

BACKGROUND

- As of 2017, about 34 million US adults smoke cigarettes which causes more than 480,000 deaths annually¹
- Uninsured adults have the highest rate of smoking²
 - Uninsured Americans under the age of 65 smoke at a rate of 25.5% which is more than double the rate of adults with private insurance
- Quitting smoking has been shown to have immediate and long-term positive health benefits¹
- Counseling and medication, when used together, are more effective for treating tobacco dependence than using either one alone¹
- CommunityHealth is the nation’s largest free clinic that provides both the Courage to Quit® (CTQ®) and Counsel to Quit® smoking cessation programs through the Respiratory Health Association (RHA)
- The CTQ® short program consists of at least 3 patient counseling visits with a trained pharmacist, nurse, or a health educator. Through participation in this program, patients are given access to free over the counter (OTC) Nicotine Replacement Therapy (NRT) including nicotine patches or lozenges
- The Counsel to Quit® program consists of a 3 to 10 minute patient counseling session by their healthcare provider
- Free medication access
 - CTQ®: Patients are eligible to have access to nicotine patches or lozenges as well as smoking cessation pharmacotherapy options available at CommunityHealth Med Access Pharmacy
 - Counsel to Quit®: Patients are eligible to have access to smoking cessation pharmacotherapy options available at CommunityHealth Med Access Pharmacy
- Smoking cessation pharmacotherapy options for patients at CommunityHealth include varenicline, bupropion, nicotine nasal spray or inhaler

OBJECTIVES

- Primary: To assess the number of patients who were able to decrease the number of cigarettes per day (CPD) through participation in either the CTQ® and Counsel to Quit® smoking cessation programs
- Secondary: To assess the pharmacotherapy methods that were utilized to assist patients and to assess patients who were able to successfully quit smoking

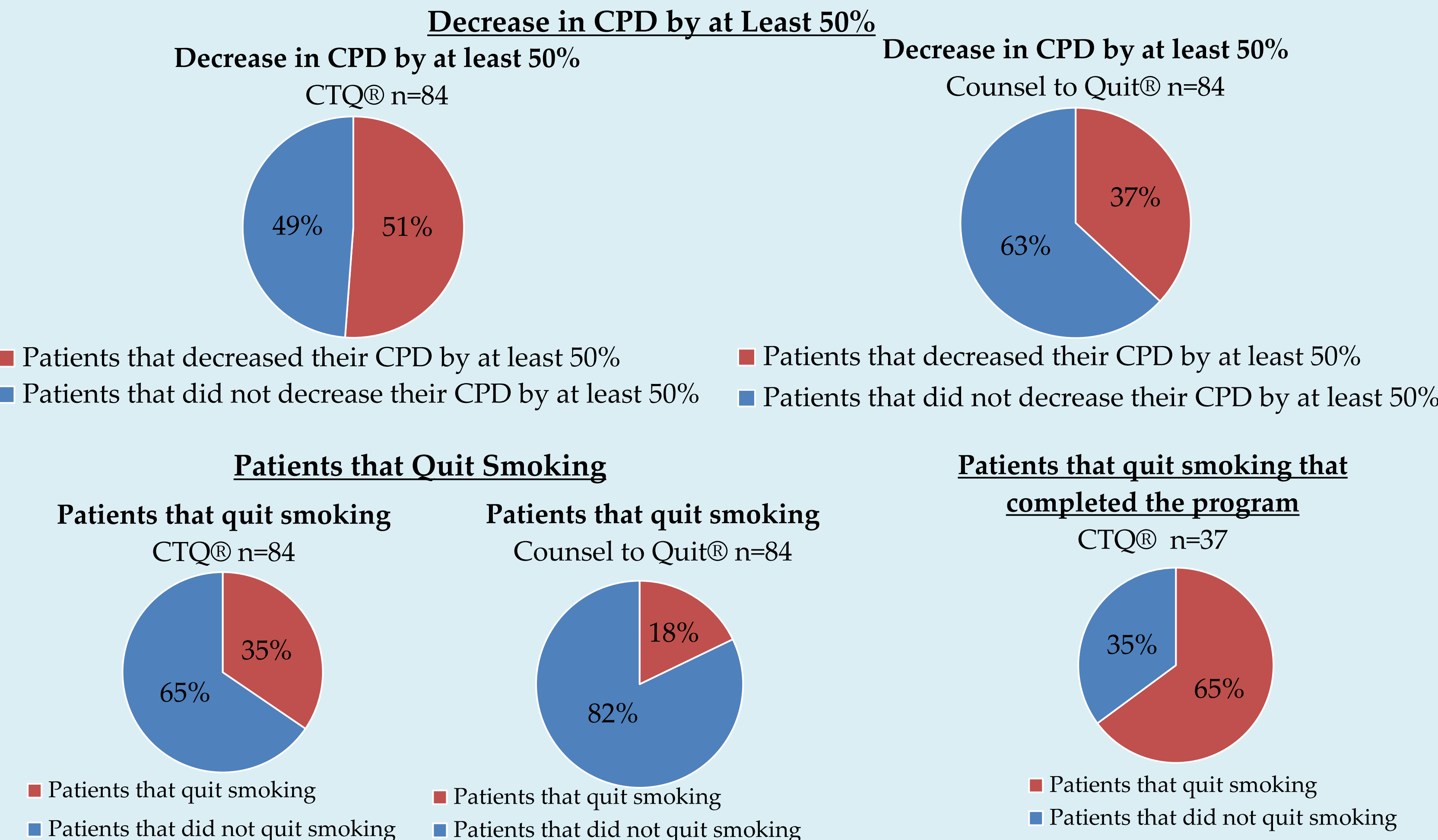
METHODS

- This study is approved by the University of Illinois at Chicago Institutional Review board.
- This retrospective chart review was completed for patients who participated in the smoking cessation programs between November 2017 to December 2019
- The medical charts of patients who were enrolled in the CTQ® and Counsel to Quit® programs were reviewed
- An equal number of charts of patients at CommunityHealth who participated in smoking cessation programs including CTQ® and Counsel to Quit® were reviewed
- Inclusion criteria**
 - Electronic Medical records of patients who were enrolled in smoking cessation programs CTQ® and Counsel to Quit® during November 2017 to December 2019 were eligible
- Exclusion Criteria**
 - Electronic medical records of patients not enrolled in the CTQ® or Counsel to Quit® program from November 2017 to December 2019 were excluded
- Descriptive data analysis was used to describe results

RESULTS

Baseline Characteristics	CTQ® (n=84)	Counsel to Quit® (n=84)
Age	51.70	51.54
Range	22-71	22-69
Ethnicity / Race		
Hispanic (%)	28 (33%)	23 (27%)
Polish (%)	36 (43%)	43 (51%)
Other (%)	20 (24%)	18 (22%)
Gender		
Male (%)	54 (64%)	43 (52%)
Female (%)	30 (36%)	41 (49%)
Average number of session visits	2.79	1.00
Range	1-4	1-1
Average number of CPD	10.60	10.08

Pharmacotherapy Treatment in Patients that Quit Smoking	CTQ® n= 29	Counsel to Quit® n=15
Varenicline alone	6	2
Bupropion alone	1	0
NRT alone	2	0
Varenicline + NRT	1	0
Bupropion +NRT	5	1
Nicotine inhaler/nasal spray + NRT	3	0
Varenicline + Nicotine inhaler/nasal spray	3	0
Bupropion + Nicotine inhaler/nasal spray	1	0
Varenicline + Nicotine inhaler/nasal spray + NRT	1	0
Bupropion + Nicotine inhaler/nasal spray + NRT	1	0
NRT + NRT	2	0
None	3	12



CONCLUSIONS

- The CTQ® Program at CommunityHealth was more effective in assisting patients with decreasing the number of cigarettes per day in comparison to the Counsel to Quit®
- Patient access to OTC NRT options improved number of cigarettes per day and quit rate in comparison to the patients who did not have access to OTC NRT
- A formal patient counseling program and access to both OTC NRT and smoking cessation pharmacotherapy options are more efficacious than short counseling and lack of a smoking cessation pharmacotherapy regimen

LIMITATIONS

- Small sample size
- OTC NRT products data were not able to be collected if purchased outside of CommunityHealth pharmacy in both groups

REFERENCES

- “Data and Statistics | Smoking & Tobacco Use | CDC.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, https://www.cdc.gov/tobacco/data_statistics/index.htm.
- Top 10 Populations Disproportionately Affected by Cigarette Smoking and Tobacco Use: State of Tobacco Control. American Lung Association. <https://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/by-the-numbers/top-10-populations.html>.

ACKNOWLEDGEMENTS

- UIC College of Pharmacy
- CommunityHealth staff and providers
- Respiratory Health Association ®