

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6273

### **Title**

*TOBACCO USE SCREENING IN COMMUNITY-BASED PRIMARY CARE CLINICS BY VISIT MODALITY DURING THE COVID-19 PANDEMIC*

### **Priority 1 (Research Category)**

Smoking Cessation

### **Presenters**

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### **Abstract**

Context: Primary care delivery was significantly impacted by COVID-19, with rapid deployment of telehealth after the United States' national public health emergency (PHE) declaration in March 2020. In the years following the PHE, rates of screening for tobacco use decreased, particularly during telehealth visits. It is unknown if these changes in screening persist. Objective: To examine monthly percentages of tobacco use screening overall and by visit modality (in-person, telehealth) prior to, during, and at the end of the COVID-19 PHE. Design and Analysis: Retrospective observational study. Setting or Dataset: Electronic health record data from 541 community-based clinics across 17 states in the OCHIN network from 01/01/2019-5/31/2023. Population Studied: 1,792,934 adult patients with at least 1 telehealth (phone, video) or in-person primary care visit. Outcome Measures: We examined monthly percent of primary care visits with tobacco use screening (yes/no) overall and by visit modality. Results: Prior to March 2020, <1% of primary care visits were via telehealth. In the months following the PHE declaration >50% were telehealth, leveling to 25% at the end of the study period (March 2022-May 2023). During each study month prior to the PHE-declaration, >95% of all visits (in-person, telehealth) included tobacco screening; the highest monthly visit percentage of screening after the PHE declaration was only 77% (May 2023). For in-person visits, screenings occurred at >95% of visits in each study month prior to March 2020, with subsequent monthly percentages ranging from 46% (April 2020) to 95% (May 2023). In contrast, screening during telehealth visits only reached a maximum of 9% in late 2022. Conclusions: Tobacco use screening has remained consistently lower since the PHE compared to the study months prior, primarily driven by lack of screening during telehealth visits. Approximately 25% of all primary care visits in our sample continued to be delivered via telehealth at the end of the PHE, exposing a concerning discrepancy in tobacco use screening by visit modality. Concerted efforts are needed to

ensure that patients receive appropriate tobacco screening and evidence-based tobacco use treatment regardless of visit modality.

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