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

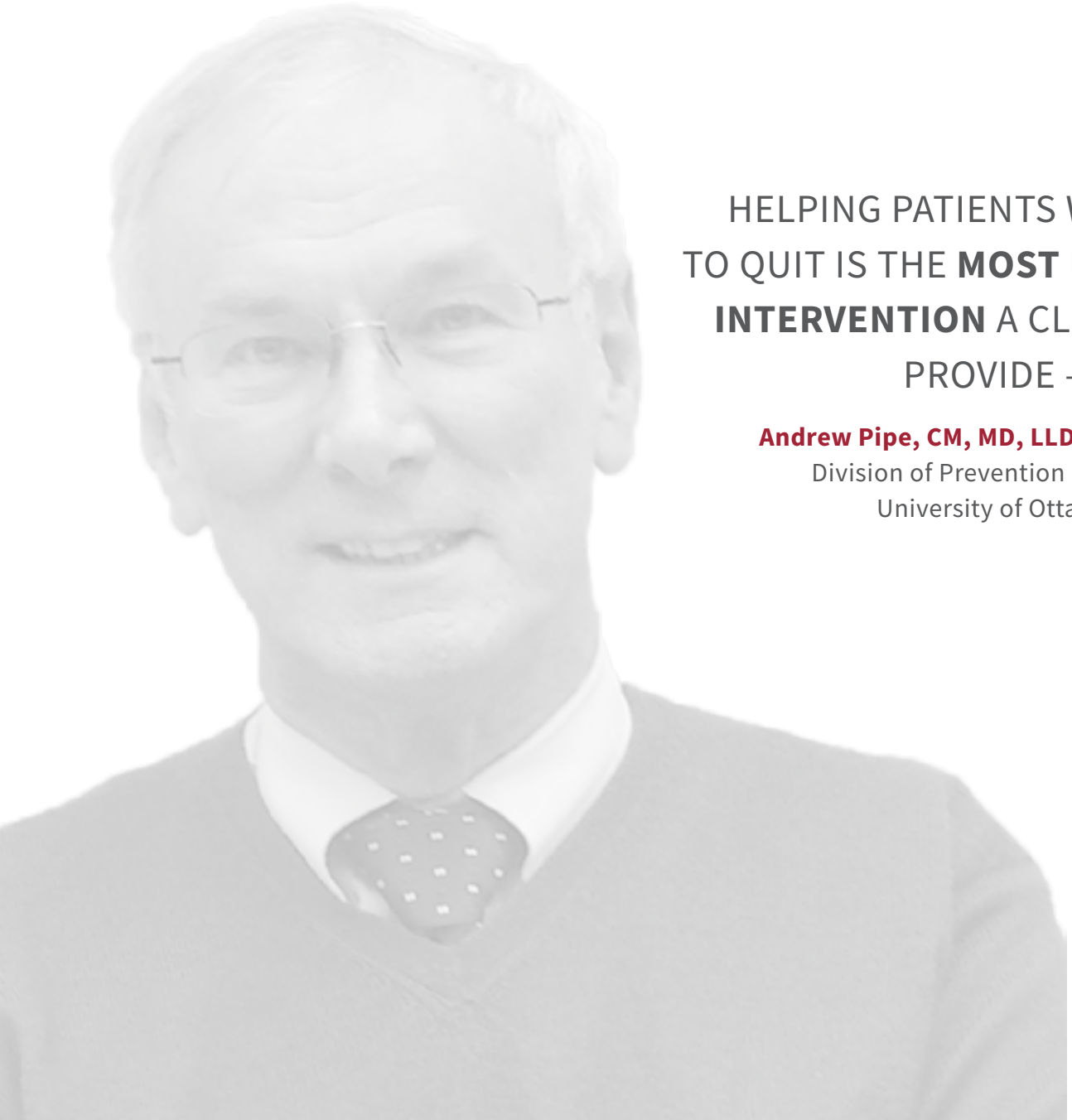
PRIMARY CARE

PROGRAM SUMMARY

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 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.



> HELPING PATIENTS WHO SMOKE TO QUIT IS THE **MOST IMPORTANT INTERVENTION** A CLINICIAN CAN PROVIDE – BAR NONE.

Andrew Pipe, CM, MD, LLD(HON), DSc(HON)
Division of Prevention and Rehabilitation
University of Ottawa Heart Institute

THE ESSENCE OF THE **OTTAWA MODEL FOR SMOKING CESSATION®** CAN BE UNDERSTOOD IN **ONE SIMPLE EQUATION:**

OMSC® = **PRACTICE CHANGE PROCESS** + **EVIDENCE-BASED CLINICAL TOBACCO CONTROL PROTOCOL**

THE OTTAWA MODEL FOR SMOKING CESSATION®

A **validated, evidence-based process** that uses principles of knowledge translation and organizational change to implement systematic approaches to smoking cessation within healthcare settings.

A practice change process that leads to the **systematic identification, treatment, and follow-up** of smokers as part of routine care.

Cost-effective from the hospital payer perspective.

Effective at **decreasing future healthcare utilization.**

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

Adaptable to any healthcare setting and is currently being implemented in over 440 sites across Canada.

In order to bring about practice change, expert OMSC® Implementation Specialists work with sites to adapt their clinical practices using a detailed six phase **OMSC® Implementation Workplan**. During the change process, an **Evidence-Based Clinical Tobacco Cessation Protocol** is created specifically for each site and implemented in Phase 5 of the OMSC® Implementation Workplan. Once the smoking cessation program is launched, the Workplan contains feedback and quality improvement processes that allow the new program to be refined and sustained.

Developing this system allows for the systematic identification, documentation, treatment and follow-up of all patients or clients who use tobacco. This leads to more quit attempts, and ultimately, a greater number of smokers becoming smoke-free.

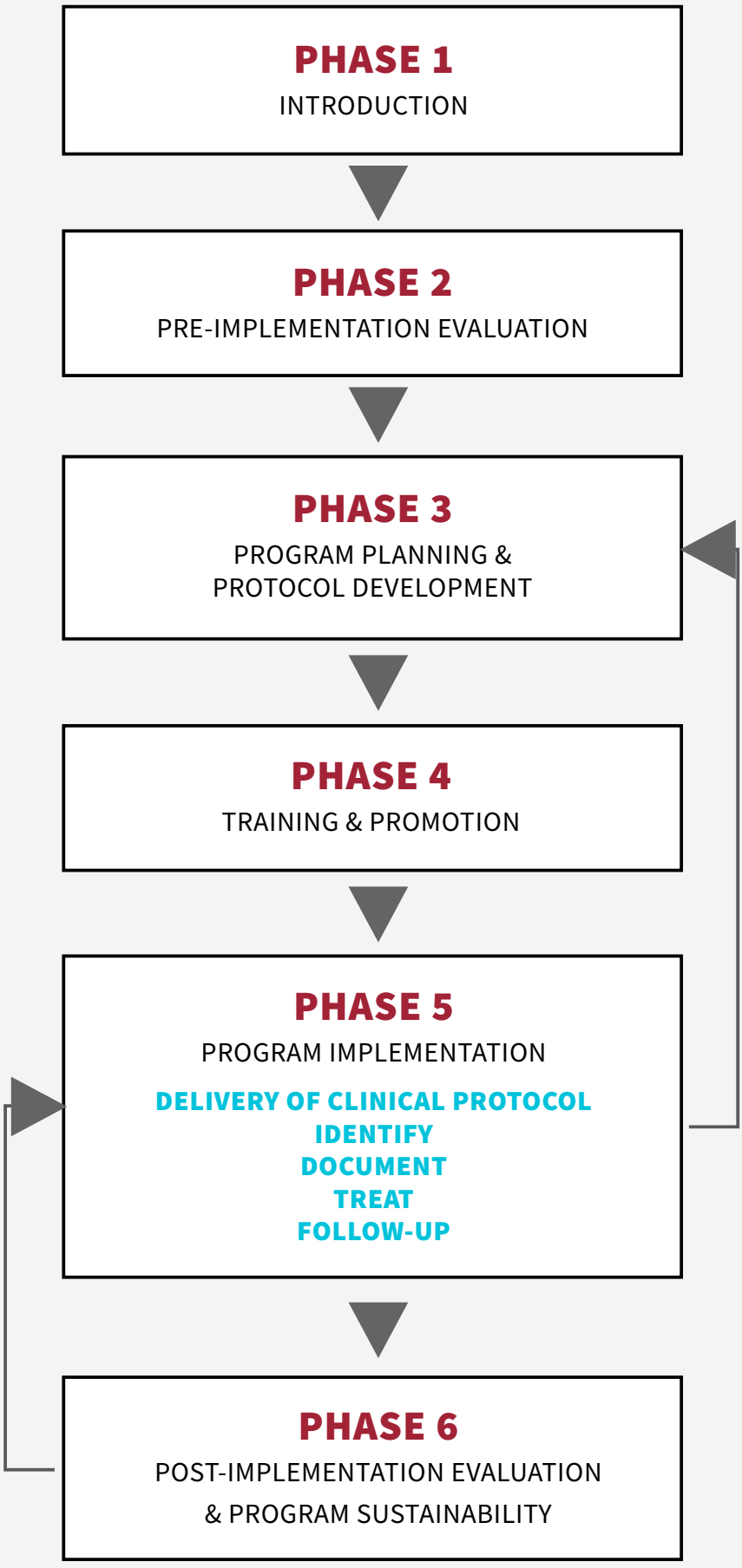
OMSC®

=

PRACTICE CHANGE PROCESS

+

EVIDENCE-BASED CLINICAL TOBACCO CONTROL PROTOCOL



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, and 49% will make at least one attempt to quit each year, but only 4-7% 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 be 2 to 4 times more successful at quitting than those who try to quit unassisted.

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.

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 tobacco users.

PATIENTS RECEIVE EVIDENCE-BASED TREATMENTS WHEN QUITTING

The combination of brief strategic counselling and first-line pharmacotherapies can **double to quadruple the chances of patients achieving long-term success** with quitting.

ONGOING SUPPORT IS AVAILABLE FOR PATIENTS ATTEMPTING TO QUIT

The **Quit Smoking Automated Follow-up Program** will complement the support patients receive in your clinic setting and ensure that they have the assistance they need between clinic visits to successfully quit.

REGULAR FEEDBACK ON CLINIC AND PROVIDER PERFORMANCE

As part of the program, **clinicians will receive regular feedback reports** on their performance against rates of benchmarks for Asking, Advising and Acting.

WORKING TOGETHER **TO HELP PATIENTS QUIT**

UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Ontario

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 currently runs in nearly 125 hospitals and 100 outpatient community settings 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].

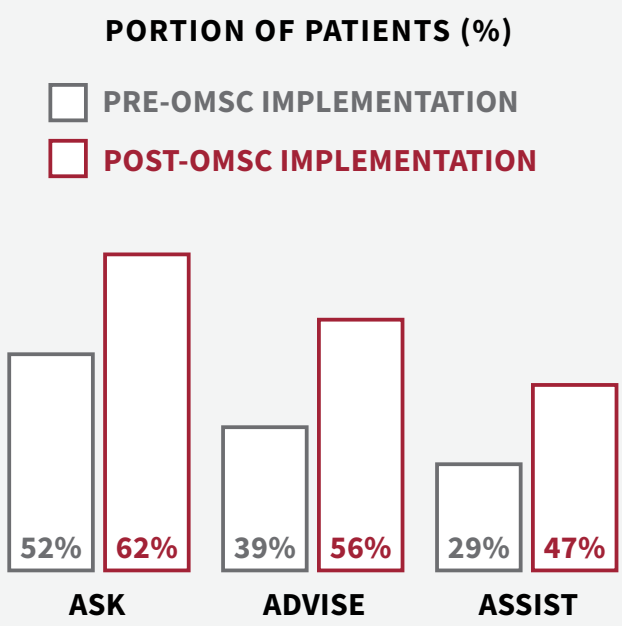
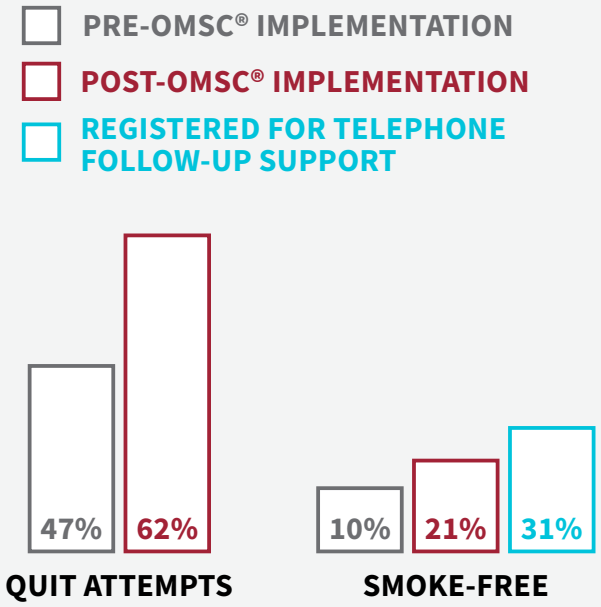


FIGURE 2:

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 busy, fast-paced primary care clinics to adopt the program without any noticeable impact on daily flow.

30 SECONDS

EXAMPLE:
MEDICAL ASSISTANT/
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?"
"Have you used any form of tobacco in the past?"

2 MINUTES

EXAMPLE:
PHYSICIAN/
NURSE PRACTITIONER

ADVISE AND REFER

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

20-30 MINUTES

SMOKING CESSATION
COUNSELLOR
(Ex. NURSE, NP,
PHARMACIST, RRT)

FOR PATIENT WHO IS READY TO QUIT

QUIT PLAN VISIT:

- Strategic counselling
- Pharmacotherapy
- Follow-up/Quit Smoking Automated Follow-up Program

FOR PATIENT WHO IS NOT READY TO QUIT

- Strategic counselling (Reduce to Quit/Smoking Reduction)
- Pharmacotherapy
- Follow-up
- Self-help material

OUR PRODUCTS AND SERVICES

As part of a collaboration with primary care sites, the OMSC® team will support the adoption, implementation, and evaluation of the OMSC® in Primary Care Program and will provide tools to support the successful roll-out of key program components, including:

A | ASSISTANCE WITH PROGRAM IMPLEMENTATION AND PRACTICE CHANGE

OMSC® IMPLEMENTATION WORKPLAN

OMSC® Implementation Specialists work with partner sites to adapt their clinical practices using a detailed OMSC® Implementation Workplan. The OMSC® Implementation Workplan is comprised of six phases of step-by-step instructions for planning, implementing, evaluating, and sustaining an evidence-based clinical smoking cessation program. ***More details regarding these 6 phases are listed on page 11.***

OUTREACH FACILITATION

The OMSC® uses outreach facilitation to deploy evidence-based smoking cessation systems of care across a spectrum of clinical environments. OMSC® Implementation Specialists not only assist in training staff and implementing the OMSC®, they serve as consultants for devising clinical protocols, providing progress reports, program evaluation, and troubleshooting.

B | CUSTOMIZED PRACTICE TOOLS AND RESOURCES

OMSC® patient and provider tools have been developed to support the integration of best practices for smoking cessation into various clinical settings. The OMSC® team works with partners to customize these tools to meet their specific needs and requirements.

SMOKING CESSATION CONSULT FORM

PATIENT RESOURCES

QUIT PLAN CONSULT FORM

C | TRAINING IN THE DELIVERY OF SMOKING CESSATION INTERVENTIONS

THE **OMSC® PROVIDES** VARIOUS TYPES OF CLINICAL AND PRACTICE CHANGE **TRAINING FOR PARTNER SITES**, INCLUDING, BUT NOT LIMITED TO:

Continuing Medical Education accredited event for physicians, nurse practitioners and interdisciplinary health professionals

Annual Ottawa Conference:
State of the Art Clinical Approaches to Smoking Cessation

OMSC® full day Smoking Cessation **Counsellor workshop**

E-learning modules

D | PROGRAM EVALUATION AND PATIENT FOLLOW-UP

PERFORMANCE TRACKING AND PROGRAM EVALUATION

As the requirement to evaluate healthcare programs becomes the norm and not the exception, the OMSC® includes program evaluation and performance tracking as part of the workplan. Data can be extracted from the EMR so that the OMSC® can provide partnered sites with bi-annual program evaluation reports, based on program performance indicators.

PATIENT FOLLOW-UP

The Quit Smoking Automated Follow-up Program keeps in touch with and supports patients who smoke and have set a quit date following their Quit Plan Visit. Patients are offered automated calls or emails over a six month period to monitor how they are doing with their quit attempt. The system acts as a triage tool and flags patients who indicate they are in need of a live call from a cessation specialist for additional counselling.

E | ELECTRONIC MEDICAL RECORD INTEGRATION

Whenever possible, the OMSC® process is integrated within the clinic's EMR. Data from the EMR can be routinely extracted, facilitating program evaluation. OMSC® tools and resources have been integrated with several EMR platforms across Ontario. These integrations allow for more efficient use of provider/patient interaction and effective data tracking.

F | COLLABORATION WITH OTHER SMOKING CESSATION SERVICES

SMOKING TREATMENT FOR ONTARIO PATIENTS (STOP)

The OMSC® program is complementary with the STOP study, which offers cost-free nicotine replacement therapy to patients. The OMSC® allows for further opportunities to reach more patients using the latest cessation treatments.

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

The OMSC® team will work with each 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. The OMSC® team 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 below.

KEY PROGRAM ACTIVITIES

PHASE 1 - PROGRAM INTRODUCTION

The OMSC® team will host a meeting for each site to introduce the OMSC® in Primary Care and program activities to administrative and clinical leads. The OMSC® 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 - PRE-IMPLEMENTATION EVALUATION

The purpose of the pre-implementation evaluation 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 - PROGRAM PLANNING & PROTOCOL DEVELOPMENT

Members of the OMSC® team will work with the interdisciplinary task force over a three- to four- 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:

1. **Smoking Status Documentation**
2. **Strong, Personalized Advice to Quit**
3. **Treatment (Counselling and Pharmacotherapy)**
4. **Follow-up**

Evidence-based tools such as the Tobacco Use Survey, Smoking Cessation Consult Form, and Quit Plan Consult Form 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 & PROMOTION

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

PHASE 5 - PROGRAM IMPLEMENTATION ("GO LIVE" DATE) - DELIVERY OF CLINICAL PROTOCOL

Once all of the program preparation has occurred, the clinic will begin implementing the Ottawa Model Clinic Protocol into their daily routine. 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-IMPLEMENTATION EVALUATION, SUSTAINABILITY & ONGOING QUALITY IMPROVEMENT

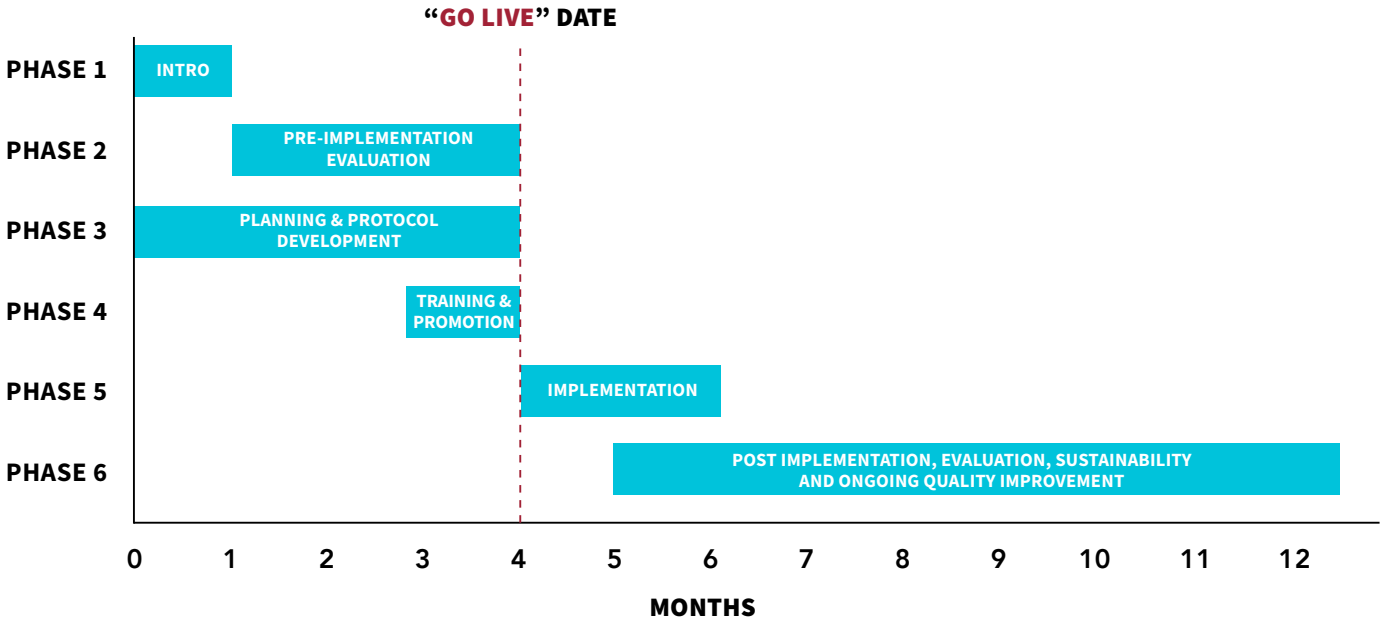
The OMSC® team will work with each site to conduct a post-implementation evaluation after the "Go Live" date. Also, regularly throughout the following year, we will encourage each site to conduct internal audits to ensure that the protocol is being implemented as intended, and provide the task force and clinicians with bi-annual performance outcome feedback on program effectiveness (both process and impact).

Annually, 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.

FIGURE 3: IMPLEMENTATION TIMELINE

THE FOLLOWING ILLUSTRATES A TYPICAL TIMELINE FOR IMPLEMENTING THE OMSC®.

Timelines may vary from setting to setting.



OTTAWA MODEL FOR SMOKING CESSATION

POWERED BY THE UNIVERSITY OF OTTAWA HEART INSTITUTE

ADDRESS: 40 RUSKIN STREET, H-S112
OTTAWA, ONTARIO
K1Y 4W7

TELEPHONE: 613-696-7065

TOLL FREE: 1-888-761-OMSC (6672)

FAX: 613-696-7114

EMAIL: OMSC@OTTAWAHEART.CA

WEBSITE: OTTAWAMODEL.CA

THIS PROGRAM IS FUNDED BY THE
MINISTRY OF HEALTH AND LONG-TERM CARE

Ontario

SMOKE FREE ONTARIO

Ce document est disponible en français