Implementation and outcomes of systematic approaches to tobacco treatment: the Ottawa Model for Smoking Cessation

Authors:
M Coja¹, KA Mullen¹, AL Pipe¹, RD Reid¹, ¹University of Ottawa Heart Institute, Cardiac Prevention and Rehabilitation - Ottawa - Canada,

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Background/Introduction: Tobacco use is a major risk factor for the leading chronic diseases, is a leading cause of preventable death worldwide, and is a large cost driver of healthcare spending. Quitting smoking is the single most effective thing a patient can do to improve their health. The Ottawa Model for Smoking Cessation (OMSC) is a systematic, comprehensive approach to clinical tobacco dependence treatment. It provides support to healthcare settings in establishing a high quality tobacco treatment protocol and addressing common barriers to ensure optimal delivery of evidence-based smoking cessation interventions. Purpose: The OMSC assists healthcare professionals to transform clinical practices through knowledge translation, implementation support, and quality evaluation. It promotes the delivery of 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, provide strategic advice to quit, support patients in making a quit attempt, and provide follow-up support. Methods: OMSC Outreach Facilitators work with healthcare setting to assist with implementing evidence-based smoking cessation interventions. This is guided by an OMSC workplan which covers planning, implementing, evaluating and sustainability. Pre and post implementation along with program-level data is collected and used to determine rates of smoking status documentation, brief advice to stop smoking, delivery of cessation support and patient quit rates. Results: The OMSC program has worked with approximately 450 healthcare settings, trained over 20,000 healthcare professionals, and supported approximately 500,000 patients with quitting smoking. Of those not ready to quit, 45% of patients seen in primary care were supported in reducing the amount they smoke. For OMSC hospital and specialty care patients receiving follow-up support, the six month responder-quit rate was 48%. For OMSC primary care patients, the two month responder-quit rate was 57%. Patients who had previously been supported by their OMSC primary care practice but had not presented to their provider in at least 6 months were contacted to assess their smoking status. Of those reached, 44% were smoke-free. Of those who relapsed, 53% indicated they would be willing to make another quit attempt, 37% of which went back to their healthcare provider to try again. Conclusion: The OMSC has shown to be a simple, systematic step-by-step approach to addressing tobacco use in healthcare settings. It provides a way to create clinical efficiencies while increasing the rates at which evidence-based smoking cessation interventions are being delivered to patients, which leads to more patients making further quit attempts. The OMSC continues to expand across Canada and internationally in hopes of creating a wider smoking cessation network to support more patients with quitting smoking.