SMOKING CESSATION GUIDELINES FOR PHYSICIANS

Context:

The development of this guideline for smoking cessation is in accordance with the principles and goals of the 2004 Memorandum of Agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA), Appendix E s.4: Health Promotion and Disease Prevention. It specifically relates to the introduction of two incentive fees: 4.1 Add-on Initial Smoking Cessation Fee and 4.2 Smoking Cessation Counselling Fee.

Background:

Smoking remains the number one preventable cause of death and disease in Canada. Approximately 45,000 deaths in Canada are attributable to smoking. It is estimated that smoking prematurely kills three times more Canadians than car accidents, suicides, drug abuse, murder and AIDS combined.[1] Smoking accounts for 85% of lung cancer in Canada[2], 80-90% of all cases of COPD[3] with smokers having a 70% greater chance of dying from coronary artery disease than non-smokers.[4]

Family physicians are essential to the success of smoking cessation programs. Physicians are considered a credible source of information among patients with advice having a powerful impact on patient motivation. Studies have repeatedly shown that the advice of a physician is the single strongest determinant of preventive practices.[5]

As part of the Ontario Tobacco Strategy, the Clinical Tobacco Intervention (CTI) program was established by the OMA in collaboration with the Canadian Medical Association, the Ontario Pharmacists' Association (OPA) and the Ontario Dental Association (ODA). This program offers ongoing support to physicians, pharmacists and dentists to provide evidence-based smoking cessation and prevention interventions within their clinical practice. Up-to-date information is available to all practitioners at www.omacti.org.

The U.S Department of Health and Human Services' *Treating Tobacco Use and Dependence* Clinical Practice Guideline is the universally accepted strategy for smoking cessation and is also recommended by the Ontario Guidelines Advisory Committee (GAC) and CTI. This guideline promotes the 5As strategy: Ask, Advise, Assess, Assist, and Arrange and also advocates for important clinical interventions such as counselling with the use of tools such as Nicotine Replacement Therapy (NRT) or Bupropion to improve success rates.

Guidelines:

The main goal of this guideline is to enhance and optimize physician practice of smoking cessation counselling in Ontario. This guideline will also serve to introduce the specific requirements necessary to qualify for billing the aforementioned codes and is further complemented with a specific flow sheet to guide practice. Specific requirements are consistent with the CTI's 5A's Model recommendations.

5As Model:

- Ask – patients about smoking status
- Advise – patients about the health risks of tobacco use and to quit
- Assess – patients' readiness to quit
- Assist – patients that are ready to quit
- Arrange – follow up

[1] Clinical Tobacco Intervention. http://ctica.org [2] Canadian Cancer Statistics, 2004 [3] Respiratory Disease in Canada, 2001 [4] HeartandStroke.ca [5] Settings for Health Promotion: Linking Theory and Practice. 2000. p.219.

An integral component of smoking cessation counselling is the use of motivational interviewing strategies to adequately assess a patient's readiness to quit. Incorporating a 10-point motivational tool into smoking cessation assessments directs key questions regarding incentives and barriers to achieve results. The patient's level of motivation can be directly linked to a stage of behavioural change with interventions tailored accordingly to enhance success. The goal of motivational interviewing is to explore patients' ambivalence and encourage patients to express their concerns and individual reasons for change.[6] Controlled studies have shown that motivational interviewing techniques are easily adaptable for use by family physicians and are as effective as cognitive-behavioural techniques and 12-step facilitation interventions.[7]

Patients in the pre-contemplative/ contemplative stage may benefit from motivational interviewing with specific strategies designed to elicit, clarify and resolve ambivalence.[8] Counselling should include empathy and reflective listening to enhance patients' confidence and move patients along the stages of change process. It should be noted that the process to behaviour change can occur gradually and is rarely a single event with relapses being almost inevitable.

Once patients are at the preparation/action stage of change, discussions surrounding setting a quit smoking date and appropriate pharmacotherapy tools should be considered to enhance success rates. The OMA confirms that the use of these smoking cessation tools approximately doubles the smoking cessation rates relative to control groups given placebos.[9] Appropriate pharmacotherapy tools include Nicotine Replacement Therapy and Bupropion respectively.

Patients committed to quit smoking, regardless of stage of change or willingness to set a quit date qualify for an additional two follow up counselling sessions within 12 months of the initial counselling service. A planned care approach for arranging follow-up for more intensive intervention, reinforcement or prevention of relapse is an excellent strategy to optimize success. Physicians should also consider linking with community smoking cessation programs for additional patient education and support.

Utilizing Flow Sheets and Educational Resources:

The following material had been created to facilitate effective smoking cessation interventions:

Smoking Progress Notes – Annual Patient Profile is divided into three parts. The first part is the initial assessment designed to assist physicians in determining a patient's readiness to quit and helps to identify incentives and barriers to achieve objective. The second and third parts accommodate two follow-up counselling visits within a 12-month period. Additional information regarding motivational interviewing, counselling strategy, relapse prevention, community resources and billing are available on the reverse side of the flow sheet.

[6] Motivational Interviewing. GP Drug & Alcohol Supplement No.6, April 1997

[7] Zimmerman et al. A 'Stages of Change' Approach to Helping Patients Change Behavior. American Academy of Family Physicians, 2000. p.7

[8] Rollnick, S. Miller, W. What is Motivational Interviewing?: Resources for clinicians, researchers and trainers. Behavioural and Cognitive Psychotherapy, vol 23, 1995.

[9] Investing in Tobacco Control: Good Health Policy/ Good Fiscal Policy. OMA December 2003.

Smoking Progress Notes – Annual Patient Profile

Initial Assessment (E079 – see reverse)

Patient:				**Date:**
ASK	☐ No ☐ Yes If yes➢	Years smoking:	# cigarettes/ day:	Previous quit attempt ? ☐ Yes ☐ No
ADVISE	"As your physician, I am concerned about your health and advise you to stop smoking. I can help you." (Make link to relevant medical history)			

ASSIST

Motivational Interviewing: (see details on reverse)

Q: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?

1	2	3	4	5	6	7	8	9	10
Not Ready to Change			Unsure		Getting Ready to Change			Trying to Change	
NOT READY TO QUIT					READY TO QUIT				

Pre-contemplative/ Contemplative Stage
- Ask patient if they would be willing to cut down?
- Focus on motivating patient
- Offer help when patient is ready

Preparation/ Action Stage
- Set a quit date (Try to arrange 1st counselling session within 1 week of quit date)
- Discuss pharmacotherapy if ready
- Offer patient educational material

Patient's reasons to quit: (Check all that apply)	☐ Health	☐ Children / Spouse	☐ Financial	☐ Social	☐ Other
Patient's concerns about quitting: (Check all that apply)	☐ Weight	☐ Withdrawal	☐ Social	☐ Stress	☐ Relapse ☐ Other

Counselling Visit # 1 (K039 – see reverse)

PATTERN OF SMOKING: Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age		**Date:**
Age started to smoke:		Notes/Comments:
Time of 1st cigarette after awakening (e.g. 30 min)		
Date of last quit attempt:		
Duration of quit attempt:		
Reason for relapse (or N/A):		

PREVIOUS MEDICATION USE:	☐ Nicotine Gum	☐ Nicotine Patch	☐ Nicotine Inhaler	☐ Bupropion HCL
Comments: ➢				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	*Ready to set a quit date?* ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider Pharmacotherapy	☐ Nicotine Gum	☐ Nicotine Patch	☐ Nicotine Inhaler	☐ Bupropion HCL
Follow-up – Relapse Prevention (see over)	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal symptoms	☐ Not required
Referral to Community Smoking Cessation Program	☐ Yes *(see reverse)*		☐ No	

Counselling Visit #2 (K039 – see reverse)

PATTERN OF SMOKING: Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age		**Date:** (should be within 1 month of 1st counselling visit)
Current smoking status:		Notes/Comments:
Time of 1st cigarette after awakening (e.g. 30 min)		
Date of last quit attempt:		
Duration of quit attempt:		
Reason for relapse (or N/A):		

MEDICATION USE DURING QUIT ATTEMPT:	☐ Nicotine Gum	☐ Nicotine Patch	☐ Nicotine Inhaler	☐ Bupropion HCL
Comments: ➢				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	*Ready to set a quit date?* ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider/Reinforce Pharmacotherapy	☐ Nicotine Gum	☐ Nicotine Patch	☐ Nicotine Inhaler	☐ Bupropion HCL
Ongoing Follow-up - Relapse Prevention (see over)	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal symptoms	☐ Not required
Referral to Community Smoking Cessation Program	☐ Yes *(see reverse)*		☐ No	

Motivational Interviewing (MI):

- MI allows you to explore the patient's ambivalence and encourage patients to express their concerns and individual reasons for change.[10]

  Some sample questions could be:
  Q #1: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?
  Q #2: Why did you not give yourself a lower rating? (Elicits motivational statements, enhance incentives to quit)
  Q #3: Why did you not give yourself a higher rating? (Elicits perceived barriers, discuss coping strategies)
  Counselling Strategy:

- The focus is to move patients along the stages of change process and enhance the patient's confidence to quit in the future.

Stages of Behavioural Change	Goals for Primary Care Provider[11]
Pre-contemplation Stage	Help patients to begin to think about quitting
Contemplation Stage	Help patients move toward a decision to quit in the near future
Preparation Stage	Help patients get ready and begin to use quitting skills
Action Stage	Help patients stay off tobacco and recover from slips and relapse

Relapse Prevention:

Reinforcement	Intensive Intervention	Withdrawal Symptoms
• Congratulate patient • Encourage to remain abstinent • Discuss benefits derived and success in the quit process • Discuss problems encountered / anticipated threats to maintaining abstinence	If patient identifies one of the following problems that threatens his or her abstinence: • Lack of support • Negative mood or depression • Weight gain • Poor motivation/ feeling deprived Additional counselling may be required for reassurance and to discuss coping skills.	Patient complains of prolonged cravings or other withdrawal symptoms: • Consider extending the use or combining pharmacologic medications to reduce symptoms

Community Smoking Cessation Resources:

- Refer to CTI Compendium for local community listings http://ctica.org/cessation/cessation.html

Additional Resources for Health Care Providers:

- **Ontario Medical Association** www.oma.org
- **Clinical Tobacco Intervention** www.omacti.org – please refer to web-site for additional copies of flow sheet
- **RNAO Nursing Best Practice Guidelines** http://www.rnao.org/smokingcessation

Additional Resources for Patients:

- **Canadian Cancer Society of Ontario**
  - Smokers' Helpline: 1-877-513-5333
  - Self-help booklets, "One Step at a Time"
  - www.cancer.ca

- **Health Canada:**
  - On the Road to Quitting - http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/now-maintenant/road-voie/index_e.html
  - **Quit 4 Life** – Information about quitting smoking for ages 14-19 www.quit4life.com

- **Pregnets** – A web-site with up-to-date information on smoking cessation for pregnant and postpartum women www.Pregnets.org

Smoking Cessation Billing Codes:

Initial Smoking Cessation Dialogue (NB: as of January 1/08, Q041A is no longer available and has been replaced by codeE079)	E079 Submitted with one of the following: A001, A003, A004, A005, A006, A007, A008, A903, A905, K005, K007, K013, K017, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109, W121	Once per patient per year
Smoking Cessation Counselling	K039 (NB: Physicians in Patient Enrolment Models may also bill Q042A in addition to K039 when service is provided to an enrolled patient.)	Twice in the 12 months following the initial dialogue
Ongoing Follow-up Counselling	Code options: A007 and/or K013	A007 – unlimited K013 – 3 times per year, 20 minutes minimum

[10] Motivational Interviewing. GP Drug & Alcohol Supplement No.6, April 1997 [11] Guide Your Patients to a Smoke Free Future, Canadian Council for Tobacco Control