Reach, Effectiveness, and Treatment Engagement with Digital Cessation Interventions

Michael S. Amato, PhD

March 23, 2021
Moderator

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University of California, San Francisco
A National Center of Excellence for Tobacco-Free Recovery

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truth initiative
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National Center of Excellence for Tobacco-Free Recovery
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Smoking Cessation Leadership Center

3/23/21
Free CME/CEUs will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP).

For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.

Visit CABHWI.ucsf.edu for more information.
CDC Tips Campaign 2021 – celebrating 10 years!

SCLC will partner with the CDC to promote 1 800 QUIT NOW through new ads as well as some former favorites

Check out effectiveness stats in this AJPM article also in the Resources: Fact Sheets & Reports section of our website: https://www.ajpmonline.org/article/S0749-3797(20)30468-2/fulltext
Today’s Presenter

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Methodologist for the Innovations Center
Truth Initiative

Research Investigator
Schroeder Institute

Assistant Professor of Medicine (Adjunct)
Mayo Clinic
College of Medicine and Science
Reach, Effectiveness, and Treatment Engagement with Digital Cessation Interventions

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Research Investigator & Methodologist, Innovations, Truth Initiative
Professor of Medicine (adjunct), Mayo Clinic College of Medicine and Science

Smoking Cessation Leadership Center Webinar on Digital Cessation | March 23, 2021
Disclosures

Truth Initiative is a non-profit public health foundation which provides free services to the public and sells enterprise digital tobacco cessation programs to support its mission-driven work.

Grants/Research Support:
National Institute on Drug Abuse (R01DA038139, Graham, PI)
National Cancer Institute (R01CA192954, Shuter/Stanton, MPI)
Center for the Study of Tobacco Products (FP00006477_SA016, Do, PI)
Learning Objectives

• Strategies Truth Initiative uses to reach tobacco users with two distinct cessation interventions: BecomeAnEX and This Is Quitting

• Findings and generalizable insights learned from effectiveness studies of both interventions.

• The complex relationship of treatment engagement with cessation outcomes in the context of digital cessation programs
## Population Impact

<table>
<thead>
<tr>
<th>Reach (# participating)</th>
<th>Effectiveness (quit rate)</th>
<th>Impact (# quitters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 smokers</td>
<td>50%</td>
<td>5 quitters</td>
</tr>
<tr>
<td>50 smokers</td>
<td>10%</td>
<td>5 quitters</td>
</tr>
</tbody>
</table>
Population Impact

Reach
(# participating)

Effectiveness
(quit rate)

Impact
(# quitters)

(50 smokers) \[\times 50\% \rightarrow (25 \text{ quitters})\]
BecomeAnEX

Developed in collaboration with Mayo Clinic

900,000+ registered users since 2008
Development of BecomeAnEX

- Multimodal digital intervention based on clinical practice guidelines
  - Skills training
  - Nicotine addiction
  - Social support
- Cognitive-behavioral approach to tobacco dependence + available evidence about web-based interventions
- Continuous ongoing development, based on our research
Outcomes

- 75% receive “high intensity” treatment
- 34% quit rate at 9 months
- 93% recommend to others
- 96% found helpful
The initial 2-year EX Campaign resulted in 1.5M visitors to the website and 225,000+ registered users.
Components of BecomeAnEX

- **Personalized quit plan** with interactive exercises, educational videos, and emails
- **An active online community** of current and former smokers
- **Dynamic text messaging** tailored to the participant
EX Program

- Launched in 2017
- Enterprise solution for providing cessation services
- Contract with large employers and health plans to allow additional cessation support
- HIPAA compliant
Components of EX Program

- Personalized quit plan with interactive exercises, educational videos, and emails
- An active online community of current and former smokers
- Dynamic text messaging tailored to the participant
- Live chat coaching with tobacco treatment experts
- Nicotine patches, gum, or lozenges delivered to participants’ homes
Components of EX Program

- Personalized quit plan with interactive exercises, educational videos, and emails
- An active online community of current and former smokers
- Dynamic text messaging tailored to the participant
- Live chat coaching with tobacco treatment experts
- Nicotine patches, gum, or lozenges delivered to participants’ homes
Digital coaching

- Grounded in Motivational Interviewing & CBT
- Build confidence & motivation, manage stress
- Develop a quit plan, choose a quit date
- Understand impact on chronic conditions
- Select & use medication
- Develop skills to managing cravings
- “Supportive accountability”
- “Technology navigators”
Coaching support during COVID-19

“I’m stuck at home, and I’ve been having trouble keeping from smoking due to boredom.”

“I want to live long enough to enjoy retirement, if the stock market recovers.”

“Big day was supposed to be Saturday… A bit of upheaval with the coronavirus going around… It will be daunting but have to keep my eyes on the prize.”

“Very busy + slow computer is very stressful but trying not to let it get to me.”
Live chat and behavior change techniques

- Content analysis
- Randomly selected 100 chat transcripts
- Systematically coded for presence of Motivational Interviewing skills and Behavior Change Techniques

Key findings

- Average duration = 22 minutes
- BCTs present in 100% of chats
- 86% of chats included at least one MI skill
- Mean BCTs per chat 7.25 (SD 2.5)
Broad reach across demographics

**Age**

- Under 18: 2%
- 18-24: 10%
- 25-30: 21%
- 31-44: 34%
- 45-64: 28%
- Over 65: 3%

**Race/Ethnicity**

- American Indian/Alaskan Native: 3%
- Asian: 3%
- Black/African American: 19%
- Native Hawaiian/Other Pacific Islander: 1%
- White: 74%
- Hispanic: 8%

**Tobacco Use**

- Every day: 93%
- Non-smoker: 4%
- Some days: 3%

**Urban/Rural**

- Large Metro: 43%
- Small Metro: 20%
- Non-Metro: 37%

**Education, highest grade completed**

- < High school: 12%
- GED/graduate: 31%
- Some college: 37%
- College grad/graduate degree: 20%

**Annual Income**

- <$25K: 45%
- $25K-$35K: 18%
- $35K-$50K: 16%
- $50K-$75K: 12%
- $75K+: 9%
Do rural smokers use digital programs?

<table>
<thead>
<tr>
<th>Geographic Breakdown, 2017</th>
<th>U.S. smoking population</th>
<th>BecomeAnEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Metropolitan Areas (Urban)</td>
<td>48%</td>
<td>43%</td>
</tr>
<tr>
<td>Small Metropolitan Areas (Suburban)</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>Nonmetro Areas (Rural)</td>
<td>18%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Amato MS, Graham AL. The Reach Equity of Internet Smoking Cessation Interventions for Rural and Urban Americans. J Medical Internet Research, 2018;20(10):e11668.
How do users access BecomeAnEX?

% Registering with Mobile Device

- 2017: 67%
- 2018: 79%
- 2019: 88%
- 2020: 88%
How many adults look for cessation support online?

Health Information National Trends Survey (HINTS), 2005 and 2017

<table>
<thead>
<tr>
<th>% of US smokers that searched online for cessation information</th>
<th>2005</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>16.5%</td>
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<tr>
<td>35.9%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of US smokers that searched online for cessation information</th>
<th>2005</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,880,000</td>
<td></td>
<td></td>
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<tr>
<td>12,430,000</td>
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</table>

Adherence Study on Engagement

National Cancer Institute (R01 CA155489)
PI: Amanda L. Graham, PhD, Truth Initiative

Randomized Controlled Trial (RCT)
• Tested two strategies for improving adherence to treatment components
  ➢ Use of NRT
  ➢ Use of BecomeAnEX community
• Primary outcome: 30-day smoking abstinence at 3-months
Factor 1: Proactive social outreach

- Proactive outreach from EX Community members (“welcome wagon”)
- Grounded in Social Network Theory
Factor 2: Free NRT

- 4 week supply of free nicotine patch, gum, lozenge
- **Rationale:** medication increases quit attempts, doubles quit success
Study design: 2x2 Factorial

Proactive outreach from EX Community

- No
- Yes

Free NRT

- No
- Yes
No differences by treatment assigned

% abstinent at 3-months

Study arms to which participants were assigned
Why didn’t our study conditions work?

Proactive outreach from EX Community

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Free NRT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>Yes</td>
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</tbody>
</table>

The diagram illustrates the effectiveness of various study conditions.
Significant differences by treatment used

% abstinent at 3-months

Treatment components that participants ACTUALLY USED
Conclusions about engagement

• Participants did what they wanted
• Those who used all treatment components were most likely to be abstinent

Implications:
➢ Provide users with options, they will choose what works for them
➢ Self-selection to treatment is both a challenge and a feature
E-cigarette epidemic among youth & YA

1 in 5

High school students vape in U.S. (19.6%)

SOURCE: NATIONAL YOUTH TOBACCO SURVEY
Most young tobacco users want to quit

U.S. middle & high schoolers with past 30-day tobacco use

- 57.8% intend to quit

U.S. young adults with past 30-day e-cigarette use

- 54.2% intend to quit


Recognizing the need
Overview of This is Quitting

Theory-Based & Grounded in Best Practices
- Build self-efficacy
- Establish/reinforce social norms & social support
- Support observational learning, grow behavioral capability

Individually Tailored
- Age (13-17 vs. 18-24)
- Product use (e.g., JUUL, Suorin)
- Quit date

Empathic and Supportive
- Fully automated, available 24/7
- Interactive (structured & open-ended)
- Messages from other users
Sample Messages

TIQ: Dalton says “Remember that stress can be dealt with in other ways! Try meditating or even writing down what the problem is and then figure out solutions.” You dealt with hard things before you started to vape, and you still can.

“Marge recommends you tell other people about your quit date "so you feel more accountable to actually qit and keep it up." Who do you think will most support you? Reply and tell me.
User feedback

“Ik you can’t really respond to this cause you a computerized program but this helps a lot and I just flushed my JUUL down the toilet! One step closer. If the producer of this app sees this I want to thank you so much for your support.”

“This is amazing. Never gotten this much support right off the bat.”

“Love you. Thanks so much for all of the help! I’m feeling confident already.”

“I’m on the 2nd day of quitting and this absolutely sucks. Thank you robot, it’s nice to have someone to discuss the horrible realities of nicotine withdrawal with.”
The 2018 National Youth Tobacco Survey showed e-cigarette use among middle and high schoolers increased 88% and 78%, respect-
ably, in just 1 year. This coincided with rapid increases in market share of JUUL, the e-cigarette product used most by young people.
More than 1.6 million youth currently use e-cigarettes, with 23% of high school e-cigarette users voping on 20 or more days in the past month. Exposure to nicotine in young people can affect learning, memory, and attention, and lead to increased impulsivity, mood dis-
sorders, and addiction to other drugs. Many young people begin using e-cigarettes because of their popularity among peers and their appealing flavors, not recognizing they contain nicotine and risk ad-
dition and other adverse impacts.

Truth Initiative is a nonprofit public health foundation dedicated
to tobacco control in the United States, to 2018, we began swing-
ner posts across social media sites (e.g., Twitter, Reddit) from young
people asking for help quitting e-cigarettes. Given the increase in
e-cigarette use, apparent deaths for cessation support, and the lack of
available resources, we identified a urgent need to develop an easily
accessible, scalable program to help young people quit voping.
On January 18, 2019, we launched a first-of-its-kind, freely available
quit voping program.

The program is grounded in theory-driven and empirically sub-
tected tobacco cessation moment strategies for young people;'as-
trudized cessation treatment guidelines,' the Micro Class 8-E Model
of Wellness Coaching,' and our qualitative research and social media
observations of young e-cigarette users. To engage youth, we pro-
vided the program as a supportive, nonjudgmental friend, which
is often the first person to offer help for quitting.
Quitting e-cigarettes can be isolating for young people, reinforcing
that peers are quitting faster than successful and supportive.
The program explores why someone is quitting (e.g., "Abigail
gives you a reason to quit is a good motivator.").
Reply why you’re thinking about quitting.". To envision life after quitting,
encourages enrollees to imagine "Close your eyes. Envision what your
life is like without JUUL. What’s better or different about it? What do
you eat like? Reply and tell me." The program recommends spe-
cifics, concrete actions and encourages enrollees to experiment with
quitting strategies in small steps. To help young people cope and
create lasting change, the program supports sustained use and mul-
iple quit attempts.
Young people usually by testing "QUIT" is a dedicated phone number and
responding to an initial age query. Terms of Service and Privacy Policy are
provided via text message. Users receive one-age appropriate message per day until their enrollment date or quit date, which can be set
and reset via text message. These are not
to quit means 2 weeks of messages focused on building skills and
workouts. Users who set a quit date receive messages for a
week preceding it and 30 days afterward that include encourage-
ment and support, skill- and self-efficiency building exercises, coping
strategies, and information about the risks of vaping, benefits of
quitting, and getting down to quit. Keywords - "GRATE," "STRESS-
"," or "SMB" provide on-demand support. Users can unsubscribe an-
tions by testing "STOP." The next version of the program (ages
13-17) offers to e-cigarettes as JULI/JULIing, whereas the young
adolescent version (18-24) uses several terms (e.g., vaping, e-cigarettes).
E-cigarette use and abstinence were assessed via text message at
14 and 90 days following an enrollee’s quit date or enrollment date.
At 14 days, enrollees were asked, “Have you cut down how much
you JUUL in the past 2 weeks? Respond either: Act still JUUL
the same amount, Did JULI, I’m still JUUL at all anymore.”
At 90 days, enrollees were asked, “When was the last time you
JULIed, is even a puff of someone else’s? Respond at letter: A is in
the past 7 days, B: 8-30 days ago, C: More than 30 days ago.” Program
satisfaction was assessed at 14 days with the question, “This pro-
gram was 3-10 days. Should it be a different length? Reply LONGER,
SHORTER, or SAME if you think the length is good.”
To date, the program has been promoted prominently through social
media and online social media. In length was announced on
a major network morning broadcast show and has been featured
on over 300 news stories. The vast majority of young people that
enrolled were able to quit within weeks after the pro-
gram was promoted to ‘Mashable’s’ flagship channel on January
30, 2019. Since then, the program has seen 300-100

Uptake and engagement

Jan 18, 2019 – Jan 14, 2021

Total 241,597

Teens 95,388
Young Adults 146,209

Engagement

- 70% Set Quit Date
- 48% Use Extra Support Keywords
- 68% Complete Full Program
the truth voice

IS

YOUTH-LED

APPROACHABLE

CLEVER

IS NOT

FINGER-WAGGING

ANGRY

CONDESCENDING

SILLY
Tested on Humans
ANIMALS MARCH AGAINST JUUL
Young people looking to quit

SOURCE: VARIOUS SOCIAL MEDIA POSTS ON TWITTER AND REEDEIT

Just smashed my Juul with a hammer. F**k Juul, f**k nicotine. It's goddamn addictive and I have had enough. People please quit, I'm telling you this thing is bad news.

Lane Wohlrab @laner1222 · Sep 11
Trynna quit nicotine, but literally 120% of the people I know have a juul

Day 4 trying to quit Juul and I want to headbutt a steak knife

yooo do they have support groups for the young folk trynna quit juul? asking for a friend.
Ready to Ditch JUUL
Ready to Ditch JUUL

Link to video
### Changes in e-cigarette use at 2 weeks

<table>
<thead>
<tr>
<th></th>
<th>Teens</th>
<th>YAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>I still JUUL the same amount</td>
<td>34.3%</td>
<td>31.4%</td>
</tr>
<tr>
<td>I JUUL less</td>
<td>45.4%</td>
<td>46.0%</td>
</tr>
<tr>
<td>I don't JUUL at all anymore</td>
<td>22.0%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

33% 7-day abstinence at 3 mo.

20% 30-day abstinence at 3 mo.
First randomized trial of quit vaping program

- Supported by CVS Health Foundation grant
- Randomized ~ 2,600 young adults (18-24)
- Interventions (2-arm trial):
  - This is Quitting
  - Assessment-only control
- Primary outcome: 30-day point prevalence abstinence at 7-months post-randomization
- Data collection complete; manuscripts under review

Study design and sampling approach

- Trial conducted fully online
- “White labeled” intervention to measure intervention effects without influence of truth brand
- Eligibility criteria:
  - 18 to 24 years
  - Own a mobile phone with text message plan
  - Past 30-day e-cigarette use
  - Interested in quitting vaping in next 30 days
  - US resident
Sample characteristics

Demographic characteristics
• 49% male
• 17% racial/ethnic minority
• 19% sexual minority
• 35% barely/not meeting basic expenses

Vaping behavior
• 93% vape daily or almost daily
• 82% vape within 30 minutes of waking
• 50 puffs/hits per day (median)
• 65% report 3+ attempts to quit vaping

Other Products & Substances
• 33% report past 30-day smoking
• 60% report past 30-day marijuana use
### Sample characteristics – Nicotine Dependence

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever tried to stop vaping but couldn’t?</td>
<td>78%</td>
</tr>
<tr>
<td>Do you vape now b/c it’s really hard to quit?</td>
<td>77%</td>
</tr>
<tr>
<td>Have you ever felt like you were addicted to vaping?</td>
<td>94%</td>
</tr>
<tr>
<td>Do you ever have strong cravings to vape?</td>
<td>93%</td>
</tr>
<tr>
<td>Have you ever felt like you really needed to vape?</td>
<td>92%</td>
</tr>
<tr>
<td>Is it hard to keep from vaping in places where you are not supposed to, like school or work?</td>
<td>73%</td>
</tr>
</tbody>
</table>
Which dependence measure is best?

<table>
<thead>
<tr>
<th></th>
<th>7-day abstinence</th>
<th>Reduction in Vaping</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classification AUC</strong></td>
<td><strong>Classification AUC</strong></td>
<td></td>
</tr>
<tr>
<td>HONC</td>
<td>.54</td>
<td>.59</td>
</tr>
<tr>
<td>PROMIS-E</td>
<td>.56</td>
<td>.57</td>
</tr>
<tr>
<td>Time To First Vape</td>
<td>.56</td>
<td>.57</td>
</tr>
<tr>
<td>Daily-Vaping</td>
<td>.47</td>
<td>.50</td>
</tr>
</tbody>
</table>

- HONC, PROMIS-E, Time to First all performed similarly well
- Daily-vaping was no better than chance at predicting outcomes
Vaping cessation outcomes

Under ITT analyses of n=2,588 young adults, participants randomized to This is Quitting were significantly more likely to be abstinent at 7-months compared to participants randomized to control.

Similar magnitude of findings under complete case analysis.
No moderator effects

This is Quitting yielded comparable abstinence outcomes among young adult e-cigarette users across a range of demographic, tobacco use, and substance use and mental health characteristics.

Demographic characteristics
- Age
- Gender
- Race
- Ethnicity
- Sexual Minority
- Income
- Current student

Tobacco use
- Vaping frequency
- Past year attempt to quit vaping
- Motivation to quit vaping
- Confidence to quit vaping
- Time to first vape (dependence)
- # closest friends that vape nicotine
- Live with e-cig (nicotine) user
- Live with tobacco user

Other substance and mental health
- Past 30-day use marijuana/cannabis
- Past 30-day use cigarettes
- Past 30-day binge drinking
- Screen positive for depression (PHQ-2)
- Screen positive for anxiety (GAD-2)

Graham AL, Amato MS, Cha S, Jacobs MA, Bottcher MM, Papandonatos GD. Effectiveness of a Vaping Cessation Text Message Program Among Young Adult E-cigarette Users: A Randomized Clinical Trial. Under review.
Observational Studies

- In addition to a cessation program, TIQ is a living laboratory
- Observational research complements randomized trials
- STRENGTHS:
  - Quickly answer timely questions
  - Large sample; inexpensive to conduct
- LIMITATIONS:
  - Generalizability – population is “treatment seeking vapers”
  - Generalizability – no incentives for responding, risk of responder bias
Observational Data – Craving Situations

“When is/was it hardest to stay off your JUUL/e-cig?”

- When Exposed to Vaping: 30%
  - “When others do it around me.” ~ Madison (YA)
- When with Friends: 19%
  - “When you are with all your friends.” ~ Sasha (Teen)
- When in Stressful and/or Emotional Situations: 15%
  - “…My job is high stress and keeping away from a nicotine buzz when I was most stressed was TOUGH.” ~ Hana (YA)
- When Partying and/or Drinking Alcohol: 12%
  - “Going out to parties and everyone having it except me.” ~ Tom (YA)
- When First Quitting: 10%
  - “It was especially hard in the beginning, when my body was learning to be without it.” ~ Megan (Teen)
Observational Data – Reasons for Quitting

Throughout the program we ask several open-ended questions

Abigail says “Giving yourself a reason to quit is a good motivator.”
Reply why you’re thinking about quitting.
Abigail says “Giving yourself a reason to quit is a good motivator.”

Reply why you’re thinking about quitting.

**Health**
- I can’t breathe. My lungs are weak
- I’m spending 20 dollars a week for pods
- I’ve been addicted to nicotine for 2 years … and want to be done

**Financial Cost**
- I need to focus on my sports, being able to run as much as I used to
- Athletic Performance
  - I can feel the effects in school …
  - I have a hard time focusing and concentrating

**Academic Performance**
Observed Data – Perceived Support

Have your friends supported your quitting? (N=26,287)

- Teens: 59%
- Young Adults: 70%

Does your family know you vape? (N=17,531)

- Teens: 42%
- Young Adults: 52%
Conclusions
Population Impact

<table>
<thead>
<tr>
<th>Reach (# participating)</th>
<th>Effectiveness (quit rate)</th>
<th>Impact (# quitters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(50 smokers)</td>
<td>50%</td>
<td>(25 quitters)</td>
</tr>
</tbody>
</table>

(50 smokers) \( \times \) 50\% = (25 quitters)
Conclusions - Reach

- Most tobacco users (adults, young adults, youth) want to quit
- Digital interventions are broadly acceptable across demographics
  - 1/3 of adult tobacco users access digital resources
  - Strong demand for This Is Quitting
Conclusions - Effectiveness

- Digital interventions are comparably effective to other modalities
- Observational studies are useful complements to randomized trials
  - Young vapers’ reasons for quitting
  - Many young vapers quit without support from family
- Self-selection to engagement with specific intervention components is the norm
Thank you for your time

mamato@truthinitiative.org

Michael S. Amato, PhD
Methodologist, Truth Initiative
Assistant Professor of Medicine (Adjunct), Mayo Clinic College of Medicine & Science
QVS study overview

- Supported by CVS Health Foundation grant
- ClinicalTrials.gov Identifier: NCT04251273
- 2-arm RCT:
  - This is Quitting
  - Assessment-only control
- Follow-ups at 1- and 7-months post-enrollment
- Primary outcome = 30-day ppa at 7mo
- Retention strategy:
  - Monthly assessment via SMS ($5 incentive)
  - Email & SMS reminders, calls for non-responders
  - 1- and 7-mo follow-ups ($20 + $10 for completing within 24 hours)
  - Total possible compensation = $95
Q&A

• Submit questions via the ‘Ask a Question’ box
CME/CEU Statements

Accreditations:
The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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California Addiction Counselors: The UCSF Office of Continuing Medical Education is accredited by the California Consortium of Addiction Professional and Programs (CCAPP) to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.
Free 1-800 QUIT NOW cards

Take Control
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Call. It’s free. It works.
1-800-784-8669

For details on your state services, go to: http://map.naquitline.org

✓ Refer your clients to cessation services
- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP).

- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

- For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).

- Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information.
Post Webinar Information

- You will receive the following in our post webinar email:
  - Webinar recording
  - PDF of the presentation slides
  - Instructions on how to claim FREE CME/CEUs
  - Information on certificates of attendance
  - Other resources as needed

- All of this information will be posted to our website!
Save the Date!

SCLC’s next live webinar, “I COVID QUIT: Real people; Real Stories; New Campaign”, is with Andy Burness, MBA, Les Pappas, MPA and Nicole Gyan, MA

- Wednesday, March 31, 2021, 1-2:15 pm EDT
- Registration is open on our website!
Contact us for technical assistance

• Visit us online at smokingcessationleadership.ucsf.edu
• Call us toll-free at 877-509-3786
• Copy and paste the post webinar survey link: https://ucsf.co1.qualtrics.com/jfe/form/SV_2blUdZFdd06Aymp into your browser to complete the evaluation