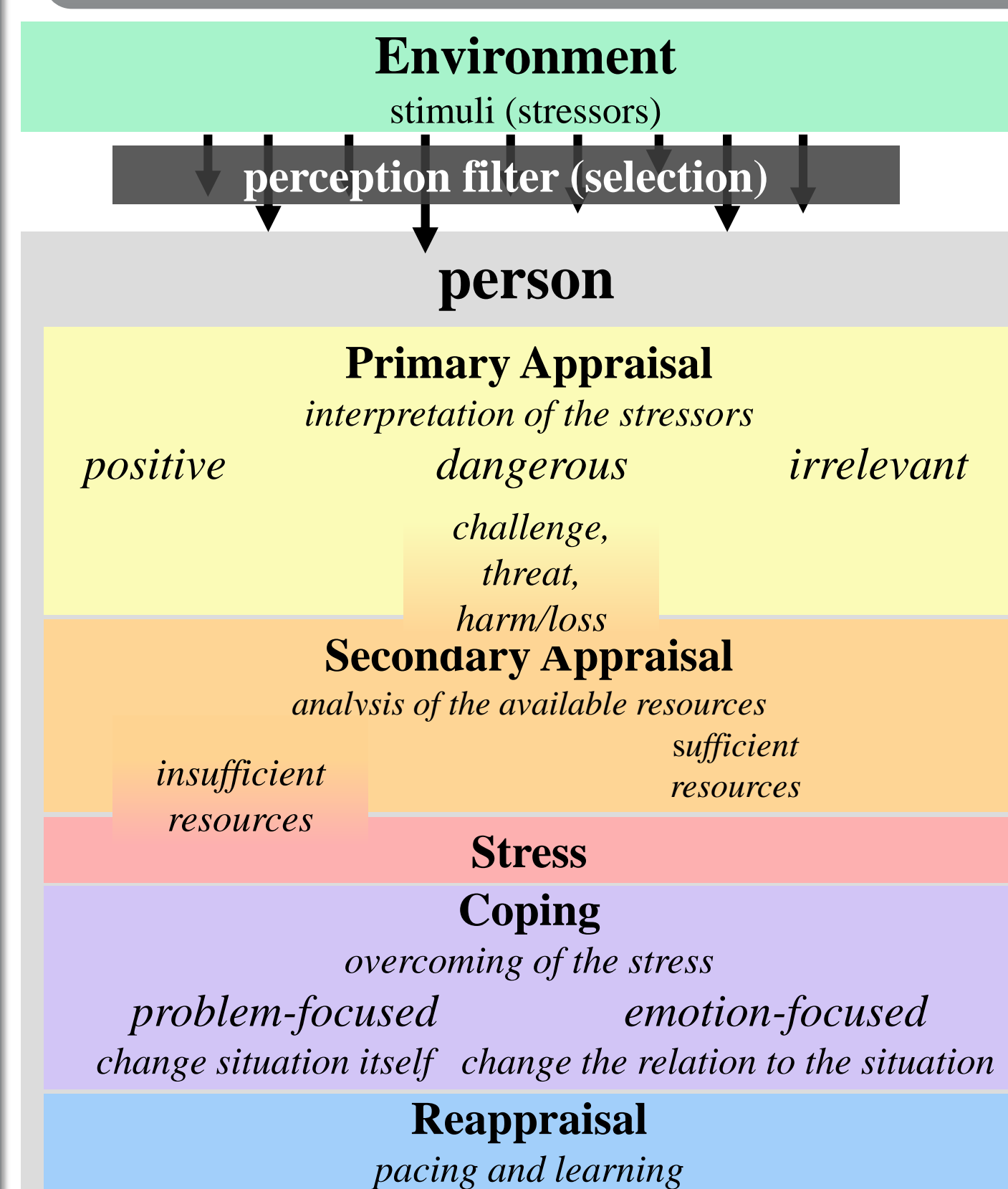- **Hierarchy:** Joanna Briggs Institute Level of Evidence.

Inclusion Criteria	Exclusion Criteria
• Yielded 40 articles • English language • 5 A's smoking cessation • US Studies • Primary care setting	• Other smoking methods • Non- primary care • Other smoking cessation methods • Outside US

- **Level of Evidence:** Level 1- 1 article, level 2- 5 articles, level 3- 1 article, Level 4- 2 articles, level 5- 1 article, Level 7- 1 article.
- **Summary:** 11 primary source articles that used the Agency for Healthcare Research and Quality's (AHRQ) smoking cessation guidelines, the 5 A's smoking cessation intervention were selected.

EBP Guidelines

The Agency for Healthcare Research 5 A's Smoking Cessation Intervention Guideline		
A	SK	about tobacco USE at every visits.
A	DVISE	tobacco users to QUIT at every visit.
A	SSESS	readiness to make a QUIT attempt at every visit.
A	SSIST	with the QUIT attempt with motivational intervention.
A	RRANGE	FOLLOW-UP care and monitor progress.

Theoretical Framework

Environment
stimuli (stressors)

perception filter (selection)

person

Primary Appraisal
interpretation of the stressors
positive   dangerous   irrelevant
challenge, threat, harm/loss

Secondary Appraisal
analysis of the available resources
insufficient resources   sufficient resources

Stress

Coping
overcoming of the stress
problem-focused   emotion-focused
change situation itself   change the relation to the situation

Reappraisal
pacing and learning

(Lazarus & Folkman, 1984)

Lazarus & Folkman Transactional Model of Stress and Coping Theory

Emphasizes appraisal to evaluate harm, threat and challenges, which results in the process of coping with stressful events.

The level of stress experienced, as a result of external stressors, depends on the person's appraisals of the situation and judgement about whether internal or external demands exceed resources and ability to cope.[4]

Implementation

Plan

- Meet with clinic's project director and clinical director to develop a plan of action and goals for implementing the 5A's.
- Present the implementation plan to the administration for approval.

Education

- Educate the providers and supporting staff introducing the 5A's, guided by the Transactional Stress/Coping theoretical model.
- Provide in-service to the medical and support staff, introducing the 5A's smoking cessation intervention during staff meetings.

Implementation

- Implement the use of a smoking cessation form to be completed at each visit.
- Complete and verify the documentation in the EHR. At end of visit, a trained chart reviewer scans forms and electronically codes the information into the computer.

Evaluation Plan

Evaluation metrics include:
- Staff perception of the 5A's.
- Chart audit for compliance.
- A 6-month patient follow-up phone call survey for smoking cessation progress.
- In one year, at routine visit, number of smoking status changed to quit status.

References

Available upon request.