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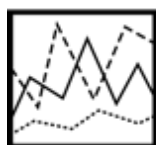
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RESEARCH UPDATE

Pediatricians cite barriers to tobacco cessation counseling

AAP Division of Health Services Research

Six out of 10 pediatricians routinely screen adolescent patients and parents for smokers in the household during health supervision visits, according to a recent AAP Periodic Survey of Fellows. However, far fewer discuss more specific exposures to tobacco smoke.



**PERIODIC
SURVEY
OF FELLOWS**

While eight out of 10 pediatricians advise smokers to quit, counseling, referring and treatment are provided at far lower rates.

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Screening for tobacco use

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Fifty-nine percent of pediatricians report they always or almost always ask if anyone in the household smokes, while only 36% ask if smoking is allowed in the house and 24% ask if smoking is allowed in the family vehicle.

Thirty-eight percent of pediatricians say they always or almost always discuss the dangers of second-hand smoke during health supervision visits.

Counseling, referring, treatment

More than 80% of pediatricians advise the majority of patients older than 11 years and parents of any aged patients who smoke to quit. (See chart.) Nearly half of pediatricians discuss barriers to quitting and smoking cessation techniques with most patients who smoke (48% and 44%, respectively), while about one-third discuss these topics with parents who smoke (35% and 31%, respectively).

Only 25% of pediatricians say they provide quitting materials, and 27% recommend nicotine replacement medications (patch, gum) to most patients who smoke; 17% provide quitting materials to the majority of parents who smoke, while 26% recommend nicotine replacement medications.

Few pediatricians refer patients or parents to a smoking cessation program or "quit line" (20% and 17%, respectively), and less than 10% prescribe nicotine replacement medications (patch, gum, Zyban, inhaler) to patients (8%) or parents (6%).

Barriers to counseling

The most frequently named barriers to providing tobacco cessation counseling to adolescent patients include: time limitations (79% of pediatricians so indicated), unfamiliarity with CPT codes for reimbursement (65%) and lack of professional training in tobacco cessation counseling (61%). Other barriers to tobacco usage counseling cited by pediatricians are adolescents' lack of interest (56%) and inaccurate responses to questions regarding tobacco usage (50%).

About half of pediatricians (52%) say inadequate reimbursement is a barrier to tobacco cessation counseling, although one-fourth are unsure. Equal proportions of pediatricians agree and disagree that adolescents' fear that parents will be notified of their tobacco use inhibits counseling on this topic (35% and 36%, respectively).

Nearly one-half of pediatricians (46%) believe their smoking cessation interventions can be effective, although 35% are unsure.

Attitudes toward counseling of parents

Most pediatricians think they can be effective in helping parents to stop smoking (60%) and agree such counseling is a priority (57%). One-half of pediatricians are unaware of the best strategies for helping parents to stop smoking (52%) and say it is not easy to find resources in their community to help parents quit (51%).

There also was a lack of consensus as to whether advice from a pediatrician is one of the best ways to help parents stop smoking: 38% agree and 39% are unsure. In addition, few pediatricians (17%) think parents want their help to stop smoking.

Eighty-three percent of pediatricians are unfamiliar with CPT codes used to report counseling parents on smoking cessation, and 47% think payment for parent counseling is inadequate.

While the parent is not the actual "patient" of the pediatrician, counseling may occur wherein the parent is counseled on smoking cessation in an effort to exert a positive effect on the patient's (i.e., child's) environment. In this regard, a pediatrician may report an Office or Other Outpatient Services code (99201-99215) using time as the key factor to determine the appropriate level of service reported. The Office or Other Outpatient Services codes contain typical times as part of their code descriptors, allowing time to be used as the key factor when counseling accounts for greater than 50% of the total time of the visit. Furthermore, the Office or Other Outpatient Services codes do not require that the patient (i.e., child) be physically present in order to be appropriately reported.

The pediatrician can link the Office or Other Outpatient Services code reported to ICD-9-CM diagnosis codes for V65.42 (*counseling on substance use and abuse*) and V61.8 (*other specified family circumstance*).

Periodic Survey #61 was conducted from June through November 2004. Surveys were mailed to a random sample of 1,627 nonretired U.S. members, with a response rate of 54%. Analysis was limited to 535 pediatricians who completed residency training and provided health supervision (i.e., preventive/well-child care). The survey was funded by the Agency for Healthcare Research and Quality (1RO3 HSO13789-01, PI: S. Tanski, M.D.).

For more information on the Periodic Survey, contact Karen O'Connor, AAP Division of Health Services Research, at 800-433-9016, ext. 7630, or koconnor@aap.org, or visit www.aap.org/research/periodicsurvey/psf.htm.

