

## Provincial Clinical Guideline



**Title:** Tobacco Quit Card and Counselling (TQCC) Program Guideline

**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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**Subcategory:** 600.105 – Cross Program Care Coordination

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### 1.0. Purpose

- 1.1. The purpose of this guideline is to establish a standardized, evidence-informed framework for the implementation and delivery of the Tobacco Quit Card and Counselling (TQCC) Program. The TQCC Program is a tobacco and vape reduction and cessation initiative that combines individualized counselling with access to funded nicotine replacement therapy (NRT) through a quit card.
- 1.2. This guideline outlines the core components of the program, defines staff roles and responsibilities, and provides direction for consistent delivery across participating sites. It supports effective program implementation, training, and supervision, while ensuring adherence to best practices in tobacco cessation. The guideline also serves as a reference to promote quality assurance, equitable access, and consistent documentation for program monitoring and evaluation.

### 2.0. Scope

- 2.1. This guideline applies to all staff, healthcare providers, program coordinators, and partner organizations involved in the implementation, delivery, and evaluation of the TQCC Program across all regional health authorities (RHAs) in Manitoba.
- 2.2. It is intended to support the standardized delivery of the TQCC Program across all RHAs and service delivery sites in Manitoba. This includes:
  - Tobacco Trainers and Tobacco Educators responsible for patient engagement and tobacco cessation support,
  - Clinical and non-clinical staff involved in the TQCC program,
  - Administrative staff who support documentation, logistics, and quit card distribution,
  - Pharmacy partners involved in dispensing nicotine replacement therapy (NRT), and
  - Regional and provincial program leads overseeing data collection, quality assurance, and program improvement initiatives.
- 2.3. This guideline covers all key elements of the TQCC Program, including training requirements, counselling standards, quit card management, participant eligibility, documentation, and data reporting processes.

### 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 for tobacco and vape reduction and cessation. It combines individualized counselling with access to funded nicotine replacement therapy (NRT) through a quit card.
- 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).

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- 3.1.5 Tobacco Trainer: An interprofessional role played by a team member responsible to provide Applied Tobacco Intervention courses 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 participating community pharmacies in Manitoba to pay for nicotine replacement 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
- 3.2.5 RHA: Regional Health Authority

### 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

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4.2.1 Courses offered through the Manitoba Tobacco & Vape Learning Series are accredited by the Canadian Network for Respiratory Care (CNRC). Staff seeking equivalent education are encouraged to complete CNRC-accredited programs, such as the Centre for Addiction and Mental Health's "An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder" (formerly TEACH Core Course). Brief tobacco intervention courses are not considered equivalent for the purposes of this program, and are therefore excluded.

#### 4.2.2 **Required Tobacco Educator Training**

- 4.2.2(a) Tobacco Educators are to complete the clinical training courses listed in the [Tobacco & Vape Learning Series Information](#) under the heading "Intermediate Tobacco Educator" within one year.
- 4.2.2(b) Before delivering the program, Tobacco Educators must complete, at minimum, the self-led LMS courses: Tobacco Basics, Intensive Tobacco Intervention, Tobacco Cessation Pharmacology, and Health Behavior Change (HBC) Part 1: The Fundamentals. Registration details are available through the [Tobacco & Vape Learning Series Information](#).
- 4.2.2(c) Within six months of initially delivering the program, or as soon as possible thereafter, staff are encouraged to complete the remaining courses required for Intermediate Tobacco Educator Certification, including either HBC Part 2 or Foundational Health Educator, and Applied Tobacco Intervention.
- 4.2.2(d) Additional training opportunities are available for Tobacco Educators interested in pursuing the Certified Tobacco Educator (CTE) credential, subject to RHA discretion. Further details can be found in the [Tobacco & Vape Learning Series Information](#).
- 4.2.2(e) Experienced Tobacco Educators, particularly those with CTE designation, are well suited to serve as Tobacco Trainers for live ATI online courses. For more information, refer to the [TQCC Program Roles](#) document. It is recommended that each region have at least one Tobacco Trainer to support delivery of 1–2 ATI course offerings annually.

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### 4.3. Tobacco Cessation Educator Onboarding

#### 4.3.1 RHAs are encouraged to to orient staff to the TQCC Program using the following steps:

- 4.3.1(a) Staff should complete the minimum clinical training requirements as outlined in the training section above.
- 4.3.1(b) It is recommended that staff review the TQCC Reference Guide and associated tools, available on the Shared Health Provincial Clinical Projects, Standards, and Guidelines webpage under the “Tobacco Cessation” section.
- 4.3.1(c) New providers may benefit from peer support or a shadowing opportunity with an experienced TQCC provider, ideally including observation of at least one initial counselling session and one follow-up session.

### 4.4. TQCC Program Leadership Roles & Responsibilities

#### 4.4.1 Shared Health Responsibilities

- 4.4.1(a) Guide, inform, and coordinate the TQCC Program provincially.
- 4.4.1(b) Review feedback and update the TQCC guideline and Quick Reference Guide.
- 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.
- 4.4.1(f) Lead development and coordination of Manitoba Tobacco & Vape Learning Series ongoing.
- 4.4.1(g) Manage financials.

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- 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 RHA Program Responsibilities**
- 4.4.2(a) Each region designates an RHA Lead(s) to oversee local implementation of the TQCC Program and share this information with Shared Health.
  - 4.4.2(b) Organizations are to define internal roles and responsibilities for the TQCC program, ensuring adequate coverage and support across communities.
  - 4.4.2(c) Collaborate with Shared Health to ensure each RHA has an adequate number of Tobacco Trainers available provincially to administer required training.
  - 4.4.2(d) Processes are to be established and implemented that 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) Participate actively in provincial planning efforts to ensure alignment and shared learning across regions.
  - 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) Communicate program updates and information about training and trainer opportunities to Tobacco Educators in a timely manner.
  - 4.4.3(d) Monitor and support staff in meeting the requirements for enrollment in Accredited Tobacco Intervention (ATI) education where applicable.
  - 4.4.3(e) Promote awareness and uptake of the TQCC Program within their respective regions.
  - 4.4.3(f) Collect and submit regional data and reporting to Shared Health to support provincial reporting to government and contribute to quality improvement activities.
  - 4.4.3(g) Contribute to planning and coordination of Tobacco Educator training as needed.
  - 4.4.3(h) Identify and support the individuals or teams responsible for distributing Quit Cards within the region.
  - 4.4.3(i) Provide Shared Health with an updated list of active Tobacco Educators from their RHA on a bi-annual basis.
- 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 the Data Collection Tool - [Tobacco Cessation](#)
- 4.4.5 Tobacco Trainer for Manitoba Tobacco & Vape Learning Series Responsibilities**

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- 4.4.5(a) Collaborate with other trainers to facilitate Tobacco Educator training sessions within their region or organization.
- 4.4.5(b) Serve as a clinical resource for Tobacco Educators in their MyHealth Team(s) or local area, providing guidance and support as needed.
- 4.4.5(c) Take on the responsibilities of a Tobacco Educator when needed, to support program continuity and service delivery.

#### 4.5. Program Information and Referrals

- 4.5.1 Information and resources for both the [public](#) and [health professionals](#) are available, including regional contact details for each RHA. Tobacco Educators and program staff are encouraged to utilize these materials to support awareness and access.
- 4.5.2 Tobacco Educators are encouraged to connect with clinics on a regular basis, ideally at least twice per year, to promote the TQCC Program. This may include distributing posters, sharing TV screen advertisements, and placing promotional materials in community venues where appropriate. Resources to support these efforts can be found 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.

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- 4.6.1 Eligible participants receive, at minimum, one \$300 drug insurance card (“Quit Card”), which provides drug insurance coverage for NRT medications and associated pharmacy dispensing fees up to \$14. Other cessation medications such as Varenicline (Champix), Bupropion (Zyban), and Cytosine (Cravv) are not considered NRT and are not covered by the Quit Card, but may be used in combination with NRT (Centre for Addiction and Mental Health [CAMH], 2018). Persons taking 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 Tobacco Educators are encouraged to connect with clinics on a regular basis, ideally at least twice per year, to promote the TQCC Program. This may include distributing posters, sharing TV screen advertisements, and placing promotional materials in community venues where appropriate. Resources to support these efforts can be found on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#).
- 4.6.3 Participants who are able to purchase their own NRT are encouraged to do so. Although they would not receive a Quit Card, they can still benefit from the tobacco cessation counseling component.
- 4.6.4 Participants are encouraged to engage in 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 correlated with higher quit rates.
- 4.6.5 For each participant, the TQCC Data Collection Tool should be completed, in addition to regular charting. Specific sections of the Tool are completed at the initial, 1-month, and 6-month counselling sessions, to capture the date and Quit Card number for each card issued.

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- 4.6.6 Resources including Educator roles, participant eligibility criteria, clinical algorithms, patient handouts, and pharmacy troubleshooting guidance are available in the TQCC Quick Reference Guide. This document can be accessed on the [Shared Health Provincial Clinical Standards, Policies & Guidelines](#) page, under [Tobacco Cessation](#)

#### 4.7. Date Collection and Reporting

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

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

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

- 4.7.1(b) For more details, please see the Tobacco Quit Card and Counselling (TQCC) Program Standard Operating Procedure 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](#)
- 6.2. Shared Health, 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](#).

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- 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 Programs Team, Quality, Performance and Strategy – Shared Health  
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## Document Review History

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- 25-Nov-2022 - Primary Care, Community and Seniors PCT – Endorsed
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- 26-Mar-2025 - Primary Care Sub Committee – Endorsed
- 20-Nov-2025- Provincial Clinical Policy Committee - Endorsed

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