



THE CHAMPLAIN  
CARDIOVASCULAR DISEASE  
PREVENTION NETWORK

# IDOCC NEWS

The Improved Delivery of Cardiovascular Care (IDOCC) Program is a regional program designed to assist primary health care providers in the Champlain district improve the delivery of evidence-based prevention and management strategies for heart disease, stroke and diabetes within their practice.

## Smoking Cessation and My Practice

About 16% of Champlain residents are smokers <sup>(1)</sup>. These consist primarily of smokers who are difficult to treat. Doctors have had much success in the past few decades helping smokers quit and remain non-smokers. At the same time, it is understandable that some doctors may feel frustrated and/or discouraged when dealing with the remaining percentage of smokers in their practices. However:

- Consistent physician advice on smoking cessation doubles the spontaneous rate of quitting <sup>(2)</sup>;
- Frequent encouragement by the physician can lead to 5% of patients who smoke being smoke free at 1 year follow up <sup>(3)</sup>.

Integrating a structured process for smoking cessation into practice is effective. First, ask the patients' smoking status at every visit, determine if it is a problem to the patient, ask if (s)he is ready to quit, and; document it.

**DID YOU KNOW...?** if nicotine replacement therapy (NRT) is offered free of charge to the patients, the odds of them quitting increases by 30%. <sup>(4)</sup>

If the patient is interested in quitting then this is the time to: ASK, AGREE, ASSESS, ASSIST and ARRANGE.

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## Smoking Cessation *(continued)*

All smokers, except in special circumstances, should be offered pharmacotherapy as well as counseling to help them quit<sup>(2)</sup>. It is now understood that tobacco dependence is a chronic disease, not a lifestyle choice. As such, patients may require medication long term in order to remain smoke free<sup>(2)</sup>.

**DID YOU KNOW...?** the nicotine patch and gum should be used as long as needed to maintain and prolong tobacco abstinence<sup>(4)</sup>.

Even when, with your support, and treatment, quit attempts fail, remember:

- The number of quit attempts is a good predictor of eventual success;
- Relapse is a learning experience, and most importantly;
- Smoking remains the leading preventable cause of disease, disability and death in our community.

If just 2% of the smokers in your practice quit each year as a result of your structured intervention, this will have an important impact on the health of the community<sup>(3)</sup>.

Contact your IDOCC Outreach Facilitator to learn more about incorporating smoking cessation techniques into your practice and about your local area resources.

## DID YOU KNOW? Facts and Myths about Nicotine Replacement Therapy (NRT)

- NRT use is not associated with any increase in cardiovascular risk such as myocardial infarction, stroke or death<sup>(5-7)</sup>
- Combination therapies are becoming best practice although they may not be recommended by current guidelines<sup>(4)</sup>
- It is more dangerous for patients with heart disease to continue to smoke than to use NRT<sup>(4)</sup>
- The nicotine patch and gum are safer than smoking for the pregnant woman and her fetus<sup>(4)</sup>

- Addition of NRT to bupropion may increase effectiveness, especially if withdrawal symptoms and urges persist<sup>(8)</sup>
- Smoking influences the effect of certain medications such as insulin, estrogen, beta-blockers, anticoagulants, acetaminophen, caffeine, and antipsychotic drugs<sup>(9)</sup>
- Caffeine metabolism is altered by cessation and may rise 2-3 times, therefore consider advising your patients to reduce caffeine intake or substitute with de-caffeinated drinks. Be aware of the similarities between "caffeinism" and nicotine withdrawal symptoms<sup>(4)</sup>.
- NRT, Bupropion and Varenicline have each been found approximately to double quitting rates compared to a placebo<sup>(10,11)</sup>.

### References:

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- 10 Gonzales D, Rennard SI, Nides M, Oncken C, Azoulay S, Billing CB et al. Varenicline, an 4-2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. JAMA 2006 Jul 5;296(1):47-55
- 11 Jorenby D, Hay JT, Rigotti NA, Azoulay S, Watsky EJ, William KE et al. Efficacy of varenicline, an 4-2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. JAMA 2006 Jul 5;296(1): 56-63

## The Champlain Primary Care CVD Prevention and Management Guideline Update

The Champlain Primary Care CVD Prevention and Management Guideline are now available in French and English at [http://www.idocc.ca/Guideline/CCPNguide\\_2009.pdf](http://www.idocc.ca/Guideline/CCPNguide_2009.pdf). The 2009 version has been released and updated hard copies will be delivered to all IDOCC Phase 1 and 2 practitioners who are currently participating in the project by their facilitator.

Practitioners in Phase 1 (regions include: Ottawa West, Ottawa Downtown, and Eastern Counties) who are not participating will receive the updated guidelines by mail from the Champlain CVD Prevention Network (CCPN).

Practitioners in Phase 3 regions (include: Renfrew County and District, Southern parts of Ottawa and Eastern Counties, as well as Central/East Ottawa) will also receive the guideline via mail from the CCPN.

# IDOCC NEWS

## Working Together to Help Patient's Quit Smoking: A New Primary Care Smoking Cessation Program Launches in Our Region

Seven primary care clinics from across the Champlain region are piloting a new Primary Care Smoking Cessation Program. The program is designed to help busy family medicine clinics integrate evidence-based smoking cessation assistance into their practice routines. The program is a spin-off of the hospital-based smoking cessation Program being delivered by hospitals throughout our region (Known as the "Ottawa Model for Smoking Cessation") which has now delivered smoking treatment to more than 8500 smokers in our region.

Each participating practice is asked to develop a tobacco use protocol for their clinic. The practices receive:

- The support of a facilitator from the University of Ottawa Heart Institute to assist with integrating the new smoking cessation program in to clinic routines;
- The Ottawa Model for Primary Care Practice Tools to support the identification and treatment of smokers (featured on the right);
- A CME event for providers in smoking cessation and the new clinic protocol; and
- Ongoing support to maintain the quality of the program and up to date knowledge and skills for delivery state of the art smoking cessation interventions in the clinic setting.

The pilot program is being coordinated by the University of Ottawa Heart Institute. Expansion of the program in our region is being discussed. Interested practices may contact their IDOCC facilitator.

### Internet Resources

City of Ottawa – Quitting smoking in Ottawa

[http://www.ottawa.ca/residents/health/living/alcohol\\_drugs\\_tobacco/tobacco/quitting/](http://www.ottawa.ca/residents/health/living/alcohol_drugs_tobacco/tobacco/quitting/)

Heart Institute – Quitting Smoking & Quit Smoking Program

[www.ottawaheart.ca/UOHI/PPO\\_PPHL\\_Q.do](http://www.ottawaheart.ca/UOHI/PPO_PPHL_Q.do) ;

[www.ottawaheart.ca/UOHI/PP\\_PS\\_QuitSmoke.do](http://www.ottawaheart.ca/UOHI/PP_PS_QuitSmoke.do)

Champlain Lung Health Network - Resources on quitting smoking

[www.champlainhln.on.ca](http://www.champlainhln.on.ca) Note: Click on Breathing Easier

Smokers Helpline – Toll Free 1-877-513-5333

[www.smokershelpline.ca](http://www.smokershelpline.ca)

Lung Association - information and resources on smoking, tobacco and strategies to quit

[http://www.lung.ca/protect-protegez/tobacco-tabagisme/quitting-cesser/how-comment\\_e.php](http://www.lung.ca/protect-protegez/tobacco-tabagisme/quitting-cesser/how-comment_e.php)

Health Canada - 1-800-O-Canada

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

### Fast Facts - IDOCC Phase II

IDOCC is rolling out in three phases in the Champlain district. Phase II was launched in March 2009 and will involve three other regions. 25 practices have already joined Phase II.

Number of physicians enrolled in IDOCC Phase II: 63\*

Number of practices enrolled in IDOCC Phase II: 25\*

Number of facilitators out in the field: 4

Regions represented in Phase I:

Ottawa East, Ottawa West, Ottawa Downtown, Eastern Counties (e.g. Lanark, Leeds, and Grenville)

Number of charts abstracted: 715\*

Number of FHTs enrolled: 3\*

Number of FHGs enrolled: 4\*

Number of CHCs enrolled: 3\*

Number of FHNs enrolled: 1\*

Number of FHOs enrolled: 1\*

Number of solo-practitioners: 4\*

\*estimates only – data collection not complete and verified at time of printing

### Upcoming CME Events

#### 2<sup>nd</sup> Annual Update in Cardiology

Friday, October 16, 2009

Location: TBA

#### 5<sup>th</sup> Annual Update in Endocrinology and Diabetes

Friday, November 20, 2009

Location: TBA

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### CONTRIBUTORS:

Kate Nash, Outreach Facilitator, IDOCC Program  
(*IDOCC Smoking Cessation*)

Dianne Laferrière, Outreach Facilitator, IDOCC  
Program (*Internet Resources*)

Eileen Vilis, Outreach Facilitator, IDOCC Program  
(*Did You Know?*)

Olga Nikolajev, Outreach Facilitator, IDOCC  
Program (*Smoking Cessation Pocket Cards*)

Sophia Papadakis, Program Leader,  
Champlain Cardiovascular Disease Prevention  
Network (*Working Together to Help Patients  
Quit Smoking*)

Alyssa Spaxman-Santana, Project Manager,  
IDOCC Program (*Editor*)

Jessica Hogue, Research Assistant, IDOCC  
Program (*Editor*)

### CONTACT US:

Alyssa Spaxman-Santana  
Project Manager, C.T. Lamont Primary Health  
Care Research Centre

Élisabeth-Bruyère Research Institute

43 Bruyère St., Rm. 337-Y

Ottawa (Ontario) K1N 5C8

Tel.: 613-562-6262 x 1458

Fax: 613-562-6099

E-mail: [aspaxmansantana@bruyere.org](mailto:aspaxmansantana@bruyere.org)

The IDOCC program is being coordinated by the Élisabeth Bruyère Research Institute in collaboration with the Department of Family Medicine at the University of Ottawa, the University of Ottawa Heart Institute, and the Champlain Regional Stroke Program.

[www.idocc.ca](http://www.idocc.ca)

Working Together to Prevent Heart Disease & Stroke in Champlain Region IDOCC is one of six priority initiatives of the Champlain CVD Prevention Network (CCPN), a network of health and community partners from across the Champlain District - dedicated to the prevention of CVD. The CCPN is implementing a five-year CVD prevention strategy in our region.

[www.ccpnetwork.ca](http://www.ccpnetwork.ca).

## Phase I Practice Success Story: How IDOCC has changed one practice and its delivery of care within the Champlain region

This practice has just completed the first stage of intensive facilitation and is moving into the sustained facilitation stage. During intensive facilitation, the IDOCC facilitator assisted the physician in changing the aspects of care they identified together as needing improvement. As a result, the physician:

- has begun using CVD flow sheets for patients with CVD. These flow sheets were tailored specifically for him and his practice by the facilitator;
- has started to use prevention measures flow sheets for patients when they come in annually;
- received information from the facilitator about community resources and has been using and referring patients to them. Some examples are: FrancoForme, MedsCheck program, and smoking cessation programs;
- uses the Champlain Primary Care CVD prevention and management guidelines as a reference for care, receiving updates as they become available;
- was provided with information about weight loss programs in the region. The Champlain Primary Care CVD prevention and management guidelines resource binder provided some help with information on weight loss specialist services in Ottawa;
- examined the roles within the office, with the facilitator, and determined that the receptionist would be able to take waist circumference measurements when the patient's BMI was high, while performing other tasks such as weight and height measurements when patients first come to the office;
- has had discussions with the facilitator about patient self-management and identified ways in which he has already supported patients to manage their self-care and has received some information in this area.

## Talk Back

Check out what your colleagues said about participating in Phase 1 of IDOCC

.....  
"I love the combined flow sheet. I have incorporated it into my practice. I find that I am able to be more systematic and am much more conscious of remembering the pneumonia vaccine (among other benefits)". (Phase I Physician)

.....  
"We were able to increase our awareness and knowledge of CVD screening and management. We were able to share, have inter-practitioner contact to discover the best practices of our colleagues and adhere to CVD guidelines. We were provided with good resources and had the opportunity to engage in team building."  
(Phase I Physician)

