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Research Week 2024

The CONNECT Study: Implementation of a pragmatic trial for tobacco cessation

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Keywords

Tobacco cessation, pragmatic trial, primary care, implementation science

Abstract

Introduction

Adult tobacco use in the US has been declining; however, rates remain elevated among socioeconomically disadvantaged persons. Community-based primary care clinics are crucial for reducing tobacco-related disparities. Electronic referrals (eReferrals) to state tobacco Quitlines are effective for cessation, but eReferrals remain low. A critical knowledge gap exists for the implementation of Quitline referral systems to maximize reach for patients using tobacco.

Objective

Implement a Quitline eReferral system using two strategies and compare rates of eReferral offers/acceptances, Quitline enrollment and orders for tobacco cessation medications.

Methods

This study is a parallel cluster-randomized pragmatic trial that aimed to randomize 20 Oregon safety-net clinics within the OCHIN network. Clinics were invited to participate if they were a primary care clinic with ≥ 1 adult (18+) visit from 10/1/2020 - 10/31/2021.

Intervention clinics receive enhanced academic detailing, which includes online training materials, annual trainings, 6-month booster trainings, and monthly audit & feedback reports. Control clinics receive online training materials only. The intervention began July 2023 and data collection will end July 2025.

Results

Of 68 clinics that met study eligibility criteria, we recruited and randomized 16 clinics (8 control, 8 intervention). Reasons for not participating included staffing shortages post-COVID-19 pandemic, competing demands, and feeling sufficient in tobacco cessation efforts. All but one intervention clinic completed both the initial remote and 6-month booster, citing bandwidth issues. Booster sessions revealed overall adherence to the suggested workflow, but a disconnect between the Quitline and clinics, including lack of knowledge on some Quitline processes and issues with the Quitline connecting with patients. Some clinics reported preferring in-house services for tobacco treatment.

Conclusion

Primary care participation in pragmatic trials remains limited as clinics endure bandwidth constraints. We were able to recruit close to our targeted enrollment. Feedback from intervention clinics will help inform Year 2 trainings in August 2024.