

Appendix S1. Smoking cessation treatment description.

Target patient population

Patients who enroll in the Smoking Treatment for Ontario Patients (STOP) program are cigarette smokers who want help to quit smoking, reduce smoking, or maintain a recent quit attempt. There are no age exclusions and minors may enroll with the consent of their parent or legal guardian. Patients can enroll through either practitioner- or self-referral, provided they are a rostered or registered patient with an organization delivering the STOP program. Prior to receiving treatment, patients must provide informed consent to treatment and complete an initial assessment to collect relevant background information such as smoking history, comorbid conditions and other substance use. Patients are also invited to complete follow-up surveys 3, 6 and 12 months after enrollment, online or via telephone, to assess smoking status and other outcomes.

Centralized model

The Nicotine Dependence Service at the Centre for Addiction and Mental Health acts as a central hub that coordinates and supports implementation of the STOP program, while partnering healthcare organizations deliver smoking cessation treatment services to patients. Centralized components of the program include nicotine replacement therapy (NRT) inventory management, ongoing education for providers, and follow-up with program participants for research and quality improvement purposes. While some key features of treatment remain consistent across sites (e.g., quantity and types of NRT permitted), individual providers or sites are otherwise free to modify delivery of the program so that the program is flexible enough to be implemented by

organizations varying in capacity, priorities and other factors. The patient accesses treatment at the healthcare organization where they are rostered, by their own healthcare provider(s).

Treatment description

Smoking cessation treatment is comprised of NRT and behavioural counseling. The number, frequency or duration of treatment visits is not proscribed and can be adjusted based on patient need, though providers typically meet with patients every 2 to 4 weeks. Patients are eligible to receive up to 26 weeks of NRT in a 12-month period; up to 4 weeks of NRT may be dispensed at a single visit (exceptions may be permitted). Formulation and dose of NRT are tailored based on patient need, preference and previous history of NRT use. Both long-acting (patch) and several types of short-acting NRT (e.g., gum, lozenge, inhaler) are available. Prescribing a combination of nicotine patch and short-acting NRT or patch doses exceeding 21 mg per day are permitted based on the discretion of the health provider. Although counselling is a central component of the smoking cessation treatment provided, the format (i.e., individual or group), content, frequency and duration of counselling provided is not proscribed and may vary.

Program inception and partnering organizations

The STOP program delivers smoking cessation treatment at partnering healthcare and public health organizations across the province of Ontario, Canada. STOP is publicly funded by the province's Ministry of Health, under the auspices of the Smoke-Free Ontario Strategy. Initially launched in 2005, STOP has delivered several different treatment models over time [1-6]. The treatment models available at any given time varies, as the program has evolved iteratively in response to changes in budget, policy, government priorities, and evidence. To date, the STOP

program has had over 270,000 enrollments and is currently available to patients at over 300 healthcare provider organizations across Ontario.

This paper reports on data collected from patients that enrolled in the STOP program at Family Health Teams (FHTs), Community Health Centres (CHCs) and Addiction Agencies (AAs) from initial implementation (FHTs, July 2011; CHCs, February 2012; AAs, October 2012) to December 2012. There were 15,962 enrollments at the 122 FHTs, 39 CHCs and 1 AA that partnered with STOP during this time.

FHTs and CHCs deliver primary care services to patients using a collaborative, interprofessional team approach. CHCs integrate primary care with other health promotion services and community partnerships to foster the health of the local community they serve, including addressing social determinants of health. AAs provide treatment services for substance use problems and addiction. Each of these services are available to Ontarians through the province's universal healthcare system.

Providers implementing the STOP program are trained in cessation counseling and continuing education is available to them through bi-weekly teleconferences and monthly lunch-and-learn webinars. Health providers include nurses, physicians, social workers, and other health professionals.

References

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