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

To the Editor: Although the authors of the article "Integrating a Systematic, Comprehensive E-Cigarette and Vaping Assessment Tool into the Electronic Health Record"¹ should be commended for including questions about the use of e-cigarettes or vape pens in the electronic medical record at the University of Maryland Medical System, they missed an opportunity for motivating the physician to provide brief counseling to help patients stop vaping. Counseling and treatment for all tobacco use is described as "discretionary" in their system.

Clinical leaders should consider systems-based approaches that support measurement of clinician performance.^{2,3} Referral to specialized vaping cessation counselors implies that this intervention is too challenging or time-consuming for physicians. To the contrary, physicians, especially those with an established, trusting relationship with their patients, can offer the same behavior-modifying suggestions as quit-programs (eg, learning the relaxation response; using oral substitutes such as sugarless mints or cinnamon drops; increasing daily outdoor physical activity; not keeping the vape pen or e-cigarettes in the car; hanging out with family and friends who do not vape). If the patient insists on a medication to stop vaping, then the physician can recommend an over-the-counter nicotine lozenge, patch, or gum, which is preferable on the harm reduction spectrum even though the patient may remain dependent on nicotine.

Trying to stop using e-cigarettes is similar to giving up cigarettes. The term "smoking cessation" is a misnomer. A more accurate description of the process is "smoking cessation and relapse prevention." Moreover, as with any clinical skill, communicating ways to stop smoking or vaping must be individualized, personalized, and practiced over and over to develop confidence and self-efficacy. Measurement of use of e-cigarettes in the electronic medical record is an important start but only makes sense in the context of a systems-based approach.

Alan Blum, MD and Edward Anselm, MD Professor and Endowed Chair in Family Medicine, University of Alabama School of Medicine, Tuscaloosa (AB), Assistant Clinical Professor of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY (EA) E-mail: ablum@ua.edu To see this article online, please go to: http://jabfm.org/content/ 00/00/000.full.

References

- Integrating a systematic, comprehensive E-cigarette and vaping assessment tool into the electronic health record. J Am Board Fam Med 2023;36:405–413.
- Levy, DE, Klinger, EV, Linder, JA, et al. Cost-effectiveness of a health system-based smoking cessation program. Nicotine & Tobacco Research 2017;19:1508–15.
- Systems Change: Treating Tobacco Use and Dependence. Agency for Healthcare Research and Quality. Dec 2012. Available at: https://www.ahrq.gov/prevention/guidelines/ tobacco/decisionmakers/systems/index.html.

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