Request ID: 35672919 (LOI#36)

Organization: Japan Medical-Dental Association for Tobacco Control

Project Title: Dissemination of an e-learning program for training health professionals in smoking

cessation (J-STOP)

C. Main Section of Proposal

1. Overall Goal and Purpose

The goal of this project is not only to disseminate training instructors for smoking cessation treatment and support through e-learning to healthcare worker groups and organizations, but to also build a sustainable dissemination model and expand and increase the quality of smoking cessation treatment and support in Japan.

Goal 1: Dissemination of Instructor Training in Collaboration with Organizations

We will train instructors nationwide through reporting medical institutions with a nicotine addiction control department nationwide (that offer smoking cessation outpatient services), insurers, hospital organizations, academic societies and healthcare organizations, local governments, and universities. We will recruit not only doctors, but also various professionals including nurses, public health nurses, pharmacists, dietitians, and dental hygienists to participate in the project and with the goal of being able to provide healthcare professionals with smoking cessation treatment and support based on the most current information.

Goal 2: Building Sustainable Dissemination Models

Training will be created as a project for cooperating organizations, with the aim to create a system where this training is a permanent fixture. While encouraging our training to reporting medical institutions with a nicotine addiction control department nationwide, we also aim to establish a treatment network. We will strive to disseminate the program to networks of existing organizations such as the Japan HPH Network and so on that have vested interests in promotion activities for smoking cessation, so that it is continually held each year. For medical insurers with a high rate of smoking amongst its insured, We will conduct training that combines e-learning with meeting-type training Furthermore, we hope to establish a model chapter from prefectural branches of medical insurers and work with medical examination facilities to promote smoking cessation support at medical examinations and health guidance sessions. We also aim to have this training program used in the certification systems of academic societies.

2. Assessment of Current Needs in the Target Area

Article 14 of the 2005 enacted WHO Framework Convention on Tobacco Control and the guidelines for its implementation demand measures for smoking cessation support and treatment as a control and countermeasure for tobacco. In Japan, insurance applications for smoking cessation treatment were implemented in 2006. However, they are only used about

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half as much as compared to advanced countries in Europe, the Americas, and South Korea. According to results of a survey conducted by the MHLW Research Group, about 80% of smokers undergo health examinations every year, but only about 40% receive smoking cessation advice. From policy measures such as strengthened health guidance for smoking during Second Phase special health examinations and specific health guidance, establishment of goals for tobacco countermeasures during the Second Phase of the Medical Care Expenditure Regulation Plan, the start of the "Health Support Pharmacies" system, the Health Japan 21 Project in local governments, and the Data Health Project expected of insurers, there is demand for improved smoking cessation support and treatment and needs for advisor training in those fields are expanding.

- Meta analysis of randomized controlled trial studies conducted in Europe and America show that advisor training will significantly improve advisor's actions towards smoking cessation support and treatment (such as setting smoking quit date, counseling, follow up appointments) as well as the rate of smoking cessation amongst those receiving support.
- e-learning is a form of education and learning that utilizes information and communication technologies that is used in many places, such as schools and companies. It is an effective learning method for busy healthcare professionals as it allows learners to study as much as they need when they need it, promotes voluntary learning amongst participants, and enables learners to acquire a skill and learn it completely through modeling and simulation, not just the acquisition of knowledge.

3. Target Audience

[Target of Goal 1] Dissemination of Instructor Training in Collaboration with Organizations

Presently, e-learning has been disseminated through reporting medical institutions with a nicotine addiction control department nationwide, local governments, societies, nursing associations, pharmaceutical associations, and insurers to healthcare professionals. In this project, we will continue to encourage major organizations nationwide to further dissemination of e-learning. The main organizations targeted include healthcare facility networks such as reporting medical institutions with a nicotine addiction control department nationwide (about 17,000 facilities); insurers (particularly insurers with a high rate of smoking among their insured); 25 societies and the Japan Society for Tobacco Control, affiliated with the Tobacco Control Medical-Dental Research Network; 67 hospitals and healthcare facilities affiliated with the Japan Network of Health Promoting Hospitals and Health Services (HPH) and hospitals with the National Hospital Organization (143 facilities); and the Japanese Association of Clinical Cancer Centers (32 facilities), and the Japan Nursing Association. In addition to the above organizations, this

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project will call for the participation of the Japan Dietetic Association, the Japanese Association of Home Care Pharmacies, and educational facilities for the training of healthcare professionals. Our participant goal is 3,000 people in the two-year period.

[Target of Goal 2] Building Sustainable Dissemination Models

Sustained implementation of advisor training e-learning programs requires operating expenses for systems operations, recruitment, implementation, and evaluation. In order to make training sustainable in the future, we will work within organizations already using e-learning to consult with target groups and organizations that are expected to have certain training needs and encourage them to make this training a permanent fixture. Targeted organizations include networks of medical institutions such as reporting medical institutions with a nicotine addiction control department nationwide and the Japan HPH Network, insurers with a high rate of smoking amongst their insured and their prefectural branches, and societies such as the Japan Society of Ningen Dock and the Japanese Association of Home Care Pharmacies.

4. Project Design and Methods

This project will utilize the e-learning program J-STOP (Japan Smoking cessation Training Outreach Project) developed and implemented by the Japan Medical-Dental Association for Tobacco Control as an evidence-based program to promote tobacco control and countermeasures Please refer to Section E, Organizational Detail, for details on the learning program. This e-learning program has been proven effective, with 4,782 participants from 2010 to 2016. We aim to further disseminate this program by collaborating with insurers, hospital organizations, academic associations, healthcare organizations, local governments, and universities to increase the number of participants to 3,000 in a two-year period. Furthermore, in order to make training sustainable, we will work within organizations already using e-learning to consult with target groups and organizations that are expected to have certain training needs and encourage them to make this training a permanent fixture. We will target networks of medical institutions such as reporting medical institutions with a nicotine addiction control department nationwide (facilities that provide smoking cessation outpatient services) and the Japan HPH Network, insurers with a high rate of smoking amongst their insured and their prefectural branches, and societies such as the Japan Society of Ningen Dock and the Japanese Association of Home Care Pharmacies.

- (1) Dissemination of Instructor Training in Collaboration with Organizations
 - ① Dissemination in Collaboration With Insurers, Hospital Organizations, Academic Associations, Healthcare Organizations, and Local Government

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In this project, we will encourage major organizations nationwide to further dissemination of e-learning. E-learning sessions will be held once a year, occurring a total of two times over the course of this project. Each session will have an application period of two months, then be carried out over a period of three months.

We will recruit program participants by consulting with each organization and posting advertisements on organization websites, mailing lists, and bulletins, and distributing flyers to societies and organizations. For universities with dietitian training courses, We will establish this e-learning course as a class unit and encourage students to promote it. We conducted training using e-learning with reporting medical institutions with a nicotine addiction control department nationwide, and at the end of August 2017, the number of registered medical institutions exceeded 16,000 facilities, an increase of about 1.6. So, for this project, we will provide course information to coincide with the start of the e-learning courses for 2018 to improve the knowledge and skills regarding smoking cessation treatment of nationally registered medical care providers. Course information will be sent out using the Japan Society for Tobacco Control's list of medical institutions that is publicly available online.

- 2 e-learning system improvement and creation of new learning content
 - system improvement for display of content on tablets and smartphones

In the smoking cessation support version, improvements have been made so that learning can be done not only from computers but also from smartphones and tablets, and has been provided since 2015. This was in order to respond to the increasing demand for course attendance after the content of the smoking cessation support model was selected for the "Smoking Cessation Support Manual (2nd Edition)" of the Ministry of Health, Labour and Welfare. This project will conduct similar system improvements so that high-quality smoking cessation outpatient treatment can be provided through effective studying of the smoking cessation treatment model, as well as the methods for smoking cessation advice in daily checkup situations, through the smoking cessation treatment implementation model in succession with the smoking cessation model. This will increase the convenience of studying for the busy clinical doctors and medical staff.

- Develop New Academic Content

While smoking rates decrease, there are newly arising needs to cope with challenges, such as the increasing disparity between smokers, a relative increase in cases of difficulty of smoking cessation, and the popularization of new types of tobacco. New course content to meet those needs will be developed and e-learning course contents will be enriched. Specifically, we will add content on special populations such as those with mental illness,

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the significance and treatment methods of smoking cessation themed around low-income patients, tuberculosis patients, and cancer patients, and smoking cessation treatment for users of heat-not-burn tobacco products.

(2) Building Sustainable Dissemination Models

① Establish Advisor Training and Networks for Medical Institutions that Report on Smoking Cessation Treatment

A group training session (half day to full day)at three locations nationwide will be held as follow-up training after the e-learning program is completed. In training, we will exchange opinions and give information on issues on-site, ideas on treatment, and evidence of new treatment methods. The teachers at these group training sessions will be J-STOP development and dissemination working group experts. We will use rewards, such as publishing the names of facilities participating in the e-learning programs and group training programs on the J-STOP homepage, as incentives. We will call for participation in our network of facilities taking part in the group training program so we can exchange information and advise on smoking cessation treatment.

2 Establish sustainable advisor training system in cooperation with network of medical institutions

We will encourage yearly, continuous use of e-learning programs in facilities where training needs are expanding, such as designated cancer hospitals in the networks of the 2015 founded Japan HPH Network (67 facilities), the Independent Administrative Agency National Hospital Organization, and the Japanese Association of Clinical Cancer Centers We will meet with the heads of executive offices and organizations to discuss problems and topics in continued implementation and methods of dissemination. Also, we will work from a hospital perspective to collect positive examples of organized initiatives and share them in order to encourage medical institutions to take the courses.

③ Establish sustainable advisor training system in cooperation with medical insurers

We will work in collaboration with medical insurers who have a high rate of smoking amongst their insured and conduct follow-up group training sessions at 5 locations nationally with all 750 health advisors who took the e-learning course. In the group training sessions, we will carry out exercises to improve participant skills and teach them how to tackle problems that arise during smoking cessation support. We will provide a training program that effectively combines e-learning and group training sessions geared towards medical personnel of institutions

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commissioning life-style disease prevention checkups for insured people, after selecting 6 model branches that place the most emphasis on tobacco countermeasures within the data-health plan. By conducting smoking cessation support in collaboration with medical institutions that commission checkups, not only is specific health instruction possible, but smoking cessation support on the day of checkups will be possible, and we will add to the influence on many insurers. The teachers at group training sessions will be J-STOP development and dissemination working group experts. Furthermore, utilizing the contents of the simplified web learning and e-learning, supporting the second-hand smoke countermeasure of small scale businesses will decrease the smoking rate overall and prevent second-hand smoke. Such undertakings will also contribute to the realization of shrinking the health disparity: the goal of Health Japan 21 (2nd).

4 Utilization of e-learning program in Academic Society Certificate Accreditation Programs in cooperation with academic societies

From 2016, the Japan Society for Tobacco Control has positioned J-STOP as a training program that is part of the required units for the accreditation system of certified smoking cessation instructors. Aiming for the application within the certificate accreditation system of specialized doctors within more academic associations, efforts will be placed on the Japan Society of Ningen Dock and the Japanese Association of Home Care Pharmacies for the next 2 years, as deliberations have already begun. The Japan Society of Ningen Dock has held workshops in the past, promoting the undertakings of smoking cessation support within the area of specific checkups and specialized health instruction situations. However, as there are limits to taking and attending workshops, efforts to expand fostering of instructors will be made through instructor training using e-learning. Establishing certificates for smoking cessation support as an academic association will be promoted, attending workshops encouraged, and smoking cessation support disseminated in places of medical examinations. We will also encourage the use of this e-learning program as a unit of training for smoking cessation support for pharmacists with the Japanese Association of Home Care Pharmacies engaged in home healthcare support.

5. Evaluation

(1) Dissemination of Instructor Training in Collaboration with Organizations

The process and results of the instructor education program in cooperation with key organization nationwide will be evaluated as detailed below.

[Process Evaluation]

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- Number of groups and organizations using the e-learning program and number of applicants,

gross participants, and participants who finished the training program by group

-We will conduct an online survey at the end of the training program and evaluate the

program on a 5-point scale on these 6 variables: program difficulty, interest, program length,

program amount, ease of use, and desire to share with others.

- Number of health advisors who took the e-learning course who participated in group training

programs

[Evaluation of Results]

We will test participants who complete the training program before and after program

completion and evaluate it as a before-after study. We will evaluate the test separate for each

of the programs (smoking cessation treatment, smoking cessation treatment introduction,

smoking cessation support program) along the following four items:

- Knowledge of smoking cessation and support (Treatment Program: 10 questions, Treatment

Introduction/Support: 5 questions)

- Attitudes on smoking cessation support and treatment (6 items for all)

- Confidence in their provision of smoking cessation support and treatment to smokers (2

items for all, 1 additional for Smoking Cessation Support Program)

- Actions for smoking cessation support in daily examinations and the workplace (4 items for

all, 1 additional item per program)

(2) Building Sustainable Dissemination Models

To evaluate the sustainable e-learning dissemination model,

we will evaluate each of the four target groups and organizations by the following four items:

①Establish Advisor Training and Networks for Medical Institutions that Report on Smoking

Cessation Treatment

- group training session participation rate amongst participants who completed e-learning

training

- participation rate in network

2 Establish sustainable advisor training system in cooperation with network of medical

institutions

- Utilization rate of e-learning programs in advisor training programs in the network of medical

facilities or organization medical institutions

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3 Establish sustainable advisor training system in cooperation with medical insurers

Utilization rate of e-learning programs in advisor training programs in the network of

medical insurers or prefectural branches

- Participation rate in e-learning and group training sessions amongst medical insurers or

healthcare professionals working at medical examination facilities

- Implementation rate of smoking cessation support at medical examination facilities, yearly

change in smoking cessation rate of patients undergoing health examinations

4 Utilization of e-learning program in Academic Society Certificate Accreditation Programs in

cooperation with academic societies

·Content of the established certification accreditation system, number and ratio of those

accredited

6. Detailed Work Plan and Deliverable Completion Schedule:

(1) Dissemination of Instructor Training in Collaboration with Organizations

In the first year, we will carry out the e-learning program with a heavy focus on reporting

medical institutions with a nicotine addiction control department. We will also carry out the

e-learning program with local governments, academic societies, healthcare organizations, and

insurers, as stated before. Also, to prepare for the start of e-learning courses in the second year,

we will improve the e-learning system and create new content.

In the second year, we will start the second round of e-learning courses and conduct

evaluations comparing results taken before and after the training program.

<Year 1>

1 1st round of e-learning program begins (Feb. 2018 - April 2018)

Recruitment and applications for participation in the e-learning program will begin on

January 5th, 2018.

Starting in January, we will provide course information to the reporting medical

institutions with a nicotine addiction control department nationwide we are heavily

focusing on. We will obtain a list of reporting medical institutions with a nicotine addiction

control department nationwide from the Japan Society for Tobacco Control website and

send course information to all 17,000 facilities. Applications will be accepted on the

J-STOP website.

We will recruit participants from other groups by consulting with each group and posting

advertisements on organization websites, mailing lists, and bulletins, and distributing flyers

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to societies and organizations.

-The E-learning course will begin in February 2018 and the three-month courses will start through the end of March. We will have a system for participant inquiries from January 2018

until the end of April.

2 System improvement and Content Creation (January 2018 - December 2018)

- The system will be improved for display of content on smartphones and tablets for the

Smoking Treatment Program and Smoking Treatment Introduction Program.

We will create video lectures for new learning content. The content will concern topics such

as the significance and treatment methods of smoking cessation themed around

low-income patients, tuberculosis patients, and cancer patients, and smoking cessation

treatment for users of heat-not-burn tobacco products.

Meetings with Organizations for Round 2 of the e-learning Programs (June 2018 - December

2018)

- We will meet with the executive offices and heads of organizations and propose ideas on

the utilization of the e-learning program.

We will meet with the executive offices of groups that have decided to utilize the program

and discuss methods of recruiting participants.

- Recruitment will be done through organization websites, mailing lists, and organization

bulletins. We will also spread awareness through workshops, conferences, academic

society presentations, and more.

<Year 2>

1 2nd Round of e-learning begins (February 2019 - April 2019)

Applications for participation in the e-learning program will begin on January 5th, 2018.

E-learning courses will begin from February 2019 through the end of April 2019, and the

system for participant inquiries will be open from December 2018 through the end of April

2019.

② E-learning program evaluation and report (May 2019 - October 2019)

- We will gather the completion rate by group and program from the data from the second

round of the e-learning program. We will report the state of implementation to each group

and organization.

- We will evaluate the change in knowledge, attitudes, confidence, and actions taken for

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smoking cessation support in program participants from the data from the tests conducted before and after training.

- We will evaluate the process from the surveys given to program participants.

(2) Building Sustainable Dissemination Models

In order to make training sustainable, we will encourage each organization to make this training program a permanent fixture throughout the two-year period of this project. Targeted organizations include networks of medical institutions such as reporting medical institutions with a nicotine addiction control department nationwide and the Japan HPH Network, insurers with a high rate of smoking amongst their insured and their prefectural branches, and societies such as the Japan Society of Ningen Dock and the Japanese Association of Home Care Pharmacies.

Additionally, we will carry out group training programs to build a network of smoking cessation treatment for reporting medical institutions with a nicotine addiction control department.

<Year 1>

① Establish Advisor Training and Networks for Medical Institutions that Report on Smoking Cessation Treatment (June 2018 - October 2018)

– We will call participants who completed e-learning training to participate in the group training sessions. In addition to certificates given as incentives, we will tell participants to print and distribute e-learning course content and ask others to participate. Group training will be held in half/full-day sessions at three facilities nationwide with a focus on exercises to improve participant skills Instructors will be J-STOP development and dissemination working group experts.

2 Establish sustainable advisor training system in cooperation with network of medical institutions (June 2018 – December 2018)

We will encourage yearly, continuous use of e-learning programs in facilities where training needs are expanding, such as designated cancer hospitals in the networks of the Japan HPH Network (67 facilities), the Independent Administrative Agency National Hospital Organization, and the Japanese Association of Clinical Cancer Centers.

- 3 Establish sustainable advisor training system in cooperation with medical insurers (February 2018 – June 2018)
 - We will conduct follow-up group training sessions at 5 locations nationwide with 750 health advisors of health insurers who took the e-learning course. Instructors will be J-STOP

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development and dissemination working group experts.

We will select 6 model branches that place the most emphasis on tobacco countermeasures within the data-health plan and implement advisor training for healthcare professionals working at healthcare facilities commissioned to provide health checkups. Instructors will be J-STOP development and dissemination working group experts.

4 Utilization of e-learning program in Academic Society Certificate Accreditation Programs in

cooperation with academic societies

- For academic societies, we will strive for the implementation of certification and accreditation systems using this e-learning program through the Japan Society of Ningen Dock, of which many of Japan's healthcare professionals and facilities that conduct Ningen Dock examinations are members. We will strive for the implementation of certification and accreditation systems in the Japanese Association of Home Care Pharmacies from the viewpoints of preventing the progression of lifestyle-related diseases required for the provision of home care support and

preventative care.

<Year 2>

① Establish Advisor Training and Networks for Medical Institutions that Report on Smoking

Cessation Treatment (January 2019 - June 2019)

- We will reach out to the facilities that took part in the group training program for program

participants to take part in and create a network for the exchange of information and opinions

on smoking cessation treatment.

② Establish sustainable advisor training system in cooperation with network of medical

institutions (May 2019 - October 2019)

- We will work from a hospital perspective to collect positive examples of organized initiatives

and share them in order to encourage medical institutions to take the courses.

3 Establish sustainable advisor training system in cooperation with medical insurers (January 2019

- December 2019)

- We will evaluate the state of smoking cessation support implementation and the yearly change

in patients undergoing health examinations in medical examination facilities in model branches

selected in year 1.

4 Utilization of e-learning program in Academic Society Certificate Accreditation Programs in

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cooperation with academic societies (January 2019 - December 2019)

- Continuing from the first year, we will encourage the implementation of the e-learning program in certification and accreditation systems in the Japan Society of Ningen Dock and the Japanese Association of Home Care Pharmacies.

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Deliverable Completion Schedule

1.Dissemination of Instructor Training in Collaboration with Organizations							
(1) 1st Round of e-learning Courses Begins							
Flyer distribution to organizations, PR articles, etc.							
Implementation Report (Participating groups, number of participants, rate of							
completion)							
(2) System Improvement and Creation of New Content							
New content (4 topics)							
Smartphone and tablet versions for Smoking Treatment Program and Smoking							
Treatment Introduction Program							
(3) 2nd Round of e-learning Begins							
Flyer distribution to organizations, PR articles, etc.							
Implementation Report (Participating groups, number of participants, rate of							
completion)							
(4) E-learning Program Result Evaluation							
E-learning program result evaluation report (Learning results, process							
evaluation)							
(5) Implementation Report on the Dissemination of Instructor Training in							
Collaboration with Organizations							
2. Building a Sustainable Dissemination Model							
(1) Establish Advisor Training and Networks for Medical Institutions that Report							
on Smoking Cessation Treatment							
Training materials							
Training implementation report							
Network regulation, activity planning, roster of participating medical institutions	2018/6						
(2) Establish sustainable advisor training system in cooperation with network of							
medical institutions							
Collection of positive examples							
(3) Establish sustainable advisor training system in cooperation with medical							
insurers							
Training materials	2018/6						
Training implementation report	2018/6						

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(4)	Utilization	of	e-learning	program	in	Academic	Society	Certificate	
Accreditation Programs in cooperation with academic societies									
Outline of certificate accreditation system								2019/12	
(5) Implementation Report on the Building of Sustainable Dissemination Models								2019/12	