

Provincial Clinical Guideline



Title: Tobacco Quit Card and Counselling (TQCC) Program

Level: Provincial

Service Area: Primary Care and Public Health

Applicable to: All healthcare providers, organizations, and facilities across Manitoba involved in delivering health services provided or funded by the government or a health authority.

Approved by: Primary Care Sub-committee, Primary Care, Home, Community and Palliative Care Program

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1.0. Purpose

- 1.1. The purpose of this guideline is to define the program requirements for the Tobacco Quit Card and Counselling (TQCC) Program. This is an evidence-based tobacco and vape reduction and cessation program that combines Tobacco Cessation counselling, along with funded nicotine replacement therapy. The guideline sets out the program trainer requirements, patient requirements, provision of Nicotine Replacement Therapy (NRT) and required program reporting.

2.0. Scope

- 2.1. Applies to all regional health authorities (RHAs) in Manitoba, who are responsible for operationalization and administration of the Tobacco Quit Card and Counselling Program for patients in their region.
- 2.2. Applies to all health care staff within RHAs, primary care, and public health who are involved leading and providing services associated with the Tobacco Quit Card and Counselling Program.

3.0. Definitions

3.1. Defined Terms

- 3.1.1 Regional Health Authority (RHA): The administrative body responsible for managing and overseeing healthcare services within a specific geographic region.
- 3.1.2 Tobacco Quit Card and Counselling (TQCC) Program: A structured initiative designed to assist individuals in their efforts to quit tobacco use, typically cigarettes or other forms of tobacco products like cigars or smokeless tobacco.
- 3.1.3 Electronic Medical Record (EMR): Electronic record used in primary care clinics for patient charting, tracking and referral management.
- 3.1.4 Nicotine Replacement Therapy (NRT): Medications that support smoking cessation by providing nicotine in a limited dose. Can be long-acting forms (patches), or short acting forms (such as gum, lozenges, inhaler, oral mist).
- 3.1.5 Tobacco Trainer: An interprofessional role played by a team member responsible to provide Applied Tobacco Intervention course provincially. This person also acts as a Tobacco Educator
- 3.1.6 Tobacco Educator: An interprofessional role played by team members responsible to provide Quit Cards and counselling to participants and complete the TQCC program Data Collection Tool.
- 3.1.7 Tobacco Quit Card: A drug insurance card that can be presented at any commercial pharmacy in Manitoba to pay for nicotine replace therapy medications and pharmacy dispensing fees up to a set amount.

3.2. Abbreviations

- 3.2.1 ATI: Applied Tobacco Intervention
- 3.2.2 CNRC: Canadian Network for Respiratory Care
- 3.2.3 CTE: Certified Tobacco Educator
- 3.2.4 HBC: Health Behaviour Change

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3.3. Professional Groupings

3.3.1 Not Applicable

4.0. Guideline

4.1. Tobacco Educator Eligibility

- 4.1.1 Tobacco Cessation counselling is an interprofessional competency. Training is open to staff with a degree or diploma in a recognized healthcare profession with a scope of practice that includes counselling.

4.2. Tobacco Cessation Accredited Courses

- 4.2.1 Courses in the Manitoba Tobacco & Vape Learning Series are accredited by the Canadian Network for Respiratory Care (CNRC). Equivalent education must be CNRC-accredited, such as the Centre for Addiction and Mental Health's course 'An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder (formally TEACH Core Course), excluding brief tobacco intervention courses.

4.2.2 Required Tobacco Educator Training

- 4.2.2(a) Tobacco Educators are to complete the clinical training courses listed in the [Manitoba Tobacco and Vape Learning Series](#) under the heading Intermediate Tobacco Educator.
- 4.2.3 Prior to delivering the Program, Tobacco Educators are to have completed at minimum, the self-led LMS courses (Tobacco Basics, Intensive Tobacco Intervention, Tobacco Cessation Pharmacology, and Health Behaviour Change (HBC) Part 1: The Fundamentals). For registration details, refer to the [Tobacco & Vape Learning Series Information](#).
- 4.2.4 Within 6 months of initial delivery of the program (or as soon as possible thereafter), staff are to complete the remaining courses specified for Intermediate Tobacco Educator Certification (HBC Part 2 OR Foundational Health Educator; and Applied Tobacco Intervention).

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- 4.2.5 Additional Training: Tobacco Educators have the opportunity to pursue the Certified Tobacco Educator (CTE) credential at the RHAs discretion. For further details, refer to the [Learning Series Infographic](#).
- 4.2.6 Experienced Tobacco Educators, especially those holding CTE designation, are highly suitable as Tobacco Trainers for the live online courses. Refer to the [TQCC Program Roles](#) document for further details. A minimum of one Tobacco Trainer per region will allow proper coverage to successfully teach 1-2 ATI course offerings each year.

4.3. Tobacco Cessation Onboarding

- 4.3.1 RHAs are recommended to orient staff to the TQCC program through the following steps:
 - 4.3.1(a) Complete the minimum clinical training required as outline above;
 - 4.3.1(b) Review the TQCC SOP and Tools on the Shared Health Provincial Clinical Projects, Standards, and Guidelines page under the section titled 'Tobacco'.
 - 4.3.1(c) Peer support or a shadow experience with a current TQCC provider for at least 1 initial and 1 follow-up.

4.4. TQCC Program Leadership Roles & Responsibilities

4.4.1 Shared Health Responsibilities

- 4.4.1(a) Guide, inform and co-ordinate the TQCC program provincially.
- 4.4.1(b) Review feedback and update the TQCC guideline, standard operating procedures and quick reference guides.
- 4.4.1(c) Liaise with Manitoba Health and Quit Card vendor.
- 4.4.1(d) Chair meetings of the Tobacco Quit Card Committee including scheduling meeting dates and provision of meeting agendas and minutes.
- 4.4.1(e) Manage provincial communications and share with RHAs.

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- 4.4.1(f) Lead development and coordination of Manitoba Tobacco & Vape Learning Series ongoing.
- 4.4.1(g) Manage financials. Guide, inform and coordinate the TQCC program provincially.
- 4.4.1(h) Ensure program alignment with provincial health goals and objectives.
- 4.4.1(i) Negotiate and maintain contracts with vendors and procurement.
- 4.4.1(j) Maintain copyright agreements with Alberta Health Services.
- 4.4.1(k) Communicate with RHA Leads about allocation and reminders to place own orders.
- 4.4.1(l) Collect and synthesize aggregate program data from RHAs and report to Manitoba Health.

4.4.2 Regional Health Authority Program Responsibilities

- 4.4.2(a) Assign an RHA Lead(s) for the region and communicate to Shared Health.
- 4.4.2(b) Identify roles within the organization who will have TQCC program responsibilities, ensuring proper coverage across communities.
- 4.4.2(c) Collaborate with all RHA Tobacco programs to ensure adequate number of Tobacco Trainers are available, provincially, to administer required training.
- 4.4.2(d) Establish and implement processes to inform and remind Primary Care Providers and other team members to promote the program to potential participants.

4.4.3 RHA Lead Responsibilities

- 4.4.3(a) Lead(s) or designates to participate actively in provincial planning.
- 4.4.3(b) Lead communication and engagement of stakeholders (including leadership, teams, and clinics) to promote and deliver the program.

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- 4.4.3(c) Ensure timely communication of program changes and training/trainer opportunities to Tobacco Educators.
- 4.4.3(d) Ensure identified staff meet requirements for enrolling in ATI education.
- 4.4.3(e) Promote the program within their regions.
- 4.4.3(f) Collate and submit regional data and reporting to Shared Health, which will subsequently report to government on behalf of the province; engage in quality improvement as required.
- 4.4.3(g) Participate in planning of Tobacco Educator training, as required.
- 4.4.3(h) Determine who in the region disperses Quit Cards.
- 4.4.3(i) Bi-Annually, provide an updated list of Tobacco Educators from the RHA as outlined by Shared Health.

4.4.4 Tobacco Educators Responsibilities

- 4.4.4(a) Complete Tobacco Educator Training, as required.
- 4.4.4(b) Implement the TQCC Provincial Clinical Guideline, including provision of Quit Cards and counselling sessions.
- 4.4.4(c) Communicate with team members, participants, and Primary Care Providers to promote the program and work interprofessionally to address participant needs.
- 4.4.4(d) Complete Data Collection Tool.

4.4.5 Tobacco Trainer for Manitoba Tobacco & Vape Learning Series Responsibilities

- 4.4.5(a) Facilitate training sessions in collaboration with other trainers.
- 4.4.5(b) Act as a resource for clinical questions for Tobacco Educators in the MyHealth Team(s) or local area(s).
- 4.4.5(c) Participate in development and revisions of clinical tools, as required.

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4.4.5(d) Fill the role of Tobacco Educator, as required.

4.5. Program Information and Referrals

- 4.5.1 [Access information for the public and health professionals](#) is available, including access details/contact information for each RHA.
- 4.5.2 Recommendation: Tobacco Educators are expected to connect with clinics regularly (at minimum twice per year) to share TQCC posters and/or TV screen advertisements continuously and place posters in other community venues as appropriate. Resources can be accessed on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).

4.6. Participant Journey/Experience

The program integrates smoking/ vape cessation counselling sessions with NRT to increase the likelihood of participants successfully quitting or reducing nicotine consumption.

- 4.6.1 Eligible program participants receive, at minimum, one \$300 drug insurance card (“Quit Card”) that provides coverage for NRT medications and dispensing fees at pharmacy. Other cessation medications including Varenicline (Champix), Bupropion (Zyban) and Cytosine (Cravv) are not NRT and not covered by the Quit Card, but may be used in combination with NRT (Centre for Addiction and Mental Health [CAMH], 2018). Persons on an oral agent and NRT can be enrolled in the TQCC program. See CAMH Algorithm for Tailoring Pharmacotherapy for more information on medications.
- 4.6.2 Participants capable of financially purchasing their own NRT are encouraged to do so. Although not part of the TQCC program, they may still benefit from the tobacco cessation counselling.
- 4.6.3 Participants agree to a minimum of 3 counselling sessions, including an initial session (session the Quit Card is provided), and a 1-month and 6-month counselling session (1-month and 6-months after the initial Quit Card is provided). Educators may offer additional counselling sessions if time permits and are encouraged to make referrals for adjunctive counselling and peer support. Evidence supports a dose-based response where greater counselling support is

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correlated with higher quit rates (Winnipeg Regional Health Authority [WRHA], 2013).

- 4.6.4 A TQCC Data Collection Tool is completed for each participant, in addition to regular charting. Sections of the Tool are completed at the initial, 1-month and 6-month counselling sessions and to capture the date and Quit Card number of each Card provided.

Current Educator roles, participant eligibility criteria, clinical algorithms, applicable handouts, and pharmacy troubleshooting are available in the Program Quick Reference Guide (for the Tobacco Quit Card and Counselling (TQCC) Program that can be accessed on the on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).

4.7. Data Collection and Reporting

- 4.7.1 Each RHA is required to collect and submit data annually by April 30th to Shared Health on at a minimum, four specified data elements to Shared Health.

- 4.7.1(a) The four required data elements are:

- The number of participants who started the TQCC Program;
- Number of participants who stopped tobacco use;
- Number of participants who reduced tobacco use; and
- Number of health professional staff trained.

- 4.7.1(b) For more details, please see the Tobacco Quit Card and Counselling (TQCC) Program Quick Reference Guide that can be accessed on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).

5.0. Procedure

- 5.1. Not Applicable

6.0. Resources

- 6.1. Manitoba Tobacco Quit Card and Counselling Program Public Webpage – [English](#) | [French](#)

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- 6.2. Shared Health, Program Quick Reference Guide - Tobacco Quit Card and Counselling (TQCC) Program.
- 6.3. Shared Health, [Tobacco Quit Care and Counselling Program - Tobacco Resources](#).

7.0. References

- 7.1. Centre for Addiction and Mental Health (2018). [CAMH Algorithm for Tailoring Pharmacotherapy](#).
- 7.2. Winnipeg Regional Health Authority (2013). [Clinical Practice Guideline for the Management of Tobacco Use and Dependence](#).

8.0. Contact(s)

- 8.1. **Document Sponsor:** Provincial Program Director, Primary, Home/Community and Palliative Care Program – Shared Health
- 8.2. **Document Owner(s):** Provincial Primary Care Operations Team, Health Systems Integration & Clinical Planning – Shared Health

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