AGENDA

- What is the OMSC?
- Does it work?
- How do I implement the program?
THE MODEL

A simple, systematic, step-by-step approach for addressing tobacco use in healthcare settings
LITERATURE
THE MODEL

- UOHI’s Quit Smoking Program (Early 1990’s)
- OMSC Hospital Settings (2002)
- OMSC Ambulatory Care Clinics (2008)
- OMSC Primary Care (2009)
- Mental Health and Addictions (2010)
OVER 500,000 SMOKERS REACHED
APPROXIMATELY 450 SITES

OVER 20,000 HEALTHCARE PROFESSIONALS TRAINED
OMSC = PRACTICE CHANGE PROCESS + EVIDENCE-BASED SMOKING CESSATION TREATMENT PROTOCOL

- PHASE 1: INTRODUCTION
- PHASE 2: PRE-IMPLEMENTATION EVALUATION
- PHASE 3: PROGRAM PLANNING & PROTOCOL DEVELOPMENT
- PHASE 4: TRAINING & PROMOTION
- PHASE 5: PROGRAM IMPLEMENTATION
  - DELIVERY OF CLINICAL PROTOCOL
    - IDENTIFY
    - DOCUMENT
    - TREAT
    - FOLLOW-UP
- PHASE 6: POST-IMPLEMENTATION EVALUATION & PROGRAM SUSTAINABILITY
THE OMSC

Identification  Documentation  Pharmacotherapy  Strategic Advise  Long Term Follow-up
SMOKING CESSATION

“The single, most powerful, preventive intervention in clinical practice.”
A POWERFUL INTERVENTION

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>NNT TO SAVE ONE LIFE YEAR</th>
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<tbody>
<tr>
<td>Smoking cessation</td>
<td>9</td>
</tr>
<tr>
<td>Lowering lipids by 10%</td>
<td>16</td>
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<tr>
<td>Blood pressure control with diuretics</td>
<td>34</td>
</tr>
<tr>
<td>Mammography</td>
<td>205</td>
</tr>
<tr>
<td>Papanicolaou smear</td>
<td>534</td>
</tr>
<tr>
<td>Pneumococcal vaccine</td>
<td>716</td>
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</tbody>
</table>
WE KNOW...

64% of Smokers intend to quit\(^1\)

49% will attempt to quit\(^1\)

4-7% will be successful\(^2-3\)

Source:
71% ready to quit in next 6 months

Data as of February 2014
Evidence-based research can dramatically enhance patient success with quitting. Combining medication with further advice or behavioural therapy increases continuous abstinence up to 6 times.
THE CHALLENGE

THESE TREATMENTS ARE OFTEN NOT PROVIDED TO PATIENTS

We are not intervening with smokers at optimal rates

• Better at asking and advising (23%-80%)
• Not as good at intervening (0-20%)
REALITY OF HEALTHCARE SETTINGS

- Time constraints
- Provider knowledge and skills
- Complexity of the intervention
- Practice supports
- Smoking is not a priority
- Patient’s motivation to quit
PROGRAM OUTCOMES
CLINIC PERFORMANCE IN THE 3AS DELIVERY
PRE- AND POST-IMPLEMENTATION OF OMSC
(32 CLINICS | N=3,870 PATIENTS)

PAPADAKIS, S., ET. AL.. ANNALS OF FAMILY MEDICINE; 2016; 14(3): 235-243
OTTAWA MODEL EFFECTIVENESS IN CHAMPLAIN LHIN (2009/10)

6-MONTH SMOKING ABSTINENCE (%)

Pre-OMSC Implementation: 18.3%
Post-OMSC Implementation: 29.4%
11.1% INCREASE

(OR = 1.71; 95% CI = 1.11, 2.64; Z = 2.43; I² = 0%; P = 0.02)

Reid RD, Mullen KA, Slovinec D’Angelo ME, Aitken DA, Papadakis S, Haley PM, McLaughlin CA, Pipe AL. Nicotine Tob Res. 2010 Jan;12(1):11-8
THE OTTAWA MODEL RESULTS IN SIGNIFICANT REDUCTIONS IN 30-DAY HEALTHCARE UTILIZATION

- **All-Cause Readmissions**
  - ARR: -6%
  - NNT: 16
  - (p=.0007)

- **Smoking-Related Readmissions**
  - ARR: -3%
  - NNT: 38
  - (p=.0002)

- **ER Visits**
  - ARR: -5%
  - NNT: 23
  - (p=.001)
THE OTTAWA MODEL RESULTS IN SIGNIFICANT REDUCTIONS IN 2-YEAR HEALTHCARE UTILIZATION & RISK OF DEATH

- **All-Cause Readmissions**
  - Reduction: 26% (p=.0001)
  - ARR: -12%
  - NNT: 7

- **Smoking-Related Readmissions**
  - Reduction: 34% (p=.0001)
  - ARR: -11%
  - NNT: 10

- **ER Visits**
  - Reduction: 2% (p=.04)
  - ARR: -2%
  - NNT: 25

- **Death**
  - Reduction: 48% (p=.0002)
  - ARR: -7%
  - NNT: 14
CUMULATIVE MEAN HEALTHCARE COST OVER 2 YEARS

$25,837
CONTROL

$21,733
OMSC

$4,104 SAVED PER PATIENT
SAVINGS

SPEND
$80 - $440

SAVE
$4100
SMOKING CESSATION

A HEALTHCARE NO-BRAINER.
TRANSFORMING

INSTITUTIONAL PRACTICES

PROFESSIONAL BEHAVIOURS

PATIENT CARE
SWITCH GEARs
SWITCH GEARS

- Common goal and vision
- Coordinated approach
- Multiple staff with clear roles and responsibilities
- Clear protocols and procedures
- The right tools
- Education and training
- Practice
- Measurement and continuous quality improvement
## IMPLEMENTATION WORKPLAN

| PHASE 1 | Program Introduction |
| PHASE 2 | Pre-Implementation Evaluation |
| PHASE 3 | Program Planning and Protocol Development |
| PHASE 4 | Training and Promotion |
| PHASE 5 | Program Implementation |
| PHASE 6 | Post-Implementation Evaluation and Program Sustainability |
IMPLEMENTATION SPECIALIST

OMSC IMPLEMENTATION SPECIALISTS

- Consultation
- Coaching
- Needs Assessment
- Program Adaptation
- Health Professional Training
- Data Management
- Evaluation
- Quality Improvement

HEALTHCARE PROVIDERS
PHASE 1: PROGRAM INTRODUCTION

- Establish Buy-in
- Sign partnership agreements
- Assign Coordinator and establish Task Force
- Host introductory meetings with Coordinator and Task Force
PHASE 2: PRE-IMPLEMENTATION EVALUATION
PHASE 3: PROGRAM PLANNING AND PROTOCOL DEVELOPMENT

- Task Force establishes policies, identifies interdisciplinary roles and responsibilities and creates patient flow sheet

- Tools are available to facilitate efficient integration (includes Follow-up System)

- Tools can be adapted for use within EMR/medical flow chart system
OMSC TOOLS & RESOURCES
OMSC DATABASE

DATA ENTRY of patient consultation information into the OMSC Database

INTERNET

DATA IS STORED in secure TelASK servers

OMSC DATABASE MONITORED by healthcare professionals and patients who need assistance are called

SYSTEM CALLS PATIENT and captures responses
PHASE 4: TRAINING AND PROMOTION
PHASE 5: PROGRAM IMPLEMENTATION
PHASE 6: POST-IMPLEMENTATION EVALUATION AND QUALITY IMPROVEMENT
WILL YOUR PROGRAM ENDURE?

Routinization is the fundamental process in the sustainability of programs.
ROUTINIZATION

1. Becoming a line item
2. Getting the staffing right
3. Nailing the process
4. Keeping Score: **Accountability**
“THE WAY THINGS ARE DONE AROUND HERE.”
STRIVE TO BE THE “PIT CREW”
SAVE THE DATE

13TH ANNUAL OTTAWA CONFERENCE

STATE OF THE ART CLINICAL APPROACHES TO SMOKING CESSATION

January 21-22, 2021
HEARTWISE WEBINAR SERIES

QUESTIONS?

All sessions will be recorded and available on our Prevention and Wellness Centre (PWC) website.

PWC.OTTAWAHEART.CA

Please email heartwisewebinar@ottawaheart.ca if you have any questions or ideas for additional topics.

THANK YOU FOR JOINING!