

STOP with FHTs: Building Capacity to Deliver Smoking Cessation Programming in Family Health Teams

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Association of Family Health Teams of Ontario Conference - Oct 22, 2013

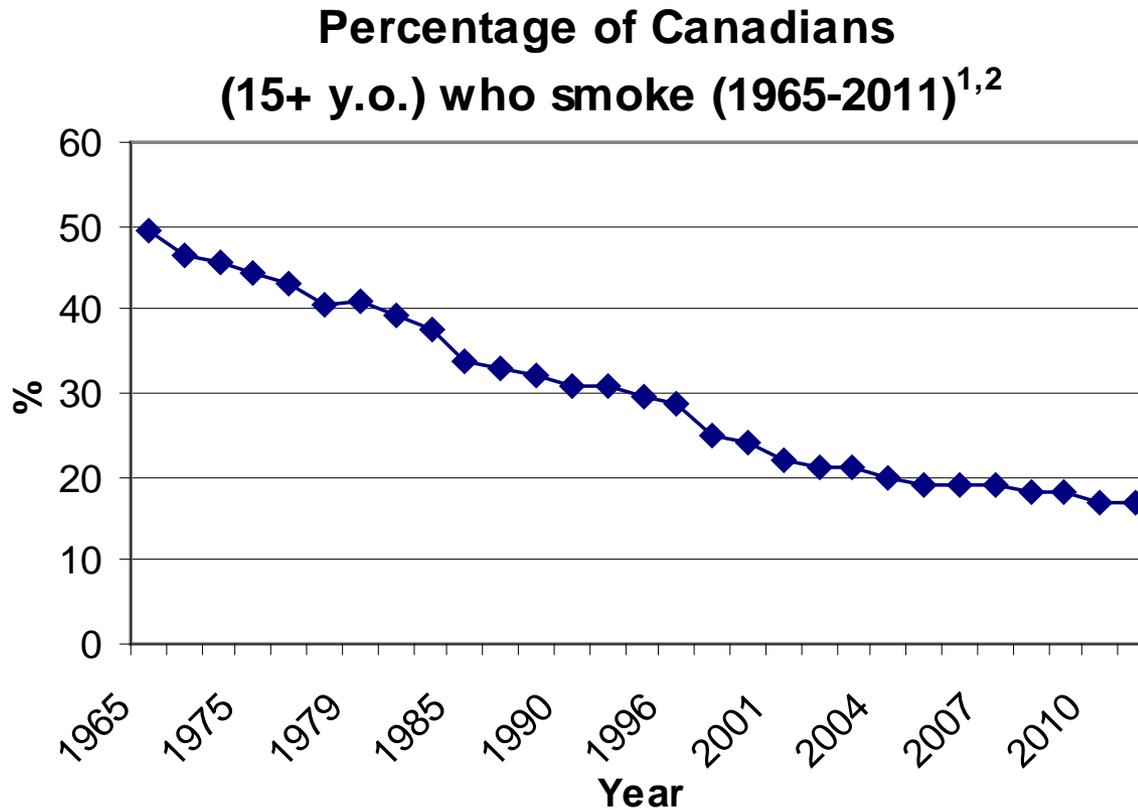
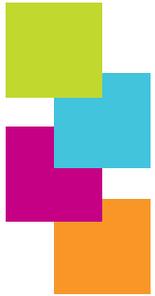


+ Presenter Disclosures



- Presenters: Justine Mascarenhas, Kimberly Vickers, Roxanne Davies
- Relationships with Commercial Interests: Not applicable
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- Mitigating Potential Bias: Not applicable

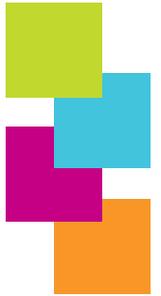
+ Need for Smoking Cessation Programming



1. Health Canada. CTUMS Smoking Prevalence 1999-2011.

2. Physicians for a Smoke Free Canada (2012) Smoking Prevalence Fact Sheet.

+ Need for Smoking Cessation Programming



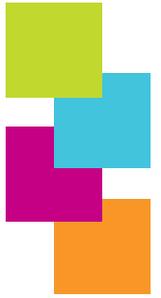
- 55% of smokers want to quit in next 6 months¹
- Nicotine Replacement Therapy doubles chances of quitting
- Cost is a barrier to medication use for 27% of Ontario smokers ¹
- 59% would use nicotine replacement therapy if offered for free²

1. Health Canada. CTUMS 2010.

2. Cunningham, JA & Selby PL (2008) CMAJ. 179(2):145-146.

+ Rationale for STOP with FHTs

- Primary care practitioners are ideally positioned to intervene and treat smokers who want to quit
- Practitioner barriers to implementing best practices for smoking cessation interventions:
 - Time (42%)/ Capacity
 - Confidence in ability (22%) or knowledge (16%)
 - Cost of medication for patients (24%)

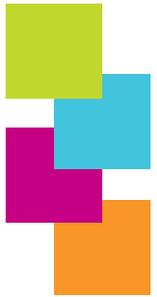


+ **Government Action**

In Feb 2011, new program by Ontario Government proposed to:

- i) make free Nicotine Replacement Therapy (NRT) in combination with counseling, available to patients of Ontario Family Health Teams (FHTs)
- ii) build capacity among FHT practitioners to provide evidence-based treatments to their patients.





+ **Next Steps**

1. Invitation and Capacity Assessment

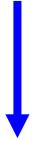
Invitation sent out to all Ontario Family Health Teams (FHTs) to gauge interest and current capacity to implement program

2. Program Development and Implementation

Program developed to increase capacity within Family Health Teams and provide evidence-based treatment to help FHT patients quit smoking

+ Engagement Process

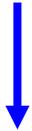
Feb 2011: MHPS emailed invitation to all 170 Ontario FHTs



122 FHTs (65%) responded indicating interest

March 2011:

Individual snapshots sent to FHTs about their readiness to implement program
Notification that CAMH is coordinating site



April 2011:

CAMH contacted FHTs with next steps (contract process, training opportunities etc)

An additional 16 FHTs have become operational since Feb 2011.

An additional 39 FHTs contacted CAMH expressing interest between Feb 2011-Oct 2013

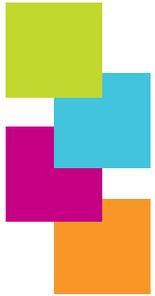
(Total respondents = 161/186 = **87%**)



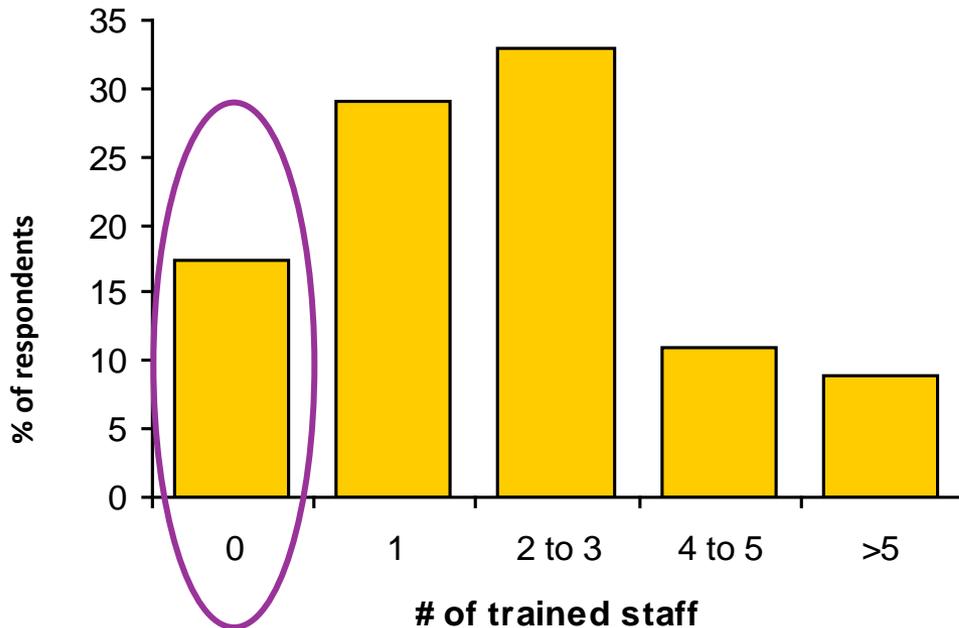
Ministry
contact

CAMH
contact

+ Capacity Assessment Results

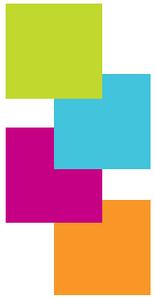


Number of staff formally trained in delivering smoking cessation interventions



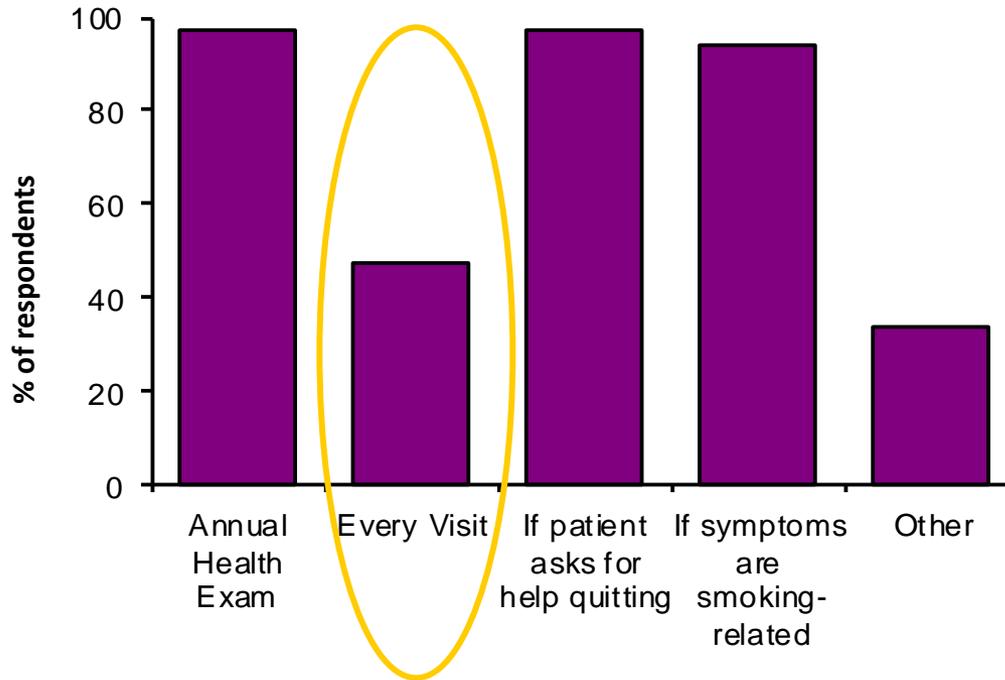
| % of FHTs that: | |
|--|-----|
| have practitioners interested in receiving training in smoking cessation | 85% |
| have a locked space available for NRT storage | 95% |

+ Capacity Assessment Results



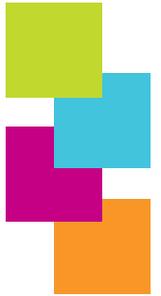
Current implementation of best practices

When are smokers asked if they are ready to quit?



| % of FHTs that: | |
|---|-----|
| actively track smokers' progress | 56% |
| have an organized smoking cessation program | 58% |
| collect patient quit rates | 31% |

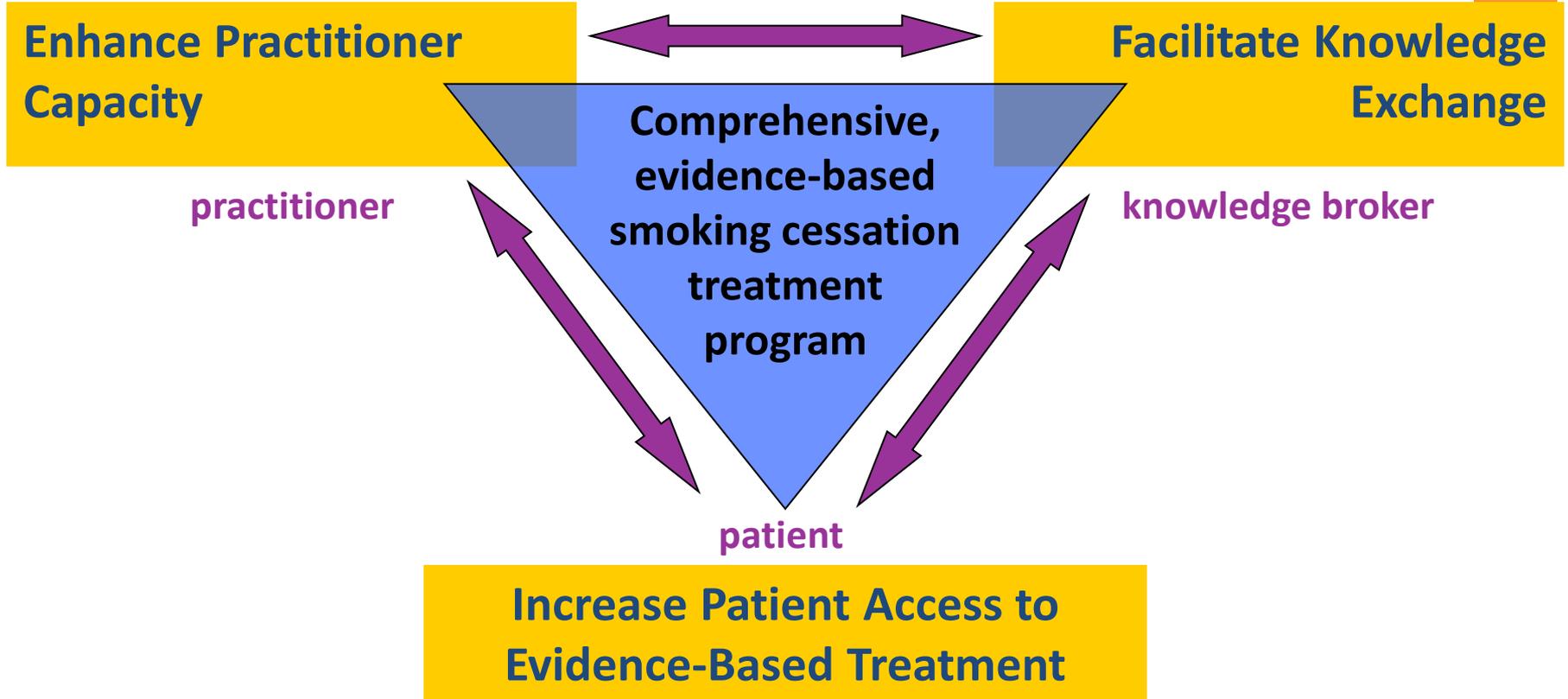
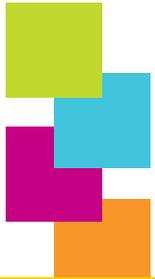
+ Advisory Group



- Representatives from all stakeholder organizations to discuss goals, progress and outcomes:
- Ontario Government
- CAMH
- Ontario Tobacco Research Unit
- Professional Bodies
- Healthcare organizations
- Non-profit organizations
- with an interest in tobacco
- control



+ STOP with Family Health Teams Program

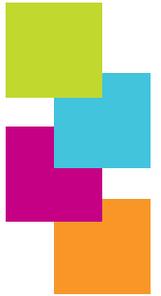


designed to address barriers to implementing best practices

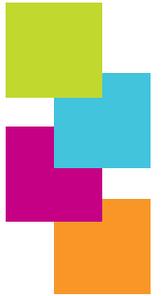
+ Enhance Practitioner Capacity

- Accredited training opportunities
 - 3-5 day in-person course
 - 3-module online course
 - monthly 1-hour 'lunch and learn' webinars (24 held to date)

- Non-physician practitioners encouraged to get trained so that they can implement STOP program



+ Increase Patient Access to Evidence-Based Treatment



Cost-free Nicotine Replacement Therapy (NRT)

Individualized
Titrated to effect
Combination NRT
Max 4 weeks/visit;
26 weeks/year

and/or

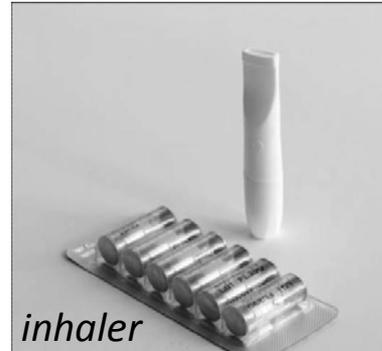
Pre-assembled kit
Monotherapy
5-week treatment



patch



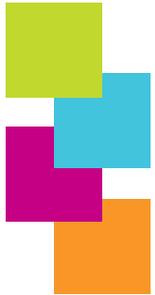
gum



inhaler



lozenge



+ Increase Patient Access to Evidence-Based Treatment

NRT provided with free behavioural support provided by nursing and/or allied health staff



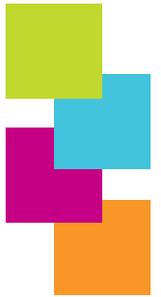
One-session
Group
Psychoeducation

Multi-session
One-on-one
Intensive counselling



+ Facilitate Knowledge Exchange

- Bi-weekly teleconferences for FHT implementers to discuss successes and challenges
- Evaluation
 - Patient
 - Practitioner
 - Organization
- Feedback reports



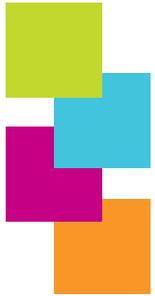
+ **Achievements:** *Enhanced Practitioner Capacity*



- More than 450 FHT practitioners have completed the University of Toronto- and CME-accredited TEACH Core Course or abbreviated Fundamentals of Tobacco Interventions Course between May 2011-May 2013



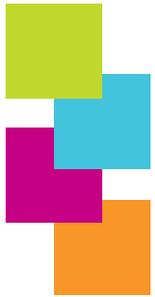
+ **Achievements:** *Increased Patient Access to Cost-Free Medication*



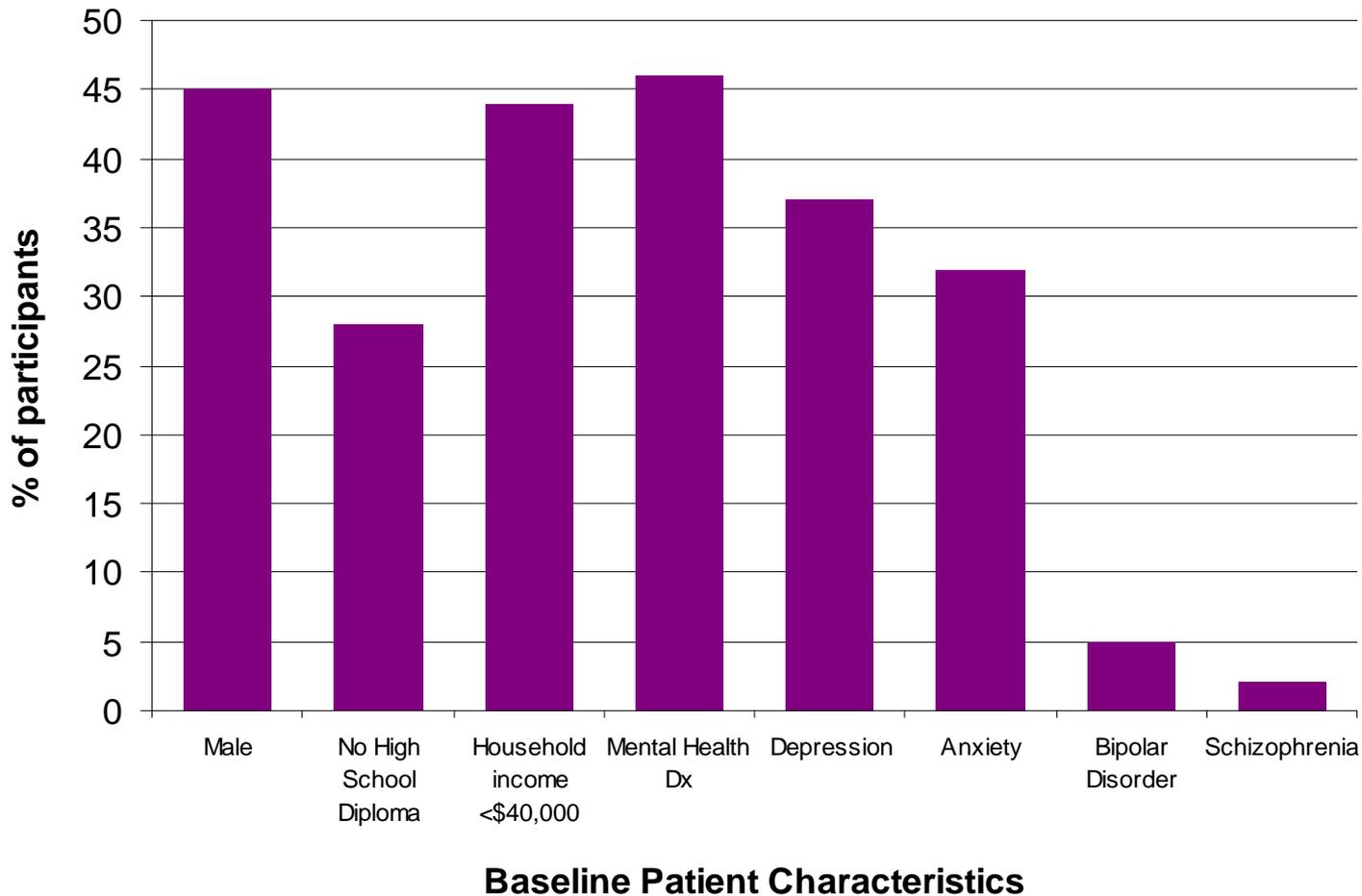
- **131** FHTs in all 14 LHINs are implementing the program to date
 - 70% of all Ontario FHTs currently offering cost-free NRT and counselling support
- **~20,6188** FHT participants enrolled to date



+ Preliminary Participant Baseline Characteristics



■ Mean age: 49 years old

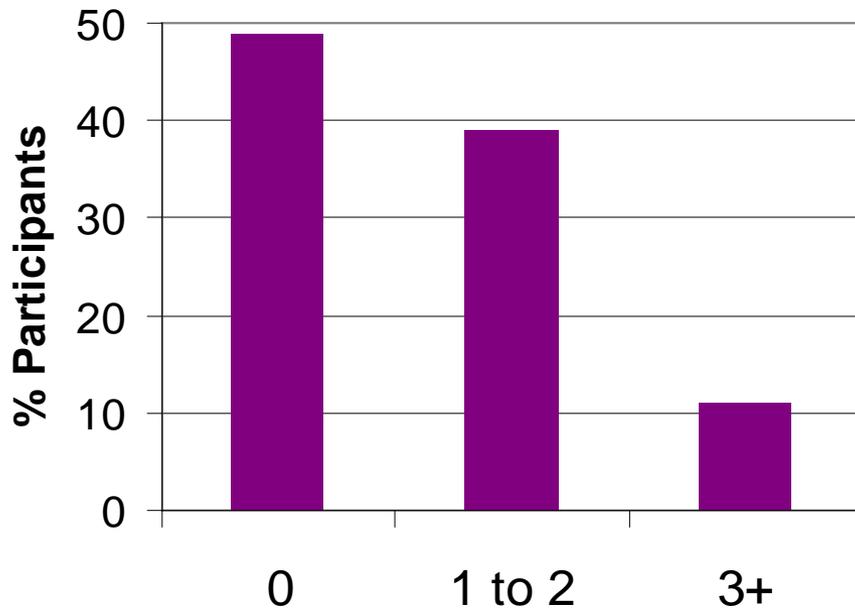


+ Preliminary Participant Baseline Characteristics

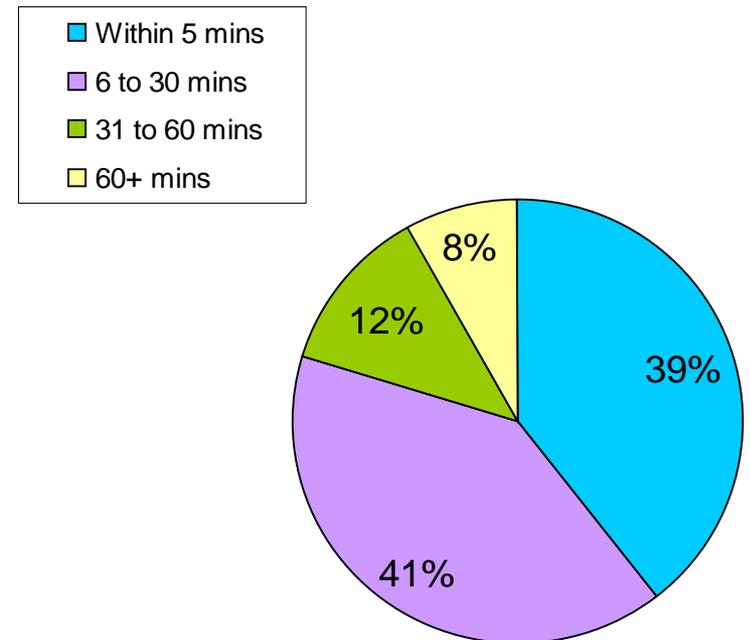


■ Mean cigarette consumption (daily smokers): 20 cigarettes per day

Serious Quit Attempts in Past Year



Time to First Cigarette



+ Preliminary 3m, 6m and 12m Follow-up Data



Among Survey Respondents

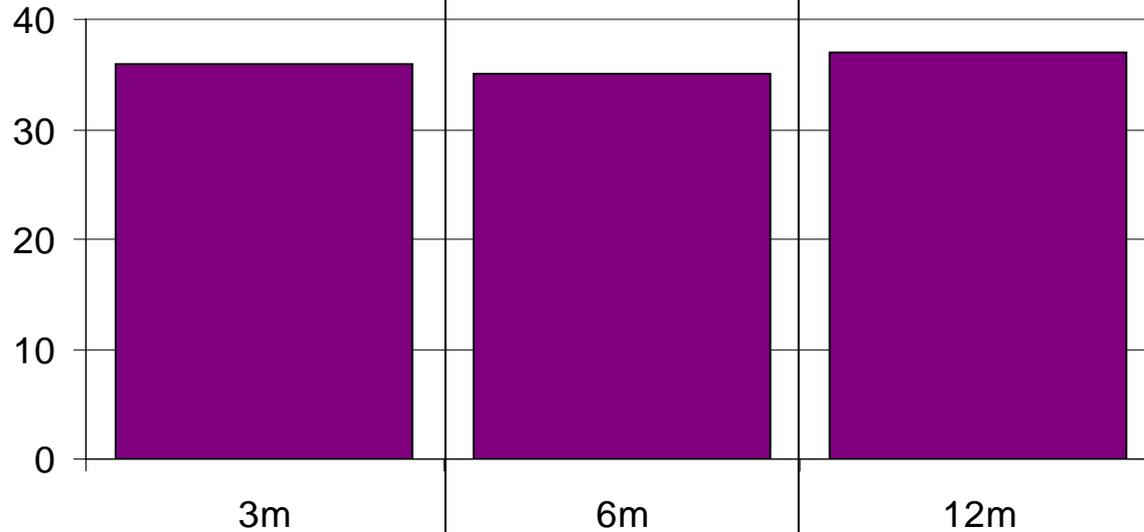
3 months

6 months

12 months

Quit Rates:

% Participants



CPD for daily smokers:

14

15

16

% who have quit for 24 hours (among those still smoking)

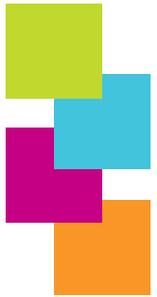
58

60

63

| | | | |
|--|----|----|----|
| # CPD for daily smokers: | 14 | 15 | 16 |
| % who have quit for 24 hours (among those still smoking) | 58 | 60 | 63 |

+ **Achievements:** *Knowledge Exchange Facilitated*



- 54 practitioner teleconferences held (June 2011 to date)
- Produced and sent out feedback reports



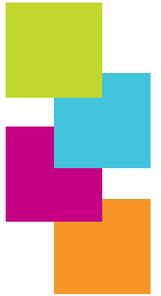
+ **Challenges:** *Enhancing Practitioner Capacity*



- Patient demand exceeding staff resources
- Consistently making smoking cessation priority

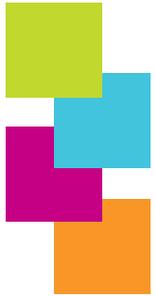


+ **Challenges:** *Increasing Patient Access to Cost-free Medication*



- Systematic identification of all smokers at all FHTs
- Systematic referral of patients at all FHTs
- Access to other smoking cessation medications





+ **Challenges:** *Facilitating Knowledge Exchange*

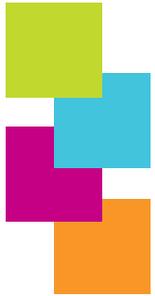
- Some FHTs not participating in KE activities
- Challenging to reach patients for follow-ups



+ Practitioner Experiences

- Barrie & Community Family Health Team
- City of Kawartha Lakes Family Health Team





+ Take Home Message

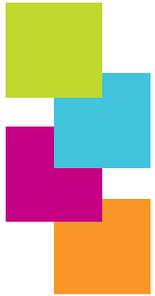
- Family Health Teams can be engaged in implementing more comprehensive smoking cessation treatment programs if barriers are addressed

Provision of free NRT
+ Increasing capacity to treat
+ Encouraging knowledge exchange

↑ evidence-based
treatment + more
sustainable smoking
cessation programs

- Similar model can be used for other preventative treatment programs in primary care.

+ Acknowledgements



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- Dolly Baliunas

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- Erin Cameron
- Dmytro Pavlov

Research Analysts

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- Camyl Gatchalian
- Jessica Farber
- Laura Martinez
- Rackell Levin
- Mathangee Lingam
- Salaha Zaheer
- Sejal Patel
- Henry Cowan
- Binh Tam Le

Most of all, the dedicated implementers at all participating Ontario Family Health Teams

+ CAMH Nicotine Dependence Service Team



+ **Questions?**

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