

Tobacco Quit Card and Counselling (TQCC) Program Operating Guideline	
Service Area: Designated Primary Care or Public Health teams in all Regional Health Authorities	Guideline Number: XX-TBD-XX V1
Approved By: Primary Care, Community and Seniors Provincial Clinical Team	Approved Date: 11/25/2022

1.0 **PURPOSE:**

- 1.1 To outline the eligibility requirements and how eligible Manitobans gain access to the Tobacco Quit Card and Counselling (TQCC) program via designated Primary Care or Public Health teams in all Regional Health Authorities.
- 1.2 To outline processes to refer clients to the program, and for Tobacco Educators receiving referrals to enroll participants.
- 1.3 To outline requirements for service to enrolled participants, including how to provide a Quit Card, requirements for the counselling component, and referrals to additional support resources.
- 1.4 To outline processes for data collection and reporting to Shared Health.

2.0 **GUIDANCE:**

2.1 **TOBACCO CESSATION TRAINING & CLINICAL GUIDANCE**

A Tobacco Educator Training Program is to be developed in Manitoba as part of the deliverables of the TQCC program funding provided by Manitoba Mental Health and Community Wellness. This document will be updated with recommended training requirements once the training program is launched.

For initial implementation of the program, Regional Health Authorities (RHAs) are recommended to seek out health professionals who are clinical team members with prior experience and education/training in tobacco cessation counselling, including health behaviour change counselling skills such as Motivational Interviewing. This is an interprofessional competency and not limited to staff from specific professions.

Existing Health Behaviour Change training in Manitoba is available at no cost to staff of all Manitoba RHAs. Registration is available through the Shared Health Learning Management System, here: [LearnFlex - login area](#).

2.2 RECOMMENDED PROGRAM ROLES

All roles below are to be played by existing staff in RHAs. These are roles and responsibilities, not positions and no new funding is attached. RHAs are encouraged to engage managers and clinical staff already providing tobacco reduction and cessation, and/or chronic disease prevention and management to play these roles. More than one role below may be played by one individual.

RHA Lead	Clinical Implementation Lead	Tobacco Educator
<ul style="list-style-type: none"> Participate actively in planning at the provincial level as members of the Tobacco Clinical and Preventive Services Planning Committee. Lead planning, implementation, monitoring and evaluation of the program in the region. Lead communication and engagement of stakeholders including leadership, teams, clinics, Clinical Implementation Leads and Tobacco Educators. Maintain an updated list of Tobacco Educators and Clinical Implementation Leads. Participate in planning and implementation of Tobacco Educator training in Manitoba. 	<ul style="list-style-type: none"> Participate in process development and revisions, particularly around clinical decisions and processes. Provide orientation to participating teams/clinics within their MyHT/area as required. Ongoing support and engagement of clinics as required. Participate in planning for Tobacco Educator Training in Manitoba; lead components of training. Also play the role of Tobacco Educator. 	<ul style="list-style-type: none"> Provide Quit Cards and 3 or more counselling sessions to eligible clients, and refer to other programs and resources as required. Communicate with team members, clients and Primary Care Providers about the program and work interprofessionally to address needs of participants as required. Complete Data Collection Tool at time of initial, 1- and 6-month counselling sessions. Participate in Tobacco Educator Training as either a trainer or learner depending on level of tobacco training and experience.

Note:

- When staff members come or go from the above roles, please inform your RHA Lead. RHA Leads are to maintain an updated list of Tobacco Educators for provision to Shared Health as part of data collection and provincial reporting. Changes to RHA Leads should be reported to the provincial Lead.

2.3 ACCESS AND REFERRALS

- General information for the public and health professionals is available at: sharedhealthmb.ca/TQCC.
- Program posters have been produced for distribution. Contact your Clinical Implementation Lead or Regional Lead if you have questions regarding printing and placement of posters.
- Some RHAs allow self-referral to the program and have central access phone number(s) available on program posters for the public and on materials for circulation to staff. Some RHAs may permit access only for clients of primary care clinic who are members of a MyHealth Team. In these RHAs, program posters should be displayed in participating

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clinics only. All participating clinics should be approached by Tobacco Educators and Clinical Implementation Leads to display posters in waiting rooms and clinic rooms so clients can be aware of the program, rather than depending solely on providers to remember to offer it. See sharedheadlthmb.ca/TQCC for specific access details and contact information by RHA.

2.4 TQCC PROGRAM ELIGIBILITY CRITERIA

Note:

- Clients who do not qualify for the program may still be provided counselling and referrals.
- **The Tobacco Quit Card provides up to \$300 coverage for Nicotine Replacement Therapy (NRT) medications. The TQCC program should be offered to those clients interested in using NRT.** Oral cessation medications, Varenicline (Champix) and Bupropion (Zyban) are highly effective, however they are not NRT and not covered by the Tobacco Quit Card. NRT is also highly effective and individuals for whom the oral medications are not well suited frequently do well on NRT. “The only contraindication for NRT is with patients who have current or recent acute coronary syndrome and continue to exhibit symptoms of angina”.¹ If the client will be using NRT in combination with an oral medication the individual can be enrolled in this program if the below eligibility criteria are met. The Primary Care Provider will need to prescribe the oral medication. See CAMH [Algorithm for Tailoring Pharmacotherapy](#) for more information on smoking cessation medication options.

Ask the individual: “Are you:

1) Ready to start a quit attempt in the next 30 days?”

This can include starting a reduce-to-quit plan within the next 30 days. Some clients looking to reduce-to-quit are not confident at the outset they will be able to quit and may just state reduction as the goal. This is an important step and acceptable for enrollment.

2) A permanent or temporary resident of Manitoba (or receive primary care in MB)?”

- Depending on the RHA, **persons may also need to be a client of a participating clinic.** See sharedheadlthmb.ca/TQCC for specific access and contact details by RHA.
- In some cases, clients receiving primary care in Manitoba may reside in a bordering province. Residents of Saskatchewan or Ontario who receive primary care services in Manitoba may be enrolled in the program if all other criteria are met and the participant has access to a Manitoba pharmacy (Quit Cards only work at pharmacies in Manitoba).
- Participants enrolled into the program may be permanent or temporary residents of Manitoba. If they are a temporary resident of MB and will be leaving the province before they are expected to be finished NRT treatment, consider whether there is adequate time to use the Quit Card.
- Participants temporarily receiving services in your RHA and repatriating to a different Manitoba RHA can be offered their 1-month and/or 6-month counselling sessions virtually through a secure platform, such as MS Teams, or over the phone. Explore whether they will have access to a pharmacy for remaining NRT requirements.

3) Without insurance to cover nicotine replacement therapy (NRT), OR unable to access insurance at this time?”

- Insurance programs that would cover NRT medications include Non-Insured Health Benefits (NIHB) for those with treaty status, or a private insurance plan with an Extended Health Spending Account.
- If coverage is available and the individual is ready, willing and able to access it at this time, the individual is not eligible for the TQCC program.

- **If coverage is unavailable or accessing coverage is a barrier likely to dissuade the participant from quitting or reducing smoking at this time, this qualifies as “unable to access” and this criterion can be considered to be met.** This program is intended to be a low barrier program for persons with low/limited income.

4) Unable to afford to the cost of NRT?”

- If no insurance coverage, or unable to access now, ask the individual, “Can you afford to purchase NRT on your own?” Affordability must be a barrier to access NRT in order to be eligible. If not eligible, the individual may still be provided with counselling and/or referrals but is not a participant in the TQCC program.

2.5 ENROLLMENT AND PROVISION OF A QUIT CARD

- Once a participant has been assessed as eligible, they can be enrolled and provided a Quit Card during the same appointment as long as time permits to complete all the tasks of the initial counselling session. If not, an initial counselling session can be booked. Counselling sessions can be provided in-person, live online or over the phone if required.
- The initial counselling session includes discussion of the individual’s triggers to smoke throughout the day and creation of a quit plan with a start date in the next 30 days. A Smoking Cessation Macro can be added to your site’s electronic medical record (EMR) and used as a counselling session guide and clinical recording template. Macros can be accessed through your TQCC RHA Lead.
- To enroll a client, Tobacco Educators will complete the first section of the TQCC Data Collection Tool (initial counselling session section) and download a Quit Card for the participant from the Quit Card download website at www.mbtobaccoquitcard.ca (see section 2.8 Quit Card Details, and section 2.10 Data Collection and Reporting, for more information). These tasks are to be done in real-time during the appointment. The 15-digit card number must be recorded on the Data Collection Tool. Please double check to ensure all digits are recorded accurately.
 - Note: A [Mock-up of the Quit Card download website and Quit Card](#) are available to familiarize yourself with the website and the Card. **Please do not go into the website or download a Card until you have determined an individual’s eligibility and are providing one.**
- A Quit Card downloaded from the website can be printed and handed to a participant, shared with them via email, and/or faxed directly to a pharmacy. If emailing a participant, please follow your RHA protocols for email communication with clients. See Shared Health guidance on [Emailing Personal Health Information](#).
- Save the Quit Card on file in the participant’s chart. If the participant loses the Card, another copy may be provided. Health Information Services (HIS), Shared Health has been consulted and supports the practice of saving the Quit Card on the individual’s health record. Steps to upload the Quit Card to an Accuro chart can be found in the document provided by EMR Support Services, [Uploading Quit Card PDF to a Chart](#).
- Handouts to accompany the initial counselling session are described in Section 2.6.

2.6 COUNSELLING REQUIREMENT

- A minimum of 3 counselling sessions are to be provided including an initial session (session the Quit Card is provided), 1-month counselling session and 6-month counselling session (to be set for 1-month and 6-months after the date the Quit Card is provided). More than 3 counselling sessions are encouraged if time permits. These are most valuable early in the quit process.
- Counselling sessions can be provided in-person, live online or over the phone as required.

- The initial session is expected to take approximately 1 hour to complete. The follow-up counselling sessions may be shorter than the initial session and are to be scheduled for 1-month and 6-months after the date of the initial session when the Quit Card is provided.
- The initial counselling session includes discussion of the individual's triggers to smoke, creation of a quit plan with a start date within the next 30 days, and health behaviour change counselling to identify the participants' reasons to quit and strengthen intrinsic motivation. The Quit Card is provided and reviewed with the participant.
- Charting of the appointment is to take place following regular processes. A Smoking Cessation Macro can be added to your site's EMR and used as a counselling session guide and clinical recording template. It is intended to be used as needed; different portions may be used in different counselling sessions (there is more content than expected to get through in one counselling session). The macro is available through your TQCC RHA Lead and
- The TQCC Data Collection Tool is to be completed during the initial, 1-month and 6-month counselling sessions.
- Handouts to accompany the initial counselling session include a [Nicotine Replacement Therapy \(NRT\) Information Guide](#) and [Resources to Stop Smoking \(English and French\)](#). The NRT Information Guide should be reviewed with patients and used as a guide to educate and help them make appropriate choices for themselves on NRT to be used. If you have a patient for whom you feel this particular self-management support tool is not well suited, you may choose to write out just the instructions the particular individual will need. If they have a support person, such as a family member who helps manage their medical care, this person might be engaged as a self-management supporter and the guide might be provided to that person, with the participant's consent.
- For health professionals, a [Smoking Reduction/Cessation – Medication Dosing Fact Sheet](#) is also available to refer to when guiding participants around the use of NRT. The information is highly similar, but this version is written for professionals as the intended audience, so may be helpful if you are looking for something to share with a Primary Care Provider or other professional.
- A referral should also be recommended and faxed directly to the program if the participant agrees. The program will then contact the client directly to initiate service. See the [Referral Form for Smokers Helpline / Talk Tobacco](#). Talk Tobacco is an indigenous culturally appropriate tobacco cessation counselling service. Smokers Helpline and Talk Tobacco now offer text service in Manitoba as well as phone and online support.
- The Resources to Stop Smoking handout includes information on how to access the [Commit to Quit](#) group program delivered in partnership by several Manitoba RHAs and open to all Manitobans. The program is offered live online several times per year, see link.

2.7 PROVISION OF SUBSEQUENT QUIT CARDS

- A second and even third Quit Card may be required for some participants and can be provided at the discretion of the Tobacco Educator. A subsequent card may be given once that most or all of the previous card value has been used at pharmacy (based on the client report). Provision of a subsequent Quit Card is intended for those participants who require ongoing NRT beyond what the first card will cover. This is most commonly seen in the heaviest smokers as they require more NRT products and may need to remain on NRT for longer periods. Another reason for the need for subsequent quit cards may be higher cost of NRT in northern and remote communities.
- If participants request a second Quit Card because they lost the first card, a copy of their original card can be provided again or faxed directly to their pharmacy. A card will work for 6 months after first use at pharmacy or until \$300 has been claimed against it.
- **A new TQCC Data Collection Tool needs to be started for each card provided. See instructions on the Data Collection Tool on closing out the previous Tool first.**

2.8 QUIT CARD DETAILS

- The Quit Card download website can be found at: www.mbtobaccoquitcard.ca. The username and password are provided to RHA Leads for distribution to **Tobacco Educators signed up through your RHA Lead only**. No one else is to be granted access to the Quit Card download site. The site is unindexed, meaning it cannot be found using an internet search engine such as Google. **When staff members come or go from the Tobacco Educator role, please inform your RHA Lead.**
- The [Mock-up of the Quit Card download website and Quit Card](#) are available to familiarize yourself with the website and the Card. **Please do not go into the website or download a Card until you have determined an individual's eligibility and are providing one.**
- RHA Leads are to maintain an updated list of Tobacco Educators for provision to Shared Health as part of data collection and provincial reporting.
- Quit Cards are an 8.5" x 11" page. Cards can be printed in black and white or in colour.
- Cards will print with page one in English and page two in French. This is best printed double-sided. If a participant requires English only, only page one needs to be printed. If they require the card in French, both page one and two need to be printed (double-sided preferred), as information required for the transaction is contained on page one.
- Quit Cards are active for 6 months after the first use of the card at a pharmacy. Cards not used right away remain active and can be used when the participant is ready. However, cards not used for a few years will likely be decommissioned. It is anticipated that some cards will never be used, and funds designated for each RHA remain in that account with STI Technologies (Quit Card vendor) for use when claims are made at the pharmacy. This means that funds are not lost when a card is given to a participant who does not use it. Tobacco Educators are not encouraged to ask for a card back from a participant.
- The total value on a Quit Card is \$300. A dispensing fee of up to \$11 per transaction is permitted and will be deducted from the total value remaining on the Quit Card. However, pharmacists do have legal discretion to charge up to \$30 for dispensing fees. If the pharmacist charges more than an \$11 dispensing fee, the difference will be billed to the participant which is customary with drug insurance benefits. Pharmacists are advised of TQCC program in a fax distributed by STI Technologies (Quit Card vendor) at the launch of the program and are kindly requested not to charge more than \$11 in dispensing fees. Tobacco Educators can inform participants that if they encounter additional charges, they can seek out a different pharmacy at which to use the card. No taxes are charged for medications purchased with a drug insurance card such as the Quit Card.

2.9 COMMUNICATION TO PRIMARY CARE HOME

- The TQCC program is to be integrated into Primary Care. Historically, all referrals to the program came from the participant's Primary Care team. For RHAs allowing self-referral and those requiring provider referral, processes are to be in place for communication with the Primary Care Provider. Two letter templates have been prepared; both will also be available in regional EMRs and produced as macros. Contact your RHA Lead for more information regarding access.
 - 1) A [TQCC Primary Care Provider Letter – meds request](#) is available if there is a need to ask the primary care provider to review potential use of oral medications, either instead of or in addition to, NRT. This might be sent if the participant expresses interest in oral medications along with their NRT, or if they are struggling on NRT and the Tobacco Educator suggests a conversation with the PCP about oral medications and the participant is willing.
 - 2) A [Primary Care Provider Letter – end of program](#) is available to be sent once the participant has completed the program (6 months after their Card was given, or 6

months after the last Card was given to them, if given more than one). In addition to informing the provider that the participant has taken and completed the program, the letter also advises of the client's outcome (quit, reduced, smoking about the same amount, smoking more).

- Note: another common purpose for which a Tobacco Educator might send a letter to the Primary care Provider, is to note that symptoms of anxiety, depression or other mental health symptoms have changed or increased for the participant and asking the provider to meet with the individual and assess if there is a need to titrate (or initiate) medications to manage these symptoms. The reason this may be required is that it is common for individuals use of tobacco to be part of their coping with stress and mental health symptoms.

2.10 DATA COLLECTION AND REPORTING

1) Data Collection Tool

- The TQCC program Data Collection Tool is to be completed during the initial, 1-month and 6-month counselling sessions with participants.
- The Tool is available in each regional instance of EMR. It can be found in the Standard Forms area in all RHAs other than Northern Health Region, where it can be found under Public Health.
- The Tool is also to be made available in all non-regional EMRs where Tobacco Educators are needing to document. This applies only if you are working at a clinic where you do not have access to the regional EMR to document. For such clinics, there is a [Data Collection Tool Instructions for Clinics on non-regional EMRs Accuro](#) and a [Data Collection Tool Instructions for Clinics on non-regional EMRs T,L M](#), (to be used for clinics on any EMR other than Accuro). Sites will also require the Data Collection Tool for non-regional sites located in their region: [IERHA](#), [NHR](#), [PMH](#), [SH-SS](#) or [WRHA](#). Note: If you are working with a client and documenting in a regional instance of EMR, do not use these forms, use the form found in your RHA instance of EMR.
- At the initial session the unique 15-digit Quit Card number must be recorded on the Data Collection Tool. Please check that the 15-digits are captured **exactly as they appear on the Card** (no errors or missing digits; all letters must be uppercase).
- Please ensure to complete all fields in the Data Collection Tool.

2) Post-program Participant Survey

- Participants are requested to participate in a post-program survey at the end of their 6-month counselling session. If they receive more than one Quit Card, this is to take place 6-months after the last Card is provided.
- There are multiple ways to participate. These options are presented at the bottom of the Data Collection Tool. Please indicate which option the participant will use (there is also a checkbox for "survey declined").
- The survey options are as follows. Offer only those your team/site can support:
 - i) **Email link to the online survey:** confirm participant email address in the EMR before sending. Follow your RHA guidelines regarding email communications with participants). Please use the provided email script (available from your RHA Lead).
 - ii) **QR code link to online survey:** provide the Tobacco Quit Card and Counselling Program end of program survey handout (available from your RHA Lead). Request participant takes a picture of the QR code using a smartphone. Ask them to please complete it presently before they leave (or right after the call, if phone or virtual appointment).

- iii) **Paper survey:** provide Tobacco Quit Card and Counselling Program end of program survey handout to participant along with an envelope (available from your RHA Lead). Participants are to be assured that none of the clinical staff involved in their care will see their responses. Clinics or RHAs are responsible to input the survey responses into the online survey platform at link. If a Primary Care Assistant or other admin at the clinic/site will enter the data, the participant can be provided an envelope with “Tobacco Quit Card and Counselling Program end of program survey” written on it and asked to hand it in to the front reception before they leave. If they will be provided with the option to take it home to fill out, or if it is to be sent to a different location for data entry, please provide an addressed envelope with postage attached.
- iv) **Phone or in-person interview:** interviewer must be someone who is not a clinical team member providing care to the individual. Results to be keyed into the online survey link.
- v) **Survey declined:** there is a checkbox for those on the Data Collection Tool. Do not read this out to participants as an option, but check it off if they decline to participate.

3) Reporting

- See reporting processes and requirements in the TQCC Program Monitoring and Reporting Plan (available from your RHA Lead).

3.0 **DEFINITIONS:**

- 3.1 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).
- 3.2 STI Technologies: The vendor who provides the Tobacco Quit Cards and related technology to support payment of claims at pharmacy.
- 3.3 Tobacco Educator: An interprofessional role played by team members responsible to provide Quit Cards and counselling to participants. Tobacco Educators will also complete the TQCC program Data Collection Tool.
- 3.4 Tobacco Quit Card: A drug insurance card that can be presented at any commercial pharmacy in Manitoba to pay for nicotine replacement therapy medications and pharmacy dispensing fees up to a set amount.

4.0 **CONTACT:**

Tobacco Clinical and Preventive Service Planning Committee via
SHIntegrationQuality@sharedhealthmb.ca.

Appendices/ Related Documents: (if applicable)

References:

- 1) Centre for Addiction and Mental Health (2018). CAMH [Algorithm for Tailoring Pharmacotherapy](https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf).
<https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf>
- 2) Winnipeg Regional Health Authority. Clinical Practice Guideline for the Management of Tobacco Use and Dependence (2013). [Tobacco Use and Dependence | For Health Care Professionals | Winnipeg Health Region \(wrha.mb.ca\)](http://www.wrha.mb.ca/healthcare/tobacco-use-dependence).

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Revision & Approval History

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1.1	Nov 16, 2022	Tobacco Clinical and Preventive Service Planning Committee
1.2	Nov 25, 2022	Primary Care, Community and Seniors PCT