

OTTAWA MODEL for SMOKING CESSATION

2012-2015 HIGHLIGHTS



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

OTTAWA MODEL
FOR SMOKING CESSATION
MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC

The University of Ottawa Heart Institute's Division of Prevention and Rehabilitation wishes to express our gratitude to the Ottawa Model for Smoking Cessation network partners, our sponsors and our exceptional staff between 2012 - 2015.



Support for this program has been made possible through funding from the Public Health Agency of Canada.

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A MESSAGE FROM THE OTTAWA MODEL FOR SMOKING CESSATION CO-FOUNDERS

Once again, we are delighted to be able to partake in the publication of the Ottawa Model for Smoking Cessation’s Program Highlights, and to draw attention to the exceptional work being done in the area of clinical smoking cessation across Canada.

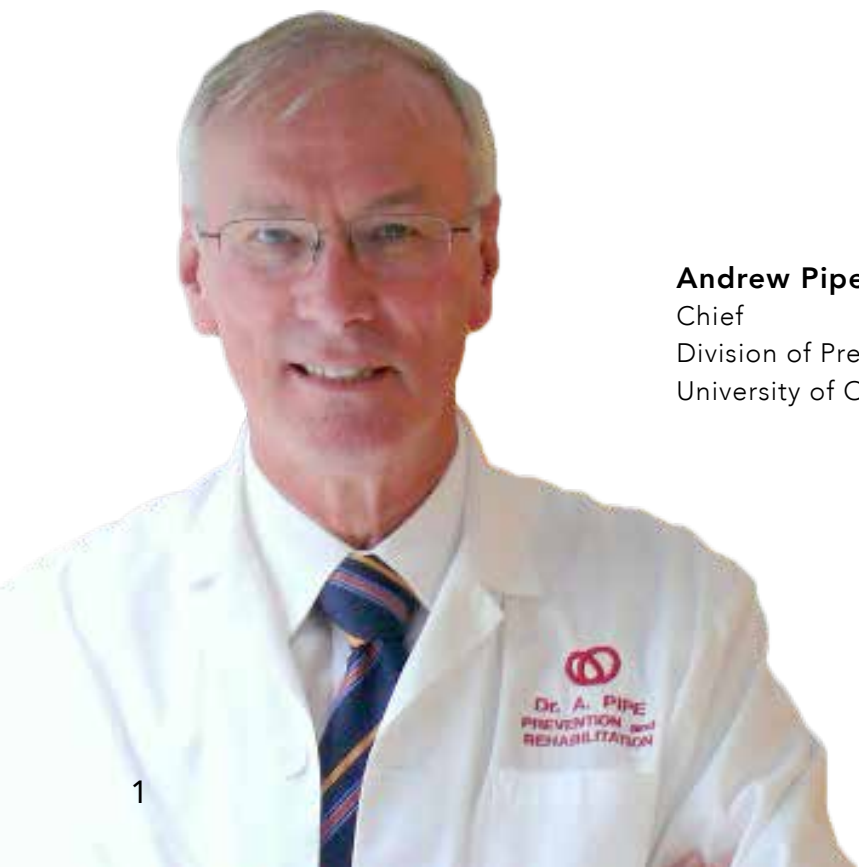
It is deeply satisfying to see that 2016 marks the 10 year anniversary of the expansion of the Ottawa Model to organizations beyond the walls of the University of Ottawa Heart Institute. Over the past 10 years, we have witnessed an enormous increase in the number of hospitals, specialty clinics, primary care clinics, and other healthcare settings and practitioners implementing the Ottawa Model for Smoking Cessation and other clinical tobacco cessation programs across Canada, the United States, Europe, South America, and beyond.

In an era of rising healthcare costs, there is a need for evidence-based and cost-effective health promotion programs that enhance the lives of patients and offer cost savings to the healthcare system. The Ottawa Model is a cost-effective practice change process that embeds evidence-based interventions for smoking cessation into clinical practice settings, allowing healthcare providers to assist with the difficult process of smoking cessation... the most powerful of all preventive interventions.

Tremendous thanks go out to our extraordinary staff at the University of Ottawa Heart Institute; our clinical, research, and outreach teams who, together, have helped to discover and disseminate new knowledge in order to inform and transform practices across Canada with regard to smoking cessation. And, thank you to our many health professional colleagues across Canada for your passion, dedication, and motivation toward enhancing smoking cessation efforts within the healthcare system.

We are fortunate to be able to work at an Institute that places such an emphasis on the prevention of disease. We have been purposefully assisting smokers with cessation for over two decades and are thrilled to be able to use the approaches of the Ottawa Model to assist other Canadian healthcare practices in doing the same. We have had the opportunity to work with literally thousands of health professionals over the years in addressing this significant health issue and have found this to be one of the most rewarding and impactful things that we have been involved with, both personally and professionally, throughout our careers. We thank you for all you have done to help develop these programs and we look forward to welcoming you to one of our upcoming Annual Ottawa Conferences!

Sincerely,

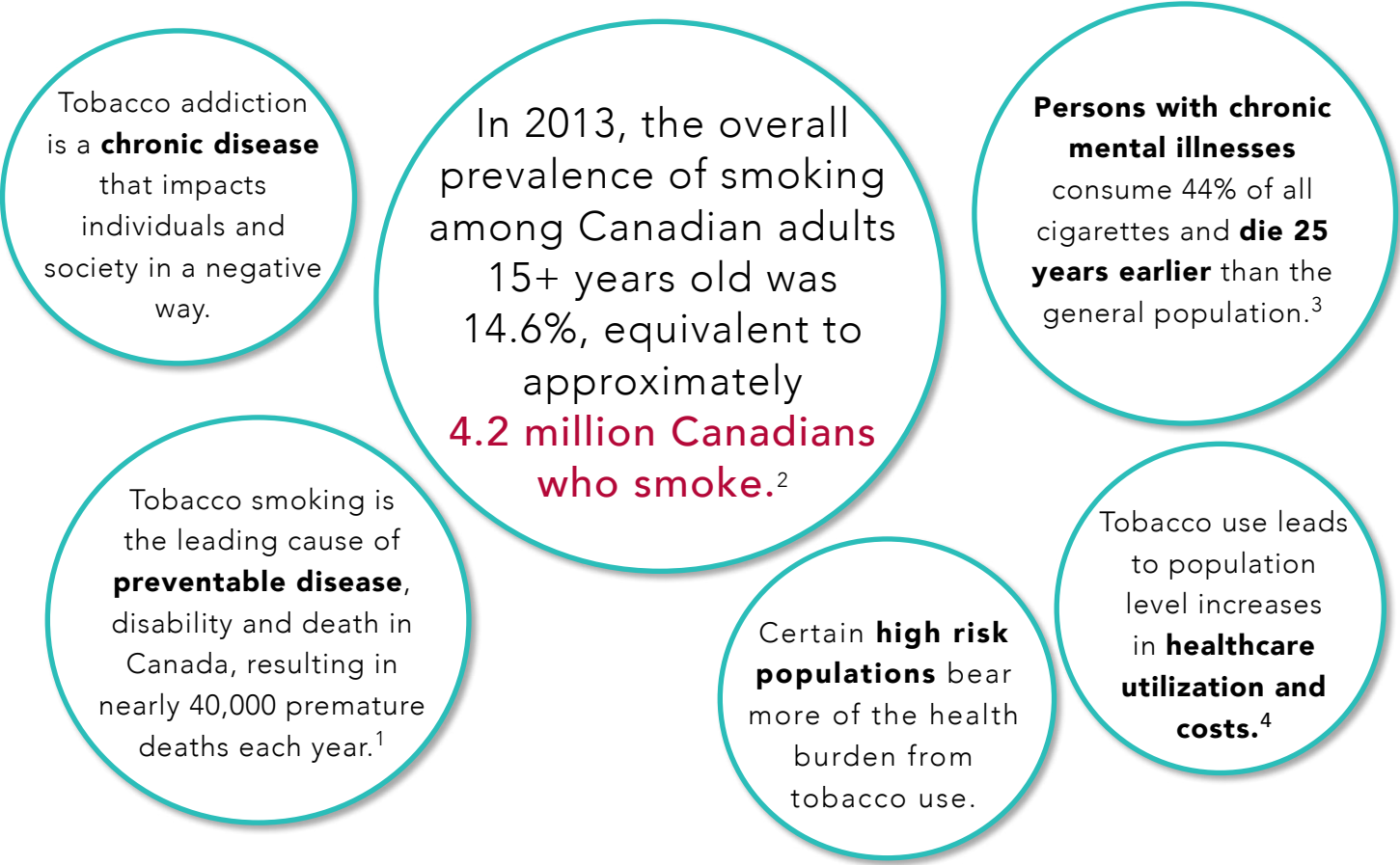


Andrew Pipe, CM, MD, LLD (Hon), DSc (Hon)
Chief
Division of Prevention and Rehabilitation,
University of Ottawa Heart Institute



Bob Reid, PhD, MBA
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Division of Prevention and Rehabilitation,
University of Ottawa Heart Institute

THE IMPORTANCE OF SMOKING CESSATION



We know that advice from a healthcare professional significantly increases patient motivation to quit¹²...

You can make a difference.



SMOKING CESSATION HAS MULTIPLE BENEFITS

- Significant short- and long-term health improvements (including reduced cardiovascular and cancer risk and improved lung function and capacity)^{5, 6, 7}
- Reduction in second hand smoke exposure and its consequences⁸
- Fewer admissions to hospital and shorter lengths of stay⁹
- Increases in life expectancy¹⁰
- Improvements in quality of life¹¹
- Lower healthcare costs⁹

Clinical practice guidelines emphasize that clinicians and healthcare delivery systems should consistently identify smokers and offer treatment to every tobacco user who visits a healthcare setting using available counselling strategies and medications.¹²



BUT evidence alone is insufficient in changing routine clinical practice.



There is a need to change healthcare provider practices in order that smoking cessation support is systematically provided to all patients who smoke.



THE OTTAWA MODEL FOR SMOKING CESSATION WAS **CREATED TO ADDRESS THIS NEED.**

THE OTTAWA MODEL FOR SMOKING CESSATION

THE OTTAWA MODEL FOR SMOKING CESSATION IS:



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



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



Adaptable to any healthcare setting and is currently being implemented in over 350 sites across Canada.



Effective at increasing long-term quit rates.



Cost-effective from the hospital payer perspective.



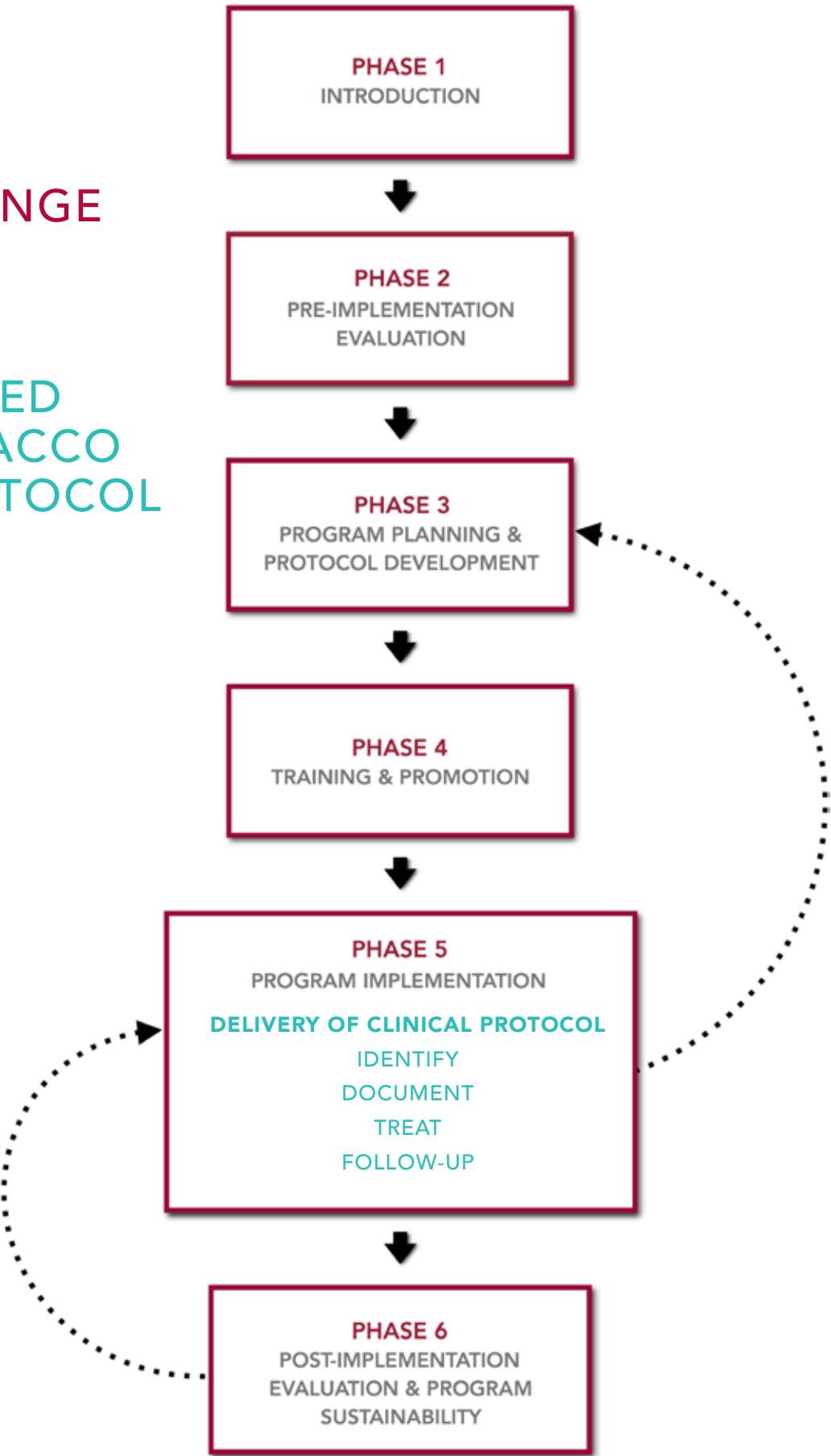
Effective at decreasing future healthcare utilization.

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

In order to bring about practice change, expert OMSC Outreach Facilitators 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 Control Protocol** is created specifically for each site and implemented in Phase 5 of the OMSC Implementation Workplan when the site's smoking cessation program is launched. 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 the system that allows for the systematic identification, documentation, treatment, and follow-up of all patients or clients who smoke leads to more attempts to quit and, ultimately, a greater number of smokers becoming smoke-free.

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



OUR NATIONAL NETWORK

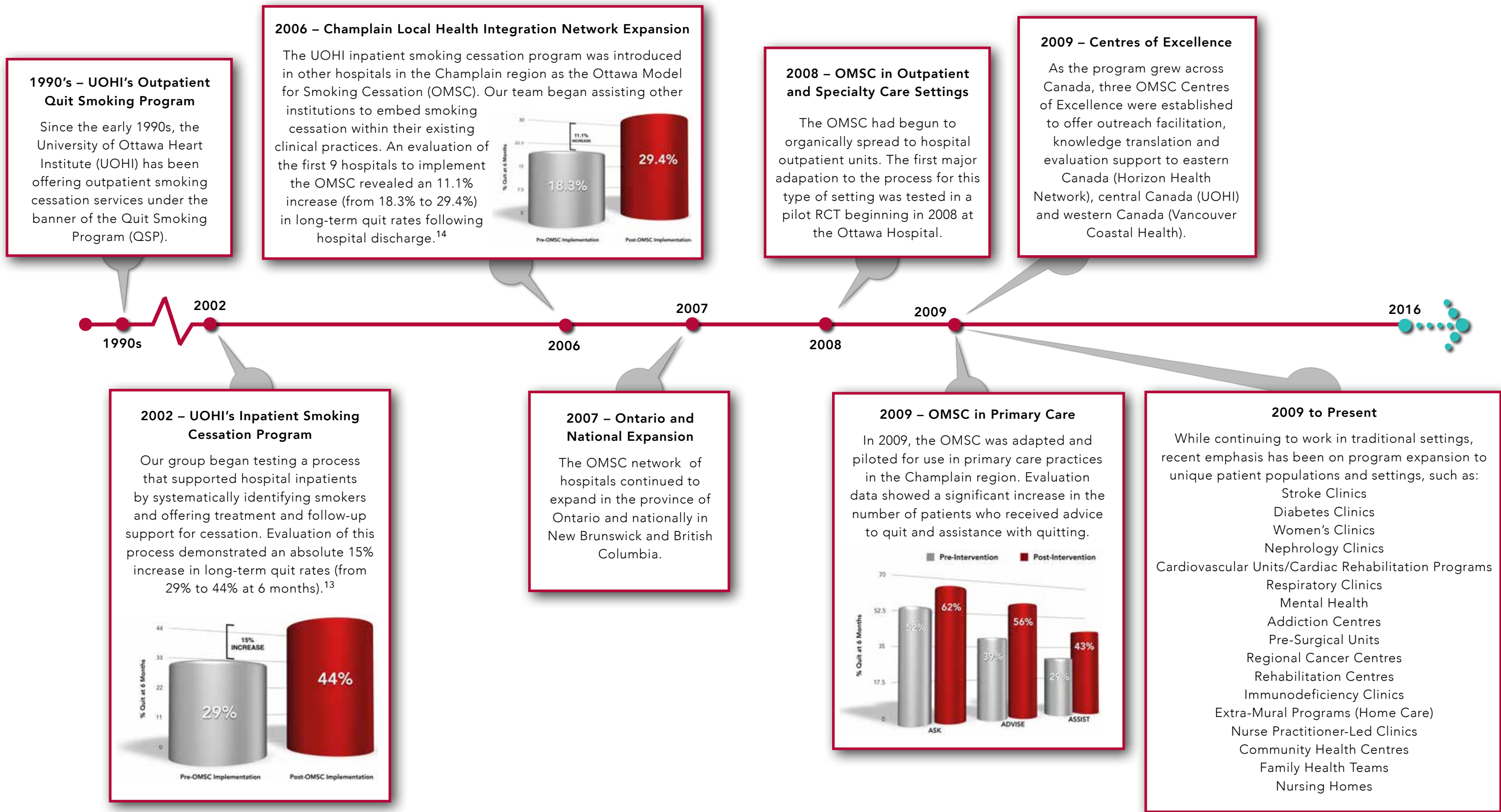
The OMSC is implemented in **over 350 healthcare sites** across Canada including numerous inpatient, outpatient and primary care settings.

Since 2006,
the OMSC
has reached
nearly 220,000*
smokers across
Canada.



*Smokers identified include only those patients who were reported from site data or entered into the OMSC Database; this number is thought to considerably underestimate the number of smokers who have received the OMSC intervention.

THE EVOLUTION OF THE OTTAWA MODEL



HOW WE FACILITATE PRACTICE CHANGE

1 ASSISTANCE WITH PROGRAM IMPLEMENTATION AND PRACTICE CHANGE

OMSC IMPLEMENTATION WORKPLAN & OUTREACH FACILITATION



In order to bring about practice change, expert OMSC Outreach Facilitators work with sites to adapt their clinical practices and to implement an evidence-based smoking cessation program 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 system.

OUTREACH FACILITATION

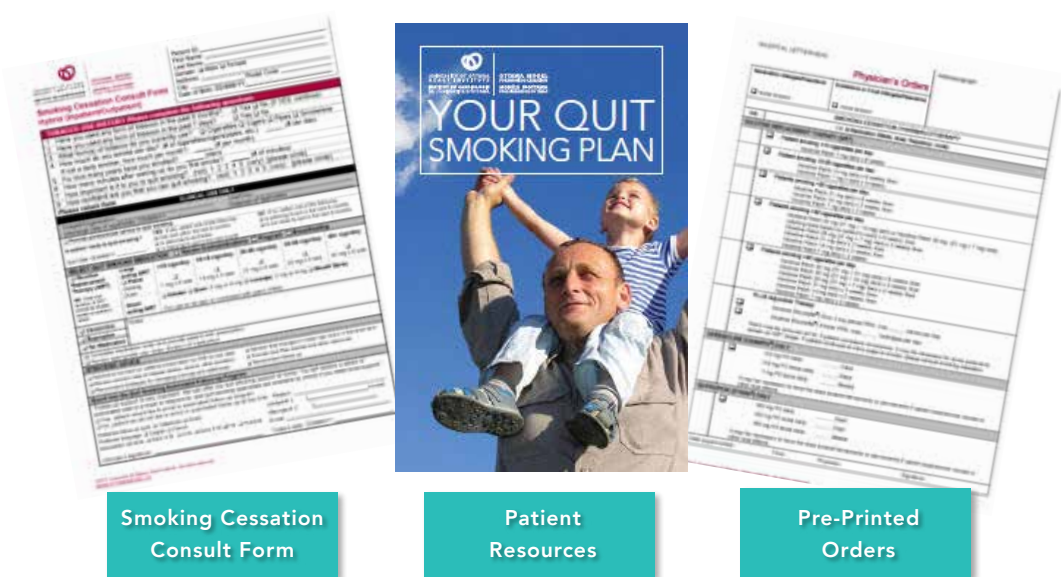
Qualitative evaluations have consistently concluded that Outreach Facilitation is key to the adoption and sustainability of clinical smoking cessation programs. The Ottawa Model approach uses Outreach Facilitation to deploy evidence-based smoking cessation systems of care across a spectrum of clinical environments. OMSC Facilitators not only assist in training staff and implementing the Ottawa Model, they serve as consultants for devising clinical protocols, providing progress reports, program evaluation and troubleshooting.



Jo-Anne Gagnier
OMSC Outreach Facilitator
University of Ottawa Heart Institute

2 CUSTOMIZED PRACTICE TOOLS AND RESOURCES

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



3 TRAINING IN THE DELIVERY OF SMOKING CESSATION INTERVENTIONS

The OMSC provides various types of clinical and practice change training for partner sites, including:

- OMSC workshops
- On-site staff and physician training
- Access to e-learning modules
- Annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation (National reach - 375 attendees in 2015)



HOW WE FACILITATE PRACTICE CHANGE

4 PATIENT FOLLOW-UP AND PROGRAM EVALUATION

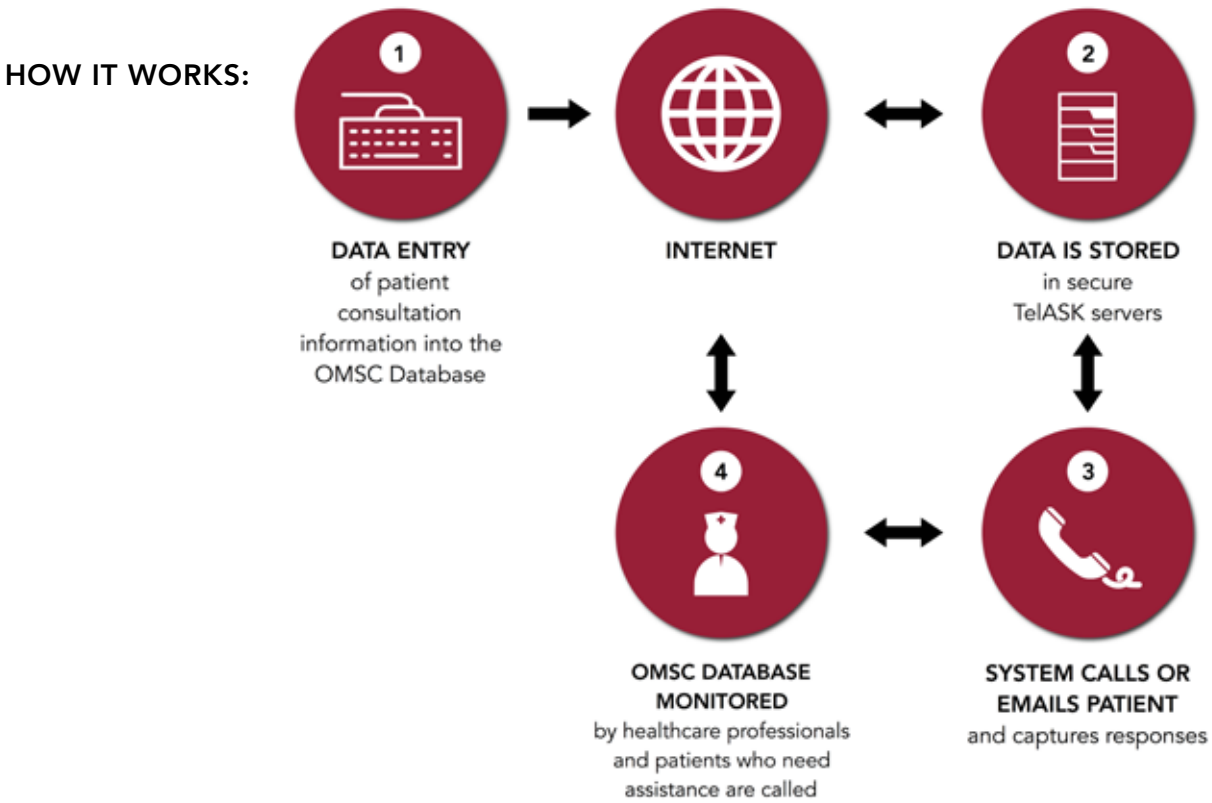
OMSC Database

The OMSC Database has two essential functions which make it a revolutionary approach to the care and treatment of smokers:

- 1) Provision of patient follow-up
- 2) Performance tracking and program evaluation

Patient Follow-up

The OMSC Database provides automated follow-up to keep in touch with patients who smoke after they are discharged from hospital or have completed a clinic visit. Patients are offered up to nine automated calls or e-mails over a two to six month period to monitor how they are doing with regard to quitting smoking. The system acts as a triage tool and flags patients who indicate during their follow-up that they are willing to make a quit attempt or are struggling to remain smoke-free. Trained cessation specialists monitor the system daily and call patients in need of additional support.



Performance Tracking and Program Evaluation

As the requirement to evaluate clinical programs becomes the norm and not the exception in healthcare, the OMSC Database is leading the way in smoking cessation program evaluation and performance tracking.

5 ELECTRONIC MEDICAL RECORD (EMR) INTEGRATION

Whenever possible, the OMSC process is integrated within the electronic medical record (EMR). Data from the EMR can be routinely uploaded into the OMSC Database, facilitating patient follow-up and program evaluation. In Ontario, several EMR vendors have altered their system to integrate OMSC provider tools including provider flags to prompt the screening of smoking status of patients at regular intervals.



6 COLLABORATION WITH OTHER SMOKING CESSATION SERVICES

INTEGRATION OF COMMUNITY FOLLOW-UP WITH SMOKERS' HELPLINE

Outside of the Champlain Local Health Integration Network (LHIN), Smokers' Helpline monitors and performs follow-up calls for many OMSC partner sites.

MY QUIT

Launched in 2015, MyQuit is the first-ever integrated regional smoking cessation program in Canada. The University of Ottawa Heart Institute and Ottawa Public Health are co-leads for MyQuit, which was developed to increase the number of Champlain residents who make an aided quit attempt, using an evidence-based cessation intervention, by facilitating the navigation of the system for smokers and directly connecting them with tailored services.

STOP PROGRAM

Many of our OMSC partner sites are also involved with the Centre for Addiction and Mental Health's STOP program which provides access to free nicotine replacement therapy (NRT). Participating clinicians identify smokers and initiate treatment using the OMSC process and enroll patients in the STOP program, if applicable. Healthcare practitioners also receive ongoing training opportunities in partnership with both the OMSC and STOP programs in order to enhance the quality of smoking cessation services delivered to patients.

PROVINCIAL HIGHLIGHTS

ONTARIO

THE CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (LHIN)

UNIVERSITY OF OTTAWA HEART INSTITUTE'S QUIT SMOKING PROGRAM

The Quit Smoking Program (QSP) is an intensive outpatient smoking cessation program that has been providing supportive, one-on-one cessation assistance to clients in the Champlain region since the early 1990s. Since 2006, the program has provided intensive smoking cessation counseling to more than 1700 smokers. Every year, the QSP adds approximately 200 new patients and completes an average of 800 clinic visits with all patients enrolled in the program.

Patients can self-refer or be referred by a healthcare professional. QSP registration can be completed by phone, fax, or in person through the UOHI Prevention and Wellness Centre.



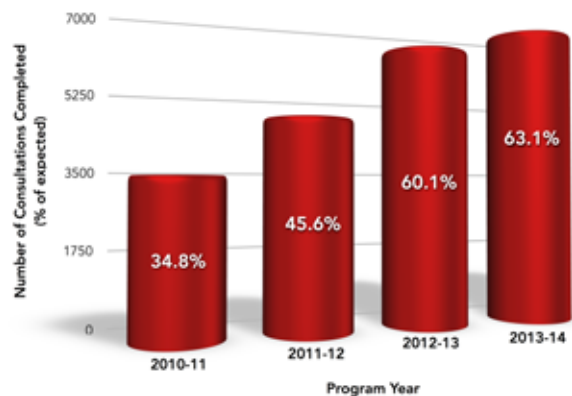
FOR MORE INFORMATION

613-761-5464

quitsmoking@ottawaheart.ca

pwc.ottawaheart.ca/care/quitting-smoking/quit-smoking-program

OMSC PERFORMANCE GOALS ADDED TO CHAMPLAIN LHIN HOSPITAL ACCOUNTABILITY AGREEMENTS



In 2010, the Champlain LHIN Hospital Accountability Agreements were amended to include a performance standard stating that hospitals must expand their OMSC reach, to 80% of inpatient smokers each year. In 2013, 63% of expected smokers were reached by 15 participating Champlain hospitals – a relative improvement of more than 80% since 2010.

ONTARIO INPATIENT, OUTPATIENT, SPECIALTY CARE & PRIMARY CARE SETTINGS

In Ontario, the OMSC is working with 86 hospital, outpatient and specialty care sites, and 168 primary care sites. These sites are located in 13 of the 14 Ontario LHINs and as of 2015, there have been over 162,000 interventions delivered to smoker patients.



HIGH-RISK SPECIALTY CARE SETTINGS

The OMSC has been adapted and adopted in several specialty care outpatient clinics across Ontario:

- Stroke Clinics
- Diabetes Clinics
- Women's Clinics
- Nephrology Clinics
- Cardiovascular Units/Cardiac Rehabilitation Programs
- Respiratory Clinics
- Mental Health
- Addiction Centres
- Pre-Surgical Units
- Regional Cancer Centres
- Rehabilitation Centres
- Immunodeficiency Clinics

PROVINCIAL HIGHLIGHTS

NEW BRUNSWICK

HORIZON HEALTH NETWORK CENTRE OF EXCELLENCE

Horizon Health Network (HHN) has implemented the Ottawa Model for Smoking Cessation (OMSC) in well over 50 health settings with continued expansion underway throughout the health authority. Using the OMSC to guide the work, there has been a tremendous amount of progress in standardizing clinical smoking cessation practices across many varied clinical settings. This has also assisted in the promotion of “Smoke Free Together”, the smoke-free properties policy, which is an important initiative for HHN and the populations it serves. Over 32,400 smokers have been reached to-date using the OMSC approach.

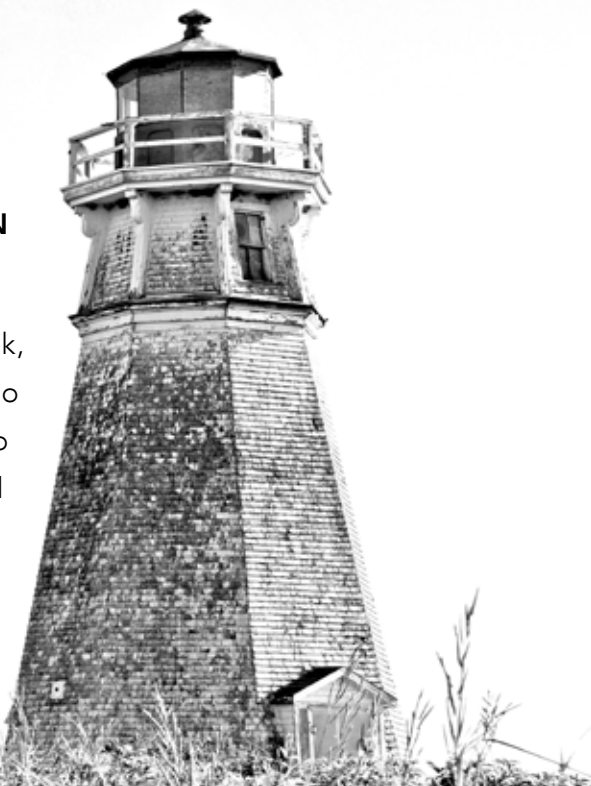
“Our successes have only been possible due to the many collaborative partnerships we’ve engaged with. In addition to our sustained implementation activities across hospitals, clinics, home care units and primary care, we’re looking forward to continued expansion.”

- Kelly Hurley

*Manager, Centre of Excellence for Clinical Smoking Cessation
Horizon Health Network*

INTEGRATION OF EVIDENCE-BASED TOBACCO CESSATION AND RELAPSE PREVENTION INTO CANCER CARE

HHN, in partnership with the New Brunswick Cancer Care Network, received funding from Canadian Partnership against Cancer to integrate clinical smoking cessation practices (the OMSC) into cancer care clinics as a standard of care for cancer patients. Planned start date for this work is January 2016.



CLINICAL SMOKING CESSATION EDUCATION FORUM

The HHN Centre of Excellence hosted its second Clinical Smoking Cessation Education Forum in October 2015, facilitating the continued education of healthcare providers in evidence-based clinical tobacco dependence treatment. The education forum creates an opportunity to build on existing OMSC infrastructure and clinical expertise within HHN and beyond. It targets healthcare providers who have been instrumental in the implementation, maintenance and sustainability of the OMSC program within their respective health setting and have demonstrated leadership within HHN. This year, there were 150 participants in attendance representing many areas and disciplines across Horizon Health Network.



WORKPLACE SMOKING CESSATION SUPPORT

The OMSC is being implemented throughout HHN’s Employee Health and Wellness offices, to support employees during the implementation of HHN’s smoke-free policy. The OMSC was implemented first at HHN’s largest tertiary care hospital and will expand to all employee health offices throughout HHN as the smoke-free policy rolls out. Smoking cessation will become a standard service within Employee Health and Wellness.

PROVINCIAL HIGHLIGHTS

NEW BRUNSWICK

VITALITÉ HEALTH NETWORK

Vitalité Health Network is a regional health authority that provides and manages healthcare services in northern and southeastern New Brunswick. It is the only Francophone managed organization of its kind in Canada and has close to 70 points of service that provide a range of healthcare services to members of the public in the official language of their choice.

Since 2012, Vitalité began implementing the Ottawa Model for Smoking Cessation (OMSC) in all 11 hospitals in its network as well as community centres, health centres, addiction centres, medical clinics, diabetes clinics, pulmonary clinics and extra-mural programs. So far, Vitalité has reached over 6,500 smokers.

As of October 2015, Vitalité offers a smoking cessation program for employees who wish to quit smoking and provides employees with nicotine patches and nicotine gum to help them with their quit attempt.

On January 1st, 2016, all properties belonging to Vitalité will become “smoke-free environments”.

“I look forward to attending the meetings. The consultation (support meeting) is always of great help and I have the impression that I’m not the only one going through this.” – *Vitalité Employee*



“I find it very rewarding as a health professional to see the positive impact we have on someone’s life when they wish to quit smoking.”

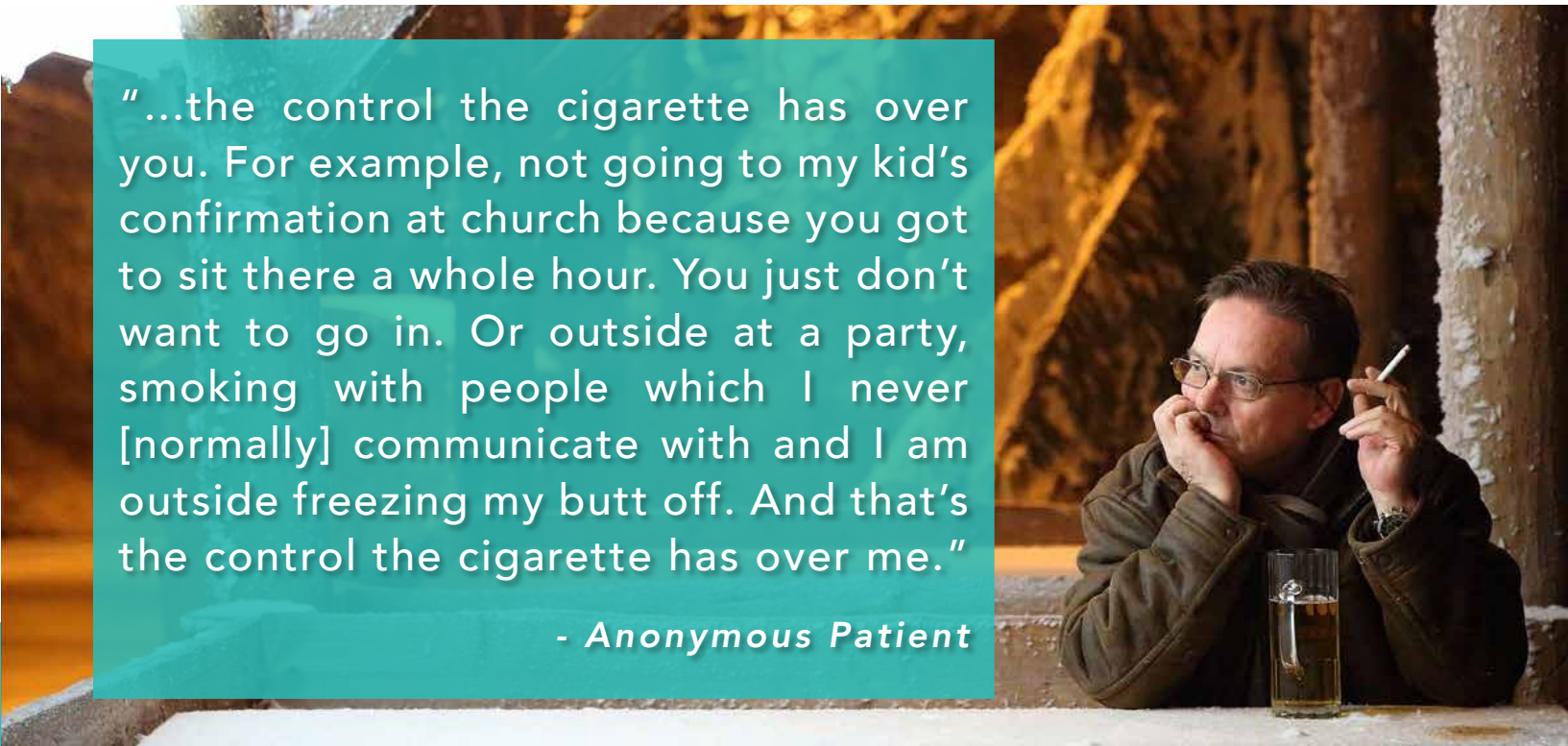
*- Karelle Guignard
OMSC Health Care Coordinator
Vitalité Health Network*

PRINCE EDWARD ISLAND

HEALTH PEI

The OMSC program was implemented in 2012 at the Queen Elizabeth Hospital (QEH), the Prince County Hospital (PCH), as well as four community hospitals. In March 2014, the OMSC program was implemented within primary care health centres across the province.

The OMSC Database was implemented at the QEH and PCH in the fall 2013 and in primary care in March 2014. Over a two year period (November 1st, 2013 to October 23rd, 2015) close to 2,500 smoking cessation consultations have been documented. Twenty-seven percent (27%) of participants accepted the automated follow-up calls and for those participants, the quit rate was 30%.



“...the control the cigarette has over you. For example, not going to my kid’s confirmation at church because you got to sit there a whole hour. You just don’t want to go in. Or outside at a party, smoking with people which I never [normally] communicate with and I am outside freezing my butt off. And that’s the control the cigarette has over me.”

- Anonymous Patient

In the spring of 2014, two focus groups were held to hear from smokers who recently quit and smokers not ready to quit. Results indicated the need for more support earlier on in a smoker’s quit attempt and revision of smoking cessation promotional materials. In addition, a respiratory therapist is currently working with OMSC trained primary care nurses to provide refresher training and to develop further supports for patients in their quit attempt journey.

In 2016, the PEI Cancer Treatment Centre plans to implement the OMSC program. Work is also underway to implement the OMSC Database in community hospitals and in the Cancer Treatment Center.

PROVINCIAL HIGHLIGHTS

NOVA SCOTIA

NOVA SCOTIA HEALTH AUTHORITY (NSHA) – NORTHERN ZONE

In 2014, the former Cumberland, Colchester East Hants and Pictou County Health Authorities committed to implementing the OMSC in their organizations. Since then, health system restructuring has led to all three Health Authorities becoming part of the new Nova Scotia Health Authority (NSHA).

The Cumberland Regional Health Care Centre in Amherst began hospital-wide implementation of the OMSC on April 1st, 2015. Working under a care directive, the Respiratory Therapy department is initiating nicotine replacement therapy (NRT) and completing smoking cessation consults. Nursing staff and physicians also initiate NRT and regular chart audits are completed to determine where improvements can be made. Program promotion and staff education is ongoing. Follow-up support is offered to patients in the form of automated calls or emails and through an Addiction Services community outreach worker. The outreach worker visits the hospital, connects with patients ready to make a quit attempt and provides a one week supply of NRT to be used upon discharge. The community outreach worker then connects with the patient within a week of their hospital discharge to offer behavior change support, as well as monitoring and titrating NRT on an outpatient basis.



KEYS TO SUCCESS

- Education of all staff prior to program implementation
- Ensuring all patients who use tobacco are referred for consultation regardless of readiness to quit
- Collaboration with other sites implementing the OMSC

The Aberdeen Hospital in New Glasgow will launch its smoking cessation program in December 2015, beginning with admitted patients in the Emergency Department. Colchester East Hants Health Centre in Truro will go-live in January 2016, with inpatient mental health nurses taking the lead in their unit and respiratory therapists taking the lead in the other units. Nursing managers are strongly encouraging the OMSC e-learning modules and staff are finding the modules very helpful.

NOVA SCOTIA HEALTH AUTHORITY (NSHA) – CENTRAL ZONE

As a result of Health Canada’s Federal Tobacco Control Strategy, the Nova Scotia Health Authority – Central Zone has implemented a Stop Smoking Support Program, to assist inpatients in smoking cessation. The Stop Smoking Support Program, based on the OMSC, is a nurse-driven consulting service that targets acute care inpatients who currently use or have recently used any form of tobacco. The hospitals nursing staff is responsible for completing the consults and providing brief counseling to clients identified as smokers upon admission. Six months of follow-up is monitored by Smokers’ Helpline.



Presently, the program covers four different sites within the Central Zone, which include 16 inpatient units and two surgical pre-admission clinics. 3,500 smokers have been reached since the program’s inception in 2012.

FUTURE DIRECTIONS

- Expand reach of the Stop Smoking Support Program to all Central Zone acute care inpatient units
- Develop and implement a recurring open attendance information session on smoking cessation for patients and families interested in quitting
- Collaborate with the Mental Health and Addictions program to optimize cessation services provided to clients

PROVINCIAL HIGHLIGHTS

BRITISH COLUMBIA

VANCOUVER COASTAL HEALTH, OMSC CENTRE OF EXCELLENCE

Vancouver Coastal Health (VCH) has been involved in several OMSC initiatives from 2007 to 2015. Since 2007, the VCH/PHC Clinical Smoking Cessation Program has treated over 5000 smokers at its acute care sites. Through VCH's partnership with the OMSC, the smoking cessation program has expanded into: outpatient departments throughout the Vancouver area, clinics in Vancouver's Downtown Eastside (Canada's poorest neighbourhood), diabetes clinics, aboriginal friendship centres, chronic disease clinics, respiratory clinics and others, resulting in a tremendously positive impact on how VCH staff assist their patients who smoke.

In 2013, Vancouver Coastal Health partnered with the OMSC to implement the INSPIRE Project (Implementing a National Smoking cessation Program In Respiratory and diabetes Education clinics (INSPIRE)).



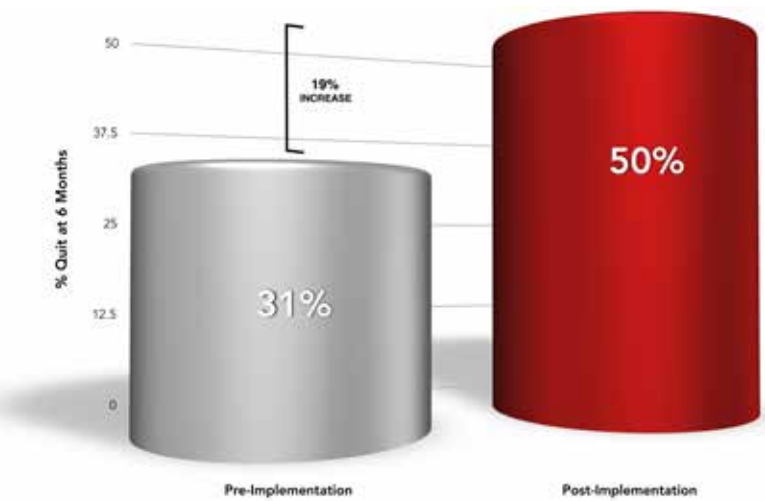
A LOCAL SUCCESS STORY

Providence Crosstown Clinic is an addictions clinic located in the Downtown Eastside neighbourhood of Vancouver. Although tobacco use was historically entrenched in the culture of the clinic's clients, many of the clients had a strong desire to reduce or quit smoking. Implementing the OMSC changed the practice of the clinic's healthcare providers (pharmacists, doctors, nurses, social workers and addiction counselors) and despite the prevalence and acceptance of smoking in the environment immediately outside the clinic, there were several instances of clients successfully cutting back and quitting smoking. Most impressive, were the changes within the larger community, such as street vendors reducing their own tobacco use. Clinic staff reported that if other clinics in the neighbourhood engage in similar supportive activities, the future of the Downtown Eastside may be healthier.

QUEBEC

MCGILL UNIVERSITY HEALTH CENTRE

The IMPACT program based on the Ottawa Model for Smoking Cessation was launched at the McGill University Health Centre (MUHC) in January 2014. It was initially offered on two cardiology units and the acute respiratory care unit. Since then, the program has expanded to the cardiac and vascular surgical units and to the pre-operative clinic. Pharmacotherapy, cessation counselling and post-discharge telephone follow-up is offered to all identified smokers on these units regardless of their desire to quit. The IMPACT program recognizes that addressing tobacco use and offering post-discharge support to patients during a hospitalization is an opportunity not to be missed.



As of November 2015, 900 smokers had been seen through the IMPACT program and of these, 40% received NRT and 45% accepted automated telephone follow up support. Evaluation of the program has demonstrated a 19% increase in six month quit rates (from 31% to 50%). These impressive results have led to a demand for the IMPACT program to be implemented on other units.

KEY FACTORS IN THE SUCCESS OF THE IMPACT PROGRAM

Hospital administration support for the program and administration support for banning smoking on all MUHC campuses in November 2015

Frequent communication of program results and regular reminders to reinforce practice change

Commitment from all levels of staff

"The IMPACT program promotes the importance of addressing smoking status and provides support to smokers but also to healthcare professionals interacting with patients during a hospitalization."

*- Michel Lebel
Coordinator of the IMPACT program
McGill University Health Centre*

RESEARCH

Research and evaluation of smoking cessation programs and services are a key component to the success and ongoing adaptation of the OMSC. Here is a list of recent innovative studies led by the University of Ottawa Heart Institute that further the development of cessation services.

A Phase 4, non-treatment follow-up for cardiac assessments following use of smoking cessation treatments in subjects with and without a history of psychiatric disorders (CATS Study)

It is important to establish the cardiovascular safety profiles of smoking cessation medications to better assist individuals who are making a quit attempt in both psychiatric and non-psychiatric populations. The CATS study is designed to characterize the cardiovascular safety profiles of varenicline and bupropion compared to placebo, and to characterize the cardiovascular safety profiles for the comparison of nicotine replacement therapy (patches) versus placebo, varenicline versus bupropion, varenicline versus NRT, and bupropion versus NRT in both psychiatric and non-psychiatric populations.

Principal Investigator: Dr. Andrew Pipe (Multi-centre study)

Timeframe: 2013 - 2016

Funding Agency: Pfizer

A Phase 4, Randomized, Double-Blind, Active and Placebo-Controlled, Multicenter Study Evaluating the Neuropsychiatric Safety and Efficacy of 12 weeks Varenicline Tartrate 1 mg BID and Bupropion Hydrochloride 150 mg BIG for Smoking Cessation (EAGLES Study)

It is important to establish the neuropsychiatric safety profiles of quit smoking medications to better assist individuals who are making a quit attempt, in both psychiatric and non-psychiatric populations. The EAGLES study is being conducted to assess varenicline and bupropion as aids to smoking cessation treatment in subjects with and without an established diagnosis of major psychiatric disorder and to characterize the neuropsychiatric safety profile.

Principal Investigator: Dr. Andrew Pipe (Multi-centre study)

Timeframe: 2012 - 2015

Funding Agency: Pfizer

Integrating the “Ottawa Model” for smoking cessation into routine primary care practice: A Cluster Randomized Controlled Trial

Twenty family medicine practices have participated in a study looking to establish gold-standard evidence regarding the Ottawa Model for Smoking Cessation in Primary Care’s efficacy in influencing provider delivery of evidence-based treatments and improve patient quit attempts and quit rates.

Principal Investigators: Dr. Andrew Pipe, Dr. Sophia Papadakis

Timeframe: 2011 - 2013

Funding Agency: Heart and Stroke Foundation of Canada

A Prospective Cluster-Randomized trial to implement the Ottawa Model for Smoking Cessation in Diabetes Education Programs (GRAND Study)

The incidence of Type 2 diabetes mellitus (T2DM) is increasing rapidly. Community based diabetes education programs (DEPs) have been developed to help support patients with their diabetes management, however, assistance for smoking cessation is rarely provided. Smoking and diabetes are both identified as a major risk factors for vascular disease and the combination of the two is lethal. The purpose of this project is to evaluate the effectiveness of the OMSC intervention in multiple DEPs and assess the quit rates of these patients at these clinics. If proven efficacious, the OMSC intervention is scalable for implementation in DEPs across Canada and could have profound impacts on patient health and community health.

Principal Investigator: Dr. Robert Reid

Timeframe: 2013 - 2017

Funding Agency: Pfizer

Translating knowledge about smoking cessation into cancer care treatment: the Ottawa Model for Smoking Cessation (OMSC) – (CANQUIT)

Cigarette smoking is responsible for about 1 in 3 cancer deaths and 85% of lung cancer deaths annually. Quitting smoking reduces the risk of developing and dying from cancer, including patients who already have cancer. Cancer patients are highly motivated to quit smoking at the time of their diagnosis creating an ideal teachable moment for smoking cessation. Unfortunately quit smoking interventions are rarely offered as part of routine cancer care. The OMSC program has a proven track record of creating sustainable changes in clinical practices and patient outcomes; however it has not been adapted for use in the cancer care setting. The purpose of the CANQUIT project is to evaluate the impact of the OMSC in a cancer care setting compared to the current standard of care.

Principal Investigator: Dr. Robert Reid

Timeframe: 2013 - 2016

Funding Agency: Canadian Cancer Society Research Institute

Self-Directed Titrated Nicotine Patch versus Standard Treatment for Smoking Cessation in Smokers Motivated to Quit (STEP Study)

The use of NRT is designed to provide patients with a dose of nicotine sufficient to approach nicotine levels obtained during smoking in order to alleviate symptoms of withdrawal, reduce cravings, and ease smokers in the transition to being smoke free. Research indicates that increasing the dose of transdermal nicotine patch improves cessation rates. The STEP study will evaluate the efficacy of titrating the dose of NRT based on smoking history compared to standard treatment in conjunction with behavioural counselling for smoking cessation.

Principal Investigator : Dr. Andrew Pipe

Timeframe: 2010 - 2013

Funding Agencies: Heart and Stroke Foundation of Canada and Johnson and Johnson

Interventions to Reduce Cardiovascular Disease: “Real-World” Effectiveness of Combined Pharmacotherapy and Behavioural Counseling for Smoking Cessation

Previous studies have demonstrated the effectiveness of pharmacological treatments and behavioural counselling for smoking cessation; however, they tend to be conducted in highly controlled settings and with restricted populations (e.g., excluding patients with severe health conditions and/or psychiatric co-morbidities). The Real-World study aims to investigate behavioural and pharmacological interventions that may be used in “real-world” clinical settings to increase abstinence rates, and will systematically track the prevalence of neuropsychiatric symptoms pre, during and post-target quit date.

Principal Investigator : Dr. Heather Tulloch

Timeframe: 2009 - 2014

Funding Agency: Heart and Stroke Foundation of Canada

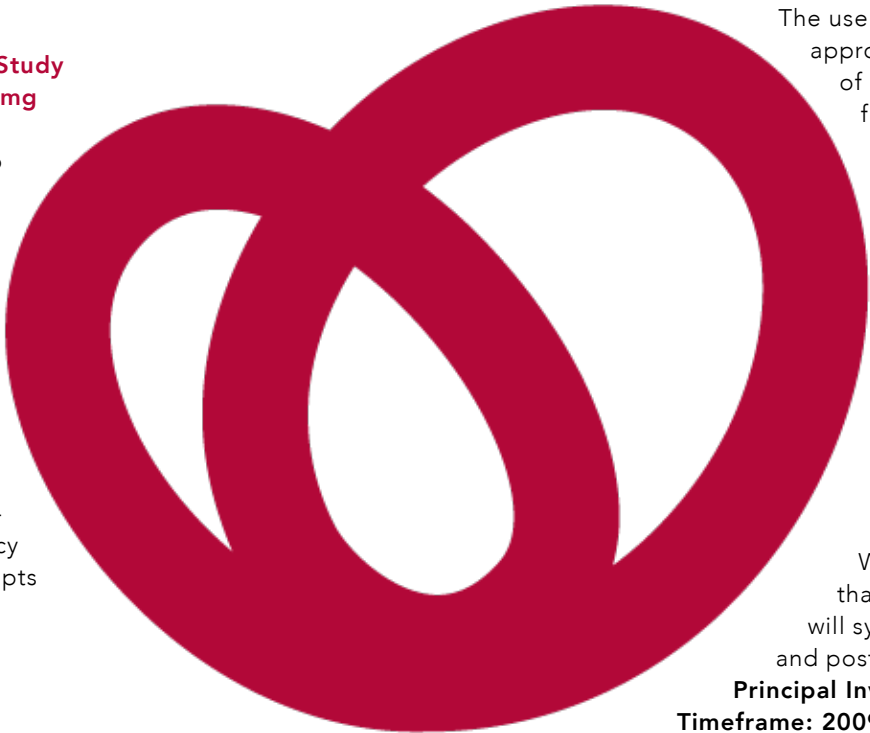
Efficacy and Cost-Effectiveness of Cost-Free Pharmacotherapy for Smoking Cessation for High-Risk Smokers with Cerebrovascular Disease (QUIT MED)

Smoking is a risk factor for recurrent stroke, and those who continue to smoke after stroke have double the risk of death compared to non-smokers and ex-smokers. The QUIT MED study aims to determine if providing cost-free smoking cessation medications increases quit rates among smokers who have experienced a TIA or stroke, and additionally, whether providing cost-free pharmacotherapy is a more cost-effective alternative to providing a prescription only for these medications in this high-risk population.

Principal Investigators: Dr. Robert Reid, Dr. Mike Sharma

Timeframe: 2009 - 2012

Funding Agency: Heart and Stroke Foundation of Canada



UNIVERSITY OF OTTAWA HEART INSTITUTE SMOKING CESSATION TEAM

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Offering support for cessation is a fundamental responsibility of all health professionals caring for patients who smoke.

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