Ottawa Model for Smoking Cessation in Ontario Primary Care Teams: Annual Report 2013-14

August 2014

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OTTAWA MODEL FOR SMOKING CESSATION IN PRIMARY CARE TEAM

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Program Partners

Smokers' Helpline

Heart and Stroke Foundation of Ontario

Program Funding Partners

Ontario Ministry of Health and Long Term Care (2013-2015)

Heart and Stroke Foundation of Ontario (2010-2013)

Pfizer Canada (2010-2013)

OTTAWA MODEL FOR SMOKING CESSATION PRIMARY CARE PARTNERS

East Wellington FHT
Maple FHT
Clarence Rockland FHT
Queen's FHT
Whitewater Bromley CHC
Credit Valley FHT
Somerset West CHC
Rainbow Valley CHC
Upper Grand FHT
New Vision FHT
Wise Elephant FHT
The Ottawa Hospital FHT (Riverside)
The Ottawa Hospital FHT (Civic)
Old South (Thames Valley FHT)
West London (Thames Valley FHT)
Whitehills (Thames Valley FHT)
Windemere (Thames Valley FHT)
Woodstock (Thames Valley FHT)
Strathroy FHO (Thames Valley FHT)
Strathroy MC (Thames Valley FHT)
Ilderton (Thames Valley FHT)
Forest City (Thames Valley FHT)
Napanee CHC
Queen's FHT Belleville
Arnprior FHT
Chatham-Kent CHC
Guelph FHT
Hamilton FHT
Kingston FHT
Lakelands FHT
Loyalist FHT
Belleville & Quinte West CHC
Dufferin Area FHT (Shelbourne site)
CANES FHT
Glengarry NP Led Clinic
North Durham FHT
North Renfrew FHT
Ottawa Valley FHT
Petawawa Centennial FHT
Sharbot Lake FHT
Thamesview FHT
Trent Hills FHT
Upper Canada FHT
West Durham FHT
Connexion FHT
Westend Family Care Clinic FHT
West Carleton FHT
Blue Sky FHT
Sandy Hill CHC
Athens District FHT
Beamsville Medical Centre FHT
West Champlain FHT
CPHC - Community FHT
Family First FHT
Lower Outaouais FHT
Montfort Academic FHT
Prince Edward FHT
Rideau FHT
University of Ottawa Health Services FHT
Manotick Medical Centre
Greenboro Family Medicine Centre
St. Lawrence Medical Centre
South East Grey CHC
South East Ottawa CHC
Access Alliance CHC
Centre de Sante Communautaire de l'Estrie
Woodbridge FHT
West Park FHT
Sudbury District NP Clinics

THE STATS:

A Primary Care Physician's **advice to quit** has been shown to increase motivation to quit by 40%.

Executive Summary

The Ottawa Model for Smoking Cessation (OMSC) is an Ontario-based, quality improvement program for addressing tobacco addiction in busy primary care practices using evidenced-based approaches that increase the patient's success in quitting smoking. The University of Ottawa Heart Institute (UOHI) houses the project management team responsible for the Ottawa Model for Smoking Cessation in Primary Care Program and our sister program in Hospitals.

The Ottawa Model for Smoking Cessation network partners now includes more than 60 Ontario Primary Care Teams including Family Health Teams (FHTs), Community Health Centres (CHCs), and most recently expanded to Nurse Practitioner-Led clinics (NPLCs). In combination, these clinics have intervened with more than 55,000 patients who smoke and delivered more than 16,000 quit plan visits since 2010.

Tobacco use is the leading cause of preventable disease and is the 2nd largest cost driver of health care spending in Ontario. Ontario's primary care teams have taken a leadership role in addressing tobacco addiction within their clinical practices. The Ottawa Model partnership provides support to teams in establishing a high quality tobacco treatment protocol and addressing common barriers to ensure optimal program reach. Together we have created a practice community that is committed to developing innovative solutions to supporting Ontario residents with quitting. The program is funded as part of the Ontario Ministry of Health and Long Term Care's Smoke Free Ontario Strategy. We also thank the Heart and Stroke Foundation of Ontario and Pfizer Canada who have been involved as funding partners since 2010.

This report provides a summary of milestones and achievements in 2013-2014, as well as the cumulative reach of the program since its launch in 2010.

60 ONTARIO PRIMARY CARE TEAMS ARE NOW PARTNERED IN THE OTTAWA MODEL FOR SMOKING CESSATION

2013-14 Highlights:

- The OMSC in PC Network currently consists of 60 partner primary care organizations (44 FHTs, 11 CHCs, 2 Nurse Practitioner-Led Clinics, 3 FHOs), with more than 150 primary care clinic locations operating in 48 cities across 12 LHINs in Ontario. OMSC Partner Clinics include almost 700 physicians and more than 130 nurse practitioners supported by over 280 nurses and more than 30 pharmacists. Altogether, these clinics serve more than 725,000 rostered patients.

- In 2013-14, the Ottawa Model for Smoking Cessation expanded to 15 new primary care teams. One of our new partner FHTs, the Thames Valley Family Health Team (London), is one of Ontario's largest Family Health Teams. The Thames Valley "Super FHT" includes 9 Family Health Organizations with a total patient population of 111,000.

- For the 2013-2014 period, the network of OMSC Primary Care Teams delivered advice to quit to more than 23,000 patients who smoke, delivered more than 5,000 Quit Plan Visits, and referred more than 2,300 patients to the OMSC-Smokers' Helpline Telephone/Email Follow-up program.

- In 2013-14, 280 providers received tobacco treatment training through the OMSC in Primary Care Continuing Medical Education (CME) Events and Counselor Workshops. Almost 1200 primary care providers have participated in the Ottawa Model training since the program's launch in 2010.

- For patients referred to the Follow-up Program, more than 56% of patients reached reported being smoke-free at two months (26% using intention to treat method in which individuals not reached are classified as smokers).

Program Innovations

- **Smokers' Helpline Partnership:** We are extremely proud of the partnership established with Smokers' Helpline to co-deliver the telephone follow-up to patients referred by primary care partner teams. This process includes an e-referral system which has been set up in Electronic Medical Record (EMR) of all partner clinics which allows for a one click referral to Smokers' Helpline. Outcome data collected during follow-up contacts are captured in our program database and reported back to primary care providers.

- **Electronic Medical Records (EMR) Supports:** The Ottawa Model for Smoking Cessation has worked over several years to support teams with a suite of customized EMR solutions to support rapid documentation and tobacco treatment reminders. Solutions have been created for six EMRs used by Ontario FHTs, CHCs, and NPLCs including X-Wave, Practice Solutions, Nightingale on Demand, and others. Work continues to optimize the functionality of EMR systems to improve efficiencies. Many of our partner teams have played leadership roles in the design and refinement of these Ottawa Model tools which have been shared with other Ontario Teams. In 2014-15 we will be introducing a new Nightingale EMR Ottawa Model solution, which is one of two EMRs used by Ontario CHCs. We have also recently partnered with Fig. P. Software Incorporated, a technology partner, to further optimize EMR tools to support tobacco treatment delivery, introduce further automation, and facilitate data sharing.

- **Motivating Patients Not Ready to Quit:** Increasing the rates at which physicians deliver brief "Advice" to quit has been identified as a quality improvement priority for our program. In 2013, we introduced a new two-hour coaching program directed at Family Physicians and Nurse Practitioners working in OMSC Partner clinics. The coaching program focuses on teaching six skills for addressing tobacco use with patients not motivated to quit. A total of ten teams, and more than 200 primary care providers, participated in the coaching sessions in 2013-14. The sessions have been extremely well received and a randomized controlled trial evaluation is underway to determine impacts of the coaching program on rates of provider "Advise".

- **OMSC Primary Care Quality Improvement Plan (QIP) Toolkit:** In 2013, we introduced a new Ottawa Model in Primary Care Annual Quality Improvement Process and Toolkit. The toolkit includes

a new OMSC Best Practice Checklist, an Annual Quality Improvement Plan template, and a Ministry of Health and Long Term Care Quality Improvement Plan (QIP) template that can be used by teams when preparing their report. . In 2014, we began supporting the rollout of the Quality Improvement Toolkit with OMSC partner teams who have been involved in the program for over a year. We will focus on working with teams in 2014-15 to establish annual Quality Improvement Plans to expand the reach and quality of tobacco treatment delivery in their practice settings.

Delivering on Ontario's Health Action Plan

- The Ottawa Model for Smoking Cessation in Family Health Teams (FHTs) directly supports the goals of the Ontario Health Action Plan by addressing tobacco use, strengthening FHTs, and improving the management of complex patient care.

- The OMSC quality improvement model is also well-aligned with the Ontario's Quality Management agenda and will support the Excellent Care for all Act in primary care including the development of quality improvement plans, quality measurement and evaluation, and continuous quality improvement programs anchored in the Triple Aims: better health outcomes, enhanced patient care experience, and cost-containment.

- The OMSC in FHTs assists with processes and systems to support ongoing evaluation of the effectiveness of this service and its contribution to continuous quality improvement and offers Ontario a best practice model for chronic disease prevention program with established efficacy.

OMSC RECOGNIZED ON 2013 HONOUR ROLL FOR MINISTER'S MEDAL HONOURING EXCELLENCE IN HEALTH QUALITY AND SAFETY

The OMSC program was recently recognized on the 2013 Honour Roll for the ***Minister's Medal Honouring Excellence in Health Quality and Safety.*** The OMSC Program was one of 7 quality improvement initiatives that made the Honour Roll, in recognition of outstanding performance across the Medal criteria which emphasizes collaboration, improvement in outcomes, and value for quality care.

Ottawa Model for Smoking Cessation in Primary Care DASHBOARD

PERFORMANCE METRIC	2010-14	2013-14			
	Total	Total	FHTs	CHCs	NPLCs
OMSC Primary Care Partners					
# of primary care teams partnered in OMSC program	60	15	7 (15 FHOs)	6	2
# of OMSC primary care clinic sites	156	30	17	10	3
Staff trained in evidence-based smoking cessation					
# of CME[1] events (MD/NPs)	38	8	5	3	0
# of Smoking Cessation Counsellor Workshops	39	10	7	3	0
# of staff trained	345	85	54	31	0
# of MD/NPs who completed CME Training	826	280	239	41	0
Total # of staff trained	1,171	365	293	72	0
Program Reach (3As)					
# of Patients Screened (ASK)	465,351	217,677	212,856	4,821	-
# of tobacco users Advised to Quit (ADVISE)	55,196	27,134	25,803	1,331	-
# of Quit Plan Visits (ACT)	16,625	5,721	5,574	147	-
# of patients who agreed to be followed by UOHI/SHL	8,518	2,312	2,245	67	-
Quit Rates - Patients referred to UOHI/SHL Follow-up					
30 Day Smoking Abstinence					
Quit Rate - Patients Reached	53%	57%	57%	62%	-
Quit Rate - All Patients	30%	29%	29%	34%	-
60 day Smoking Abstinence					
Quit Rate - Patients Reached	52%	56%	56%	69%	-
Quit Rate - All Patients	27%	26%	25%	40%	-

[1]CME: Continuing Medical Education

The Ottawa Model for Smoking Cessation in Primary Care

The Ottawa Model for Smoking Cessation (OMSC) is a nationally recognized, quality improvement program for addressing tobacco addiction in busy clinical environment using evidenced-based approaches that increase the patient's success in quitting smoking. The University of Ottawa Heart Institute (UOHI) houses the project management team responsible for the Ottawa Model for Smoking Cessation in Primary Care Program and our sister program in Hospitals.

The Ottawa Model for Smoking Cessation in Primary Care Network has now reached more than 55,000 smokers, based on extrapolated EMR data submitted by the majority of clinics, with more than 16,000 quit plan visits delivered, and more than 8,500 patients registered in the telephone/email Follow-up Support program jointly delivered by Smokers' Helpline and the 'Ottawa Model'.

The 3As Model - Transforming Clinical Practice to Address Tobacco Addiction

The OMSC in Primary Care Program works with Ontario primary care partner teams to establish a simple, systematic tobacco control protocol to identify and document the smoking status of all patients, and links those ready to quit to strategic counseling, evidence-based medications, and follow-up support during the patient's quit attempt. The program is based on the 3As model (Ask, Advise, Act). A team-based approach is used in which nurses, physicians, nurse practitioners, and allied health professionals are all have a role in the delivery of the tobacco treatment protocol.

Figure 1: The 3As Model (ASK, ADVISE, ACT) for Implementing the Ottawa Model for Smoking Cessation in Primary Care

OTTAWA MODEL PARTNER TEAMS – QI ACTIVITIES

Each of our OMSC partner sites are provide tools and supports to ensure successful program implementation including:

- Training in the latest evidence-based approaches for smoking cessation (CME accredited);
- Support conducting an assessment of current tobacco control practices and a survey of patients before and after program implementation to document program impact;
- Coaching and facilitation support to adapt the OMSC program to the clinic setting;
- Support creating a tobacco treatment protocol for the clinic;
- Practice tools to assist with integrating best practices into clinic routines, including electronic documentation;
- Quit Plan Booklets for patients ready to quit and counsellor tools & training for delivering a Quit Plan Visit;
- Links to community supports for patients ready to quit between clinic visits (i.e., OMSC Smoker's Follow-up Program);
- Regular performance feedback reports measuring the achievement of benchmarks for smoking cessation;
- Support creating an annual quality improvement plan to enhance the program's success.

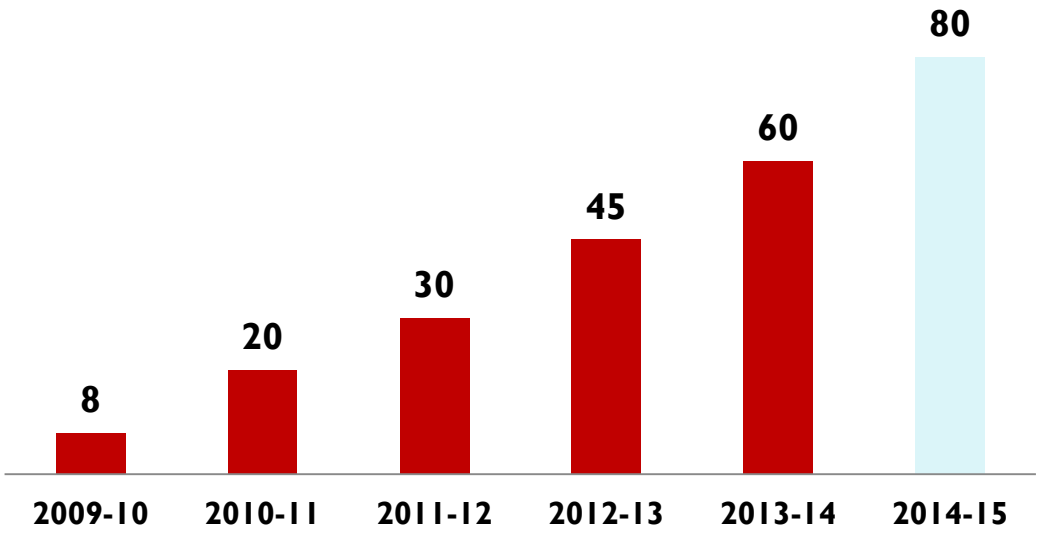
Each OMSC Partner Team has established a Smoking Cessation Task Force and identified a leadership team including Physician and Nurse Champions for Smoking Cessation. Executive Director and Clinician Leadership has been an important part of the OMSC program's success. Primary Care leadership has assisted with establishing tobacco treatment as a priority within the primary care team and identifying clinical responsibilities for delivery of tobacco treatment within existing clinical workflow. This commitment has helped thousands of Ontario tobacco users quit. The compelling evidence supporting the importance of assisting our patients with addressing tobacco use motivates partner teams in ensuring the ASK, ADVISE, AND ACT model is delivered to patients.

PERFORMANCE REPORT

OMSC Primary Care Partners

The OMSC in PC Network currently consists of 60 partner primary care organizations (44 FHTs, 11 CHCs, 2 Nurse Practitioner-Led Clinics and 3 FHOs), with more than 150 primary care clinic locations. OMSC Partner Clinics include almost 700 physicians and more than 130 nurse practitioners supported by 286 nurses and more than 30 pharmacists who serve more than 725,000 rostered patients. Figure 2 shows the growth of the program since 2009/10.

Figure 2: Number of Primary Care Teams Partnered in the Ottawa Model

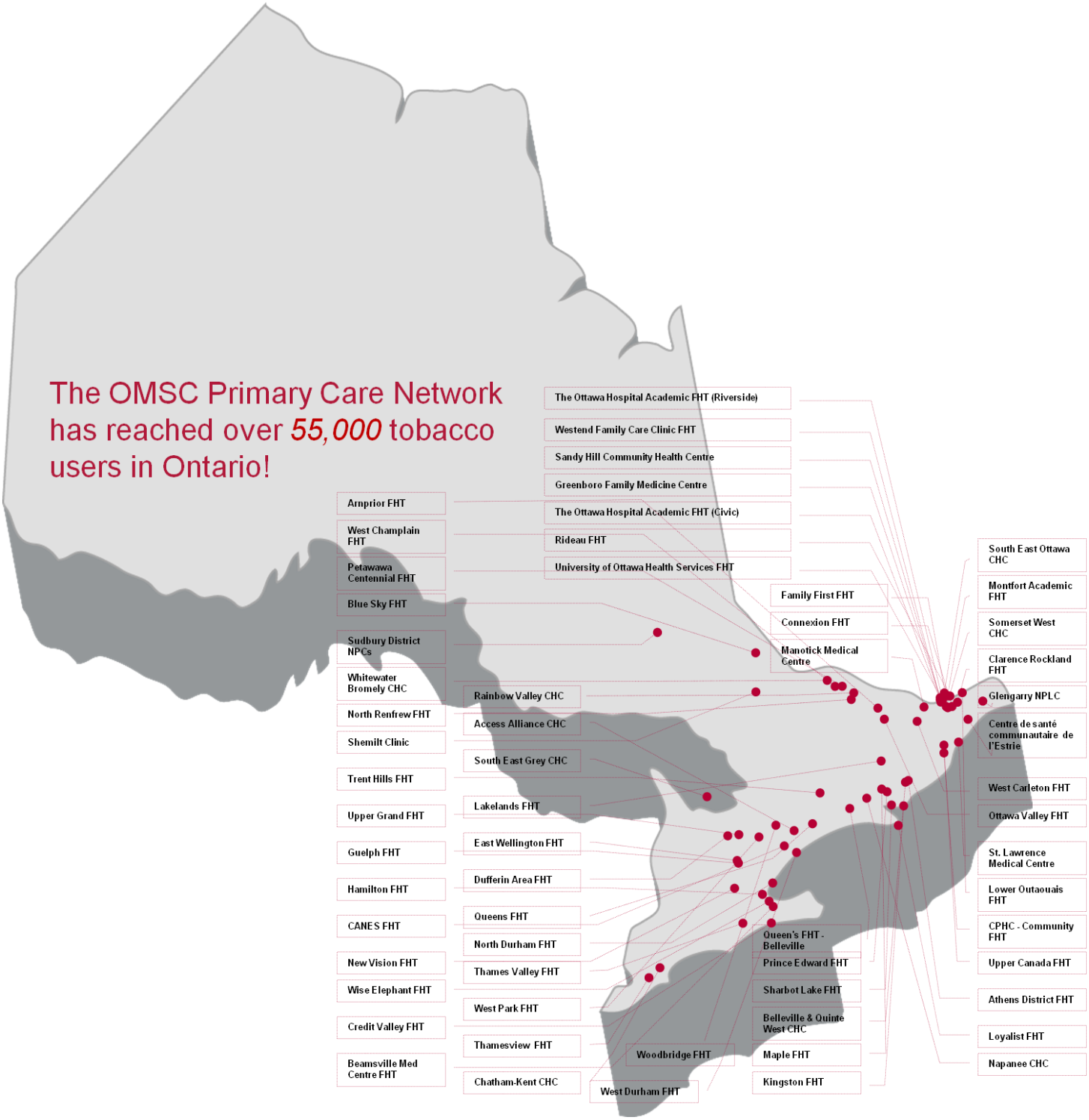


The OMSC Partner clinics are operating in 48 cities across 12 LHINs in the province of Ontario. Below is the list of LHINs with the number of partner clinics within each LHIN.

Local Health Integration Network (LHIN)	Number of teams
Champlain	26
South East	13
South West	10
Central East	3
Central West	3
Central	1
Erie St. Claire	2
Hamilton-Niagara	2
Mississauga-Halton	1
North East	2
Central	1
Toronto Central	2
Waterloo-Wellington	4

OMSC PARTNER TEAMS

The OMSC is currently partnered with over 60 Primary Care practices in Ontario, including Family Health Teams and Community Health Centres.



Training

To date, a total of 39 OMSC 1-day Smoking Cessation Workshops have been held and 38 3-hour Continuing Medical Education (CME) Events have been delivered. During this process, almost 1200 health professionals were trained to deliver the various patient-intervention components of the OMSC program.

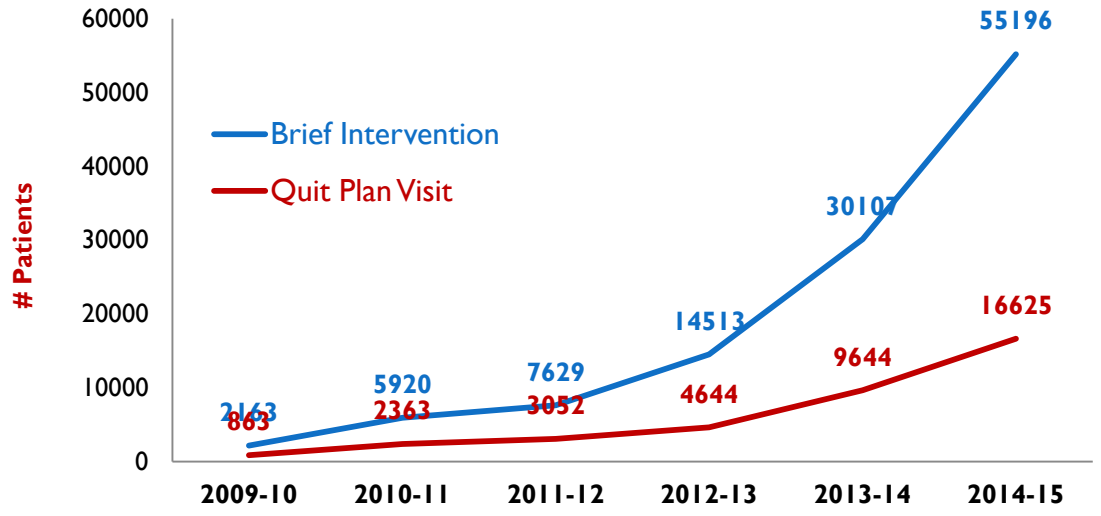
Program Reach

Table 1 provides a summary of the number of Ontario patients who received tobacco treatment. For the 2013-2014 period, the network of OMSC Primary Care Teams delivered advice to quit to more than 23,000 patients who smoke, delivered more than 5,000 of these Quit Plan Visits, and referred more than 2,300 patients to the OMSC-Smokers' Helpline Telephone/Email Follow-up program. Figure 3 displays the cumulative reach since 2009/10.

Table 1: Program Reach for Ask, Advise, and Act

Program Reach (3As)	Overall 2010-2014	2013-14
# of Patients Screened (ASK)	465,351	217,677
# of tobacco users Advised to Quit (ADVISE)	55,196	27,134
# of Quit Plan Visits (ACT)	16,625	5,721
# of patients who agreed to be followed by UOHI/SHL (ACT)	8,518	2,312

Figure 3: Number of patients who have received OMSC in Ontario Primary Care Teams

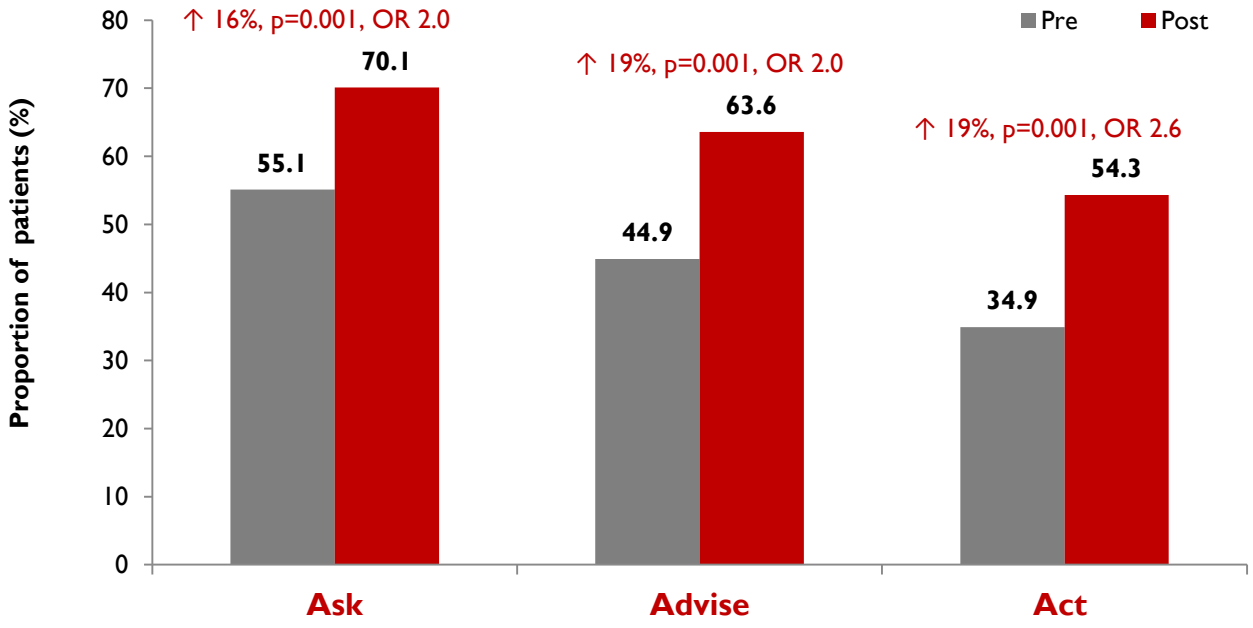


Delivery of Evidence-Based Smoking Cessation Treatments

Figure 4 presents the results of the pre-post implementation evaluation at the first 32 OMSC partner sites. There were significant improvements in all areas.

There was substantial variation by site in both baseline rates of delivery as well as performance achieved at the post-assessment. Several high performing sites were noted in which large practice changes of greater than 50% were documented, whereas other partner FHTs achieved moderate improvements in 5As delivery. Large changes in performance were most commonly found in FHTs with low baseline performance where there was the most potential for improvement. A summary of performance by FHT at the pre and post assessment is presented in Exhibit 1.

Figure 4: Provider performance in the delivery of evidence-based smoking cessation treatments by FHT before and after implementation of OMSC Program (32 teams, n=3,204)



Smoker's Follow-up Program

The outcome indicators are presented in Table 9. A total of 8,500 patients have been referred to the Smoker's Follow-up Program since 2010, with 2,312 referrals received in 2013-2014 from partner clinics.

Table 2: Referrals to UOHI Smoker's Follow-up Program

Indicator	Pilot	2010-11	2011-12	2012-13	2013-14	Overall
Patient Referred to F/U Program	472	472	1,172	1,850	2,312	8,518

Quit Rates

For patients referred to the Smoker's Follow-up Program, patients' smoking status at 30 and 60 days from the patient's quit date is assessed. For patients reached by the follow-up program, more than 50% are smoke-free at each time point (See Table 3). If the assumption is made that all patients who do not answer the phone/email have relapsed, a conservative 30% quit rate at Day 30 and 28% quit rate at Day 60 is provided. The real quit rate ranges between 30 to 50%.

Table 3: Patient Quit Rates 30 and 60 Days following their quit date

Indicator	Pilot	2010-11	2011-12	2012-13	2013-14	Overall
30-day Smoking Abstinence						
Quit Rate – Patients Reached	61%	60%	48%	47%	57%	53%
Quit Rate – All Patients	41%	38%	27%	25%	29%	30%
60-day Smoking Abstinence						
Quit Rate – Patients Reached	61%	56%	49%	48%	56%	52%
Quit Rate – All Patients	40%	33%	26%	23%	26%	27%

PROFILE OF PATIENTS

Characteristics of Tobacco Users

Table 6 provides a summary of patient characteristics measured during the pre-post assessments. Mean (SD) age was 47.7 (14.7) years, 38.1% were male, and mean (SD) daily cigarette consumption was 16.7 (10.4). Overall, 62.5% of participants reported smoking within the first 30 minutes of waking (a proxy for level of nicotine addiction) and 71.8% reported they were ready to quit smoking within the next 30 days to 6 months. Interestingly, 46% of patients reported having anxiety or depression.

Table 6: Demographic, health status, and tobacco use history of patients sampled

Parameter	Overall %
Age, mean (SD)	47.7 (14.7)
% Male	38.1
Years of formal education, mean (SD)	13.2 (2.8)
Smoking related illness, (%)	
Heart disease, heart failure, stroke	11.2
Diabetes	13.0
Cancer	3.5
Chronic Obstructive Pulmonary Disease (COPD)	9.1
Mental health history, n (%)	
Anxiety or Depression	45.7
Cigarettes/day, mean (SD)	16.7 (10.4)
Years smoked, mean (SD)	27.9 (15.1)
Time to first cigarette in the morning, %	
>60 minutes	19.6
31-60 minutes	17.8
5-30 minutes	34.8
<5 minutes	27.7
Readiness to quit, %*	
Ready in next 30 days	30.6
Ready in next 6 months	41.2
Not Ready	28.2

PROGRAM ENHANCEMENTS & INNOVATIONS

Integration of Follow-up Support Program with Smokers' Helpline

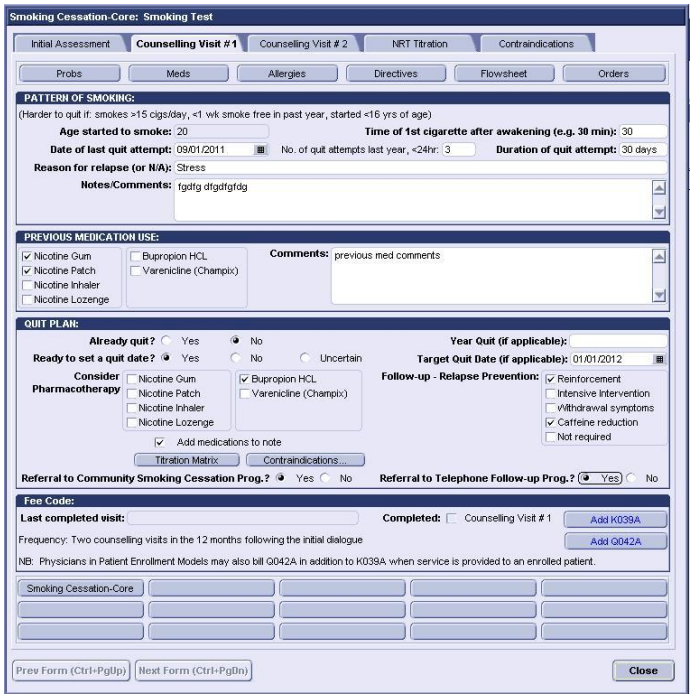
We have partnered with Smoker's Helpline (SHL) to co-deliver the telephone and email follow-up program. All partner clinics are able to refer patients to the follow-up support program. Patients will receive 5 contacts over the 2 month period following their quit date. The follow-up support is designed to prevent relapse to smoking and has been previously shown to increase quit rates by approximately 10%. Smokers' Helpline assists with collecting data on outcomes which are reported back to clinicians.

Integration of OMSC program into Electronic Medical Records

Solutions have been developed for all EMRs used across the OMSC Primary Care Network (with the number of sites using each EMR in brackets):

- Practice Solutions (25)
- OSCAR (5)
- Xwave – Bell Alliance (7)
- Nightingale (10)
- Purkinje (8) (all will be switching to Nightingale)
- Accuro (5)
- Jonoke (2)
- P&P Data Systems (4)

Figure 5: X-Wave Screen Shot – Smoking Cessation Consult Form



Work continues to optimize the functionality of EMR systems to improve efficiencies. Many of our partner Family Health Teams have played leadership roles in the design and refinement of these Ottawa Model tools which have been shared with other Ontario Teams. In 2014 we will be introducing a new Nightingale EMR Ottawa Model solution, which is one of two EMRs used by Ontario CHCs. We have also recently partnered with Fig. P., a technology partner, to further optimize EMR tools to support tobacco treatment delivery and introduce further automation and facilitate data sharing.

Figure 6: Practice Solutions EMR – Smoking Cessation Consult Form Screenshot

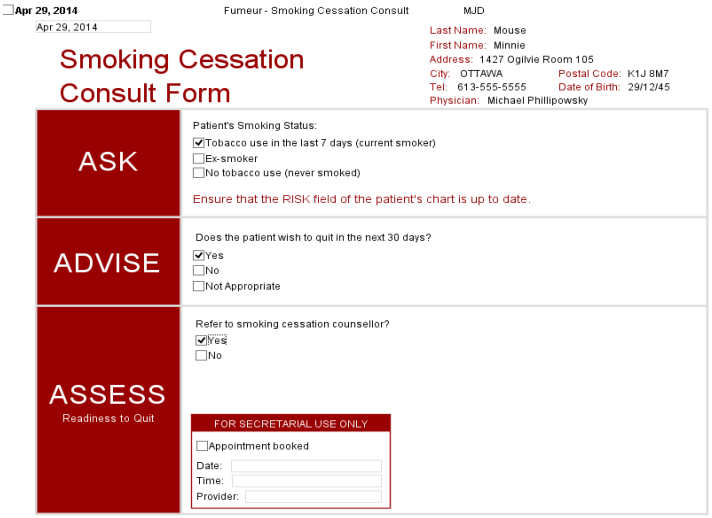
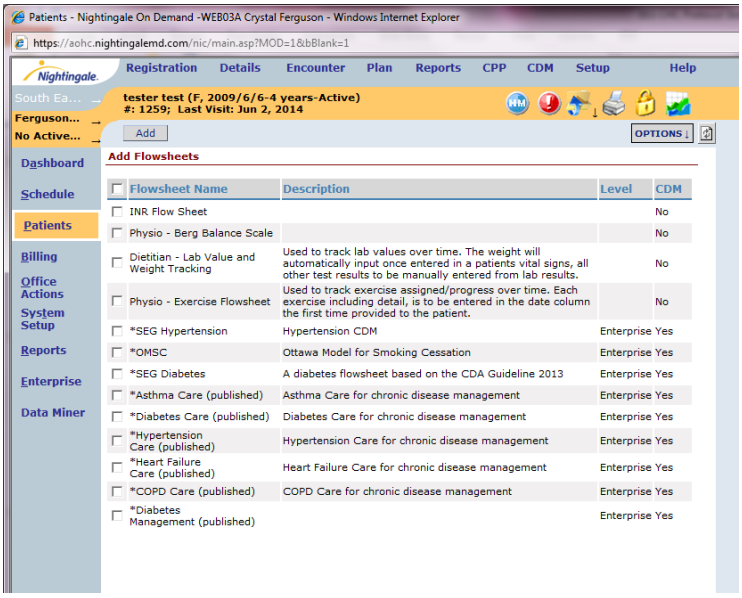


Figure 7: Nightingale EMR - Screenshot



OMSC Quality Improvement Plan (QIP) Toolkit

In 2013 we introduced a new Ottawa Model in Primary Care Annual Quality Improvement Process and Toolkit. The toolkit includes a new OMSC Best Practice Checklist, Annual Quality Improvement Plan template, and template for use by teams when preparing their Ministry of Health and Long Term Care Quality Improvement Plan (QIP). In 2014 we began supporting the rollout of the Quality Improvement Toolkit with OMSC partner teams who have been involved in the program for over a year and we will focus on working with teams in 2014-15 to establish annual Quality Improvement Plans to expand the reach and quality of tobacco treatment delivery in their practice settings.

Figure 8: OMSC BEST PRACTICE CHECKLIST & QIP TEMPLATE

BEST PRACTICES
(A) Strong Leadership & Champions
1. Smoking Cessation identiifed as a clinic prioritiy by management and staff
2. Clinic task force formed and Champions Identified (update contacts)
3. Program lead/coordinator identiifed (update contact)
(B) Evidence-based Practice
4. Tobacco use status documented for all clinic patients at each visit (or every 90 days) by RN/Medical Assistant
5. Real time flag to providers to deliver advice to quit
6. All patients advised to quit smoking and offered support with quitting
7. Dedicated staff to provide tobacco dependence treatment (Quit Plan Visits)
8. Process to follow-up tobacco users for 2-6 month after quit date in place
9. Cost-Free Medications available to patients (STOP)
10. Medical Directive in Place for First Line Pharmacotherapy (inclusive of High Dose NRT)
(C) Workflow
11. Clinic tobacco control protocol with **clearly defined roles** reviewed and **updated annually**
12. Latest OMSC EMR Tools in place & data miner/reporting functional
13. Latest OMSC materials readily available to patients and staff
(D) Skills & Training
14. Training tobacco dependence treatment offered to health care providers annually
(E) Quality Improvement
15. Quality improvement metrics (OMSC Metrics Report) collected and reviewed bi-annually
16. Annual Quality Improvement Plan (Clinic Targets and Action Plan)
17. Process to provide feedback to clinicians about performance in place
(F) Team Work & Communication
18. Keeping the Team Engaged & Celebrate Success (Regular updates to senior management, medical and clinic staff)
19. Include "MOHLTC QIP Template" in reporting submission to the Ministry of Health

2013/14

	AIM		MEASURE				CHANGE
	Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)
Program Implementation	ASK	TOBACCO USE DOCUMENTED FOR ALL CLINIC PATIENTS (AT LEAST EVERY 90 DAYS)	Patients with Documented/Updated Smoking Status: The number of patients with a documented Smoking Status (current, former, or never) in EMR for the period				Example: Improve ASK percentage by 15%
			Tobacco Prevalence in Period: Number (proprotion) of patients identified as 'current smokers' in the period				
	ADVISE	ALL PATIENTS RECEIVE BRIEF ADVICE TO QUIT WITH OFFER OF SUPPORT WITH QUITTING	Smokers Advised to Quit: The number of patients with 'Yes' documented on the OMSC Physician Consult Form or have form inputted on patient chart for the period				1) 2)
			Ready Smokers Referred to Quit Plan Visit: The number of patients who are Ready to Quit and referred to Counsellor				
	ACT	SUPPORTING PATIENT QUIT ATTEMPT USING EVIDNCE-BASED TREATMENTS	Scheduled Quit Plan Visits: Number of quit plan visits scheduled				1) 2)
			Completed Quit Plan Visits: Number of countable quit plan visits from the Counsellor calendar or the number of Smoking Cessation Counsellor Consults on patient charts)				
			Quit Smoking Pharmacotherapy Prescribed: Proportion of patients prescribed pharmacotherapy.				
			Enrolled in Follow-up: Proprotion of patients with quit plan visit who are being followed for at least 2 months (all follow-up options).				

PROGRAM GOALS FOR 2014-15

In 2014-15 the Ottawa Model in Primary Care Program will focus on the following areas:

1. Expand the overall reach of the OMSC in PC Network by an estimated 15,000-20,000 new smoking patients;
2. Expand the program to 25 new Primary Care Teams;
3. Support the completion of Annual Quality Improvement Plans (QIPs) in partner teams who have implemented the program for 6-months or longer;
4. Support partner teams with annual refresher training focused on patients not motivated to quit;
5. Optimization of OMSC EMR tools to simplify documentation and provide ease of EMR data collection.

Exhibit 1: Pre-Post Provider Performance in Delivery of Smoking Cessation Treatments OMSC for OMSC Program

Clinic	Time	% Ask	% Advise	% Assist	% Arrange Follow-up
A	Pre	35.7	35.7	16.7	0
	Post	72.5	72.5	50	6.4
B	Pre	47.4	47.4	31.6	8.6
	Post	49.2	49.2	36.8	10
C	Pre	61.5	61.5	32.1	7.3
	Post	67.2	67.2	43.3	17.5
D	Pre	59.4	59.4	42.4	18.8
	Post	46.7	46.7	39.7	23.8
E	Pre	53.6	32.1	28.6	12.5
	Post	68	65.3	55.1	9.6
F	Pre	54.7	38.1	10.9	4.8
	Post	65.6	58.3	50	11.5
G	Pre	53.8	41.5	26.4	10.9
	Post	68.2	58.5	53.8	20
H	Pre				
	Post				
I	Pre	38.4	21.9	19.2	6.8
	Post	47	34.8	30.3	12.1
J	Pre	43.5	44.4	39.7	14.5
	Post	55.1	56.6	53.6	21.7
K	Pre	33.9	25.0	20.3	3.3
	Post	74.5	59.6	50.0	14.6
L	Pre	70.7	69.0	58.6	10.3
	Post	47.8	56.6	34.8	17.4
M	Pre	42.4	39.4	27.7	12.1
	Post	62.3	58.4	48.7	21.1
N	Pre	65.8	40.5	47.4	2.7
	Post	85.3	76.5	70.6	24.2
O	Pre	48.0	28.0	32.0	16.0
	Post	70.3	61.6	54.8	26.0
P	Pre	61.8	40.3	30.6	1.7
	Post	100	56.5	55.7	15.7
Q	Pre	48.3	37.9	31.0	13.6
	Post	58.4	51.3	39.0	10.4
R	Pre	40.3	35.3	26.5	5.9
	Post	88.2	73.5	55.9	24.2
S	Pre	33.3	25.8	22.7	3.0
	Post	76.9	76.9	61.5	53.8
T	Pre	92.8	58.0	43.5	15.9
	Post	86.8	80.9	74.6	11.8
U	Pre	62.1	46.2	41.5	13.6
	Post	75.5	70.8	62.2	18.8
V	Pre	60.4	53.1	46.9	10.2
	Post	77.1	60.0	50.0	17.1
Q	Pre	42.4	29.3	20.3	3.4
	Post	67.6	68.9	62.2	29.7
R	Pre	50.9	45.5	35.2	7.8
	Post	58.6	64.3	49.3	1.4
S	Pre	48.6	39.1	21.4	4.3
	Post	66.2	60.9	51.6	21.9
T	Pre	49.2	48.4	38.5	12.3
	Post	77.4	75.0	73.6	28.3
U	Pre	57.1	61.9	52.4	23.8
	Post	80.8	74.0	51.4	15.1
V	Pre	83.7	87.8	68.8	22.9
	Post	92.9	88.6	75.7	10.1

Q	Pre	71.4	61.4	42.9	4.3
	Post	69.4	66.7	63.9	13.9
Clinic	**Time**	**% Ask**	**% Advise**	**% Assist**	**% Arrange Follow-up**
R	Pre	60	50	48.6	10
	Post	57.1	57.1	44.3	11.4
S	Pre	59.7	58.4	38.2	16.9
	Post	98.5	70.6	66.2	20.6
T	Pre	78	76.3	57.6	15.3
	Post	78.5	75.9	66.7	29.5
U	Pre	75	74.6	56.3	23.6
	Post	79.7	68.9	58.1	14.9
V	Pre	68.3	63.4	51.2	24.4
	Post	73.3	64.4	60	20
W	Pre	50.6	48.3	43.2	19.1
	Post	52.7	53.4	56.8	30.1
X	Pre	51.2	43	38.1	13.4
	Post	43.5	50	50	4.5
Y	Pre	47.9	37.2	30.4	6.4
	Post	63.6	69.7	57.6	33.3
Z	Pre	60.5	49.4	39.5	13.9
	Post	68.8	42.9	60.9	21
ZA	Pre	49.2	35.6	35.6	15.3
	Post	77.3	67.7	59.1	15.2
ZB	Pre	46.2	44.6	26.2	10.8
	Post	71.2	56.1	50.7	26.9
ZC	Pre	69	50	50	26.2
	Post	61.9	54.8	61.9	31.7
ZD	Pre	54.8	61.3	56.3	40.6
	Post				
ZE	Pre	26.7	21.7	18.3	6.8
	Post				
ZF	Pre	32.2	28.7	23.3	9.3
	Post				
ZG	Pre	48.8	41.2	39.3	8.2
	Post				
ZH	Pre	40.4	36	28.1	4.5
	Post				
ZI	Pre	56.9	47.1	42	15.7
	Post				
ZJ	Pre	52.9	56	52	9.8
	Post	64.6	75.5	69.4	26.5
ZK	Pre	32.7	34.7	24.5	4.2
	Post				
ZL	Pre	58.5	37.8	45.1	23.2
	Post				
ZM	Pre	50	46.7	33	8.8
	Post				
TOTAL	**Pre**	**55.1**	**44.9**	**34.9**	**11.4**
	Post	**70.1**	**63.6**	**54.3**	**19.5**