

BIOGRAPHICAL SKETCH

NAME: Richter, Kimber P.

eRA COMMONS USER NAME: krichter

POSITION TITLE: Joy McCann Professor of Women in Medicine and Science

EDUCATION/TRAINING:

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
St. John's College, Annapolis, MD	BA	05/1984	Philosophy/Literature
University of Kansas, Lawrence, KS	MA	05/1994	Psychology
U. Kansas School of Medicine, Kansas City, KS	MPH	05/1995	Public Health (Gen.)
University of Kansas, Lawrence, KS	PHD	05/1998	Behavioral Psychology

A. Personal Statement

For over 20 years, I have focused my research, teaching and service on understanding and reducing tobacco use. I have focused on developing and evaluating systems changes designed to expand the reach of high quality care to those who need it most. I have been a P.I., Co-Investigator, or Mentor on multiple NIH-funded trials on smoking cessation and have expertise in clinical trial, behavioral, and qualitative research. In an invited editorial to *Addiction*, I and co-author Edward Ellerbeck advanced the thesis that screening for “readiness” to quit could be the biggest barrier to expanding access to evidence-based care. To test this thesis, I am leading a population-based clinical trial (R01 HL131512) that compares “opt-out” versus “opt-in” approaches to offering treatment. We use a delayed consent procedure to ensure we recruit tobacco users at all levels of motivation into the trial, and we have developed new counseling approaches to provide cessation-oriented medications and counseling in an extremely proactive manner—we will adapt these approaches to provide opt-out care to cancer patients. As director of UKanQuit, our hospital’s inpatient tobacco treatment service, I work with multiple clinical and IT teams to integrate tobacco treatment into every aspect of clinical care, with smokers with co-morbid conditions including cancer, acute cardiovascular disease, pulmonary diseases, and mental illnesses. I have learned to capitalize on changes in policy and regulation to advance tobacco treatment—for example, the recent CMS rule changes in prospective payment enabled us to vastly increase access to care for inpatient psychiatric patients (see Carrillo et al., 2016, below). My work in UKanQuit has taught me the strengths and failings of electronic health records (EHRs), as I must frequently troubleshoot issues with IT staff to keep UKanQuit’s EHR features up-to-date and functioning. I work to advance tobacco treatment, research and training at local, national, and international levels. I recently served as the secretary of ATTUD (Association for the Treatment of Tobacco Use and Dependence, was a former president of the Association for Medical Education and Research on Substance Abuse (AMERSA), and have served as deputy editor for SRNT’s journal *Nicotine & Tobacco Research*.

- a. **Richter KP**, Ellerbeck EF. It's time to change the default for tobacco treatment. *Addiction*. 2014 Oct 16.(Epub ahead of print) doi: 10.1111/add.12734 Not NIH funded.
- b. **Richter KP**, Hunt JJ, Cupertino AP, Gajewski BJ, Jiang Y, Marquis J, Friedmann, PD. Commitment and capacity for providing evidence-based tobacco treatment in U.S. drug treatment facilities. *Subst Abus*. 2016 Nov 29:1-5. PubMed PMID: 27897468. PMCID: PMC Journal in Process.
- c. *Campos Tda S, **Richter KP**, Cupertino AP, Galil AG, Banhato EF, Colugnati FA, Bastos MG. Cigarette smoking among patients with chronic diseases. *Int J of Cardiol*. 2014 Jul 1;174(3):808-10. Epub 2014 Apr 22. NIHMS720535, Publ.ID: IJCA1805.1PMID: 24801077. PMCID: PMC4568820
- d. *Carrillo S, Nazir N, Howser E, Shenkman L, Laxson M, Scheuermann TS, **Richter KP**. Impact Of The 2015 CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Rule On Tobacco Treatment. *Nicotine Tob Res*. 2016 Dec 24. [Epub ahead of print] PubMed PMID: 28013270. Not NIH funded.

*Richter, Senior Author

B. Positions and Honors

Positions and Employment

1997-1998	Visiting Fellow, National Centre for Epidemiology and Population Health, ANU, Canberra
1998-2000	Center for Substance Abuse Prevention Faculty Fellow
1998-;	Department of Preventive Medicine & Public Health: Research Assistant Professor (1998-2000); Assistant Professor (2000-2006); Associate Professor (2006-2013) Professor (2013-;)
2003-2004	President, Kansas Public Health Association
2003-2007	Executive Committee (2003-2007), Secretary (2005-2007), President (2011-2013) Association for Medical Education and Research on Substance Abuse (AMERSA)
2006-;	Director, UKanQuit at KUMed (University of Kansas Hospital Smoking Cessation Service)
2008-2012	Commissioner, Tobacco Treatment Specialist Training Program Accreditation Commission, Association for the Treatment of Tobacco Use and Dependence (ATTUD)
2014-2016	ATTUD Board Secretary Elect (2014)/Secretary (2015-2016)
2015	Tobacco Treatment Trainer, UMASS Center for Tobacco Treatment, Research, & Training

Professional Activities

2000-;	Ad hoc grant application reviewer, National Institutes of Health, Centers for Disease Control, Department of Defense, Kansas Dept. Health and Environment
2006-;	Associate Editor (2006-2007), Deputy Editor (2008-;), <i>Nicotine and Tobacco Research</i>
2008-2010	Ad hoc study section member, NIDA-F, Health Services Research, National Institutes of Health
2012-2016	Member, CLHP study section, Community-Level Health Promotion, National Institutes of Health
2016-2017	Consultant, <i>Evidence-Based Tobacco Dependence Treatment Support For Mental Health/Addiction Patients in Portugal</i> . PI: João Mauricio Castaldelli-Maia; Funder: Global Bridges

Honors

2002-2003	New Investigator Award, Society for Research on Nicotine & Tobacco; Young Investigator Award, Society for Behavioral Medicine; New Investigator/Educator Award, AMERSA
2004	Excellence in Teaching Award, Department of Preventive Medicine and Public Health
2007	Samuel J. Crumbine Medal for Meritorious Service in Public Health, KPHA
2007	Fulbright Senior Specialist to the Escola Nacional da Saúde Pública, Lisboa, Portugal
2010	Achievement Award for Mentoring Post-Doctoral Fellows, U. Kansas School of Medicine
2012-2015	Special Visiting Professor, National Council of Science and Technology Development, Brazil
2016-;	Joy McCann Professor for Women in Medicine and Science
2017	University Scholarly Achievement Award in Clinical Science, University of Kansas

C. Contributions to Science

1. *Improving smoking cessation for hospitalized patients.* Our hospital campus went smoke-free in 2006. As part of an ongoing contract with the hospital, I and colleagues developed a bedside counseling service—UkanQuit—which is fully integrated into hospital workflows and the EHR, to help patients stay quit on discharge. We used lessons learned from UKanQuit to design and test better ways to deliver tobacco treatment for inpatients. We examined the potential of using ‘warm handoffs’ to improve post-discharge management of smoking cessation—warm handoff dramatically increased enrollment in quitline services.

- a. *Faseru B, Turner M, Casey G, Ruder C, Befort CA, Ellerbeck EF, **Richter KP**. Evaluation of a hospital-based tobacco treatment services: Outcomes and lessons learned. *J Hosp Med*. 2011 Apr;6(4):211-8. Epub 2010 Nov 24. PMID: PMC3081657
- b. *Stoltzfus K, Hunt S, Ayars C, Carlini B, Rabius V, Ellerbeck EF, **Richter KP**. A pilot trial of proactive versus reactive referral to tobacco quitlines. *J Smok Cessat*. 2011 6(2):133-7. Not NIH funded.
- c. **Richter KP**, Faseru B, Shireman TI, Mussulman LM, Nazir N, Bush T, Scheuermann TS, Preacher KJ, Carlini BH, Magnusson B, Ellerbeck EF, Cramer C, Cook DJ, Martell MJ. Warm Handoff Versus Fax Referral For Linking Hospitalized Smokers To Quitlines. *Am J Prev Med*. 2016 Oct;51(4):587-96. PMID: PMC5031370
- d. Cruvinel E, **Richter KP**, Stoney C, Duffy S, Fellows J, Harrington KH, Rigotti NA, Sherman S, Tindle HA, Shireman TI, Shelley D, Waiwaiole L, Cummins S. CHART-ing a path to pragmatic tobacco treatment research. *Am J Prev Med*. 2016 Oct;51(4):630-6. PMID: 27647063 PMID: PMC Journal in Process.

2. *Expanding the reach of tobacco treatment.* During the conduct of our smoking cessation studies we have identified a number of critical issues that can help or hinder access to smoking cessation interventions. We

found that homeless smokers were ready and willing to participate in controlled clinical trial for smoking cessation. We showed that real-time, video counseling to rural smokers was as effective, and more satisfactory, for smoking cessation than telephone counseling. We found we were easily able to reach and treat hospitalized tobacco users with HIV.

- a. *Faseru B, Ellerbeck EF, Catley D, Gajewski BJ, Scheuermann TS, Shireman TI, Mussulman LM, Nazir N, Bush T, **Richter KP**. Changing the default for tobacco-cessation treatment in an inpatient setting: study protocol of a randomized controlled trial. *Trials*. 2017 Aug 14;18(1):379. doi: 10.1186/s13063-017-2119-9. PubMed PMID: 28806908; PubMed Central PMCID: PMC5556365.
- b. **Richter KP**, Shireman TI, Ellerbeck EF, Cupertino AP, Catley D, Cox LS, Preacher KJ, Spaulding R, Mussulman LM, Nazir N, Hunt JJ, Lambert L. Comparative and cost effectiveness of telemedicine versus telephone counseling for smoking cessation. *J Med Internet Res*. 2015 May 8;17(5):e113. doi: 10.2196/jmir.3975. PubMed PMID: 25956257; PubMed Central PMCID: PMC4468596.
- c. Fitzgerald S **Richter KP**, Mussulman L, Howser E, Nahvi S, Goggin K, Cooperman NA, Faseru, B. Improving Quality of Care for Hospitalized Smokers with HIV: Tobacco Dependence Treatment Referral and Utilization. *Jt Comm J Qual Patient Saf*. 2016 May;42(5):219-24. PMCID PMC4969005.
- d. Cupertino AP, **Richter KP**, Cox LS, Garrett S, Mujica F, Ramirez R, Ellerbeck EF. Feasibility of a Spanish/English computerized decision aid to facilitate smoking cessation efforts in underserved communities. *J Health Care Poor Underserved*. 2010;21(2):504-17. Not NIH Funded

3. *Assessing and influencing tobacco use behaviors*. Although biochemically verified cessation is the gold standard for cessation trials, few studies evaluate the accuracy of self-report versus verified abstinence—we found that, in a multi-site hospital trial, verification cuts quit rates in half. Across several collaborations with study co-investigators Catley and Martin, we have examined the influence of behavioral assays on cessation. As part of my programmatic research on tobacco use and substance use disorders, we conducted a psychopharmacological study among methadone clients. We found that their tobacco use peaked four hours after methadone administration.

- a. *Scheuermann TS, **Richter KP**, Rigotti NA, Cummins SE, Harrington KF, Sherman SE, Zhu SH, Tindle HA, Preacher KJ; Consortium of Hospitals Advancing Research on Tobacco (CHART). Accuracy of self-reported smoking abstinence in clinical trials of hospital-initiated smoking interventions. *Addiction*. 2017 Aug 23. doi: 10.1111/add.13913. [Epub ahead of print] PubMed PMID: 28834608.
- b. Fox, AT, Martin, LE, Bruce, J, Moreno, JL, Staggs, VS, Lee, HS, Goggin, K, Harris, KJ, **Richter, KP**, Patten, C, & Catley, D. Executive function fails to predict smoking outcomes in a clinical trial to motivate smokers to quit. *Drug and Alcohol Dependence*, 175, 227-231. doi: 10.1016/j.drugalcdep.2017.01.043.
- c. Lee HS, Addicott M, Martin LE, Harris KJ, Goggin K, **Richter KP**, Patten CA, McClernon FJ, Fleming K, Catley D. Implicit Attitudes and Smoking Behavior in a Smoking Cessation Induction Trial. *Nicotine Tob Res*. 2016 Sep 27. pii: ntw259. PubMed PMID: 27679606.
- d. **Richter KP**, Hamilton AK, Hall S, Catley D, Cox LS, Grobe J. Patterns of smoking and methadone dose in drug treatment patients. *Exp Clin Psychopharmacol*. 2007;15(2):144-53.

4. *Understanding and addressing tobacco use among people with a history of alcohol and other drug dependence (AODD)*. People with a history of AODD have a very high prevalence of tobacco use, and past tobacco control efforts have done little to help them quit. We found that many people in treatment for AODD do smoke cigarettes, but that most had made significant attempts to quit and some were successful—without any formal treatment. Tobacco use varies by drug of dependence, but combination pharmacotherapy with counseling is a promising intervention to help them quit. Patients and providers' perspectives regarding whether tobacco should be treated during drug treatment are at times contradictory. More patients want to quit than providers realize, and providers feel they offer help in quitting more often than reported by patients. At the level of the health environment, we found that many of the marketing strategies used by the tobacco industry are being deployed by the emerging marijuana industry to attract new clients.

- a. **Richter KP**, Gibson C, Ahluwalia JS, Hedberg K. Tobacco use and quit attempts among methadone maintenance treatment patients. *Am J Public Health*. 2001 Feb;91(2):296-299.
- b. **Richter KP**, Ahluwalia HK, Mosier MC, Nazir N, Ahluwalia JS. A population-based study of cigarette smoking among illicit drug users in the United States. *Addiction*. 2002 Jul;97(7):861-870.
- c. Nahvi S, Ning Y, Segal KS, **Richter KP**, Arnsten JH. Varenicline efficacy and safety among methadone maintained smokers: a randomized placebo-controlled trial. *Addiction*. 2014 Sep;109(9):1554-63. Epub 2014 Jun 27. PMCID: PMC4300953.

- d. **Richter KP**, Levy S. Big marijuana—lessons from big tobacco. N Engl J Med. 2014 Jul 31;371(5):399-401. Epub 2014 Jun 11. Not NIH funded.

4. *Assessing and influencing tobacco use behaviors.* Although biochemically verified cessation is the gold standard for cessation trials, few studies evaluate the accuracy of self-report versus verified abstinence—we found that, in a multi-site hospital trial, verification cuts quit rates in half. Across several collaborations with study co-investigators Catley and Martin, we have examined the influence of behavioral assays on cessation. As part of my programmatic research on tobacco use and substance use disorders, we conducted a psychopharmacological study among methadone clients. We found that their tobacco use peaked four hours after methadone administration.

- a. *Scheuermann TS, **Richter KP**, Rigotti NA, Cummins SE, Harrington KF, Sherman SE, Zhu SH, Tindle HA, Preacher KJ; Consortium of Hospitals Advancing Research on Tobacco (CHART). Accuracy of self-reported smoking abstinence in clinical trials of hospital-initiated smoking interventions. *Addiction*. 2017 Aug 23. doi: 10.1111/add.13913. [Epub ahead of print] PubMed PMID: 28834608.
- b. Fox, AT, Martin, LE, Bruce, J, Moreno, JL, Staggs, VS, Lee, HS, Goggin, K, Harris, KJ, **Richter, KP**, Patten, C, & Catley, D. Executive function fails to predict smoking outcomes in a clinical trial to motivate smokers to quit. *Drug and Alcohol Dependence*, 175, 227-231. doi: 10.1016/j.drugalcdep.2017.01.043.
- c. Lee HS, Addicott M, Martin LE, Harris KJ, Goggin K, **Richter KP**, Patten CA, McClernon FJ, Fleming K, Catley D. Implicit Attitudes and Smoking Behavior in a Smoking Cessation Induction Trial. Nicotine Tob Res. 2016 Sep 27. pii: ntw259. PubMed PMID: 27679606.
- d. **Richter KP**, Hamilton AK, Hall S, Catley D, Cox LS, Grobe J. Patterns of smoking and methadone dose in drug treatment patients. Exp Clin Psychopharmacol. 2007;15(2):144-53.

5. *Understanding how tobacco treatment is (or is not) delivered in AODD treatment.* During my work with people in treatment for drug dependence, patients repeatedly cited lack of access to tobacco treatment, and health care provider sabotage, as barriers to quitting. I and my colleagues explored the prevalence and predictors of tobacco treatment in drug treatment facilities. We showed that most drug treatment facilities did not offer evidence-based care to their clients. Many providers claimed that clients didn't want to quit. Methadone facilities were more likely to provide pharmacotherapy, but most facilities lacked training and resources to provide evidence-based care. A clear mandate to provide treatment was the single strongest predictor of providing tobacco treatment, trumping staff attitudes toward providing tobacco treatment.

- a. **Richter KP**, Choi WS, McCool RM, Harris KJ, Ahluwalia JS. Smoking cessation services in U. S. methadone maintenance facilities. Psychiatr Serv. 2004 Nov;55(11):1258-1264.
- b. Friedmann PD, Jiang L, **Richter KP**. Cigarette smoking cessation services in outpatient substance abuse treatment programs in the United States. J Subst Abuse Treat. 2008;34(2):165-172. PMCID: PMC3689419
- c. *Hunt JJ, Gajewski BJ, Jiang Y, Cupertino AP, **Richter KP**. Capacity of US drug treatment facilities to provide evidence-based tobacco treatment. Am J Public Health. 2013 Oct;103(10):1799-801. PMCID: PMC3780744

Complete List of Published Work in MyBibliography (please copy & paste into browser window)
<https://www.ncbi.nlm.nih.gov/sites/myncbi/1NYobk4jMMIkN/bibliography/42414786/public/?sort=date&direction=ascending>

D. Research Support

Ongoing Research Support

3P30CA168524-06S1
 NIH/NCI

Richter (Project PI)

02/01/2016-01/31/2021

Systems Changes, Registries, And Implementation Protocols For Treating Tobacco In Cancer Care (SCRIPTT-CC)

This 2-year P-30 supplement is to assess the current state of tobacco treatment in our NCI Designated Cancer Center, integrate tobacco treatment into all aspects of operation, and evaluate the effects of these efforts.

Kansas Health Foundation

Faseru (PI)

05/01/16-04/30/19

Building Kansas Capacity to Address Tobacco Dependence Among People with Mental Illness via Tobacco Treatment Training and Pharmacy Culture Change

This statewide project provides Tobacco Treatment Specialist training to behavioral healthcare professionals and pharmacists in evidence-based tobacco treatment for people with mental illness.

Role: Co-Investigator

R01HL131512

Richter (PI)

02/01/2016-01/31/2021

NIH/NHLBI

Changing the Default for Tobacco Treatment

A five-year randomized, controlled trial to examine the effectiveness of proactive, opt-out tobacco treatment for all smokers versus opt-in care for smokers who are ready or willing to quit. The study is conducted in a large academic hospital among 1000 participants. Smokers are randomly selected to participate in the trial, are randomized to receive opt-out versus opt-in care, and provide delayed consent for study participation to ensure a real-world test among a full range of smokers, regardless of readiness to quit.

Richter / Ellerbeck (Co-PI's) 09/01/2006-08/30/2018

University of Kansas Hospital

UKanQuit at KUMed

Inpatient Smoking Cessation Service

This ongoing contract provides bedside smoking cessation consultation for hospital inpatients. UKanQuit has served over 14,000 patients since 2006, and has served as the platform for numerous NIH-funded studies and quality improvement projects.

Completed Research Support (Selected)

CER-1306002901

Ellerbeck (PI)

03/24/2014-03/23/2017

Patient-Centered Outcomes Research Institute

Smoking Cessation versus Long-term Nicotine Replacement Among High-risk Smokers

Compare the benefits of traditional smoking cessation versus guided maintenance with nicotine replacement for smokers with COPD.

Role: Co-Investigator

R13 DA015046

Richter (PI)

07/01/2012-06/30/2017

NIH/National Institute on Drug Abuse

AMERSA Annual National Conference

This project was a conference grant supporting the Annual National Conference of the Association for Medical Education and Research in Substance Abuse (AMERSA). See: www.amersa.org

**K23 DA025736

Nahvi (PI)

09/01/2010-08/31/2015

NHI/National Institute on Drug Abuse

Varenicline Smoking Cessation Treatment For Methadone Maintenance Patients.

The objective of this application was to evaluate varenicline as a cessation aid and to explore methods for ensuring adherence to varenicline to optimize cessation outcomes.

Role: Co-Mentor

U01 HL105232

Richter (PI)

09/20/2010-12/31/2014

NIH

Increasing Post-discharge Follow Up Among Hospitalized Smokers

Our objective in this application was to determine the relative effectiveness, and cost-effectiveness, of warm handoff versus fax referral in linking hospitalized smokers with quitline services at discharge. Outcomes included a) enrollment in quitline services, cessation outcomes, and cost-effectiveness.

R01 HL087643

Richter (PI)

08/01/2008-07/30/2014

National Institutes of Health

Telemedicine for Smoking Cessation In Rural Primary Care.

A four-year randomized, controlled trial to examine the effectiveness of telemedicine-delivered smoking cessation counseling versus telephone counseling in rural primary care practices. The telemedicine arm delivered expert counseling via web cameras mounted on desktop computers in rural primary care offices. After enrollment, participants in groups received 4 sessions of either video tele-counseling or telephone counseling. Study outcomes were measured at 12-months post-enrollment.