

**MINISTRY OF HEALTH AND LONG-TERM CARE**  
**Primary Health Care Team**

**FACT SHEET**

**Title: Smoking Cessation Fees**

**Date: April 2006**

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**Eligible Patient Enrolment Models (PEMs):**

- |                                                                      |                                                                                                 |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Family Health Networks (FHNs)    | <input checked="" type="checkbox"/> Health Service Organizations (HSOs)                         |
| <input checked="" type="checkbox"/> Family Health Groups (FHGs)      | <input checked="" type="checkbox"/> Rural and Northern Physician Group Agreement (RNPGA)        |
| <input checked="" type="checkbox"/> Comprehensive Care Models (CCMs) | <input checked="" type="checkbox"/> South Eastern Ontario Academic Medical Organization (SEAMO) |
| <input checked="" type="checkbox"/> Group Health Centre (GHC)        |                                                                                                 |
| <input checked="" type="checkbox"/> St. Joseph's Health Centre       |                                                                                                 |
| <input checked="" type="checkbox"/> Primary Care Networks (PCNs)     |                                                                                                 |
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Appendix E, sections 4.1 and 4.2 of the Memorandum of Agreement (MOA) between the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) includes provisions for two new Smoking Cessation fees effective April 1<sup>st</sup>, 2006. Information and guidelines regarding how to submit for these fees are provided below.

An eligible physician may submit both Smoking Cessation fees for his/her enrolled patients.

**Note:** In models that have group enrolment, a physician is eligible to submit and receive payment for these fees for patients affiliated to him/her by virtue of the physician's acknowledgement on the *Patient Enrolment and Consent to Release Personal Health Information (E/C)* form.

**Section 4.1 Add-on Initial Smoking Cessation Fee**

- The Add-on Initial Smoking Cessation Fee (Q041A) is a fifteen dollar (\$15) annual incentive payment available to physicians in the Patient Enrolment Models (PEMs) listed above for dialogue with their enrolled patients who smoke.
- Physicians may choose to refer to the attached Smoking Cessation Guidelines For Physicians and Smoking Cessation Flow Sheet to help facilitate and document initial dialogue with their patients who smoke. Alternatively, physicians may document that the following smoking cessation dialogue consistent with the 5As model of the Clinical Tobacco Intervention program has taken place:

Ask – patients about smoking status

Advise – patients about the health risks of tobacco use and to quit

Assess – patients' readiness to quit

Assist – patients that are ready to quit or focus on motivating patient

Arrange – follow-up or offer to help when patient is ready

- To claim the Add-on Initial Smoking Cessation Fee a physician must submit the Q041A with one of the following office-based or long-term care consult/visit codes with the same service date that is within the realm of providing comprehensive primary care including prenatal and postnatal care:

**A001A, A003A, A004A, A005A, A006A, A007A, A008A, A903A, K005A, K007A, K013A, K017A, P003A, P004A, P005A, P008A, W001A, W002A, W003A, W004A, W008A, W010A, W102A, W104A, W107A, W109A and W121A**

- The Ministry will pay a maximum of one Add-on Initial Smoking Cessation Fee (Q041A) for an enrolled patient per 365 day period.

#### **Section 4.2 Smoking Cessation Counselling Fee**

- The Smoking Cessation Counselling Fee (Q042A) is an additional fee for PEM physicians who provide a dedicated subsequent counselling session with their enrolled patients who have committed to quit smoking.
- To claim the Smoking Cessation Counselling Fee, a physician must submit the Q042A for \$1.50 with an intermediate assessment (A007A) with the same service date.
- A physician is eligible to receive payment for a maximum of two follow-up counselling sessions in the 365 day period following the service date of a valid Initial Add-on Smoking Cessation Fee (Q041A).
- Physicians may choose to use the attached Smoking Cessation Guidelines For Physicians and Smoking Cessation Flow Sheet to support these counselling sessions, or use other guidelines and flow sheets that reflect similar elements and document accordingly.

**For more information, please contact your local Ministry office or your Ministry site team contact at 1-866-766-0266.**

## SMOKING CESSATION GUIDELINES FOR PHYSICIANS

### **Context:**

The development of this guideline for smoking cessation is in accordance with the principles and goals of the 2004 Memorandum of Agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA), Appendix E s.4: Health Promotion and Disease Prevention. It specifically relates to the introduction of two incentive fees: 4.1 Add-on Initial Smoking Cessation Fee and 4.2 Smoking Cessation Counselling Fee.

### **Background:**

Smoking remains the number one preventable cause of death and disease in Canada. Approximately 45,000 deaths annually in Canada are attributable to smoking. It is estimated that smoking prematurely kills three times more Canadians than car accidents, suicides, drug abuse, murder and AIDS combined.<sup>1</sup> Smoking accounts for 85% of lung cancer in Canada<sup>2</sup>, 80-90% of all cases of COPD<sup>3</sup> with smokers having a 70% greater chance of dying from coronary artery disease than non-smokers.<sup>4</sup>

Family physicians are essential to the success of smoking cessation programs. Physicians are considered credible sources of information among patients with their advice having a powerful impact on patient motivation. Studies have repeatedly shown that the advice of a physician is the single strongest determinant of preventive practices.<sup>5</sup>

As part of the Ontario Tobacco Strategy, the Clinical Tobacco Intervention (CTI) program was established by the OMA in collaboration with the Canadian Medical Association, the Ontario Pharmacists' Association (OPA) and the Ontario Dental Association (ODA). This program offers ongoing support to physicians, pharmacists and dentists to provide evidence-based smoking cessation and prevention interventions within their clinical practice. Up-to-date information is available to all practitioners at [www.omacti.org](http://www.omacti.org).

The U.S Department of Health and Human Services' *Treating Tobacco Use and Dependence* Clinical Practice Guideline is the universally accepted strategy for smoking cessation and is also recommended by the Ontario Guidelines Advisory Committee (GAC) and CTI. This guideline promotes the 5As strategy: Ask, Advise, Assess, Assist, and Arrange and also advocates for important clinical interventions such as counselling with the use of tools such as Nicotine Replacement Therapy (NRT) or Bupropion to improve success rates.

### **Guideline:**

The main goal of this guideline is to enhance and optimize physician practice of smoking cessation counselling in Ontario. This guideline will also serve to introduce the specific requirements necessary to qualify for billing the aforementioned codes and is further complemented with a specific flow sheet to guide practice. Specific requirements are consistent with the CTI's 5As Model recommendations.

### **5As Model:**

- Ask – patients about smoking status
- Advise – patients about the health risks of tobacco use and to quit
- Assess – patients' readiness to quit
- Assist – patients that are ready to quit
- Arrange – follow up

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<sup>1</sup> Clinical Tobacco Intervention. <http://ctica.org>

<sup>2</sup> Canadian Cancer Statistics, 2004

<sup>3</sup> Respiratory Disease in Canada, 2001

<sup>4</sup> HeartandStroke.ca

<sup>5</sup> Settings for Health Promotion: Linking Theory and Practice. 2000. p.219.

An integral component of smoking cessation counselling is the use of motivational interviewing strategies to adequately assess a patient's readiness to quit. Incorporating a 10-point motivational tool into smoking cessation assessments directs key questions regarding incentives and barriers to achieve results. The patient's level of motivation can be directly linked to a stage of behavioural change with interventions tailored accordingly to enhance success. The goal of motivational interviewing is to explore patients' ambivalence and encourage patients to express their concerns and individual reasons for change.<sup>6</sup> Controlled studies have shown that motivational interviewing techniques are easily adaptable for use by family physicians and are as effective as cognitive-behavioural techniques and 12-step facilitation interventions.<sup>7</sup>

Patients in the pre-contemplative/ contemplative stage may benefit from motivational interviewing with specific strategies designed to elicit, clarify and resolve ambivalence.<sup>8</sup> Counselling should include empathy and reflective listening to enhance patients' confidence and move patients along the stages of change process. It should be noted that the process to behaviour change can occur gradually and is rarely a single event with relapses being almost inevitable.

Once patients are at the preparation/action stage of change, discussions surrounding setting a quit smoking date and appropriate pharmacotherapy tools should be considered to enhance success rates. The OMA confirms that the use of these smoking cessation tools approximately doubles the smoking cessation rates relative to control groups given placebos.<sup>9</sup> Appropriate pharmacotherapy tools include Nicotine Replacement Therapy and Bupropion respectively.

Patients committed to quit smoking, regardless of stage of change or willingness to set a quit date qualify for an additional two follow up counselling sessions within 12 months of the initial counselling service. A planned care approach for arranging follow-up for more intensive intervention, reinforcement or prevention of relapse is an excellent strategy to optimize success. Physicians should also consider linking with community smoking cessation programs for additional patient education and support.

### **Utilizing Flow Sheets and Educational Resources:**

The following material had been created to facilitate effective smoking cessation interventions:

- Smoking Progress Notes – Annual Patient Profile is divided into three parts. The first part is the initial assessment designed to assist physicians in determining a patient's readiness to quit and helps to identify incentives and barriers to achieve objective. The second and third parts accommodate two follow-up counselling visits within a 12-month period. Additional information regarding motivational interviewing, counselling strategy, relapse prevention, community resources and billing are available on the reverse side of the flow sheet.

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<sup>6</sup> Motivational Interviewing. GP Drug & Alcohol Supplement No.6, April 1997

<sup>7</sup> Zimmerman et al. A 'Stages of Change' Approach to Helping Patients Change Behavior. American Academy of Family Physicians, 2000. p.7

<sup>8</sup> Rollnick, S. Miller, W. What is Motivational Interviewing?: Resources for clinicians, researchers and trainers. Behavioural and Cognitive Psychotherapy, vol 23, 1995.

<sup>9</sup> Investing in Tobacco Control: Good Health Policy/ Good Fiscal Policy. OMA December 2003.

# Smoking Cessation Flow Sheet

## Smoking Progress Notes – Annual Patient Profile

Initial Assessment  
(Q041A – see reverse)

|                                                              |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                |                    |                                                                                     |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------------------|----|
| <b>Patient:</b>                                              |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                |                    | <b>Date:</b>                                                                        |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
| <b>ASK</b>                                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes➤                                                                                                                                                                                      |                                                                                                                                                                                                     | Years smoking: | # cigarettes/ day: | Previous quit attempt ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
| <b>ADVISE</b>                                                | "As your physician, I am concerned about your health and advise you to stop smoking. I can help you."<br>(Make link to relevant medical history)                                                                                                      |                                                                                                                                                                                                     |                |                    |                                                                                     |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
| <b>ASSIST</b>                                                | Motivational Interviewing: (see details on reverse)<br><b>Q: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?</b>                                                                                                  |                                                                                                                                                                                                     |                |                    |                                                                                     |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
|                                                              | 1                                                                                                                                                                                                                                                     | 2                                                                                                                                                                                                   | 3              | 4                  | 5                                                                                   | 6                                                                                                                                                                                                                                                                                        | 7 | 8 | 9                | 10 |
|                                                              | Not Ready to Change                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |                | Unsure             |                                                                                     | Getting Ready to Change                                                                                                                                                                                                                                                                  |   |   | Trying to Change |    |
|                                                              | <b>NOT READY TO QUIT</b><br>Pre-contemplative/ Contemplative Stage <ul style="list-style-type: none"> <li>Ask patient if they would be willing to cut down?</li> <li>Focus on motivating patient</li> <li>Offer help when patient is ready</li> </ul> |                                                                                                                                                                                                     |                |                    |                                                                                     | <b>READY TO QUIT</b><br>Preparation/ Action Stage <ul style="list-style-type: none"> <li>Set a quit date (Try to arrange 1<sup>st</sup> counselling session within 1 week of quit date)</li> <li>Discuss pharmacotherapy if ready</li> <li>Offer patient educational material</li> </ul> |   |   |                  |    |
| Patient's reasons to quit:<br>(Check all that apply)         |                                                                                                                                                                                                                                                       | <input type="checkbox"/> Health <input type="checkbox"/> Children / Spouse <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Other                        |                |                    |                                                                                     |                                                                                                                                                                                                                                                                                          |   |   |                  |    |
| Patient's concerns about quitting:<br>(Check all that apply) |                                                                                                                                                                                                                                                       | <input type="checkbox"/> Weight <input type="checkbox"/> Withdrawal <input type="checkbox"/> Social <input type="checkbox"/> Stress <input type="checkbox"/> Relapse <input type="checkbox"/> Other |                |                    |                                                                                     |                                                                                                                                                                                                                                                                                          |   |   |                  |    |

Counselling Visit # 1  
(Q042A – see reverse)

|                                                                                                                          |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|
| <b>PATTERN OF SMOKING:</b> Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age |                                                                                                                                                                                                                                   | <b>Date:</b>                                    |                                                                                    |
| Age started to smoke:                                                                                                    |                                                                                                                                                                                                                                   | Notes/Comments:                                 |                                                                                    |
| Time of 1 <sup>st</sup> cigarette after awakening (e.g. 30 min)                                                          |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
| Date of last quit attempt:                                                                                               |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
| Duration of quit attempt:                                                                                                |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
| Reason for relapse (or N/A):                                                                                             |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
| <b>PREVIOUS MEDICATION USE:</b>                                                                                          | <input type="checkbox"/> Nicotine Gum <input type="checkbox"/> Nicotine Patch <input type="checkbox"/> Nicotine Inhaler <input type="checkbox"/> Bupropion HCL                                                                    |                                                 |                                                                                    |
| Comments: ➤                                                                                                              |                                                                                                                                                                                                                                   |                                                 |                                                                                    |
| <b>QUIT PLAN:</b>                                                                                                        | Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No      Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain      Quit Date (if applicable): |                                                 |                                                                                    |
| Consider Pharmacotherapy                                                                                                 | <input type="checkbox"/> Nicotine Gum <input type="checkbox"/> Nicotine Patch <input type="checkbox"/> Nicotine Inhaler <input type="checkbox"/> Bupropion HCL                                                                    |                                                 |                                                                                    |
| Follow-up – Relapse Prevention (see over)                                                                                | <input type="checkbox"/> Reinforcement                                                                                                                                                                                            | <input type="checkbox"/> Intensive Intervention | <input type="checkbox"/> Withdrawal symptoms <input type="checkbox"/> Not required |
| Referral to Community Smoking Cessation Program                                                                          | <input type="checkbox"/> Yes (see reverse) <input type="checkbox"/> No                                                                                                                                                            |                                                 |                                                                                    |

Counselling Visit #2  
(Q042A – see reverse)

|                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>PATTERN OF SMOKING:</b> Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age |                                                                                                                                                                                                                                   | <b>Date:</b><br>(should be within 1 month of 1 <sup>st</sup> counselling visit) |                                                                                    |
| Current smoking status:                                                                                                  |                                                                                                                                                                                                                                   | Notes/Comments:                                                                 |                                                                                    |
| Time of 1 <sup>st</sup> cigarette after awakening (e.g. 30 min)                                                          |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
| Date of last quit attempt:                                                                                               |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
| Duration of quit attempt:                                                                                                |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
| Reason for relapse (or N/A):                                                                                             |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
| <b>MEDICATION USE DURING QUIT ATTEMPT:</b>                                                                               | <input type="checkbox"/> Nicotine Gum <input type="checkbox"/> Nicotine Patch <input type="checkbox"/> Nicotine Inhaler <input type="checkbox"/> Bupropion HCL                                                                    |                                                                                 |                                                                                    |
| Comments: ➤                                                                                                              |                                                                                                                                                                                                                                   |                                                                                 |                                                                                    |
| <b>QUIT PLAN:</b>                                                                                                        | Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No      Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain      Quit Date (if applicable): |                                                                                 |                                                                                    |
| Consider/Reinforce Pharmacotherapy                                                                                       | <input type="checkbox"/> Nicotine Gum <input type="checkbox"/> Nicotine Patch <input type="checkbox"/> Nicotine Inhaler <input type="checkbox"/> Bupropion HCL                                                                    |                                                                                 |                                                                                    |
| Ongoing Follow-up - Relapse Prevention (see over)                                                                        | <input type="checkbox"/> Reinforcement                                                                                                                                                                                            | <input type="checkbox"/> Intensive Intervention                                 | <input type="checkbox"/> Withdrawal symptoms <input type="checkbox"/> Not required |
| Referral to Community Smoking Cessation Program                                                                          | <input type="checkbox"/> Yes (see reverse) <input type="checkbox"/> No                                                                                                                                                            |                                                                                 |                                                                                    |

### Motivational Interviewing (MI):

- MI allows you to explore the patient's ambivalence and encourage patients to express their concerns and individual reasons for change.<sup>10</sup>

Some sample questions could be:

Q #1: *On a scale of 1-10 how would you rate your motivation to quit smoking at this time?*

Q #2: *Why did you not give yourself a lower rating?* (Elicits motivational statements, enhance incentives)

Q #3: *Why did you not give yourself a higher rating?* (Elicits perceived barriers, discuss coping strategies)

### Counselling Strategy:

- The focus is to move patients along the stages of change process and enhance the patient's confidence to quit in the future.

| Stages of Behavioural Change     | Goals for Primary Care Provider <sup>11</sup>                     |
|----------------------------------|-------------------------------------------------------------------|
| Pre-contemplation Stage          | Help patients to begin to think about quitting                    |
| Contemplation Stage              | Help patients move toward a decision to quit in the near future   |
| Preparation Stage                | Help patients get ready and begin to use quitting skills          |
| Action Stage / Maintenance Stage | Help patients stay off tobacco and recover from slips and relapse |

### Relapse Prevention:

| Reinforcement                                                                                                                                                                                                                                                            | Intensive Intervention                                                                                                                                                                                                                                                                                                                     | Withdrawal Symptoms                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Congratulate patient</li><li>• Encourage to remain abstinent</li><li>• Discuss benefits derived and success in the quit process</li><li>• Discuss problems encountered / anticipated threats to maintaining abstinence</li></ul> | <p>If patient identifies a problem that threatens his or her abstinence they may require additional counselling for reassurance and to discuss coping skills</p> <ul style="list-style-type: none"><li>• Lack of support</li><li>• Negative mood or depression</li><li>• Weight gain</li><li>• Poor motivation/ feeling deprived</li></ul> | <p>Patient complains of prolonged cravings or other withdrawal symptoms:</p> <ul style="list-style-type: none"><li>• Consider extending the use or combining pharmacologic medications to reduce symptoms</li></ul> |

### Community Smoking Cessation Resources:

- Refer to CTI Compendium for local community listings <http://ctica.org/cessation/cessation.html>

### Additional Resources for Health Care Providers:

- Ontario Medical Association [www.oma.org](http://www.oma.org)
- Clinical Tobacco Intervention [www.omacti.org](http://www.omacti.org) – please refer to web-site for additional copies of flow sheet
- RNAO Nursing Best Practice Guidelines <http://www.rnao.org/smokingcessation>

### Additional Resources for Patients:

- **Canadian Cancer Society of Ontario**
  - Smokers' Helpline: 1-877-513-5333
  - Self-help booklets, "One Step at a Time"
  - [www.cancer.ca](http://www.cancer.ca)
- **Health Canada:**
  - **E-Quit** – Health Canada web-site sends daily messages for 8 weeks to help in the quitting process [http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/how-maintenant/eqit-jarrete/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/how-maintenant/eqit-jarrete/index_e.html)
  - **Quit4Life** – Health Canada. Information about quitting smoking for ages 12-18 [www.quit4life.com](http://www.quit4life.com)
- **Pregnets** – A web-site with up-to-date information on smoking cessation for pregnant and postpartum women [www.Pregnets.org](http://www.Pregnets.org)

### Smoking Cessation Billing Codes:

|                                    |                                                                                                                                                                                                                                               |                                                                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Initial Smoking Cessation Dialogue | Q 041A<br>Submitted with one of the following: A001A, A003A, A004A, A005A, A006A, A007A, A008A, A903A, K005A, K007A, K013A, K017A, P003A, P004A, P005A, P008A, W001A, W002A, W003A, W004A, W008A, W010A, W102A, W104A, W107A, W109A and W121A | Once per patient per year                                       |
| Smoking Cessation Counselling      | Q042A<br>Submitted with an A007A                                                                                                                                                                                                              | Twice in the 12 months following the initial dialogue           |
| Ongoing Follow-up Counselling      | Code options: A007 or K013                                                                                                                                                                                                                    | A007 – unlimited<br>K013 – 3 times per year, 20 minutes minimum |

<sup>10</sup> Motivational Interviewing. GP Drug & Alcohol Supplement No.6, April 1997

<sup>11</sup> Guide Your Patients to a Smoke Free Future, Canadian Council for Tobacco Control