

Smoking Cessation in Primary Care: *Addictions, Medications and Special Populations*

Region of Peel - Mississauga Convention Centre
November 12th, 6:15 – 8:00PM

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@psquitsmoking

Faculty disclosures (past five years)

Grants/Research Support:

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- ECHO, NIDA, CCS, CCO, Ontario Brain Institute,
- McLaughlin Centre, WSIB, NIH, AFMC, Mt Sinai Hospital

Speakers Bureau/Honoraria:

- Pfizer Inc. Canada, Pfizer Global, ABBVie

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- Pfizer Inc./Canada, Pfizer Global, NABI Pharmaceuticals,
- V-CC Systems Inc. (eHealth Behaviour Change Software Co.)

NO TOBACCO or ALCOHOL or FOOD INDUSTRY FUNDING



Learning Objectives

1. Apply smoking cessation approaches that are appropriate for primary care practices.
2. Appropriately prescribe and titrate smoking cessation pharmacotherapy.
3. Tailor smoking cessation support for patients with mental health problems or other co-morbidities, pregnant/breastfeeding women, youth, and aboriginal peoples.
4. Utilize community and professional resources for smoking cessation support.

Learning objective 1: (30 minutes)

TEAM WORK: discuss for 10 minutes

- You have decided to systematically intervene with all tobacco addicted patients in your practice.
- Discuss how and when you will screen?
- How frequently?
- Where you will document?
- What will you do for patients who report smoking cigarettes
- How much time will you allocate to this?
- What about billing for this?

TEAM WORK: Potential answers

You have decided to systematically intervene with all tobacco addicted patients in your practice.

- **For every 2 smokers who you help quit, one will be saved from a tobacco related death!**
- **Aren't we in the business of saving lives?**

Gellert, C., et al. (2012). Smoking and All-Cause Mortality in Older People. *Arch Intern Med*, 172(11):837-844.

Offering help is crucial

- When faced with offer of support to quit, many patients will respond positively, regardless of their ambivalence or lack of intention to quit¹
- Physicians may be more effective by offering assistance to all smokers rather than advising smokers to quit and offering assistance only to those who express an interest in doing so²

¹Stead L, McNeill A, Shahab L, West R. (2007) and Silagy, C, Lancaster L, Stead L, Mant D, Fowler G (2004). In Aveyard, P., and West, R. (2007), Clinical Review: Managing Smoking Cessation. BMJ 335:37-41

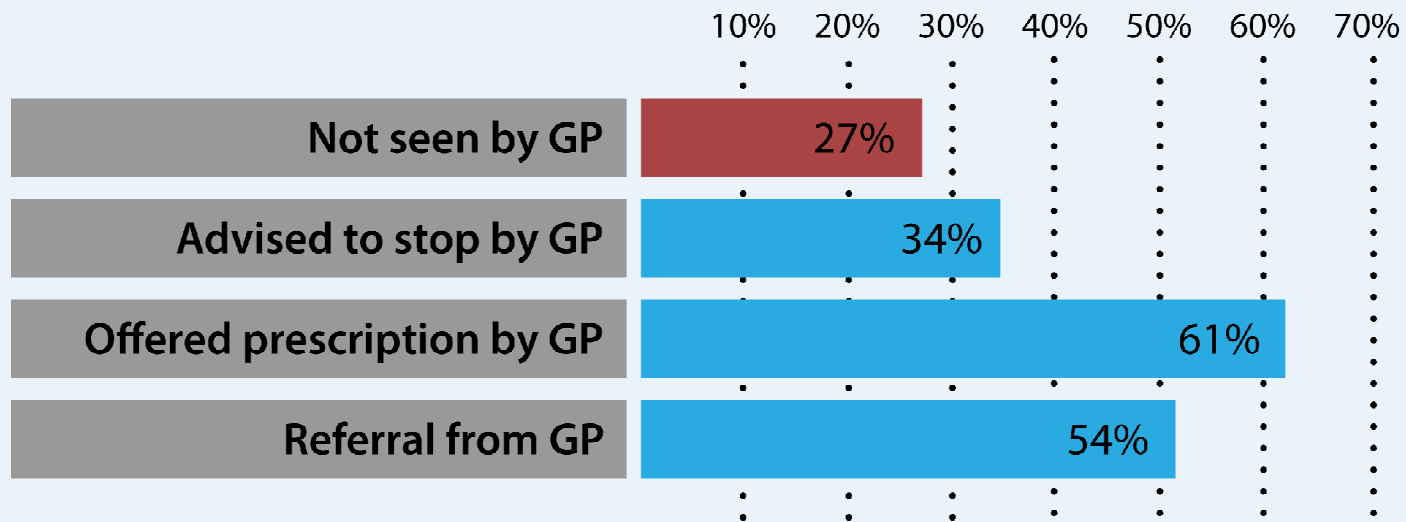
²Aveyard, P., Begh, R., Parsons, A. and West, R. (2012), Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. Addiction. doi: 10.1111/j.1360-0443.2011.03770.x

Cochrane Review (2013): Physician advice for smoking cessation

- The review indicates that there is a potential benefit from brief simple advice given by physicians
- The challenge as to whether or not this benefit will be realised depends on the extent to which physicians are prepared to **systematically identify their smoking patients and offer them advice on a routine basis**

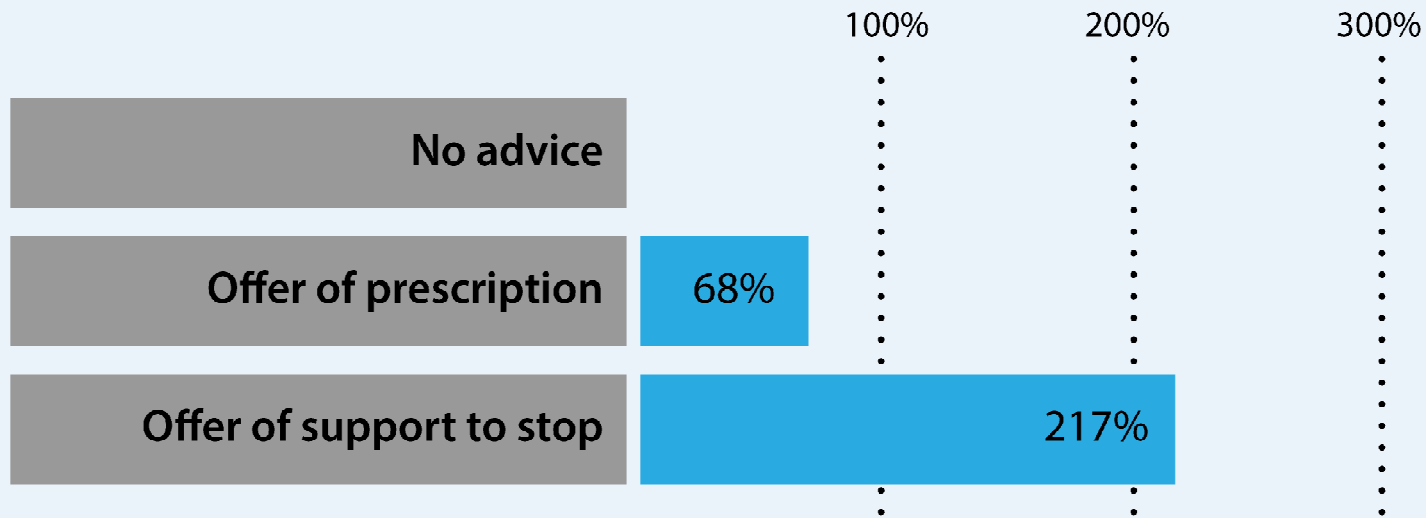
Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. **Physician advice for smoking cessation (Review)**. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4.

Percentage of smokers who made a quit attempt in the past year



Reference: www.smokinginengland.info

Increase in chances of stopping compared with no advice



Reference: Aveyard et al. (2011) Brief opportunistic smoking cessation interventions: A systematic review and meta-analysis to compare advice to quit and offer of assistance. *Addiction*

Discuss how and when you will screen?

- Opportunistic
- Annual
- Current status: daily/non daily smoker
- Quit: no smoking for 4 continuous weeks not even a puff
- Ex-smoker: \geq 6months

How frequently?

- At least annually

Where you will document?

- EMR
 - Not a lifestyle choice (tobacco industry term)
 - Not a habit
 - Record under addiction
 - Dynamic and updatable/trendable

How much time will you allocate to this?

- 3 minutes- VBA

Offer a more patient-centered approach¹

Very Brief Advice (VBA) on Smoking ASK – ADVISE - ACT

- A method for identifying effective behaviour change techniques (BCTs) for smoking cessation².
- The Very Brief Advice (VBA) on Smoking training module which are supported by meta-analysis (i.e. are evidence-based) are:
 - Assess current and past smoking behaviour (BCT code: RI1) [ASK]
 - Provide information on consequences of smoking and smoking cessation (BCT code: BM1) [ADVISE]
 - Provide options for later/additional support (BCT code: A5) [ACT]
 - Advise on stop smoking medications (BCT code: A1) [ACT]

¹Aveyard, P., and West, R. (2007), Clinical Review: Managing Smoking Cessation. *BMJ* 335:37-41

²Michie, S., Churchill, S. & West, R. (2011) Identifying Evidence-Based Competences Required to Deliver Behavioural Support for Smoking Cessation. *Annals of Behavioural Medicine*, 41:59-70

ASK

Establishing and recording smoking status

Because of high relapse, it's important to recheck status

Do you smoke? Are you a smoker? Do you smoke at all?

Do you still smoke? How's it going with the smoking?

*How are you doing with **not** smoking?*

According to your records, you stopped smoking. Are you still off cigarettes?

Bobak A. Very Brief Advice on Smoking: an online training module. www.ncsct.co.uk.

ADVISE

Letting patients know it is still their choice to quit, but informing them about the best ways to quit

“OK, obviously it is your choice but we know that the best way to stop is with a combination of support and treatment..... So it’s definitely worth a go and it’s better than trying by yourself.”

“Did you know the best way to stop is with support and medication, which we can give you here.....so you are more likely to stop and stay stopped?”

Bobak A. Very Brief Advice on Smoking: an online training module. www.ncsct.co.uk.

ACT

Offer support and treatment available (prescription, helpline, cessation specialist, etc)

“You can call this number for your local stop smoking service and they’ll put you in touch with someone who can arrange treatment and support you while you quit.”

“You can book an appointment with our cessation specialist who will discuss treatment and support you while you quit.”

Bobak A. Very Brief Advice on Smoking: an online training module. www.ncsct.co.uk.

What about billing for this?

- **Initial Smoking Cessation Fee (E079A) (once/12 mth/pt) add \$15.40**
- All physicians are eligible to bill rendered in conjunction with A001A, A003A, A004A, A005A, A006A, A007A, A008A, A903A, A905A, K005A, K007A, K013A, K017A, P003A, P004A, P005A, P008A, W001A, W002A, W003A, W004A, W008A, W010A, W102A, W104A, W107A, W109A or W121A.
- Current smoker only; Documentation is a must. E.g. OMA CTI flow sheet
- **Booked follow-up visit (K039) max 2/12mth post E079 visit \$33.45**
- Payment rules:
- same physician
- Medical record requirements:

Show of hands voting exercise

Q: How feasible is it for you to implement VBA in your practice?

1. Not at all

2. Some barriers but surmountable if I think about it

3. Very feasible

References

- Aveyard, P., Begh, R., Parsons, A. and West, R. (2012) **Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance.** *Addiction*. doi: 10.1111/j.1360-0443.2011.03770.x
- Michie, S., Churchill, S. & West, R. (2011) **Identifying Evidence-Based Competences Required to Deliver Behavioural Support for Smoking Cessation.** *Annals of Behavioural Medicine*, 41:59-70
- Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. **Physician advice for smoking cessation (Review).** *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4.
- See www.ncsct.co.uk/VBA for online training and training module

Learning Objective #2 and #3

- Appropriately prescribe and titrate smoking cessation pharmacotherapy.
- Tailor smoking cessation support for patients with mental health problems or other co-morbidities, pregnant/breastfeeding women, youth, and aboriginal peoples.

Case discussion (20 minutes)

- Instructions
- Please use case worksheet: Jane XX

Take 5 minutes to answer the questions individually

5 minutes discussion at your table

15 minute debrief

Case discussion (20 minutes)

- Instructions
- Please use case worksheet: John X

Take 5 minutes to answer the questions individually 5 minutes discussion at your table 15 minute debrief

Learning Objective 4: Additional Community and Professional Resources

- STOP PROGRAM: www.stopstudy.ca

- TEACH: www.teachproject.ca

- Referral to TATC:

175 College Street, Toronto, ON, M5T 1P7

- SHL: www.smokershelpline.ca

Summary

- VBA- Ask, Advise and Act
- Youth : least risky choice
- Pregnancy: behavioural first, partner treatment, judicious use of NRT
- Depression: if under control: use any pharmacotherapy
- Diabetes: monitor blood sugars and prevent hypo/hyperglycemia
- Follow Canadappt guidelines
- Adjust pharmacotherapy depending on response

Thanks

- TEACH TEAM:

Project Director	Rosa Dragonetti, MSc
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Instructional Designer	Valerie Timothy, MDE
New Media Designer	Casey Irvin, MA
New Media Designer	George Vila, AMD

- PEEL folk (see names from invitation)