



Engaging primary care in smoking cessation : a policy approach

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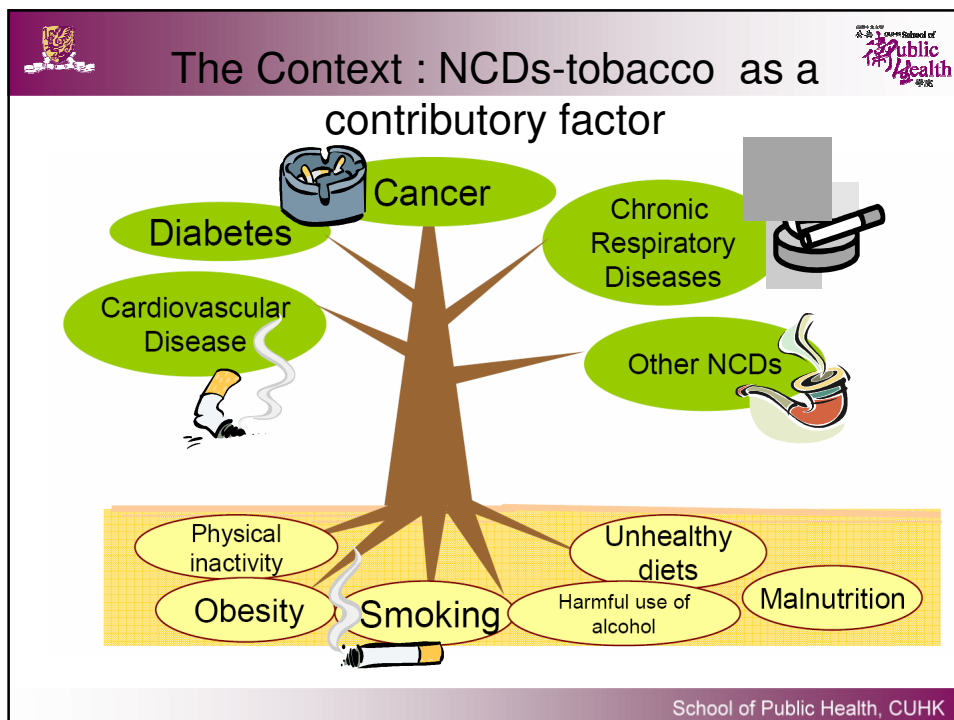
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 The Case: 

- People who are addicted to nicotine are victims of the tobacco epidemic.
- Among smokers who are aware of the dangers of tobacco, **3 out of 4 want to quit.**
- Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.

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The 'CURE'



- In most cases, a few basic treatment interventions can help tobacco users who want to quit.
- Three types of treatment should be included in any tobacco prevention effort:
 - (i) tobacco cessation advice incorporated into primary health-care services;
 - (ii) easily accessible and free quit lines;
 - (iii) access to low-cost pharmacological therapy.

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Policy approach

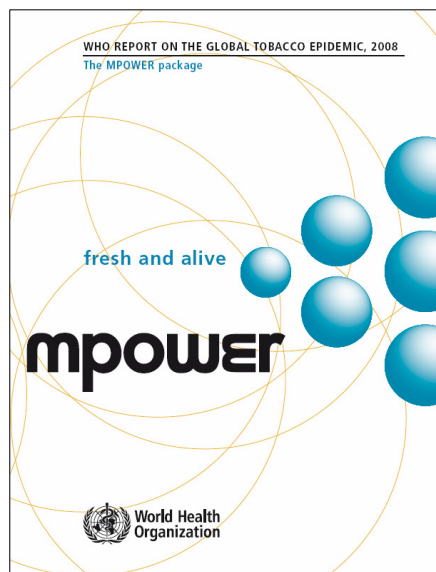


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WHO Framework Convention on Tobacco Control

- The objective : “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.”
- It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health;
- The FCTC represents a paradigm shift in developing a strategy to address addictive substances, as it address both demand reduction strategies, as well as supply reduction.





Global guide



WHO mpower package

- MPOWER package of six proven policies:
 1. **M**onitor tobacco use and prevention policies,
 2. **P**rotect people from tobacco smoke,
 3. **O**ffer help to quit tobacco use,
 4. **W**arn about the dangers of tobacco,
 5. **E**nforce bans on tobacco advertising, promotion and sponsorship, and
 6. **R**aise taxes on tobacco.



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Keyrole: primary care



- **Integrating tobacco cessation into primary health care** and other routine medical visits provides the health-care system with opportunities to remind users that tobacco harms their health and that of others around them.
- Repeated advice at every medical visit reinforces the need to stop using tobacco.
- Advice from health-care practitioners can greatly increase abstinence rates.



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- This intervention is **relatively inexpensive** because it is part of an existing service that most people use at least occasionally.
- It can be particularly **effective** because it is provided by a well-respected health professional with whom tobacco users may have a good relationship



- Countries' **health-care systems** hold the primary responsibility for treating tobacco dependence.
- Treatment should be adapted to local conditions and cultures, and tailored to individual preferences and needs.





Costs



- If the number of smokers accessing NHS Stop Smoking Services were to increase by 10%, the costs of smoking cessation services would increase by GBP 8.6 million
- If the proportion of people who wish to stop smoking treated in groups increase from 30% to 50% of the total, the cost of providing services would decrease by GBP 6.9 million, without a sacrifice of the outcome



UK NHS Smoking cessation services costing report

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Benefits and Savings



- People that are treated in groups rather than in individual sessions have better outcomes
- Improve reproductive health, recovery from surgery and reduce smoking related ailments
- People will live longer as the risk of lung cancer is stabilised
- Help to prevent the chances of respiratory diseases
- Reduce the number of deaths and disabilities associated with smoking
- Reduce the risk of dying from CVD by 36%

UK NHS Smoking cessation services costing report

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- Beyond basic training for healthcare workers on cessation counselling and development of informational materials for tobacco users, **there is no major investment required, nor are there political risks.**
- These treatment methods have differing cost efficiencies, and do not have a uniform impact on individual tobacco users.
- This treatment approach can also mobilize healthcare workers and patients to support other tobacco control efforts.



“Doctors, nurses, midwives, dentists, pharmacists, chiropractors, psychologists and all other professionals dedicated to health can help people change their behaviour.

They are on the frontline of the tobacco epidemic and collectively speak to millions of people.”



Dr LEE Jong-wook, former Director-General, WHO(2005)



What is the evidence?



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- Systematic reviews suggest that multifaceted interventions combining strategies such as continuing medical education, prompts and reminders, or audit and feedback are effective in modifying clinical behavior.

Young et al. Preventive Medicine 35:572 (2002)

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- Primary care physicians have a unique opportunity to systematically deliver effective smoking cessation treatment:
 - almost 80% of smokers see a physician annually,
 - patients see physicians as valuable and credible sources of health information,
 - patients generally try to adhere to physician advice.
 - *Patients are motivated to quit smoking during clinical encounters, and primary care visits offer a cost-effective way to reach most smokers*

Pipe et al. Patient Education and Counseling 74:118 (2009)





Smoking physicians

- Physician smoking status affects
 - beliefs about smoking and cessation,
 - clinical activities related to smoking,
 - barriers to assisting patients to quit smoking
- *It would be rational to conclude that smoking physicians (and their patients) would benefit from practical assistance in quitting themselves and additional motivation to provide improved cessation services and support to their patients.*

Pipe et al

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- 61% male physicians in China smoke

Li et al. Health Prom Int 1999, 14:123

- *Smoking physicians should be aware of the likelihood that they will be less active in addressing smoking with their nicotine-addicted patients, and misperceive barriers to quitting.*
- There is a need to provide specific, sensitive assistance to health professionals struggling with nicotine addiction. Both their health and, it would seem, the health of their patients will benefit greatly

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Pipe et al



Routine practice.....



- we clinicians need to develop an expectation that the smoking status of all patients is identified in the medical record and that advice to quit smoking, when given, is recorded. It means making smoking a vital sign.

Kottke (1998) Am J Prev Med 14:71

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Theory into practice



- The gap between the proportion of physicians who believe that smoking cessation is important and the rate at which they give advice to quit suggests that they are **confusing intention to perform with actual performance.**

Kottke 1998

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Patients views are supportive



- 75% [of patients] agreed with the statement that they were more satisfied with their overall care at the clinic because of the stop-smoking efforts there, and 27% said that they would recommend the clinic to others because of these efforts.

Solberg et al 1990. J Fam Pract 30:647

- Advice to quit smoking was the service most strongly correlated with satisfaction with overall quality of care.

Kottke et al 1997. Am J Prev Med 13:309

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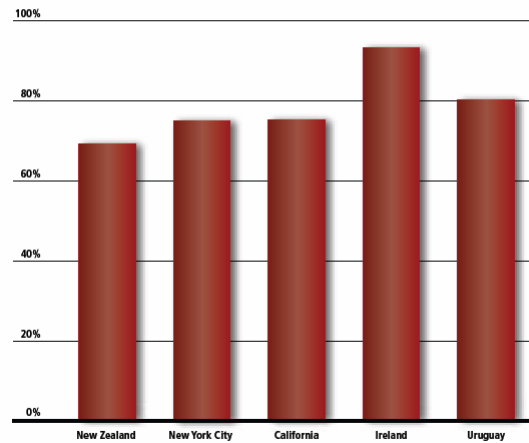
Kottke et al 1997. Am J Prev Med 13:309

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SMOKE-FREE AREAS ARE POPULAR

Support for comprehensive smoking bans in bars and restaurants after implementation

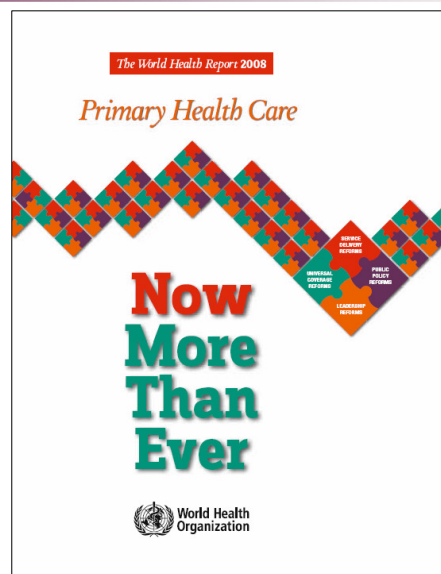


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International Primary care policy context



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Primary care



- Primary health care is the first level of contact of individuals, the family, and the community with the national health system bringing health care as close as possible to where people live and work (WHO)
- Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (IMO)

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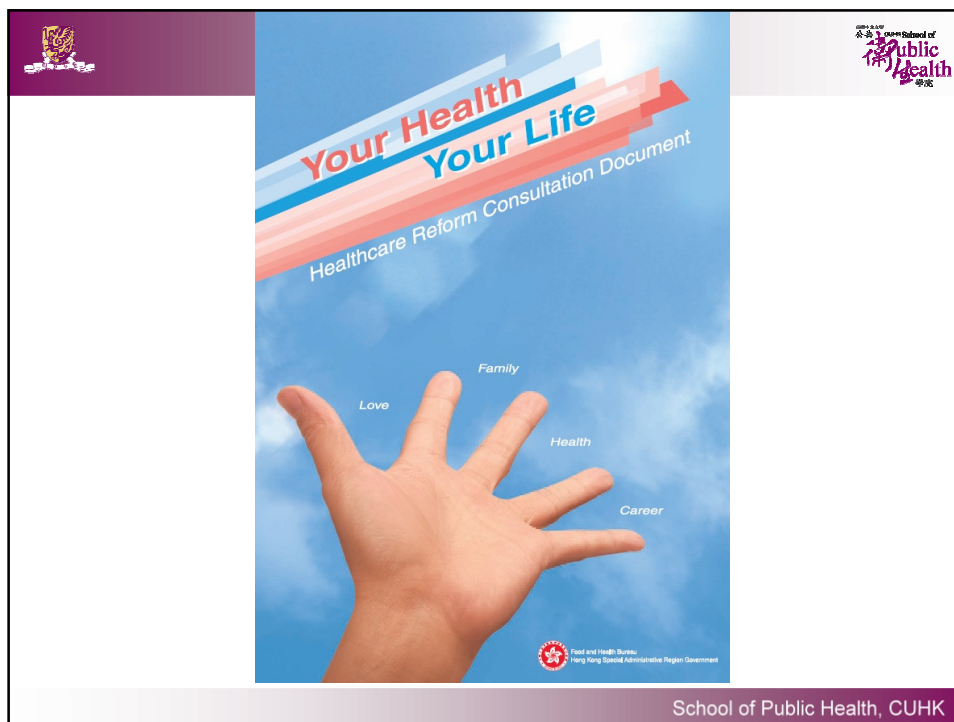
Primary Care:

5 Family Medicine Principles




- **Context of Care**
 - Evidence-based
- **Continuity of Care**
 - Continuous Healing Relationships
- **Comprehensive Care**
 - Whole Person Care
- **Coordination of Care**
 - Integration of complex care
- **Centred on the patient**
 - Bio-psychosocial Approach

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- Develop basic models for primary care services
- Establish a family doctor register
- Subsidize patients for preventive care
- Improve public primary care
- Strengthen public health functions





Explore future public primary care models

“Preventive care services should be incorporated alongside existing curative care services in GOPCs, having regard to the basic models of primary care services.”



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- *“Currently, primary medical care is predominantly provided by the private sector, by solo practitioners or group practices, mainly on out-patient curative care with some preventive elements.”*
- *“Health education and promotion is often perceived as the sole responsibility of the government”*

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Enhance Primary Care



- Promoting the family doctor concept which emphasizes continuity of care, holistic care and preventive care.
- Putting greater emphasis on prevention of diseases and illnesses through public education and through family doctors.
- Encouraging and facilitating medical professionals to collaborate with other professionals to provide co-ordinated services.


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Table 3.1 Aspects of care that distinguish conventional health care from people-centred primary care


Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community


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National action

Smoking cessation service in UK







National Institute for Health and Clinical Excellence

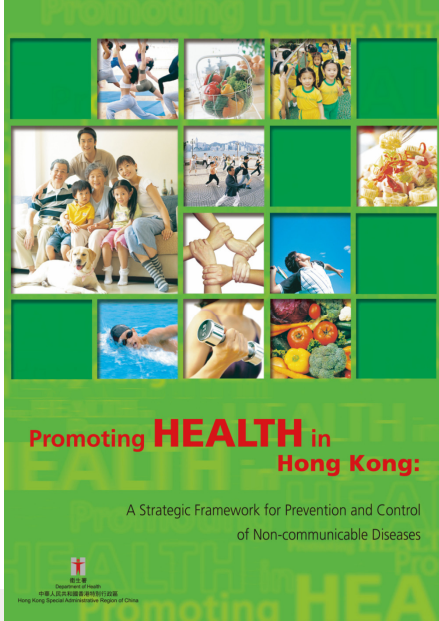
People receiving care and advice from a health professional in a primary care setting (such as a GP surgery) or in an acute care setting (such as a hospital)

Who should take action?	What action should they take?
<ul style="list-style-type: none"> • PCTs and acute trusts • Healthcare professionals 	<ul style="list-style-type: none"> • Healthcare professionals should be trained to give brief advice on stopping tobacco use and should have contact with the local NHS Stop Smoking Service to which they can refer people • Healthcare professionals should identify and record the smoking and/or tobacco use status of all their patients. Those who use tobacco should be: <ul style="list-style-type: none"> – reminded at every suitable opportunity of the health benefits of stopping – offered brief advice and, if they want to stop using tobacco, referred to the local NHS Stop Smoking Service. If patients do not wish to attend the service, they should be offered brief advice and support to help them quit, and pharmacotherapy as appropriate • Patients referred for elective surgery should be encouraged to stop smoking before the operation. Patients who want to stop smoking for good should also be referred to the local NHS Stop Smoking Service • Hospital patients who use tobacco in any form should be offered advice and, if appropriate, NRT from a trained health professional or smoking cessation adviser while in hospital to help them to quit. They should also be offered an appointment with their local NHS Stop Smoking Service. If they accept the offer, the appointment should be booked prior to their discharge. In exceptional circumstances it might be inappropriate to advise a patient to quit; for example, because of their presenting condition or personal situation • PCTs should ensure that NHS Stop Smoking Services can provide cessation support to hospitals. This should include a fast-track referral system after discharge for patients who have tried to quit smoking in hospital. PCTs should develop a clear referral plan with links between primary and acute trusts



HK's NCD strategy





Promoting HEALTH in Hong Kong:

A Strategic Framework for Prevention and Control of Non-communicable Diseases

Government of the Hong Kong Special Administrative Region

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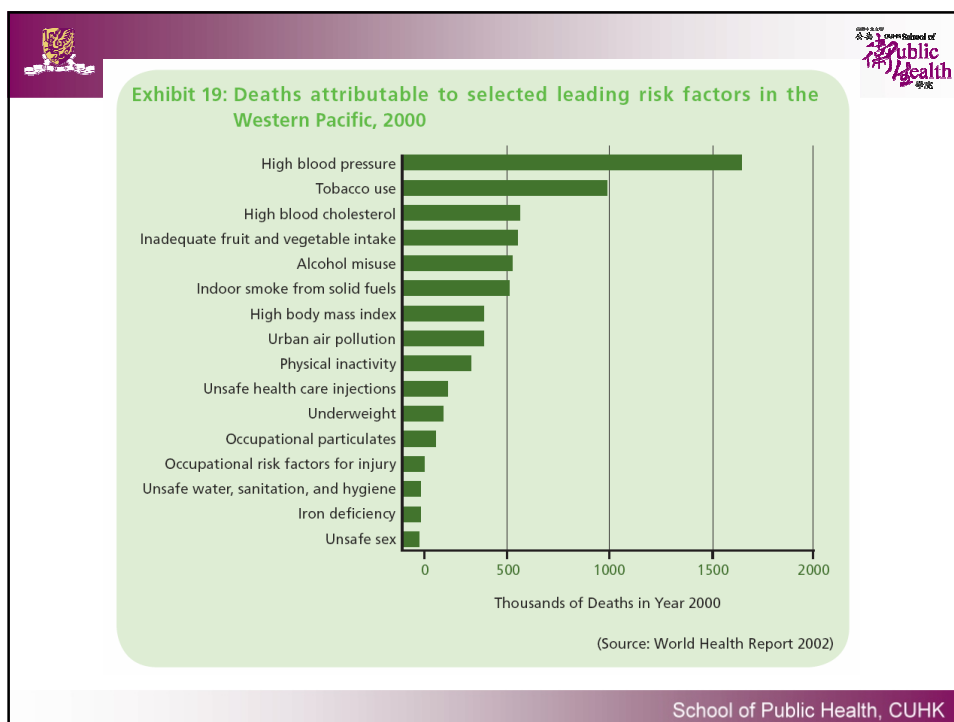


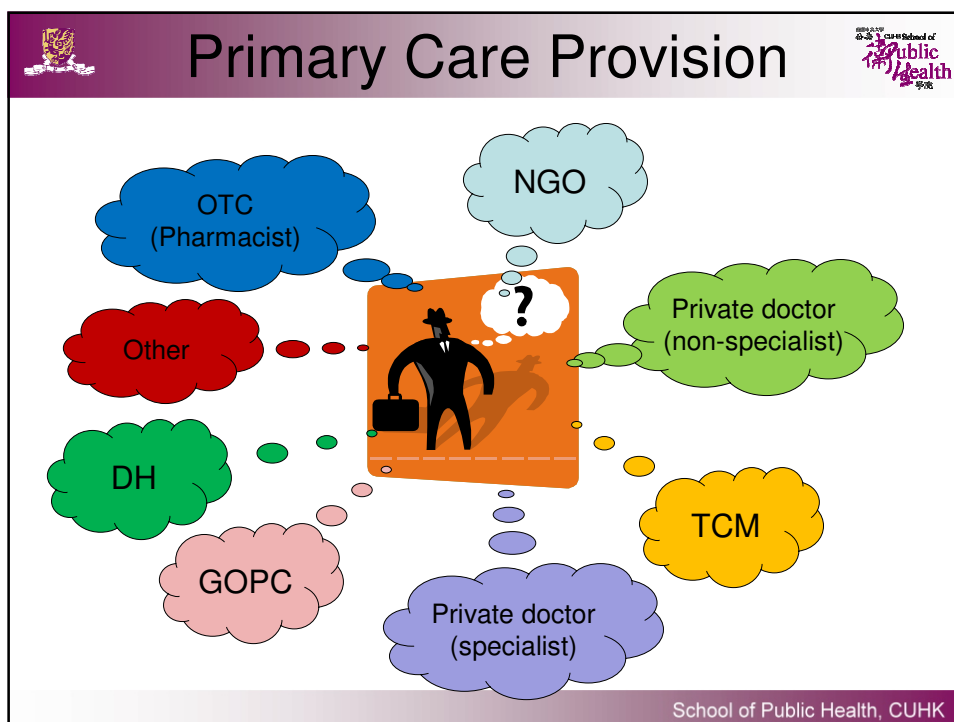
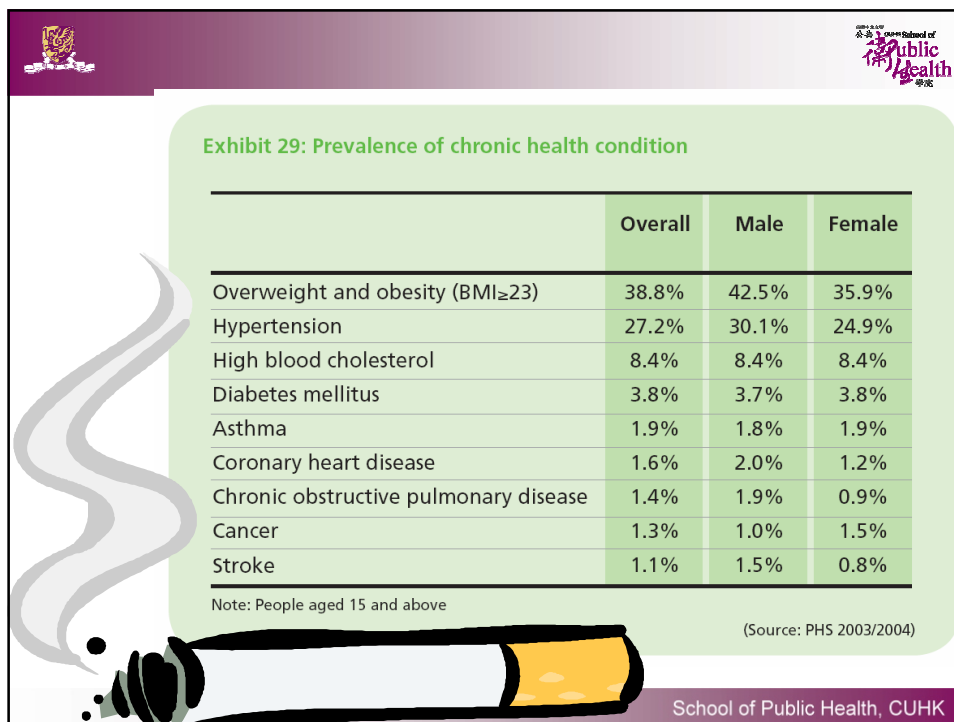
Exhibit 27: Prevalence of major behavioural risk factors

	Overall	Male	Female
Daily smoking	15.9%	26.2%	6.8%
Low level of physical activity (IPAQ classification)	18.9%	16.6%	20.9%
Inadequate daily fruit and vegetable intake	81.1%	86.3%	76.6%
Binge drinking (in the past one month)	8.9%	14.6%	3.8%

Note: People aged 18-64 ; IPAQ-International Physical Activity Questionnaire

(Source: Behavioural Risk Factor Survey, April 2007)

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GPs in Hong Kong



- Half do not have adequate knowledge of favourable attitudes towards smoking cessation
- Only 29% advised all smoking patients to quit
- Only 20% made any follow up arrangements for smokers
- Knowledge, beliefs, attitudes and confidence levels on smoking cessation practice were associated with having received training on smoking cessation

(Abdullah et al 2006)

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Department of Health – Tobacco Control Office



- In 2005, TCO conducted 29 “Smoking Cessation Seminars” with over 1100 attendances
- Over 57,000 visits to the TCO web pages were recorded in 2005.
- 4,497 telephone calls were handled by the TCO smoking cessation hotline in 2005

DH annual report 2005

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HA smoking cessation clinics



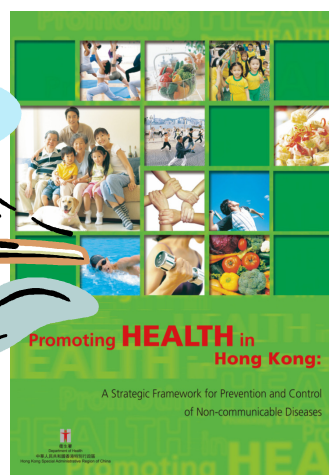
HA 07

We all enjoy smoke-free environment! For healthier life style, the In-patient Smoking Cessation Programme was launched to help patients quit smoking.



Hospital authority annual report 2007

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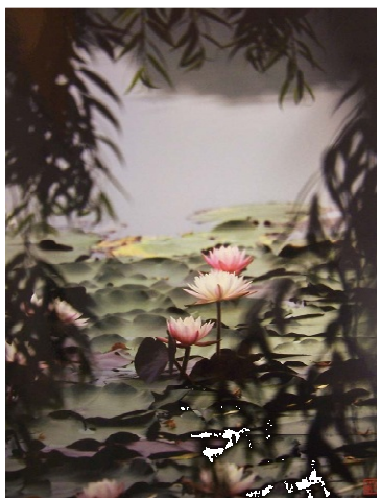


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*“Knowing is not enough;
we must apply.
Willing is not enough;
we must do.”*

Johann Wolfgang von Goethe (1749–1832)



Thank you!

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