

Training & Supporting Retail Clinicians: Brief Cessation Interventions

Jennifer Keith, MPH, CPH and Janene Brown, MPH (Public Health Management Corporation, Research and Evaluation Group);
Kimberly Houston (The Foundation for Health Smart Consumers); and Sarah Rosenberg (Convenient Care Association/National Nursing Centers Consortium)
For more information: visit smartcarepro.com or contact Kimberly Houston at khouston@healthsmartconsumers.org

Inspire Background

Partnership

- The **Foundation for Health Smart Consumers** and the **Convenient Care Association** partnership
- Grant provided by the **Pfizer Independent Grants for Learning & Change** and the support of the Smoking Cessation Leadership Center at the University of California at San Francisco

Inspire Smoking Cessation Training Program

- Program** – Tailored training and patient counseling toolkit for the retail clinic setting
- Goal** – Increase smoking cessation interventions in retail-based clinics by providing nurse practitioners and other attending clinicians with training and counseling resources

Launching Inspire

Training

- Face-to-face Training – Retail Clinician Education Congress (May 2013 and May 2014)
- Online Training – Web-based on-demand training (July 2013 – December 2014)
- Toolkit Support (ongoing)

Evaluation Methods

- Training records
- Pre/Post training survey
- 3-month follow up survey

Change in Confidence

Helping to Obtain Services (n=250, p=0.000)

- Pre-training mean – 7.43
- Post-training mean – 8.86
- 98% expect to be more comfortable making cessation-related referrals

Helping to Quit (n=236, p=0.000)

- Pre-training mean – 6.83
- Post-training mean – 8.49

Note: Paired Samples T-Test, 95% CI, Sig. (2-tailed)

Buy-In

Training Use

- Utility – helpful with practical application (73%) and ideas/tools for consideration (26%)
- 97% will share ideas/tools discussed in training
- 96% will recommend training to others

After Training

- 99% see AAR as a useful tool for retail clinicians
- 99% see AAR as part of their job

Feasibility

- 76% rate feasibility 8 or higher (1-10 scale) to consistently use AAR with patients (Mean 8.5, Mode 10)
- A little less than half rate as 10 (absolutely feasible) (43%)

Behavior

Intent

- 95% intend to refer clients as part of Inspire
- 93% expect to use the Inspire Toolkit

3-Month Follow Up (pre-n=324, follow up n=36)

- 88% regularly ASK (always or often)
- From 74% to 85% regularly ADVISE (always or often)
- From 54% to 76% regularly REFER (always or often)

Moving in the Right Direction

- Reduced drop off from Ask to Advise to Refer
- Need more data to better compare

**Inspire Trainees by State
May 2013 to August 2014**

Source: Inspire Pre-Training Survey
Note: 20% scale of primary (total) work is used to determine trainee state. Of the 324 Inspire trainees, 313 provided valid ZIP codes. Trainees per state range from 0 to 30.
Prepared by The Research and Evaluation Group of FHSC

Lessons Learned

Tailored Trainings/Unique Environments

- Provide options for utilizing tools/assets:
 - ✓ As a link
 - ✓ As a clinic system enhancement
 - ✓ As a hard copy resource if clinic is paper-based
 - ✓ Etc.
- Consider work flow
- Access from clinics can be a challenge

Reach

Demographics (n=324 trainees by August 2014)

- Primarily Nurse Practitioners (74%)
- Variety of clinic settings
 - » Retail-based clinic (43%)
 - » Pharmacy-based clinic (25%)
 - » Grocery (18%)
- Mostly full time employees (87%)
 - » Most trainees spend more than half (60-100%) of their time with patients (66%)
 - » Two fifths are 100% direct service (40%)

Knowledge Change

Ask, Advise, Refer (AAR)

- 43% are familiar with AAR prior to training
- 99% have the information they need to refer patients as part of Inspire

Cessation Aids

- 56% are familiar with at least 5 tobacco cessation support options prior to training
- 99% are more comfortable discussing cessation aids because of the review and/or new information provided during training

Face-to-Face vs. Online Training

Similarities

- Overall, very similar
- Confidence and feasibility ratings are consistent
- 92% have requested/plan to request CEUs post-training

Differences

- Reach
- Types of trainees
- More clinic managers at face-to-face
- More "other clinicians" online

Data Collection

- Post-training survey completion
- Follow up survey response rates need improvement

Next Steps

Potential Training/Toolkit Additions

- 3rd hand smoke
- E-cigarettes
- Relapse prevention
- Engaging those not ready to quit
- Other tobacco products

Opportunities

- Reach physician assistants and nurses
- Explore other face-to-face trainings