



醫院管理局
HOSPITAL
AUTHORITY

Smoking Counselling and Cessation Service in Hospital Authority

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On behalf of COC (Family Medicine)

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醫院管理局「無煙新天地」
戒煙輔導服務中心



戒煙成功，
健康在手!!

無煙新天地
醫院管理局戒煙輔導服務中心



Outline

- Background
- The Smoking Counselling & Cessation Centres
- Protocol-Driven Workflow
- Patient's Feedback
- Service Statistics & Outcomes

Background

Burden of Smoking in Hong Kong

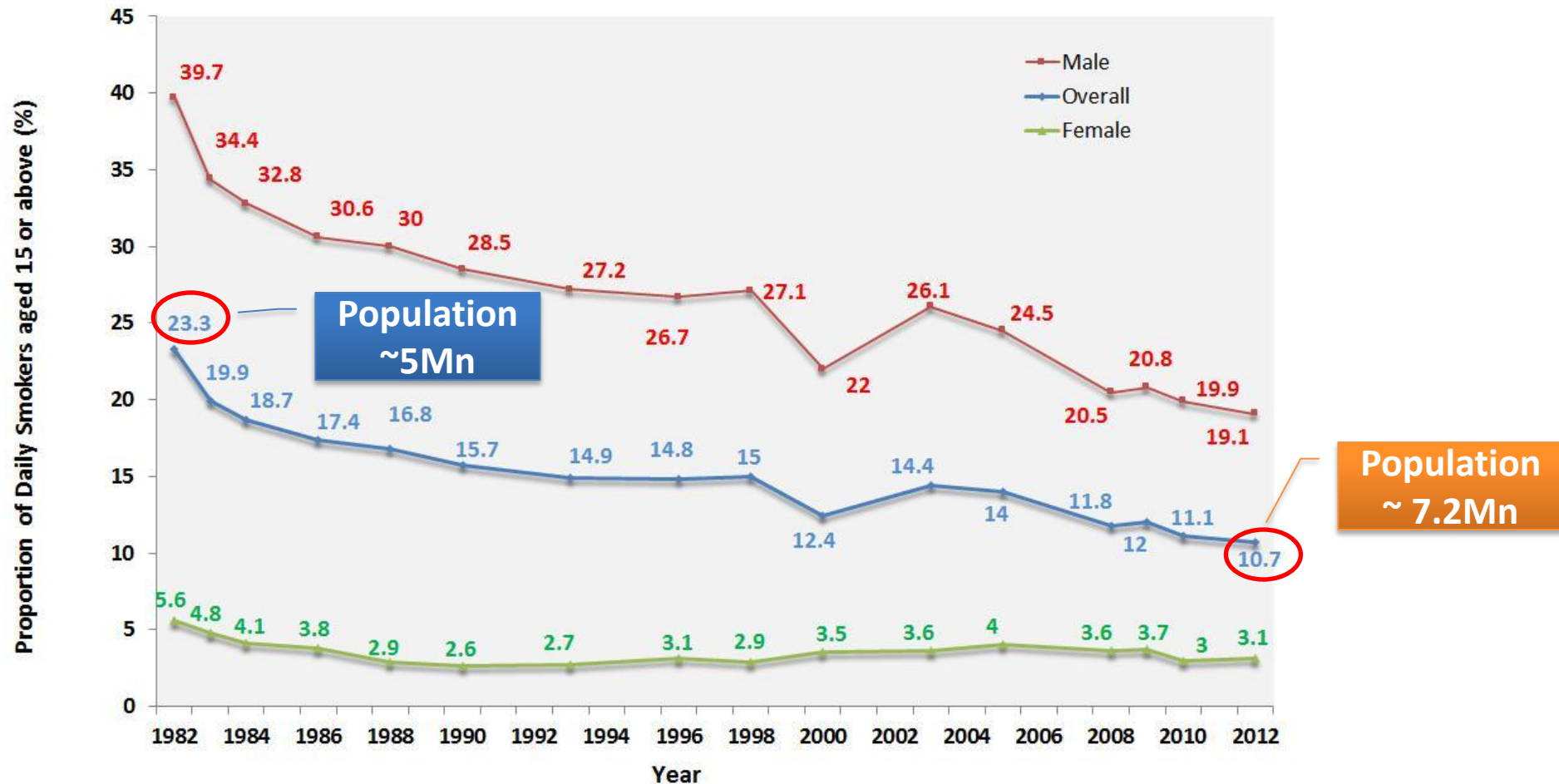
- Annual health care cost for tobacco related morbidity from both active and passive smoking is ~HK\$2.6 billions (*McGhee 2006*)
- Better smoking cessation services could help save such cost for better service utilisation

Component	No. of units	Estimated value (HK\$ billion)
Public hospital days	581,430	1.80
Private hospital episodes	6,370	0.12
Specialist outpatient clinics	256,823	0.15
General outpatient clinics	714,585	0.16
A&E visits	105,661	0.06
Private GP visits	2,019,962	0.34
Total cost		2.63

McGhee SM, et al. Tob Control 2006; 125-130

Smoking Pattern in Hong Kong

Daily Smoking Prevalence in Hong Kong



Source: Thematic Survey Reports, Census and Statistics Department, HKSAR

Smoking Cessation Services in Hong Kong

- Department of Health
- Hospital Authority
- Non-Government Organizations:
 - Community-based
 - Traditional Chinese Medicine (acupuncture)
 - For young smokers

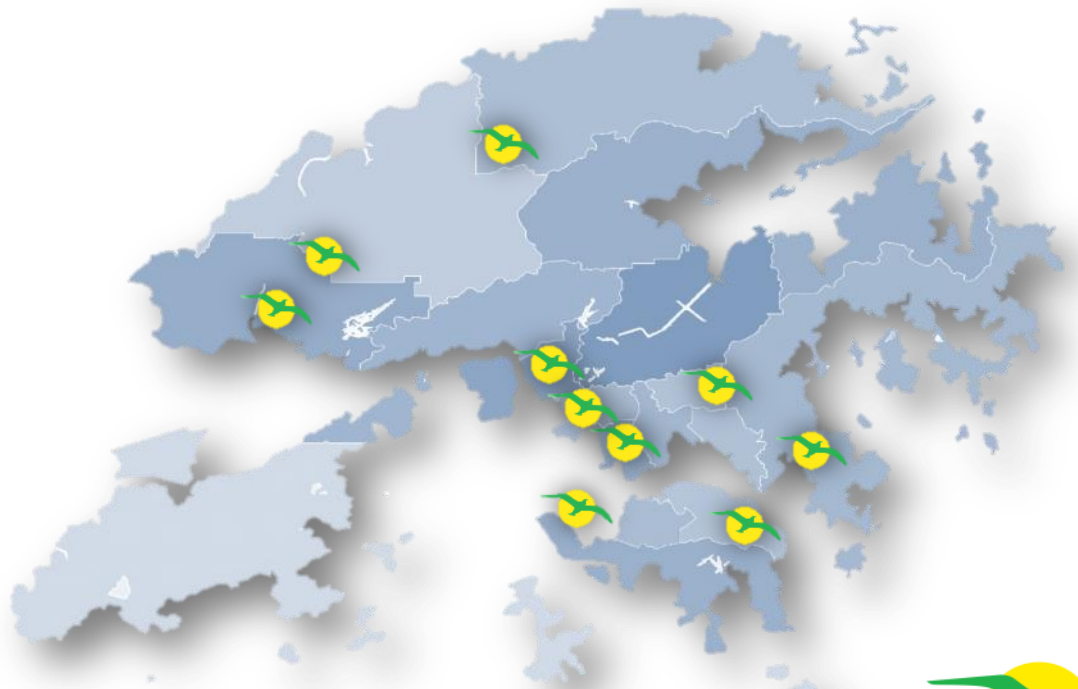
The Smoking Counselling & Cessation Centres (SCCCs)

The SCCCs

- First established in Hospital Authority in 2002
- Aim to provide smoking cessation service to patients and smokers who intend to quit smoking through a multidisciplinary team approach

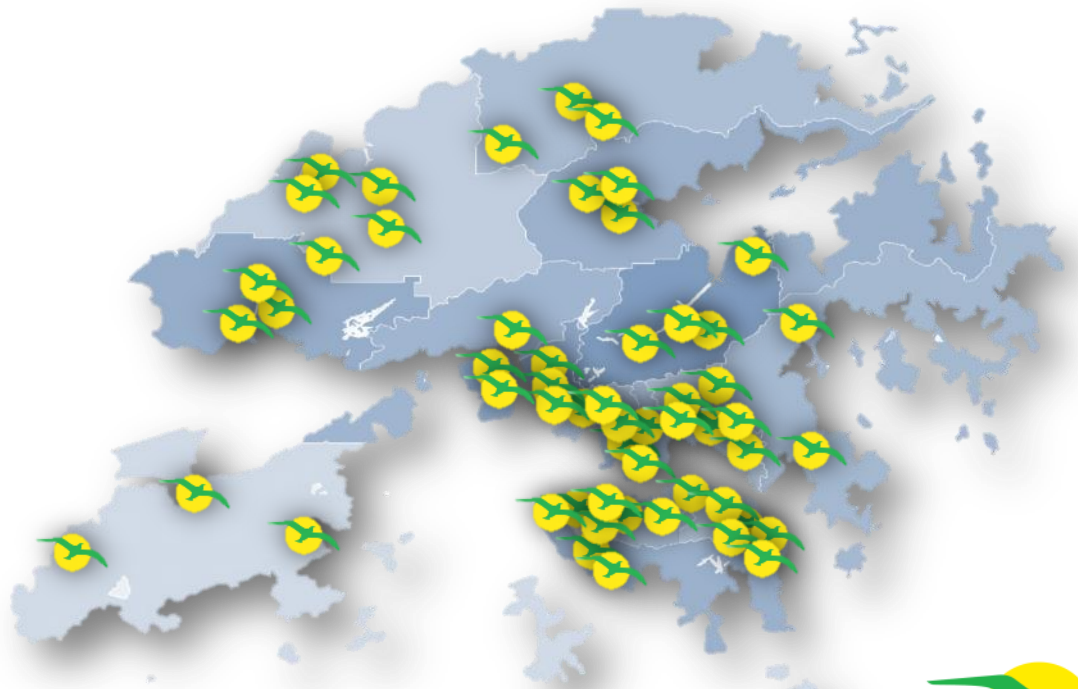
10 SCCCs in 2002

- Full-time and sessional based
- Majority in out-patient clinics



55 SCCCs in 2014

- Government support
- Service expansion since 2011/12



Scope of Service

1. Offers assessment to smokers, including Fagerstrom Test of Nicotine Dependence and carbon monoxide level
2. Offers smoking cessation counselling
3. Provides nicotine replacement therapy and oral medications for indicated smokers

Service Structure

Corporate level

- Service framework formation by Steering Committee on Smoking Counselling & Cessation Programme
- Formed by Hospital Authority Executive, Chief Pharmacy Office representative, and physician and nurse representatives from each cluster

Cluster level

- Led by Family Medicine, collaboration with other specialties, esp. Respiratory physicians
- Service provision by local smoking counselling & cessation team

Multidisciplinary Team Structure

Doctor



- Acts as **team leader** to supervise other team members
- Provides medical advice to counselors
- Supervises and/or provides doctor consultation for prescription of oral medications for smoking cessation

Team coordinator



- Specially trained Advanced Practice Nurse (APN), Pharmacist, or Occupational therapist I
- **Coordinates** within own cluster for service alignment and programme reporting
- Acts as a trainer for junior counsellors

Counsellor



- Acts as a **case manager** and follow up the progress of patients
- Could be Advanced Practice Nurse (APN), Pharmacist, or Occupational therapist I

Training for Counsellors

- Teaching programme held jointly by 3 organisations
 - Tobacco Control Office (TCO)
 - Mayo Clinic , and
 - Hospital Authority
- Learning modalities
 - Lectures on smoking cessation treatment
 - Workshop on motivational interviewing skills
 - Clinical practicum for counsellors at SCCCs



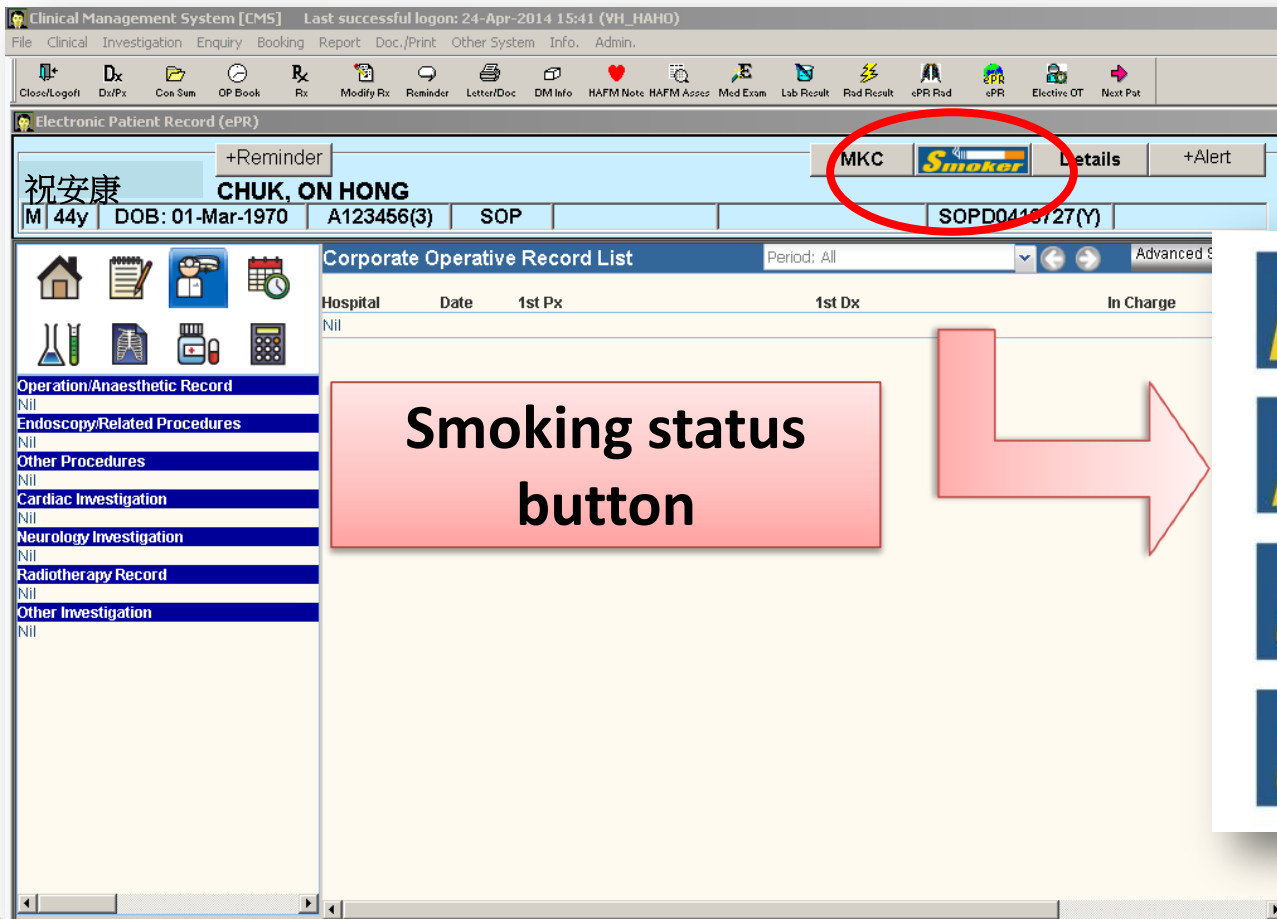
Protocol-Driven Workflow



Referral Sources

- Healthcare professionals:
 - Out-patient clinics
 - Medical consultations
 - Chronic disease management programmes
 - Hospital inpatient cases
- Patient self-referral

- Using smoking status button to increase awareness among staff



Smoking status
button



Assessment

Upon 1st visit to SCCC:

■ Assessment:

- background medical & smoking history
- CO level, Fagerstrom scale of nicotine dependence
- Stage of change, reasons of quitting, barriers



Counselling

■ Education & Counselling using the 5Rs approach:

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition



Formulating a Quit Plan

- Set a quit date
- Manage according to different dependences:
 - Physical dependence: prescribe NRT/varenicline
 - Behavioural dependence: advise behavioural alternatives
 - Emotional dependence: enlist social support
- Arrange follow up at 1, 4, 12, 26 and 52 weeks:
 - Face to face or telephone

Telephone Counselling

Structured content framework

1. neuropsychiatric symptoms & depressive symptoms 2. new onset or worsening cardiovascular symptoms e.g. chest pain, shortness of breath and pain in the leg when walking.	戒煙香口膠: 請記得戒煙香口膠的正確用法 (Park 2012) -記得每日不能超過____粒。 吸劑: 記得使用時就像吸煙一樣, 每分鐘吸四口; 使用二十分鐘, 如此類推, 每支藥芯可使用四次。 -記得用吃尼古丁補充劑後, 就唔好食煙, 如果唔係尼古丁份量反而增加。 ii) 瓦倫尼克林 a) 請問你而家每日食口服藥幾多粒及幾多次? 係唔係... b) 食口服藥物有無以下情況出現: 例如: 1. 精神或情緒異樣; 例如情緒低落? 2. 心或血管徵狀: 例如 呼吸困難、心口痛/行路時膝部痛、或者嘔嘔嘔嘔嘔/多吃?		
C. Discussion on positive changes i. to congratulate, encourage and show concern to clients' success; ii. to focus on what has been done and is helpful to the client; iii. to invite discussion on benefits and success milestones;	C. 與成功戒煙病人討論正面的改變 i. 恭喜你已成功戒煙, 戒煙確是件不容易的事, 但你成功。請繼續堅持, 唔好浪費咗今次的成功。 ii. 請你講吓成功處理面對誘發食煙的地方/事情的方法, 請繼續沿用咁啲方法。	D. 與未完全成功戒煙病人討論所面對困難 i. 咁而家你遇到有乜嘢困難? - 戒煙期間身體、心理可能會出現退縮徵狀及面對誘發食煙的情況等 - 提供處理方法及給予支持。	E. 與病人探討放棄戒煙原因並加以鼓勵: i. 點解而家唔戒? (嘗試找出原因, 例如: 情緒欠佳、工作壓力、家庭衝突、生活苦悶、脫癮徵狀等) ii. 聽完你講, 知道而家你遇到

Session Content	Sample Scripts for Different Scenarios		
	Client has successfully stopped smoking	Client is facing difficulty	Client has stopped trying to quit
A. Review of Quit Plan	早晨 / 午安, 我係醫管局無煙新天地____ 姑娘, 想跟進你戒煙的進度。請問你戒左煙未? 請問你邊一日有超過24小時無食煙? 煙?	(未戒) 而家你每日食煙____支? (戒下食下) 你過去7日仲有無食煙?	而家你每日食煙____支?
B. Evaluation on pharmacotherapy use (if appropriate)	B) 評估藥物的用法 (如適用) i) 尼古丁補充劑 a) -記錄病人使用尼古丁補充劑的模式 你有無用緊我地俾你嘅戒煙貼/香口膠呀/吸劑? 如有: -而家你每日貼幾多塊戒煙貼/食幾多粒戒煙香口膠/點吸法? -有冇出現副作用? b) 調較使用尼古丁補充劑的份量/時間長短 (如有需要) 如: 增加/減少/停用每日所需要戒煙貼的時間或戒煙香口膠的粒數或吸劑的支數。 c) 提醒尼古丁補充劑的正確使用方法: 戒煙貼: 請記得貼戒煙貼係上半身嘅位置及輪流地方貼。		



Documentation

- Computerised records for clear documentation

Pharmacotherapy

■ Drug management

- Nicotine replacement therapy
 - Aged 18 years or above & smokes ≥ 10 cigarettes a day
- Varenicline



Patient's Feedback

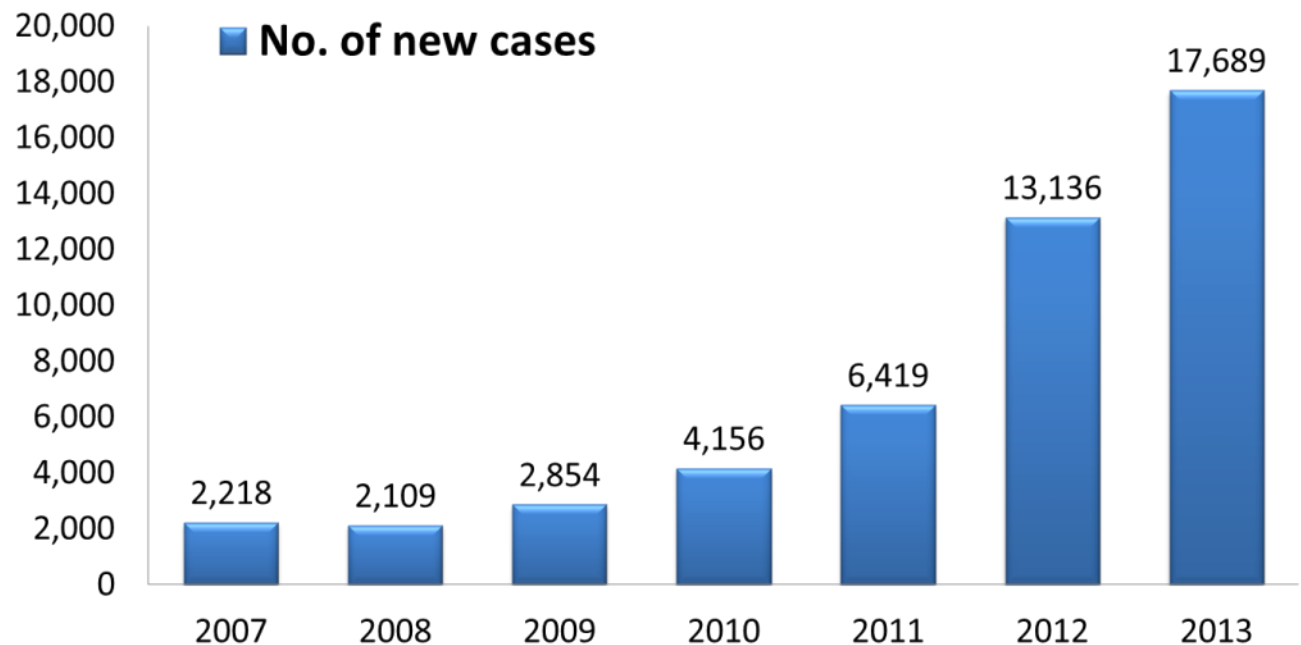
- Video



Service Statistics & Outcomes

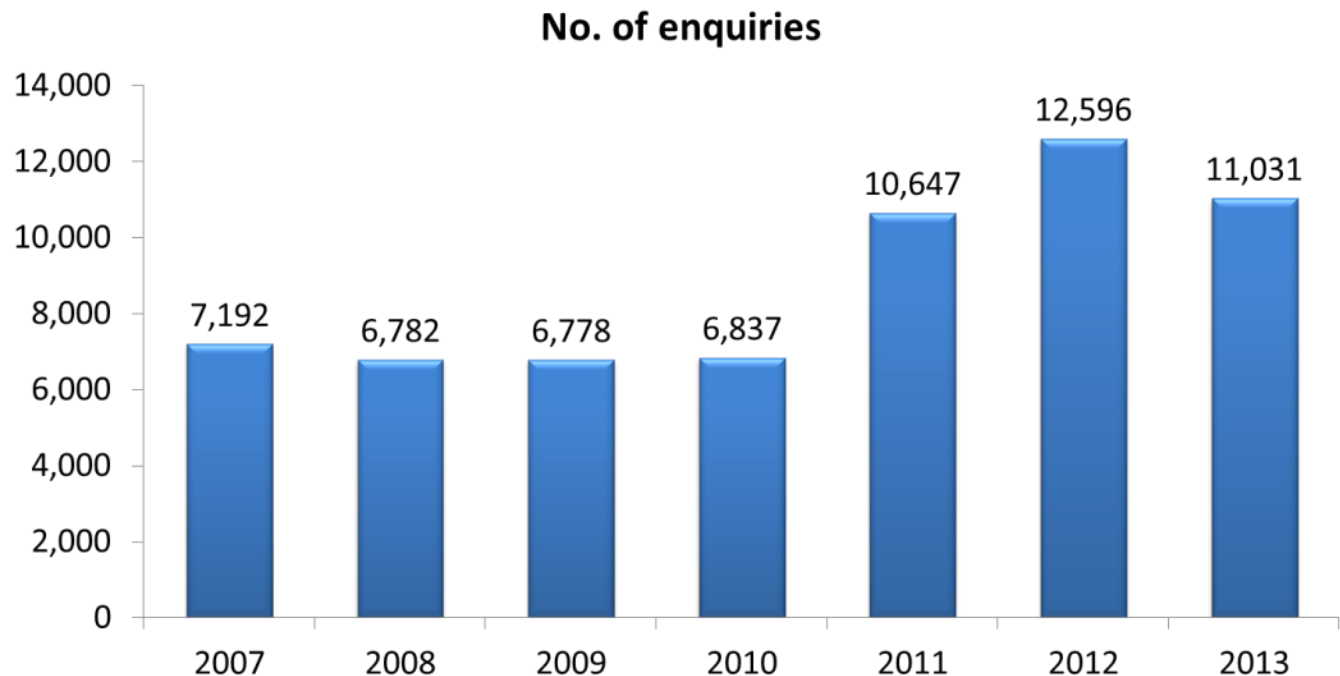
SCCC Service statistics (1)

- No. of new cases increased by ~8 times from 2007 to 2013
- Service expansion since 2011/12



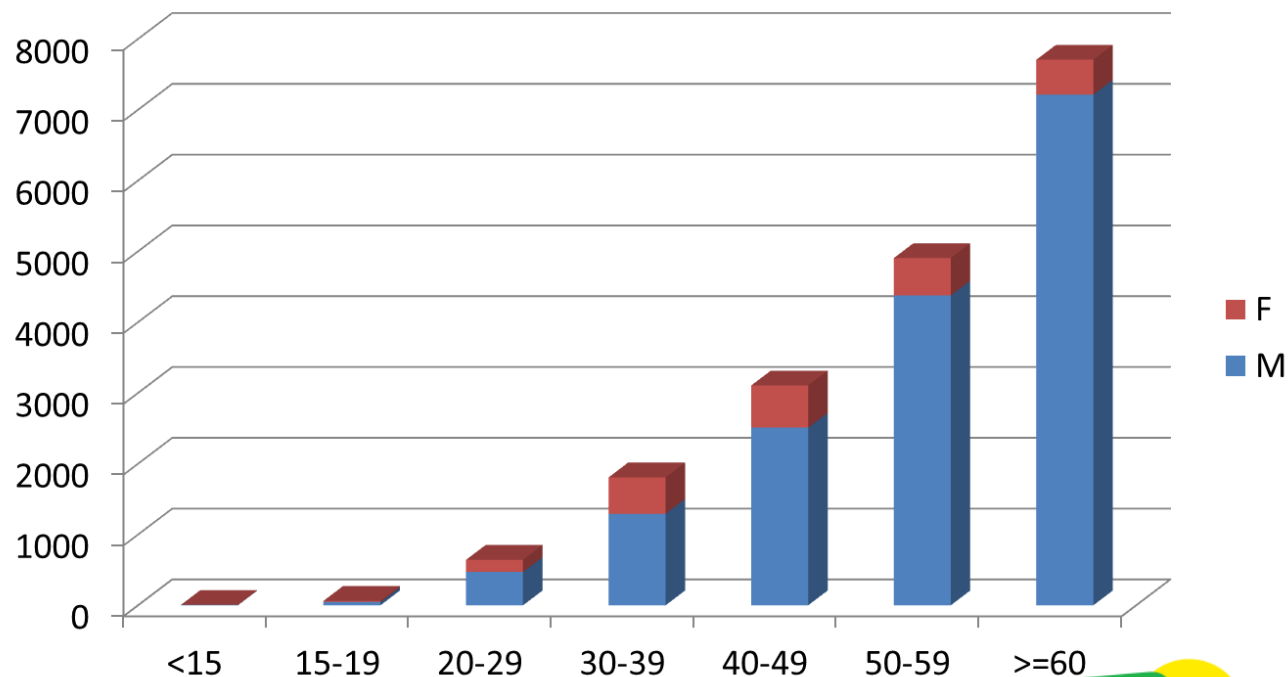
SCCC Service statistics (2)

- Volume of enquiries fluctuated according to government initiatives and publicity waves



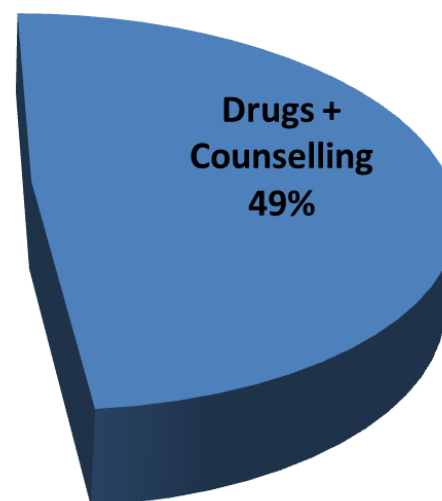
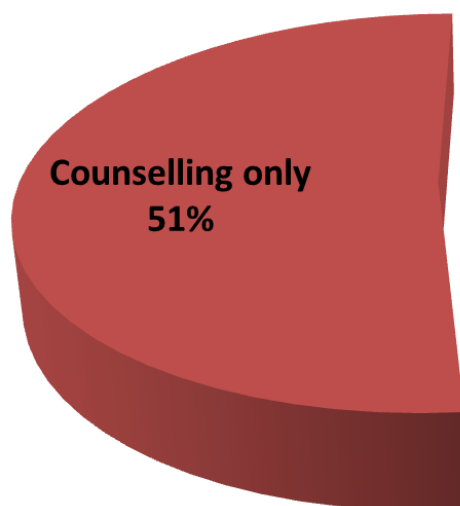
Patient profile in 2013: Age & Sex

- 18,230 smokers seen
- Age range: 13 to 98 (86.2% ≥ 40 years old)
- Male : Female = 15 : 1 (87.3% male)



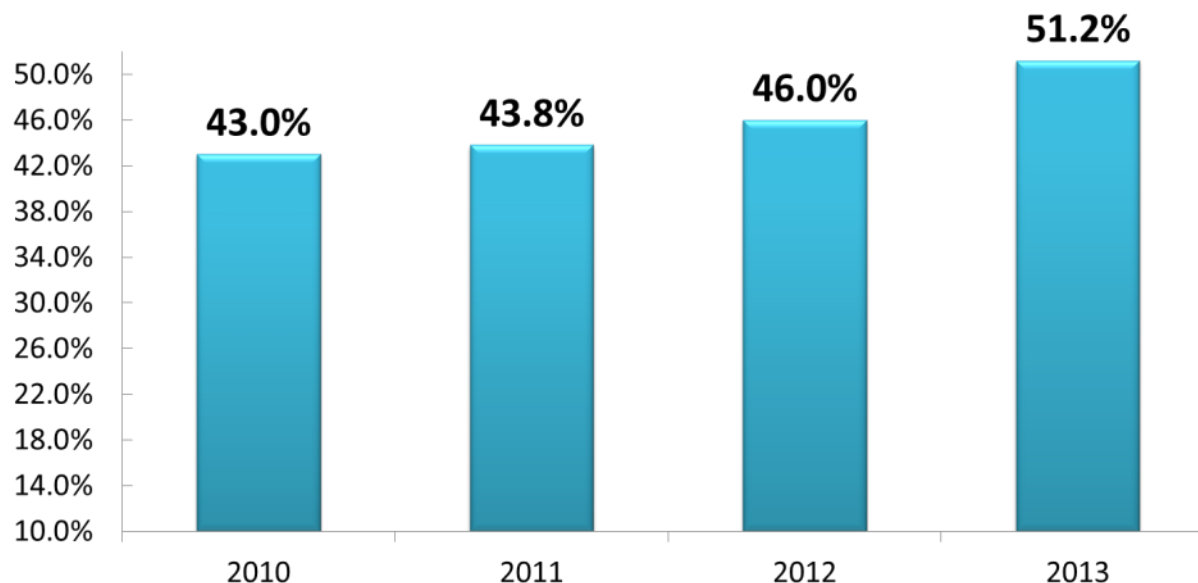
Patient profile in 2013: Interventions

- 51% counselling only
- 49% drugs + counselling



Quit Rate at 52 weeks

- Higher quit rates observed



Quit rate definition:

Patients with actual quit date were included and 7-days point prevalence was used

Possible Reasons of Quit Rate Improvement

Government

- Increase in taxation
- Resources support in services

Hospital Authority

- Service expansion since 2011/12
- Service framework enhancement

Training among service providers

- Enhanced training for counsellors and doctors

Patients

- Increase in awareness , especially among chronic illness groups due to various chronic disease programmes

In Summary

- Government support, service expansion, improved service framework and enhanced training have all helped with the improvement in smoking cessation

Way Forward

1. Improve recruitment from all healthcare staff
2. Continue to enhance training on motivating smokers
 - Conduct training course on motivational interviewing skills
3. Explore other modalities in service delivery

Thank You

