

## Tobacco use assessments dropped during COVID-19 pandemic, have not recovered

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The COVID-19 pandemic impacted primary health care in a multitude of ways, but little is known about how the pandemic impacted assessments of whether patients use tobacco.



A new Oregon Health & Science University study published in the *Annals of Family Medicine* finds that routine tobacco use assessments plummeted by 50% during the first wave of the COVID-19 pandemic and did not return to pre-pandemic levels. Researchers warn this could mean people have less information about and access to resources to help quit tobacco products and reduce associated health risks, including more severe illness from COVID-19.

"We know the urgency of the pandemic created numerous operational issues for primary care health centers," says Sue Flocke, Ph.D., a professor of family medicine in the OHSU School of Medicine and a coleader of the OHSU Knight Cancer Institute's Cancer Prevention and Control program. "Many primary care physicians were redeployed to urgent COVID areas, there was a rapid increase in telehealth visits, and many practices had pandemic-related staffing shortages. All of these things had the potential to affect routine patient care and the delivery of cancer preventive services and tobacco use assessments."

To better understand the extent of this impact, Flocke teamed up with fellow researchers from the BRIDGE-C2 Center and OCHIN, Inc., a national network of community health centers that deliver care to more than a million underserved patients. The BRIDGE-C2 Center—or Building Research in Implementation and Dissemination to close Gaps and achieve Equity in Cancer Control Center—was first announced in 2019 to improve strategies for implementing proven cancer screening and prevention practices.

Together, Flocke and these groups analyzed health record data from 217 primary care clinics from January 2019 through July 2021. That data included telehealth and in-person visits for 759,138 adult patients 18 and older to determine how monthly rates of tobacco assessment had been affected by the COVID-19 pandemic.



The team found that between March and May 2020, tobacco assessment monthly rates went from 155.7 per 1,000 patients down to 77.7 per 1,000 patients—a 50% decline. There was a subsequent increase in tobacco assessment between June 2020 and May 2021; however, assessments remained 33.5% lower than pre-pandemic levels.

## Impact on primary care practices with major consequences

Flocke says these findings are significant given tobacco use can increase the severity of COVID-19 symptoms. She says smoking is also associated with many types of cancer—and nearly 30% of all preventable cancers—along with a host of chronic diseases, including diabetes, heart disease and lung disease.

"We know that a large portion of people who use tobacco do want to quit, but the vast majority of them do not have access to or do not use available resources," she says. "Health care providers can provide access to a wide variety of resources, including referral for tobacco cessation counseling and prescriptions for FDA-approved tobacco cessation medications. A successful quit attempt typically requires many tries—that's why these discussions are so important."

The onset of the COVID-19 pandemic brought a substantial shift to telehealth visits. In this study of community health centers, telehealth visits went from less than 1% of visits to 70% of visits in a span of two months. This massive change in how primary care visits were conducted could have altered routine patient check-in processes, when tobacco use would typically be assessed as a clinical vital sign.

Flocke says the team was not able to evaluate the effect of the modality of visit—meaning in-person office versus telehealth—on the <u>assessment</u>



of tobacco use with the data for this study; however, they are testing this and potential differential effects on subgroups of patients in a subsequent study.

**More information:** Susan A. Flocke et al, Impact of COVID-19 Pandemic on Assessing Tobacco Status in Community Health Centers, *The Annals of Family Medicine* (2023). DOI: 10.1370/afm.2948

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