OTTAWA MODEL FOR SMOKING CESSATION
POWERED BY THE UNIVERSITY OF OTTAWA HEART INSTITUTE

HIGHLIGHT DOCUMENT | 2019

INTRODUCTION

Tobacco use is the single largest preventable cause of death. It is a major risk factor for each of the leading chronic diseases, including cancer, heart disease, stroke, and respiratory illness. Smoking cessation is the single most powerful preventive intervention available. The **Ottawa Model for Smoking Cessation (OMSC)** is a systematic, comprehensive approach to clinical tobacco dependence treatment. It is designed to assist health professionals to transform clinical practice through knowledge translation, implementation support, and quality evaluation.

Effective at **increasing long-term quit rates.**

Cost-effective from the hospital payer perspective.

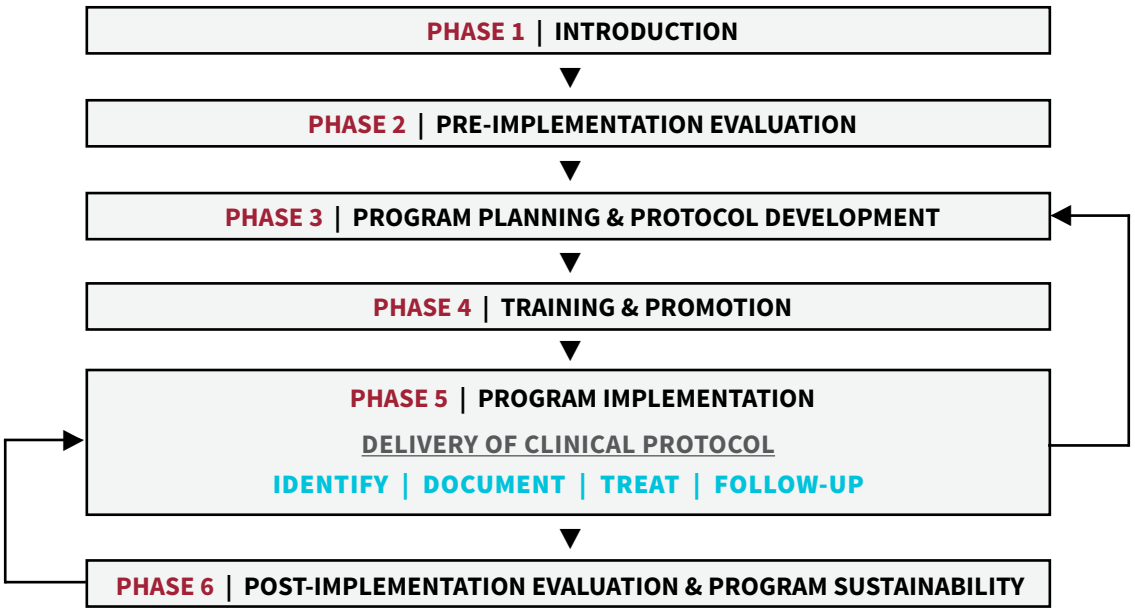
Effective at **decreasing future healthcare utilization.**

OBJECTIVES

The primary goal of **OMSC is to support clinicians in identifying and providing evidence-based interventions** to a greater number of smokers using a systematic approach, **ultimately increasing cessation rates**. The OMSC assists providers to identify smoking status of all patients, provide clear, strong, personalized advice to quit, support patients in making a quit attempt, and provide follow-up support (the 3 A's approach: Ask, Advise, Act).

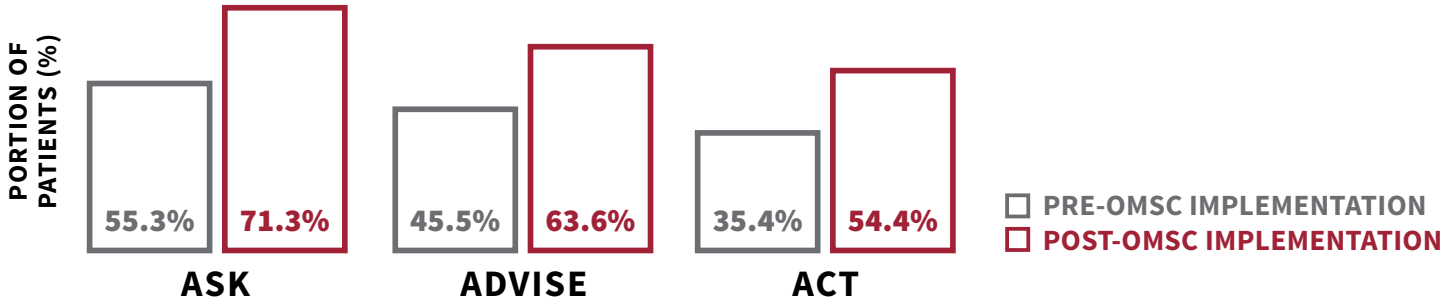
METHODS

Using a detailed Workplan, **OMSC Outreach Facilitators work with sites** to adapt their clinical practices and to implement an evidence-based smoking cessation program. This process is comprised of **six phases** of step-by-step instructions for planning, implementing, evaluating and sustaining an evidence-based clinical cessation system. Metrics are collected on smoking status, brief yet strategic advice to stop smoking, rates of delivery of evidence-based cessation support, and patient quit rates. Data from Electronic Medical Records and from the OMSC patient database are used to measure program outcomes.

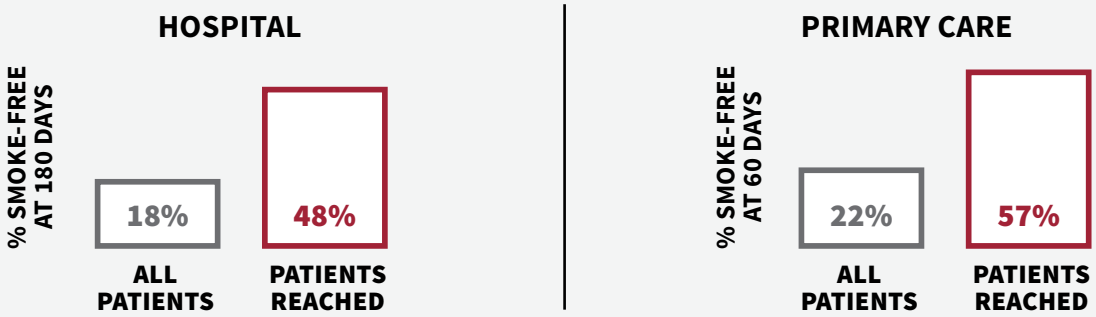


RESULTS

Over 440 organizations have implemented the OMSC resulting in thousands of healthcare providers across Canada being trained on the latest clinical approaches to smoking cessation. Collectively, the **OMSC network has intervened with more than 400,000 patients**, providing them with evidence-based interventions. An analysis of almost 4,000 patients within the OMSC primary care network has shown significant increases of rates of Ask, Advise and Act after implementing the program.



For patients referred to the OMSC follow-up program, smoking status was assessed for the primary care and hospital programs, respectively. In 2017-18, 60 day outcomes **for primary care patients** indicated that 22% - 57% (125 of 561; 125 of 218) were smoke-free at this time point. **For hospitalized patients** who reached the 180 day time point, the range was found to be 18% - 48% (1156 of 6473; 1156 of 2399). The lower range represents all patients, assuming those not reached have returned to smoking, while the upper range represents only those patients who were reached by the OMSC follow-up program.



CONCLUSIONS

With the application of a systematic, evidence-based program, there was an increase in the rates of delivery of smoking cessation best practices by healthcare providers. As a result, more patients made further assisted quit attempts resulting in long- lasting quit rates. The **OMSC program has shown to be effective in changing provider behaviour with respect to smoking cessation**, and in turn, has **helped to increase quit rates among patients who smoke.**

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