

Original Research

# Recruitment of community pharmacies in a randomized trial to generate patient referrals to the tobacco quitline

Robin L. Corelli, Pharm.D.<sup>a</sup>, Alan J. Zillich, Pharm.D.<sup>b,c</sup>,  
Carl de Moor, Ph.D.<sup>b</sup>, Margherita R. Giuliano, B.S.Pharm.<sup>d</sup>,  
Jennifer Arnold, Pharm.D.<sup>e</sup>, Christine M. Fenlon, B.F.A.<sup>b</sup>,  
Cami L. Douglas, B.G.S.<sup>b</sup>, Brooke Magnusson, M.A.<sup>f</sup>,  
Susan M. Zbikowski, Ph.D.<sup>f</sup>, Alexander V. Prokhorov, M.D., Ph.D.<sup>g</sup>,  
Karen Suchanek Hudmon, Dr.P.H., M.S., B.S.Pharm.<sup>a,b,\*</sup>

<sup>a</sup>Department of Clinical Pharmacy, 521 Parnassus Avenue, [C-152], Box 0622, University of California, San Francisco, CA 94143, USA

<sup>b</sup>Department of Pharmacy Practice, Purdue University College of Pharmacy, 1001 West 10th Street W7555, Indianapolis, IN 47907, USA

<sup>c</sup>Center of Excellence for Implementing Evidence-Based Practices, Roudebush VA Medical Center, Health Service Research and Development, 1481 West 10th Street, Indianapolis, IN 46202, USA

<sup>d</sup>Connecticut Pharmacists Association, 35 Cold Spring Road #121 Rocky Hill, CT 06067, USA

<sup>e</sup>Washington State Pharmacy Association, 411 Williams Avenue South Renton, WA 98057, USA

<sup>f</sup>Alere Wellbeing, 999 Third Avenue, Suite 2100, Seattle, WA 98104, USA

<sup>g</sup>Department of Behavioral Science, The University of Texas MD Anderson Cancer Center, Unit 1330, P.O. Box 301439, Houston, TX 77230, USA

## Abstract

**Background:** Community pharmacies have the potential to reduce the prevalence of tobacco use, yet most pharmacies do not integrate cessation activities into routine practice.

**Objectives:** The objective of this study was to describe the recruitment strategy and participant yield for a 2-state, randomized trial evaluating 2 intervention approaches for increasing pharmacy-based referrals to tobacco quitlines.

**Methods:** Detailed study recruitment tracking forms were used to document all contact attempts between the study investigators and each potential study site. These data were analyzed to characterize the overall recruitment and consent process for community pharmacies and pharmacy personnel (pharmacists, technicians).

**Results:** Achieving the target sample size of 64 study sites required contacting a total of 150 pharmacies (84 independent and 66 chain). Excluding 22 ineligible pharmacies, participation rates were 49% (32 of 65) for independent pharmacies and 51% (32 of 63) for chain pharmacies (50% overall). Across the 64 participating pharmacies, a total of 124 pharmacists (of 171; 73%) and 127 pharmacy technicians (of 215; 59%) were enrolled in the study. Pharmacies that chose not to participate most often cited time constraints as the primary reason. Overall, combining both the recruitment and consent process, a median

\* Corresponding author. Tel.: +1 317 613 2315 ext 311; fax: +1 317 613 2316.

E-mail address: [khudmon@purdue.edu](mailto:khudmon@purdue.edu) (K.S. Hudmon).

of 5 contacts were made with each participating pharmacy (range, 2–19; interquartile range [IQR], 4–7), and the median overall duration of time elapsed from initial contact to consent was 25 days (range, 3–122 days; IQR, 12–47 days).

**Conclusions:** Results from this study suggest that community pharmacy personnel are receptive to participation in multisite, tobacco cessation clinical research trials. However, execution of a representative sampling and recruitment scheme for a multistate study in this practice setting is a time- and labor-intensive process.

© 2013 Elsevier Inc. All rights reserved.

**Keywords:** Tobacco; Tobacco cessation; Smoking; Smoking cessation; Pharmacist; Pharmacy technician; Community pharmacy; Quitline; Brief intervention

## Background

Smoking is the primary preventable cause of morbidity and mortality in the United States,<sup>1</sup> resulting in enormous, yet avoidable, health care expenditures.<sup>2</sup> Despite the fact that health professionals have a proven, positive impact on the tobacco use of their patients,<sup>3</sup> few clinicians routinely provide tobacco cessation counseling to patients, often citing lack of time as a key barrier to doing so.<sup>3,4</sup> However, even the busiest of clinicians can serve an important role by simply identifying tobacco users and providing these patients with referrals to other smoking cessation resources, such as toll-free tobacco quitlines.<sup>4</sup> Quitlines, which have been proven to be effective in helping patients achieve sustained abstinence,<sup>5,6</sup> are available to all US residents with telephone access. Unfortunately, many clinicians are unaware of quitlines as a resource for patients, and clinician referrals to quitlines are low.<sup>7,8</sup>

Community pharmacies, as a key interface between the health care system and the general public, have the potential to reduce the prevalence of tobacco use substantially—particularly among key population groups for which tobacco use is a major risk factor for the development or exacerbation of diseases requiring prescription medications (eg, cardiovascular disease, pulmonary disease, and diabetes). Pharmacies are easily accessed by all segments of the population including uninsured and underinsured individuals. Although it is not always possible to provide comprehensive tobacco cessation counseling in community pharmacies,<sup>9</sup> this setting might be ideal for widespread implementation of brief interventions, such as asking patients about tobacco use, advising tobacco users to quit, and referring patients to the tobacco quitline.

The *Ask-Advise-Refer: Promoting Pharmacy-Based Referrals to Tobacco Quitlines* study is a randomized trial comparing 2 intervention approaches

to engage community pharmacies in providing patient referrals to state tobacco quitlines. Although there are numerous reports describing recruitment strategies used in randomized controlled trials,<sup>10</sup> very limited published information is available to inform recruitment in community pharmacy settings.<sup>11–14</sup> This article describes the *Ask-Advise-Refer* recruitment strategies and an evaluation of the recruitment rates and reasons for nonparticipation in a multistate randomized trial to generate patient referrals to tobacco quitlines.

## Methods

### *Overview of study design*

The *Ask-Advise-Refer* study compares 2 intervention approaches to engage community pharmacy personnel in providing patient referrals to tobacco quitlines: academic detailing and mailed materials. Detailed information about the study design is published elsewhere.<sup>15</sup> Study sites include 64 community pharmacies in Connecticut (n = 32) and Washington (n = 32). These 2 states were chosen because (1) they are geographically disparate and offer rural, suburban, and urban locations; (2) the study team had established relationships with personnel at state professional associations; and (3) their quitlines are serviced by Alere Wellbeing (formerly known as Free & Clear and a partner in this study), which provides tobacco cessation counseling services to state residents by telephone and is contracted to provide these services for both states.

### *Identification of pharmacies*

To identify participating pharmacies, a complete, current listing of licensed pharmacies (n = 2069) was obtained from the State Board of Pharmacy in Connecticut (n = 639) and Washington (n = 1430). From each state list, pharmacies that were not clearly

Download English Version:

<https://daneshyari.com/en/article/2508615>

Download Persian Version:

<https://daneshyari.com/article/2508615>

[Daneshyari.com](https://daneshyari.com)