Physicians are in a unique position to serve as a cornerstone for the nation's tobacco prevention and cessation efforts, having both access to the entire inventory of quitting aids and commanding a level of respect which makes them particularly influential. While influential, however, studies show that the majority of physicians report not counseling patients in smoking cessation due to lack of time, training and reimbursement. Increased physician/pharmacist collaboration can be used to address time constraints, since pharmacists have been identified as the most accessible health-care providers in the community. In addition, training of physicians, their support staff, and pharmacists has been shown to improve skills and motivation for cessation counseling. The proposed project, a collaborative effort of researchers at the M. D. Anderson Cancer Center (Houston, TX) and the University of California–San Francisco, will integrate and enhance three existing initiatives for training health-care providers in effective tobacco cessation counseling. The creation and implementation of specialty-specific training modules (one for physicians and their staff, one for pharmacists) will establish a network of trained providers, and a linkage system facilitated by media communications will be used to facilitate referrals and support among providers. Additional media will be used to inform community members (potential patients in need of cessation support) of the availability of the trained health-care provider network. This combination of training health-care providers and informing all levels of patient and provider networks is expected to greatly increase both delivery and utilization of the Clinical Practice Guideline for Treating Tobacco Use and Dependence. Cohort (2,560 patients), cross-sectional (1,568 patients), and pre-post measures will be used. Health-care provider practices, patient tobacco use behavior change, and community-level outreach will be examined. Specific aims of this study are:

**AIM 1.** To develop an accredited continuing education training program for each of the target health-care provider groups (physicians and pharmacists).

**AIM 2.** To implement the training program among a minimum of 192 providers (96 physicians and 96 pharmacists) in 16 communities located throughout Southeast Texas, using live presentations and web-based training.

**AIM 3.** To evaluate the impact of the continuing education training program in group-randomized trials among health-care providers and their patients, comparing (a) four communities with no tobacco cessation training, (b) four communities with physician-only training, (c) four communities with pharmacist-only training, and (d) four communities with physician and pharmacist training, where clinicians within the same community are encouraged to work together for a team approach to cessation (physician-pharmacist-patient “teams”).

**AIM 4.** To evaluate and compare the proposed tobacco cessation counseling strategies for their costs and benefits.

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