D. Main Section of the Proposal

Overall Aim and Objectives

The overall aim and objective of this initiative is to increase smoking cessation interventions in retail-based clinics by providing nurse practitioners and other attending clinicians with training and counseling resources to:

- inspire the clinician to initiate more conversations on this important topic;
- facilitate best-practice patient counseling with tools designed for this point of care;
- provide information about treatment options and other available resources to support quit attempts.

Retail clinics provide care for common illnesses in retail-based settings such as drug stores, grocery stores and "big box" stores and are typically staffed by nurse practitioners. These points of care provide high-quality, convenient and affordable healthcare services for acute care, immunizations and routine physicals. In recent years, many clinics have expanded into preventive and wellness care and chronic disease diagnosis and management. Some clinic organizations offer weight management programs, respiratory treatments for conditions such as asthma and COPD, diabetes education, hypertension evaluation and lifestyle modification and coaching.

Retail clinics are an ideal venue for smoking cessation interventions with patients, parents of pediatric patients and caregivers who may be accompanying other patients. With a customized toolset that fits in this technology-enabled venue, a clinician can confidently approach this subject with each and every opportunity presented.

To date, the retail clinic channel has lacked a comprehensive and consistent toolset for smoking cessation. Yet, this is a growing segment of care delivery and a critical point for intervention. Today, there are over 1,350 clinics in 35 states and the District of Columbia, and these clinics have served over 20 million patients since the inception of the industry. In 2012, retail-based clinics will provide an expected 7.4 million patient visits, a 32% increase over 2011. By 2016, retail-based clinics are forecasted to expand to over 3,000 clinics with an estimated 20 million annual patient visits. This forecast is predicated upon the study by RAND published in *Health Affairs* in August 2012 that examined visits to retail clinics and found that they increased fourfold from 2007 to 2009, with an estimated 5.97 million retail clinic visits in 2009 alone. Retail clinic providers adhere to evidence-based practice guidelines and quality scores, and rates of preventive care offered are similar between convenient care clinics and other delivery settings (Jacoby et al, 2010; Mehrotra et al, 2009). This grant application will bring the established protocol of *Ask, Advise, Refer* to this care venue along with tools to support its implementation. Funding for this project will allow The Foundation for HealthSMART Consumers (FHSC) to work with the Convenient Care Association (CCA) in a joint effort to

accomplish the goal of embedding smoking cessation into clinic protocol. This initiative will provide approximately 1,500 nurse practitioners and physician assistants with new access to training and proven tools for smoking cessation. This program has the potential to drive more than one million patient interventions during the grant period and reach even more thereafter. High-quality training and high-value tools will inspire retail clinicians to intervene at each opportunity for the health of their patients, for the benefit of families and for the good of society.

Current Assessment of Need in Target Area

FHSC and CCA have a history of working together to provide tools and other resources to retail clinicians. This effort has included some limited information on the topic of smoking cessation. Based on feedback from retail clinicians, a more robust program on the topic of smoking cessation is needed for greater effectiveness. The funding through this grant will be used to expand the existing program in response to the need articulated by clinicians.

The funding will be directly applied to key gaps that have been identified in the current approach, which include:

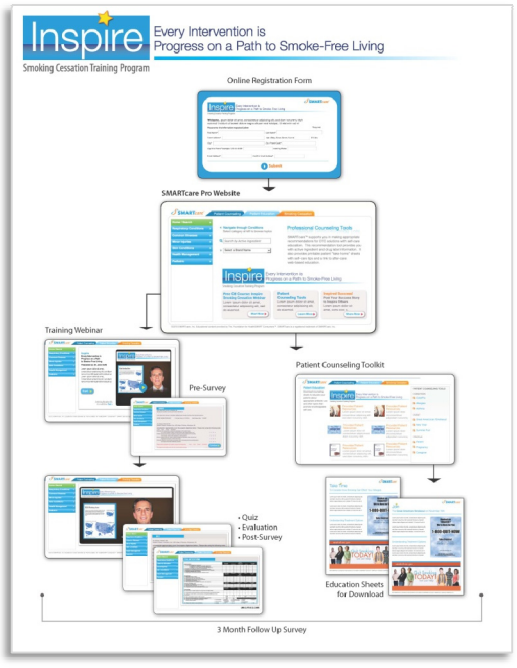
1) need for clinician training on *Ask, Advise, Refer* to build awareness and confidence for appropriate patient interventions;
2) need for greater clinician awareness of the available resources and how to use them;
3) need for a broader scope of counseling and patient education resources;
4) need for linkage to patient assistance resources (e.g. quitlines, treatment information and linkage to ongoing patient programs).

With a more robust and consistent resource for clinicians, this funding will support the proactive practice of effective brief intervention at retail clinics. This project seeks to improve three key metrics:

Metric	Description	2012 Baseline	2013-14 Objective
Retail Clinician Training for Smoking Cessation Counseling	Increase number of CCA clinicians receiving Smoking Cessation Counseling Training	0	1,500
Access to Smoking Cessation Toolkit	Increase number of clinicians with access to the online *Inspire* Smoking Cessation Counseling Toolkit	649	1,500
Use of Smoking Cessation Patient Education as a Component of the Intervention	Track the number of educational resources accessed in the *Inspire* Smoking Cessation Counseling Toolkit – assessment of extent to which Smoking Cessation has become an integral part of retail-based care practice (additional assessment of interventions via clinician surveys)	Not Tracked	225,000

Retail clinicians, most of whom are Nurse Practitioners, are recognized as counselors to and educators of their patients. Research has shown both that counsel by a healthcare professional has a direct impact on the number of patient quit attempts and that follow-on patient support and referrals drive success rates. Unfortunately, research has also demonstrated that a large number of clinicians do not feel confident enough to begin an intervention. The grant funding will be applied to eliminate this hesitancy on the part of the clinician.

The clinic protocol requires use of an electronic medical record (EMR) into which the patient history is recorded. The EMR prompts for smoking status, enabling the clinician to see the opportunity for intervention. With proper training and tools, each clinician will be poised to intervene every time.



The process integration is seamless. The pathway to success will be fully powered by technology. Clinician resources will be accessible online via desktop computer, mobile devices and smartphones. The program will be available on-demand, 24/7. The communications process will be logical and streamlined, leveraging the platform already in place. Retail clinicians will come to rely on the consistency and comprehensiveness of the *Inspire* program for smoking cessation and will have confidence in their ability to intervene effectively.

Technical Approach, Intervention Design and Methods

The *Inspire* Smoking Cessation project will consist of seven (7) integrated initiatives focused on achieving the objective of increasing smoking cessation interventions in retail-based clinics, by providing clinicians with customized training and context-relevant resources to facilitate best-practice patient counseling to support quit attempts.

1) Development of a Retail Clinician-Focused Training Curriculum: FHSC, led by Senior Fellow and Principal Investigator, Dr. John Delfs, will author a one-hour training to provide valuable information to retail clinicians about the various opportunities for smoking cessation intervention at that point of care. The curriculum will be tailored to meet the needs of retail clinicians as they interface with adult patients, parents of pediatric patients and caregivers. The clinicians will be grounded in the statistical reality that one in every five adults in the setting is a smoker. The training will orient clinicians to the *Ask, Advise, Refer* protocol within the context of a retail clinic visit. The curriculum will also acquaint clinicians with a unique toolset designed just for the retail clinic setting which enables counseling based on various attributes: the condition being seen, the national calendar of events, the adult profile (e.g., patient, parent, pregnant, caregiver). The curriculum will train – and seek to inspire – the clinicians to take every opportunity to intervene at clinic visits because every intervention is progress on the path to smoke-free living.

2) Development of Context-Based Counseling Content: FHSC will develop a broad set of Patient Counseling materials to support the *Ask, Advise, Refer* protocol. These materials will be specifically created for the retail clinic setting. Based on previous research with clinicians, it is important to align both the message and the format for success at this point of care. To that end, the counseling materials will be developed and organized around the adult profile. For example, the counseling tools may tie back to the condition being treated, like allergies.

The counseling content will also consider other relevant contexts, including upper respiratory conditions, national event timing (e.g. Great American Smokeout), seasonality and the adult profile attributes.

3) Delivery of an Integrated Program: FHSC will build on the capabilities of the existing online communications platform to deliver training and tools on-demand. The delivery platform will accommodate desktop, tablet and mobile phone access. The technical platform will house an interactive video training module which clinicians can access on-demand. The training experience will include pre-, post- and three-month follow up surveys. It will also link through

to continuing education (CE) submission. Clinicians will have access to the toolkit before, during and after training. The program delivery network provides a single integrated location for all resources, enabling a high-quality user experience.

The integrated platform will monitor and track statistics on registration, training views, CE submissions, counseling tool access and overall user navigation history.

4) Clinician Recruitment and Engagement: FHSC and CCA will leverage all channels accessible to reach clinicians at the launch of *Inspire* for Smoking Cessation. CCA will communicate directly with its membership of approximately 3,500 clinicians. Several of the leading retail clinic organizations, including Take Care℠, a division of Walgreens, and Careworks®, the clinic network of Geisinger Health System, will also communicate directly with staff clinicians (see letters of commitment). Finally, the program will be promoted as a part of the Retail Clinic Education Congress (RCEC) in both 2013 and 2014. This exposure will reach clinicians in the circulation of *Retail Clinician* magazine and will result in training of clinicians attending the RCEC.

5) Program Launch at the Retail Clinician Education Congress and Online: Dr. Delfs will launch the *Inspire* Smoking Cessation training event at the 2013 RCEC. The CCA hosts the Congress, which is the only educational conference focused on the retail clinician and consists of lectures by experts in the field addressing topics of concern to clinicians. The live and interactive training session led by Dr. Delfs will be featured in the General Session, making the CE-certified training accessible to all attendees. This is the first time in the six-year history of the Congress that Smoking Cessation training will be offered to clinicians. The RCEC attracts 300-400 retail clinicians to the event annually.

The online launch of *Inspire* will take place immediately following the RCEC. Dr. Delfs will be recorded separately, and an interactive video experience will be made available for on-demand training. Clinicians will be made aware of the registration opportunity through the same communication streams described above, and the program will be available immediately upon sign in. The single sign-on will provide access to the training and CE submission as well as to the patient counseling toolkit. CCA will ensure that the webinar CE credits remain current and active through the duration of the *Inspire* program.

Because smoking cessation is a topic in which CCA members have expressed high interest, there will be long-term value in this program. CCA will continue to make the *Inspire* Smoking Cessation training a priority. CCA will seek to gain ongoing program distribution through member clinics such as Take Care Clinic℠, Minute Clinic®, The Clinic at Walmart®, Geisinger Careworks®, The Little Clinic® and others. As these clinic organizations hire new clinicians, they will have immediate access to the training, toolkit and counseling resources. This effort will ensure continuation of the program beyond the grant period.

6) Enduring Tools and Materials for Clinician Access to Smoking Cessation Toolkit: Within the training experience, clinicians will be introduced to a unique toolset designed to support clinic-based interventions. The training will demonstrate the appropriate use of these tools as part of the *Ask, Advise, Refer* protocol. Clinicians will have on-demand access to the toolkit from any media platform, including desktop computer, smartphones and other mobile devices.

7) Sustainability: The *Inspire* program for smoking cessation has been designed to endure beyond the funding period. The training webinar and counseling toolkit will be available to clinicians as long as demand exists. Both FHSC and CCA will continue to promote and provide links to the program as long as it is available. Further, CCA will continue to promote the program after the funding period through quarterly e-blasts which coincide with national awareness months such as National Heart Month, National Asthma and Allergy Education Month, National Health Education Month and the Great American Smokeout. The *Inspire* training session will also continue to be featured at the annual RCEC.

As the program matures, the parties can pursue other sponsorship to fund continued development and richness in the toolset and to make the resources available to health care providers at additional points of care.

Evaluation Design

The project evaluation will assess the degree to which the *Inspire* Training Program is able to increase smoking cessation interventions in retail-based clinics by providing nurse practitioners, physician assistants and nurse clinicians with training and resources to facilitate best-practice patient counseling and treatment to support quit attempts.

An external evaluation of *Inspire* will be conducted by the Research and Evaluation Group at Public Health Management Corporation (PHMC). PHMC is a nonprofit 501(c)(3) public health institute in operation since 1972.

The PHMC evaluation team will monitor project progress, support the improvement of cessation intervention training and assess the impact of services on target populations. The evaluation plan matrix (Table 1) found at the end of this section outlines the proposed evaluation objectives, indicators and data collection methods. The evaluation team will also focus activities around the evaluation standards of utility, feasibility, propriety and accuracy when finalizing the design and conducting the evaluation. Structuring the evaluation in this way will ensure that the data compiled for the project will be useful, complete, participatory and supportive of *Inspire*'s goals and objectives. PHMC evaluators will work closely with FHSC to organize data collection and reporting. Evaluation data will be used throughout the two-year project to inform program decisions and make mid-point project improvements, including using data to improve outreach and training efforts, facilitate stakeholder involvement and describe change related to cessation support and treatment among trainee retail-based clinic providers.

Evaluation Plan: This section describes a proposed mixed-method evaluation of *Inspire* incorporating both qualitative and quantitative research methods. The *Inspire* evaluation will collect and analyze process and outcome measures related to reach, knowledge and confidence change, intervention buy-in and referral and/or treatment behavior. In addition, the evaluation team will document individual and/or organizational success stories, program recommendations and lessons learned. Data collection will include feedback from trainees, CCA members and/or event attendees.

Data Collection: The evaluation will examine process indicators (e.g. webinar registration and training completion) and outcome indicators (e.g. trainee confidence and referral behavior change) among the target population of retail-based clinic practitioners. In order to support data discussion related to *Inspire*'s goals and objectives, we propose an evaluation using data from the following tools: 1) outreach logs; 2) training records; 3) training pre- and post-assessment; 4) three-month training follow-up survey; 5) website analytics; 6) trainee success story reports and 7) qualitative feedback from partners and stakeholders about the *Inspire* Training Program and potential for project replication and sustainability.

Data collection tools will be tested and streamlined to promote consistent feedback. Outreach logs will be developed with intervention partners and regular reminders will be utilized to encourage documentation of all outreach activities and incoming requests for training services and/or tools. Valid questions from prior PHMC training evaluations will be incorporated into pre- and post-training assessments. CE-required questions will be incorporated into the end of the post-assessment to encourage full completion of training assessments. The training follow up survey will be mentioned during the training and will be kept as brief as possible to support completion by at least one-third of trainees. A trainee success story report form will be made available to all trainees via the toolkit website to promote ongoing feedback. Finally, qualitative feedback will be collected on each survey tool as well as during event observation, meetings and/or the RCEC, as appropriate.

Program Reach: In order to assess the reach of *Inspire*'s training efforts, event attendance, outreach activities, material/tool downloads and trainee characteristics (e.g. practitioner type, full/part-time employment status, service location) will be tracked and examined by PHMC and FHSC. Trainee location will be mapped to demonstrate scope of training reach. Trainee demographic and geographic characteristics will be summarized and discussed regularly to identify successes and opportunities for additional outreach and/or tailored recruiting.

Knowledge and Confidence Change: Awareness and knowledge of cessation treatment best practices, including the use of nicotine replacement therapy (NRT) and pharmacotherapy, will be assessed before and after the training. Confidence in referring patients for cessation treatment and/or providing treatment will also be assessed before and after the training. For example, "On a scale from 1 to 10, how confident are you in your ability to help your

clients/patients: a) obtain services to quit using tobacco; and b) quit using tobacco." Each trainee will serve as their own baseline, and changes in these dynamics will be measured. While it is expected that the target group of trainees will be very knowledgeable about smoking dangers, the training will offer reminders or new information on resources and techniques to use with patients to support cessation.

Intervention Buy-In: To measure buy-in around the training, trainees will be asked about their role in referral and treatment before and after the training, their intent to refer/treat patients after the training, feasibility of cessation intervention and their intent to share or recommend materials after the training. For example, "How feasible is it for you to consistently use the brief interventions described in the *Inspire* training with your clients/patients?" These buy-in related measures relate to engagement of trainees in *Inspire*. In addition, feedback in these areas may help to inform mid-program improvements.

Referral and/or Treatment Behavior: Approximately three months after a practitioner is trained, the evaluation team will request the completion of a brief follow-up survey to determine if referral and/or treatment behaviors have increased and/or improved as a result of the training. The follow-up survey will include questions like, "I ask my clients about tobacco use at every appointment… (Always – Never)," "I advise my clients about smoking cessation… (Always – Never)" and "I refer my clients to smoking cessation resources… (Always – Never)." In addition, trainees will be asked, "Since completing *Inspire*, approximately how many smoking cessation referrals do you provide in a week?" and "During an average week, have you provided more smoking cessation referrals to clients since completing the *Inspire* training?"

The evaluation team will closely monitor the response rate to the follow-up survey and identify alternative data collection options if response falls below 33%. As some practitioners may want to share feedback earlier or more frequently, the evaluation team will develop a success story report form, which will allow trainees to briefly share their experiences with referral and cessation treatment after the training using the *Inspire* webpages.

Data Analysis, Reporting and Dissemination: The proposed program evaluation will help to inform project improvement activities. Evaluation data will be shared with partners during meetings and electronically, which can be used to make changes to activities throughout the project in a timely manner. There will be ongoing efforts to ensure that the program evaluation provides useful data to *Inspire* so the program can be improved and described appropriately. Training, registration and attendance will be tracked. PHMC will create training-related surveys and other tools with partner input. Surveys will be administered online, and data will be exported, de-identified and housed in SPSS statistical software for analysis. No patient names or identifying information will be collected at any time during the evaluation. Practitioner names will be coded so that training surveys can be linked; however, evaluation reports will never include individual level data, and only aggregated findings will be shared. The evaluation

team will primarily examine descriptive statistics. When appropriate, the evaluation team will use statistical tests to determine if changes are significant. For example, paired T-tests may be used to compare means of confidence ratings in referral before and after the trainings to determine if confidence in referral increased significantly as a result of the training.

PHMC will develop brief evaluation reports for each live training session, trainee characteristic summaries every quarter and a cumulative summative evaluation report at the end of each year. Mid-program findings will be discussed at partner meetings. In addition, PHMC evaluators have extensive experience presenting evaluation results to national, statewide and local audiences and stakeholders. As part of completing this project, PHMC evaluators are prepared to present at conferences, funder meetings or other research venues in coordination with CCA and FHSC.

The Evaluation Plan is summarized in Table 1, the evaluation matrix.

Table 1 – *Inspire* Training Program Evaluation Matrix

Long-Term Goal – **Promote and support smoking cessation among those utilizing retail-based health care services**

Intended Results – Increase smoking cessation interventions in a variety of retail-based clinics
Key Activities – Outreach, education, training support and the development of a sustainable resource tool for retail-based clinical providers

Project Objective	**Indicator(s)**	**Data Collection Method(s)* (Timeline)**
Train – Maximize the reach of the *Inspire* Training Initiative to train 1,500 retail clinicians by December 2014.	**Reach** • Event registration • # of trainees by type and region • # and type of outreach activities • # of live webinars • # of unique web hits	Training records, Outreach logs, Website analytics (ongoing)
Inspire – Increase the frequency of trainee smoking cessation intervention and referral by December 2014.	**Knowledge Change** • # of CEs earned • # of trainees reporting changes in understanding of 5 As or AAR • # of trainees reporting NRT and pharmacotherapy information as a useful review and/or new information **Confidence Change** • Change in confidence in referral rating before and after training • Change in confidence in providing treatment before and after training	Pre-/Post-training assessment (each training) Training follow-up survey (3-months post-training)

	Intervention Buy-In • # of trainees who see brief cessation intervention as part of their job • #/% of trainees who believe it is feasible for them to complete brief cessation interventions in their work • # of trainees intending to treat/refer patients • # of trainees that will share training tools • # of trainees that will recommend to others **Behavior Change** • # of trainees that referred to cessation treatment since training • # of trainees that provided cessation treatment since training	Trainee success story reports (ongoing)
Support – Improve access to cessation resources for retail-based clinicians using the *Inspire* webpages by December 2014.	**Reach** • Trainee gaps and/or recruitment opportunities (demographic, geographic) • # of webpage hits • # of toolkit downloads **Trainee Feedback** • Suggestions for training and tools • Facilitators/Barriers to participation • Trainee experiences • Trainee successes **Stakeholder Feedback** • Partner experiences • Stakeholder needs	All tools (ongoing)

*Feedback will come from trainees, partners and RCEC members.

E. Detailed Work Plan and Deliverables Schedule

Deliverables Schedule								
Major Tasks & Associated Deliverables	**Year 1 (Dec'12-Nov'13)**				**Year 2 (Dec'13-Nov'14)**			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
***Inspire* Training Course**	**X**	**X**						
Training Curriculum	X	X						
Patient Counseling Toolkit	X	X						
Accreditation		X						
Training Sessions		**X**	**X**	**X**	**X**	**X**	**X**	**X**
On-Demand Online Training		X	X	X	X	X	X	X
RCEC Live Trainings		X				X		
Group Broadcast Trainings			X	X	X	X	X	X
Process & Outcome Evaluation	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Evaluation Tools	X	X			X	X		
Evaluation Reports		X	X	X	X	X	X	X

Work will begin immediately upon the awarding of the grant. Development of the training curriculum, clinician surveys and patient counseling tools will be developed in a collaborative effort between CCA & FHSC and submitted to the American Public Health Association (APHA) for accreditation. The key components being:

- **Curriculum Development:** Dr. John Delfs will be the lead clinical advisor and will coordinate curriculum development with smoking cessation experts and nurse practitioners familiar with retail clinic practice protocols. (see Section D3)
- **Counseling Materials Development:** FHSC will develop a broad set of smoking cessation tools for inclusion in the *Inspire* online patient counseling toolkit. (see Section D3)
- **Clinician Recruitment and Engagement:** The CCA will drive awareness with their members and at their member clinics via electronic communications from the retail clinic executives, whom also serve as CCA executive members. (See Section D3)
- **Process & Outcome Evaluation:** The CCA will work with PHMC to create clinician surveys along with the necessary processes to collect the information for preparing the quarterly evaluations per the plan. (See section D4)

A majority of the development will take place in the first three months of the project, with the final touches and accreditation coming early in the second quarter. Once accredited, the curriculum will be incorporated into a live training session that will occur at the spring 2013 annual RCEC conference.

Concurrent with the training curriculum development, work will commence to enhance the SMARTcare Pro website and create the *Inspire* online patient counseling toolkit. The toolkit will contain resources for clinicians that will aid them with their counseling of patients on smoking cessation. The tools will be organized in a way that will make it easy for the clinician to quickly access the appropriate counseling resources for each individual patient situation. For example, there will be tools organized by:

- **Conditions**: which are caused or aggravated by smoke or smoking
- **Patient Profile/Situation**: e.g. patient is pregnant, lives with a smoker, etc.
- **Event**: e.g. Great American Smokeout, New Year's, etc.

Additionally, the training curriculum will be packaged into an on-demand, online training resource that will be hosted on the SMARTcare Pro website along with the patient counseling toolkit. These resources will be accessible from the CCA professional member's website along with direct access to SMARTcare Pro.

Late in the first quarter of the project, metrics reports and data collection processes will be established to report program progress towards objectives. Evaluation reporting will occur each quarter and will be taken into consideration for the 2014 spring RCEC conference.

Post-quarter 2 of the program, group broadcast training sessions will be conducted for retail clinic operators requesting dedicated training events. These events will occur throughout the program's remaining duration.