

Correspondence

Response: Re: Integrating a Systematic, Comprehensive E-Cigarette and Vaping Assessment Tool into the Electronic Health Record

To the Editor: We thank the authors for their letter to the editor and appreciate their point of view. We agree that integrating vaping cessation and relapse prevention into the clinical duties of physicians is ideal, and we also agree that counseling for vaping should be part of the E-cigarette and Vaping Assessment Tool (EVAT) in the electronic health record. The EVAT presented in our manuscript includes a screenshot of the EVAT tool in Appendix 1, where the counseling button is prominently presented.¹ However, in data extraction from Epic EHR and subsequent analysis, we observed that many physicians and practitioners who completed the EVAT did not check off the counseling button. The number of checked counseling buttons was too small to be included in our analysis. However, we agree that small numbers of counseled patients do not preclude a discussion of physician/practitioner counseling to individuals who vape. In our observations, among the 23,408 current and former ENDS users, counseling was provided in 1,335 cases (5.7%), and 1,219 (5.2%) checked off “no” to counseling.

Previously, as part of our promotion of the EVAT, we had provided education to physicians, nurses, and staff on best practices for using the EVAT in Epic EHR and provided guidance on evidence-based therapies for cessation, including advice on Ask Advise Refer. Additional training on tobacco treatment, including prescribing medication or recommending nicotine replacement therapy (NRT), was provided to all clinical staff at the University of Maryland Medical System (UMMS). Feedback from physicians includes insufficient time to offer tobacco treatment and tobacco counseling during the visit. Most preferred referring patients to the Maryland Quitline or the Tobacco Health Practice at the University of Maryland

Midtown.² The Maryland Quitline is available 24 hours a day, 7 days a week, and provides NRT and multiple phone-based touch points, including at relapse-sensitive intervals. The University of Maryland Midtown Tobacco Health Practice offers customized treatment plans, including in-person or virtual visits, prescription medication and/or NRT, as well as breathing tests and lung cancer screening. Having the initial conversation started by a trusted physician can encourage patients to follow through with treatment via a quit-program where dedicated resources are available. A shift in the culture of vaping history taking and physician cessation advice is necessary to initiate tobacco/nicotine treatment and appropriately use the EVAT.

Niharika Khanna, MBBS, MD, DGO
Michael Dark, DrPH, MA
and Elena Klyushnenkova, PhD
University of Maryland, Baltimore, MD
E-mail: nkhanna@som.umaryland.edu

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References

1. Khanna N, Klyushnenkova E, Gaynor A, et al. Integrating a systematic, comprehensive E-cigarette and vaping assessment tool into the electronic health record. *J Am Board Fam Med* 2023;36:405–413.
2. Kilgore EA, Waddell EN, Tannert Niang KM, Murphy J, Thihalolipavan S, Chamany S. Provider attitudes and practices on treating tobacco dependence in New York City after 10 years of comprehensive tobacco control efforts. *J Prim Care Community Health* 2021;12:215013272095744.

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