Implementing a Pregnancy Smoking Cessation Program: Challenges and Recommendations from the First Six Months of TIPS

Background: In 2007 funding was awarded to ETSU to implement and evaluate the Tennessee Intervention for Pregnant Smokers (TIPS) Program. The objective of this four year project is to improve birth outcomes in Northeast Tennessee by decreasing pregnancy smoking and smoke exposure. All regional physicians will be trained in a Brief Intervention for smoking cessation based on the 5 A’s that will be incorporated into all prenatal visits involving a smoke-exposed pregnancy. Additionally, intensive case management services will be offered at half of the regional obstetric practices. A comprehensive evaluation of the effectiveness of the program will be performed.

Objectives: The aims of the current report are to (1) describe the challenges to initial program implementation, and (2) develop recommendations for overcoming the identified challenges in this and similar projects.

Methods: Letters and emails were sent, and phone calls were made to the seven obstetric provider groups in the region, inviting them to participate in 5 A’s training. Select provider groups were also contacted about placement of a case manager with their practices.

Results: Four months after the start of the project, only the two university affiliated provider groups are participating thus far. Both have received a full time case manager and have physician training scheduled. Of the five private practices approached, none responded to our initial letters. Repeated phone calls and emails resulted in preliminary conversations with all five groups. All expressed at least general interest, but requested time and more information. General response themes included concerns relating to additional practice responsibilities, financial burdens, time limitations, compensation, space availability, confidentiality of both the patient and practice, hesitations relating to research involvement, and doubts as to patient compliance using any smoking cessation intervention. Reluctance of provider groups to participate has persisted, despite their recognition of the significant benefits for their practices and the women they serve. Project staff have had to be persistent and creative, having explored insurance reimbursement and financial incentives in order to entice participation, in addition to involving already participating physicians in the recruitment efforts.

Conclusions: The start up of a project requiring participation from physicians across a large regional area poses significant challenges, many of which cannot be anticipated at the outset. Finding the most appropriate and effective way to communicate with and entice each individual practice is key. Future efforts should recognize the need for flexibility, in terms of efforts required, timeline, and budgetary allocations when implementing a project of this scope.

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