



## : Program Summary



UNIVERSITY OF OTTAWA  
HEART INSTITUTE

INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL  
FOR SMOKING CESSATION  
IN PRIMARY CARE

MODÈLE D'OTTAWA  
POUR L'ABANDON DU TABAC  
EN SOINS PRIMAIRES

“ Helping patients who smoke to quit is the most important intervention a clinician can provide – bar none.”

- Andrew Pipe, MD, CM  
Chief, Division of Prevention  
and Rehabilitation, University  
of Ottawa Heart Institute

## AN EVIDENCE-BASED, SYSTEMATIC APPROACH TO ADDRESSING TOBACCO USE IN PRIMARY CARE CLINICS

The Ottawa Model for Smoking Cessation (OMSC) is a simple, systematic approach for addressing tobacco use with smokers and for supporting successful quitting using the best available evidence-based treatments. It is easy to use and emphasizes interdisciplinary collaboration to permit even busy, fast-paced primary care clinics to adopt the program without any noticeable impact on daily flow.

Though the OMSC was originally developed for use in the hospital setting, it has since been adapted for application in primary care settings. It continues to evolve, and strives to offer clinicians across Ontario and Canada an effective model for addressing tobacco use.

## WHY MAKE SMOKING CESSATION A PRIORITY IN PRIMARY CARE SETTINGS?

**Tobacco use is the single largest preventable cause of death.** Tobacco use is a major risk factor for each of the leading chronic diseases, including cancer, heart disease, stroke, and respiratory illness.

**Smoking cessation is the most powerful preventative intervention available.**

There is an abundance of evidence regarding the distinct health benefits associated with quitting. If your patients smoke, helping them to quit is far more important to their health than many other common preventative treatments delivered in primary care settings.

**12% to 30% of patients seen in primary care practices in Ontario smoke.**

**Most smokers want to quit.** More than 60% of smokers want to quit, 40% will make at least one attempt to quit each year, but only 5% will be successful without assistance.

**Most smokers are not using the best available supports for quitting.** Smokers who try to quit with the help of best practice counselling and cessation medications will experience 2 to 4 times the success with quitting compared to those who try to quit cold turkey.

**Clinicians have not been intervening with smokers at optimal rates.** Statistics show that healthcare professionals have been better at asking and advising (40%-57%) than at intervening (less than 20%) with patients about smoking.

Smokers who try to quit with the help of best practice counselling and cessation medications experience **2 to 4 times** the success with quitting long term.





## WHY DOES THE PROGRAM WORK?

**Advice from a health professional can increase success with quitting by up to 30%.** The simple and systematic nature of the program facilitates the crucial role that clinicians can play in motivating their patients to make a quit attempt. It enables health professionals to determine and document patient smoking status at each clinic visit, and helps them to provide advice to quit and offer support with quitting to all identified smokers.

**Patients receive evidence-based treatments when quitting.** The combination of brief strategic counselling and first-line pharmacotherapies can double or quadruple the chances of achieving long-term success with quitting among patients.

**Ongoing support is available for patients attempting to quit.** The Smokers' Helpline will complement the support patients receive in your clinic setting and ensure that they have the assistance they need to be successful with quitting between clinic visits.

**Regular feedback on clinic and provider performance and quality improvement cycles is provided.** As part of the program, clinicians will receive regular feedback reports on their performance against benchmarks for Asking, Advising and Acting.

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### THE OTTAWA MODEL FOR SMOKING CESSATION

- Identify smoking status of all patients at each clinic visit
  - Clear, strong, personalized advice to quit
  - Support making a quit attempt (brief counselling, pharmacotherapy, quit date, self help)
  - Follow-up support
- 

# WORKING TOGETHER TO HELP PATIENTS QUIT

## BACKGROUND

### OMSC FOR HOSPITALIZED SMOKERS

The OMSC was first implemented at the University of Ottawa Heart Institute (UOHI) in 2002. Since then, the UOHI has used the OMSC to deliver brief smoking cessation interventions to 98% of patient smokers who are admitted to hospital. The approach has resulted in a 50% increase in the number of smokers who were able to quit long term. Based on the success of the OMSC, the program has expanded to hospitals across Ontario and Canada, and, in 2010, the OMSC is in place in nearly 70 hospitals nation-wide.

### OMSC IN PRIMARY CARE CLINICS

In 2009, the OMSC was adapted for use in busy primary care clinics. This adaptation of the program included the revision of protocols and tools to meet the needs of primary care clinicians as well as the customization of provider education and patient follow-up supports.

A total of eight primary care practices in the Champlain Local Health Integration Network were involved in the pilot program. The eight sites included Family Health Teams and Groups and one Community Health Centre. Evaluation data from the Primary Care Pilot Program showed a significant increase in the number of patients who received advice to quit and assistance with quitting. See Figures 1 and 2.

Figure 1: A significant increase in the number of smokers receiving 3As (Ask, Advise, Assist) on the day of their last clinic visit following implementation of the OMSC [\* =  $p < 0.01$ , \*\* =  $p < 0.001$ ].

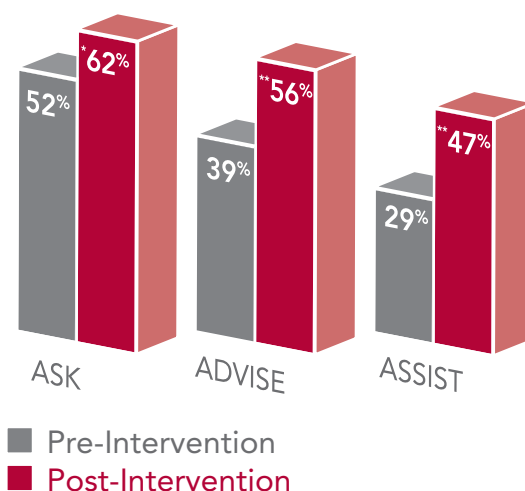
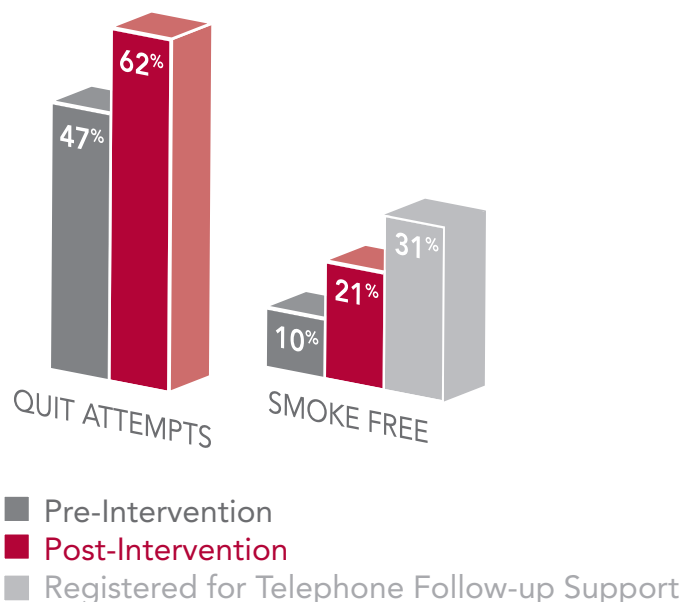


Figure 2: A 15% increase in the number of quit attempts and 10% increase in smoking abstinence among smokers who were ready to quit was documented as part of the OMSC in Primary Care Pilot Program.



# THE OMSC IN PRIMARY CARE

## ASK, ADVISE, ACT

The OMSC in Primary Care is easy to use and emphasizes **interdisciplinary collaboration** and **routinization** to permit even busy, fast-paced primary care clinics to adopt the program without any noticeable impact on daily flow.

30

SECONDS

Reception/  
Triage Nurse

### ASK AND DOCUMENT

Include tobacco use question as one of the patient's vital signs

*Have you used any form of tobacco in the last 7 days?*

2

MINUTES

Physician/Nurse  
Practitioner

### ADVISE AND REFER

Provide strong, personalized, non-judgmental advice to quit with offer of support

10-20

MINUTES

Smoking Cessation  
Counsellor (Nurse, NP,  
Pharmacist, RRT)

### ACT

For Patient who is **READY TO QUIT**:  
QUIT PLAN VISIT

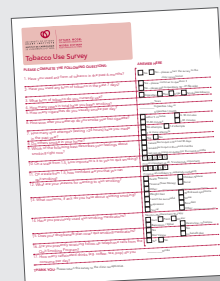
- Strategic counselling
- Pharmacotherapy
- Follow-up/Smokers' Helpline

For Patient who is **NOT READY TO QUIT**:

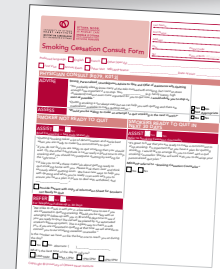
- Follow-up/Smokers' Helpline

## OTTAWA MODEL PRACTICE TOOLS FOR PRIMARY CARE

These tools have been developed to support the integration of best practices for smoking cessation into your busy clinic. As required, we will work with you to customize the tools to meet the specific needs of your clinic.

A form titled 'Tobacco Use Survey' with various checkboxes and text fields for recording patient information and survey results.

Tobacco Use Survey

A form titled 'Smoking Cessation Consult Form' with sections for patient history, assessment, and intervention planning.

Smoking Cessation  
Consult Form



Quit Plan for  
Smokers Ready  
to Quit



Booklet for Smokers  
Not Ready to Quit

## SUPPORTS PROVIDED

As part of a partnership with selected sites, the UOHI Team will support the adoption, implementation, and evaluation of the OMSC in Primary Care and will provide tools ensuring successful roll-out of key program components, including:

Training in the latest evidence-based approaches for smoking cessation (CME accredited);

Coaching and facilitation support to adapt the OMSC to the clinic setting as well as assistance with implementation activities;

Practice tools to assist with integrating best practices into clinic routines;

Quit Plan booklets for patients ready to quit;

Links to resources to support smokers ready to quit between visits to the clinic;

Regular performance feedback reports measuring the achievement of benchmarks for smoking cessation.

## A STEP-BY-STEP PLAN FOR INTRODUCING THE OMSC INTO YOUR CLINIC SETTING

The UOHI Team will work with each selected primary care clinic to better understand current routines and to determine how to systematize the delivery of evidence-based, best practice guidelines for smoking cessation in everyday practice. UOHI will assist each partner site to translate these guidelines into action and to meet their long-term program objectives using key activities, which are outlined on the next page.

## KEY PROGRAM ACTIVITIES

### Phase 1 - Program Introduction

The UOHI Team will attend a meeting at each site to introduce the OMSC in Primary Care and program activities to administrative and clinical leads. The Team will assist each clinic in forming a Task Force and in selecting champions to assist in the development, implementation, and evaluation of a smoking cessation protocol within their practice.

### Phase 2 - Baseline Assessment

The purpose of the baseline assessment is to collect data on current clinic smoking cessation practices. Collecting the baseline data will be instrumental in determining how effective the intervention has been, which areas require improvement, and what steps need to be taken to better understand the clinic's **patient needs** and address any **service gaps**.

### Phase 3 - Planning Clinic Tobacco Control Protocol

Members of the UOHI Team will work with the interdisciplinary Task Force over a two- to three-month period to establish interdisciplinary roles and responsibilities and to integrate key components of the OMSC in Primary Care into a clinic-specific patient flow sheet. Key components include:

- Smoking Status Documentation
- Strong, Personalized Advice to Quit
- Treatment (Counselling and Pharmacotherapy)
- Follow-up

**Evidence-based tools** such as the *Tobacco Use Survey*, *Smoking Cessation Consult Form*, and *Quit Plan* will be provided to facilitate the efficient integration of best practices for smoking cessation into each busy clinic. We will work together with all of our partners to ensure seamless EMR integration of these tools.

### Phase 4 - Training

A tailored, CME-accredited workshop on contemporary approaches to smoking cessation will be held for all physicians, nurses, allied health professionals, and administrative staff working in partnered clinics. The workshop will be delivered by a team from UOHI and will address the latest evidence regarding effective treatment to address tobacco use and support quitting with patients. A more in-depth Smoking Cessation Workshop is available for providers who will be involved as the Smoking Cessation Counsellors for the clinic.

### Phase 5 - Program Implementation ("Go Live" Date)

Once all of the program preparation has occurred, the clinic will begin implementing the OMSC in Primary Care protocol. Using a Plan-Do-Study-Act approach, progressive implementation can be established (if required) to iron out process issues that may arise.

### Phase 6 - Post-Assessment and Ongoing Quality Improvement

As a post-implementation **evaluation**, the UOHI Team will work with each site to conduct a follow-up assessment following the "Go Live" date. Also, regularly throughout the following year, we will encourage each site to conduct internal audits to ensure that protocol is being implemented as intended, and provide the Task Force and clinicians with quarterly, **performance outcome** feedback on program effectiveness (both process and impact).

### Phase 7 - Sustaining the Program

Annually after the "Go Live" date, our Team will work with each clinic to address areas requiring attention and to make adjustments based on identified needs. We will assist each team in implementing ongoing quality improvement plans for the OMSC in Primary Care; **performance benchmarks** will also be set to ensure long-term sustainability. Sharing results, both internally and externally, and identifying opportunities for ongoing education and for the provision of targeted feedback to patients and clinicians will be vital during this phase.



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For more information, visit:

[www.ottawamodel.ca](http://www.ottawamodel.ca)

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