Smoking Cessation in the Netherlands: Introducing a new Referral Strategy for Primary Healthcare Providers

No registrations found.

Ethical review	Not applicable
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON29270

Source
Nationaal Trial Register

Brief title
CONNECT

Health condition

Not applicable.

Sponsors and support

Primary sponsor: Trimbos-instituut
Source(s) of monetary or material Support: ZonMw

Intervention

Outcome measures

Primary outcome

The percentage of patients that were asked about their smoking status
The percentage of patients who smoke that were advised to quit
The percentage of patients who smoke that were referred to evidence-based behavioural SCC

(smoking cessation care)
The percentage of patients who smoke that were connected to evidence-based behavioural SCC

Secondary outcome

Smoking cessation care
The percentage of patients that were supported by the participating HA or PN themselves
The types of evidence-based behavioural support which patients who smoke were referred to
The percentage of patients who smoke that were referred to non-evidence-based behavioural SCC
The percentage of referred patients with smoking-related complaints or diseases

Patients characteristics
Smoking status
Socioeconomic status
Smoking habits (e.g. daily or occasional smoking)
Motivation to quit smoking
Smoking related symptoms

Furthermore, relevant practice (e.g., guideline implementation in practice, connection to evidence-based SCC providers) and healthcare provider characteristics (e.g., perceived advantages and disadvantages of smoking cessation counselling, perceptions of patients who smoke' quit motivation) will be assessed at baseline (T01) through questionnaires, and used for subgroup analyses.

Study description

Background summary

Rationale:
Most smokers are motivated to quit smoking and about a third of all Dutch smokers make serious quit attempts. However, since only a quarter of all quit attempts is supported by evidence-based smoking cessation care, a limited amount of smokers successfully quit following such attempts. Two factors that possibly contribute to the underutilisation of evidence-based smoking cessation support in the Netherlands are: lack of quit advices given by primary healthcare providers and a low referral rate to behavioural smoking cessation support. To ensure that smokers receive the best smoking cessation support, it is important that primary healthcare providers provide all patients who smoke with an adequate quit advice and successfully refer patients that are motivated to quit, to behavioural smoking cessation support.
Objective:
The main goal of this study is to implement a new referral strategy, based on ask-advise-connect (AAC), in the Dutch primary healthcare system and to determine whether patients

who smoke are increasingly successfully referred to evidence-based behavioural smoking cessation support, using this new referral strategy compared to care-as-usual.
Study design:
Quasi experimental pre-post design.

Study objective

After implementation of the referral strategy, based on AAC, more smoking patients will be supported during their quit attempts by evidence-based smoking cessation support.

Study design

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Intervention

In the intervention condition, participating healthcare providers will be educated to apply the new strategy, based on AAC, at the moment of crossover in a 'PTAM' setting. SCC coaches will be invited to join the meeting. In case of insufficient SCC referral options in the region, we will investigate the option of creating new referral options in the region by collaborating with evidence-based national SCC organisations. Online materials will be made available to support the participants and educate them more in depth about SCC and conversation techniques. 3 months after crossover a reflection meeting will be planned.

Contacts

Public
Leids Universitair Medisch Centrum
Liza Meeuwsen

+31 - (0)71 - 526 8433
Scientific
Leids Universitair Medisch Centrum
Liza Meeuwsen

+31 - (0)71 - 526 8433

Eligibility criteria

Inclusion criteria

A primary healthcare provider must be a general practitioner, pharmacist, practice nurse or doctors assistant that participates in a professional healthcare provider group in the Netherlands. We will also include patients who consulted our participating healthcare providers during the week before crossover and the subsequent time point.
There are two inclusion criteria for patients that will fill out the questionnaire: 1) they must be over 16 years old, 2) they must be able to read the Dutch language.

Exclusion criteria

Healthcare provider groups that meet any of the following criteria will be excluded from participation in this study:
1. PTAM groups that function at level 1 according to the standards of IVM, meaning that in practice they hardly prepare or report their meetings. We do not expect such groups to be able to implement the strategy as intended.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-03-2020
Enrollment:	200
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Yes

Plan description
Data will first be used by the researchers for analysis, afterwards it will be determined when and how the data will become accessible based on limited access.

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL8172
Other	METC Zuidwest Holland : N19.123/RM/rm

Study results