

# QUIT IN GENERAL PRACTICE: A CLUSTER RANDOMISED TRIAL OF ENHANCED IN- PRACTICE SUPPORT FOR SMOKING CESSATION

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# Background

- Smoking remains the risk factor associated with the greatest burden of disease
- General Practice provides a context and opportunity to intervene to support cessation but frequently the opportunity is not taken up due to a range of issues including time pressures

# Current approaches

- Referral to Quitline for cessation support
  - Cluster RCT by Ron Borland and colleagues showed 12 month continuous abstinence of 6.5% compared to 2.6% for in practice GP advice
- Practice nurses and cessation support
  - Emerging roles for practice nurses
  - Small number of studies in UK showed no or limited effect but problems with uptake of the intervention.

# Current approaches

- Pilot project of practice nurse support
  - Before/after study involving 19 practices and 31 practice nurses in south west Sydney
  - patients identified as interested in quitting referred to practice nurse for a series of four visits over four weeks
  - Free NRT patches provided
  - 498 patients took part, 61% female
  - Mean number of counselling visits 2.7
  - 6 month continuous abstinence 16%

# Aims

- The study aims to test the uptake and effectiveness of enhanced in practice support compared to referral and standard in practice GP management.
- **Quit in General Practice** involves flexible package of support provided primarily by the practice nurse in partnership with the GP and the Quitline

# Objectives

- Evaluate uptake
- Compare the effect on cessation of Quit in General Practice, Quitline referral and standard in practice GP care
- Examine cost effectiveness of each approach
- Assess acceptability of Quit in General Practice to patients
- Assess acceptability and sustainability of Quit in General Practice to practice nurses and GPs

# Methods

- Study is a three arm cluster randomised trial involving general practices with practice nurses in two states
- Practices allocated to 1) Quit in General Practice 2) Quitline referral or 3) GP in-practice management
- Practice recruitment via letter followed by a visit
- Practices stratified into two groups by number of GPs prior to randomisation
- Patient recruitment will be by a research assistant in waiting room
- This strategy maintains separation of baseline data collection from intervention process
- Expect mean recruitment of 15 patients per week in each practice

# Interventions

- Quit in General Practice
  - Flexible approach to meet needs of smokers
  - Partnership between practice nurse, GP and Quitline counsellor
  - Initial assessment visit to trained practice nurse
  - Series of three weekly counselling visits to PN offered as primary approach to ongoing support with quit attempt.
  - Quitline referral for proactive telephone counseling offered as an alternative approach for those unable to attend for face to face counseling
  - All smokers encouraged to use pharmacotherapy as per clinical practice guidelines. Subsidised NRT for pensioners and healthcare card holders

# Practice Nurse Training and Support

- Training workshop
  - One day workshop covering 5As approach to cessation counseling, basics of motivational interviewing, nicotine dependence; smoking cessation pharmacotherapy and resources including Quitline
  - Quitline counselor attend to establish mentoring relationship with PNs
  - endorsed by Royal College of Nursing Australia
- Follow-up support
  - Access to Quitline counsellor for support

# Outcomes Evaluation

- Primary Outcomes
  - measures of uptake of each intervention and characteristics of patients
  - abstinence of  $\geq$  one month at three month follow-up and  $\geq$  10 months at 12 month follow-up
  - Health economic outcomes from perspective of health sector
- Outcomes collected by CATI interviewer blind to allocation until after outcome data recorded

# Outcomes Evaluation

- Process Outcomes
  - Quantitative and qualitative data collected as part of CATI at three month follow-up point
  - All three arms asked about uptake including barriers and enablers
  - Extent and nature of the intervention received
  - Acceptability and perceived value of support including patient perception of influence of culture, language and socioeconomic status

# Discussion Points

- Process of intervention development
  - Not strictly linear and not done by the same team
  - Following general principles of partnership and service integration
- Mixed method approach to evaluation of outcomes incorporating qualitative data collection methods into CATI surveys
  - Need to understand what is the patient and provider experience of the intervention

# Policy and system design issues

- Sustainability issue an issue in terms of
  - remuneration
  - training
  - support from practice
- Stakeholder reference group to be established for the project with DoHa, Divisions and Nursing organisations.