**5A’s Protocol Summary**

**Name of Project:** Computer-Facilitated 5A’s for Smoking Cessation

**Investigator(s).**
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**Research question(s):**
This is an implementation science study looking at provider and staff behaviors and contextual factors influencing treatment adoption and fidelity.

1. Can patient-facing IT (Phreesia computer tablets) and tailored health handouts promote the implementation of evidence-based behavioral practices - such as the 5A’s for smoking cessation - in primary care?
2. What are the beliefs, attitudes, and facilitating conditions that promote or inhibit the implementation of evidence-based behavioral practices? How do these factors change over time? What interventions might be developed to address these factors?

**Brief Background/Significance:**
Despite robust evidence that supports the use of the 5A’s for smoking cessation (Ask, Advise, Assess, Assist, Arrange), most primary care providers fail to move beyond the 2nd step. In other words, the “technology” of the 5A’s is often not implemented with a high degree of fidelity. Similarly, despite advances in tablet technology and mobile health, most primary care clinics have not adopted these technologies in a robust way. This study examines the implementation of two “technologies” – the 5A’s for smoking cessation and patient-facing computer tablets. Provider, staff, and patient interviews and direct observations will be used to understand implementation processes. Post primary care visit surveys of patients will assess provider behavior in regard to 5A’s fidelity.

**Inclusion/exclusion criteria (list)**
“Subjects” are primary care faculty and staff (clinical and administrative). Patients will be surveyed to assess the behavior of primary care providers. All faculty, residents, and staff in each study clinic (MZ, GMC, PHP) are eligible to participate. Surveyed patients must meet the following criteria:

- Adults who currently smoke cigarettes
  - At least one in the past 7 days
  - At least 100 in lifetime
- Adults who speak English or Spanish
- Must have basic literacy and cognitive skills to complete the computer module on smoking cessation
- Must have a primary care provider at UCSF MZ, SFGH GMC, or SFGH PHP

**Method of contact/recruitment (be specific)**
This student includes 2 periods of patient recruitment: baseline (year 1) and intervention (year 2).
Baseline: providers and staff will be invited to participate in 15-30 min individual interviews and to complete a brief packet of surveys via email invitations. Patients will be recruited using fliers (see attached) posted in waiting rooms. When possible, RA’s will be stationed in waiting rooms with additional copies of fliers. If a patient indicates interest, s/he will be asked basic eligibility questions then consented to participate. Participation at baseline for patients will entail answering a short demographic survey before their visit and a survey about the interactions with their provider after the visit.

Intervention: After baseline practices and processes are captured, the computer tablets (identical to those used in SACC) will be introduced into the practice waiting rooms. Fliers and RA’s will invite any eligible smoker to take a computer tablet and complete the module (or a control activity). Patients will again be surveyed after their primary care visit.

Benefits/burden for participants (clearly identify potential for harm)
- Providers/Staff will be paid $25-50 depending on the length of their interview or survey packet. Harm may include loss of time. Responses are confidential.
- Patients will receive $20 gift card to Safeway, Walgreens, Target, or Starbucks. Subjects will not be asked to quit smoking but may be unhappy about answering smoking questions. There is the possibility of a loss of confidentiality although every measure will be taken to protect patient information.

Any benefits or burden to DGIM practitioners?
Providers will be asked to participate but all participation is voluntary. Participation may include a 15-30min interview and completion of surveys. Providers may also receive a detailed list of suggested interventions to help their smokers quit smoking.

Timeline for recruitment (projected start and stop dates)
Project officially started 7/1/2013. Baseline will continue until 7/1/2014. Intervention run from 7/1/2014-7/1/2015.

Funding source – NIDA R01

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular) Absolutely

Do you agree to notify us when recruitment is completed? Yes

Date form completed: 10/17/13