

Final Report for Phase I Tobacco Dependence Treatment through Dental Providers Project for 2014-15



Working in collaboration with the Michigan Department Health and Human Services (MDHHS) Tobacco Control and Prevention Program, the University of Detroit, Mercy, School of Dentistry, and the Michigan Primary Care Association, with financial support of the Delta Dental Foundation, the MDHHS Oral Health Program proposed a two phase pilot project to help reduce the number of Michigan residents using tobacco and to improve oral health in Michigan.

With guidance from a previous project used by the MDHHS Tobacco Control and Prevention Program in conjunction with the Michigan Oncology Quality Consortium and the Michigan Cancer Consortium, this pilot project planned to refer Medicaid and uninsured dental patients to the Michigan Tobacco Quitline and other resources in efforts to assist people in stopping tobacco use.

The Michigan Tobacco Quitline provides tobacco dependency treatment services to Michigan residents who want to quit using tobacco. The Michigan Tobacco Quitline offers a personal health coach and participant toolkits to help tobacco users gain confidence and the motivation they need to quit for good.

The five participating dental clinics were:

- Michigan Community Dental Clinics, (now called My Community Dental Centers) (MCDC) in Alpena
- MCDC Clinic in Port Huron
- Family Health Center in Kalamazoo
- County of Kalamazoo Health and Community Services
- Western Wayne Family Health Center

These agencies were chosen from a submitted commitment form that was developed by the MDHHS Oral Health Program. The first agencies to submit the commitment form, agency administrative support and a willingness to participate by an agency dental team were the criteria used to choose participating agencies. *See Appendix I for Commitment Form.*

Phase I of this project began with a face to face training on November 21, 2014 to inform participants on the expected activities, outcomes for this project, and to educate participants on the recommended guidelines for tobacco dependence treatment through dental providers.

As an early assessment on what the participating providers knew about tobacco dependence treatment a pre-survey was developed in Survey Monkey. Each provider was asked to go online and complete the survey prior to the scheduled training day. From this assessment we learned that the majority of participating providers were dental hygienists, and over half of the providers did not refer to the Michigan Tobacco Quitline or did not know about it. The pre-test results are found in *Appendix II*.

Fifteen people attended the training on November 21, including at least one dental professional from each clinic. Susan Deming, from the MDHHS Oral Health Program, and Project Manager, gave an overview of the project and what criteria would be used for evaluation purposes. Patricia Heiler, representing the MDHHS Tobacco Control and Prevention Program spoke on the use of the Michigan Tobacco Quitline and Jill Loewen, University of Detroit, Mercy, provided training on basic tobacco dependence treatment protocol for dental providers. A manual was presented for each participating agency with handouts and training materials. All materials, as well as the Power Point training, were downloaded on thumb drives and given to each agency to share with other staff members. Two different brochures were available in packets of 50 for each agency to take to share with patients. Reimbursement was available to cover travel costs.

Reimbursements for patients receiving interventions on tobacco dependence began January 1, 2015. The agencies were to ask their patients if they used tobacco, what type of tobacco they used, advise them of health concerns, assess their willingness to quit, and refer them to the Michigan Tobacco Quitline if interested. Originally agencies were going to be reimbursed only for the patients referred to the Michigan Tobacco Quitline but changed that to those advised of health concerns associated with tobacco use, after realizing that Michigan Tobacco Quitline referrals could possibly be a very small number. The Michigan Tobacco Quitline tracked which patients were referred via a fax referral form which was personalized for each participating agency.

Electronic tracking codes were developed for use by the agencies after discovering all of them only track via electronic records and do not use paper forms. All of the participating agencies used Dentrix, so with the help of Michigan Primary Care Association (MPCA), a separate code was developed for each indicator that was collected. Participants were to record:

- The monthly total number of patients seen per provider
- The number of tobacco users documented in record
- The type of tobacco used (different codes were developed for each type of tobacco)
- If the patient was advised of health concerns
- If the patient's willingness to quit was assessed
- If they referred the patient to the Michigan Tobacco Quitline or other counseling source

Reimbursements of \$17 per patient advised of health concerns was made to each agency after monthly reports were submitted to the Project Manager with all the above information.

Agencies were asked to complete project feedback through an online Survey Monkey assessment which included more detail on confidence levels and the needs of each agency. See *Appendix III* for results from that survey.

Below are some of the final project report information from each clinic that participated, from January 1, 2015 through September 30, 2015: (# of patients advised of health concerns/ total reimbursement- includes travel reimbursement). For final reporting, each agency was asked to send in their final report using a template developed for this purpose. They were also directed to have their dental providers fill out the post survey via Survey Monkey. See *Appendix IV* for detailed final report numbers, *Appendix V* for final report comments and *Appendix VI* for post online survey results.

- Michigan Community Dental Clinics (MCDC) in Alpena **34 Patients/\$778**
- MCDC Clinic in Port Huron **156 patients/\$2070**
- Family Health Center in Kalamazoo **172 patients/\$2993**
- County of Kalamazoo Health and Community Services **81 patients/\$1459**
- Western Wayne Family Health Center **186 patients/\$3162**

Total reimbursement for all agencies: **\$11,030**

Total spent on handouts/binders/thumb drives: **\$895**

Speaker/Trainer: **\$1146**

Travel reimbursements for training participants: **\$567.68**

Staff at the clinics reported at the pretest a confidence of 4.00 (out of 5) in referring a patient to the Michigan Tobacco Quitline. After Phase I, which included extensive training on what the Michigan Tobacco Quitline is and how to refer a patient to it, their confidence level raised to a 4.47 at the time of the post survey. The clinics also reported increased confidence in their ability to advise a patient to quit using tobacco, discuss the benefit of quitting tobacco use, assess a patient's readiness to quit and discuss Food and Drug Administration approved medications for use in quitting.

As this was the first year for this project there were several lessons learned that should help in further expansion of this project:

- Begin planning and recruiting dental clinics as early as possible in the planning process
- There is great support and passion to help patients quit tobacco use by dental providers but time at chairside is limited
- Additional time is needed at chairside to provide adequate help to patients for tobacco dependence treatment
- Entering information into an Electronic Health Record(EHR) is time consuming
- Require all clinic dental providers and at least one administrator to attend initial trainings and regularly scheduled conference calls
- Provide more clinic administrative support for chairside interventions in tobacco dependency treatment is needed
- Establish agency policies need to support the 5As and a facility no-smoking policy
- Provide technical assistance that targets more education and actual hands on activities that can be used chairside
- Provide more patient education on receiving help and counseling from the Michigan Tobacco Quitline
- Provide more on-site support from MDHHS

Phase II:

Future plans include using any carrying over the unused portion of the Delta Dental funds to be included in the federal-funded Prevention Block Grant Project “Getting to the Heart of the Matter in Michigan” to promote health system change in the area of tobacco dependence treatment through dental providers. This initiative involves implementation of evidenced-based population strategies aimed to have collective impact on increasing healthy lifestyles by decreasing tobacco use and obesity (through increased physical activity and healthy eating) among high risk, vulnerable populations.

Working with the Michigan Primary Care Association (MPCA), five dental clinics will again be chosen to participate, with an emphasis on following the U.S. Department of Health and Human Services Clinical Practice Guidelines for Treating Tobacco Use and Dependence (including their internal processes/protocols for treating tobacco dependence). Future participating agencies would use allocated funding this coming year to:

- Gather and review current written policies/protocols and work flow regarding tobacco dependence treatment
- Develop (or modify) process for treating tobacco dependence
- Develop a list of medications that dental health providers should offer to patients willing to quit and strategies to ensure that patients receive and appropriately use medications
- Educate their dental health providers on the U.S. Department of Health and Human Services Clinical Practice Guideline for Treating Tobacco Use and Dependence
- Conduct an inventory of EHR functionality
- Create functionality to support tobacco dependence treatment that goes beyond basic documentation of tobacco use and advising to quit.

The work plan will ensure that the programs in the project are supportive of the State Innovation Model and contribute toward the accomplishment of six population health goals of the State Innovation Model. In addition, the plan will help leverage both state and local resources to maximize health impact.

A special thank you goes out to Chris Farrell, Oral Health Director at MDHHS, Jill Loewen, Patricia Heiler, and Beth Anderson, MDHHS Oral Health epidemiologist, for their expertise and guidance in this project and this final report.

Respectfully submitted December 2015

Susan Deming

demings@michigan.gov

Appendix I Commitment Form

Commitment Form MDCH 2014-15 Tobacco Cessation Pilot for Dental Providers

We wish to participate in the MDCH 2014-15 Tobacco Cessation Pilot for Dental Providers

Agency Name: _____

Agency Address: _____

Michigan Counties Served: _____

Adult Dental Patient Population Number: _____ (Based on 2013 annual count)

Main Contact Person: _____

Title: _____

E-mail: _____

Phone #: _____

Dentist Participant Name: _____

Dental Hygienist Name: _____

Other Champion: _____

Dental Student: (If applicable): _____

Terms of Project:

1. Agree to have at least one team member in attendance at each meeting, conference call, or webinar scheduled
2. Agree to complete a pre/post survey for this project.
3. Agree to provide baseline numbers, if available, and track the number of patients using tobacco for your clinic and document in patient's record during the project period.
4. Agree to provide tobacco using patients with guidance for quitting with the use of the 5 A's, with interested individuals up to the allowable reimbursement limits.
5. Agree to refer interested patients to the Michigan Tobacco Quitline using the customized standard referral form.
6. Agree to submit a final report by designated due date.

We agree to the terms of this project: Project period is October 1, 2014- September 30, 2015

Signed Executive Director of Agency: _____

Print name: _____ Date: _____

Dentist Participant Signature: _____

Dental Hygienist Signature: _____

Other Champion: _____

Submit by October 30, 2014 to: Susan Deming, Education/Fluoridation Coordinator, MDCH-Oral Health Program, and PO Box 30195, Lansing, MI 48909 Fax: 517 346-9862

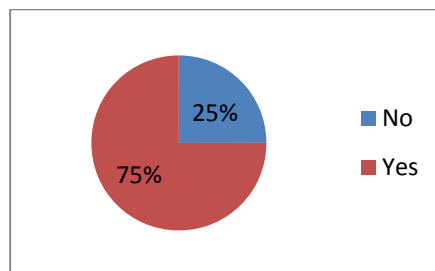
Appendix II Pre-Survey Results Report

Tobacco Use Prevention and Treatment Training Pre-test Survey Results

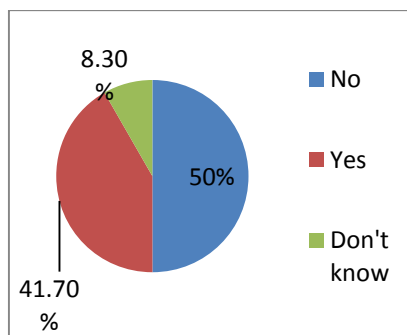
Twelve people took the pre-test for the project. Two, completed the survey as a paper-based tool and the other 10 completed it through SurveyMonkey. Staff reported that their clinics see a range of 80-600 teen/adult patients in a month.

| Role at Clinic | Number | Percent |
|-------------------------------|--------|---------|
| Dental Assistant | 3 | 25.0% |
| Dental Hygienist | 5 | 41.7% |
| Dentist | 2 | 16.7% |
| Other (Regional Office Admin) | 1 | 8.3% |
| Data Missing | 1 | 8.3% |
| Total | 12 | 100.0% |

Were you aware of the Michigan Tobacco Quitline before this project began?



Does your clinic refer patients to the Michigan Quitline?



Only 2 of the 'yes' responses answered the question 'If yes, how many patients do you refer a year'. One answered 30 and the other said 30-40. A third person said they refer but do not keep track of how many.

| How confident do you feel in your ability to: | Average Rating* |
|---|------------------------|
| Ask a patient about their smoking/tobacco use? | 4.73 |
| Ask a patient about their use of other types of smoking/tobacco use other than cigarettes (smokeless/chew, hookah, e-cigarettes, etc.)? | 4.55 |
| Advise a patient to quit using tobacco? | 4.18 |
| Refer a patient to the Michigan Tobacco Quitline? | 4.00 |
| Discuss the health consequences of smoking/tobacco use? | 4.45 |
| Discuss the benefits of quitting tobacco use? | 4.45 |
| Assess a patient's readiness to quit? | 3.80 |
| Discuss FDA approved medications for use in quitting smoking/tobacco use? | 3.18 |

*1=Not at all confident and 5=Very confident

| Rate your agreement with the statements below: | Average Rating** |
|--|-------------------------|
| A dental professional's advice motivates patients to quit smoking | 3.73 |
| Tobacco treatments are very effective | 3.91 |
| In our practice patients want me to ask about their use of tobacco/smoking products | 2.82 |
| The treatment of tobacco use and dependence should be considered a standard of care for dental professionals | 4.36 |
| I intend to refer our patients who use tobacco for further counseling | 4.45 |
| I intend to pursue more training for myself in order to be more effective in helping patients stop their tobacco/smoking use | 4.00 |

**1=Strongly disagree and 5=Strongly agree

Appendix III-Mid Survey Results

| Tell us what type of dental provider you are: | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Dentist | 14.3% | 1 |
| Dental Hygienist | 85.7% | 6 |
| Dental Assistant | 0.0% | 0 |
| Other (please specify) | 0.0% | 0 |

| Please tell us how you feel about being involved in this project: (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Excited | 28.6% | 2 |
| Happy | 42.9% | 3 |
| More effective in patient care | 42.9% | 3 |
| Unsure | 14.3% | 1 |
| Uncomfortable | 0.0% | 0 |
| Angry | 0.0% | 0 |
| Other (please specify) | 0.0% | 0 |

| Please share your motivation for involvement in this project: (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| I was told I had to participate | 14.3% | 1 |
| I wanted to acquire skills that improve the health of my patients | 71.4% | 5 |
| Helping patients quit tobacco use is very important to me | 71.4% | 5 |
| The extra reimbursement will help our clinic financially | 57.1% | 4 |
| I do not really wish to be involved in this project | 0.0% | 0 |
| Other (please specify) | 0.0% | 0 |

| For this section please rate your confidence level for each situation. How confident do you feel in your ability to: | | | | | | | |
|--|----------------------|---------------|------------------------------------|-----------|----------------|----------------|----------------|
| Answer Options | Not at all confident | Not confident | Neither confident or not confident | Confident | Very confident | Rating Average | Response Count |
| Ask a patient about their tobacco use? | 0 | 0 | 0 | 3 | 4 | 4.57 | 7 |
| Ask a patient about their use of other types of | 0 | 0 | 0 | 4 | 3 | 4.43 | 7 |
| Advise a patient to quit using tobacco? | 0 | 0 | 2 | 3 | 1 | 3.83 | 6 |
| Refer a patient to the Michigan Tobacco Quitline? | 1 | 0 | 1 | 4 | 1 | 3.57 | 7 |
| Discuss the health consequences of | 0 | 0 | 0 | 3 | 4 | 4.57 | 7 |
| Discuss the benefits of quitting tobacco use? | 0 | 0 | 0 | 3 | 4 | 4.57 | 7 |
| Assess a patient's readiness to quit? | 0 | 0 | 3 | 1 | 2 | 3.83 | 6 |
| Discuss FDA approved medications for use in quitting | 1 | 1 | 4 | 1 | 0 | 2.71 | 7 |
| Provide patients with written materials to support | 0 | 0 | 0 | 4 | 3 | 4.43 | 7 |
| Ask patients about other substance abuse such as | 0 | 0 | 1 | 2 | 4 | 4.43 | 7 |

Which of these activities might help with your confidence in providing tobacco dependency treatment services to your patients?: (check all that

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Site visits by one of the project coordinators/trainer | 0.0% | 0 |
| More technical support from the project | 14.3% | 1 |
| Allowing more time with the patient | 14.3% | 1 |
| More support from the clinic administration | 0.0% | 0 |
| More advance training | 71.4% | 5 |
| Contact with other sites to discuss and share lessons | 0.0% | 0 |
| Other (please specify) | | 0 |

If more training was desired, which of the below would you be interested in? (check all that apply)

| Answer Options | Response Percent | Response Count |
|---|------------------|----------------|
| Webcasts/online training | 14.3% | 1 |
| Face to face training | 28.6% | 2 |
| Written training manual specific to MI dental providers | 14.3% | 1 |
| Motivational Interviewing training | 42.9% | 3 |
| More handouts/tipsheets | 42.9% | 3 |
| Other (please specify) | 0.0% | 0 |

What are your biggest challenges and barriers to this project and helping your patients quit tobacco use? (check all that apply):

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Takes too much time at chairside | 0.0% | 0 |
| Reimbursement too low for efforts | 14.3% | 1 |
| Not enough support from MDHHS | 14.3% | 1 |
| Not enough support from your clinic administration | 0.0% | 0 |
| Asking about tobacco use | 0.0% | 0 |
| Advising on health concerns | 0.0% | 0 |
| Referring to MI Tobacco Quitline | 42.9% | 3 |
| Submitting the monthly reports | 0.0% | 0 |
| Need for additional training | 42.9% | 3 |
| Other (please specify) | 28.6% | 2 |

- the tracking data in the computer not align with the regular codes, the starting phase of the project was a little unorganized and we lost momentum
- sometimes with everything else I just forget

Please make any comments that will help improve the project for Phase II:

| Answer Options | Response Count |
|----------------|----------------|
| | 2 |

- Motivate providers
- I have sent multiple faxes out and the patients stated that they never received a call. I think the effort is worthy, as is your program. However, it is difficult to spend time with the patient and get a good response from them, then find that they were not contacted by your support staff.

Appendix IV-Final Report Numbers

| Agency Name | # of total pts seen | Tobacco Users- Documented in Record | % of tobacco users | Cigarette s-Code: 1320C | Cigars-Code: 1320G | Pipe-Code: 1320P | Smokeless Tobacco /Chew-Code: 1320S | ECig-1320E | Hooka-Code: 1320H | Other-Code: 1320O |
|---------------------------------|---------------------|-------------------------------------|--------------------|-------------------------|--------------------|------------------|-------------------------------------|------------|-------------------|-------------------|
| MCDC-Alpena | 2021 | 43 | 2% | 44 | 0 | 0 | 2 | 1 | 0 | 0 |
| MCDC-Port Huron | 2970 | 109 | 0.04% | 129 | 0 | 0 | 2 | 2 | 0 | 1 |
| Family Health Center- Kalamazoo | 3408 | 180 | 5% | 131 | 3 | 1 | 4 | 4 | 0 | 0 |
| Kalamazoo County HCS | 1622 | 81 | 5% | 63 | 3 | 1 | 0 | 6 | 1 | 2 |
| Western Wayne | 1374 | 186 | 14% | 155 | 5 | 1 | 1 | 2 | 1 | 2 |
| Totals: | 11395 | 599 | 5% | 522 | 11 | 3 | 9 | 15 | 2 | 5 |

| Agency Name | **Advised about Health Concerns Code: 1321 | Interest in Quitting-Code: 1322 | Referred to MI Quitline-Code: 1323 | **Indicates annual # for reimbursement | Annual amount request for reimbursement | Balance |
|---------------------------------|--|---------------------------------|------------------------------------|--|---|-----------------|
| MCDC-Alpena | 29 | 34 | 31 | 34 | \$778 | \$1,258 |
| MCDC-Port Huron | 125 | 60 | 43 | 156 | \$2,070 | \$3,281 |
| Family Health Center- Kalamazoo | 171 | 102 | 76 | 172 | \$2,993 | \$2,501 |
| Kalamazoo County HCS | 67 | 47 | 17 | 81 | \$1,459 | \$1,138 |
| Western Wayne | 186 | 17 | 1 | 186 | \$3,162 | \$3,260 |
| Totals: | 578 | 260 | 168 | 629 | \$11,030 | \$11,438 |

Appendix V- Final Report Comments

| Final report comments: | MCDC-Alpena | MCDC-Port Huron | Family Health Center- Kalamazoo | Kalamazoo County HCS | Western Wayne |
|--|---|-----------------|---|---|--|
| 4. Please provide feedback on how beneficial this project was for your agency by describing successes, challenges, and changes made to your health system: | (Shared comments with Port Huron - one coordinator answered for both) | | | | |
| • List at least one success your agency had with this project: | It taught us how to be more successful with our discussion regarding tobacco use and oral and overall health with benefits of quitting and possible consequences if tobacco use continues. | | We were able to guide several patients in the direction of quitting | We are all more confident in addressing tobacco dependency with our clients | More patients are aware of the smoking risk factors |
| • List at least one challenge your agency had with this project: | Time Management with learning how to successfully discuss tobacco use with our patients and the follow up paper work. | | We are very limited on time allotted per patient. This process can very time consuming. | Quitline should consider changing from 800# display to identified for the caller ID. Many people ignore those 800 numbers | Having patients respond to the Quitline; Most patients opted to try and quit on their own. |
| • List at least one modification or change your agency made regarding tobacco dependency treatment for your patients: | We keep the quitline cards in every operatory to hand out to any patient who expresses interest in information about tobacco cessation. | | We hadn't made an effort to assist in smoking cessation before this program. | Better documentation in the patient chart stating what type of product, how much, and how often. | More materials and brochures will be given on tobacco use |
| 5. Please describe your agency's future plans and strategies to address tobacco dependency treatment into care provided by oral health staff: | Continue the conversation with our patients at each dental visit with encouragement towards tobacco cessation. Incorporate the intra-oral camera into education of the effects of tobacco use in the mouth including, but not limited to, nicotine stomatitis and tissue changes and folding from chew. | | We plan to inform patients of health concerns and when necessary, give information to assist with the steps needed to quit smoking. | We always have and always will address tobacco dependency. We will continue to refer to the quitline. | We plan to continue to talk to patients about the dangers of smoking and offer referrals to the quitline. We also will continue to hand out materials/brochures about smoking as well. |

Appendix VI- Post Survey Results

| Tell us what type of dental provider you are: | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Dentist | 23.5% | 4 |
| Dental Hygienist | 52.9% | 9 |
| Dental Assistant | 23.5% | 4 |
| Other (please specify) | 0.0% | 0 |

| Please tell us how you felt about being involved in this project: (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Excited | 17.6% | 3 |
| Happy | 35.3% | 6 |
| More effective in patient care | 35.3% | 6 |
| Unsure | 23.5% | 4 |
| Uncomfortable | 0.0% | 0 |
| Angry | 0.0% | 0 |
| Other (please specify) | 5.9% | 1 |

anxious

| Please share your motivation for involvement in this project: (check all that apply) | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| I was told I had to participate | 17.6% | 3 |
| I wanted to acquire skills that improve the health of my patients | 52.9% | 9 |
| Helping patients quit tobacco use is very important to me | 41.2% | 7 |
| The extra reimbursement will help our clinic financially | 23.5% | 4 |
| I do not really wish to be involved in this project | 5.9% | 1 |
| Other (please specify) | 0.0% | 0 |

| For this section please rate your confidence level for each situation. How confident did you feel in your ability to: | | | | | | | |
|---|----------------------|---------------|------------------------------------|-----------|----------------|----------------|----------------|
| Answer Options | Not at all confident | Not confident | Neither confident or not confident | Confident | Very confident | Rating Average | Response Count |
| Ask a patient about their tobacco use? | 0 | 0 | 0 | 6 | 11 | 4.65 | 17 |
| Ask a patient about their use of other types of | 0 | 0 | 2 | 6 | 9 | 4.41 | 17 |
| Advise a patient to quit using tobacco? | 0 | 0 | 3 | 5 | 9 | 4.35 | 17 |
| Refer a patient to the Michigan Tobacco Quitline? | 0 | 0 | 2 | 5 | 10 | 4.47 | 17 |
| Discuss the health consequences of | 0 | 0 | 1 | 5 | 11 | 4.59 | 17 |
| Discuss the benefits of quitting tobacco use? | 0 | 0 | 1 | 5 | 11 | 4.59 | 17 |
| Assess a patient's readiness to quit? | 1 | 0 | 4 | 4 | 8 | 4.06 | 17 |
| Discuss FDA approved medications for use in quitting | 2 | 2 | 2 | 9 | 2 | 3.41 | 17 |
| Provide patients with written materials to support | 0 | 0 | 2 | 6 | 9 | 4.41 | 17 |
| Ask patients about other substance abuse such as marijuana or alcohol use? | 1 | 3 | 3 | 3 | 6 | 3.63 | 16 |

Which of these activities might help with your confidence in providing tobacco dependency treatment services to your patients?: (check all that apply)

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Site visits by one of the project coordinators/trainer | 35.3% | 6 |
| More technical support from the project | 17.6% | 3 |
| Allowing more time with the patient | 47.1% | 8 |
| More support from the clinic administration | 17.6% | 3 |
| More advance training | 41.2% | 7 |
| Contact with other sites to discuss and share lessons | 17.6% | 3 |
| Other (please specify) | | 1 |

I feel very confident at the current time

If more training was desired, which of the below would you be interested in? (check all that apply)

| Answer Options | Response Percent | Response Count |
|---|------------------|----------------|
| Webcasts/online training | 47.1% | 8 |
| Face to face training | 29.4% | 5 |
| Written training manual specific to MI dental providers | 23.5% | 4 |
| Motivational Interviewing training | 11.8% | 2 |
| More handouts/tipsheets | 52.9% | 9 |
| Other (please specify) | 5.9% | 1 |

I feel quite confident, so I wouldn't have much interest in additional training

What were your biggest challenges and barriers to this project and helping your patients quit tobacco use? (check all that apply):

| Answer Options | Response Percent | Response Count |
|--|------------------|----------------|
| Takes too much time at chairside | 70.6% | 12 |
| Reimbursement too low for efforts | 5.9% | 1 |
| Not enough support from MDHHS | 0.0% | 0 |
| Not enough support from your clinic administration | 5.9% | 1 |
| Asking about tobacco use | 11.8% | 2 |
| Advising on health concerns | 5.9% | 1 |
| Referring to MI Tobacco Quitline | 17.6% | 3 |
| Submitting the monthly reports | 11.8% | 2 |
| Need for additional training | 23.5% | 4 |
| Other (please specify) | 5.9% | 1 |

too many steps to click in the computer

Please make any comments that will help improve the project for Phase II:

| Answer Options | Response Count |
|----------------|----------------|
| | 1 |

I am always happy to see patients make a positive decision to improve their health, and this certainly includes smoking cessation.