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11-Jun-2024

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OFFICIAL STUDY TITLE:

CONNECT: COmpreheNsive traiNing and Engagement in Cessation Treatment

INVESTIGATOR NAME:

Steffani Bailey, Ph.D.

ORGANIZATION:

Oregon Health & Science University (OHSU), Knight Cancer Institute

IRB Approved: 6/11/2024
Approval Expires: 6/9/2027

OREGON HEALTH&SCIENCE UNIVERSITY

Information Sheet
AD Evaluation Survey
IRB# 23019

TITLE: CONNECT: COmpreheNsive traiNing and Engagement in Cessation Treatment

PRINCIPAL INVESTIGATOR: Steffani Bailey, PhD (503) 494-4991

WHO IS PAYING FOR THE STUDY? National Cancer Institute

WHY IS THIS STUDY BEING DONE?

You have been invited to be in this research study because you deliver health care services in a clinic setting receiving an enhanced academic detailing (AD) intervention for the Quitline eReferral system for patients that smoke cigarettes in addition to the standard online materials and access to remote technological assistance.

The purpose of this study is to determine the impact of enhanced AD implementation strategy on Quitline reach and to assess the impact of implementation on clinical outcomes on the use of and the workflow around the Quitline eReferral system. Researchers will use information from this study to assess the effectiveness of each intervention component, quality of the training, barriers/facilitators to use of the Quitline eReferral system, and suggestions to improve the enhanced academic detailing around smoking cessation assistance, in general, and the eReferral workflow, specifically.

Individual data collected from you in this study will not be used or shared for future research.

WHAT PROCEDURES ARE INVOLVED IN THIS STUDY?

You are being asked to participate in enhanced AD over a 24-month intervention period for this project. This enhanced AD will include annual in-person group trainings on the eReferral workflow, education on Quitline services, and best practices for tobacco treatment in primary care at each intervention clinic at a time that is convenient for the clinic. The clinic will also receive monthly clinic-level feedback on the number of patients for which the Quitline eReferral best practice advisory was triggered, the percent of patients who were offered the eReferral and the percent of those patients who accepted the eReferral. Six months after each in-person group training, booster sessions will either be conducted in-person at the clinic or via webinar. Immediately following the annual in-person group trainings, you will be asked to complete a brief training evaluation survey to assess the content, quality and effectiveness of the sessions. The second annual survey will also collect information on prior session attendance (initial, booster), reason for not attending initial training, if applicable (e.g., new hire, not in office, too busy), as well as feedback on experiences with the eReferral system post-implementation. This study will involve enhanced AD at 15 community health centers in Oregon on the OCHIN network.

If you have any questions regarding this study now or in the future, contact Steffani Bailey PhD (503) 494-4991.

WHAT RISKS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality when completing the evaluation surveys. You have the right to not answer any questions or discontinue the interview at any time.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?
You will not benefit from being in this study. However, by serving as a participant, you may help us learn how to benefit patients in the future.

WHAT ARE THE ALTERNATIVES TO TAKING PART IN THIS STUDY?
You may choose not to be in this study.

WILL I RECEIVE RESULTS FROM THIS STUDY?
Aggregated, de-identified research results will be shared with you if requested.

WHO WILL SEE MY PERSONAL INFORMATION?
We are not receiving any identifiable information about you so there is minimal chance of breach of confidentiality.

WILL ANY OF MY INFORMATION OR SAMPLES FROM THIS STUDY BE USED FOR ANY COMMERCIAL PROFIT?
Information about you or obtained from you in this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your samples or information.

WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?
It will not cost you anything to participate in this study.

WHERE CAN I GET MORE INFORMATION?
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

DO I HAVE TO TAKE PART IN THIS STUDY?
You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

HOW DO I TELL YOU IF I WANT TO TAKE PART IN THIS STUDY?
If you would like to participate in the evaluation survey, please let us know you agree and we will begin.

IRB Approved: 6/11/2024
Approval Expires: 6/9/2027

OREGON HEALTH&SCIENCE UNIVERSITY

Information Sheet
Clinic Champion Survey
IRB# 23019

TITLE: CONNECT: COmpreheNsive traiNing and Engagement in Cessation Treatment

PRINCIPAL INVESTIGATOR: Steffani Bailey, PhD (503) 494-4991

WHO IS PAYING FOR THE STUDY? National Cancer Institute

WHY IS THIS STUDY BEING DONE?
You have been invited to participate in this research study because you served as a clinic champion or a clinic manager who helped coordinate training and booster sessions as part of the enhanced academic detailing around smoking cessation assistance and the Quitline eReferral.

The purpose of this survey is to understand your perspectives on the enhanced academic detailing and the workflow around the Quitline eReferral system. Researchers will use information from this study to assess the effectiveness of each intervention component, quality of the training, barriers/facilitators to use of the eReferral system, and suggestions to improve the enhanced academic detailing around smoking cessation assistance, in general, and the eReferral workflow, specifically.

Individual data collected from you in this study will not be used or shared for future research.

WHAT PROCEDURES ARE INVOLVED IN THIS STUDY?
You are being asked to complete a survey for this project. The survey will take approximately 15-20 minutes at the end of the intervention period. This survey will ask questions about your experiences with the academic detailing and the Quitline eReferral system.

If you have any questions regarding this study now or in the future, contact Steffani Bailey PhD (503) 494-4991.

WHAT RISKS CAN I EXPECT FROM TAKING PART IN THIS STUDY?
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality. You have the right to not answer any questions or discontinue the survey at any time.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?
You will not benefit from being in this study. However, by serving as a participant, you may help us learn how to benefit patients in the future.

WHAT ARE THE ALTERNATIVES TO TAKING PART IN THIS STUDY?
You may choose not to be in this study.

WILL I RECEIVE RESULTS FROM THIS STUDY?
Aggregated, de-identified research results will be shared with you if requested.

WHO WILL SEE MY PERSONAL INFORMATION?
We are not receiving any identifiable information about you so there is minimal chance of breach of confidentiality. We may request your social security number in order to process any payments for

participation.

WILL ANY OF MY INFORMATION OR SAMPLES FROM THIS STUDY BE USED FOR ANY COMMERCIAL PROFIT?

Information about you or obtained from you in this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your samples or information.

WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?

It will not cost you anything to participate in this study. You will receive a $30 gift card for taking part in the survey.

WHERE CAN I GET MORE INFORMATION?

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- You want to get more information or provide input about this research.

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