

Mobile Tools Boost Tobacco Screening & Cessation Counseling

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New York – Smartphones and tablets may hold the key to getting more clinicians to screen patients for tobacco use and advise smokers on how to quit. Even though tobacco use is the leading cause of preventable disease and death in the U.S., clinicians often don't ask about smoking during patient exams. Using mobile phones loaded with tobacco screening guidelines prompted nurses to ask patients about their smoking habits in 84 percent of clinic visits and to offer cessation counseling to 99 percent of smokers who expressed a willingness to kick the habit, according to a study from [Columbia University School of Nursing](#) [1] published in Oncology Nursing Forum.

"These findings suggest that mobile applications can play a significant role in curbing tobacco use," says lead study author Kenrick Cato, PhD, associate research scientist at [Columbia Nursing](#) [1]. Currently, U.S. patients are screened for tobacco use in about 60 percent of office visits, and smokers are advised on how to quit less than 20 percent of the time, according to the Centers for Disease Control and Prevention (CDC). "These findings are a win in the ongoing battle against tobacco use, and they also point to a broader benefit of mobile applications in getting more clinicians to follow evidence-based practice guidelines," Cato says.

The study evaluated tobacco screening rates for more than 14,000 visits at clinics in New York City. Clinic patients were treated by 185 registered nurses enrolled in advanced practice degree programs at Columbia Nursing. While overall screening and counseling rates were increased by use of the mobile tools, the gains varied by race, gender and payer source, the study found. Screening was more likely to occur when patients were female or African-American, and at clinics where the predominant payer source was Medicare, Medicaid or the State Children's Health Insurance Program. Screening was also more likely for patients with private insurance than for patients who were uninsured or covered by worker compensation benefits, the study found.

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"Screening for African-Americans, and men in particular, has traditionally lagged other populations, and the higher screening rates that we found for African-Americans suggest that mobile health-decision tools can help address health disparities," Cato says. "The technology can serve to remove any unintended bias clinicians might have about which patients are most likely to benefit from intervention."

While the study included only patients seen by nurses who had access to mobile health tools, the screening and counseling rates in the study are much higher than the baseline rates tracked by the CDC, Cato says. Using the mobile tools also helped clinicians exceed the targets for screening and counseling established by Healthy People 2020, a national road map for improving health and eliminating health disparities. Tobacco-related objectives in Healthy People 2020 include screening rates of about 69 percent during office visits, and counseling rates of about 21 percent.

For more information visit <http://www.cumc.columbia.edu> [1].

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