

June 30, 2014

Pfizer Inc.
235 East 42nd Street
New York, NY 10017

**“Smoke Free Giant Eagle –
Driving Smoking Cessation Among Customers of a Regional Supermarket Chain”
(Pfizer MEG 044492)**

Final Outcomes Report

Members of the Pfizer Educational Grant Committee:

Over the past 18 months, we have developed, executed, and measured the impact of the “Smoke Free Giant Eagle” initiative (see ‘Introduction and Background’ and ‘Methods’ sections below). We are thankful to Pfizer for supporting this endeavor and are pleased to share the following final outcomes report.

EXECUTIVE OUTCOMES SUMMARY

In the original proposal, developed in the second half of 2012, we projected the intended impact of this initiative. The following table illustrates the projected outcomes vs the actual outcomes. We are very pleased to have met or exceeded our projections in these key areas.

Projected Outcomes per Original Proposal	Actual Outcome Achieved
Train at least 450 Giant Eagle pharmacists in ASK-ADVISE-REFER tobacco cessation counseling	712 Giant Eagle pharmacists participated in either live or on-demand ASK-ADVISE-REFER tobacco cessation counseling training.
A similar community pharmacy initiative ¹ resulted in each participating pharmacist counseling 50 patients over a 3.5 month period. Therefore we projected a potential annual impact of at least 150 patients per year per Giant Eagle pharmacist.	Per the 3-month follow-up survey, Giant Eagle pharmacists reported asking an additional 1-2 customers per week about their smoking habits as a result of their participation in ASK-ADVISE-REFER training. Therefore, we anticipate that each participating pharmacist will counsel an additional 50-100 patients per year.
Total potential patients impacted in the first year of this initiative, therefore, is 67,500 in	If each of the 712 Giant Eagle Pharmacists trained in ASK-ADVISE-REFER tobacco cessation

¹ Hoch MA, Hudmon KS, Lee L, Cupp R, Aragon L, Tyree RA, Corelli RL., “Pharmacists' perceptions of participation in a community pharmacy-based nicotine replacement therapy distribution program.” J Community Health. 2012 Aug;37(4):848-54.



<p>the states of West Virginia, Ohio, Maryland and Pennsylvania. This figure is based on 450 Giant Eagle pharmacists counseling 150 patients each year.</p>	<p>counseling inquire about the smoking habits of 50-100 patients each year, an estimated 35,600 – 71,200 customers will be impacted the states of West Virginia, Ohio, Maryland and Pennsylvania.</p>
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After participating in the training, the Giant Eagle Pharmacists were given time to implement what they learned at their retail pharmacy locations. A follow-up survey was fielded 3 months post-training to assess behavior change and barriers to implementing the training. The following key trends were noted:

As a result of participating in the training, Giant Eagle Pharmacists...

Performance

... were more likely to:

- Ask their customers about tobacco use
- Refer customers to the tobacco quit line or other tobacco cessation resources

...were equally likely to:

- Advise customers who are tobacco users to quit
- Recommend medications that aid in quitting to customers who use tobacco
- Provide counseling about proper use of medication designed to help customers quit smoking

Barriers

...were less likely to view the following as barriers to providing cessation counseling to customers:

- Their own lack of training on tobacco cessation counseling

...were equally likely to view the following as barriers to providing tobacco cessation counseling to customers:

- Lack of space in the pharmacy to hold a private conversation
- Lack of time
- Customer resistance

These 3-month survey findings were further supported by the CE evaluation comments submitted by participants.

We also collected detailed, verbatim descriptions, submitted by Giant Eagle Pharmacists, of actual customers with whom they attempted tobacco cessation counseling.

These outcomes are presented and discussed in detail throughout this report.

INTRODUCTION AND BACKGROUND

Giant Eagle is a regional supermarket chain with 229 stores throughout Western Pennsylvania, Ohio, West Virginia and Maryland that serves 4.6 million customers annually. Among Giant Eagle's 36,000 employees are 900 PharmDs who work in pharmacies embedded in a large percentage of their supermarkets. Prior to our Ask-Revise-Refer initiative, Giant Eagle conducted a Pharmacist-driven, employee-targeted tobacco cessation program that yielded positive results. The initiative utilized a mix of PharmD-led small group cessation counseling and one-on-one, individual cessation counseling sessions. 70-85% of participating Giant Eagle employees quit smoking within 30 days of their final counseling session with 45-55% continuing to abstain after 3 months. The success of this PharmD-driven counseling, coupled with the demographic similarity between Giant Eagle's employee population and its customer population encouraged Giant Eagle to expand their tobacco cessation effort to their customers.



METHODS

In order to reach as many Giant Eagle Pharmacists as possible, the ASK-ADVISE-REFER tobacco cessation counseling training was made available in both live and on-demand formats, under the direction of Primary Investigator, Frank Vitale, MA, in collaboration with Purdue University College of Pharmacy and PVI, PeerView institute for Medical Education.

- **Live, In-Person Training**

Frank Vitale conducted two live, in-person training sessions for Giant Eagle Pharmacists on October 10th and October 23rd, 2013.

- **Live Webinars**

Purdue University hosted four PharmD-focused cessation training webinars conducted by Frank Vitale. The webinars took place on October 30th, November 6th, 7th and 13th, 2014.



PI Frank Vitale leads a live, in-person training session on October 23, 2014

- **On-demand Training Module**

Once the live training sessions were completed, an on-demand, online training module, certified for CE credit, was made available to those Giant Eagle Pharmacists who had not yet been trained in the ASK-ADVISE-REFER protocol. This online activity is available at www.peerviewpress.com/AAR, a site that also featured a list of online smoking cessation resources for the PharmD audience.

On-demand web portal and sample slide from training module

Live Webinar Homepage

We were also able to expand the initiative, under the original budget, to include outreach to and incorporation of the following relevant audiences.

- **Giant Eagle Dieticians**

A special webinar was held on September 10th exclusively for Giant Eagle Dieticians, a group in a unique position to provide tobacco cessation counseling to relevant Giant Eagle pharmacy customers during diet and nutrition counseling sessions.

- **University of Pittsburgh Pharmacy Students**

On October 8th, Frank Vitale trained 105 second-year University of Pittsburgh Pharmacy Students in the ASK-ADVISE-REFER protocol as part of a service project related to the Great American Smokeout (11/21/13). 29 of these students volunteered to staff smoking cessation stations set up in Giant Eagle stores on 11/21. 19 of these students conducted 5 “Ready to Quit” days at various Giant Eagle stores where they set up counseling stations near the pharmacy counter and spent between 6 to 8 hours engaging customers in cessation discussions.



University of Pittsburgh Pharmacy Students manning smoking cessation stations at Giant Eagle Pharmacies during the Great American Smokeout on 11/21/13

- **Smoking Cessation Leadership Center**

The Smoking Cessation Leadership Center’s website agreed to feature our online training module on the front page of their website, <http://smokingcessationleadership.ucsf.edu/>

RESULTS

Participation – Target Audience

A total of 712 Giant Eagle Pharmacists participated in a live training session or accessed the on-demand activity. The following chart details the participation by modality.

Education Modality	Participating Giant Eagle PharmDs
Live, in-person meeting	235
Live webinar	15
On-demand online module	462
Total	712

Participation – Outside of Target Audience

As mentioned above, training was also made available to Giant Eagle Dieticians and University of Pittsburgh Pharmacy students. The on-demand module, as a result of being made available online, also attracted participation from a variety of interested learners outside the target audience as the table below illustrates:

Profession	In-person meeting	Live webinar	Online on-demand module	Total
Pharmacy student	105	0	16	121
Pharmacy Tech	0	0	26	26
Dietician	0	15	0	15
Other	0	0	39	39
Total	105	15	81	201

As a result of having extended the reach of the training to over 200 additional interested learners, many of these participants will have an opportunity to attempt cessation efforts with Giant Eagle customers, or friends and family.

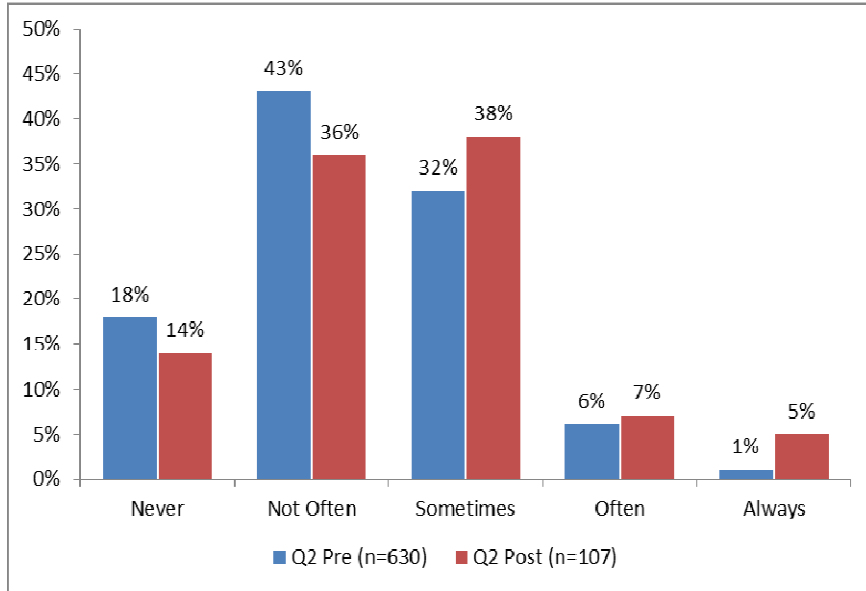
Performance (subjective)

Subjective performance outcomes were measured via a self-reported survey instrument fielded to the participant audience directly before participating in ASK-ADVISE-REFER cessation counseling training (the “pre” cohort). The same survey was fielded 3 months after participating in the training (the “post” cohort). A copy of the survey instrument is included in the Appendix of this report.

Of the 712 total Giant Eagle Pharmacist participants, we were able to collect “pre” data from 630. Of that group, we were able to collect 107 three-month “post” surveys. For live meeting participants, the “pre” survey was completed on paper just prior to training being conducted (n=168). For online participants, the “pre” survey was completed online just prior to taking the online course (n = 462). All “post” surveys were delivered via email and completed online. There was no incentive offered to either attend the training sessions or complete the “pre” and “post” surveys. Statistical significance was determined using Wilcoxon Rank Sum (aka Mann-Whitney).

The first 5 graphs show the pre vs post results of the self-reported behavior question: “In your current practice, how often do you do each of the following?” Participants were asked to use a Likert scale of Never =1, Not Often = 2, Sometimes = 3, Often = 4, Always = 5.

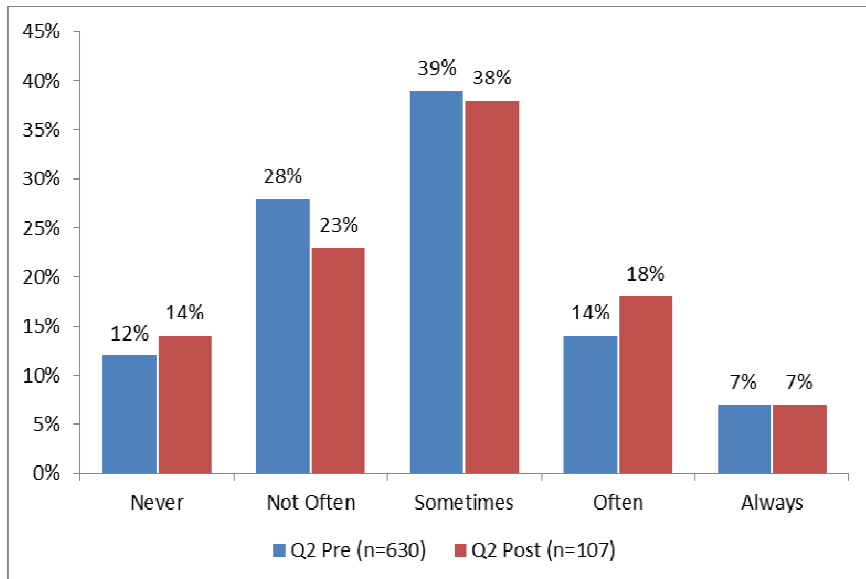
1. Ask your patients about tobacco use?



Mean (Pre)	Mean (post)	Change
2.28	2.51	+0.23*

*Increase is statistically significant $p < 0.05$ per Mann-Whitney test; Effect Size small, Cohen's $d = 0.26$

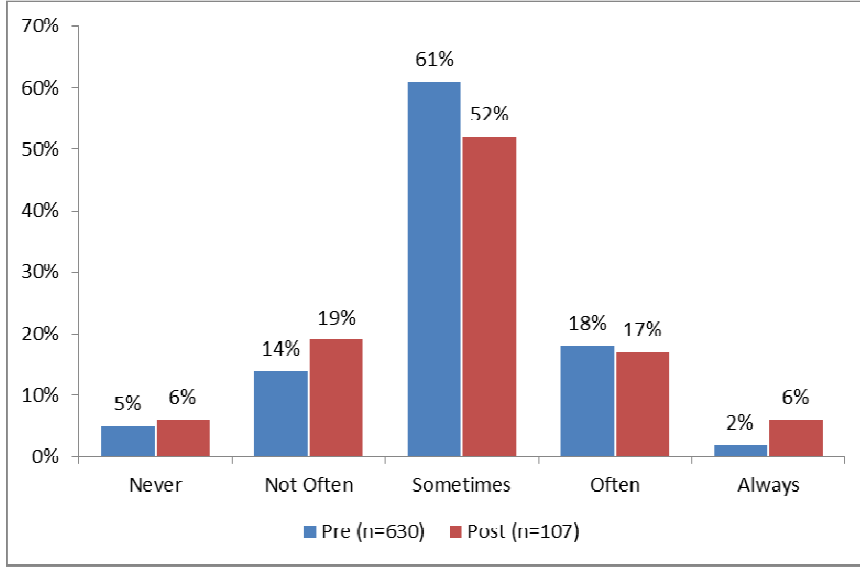
2. Advise patients who are tobacco users to quit?



Mean (Pre)	Mean (post)	Change
2.76	2.79	+0.03*

*Change is not statistically significant

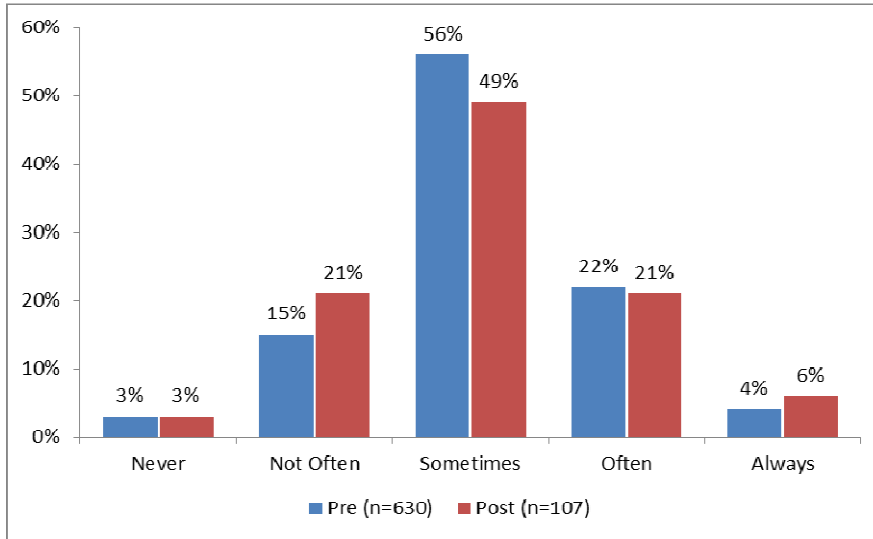
3. Recommend medications that aid in quitting to patients who use tobacco?



Mean (Pre)	Mean (post)	Change
3.01	2.96	-0.04*

*Change is not statistically significant

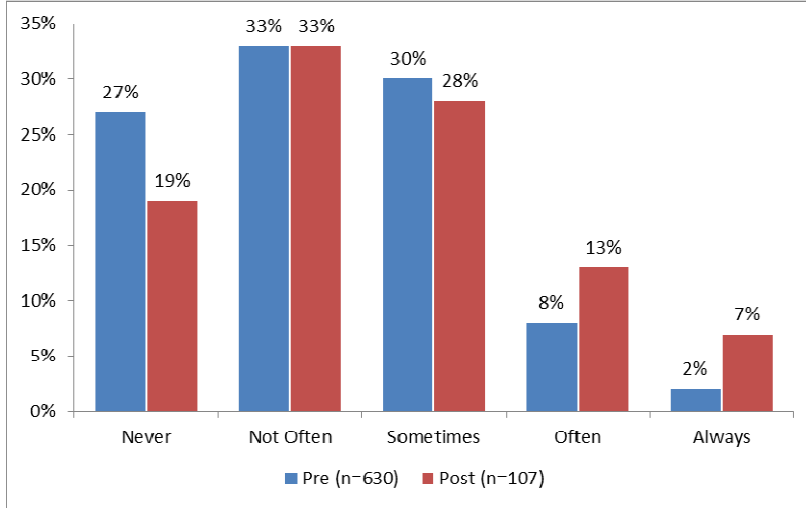
4. Provide counseling about proper use of medications designed to help patients quit smoking?



Mean (Pre)	Mean (post)	Change
3.11	3.06	-0.05*

*Change is not statistically significant

5. Refer patients to the tobacco quit line or other tobacco cessation resources?

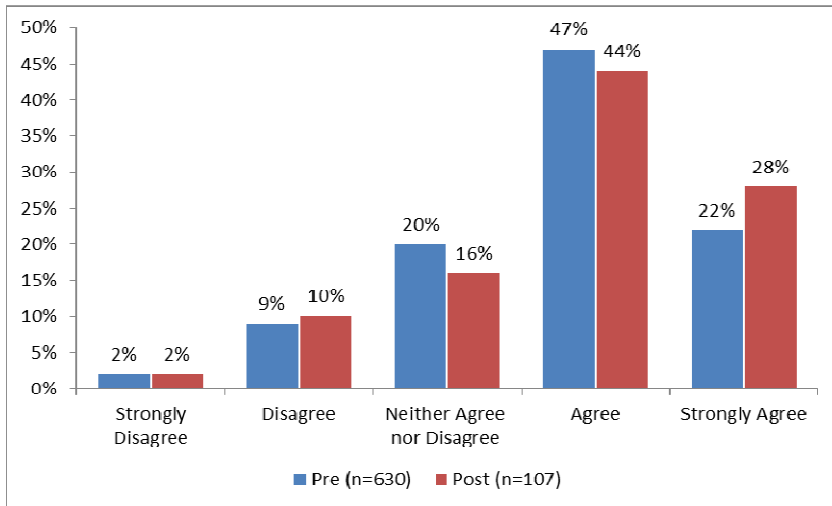


Mean (Pre)	Mean (post)	Change
2.25	2.58	+0.33*

* Increase is statistically significant $p < 0.05$ per Mann-Whitney test; Effect Size small, Cohen's $d = 0.31$

The next 4 graphs show the pre vs post results of the self-reported responses to: *“Please evaluate the following statements regarding possible barriers to you speaking with your patients about smoking cessation?”* Participants were asked to use a Likert scale of Strongly Disagree = 1, Disagree = 2, Neither = 3, Agree = 4, Strongly Agree = 5

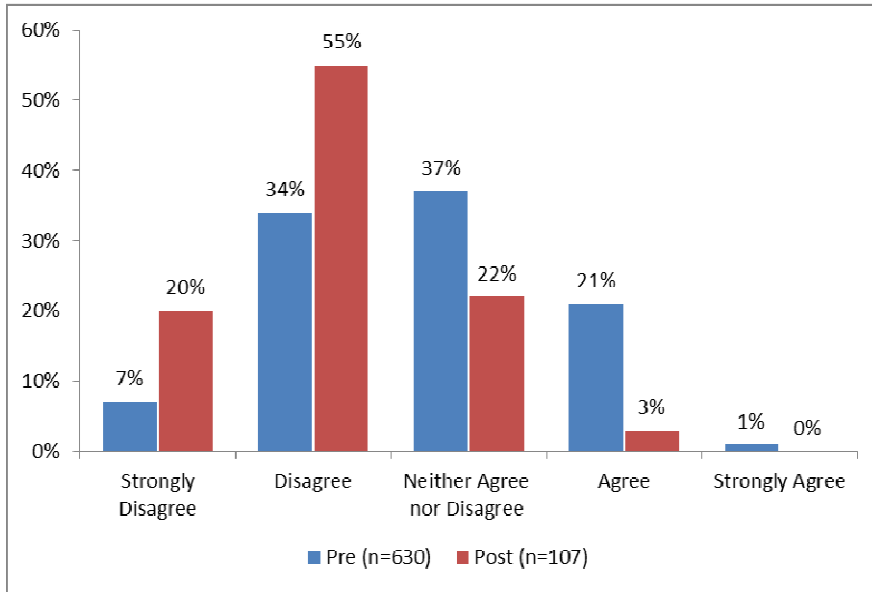
6. Lack of time is a barrier to providing smoking cessation counseling.



Mean (Pre)	Mean (post)	Change
3.76	3.86	+0.10*

*Change is not statistically significant

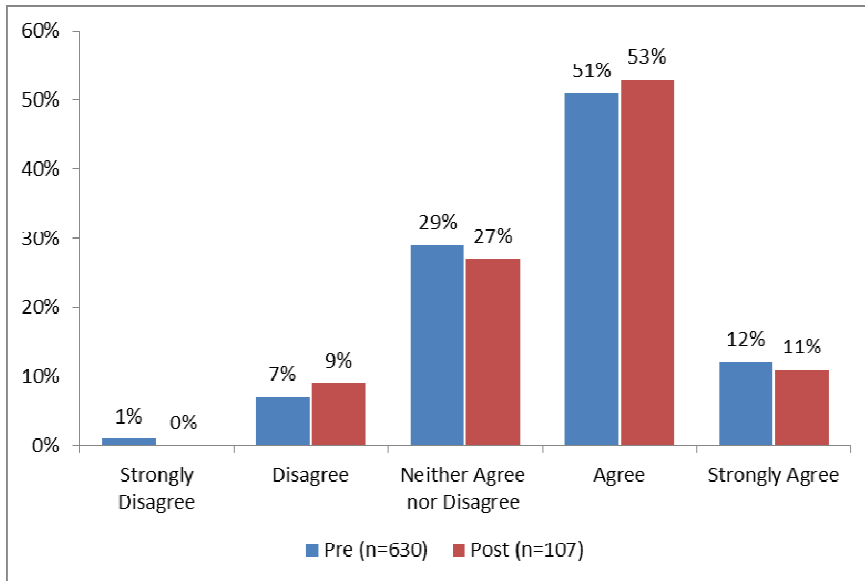
7. My own lack of training is a barrier to providing smoking cessation counseling.



Mean (Pre)	Mean (post)	Change
2.76	2.08	+0.33*

*Change is statistically significant $p < 0.05$ per Mann-Whitney test; Effect Size large, Cohen's $d = -0.83$

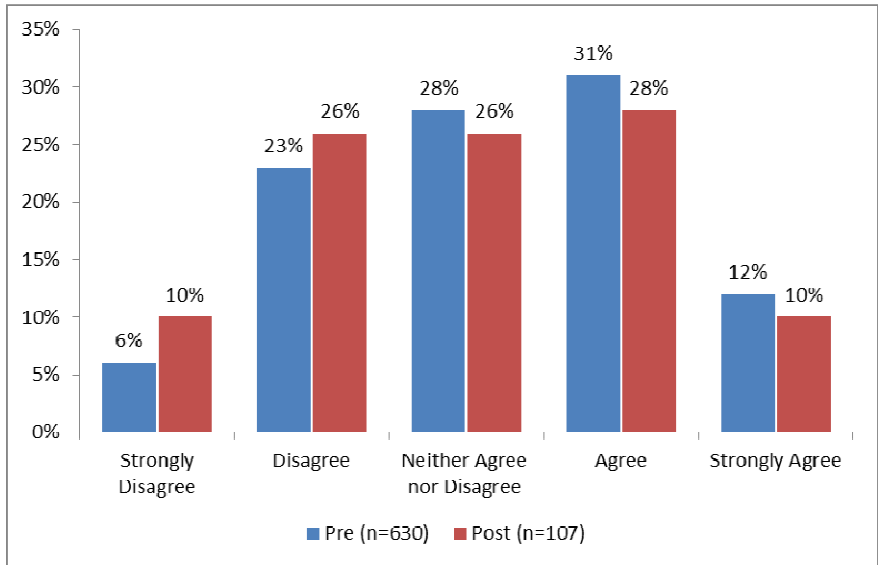
8. Customer resistance is a barrier to providing smoking cessation counseling.



Mean (Pre)	Mean (post)	Change
3.66	3.65	-0.01*

*Change is not statistically significant

9. Lack of a space to hold a private conversation is a barrier to providing smoking cessation counseling.



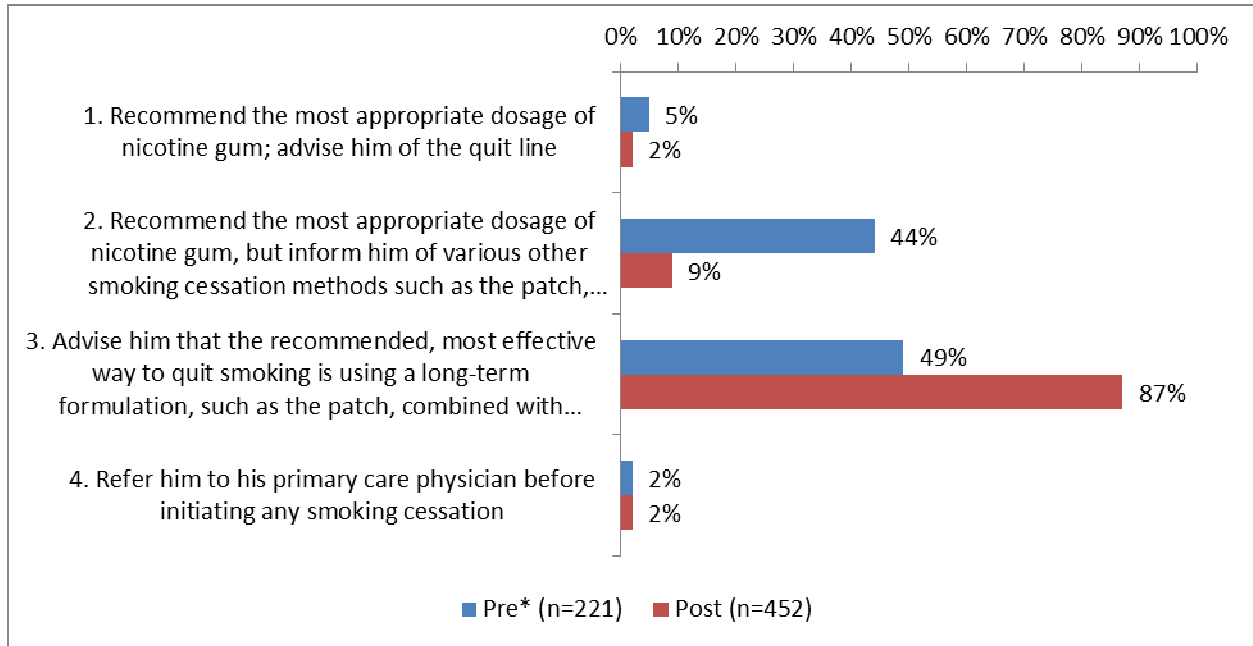
Mean (Pre)	Mean (post)	Change
3.20	3.0	+0.02*

*Change is not statistically significant

Outcomes – Knowledge and Competence

As part of the on-demand, online activity, knowledge and competence questions were incorporated within the presentation to capture baseline data. These same questions were repeated as part of the CME post-test to assess immediate change in knowledge and competence. The majority of the questions were answered correctly at baseline, but a few results indicate potential barriers to pharmacists recommending cessation medications, a trend we observed in the “pre” and 3 month “post” follow-up surveys. The relevant questions are included below, and interpretations of their potential meaning are included in the “Discussion” section at the end of this report.

1. “A 37-year-old man who has been smoking for 20 years comes into the pharmacy and requests a recommendation on nicotine gum dosage. He currently smokes two packs a day but wants to quit because his first child is about to be born. He has heard about the gum and wanted to give it a try. Which of the following is the most advisable course of action based on current guidelines?”



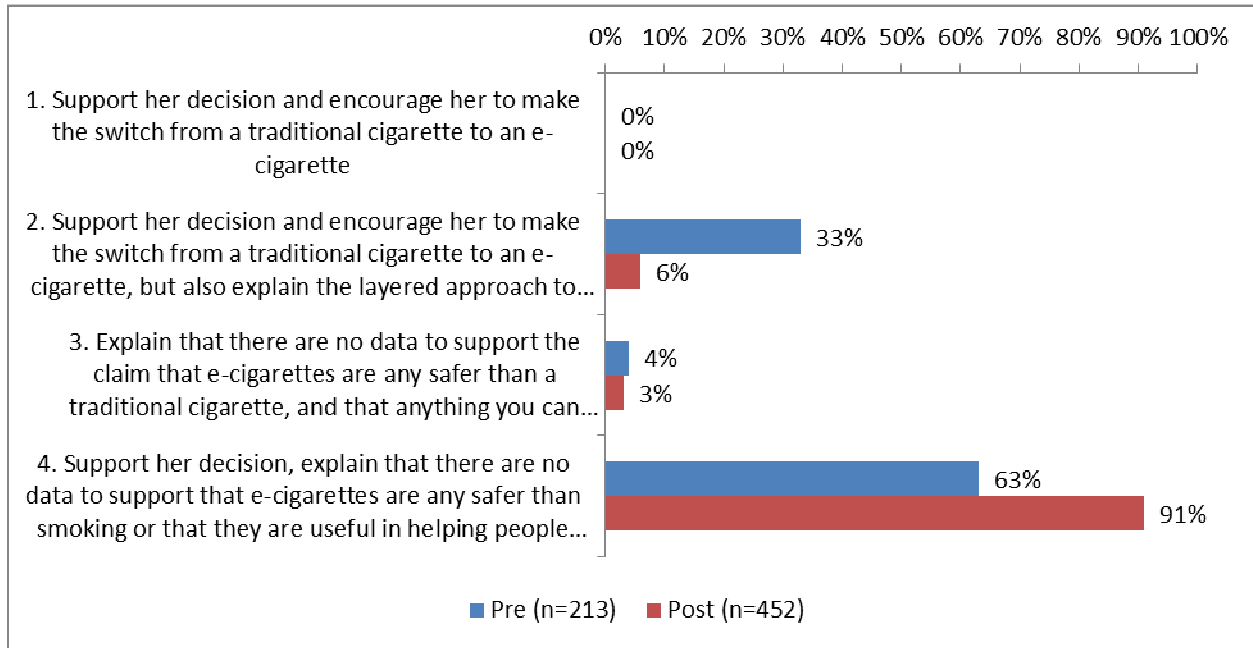
*Activity participants were not required to answer the “pre” questions

Per Pearson's Chi-Square, the increase is statistically significant, $p < 0.05$ and a Cohen's $d = 0.95$ indicating a large effect size.

The best response is choice 3: “advise him that the recommended, most effective way to quit smoking is using a long-term formulation, such as the patch, combined with gum, lozenges, or an inhaler to manage sudden urges; advise him of the quit line.”

Over the last 5 or 6 years, clinical practice guidelines on smoking cessation have changed based on current research. Data strongly indicate that combining antismoking medications increases quit rates more than using them individually. Therefore, the current recommendation is to use a long-term formulation (generally the patch) and then to layer on either gum, lozenges, or an inhaler to deal with situational urges that occur during the day. If a smoker successfully combats those urges and avoids picking up a cigarette during the first couple of weeks after quitting, they are much more likely to quit permanently. [Clinical Practice Guideline: Treating Tobacco Use and Dependence, 2008 Update p. 118.]

2. “A 66-year-old woman wants to purchase an e-cigarette. She states that she loves smoking, and although she is aware of the health risks, she really does not want to quit. She explains that she is very excited about this new technology that allows her to smoke indoors again, and will be healthier overall. What is the most appropriate response?”



*Activity participants were not required to answer the “pre” questions

Per Pearson's Chi-Square, the increase is statistically significant, $p < 0.05$ and a Cohen's $d = 0.7$ indicating a large effect size.

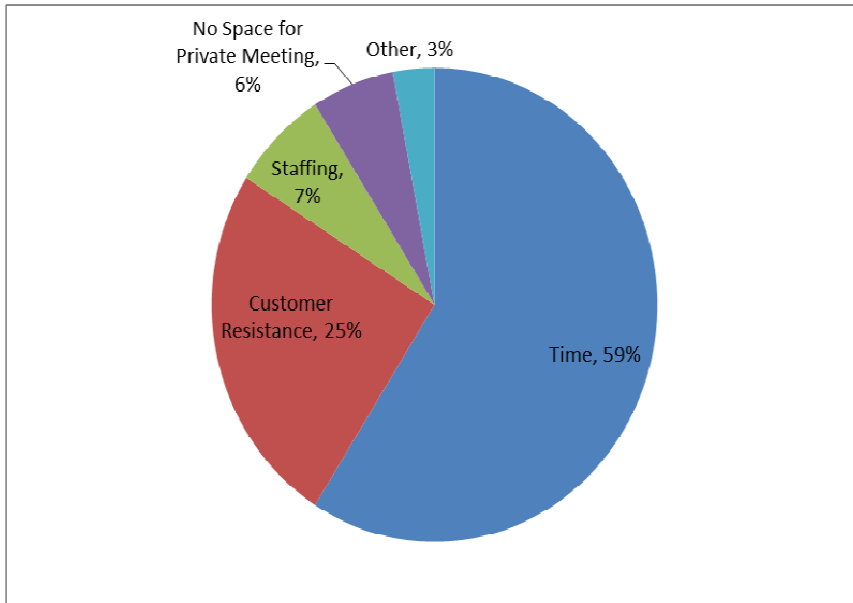
The best response is choice 4: “support her decision but explain that there are no data to support claims that e-cigarettes are any safer than smoking or that they are useful in helping people quit smoking; emphasize that they contain just as many, if not more, harmful chemicals than cigarettes.”

While e-cigarettes contain nicotine, many also contain the same vapor-producing chemical used in antifreeze. There are no data to support claims that e-cigarettes are a safer alternative to smoking or that they help people quit. Although e-cigarettes contain no hydrocarbons (produced by the burning of nicotine in a traditional cigarette), they can contain just as many harmful chemicals since the industry is currently not regulated. At this time, it is not suggested that you advise anybody to use these products. Instead, refer clients to a smoking cessation plan.

Outcomes – Evaluation Comments

Learners that completed an evaluation survey as part of their CE credit fulfillment were given several opportunities to provide open-ended feedback in response to a series of questions. Several of these questions provided responses that, when aggregated and analyzed, support some of the performance trends identified in the pre and post surveys.

1. What barriers, if any, exist to you implementing the information contained within this activity in your workplace?



N=68 (learners who identified that there were barriers were not required to specifically identify them)

2. What, if anything, did this activity teach you that was new or original? (Open-ended question)

Original/New Concept Learned	Participants Who Indicated a Change in Knowledge Due to Participation (%)
Quitline phone number	19%
Available medicines for smoking cessation	13%
New cessation counseling strategies	13%
Combination therapy	13%
Nicotine gum is not recommended	11%
E-Cigarettes are not recommended	10%
Reinforced what I already knew	10%
Medicines effected by smoking	7%
Other	3%
Smoke interferes with meds	3%

N=72 (learners who identified that they learned something new were not required to specifically identify what those areas were)

Discussion:

Our primary survey instrument was designed to measure subjective change in behavior (performance), among Giant Eagle pharmacists who participated in the ASK-ADVISE-REFER activity, from baseline to 3-month post-intervention. Final results indicate that participation in the ASK-ADVISE-REFER activity had a statistically significant impact on Giant Eagle Pharmacists in a few areas.

Statistically significant changes include a greater likelihood among Giant Eagle pharmacists to ask customers about tobacco use and to refer them to established quitlines. There was also a significant decrease in Giant Eagle pharmacists viewing their lack of training as a barrier to cessation efforts.

In the other areas that we assessed, the activity did not have a statistically significant impact. Giant Eagle pharmacists were no more or less likely to advise users to quit, recommend smoking cessation medications, or counsel customers on proper use of cessation medication. They also continue to view lack of time, customer resistance, and lack of private space within the store as key barriers to counseling. Both before and after participating in the ASK-ADVISE-REFER activity, Giant Eagle pharmacists agreed most strongly that lack of time and customer resistance were significant barriers to implementing cessation efforts.

In addition, results from the knowledge/competence questions incorporated within the online activity to evaluate baseline knowledge of participants (“pre”) indicated confusion about which medications/interventions to recommend for smoking cessation and in which combinations. The fact that one third of the “pre” audience advocated, via these knowledge/competence questions, the use of an e-cigarette is another indication that Giant Eagle pharmacists are not sufficiently educated on recommended medicinal cessation options.

When asked, via the evaluation form, what “new” information was communicated to them via the training, over 50% answered with a medication-related response ranging from “available medicines” to “combo therapy” to “don’t chew nicotine gum”. These results indicate that additional education regarding available cessation medications, and how they can be used in combination, is required.

A primary focus of the training was to refer a smoker to the quitline. 19% of participants indicated that the quitline was something new they learned about in the activity. A majority of participants listed “time” as the primary barrier to cessation efforts. We conclude that time-strapped Giant Eagle pharmacists, who believe that their customers are quite resistant to cessation efforts, find it most efficient to ask a customer about smoking and refer them to a quitline for cessation advice and counseling rather than attempting it themselves. Referring patients to a quitline to help aid in smoking cessation should be something Giant Eagle pharmacists can readily incorporate into daily practice and thus increase the number of customers who receive support in smoking cessation.

It is clear that this initiative will have a major impact on cessation efforts among Giant Eagle customers. 712 Giant Eagle Pharmacists participated in either live or on-demand ASK-ADVISE-REFER smoking cessation counseling training. Per the 3-month follow-up survey, Giant Eagle Pharmacists report asking an additional 1-2 customers each week about their smoking habits. That is an additional 50-100 patients per year per pharmacist ***If the 712 trained Giant Eagle Pharmacists individually inquire about the smoking habits of 50-100 patients each year, the total potential annual patients impacted in this***

geographic area is 35,600 – 71,200. We will attempt to publish these outcomes in a relevant retail pharmacy journal and will alert you if we are successful.

Descriptions of Giant Eagle Customers Directly Impacted by this Initiative

As part of the 3-month follow-up survey, we asked Giant Eagle Pharmacists to describe cessation attempts they had made with their customers. These verbatim responses provide powerful evidence that this training has had a direct impact on patient lives.

- I gave support to a pharmacy tech, she just quit.
- I met with a patient who is trying to stop smoking. We discussed some of the available treatment options. She is very receptive to trying them.
- A long-time patient came in, and let me know about her worsening heart condition. I know that she smokes and we talked about steps she can take (to quit).
- A patient came to the pharmacy asking about smoking cessation products. I took him to the section and explained the differences between the products and recommended a patch and gum to help him quit.
- (I) advised patient to try patch, not to give up if no success, contact doctor for further help if needed (e.g. Rx product).
- After completing the program, I called the 1-800-quit now # and was educated further on how the program works. I was very impressed with how easy they make the cessation program successful for their clients. I feel that in a multiple pharmacist store it is extremely difficult to "ask advise refer". All Rph and staff need to be onboard, so anyone who comes back after the initial encounter feels comfortable speaking to any Rph. Not just one Rph should be handling this continuing health problem. The 1-800 number is the best advice we can give. By simply adding tobacco use to the allergy stamp, we could be cutting health risks significantly. Once a tobacco user has that info in his/her hand...chances are they will call or at least ask Rph more questions. The 1-800-cards should be in our pockets at all times. Even in the stores that time is a barrier, the staff on call at 1-800 is ready and waiting to start helping our customers. We could be good sources of product information, side effects and support once the initial call has been made.
- Asked a patient if they used tobacco products as this would increase their need for more warfarin to achieve INR 2.0-3.0. When patient replied 1/4 PPD, before she was admitted to the hospital, but not since discharge, I advised her to remain tobacco free and referred her to the quit smoking line and then offered her a return visit should she feel the need for nicotine replacement.
- I asked someone who had previously quit and relapsed to start again if they had tried nicotine gum and they got some. I also told this patient to call the quit line.
- Chantix wasn't covered by insurance and we discussed other options.
- Customer asked for a recommendation to quit and after brief discussion, the customer chose patches. This customer is trying to use the patch.
- Customer prior use was Chantix, that made him sick and I suggested the quitline.
- Customer purchased nicotine patches after discussing their urge to quit smoking and what product to use.
- Customer was a long time smoker with new scripts for bronchitis. This was the perfect time to discuss quitting.
- Customer was filling a prescription for an antibiotic. They mentioned they were a smoker. I inquired if they ever thought about quitting and they mentioned they were interested in Chantix. I provided the customer

with a patient guide on Chantix and suggested they speak with their PCP. I also mentioned some of the other treatment alternatives.

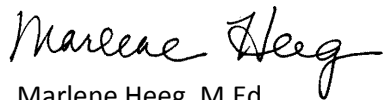
- I had a patient who tried several years ago to quit and was unsuccessful. Upon discussion with patient, it seemed she needed more encouragement at that time which she never received. We discussed options, the help line and got an Rx for Chantix which she started.
- A customer's husband was diagnosed with lung cancer. She is considering quitting but didn't think she could and wasn't ready to actually try so I referred her to quit line.
- I am speaking with a current patient of mine who has diabetes. I am using these techniques and so far his response is hopeful.
- I asked a patient once if she was interested in smoking cessation and she explained to me that she was but felt uninformed of the available products. I showed her what we had available at the store and she said she would consider a future purchase.
- I asked, the customer said he was happy we offered advice and counsel, but would come back to us when he was ready. I gave him a card for the quit line.
- I completed a Comprehensive Medication Review (CMR) with a patient, and she was a smoker at the time. I counseled the patient about the importance of quitting and recommended OTC therapy, which would be covered by her insurance. I offered to call the patient's doctor to obtain an Rx, and I did obtain an Rx for NRT patches. I also recommended that the patient call 1-800-QUIT-NOW to receive free counseling to help support her during this time. We discussed the benefit of combining counseling with medication therapy. Since that time, I followed up with the patient and reviewed how to use the patches. She chose a quit date and started using the patches. I have a follow-up phone call scheduled with her this week, and I told her that I would continue to follow up with her throughout the process.
- I do not think there has been a specific customer that I have motivated to begin a cessation attempt. I have noticed an increased number of customers presenting prescriptions for nicotine patches and Chantix. I have had a customer who I encouraged to continue with his attempt to quit and gave him one of the quit now cards when he indicated that he wanted to give up. He seemed encouraged and said he was going to keep trying. I have given a lot of the cards out. It is the easiest way for me to initiate a conversation, and for people who seem resistant, it is the least imposing way to try to help them. But most of the conversations I have initiated have been with customers who are receiving nicotine patches or Chantix for the first time.
- I have a diabetic patient that has been smoking for over 20 years and she is now in the contemplation stage whereas before I had never discussed smoking with her. I did give her the number to call as well. I do wear my pin on my smock and customers have asked me questions in the store when I did not even know that they smoked.
- I have had 2 patients pick up brochures on the counter which led to a conversation about nicotine replacement products and which would be best for them.
- I staffed a health fair on behalf of Giant Eagle Pharmacy. There were 3 Giant Eagle pharmacists there, all three of us were trained in the AAR protocol. As we only had a few minutes at best to talk to each person, the protocol helped to get essential information to the patient quickly. We also handed out Quitline cards.
- I am just encouraging all my patients to think about quitting and setting a quit date.
- After the training, I felt more comfortable talking to the patient about treatment options.

- One customer asked which was better for them, patch or gum, and I asked more questions and helped them choose.
- One customer was newly released from the hospital after a heart attack. I was counseling them on their new meds and was asked about smoking cessation. I was able to help that customer understand what products were available and help them choose what would work the best for them.
- Patient came in to find OTC remedy because she was having trouble breathing as a result of upper respiratory issues. I knew she smoked, so I began a discussion about how quitting smoking would be the best thing to help her breathing issues long term. She purchased Nicotine patches.
- Patient has been smoking since being a teenager, never had desire to quit. I talked to the patient about options, she is slowly becoming interested and motivated to reduce the amount and eventually quit all together.
- Patient released from hospital after MI with Rx for Chantix. Rx not covered, counseled patient about nicotine Patch use.
- Patient taking birth control asked how smoking affected it.
- Patient was picking up nicotine patches and counseled them on the proper use and referred to quit line also.
- Patient had tried Chantix in the past, but failed treatment. Educated patient on other medications available for treatment and referred to quit line.
- Pt already had an Rx for nicotine patches but wasn't sure she wanted it filled. Asked about current habits, filled Rx, explained how to use patches and included the booklet/recommended calling the quit hotline as an additional necessary step in the process.
- Pt has wanted to quit smoking but no one had had the time to speak with her.
- Pt said they were interested in quitting but were confused in all the options available.
- Telephonic MTM review in which I discussed smoking cessation options to a patient interested in quitting.
- The patient I spoke with was on birth control. She had approached me with a question because her doctor was switching her to one with less estrogen and I asked if she were a smoker. She was; I gave her the quit line card and we discussed some options and the risks of smoking while on birth control.
- There was a patient who had a prescription for Chantix that was not covered so I went over other options that were available to them.
- This was with a fellow team member. I was talking to a team member about quitting and all the things surrounding it. The meds, the counseling, the help that we can provide.
- Tried filling patches with an Rx under insurance, and patient was happy to start since they were covered.
- Usually I can ask a patient that is picking up meds for COPD and I can smell the smoke on them. If they are complaining about the high price I will suggest smoking cessation aids and give them one of the coupons we have as well as the quit line phone number. Most people I have talked with are not interested in quitting and just brush me off.
- Warfarin patient didn't realize that smoking affects warfarin metabolism. Patient then expressed interest in quitting. Evaluated patient's use of tobacco. Recommend patches and strength. Patient has quit smoking almost completely after 2 weeks and continues to try today.
- Was over the phone, not able to follow up, referred to 1-800-QUITNOW.

Finally, encouraged by the success of their employee and customer smoking cessation campaigns, Giant Eagle's pharmacy department is now soliciting local companies to become wellness clients, with smoking cessation being a key focus!

We appreciate having had this opportunity, made possible by funding from Pfizer, to assist in making a difference as it relates to smoking cessation efforts at the Giant Eagle supermarket chain through this most worthwhile initiative.

Best regards,

A handwritten signature in black ink that reads "Marlene Heeg". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Marlene Heeg, M.Ed.
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APPENDIX



Welcome to this PeerView CPE activity, "ASK-ADVISE-REFER: A Tobacco Cessation Counseling Protocol for Practicing Pharmacists." Please take a moment to answer this quick survey. Once you've completed the questions below, you will be automatically directed to the activity.

1. In your current practice, how often do you do each of the following?

	Never	Not often	Sometimes	Often	Always	N/A
Ask your patients about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise patients who are tobacco users to quit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend medications that aid in quitting to patients who use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide counseling about proper use of medications designed to help patients quit smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients to the tobacco quit line or other tobacco cessation resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please evaluate the following statements regarding possible barriers to you speaking with your patients about smoking cessation.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Lack of time is a barrier to providing smoking cessation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own lack of training is a barrier to providing smoking cessation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer resistance is a barrier to providing smoking cessation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of a space to hold a private conversation is a barrier to providing smoking cessation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Degree:

Specialty:

Country:

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The Level 5 Outcomes Data Collection Tool as it appeared online