Research, testing and success

**Why the CF-5A’s is needed:** Past studies have shown systematic deficiencies in the way that the 5A’s are delivered in most medical practices. The first three A’s: *ask* patient if they smoke, *advise* them to quit, and *assess* their readiness has been followed by 63.4% of providers. The fourth A to *assist* patient in either building motivation or creating a cessation plan has been followed by just 56.4% of providers, and the fifth A to *arrange* a follow-up, referral and resources for the patient significantly drops to a mere 10.4% ending the encounter prematurely and significantly decreasing chances for smoking cessation success. To help close the *assist* and *arrange* gap and help improve quitting success, the UCSF team created the CF-5A’s program, in partnership with Phreesia.

![Using all 5A's. Image by Pixabay.](image)

**How it works:** Patients complete the CF-5A’s Intervention assessment for smoking cessation on the PhreesiaPad addressing the first four A’s, ask, advise, assess and assist, prior to their appointment. The patient then receives a tailored summary of their responses from the PhreesiaPad encounter, and a clinical decision tool is immediately sent to the provider. During the appointment encounter the smoking cessation conversation continues with the provider *assisting* the patient using talking points and resources summarized in the clinical decision support tool. Finally, the provider *arranges* a follow-up, referral and resources so that they, patient and provider, continue the cessation conversation and/or to check on cessation progress.

The CF-5A’s was tested at three primary care clinics over a year and was used more than 1,300 times.

**SUCCESS!**

- 272 primary care providers were randomized to an intervention (n=137) and to usual care (n=135). They saw 961 patients for a total of 1,340 visits.
1,011 post-visit telephone surveys with patients were completed (75.4% response). Using logistic regression and GEE (generalized estimated equation) models to control for clustering.

Effects were found for the intervention group on Ask, Advise, Assess, and Assist, (Arrange was not included on the tablet.). Intervention patients were more likely to receive all 5A’s during their appointment compared to usual care patients and only for their first participating visit (up to three visits were possible). Adjusted odds ratios ranged from 1.57 (Ask) to 3.43 (Assist) with patients of intervention providers were more likely to receive the 5A?¿s.

Providers of the intervention were 72% more likely to ?Arrange? in the first visit (OR 1.72; 95% CI, 1.23-2.40), and 104% more likely to complete all 5A?¿s during the first visit (OR 2.04; 95% CI, 1.35-3.07).

The CF-5A’s improved patient delivery of all 5A’s and was affected by the number of clinic visits (up to three were possible) to the same provider with earlier visits showing stronger results.

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