

# Smoking Cessation Program Expanding Beyond Hospitals

The successful smoking cessation program developed by the University of Ottawa Heart Institute is being adopted by hospitals across the country and generating interest internationally. Now, it is moving out of hospitals and into outpatient and primary care clinics. The secret to the program's success, said Robert Reid, is that it doesn't actually focus on smokers.

"It's not about changing smokers' behaviours," said the Associate Director of Prevention and Rehabilitation at the Heart Institute. "It's about changing clinician and organizational behaviours. We're doing what we already know works, but doing it systematically, with detailed workplans to help assess what is being done and how to put in place better practices."

The Ottawa Model for Smoking Cessation program evolved over the past 15 years from research and experience in the Quit Smoking Program at the Institute. It consists of a system of consultation, intervention, monitoring and follow-up. Smokers admitted to hospital are identified and treated with support from a designated nurse counsellor and stop-smoking aids. Patients receive assistance to develop a quit plan and, at discharge, are provided with guidance on relapse prevention.

Patients are contacted at home eight times over six months by a unique call system

that tracks their progress. At any indication of trouble, a nurse counsellor helps get the patient back on track. More than 44 per cent of participants were still smoke-free six months after hospitalization, according to a 2007 study.

The Ottawa Model has spread to more than 70 hospitals across Canada, creating a network of participating hospitals whose clinicians can share their experiences and assist in the dissemination of best practices. This national network is maintained by a staff of 22 health professionals at the Heart Institute. Now, just coming off its second annual conference, the program has received \$2.4 million from Health Canada to study how best to expand the model from use with in-patients to use in outpatient and primary care clinics.

"The settings are very different," said Reid. "Patients are in hospital several days. That gives us time to intervene, to introduce pharmacotherapies, see how they work, and adjust them if necessary. Outpatients have less time with their physician and they're there to focus on other issues. We have to be very efficient with the time devoted to smoking cessation."

The adaptation of the program to outpatient and primary care clinics will involve nine specialty clinics and 12 primary care clinics spread out among



On January 18, 2010, The Honourable Leona Aglukkaq, Minister of Health, came to the University of Ottawa Heart Institute to announce \$2.4 million in funding for smoking cessation. The funds will go to extending the Heart Institute's Ottawa Model from the hospital setting to 21 outpatient clinics around Canada.

Centres of Excellence in the Ottawa area, New Brunswick and British Columbia, providing data both on differences between specialty care and primary care and across geographic regions. As part of the program, physicians will offer incentives to participants, such as a discount on the cost of pharmacotherapy. This cost has been identified as a barrier to participation in smoking cessation programs, said Reid.

Funding for the expanded activities extends to the end of March 2011. Reid hopes that the evidence accrued during the trial will help in rolling out the program in different care settings across the country. And he is relying on the network formed so far to help ensure the findings are applied. Conferences like the one held in January play an important role. It's the only smoking cessation conference held in Canada that focuses on

the clinical aspects of cessation. There's a clear interest—the first conference, in 2009, attracted 180 participants. This year's conference attracted 250 participants, including clinicians from the United States, the United Kingdom, and even China.

"More than half of males in China smoke," said Reid. "They are exploring how our model might be translated into their environment."

In fact, Reid and his colleagues are contacted all the time about the Ottawa Model, and they have been to South America, India, Europe and China to help educate clinicians there about the program.

"It's an exciting story," he says. "Something we developed here at the Heart Institute has potential to be applied around the world." ❁

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– Robert Reid, Associate Director of Cardiac Prevention and Rehabilitation, UOHI