

**Nicotine replacement therapy “gift cards” for hospital
inpatients who smoke: a prospective controlled pilot evaluation**

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Appendix A: Supplementary Material

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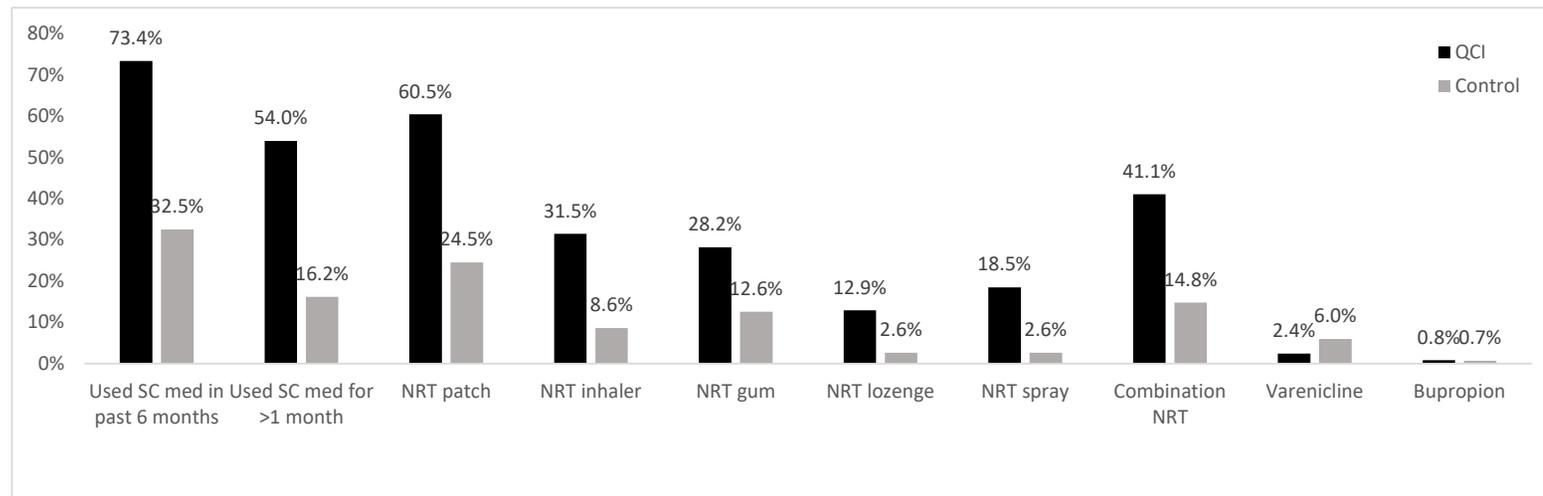


Figure A. Self-reported smoking cessation pharmacotherapy use in the six months following hospitalization, by group

NRT = nicotine replacement therapy; QCI = quit card intervention; SC=smoking cessation

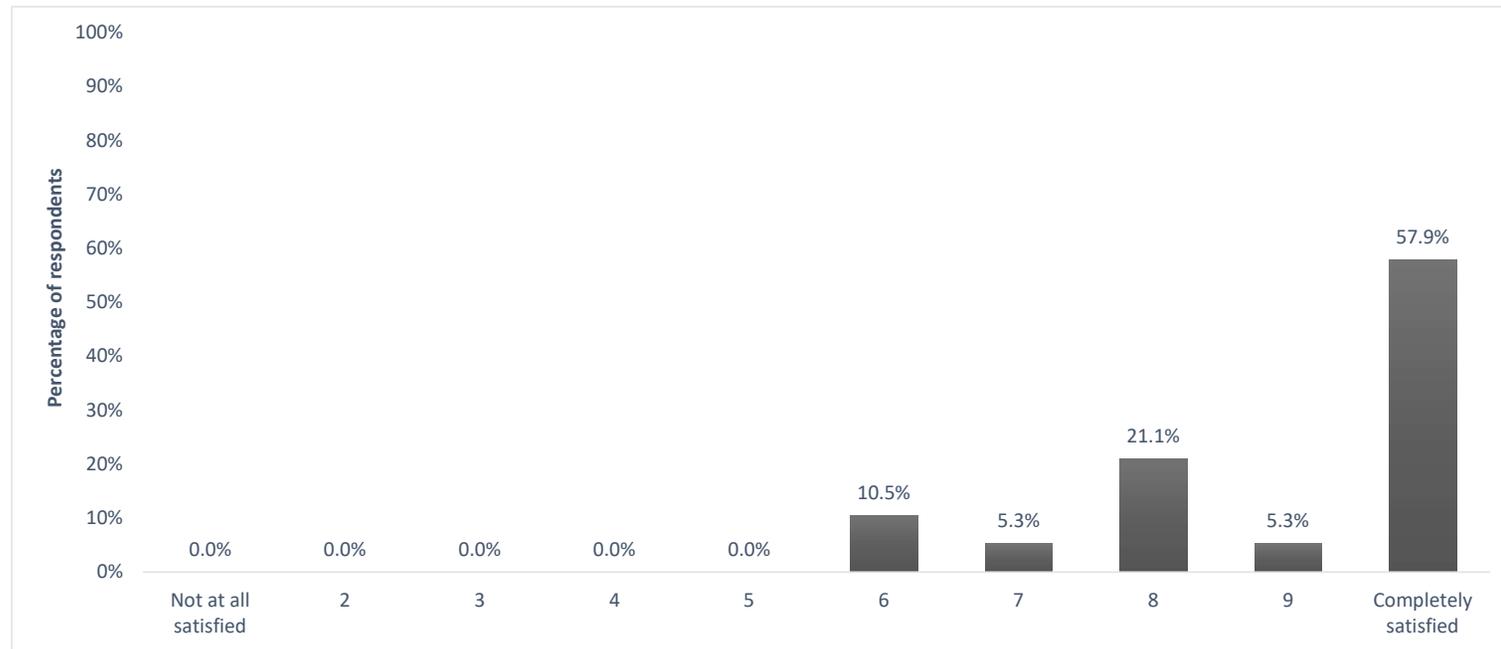


Figure B. How would you rate your overall satisfaction with the Quit Card Program? (n=19)

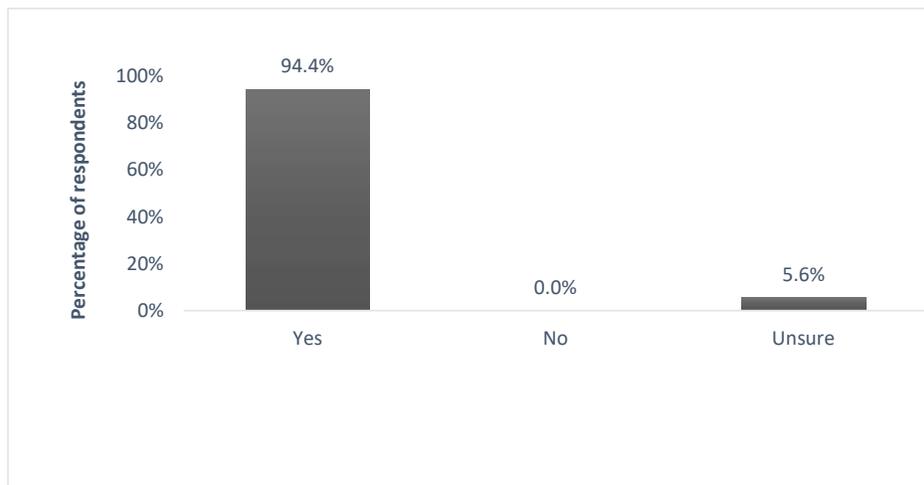


Figure C. Does the Quit Card make it easier to intervene with patients who smoke? (n=18)

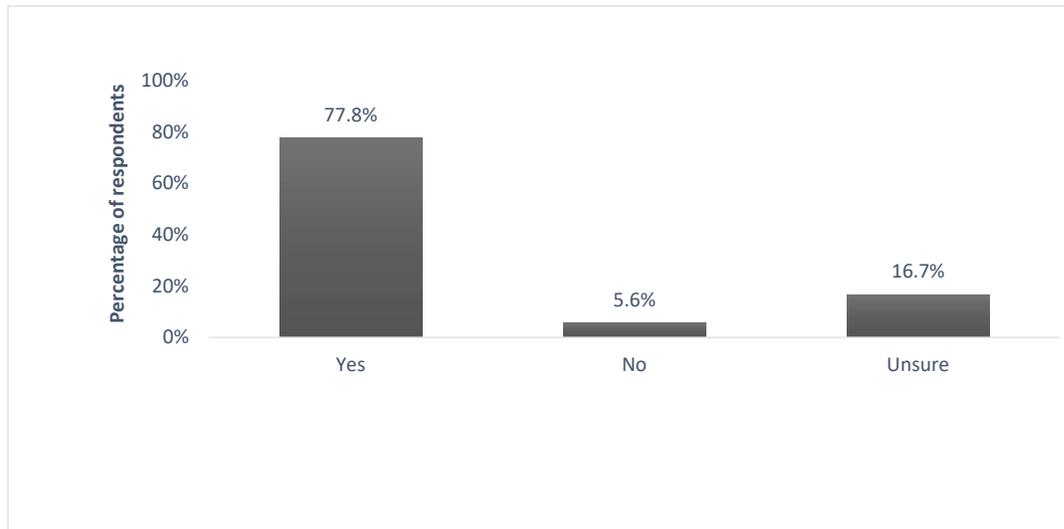


Figure D. Does the Quit Card enhance the motivation of health care providers to intervene with patients who smoke? (n=18)

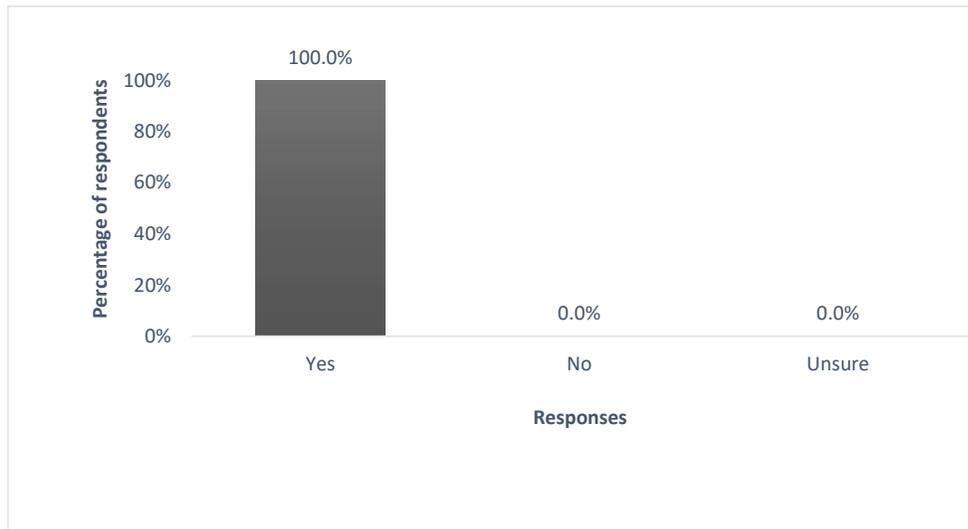


Figure E. Does the Quit Card enhance the motivation of smokers who are considering quitting smoking? (n=19)

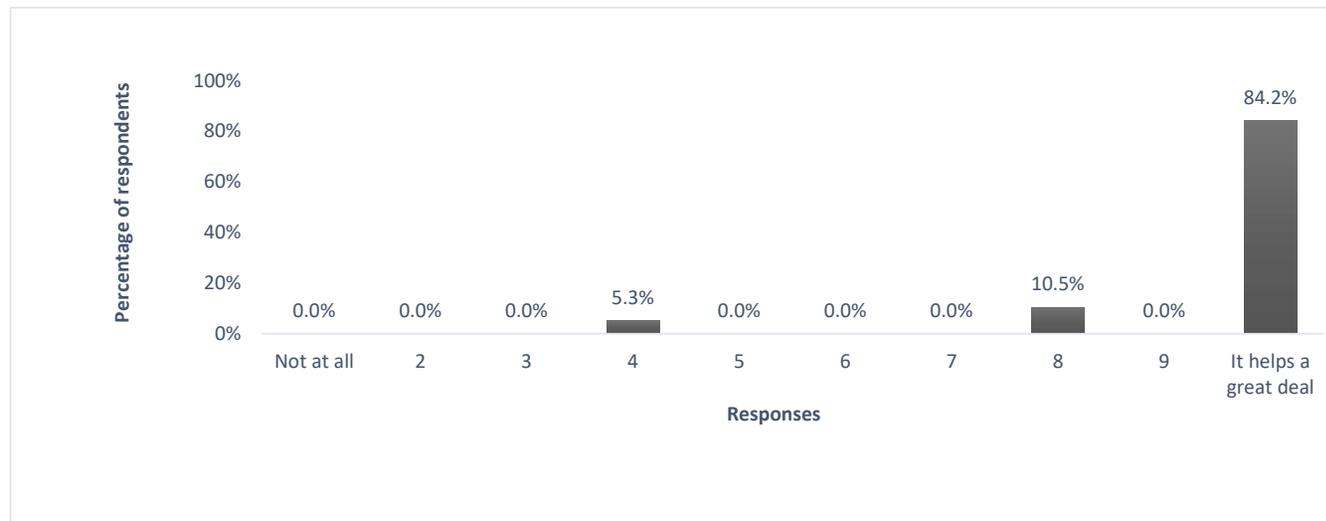


Figure F. How important are Quit Cards in supporting the Smoke-Free Hospital policy? (n=19)

Health Care Professional Survey Responses (open text responses)

Table A: Please describe your thoughts on the benefits of the Quit Card program.

<p>[Respondent 1] <i>The quit cards have been extremely helpful in motivating patients to quit during their stay, and to stay quit. It also helps to enroll patients into the follow up telephone support program as well. Makes patients feel like we really care about their health and the importance of quitting. We've even been able to partner with local pharmacies to have them deliver the products for those patients who don't have access to a vehicle or who are unable to go to pharmacies due to program policies</i></p>
<p>[Respondent 2] <i>Without this program many people may not have the means to continue their quit on discharge from hospital which means higher risk for repeat ED visits and increased risk for 30 day readmission, not to mention the absolute negative direct and indirect health effects for those who use tobacco and are exposed to tobacco. Supporting patients with NRT during admission as well as on discharge to the community with follow up is a requirement. You wouldn't offer someone treatment for other substance disorders then not connect them with resources on discharge...cigarettes/tobacco use is no different...let us not confuse this we have an obligation to treat tobacco use disorder within health care settings and in the community.</i></p>
<p>[Respondent 3] <i>The quit cards were a huge motivator for patients continuing to attempt their quit smoking journey they started with us. Many of our patients are marginalized and have little to no income post hospital stay to fund the products that could help them. Without these cards they will have a much more difficult time being successful.</i></p>
<p>[Respondent 4] <i>A bag of 200 easily obtained/delivered contraband cigarettes = \$20. One box of 7 NRT patches \$35 +. Tobacco users are often challenged financially/socially. Other programs require patients to travel to the health unit/ attend a registration course - some people have significant difficulty doing this (cost/physical limitations). Quit Cards have literally changed lives. (One patient burst into tears when she received the card " you have no idea what this means to me". Another told me she had prayed for an angel to help her quit and that I was her angel).</i></p> <p><i>Many smokers (erroneously) believe the government makes too much money off tobacco taxes to want them to quit - these cards send the message that this is not true.</i></p> <p><i>Staff are MUCH more motivated to encourage quit efforts when they can support it with the actual tools. Patients who receive the card in hospital are also getting the counseling and advise on how to use the NRT (still a lot of misinformation exists on this)</i></p>
<p>[Respondent 5] <i>This was an excellent initiative for Ontarians who use tobacco. My patients were motivated to Quit. My assessment was not just about asking them questions and then not giving them anything, so this was greatly appreciated. As a practitioner, I would like to see more of this program.</i></p>

[Respondent 6] We have been able to provide support to a number of people through use of quit cards. All participants were grateful to this.

[Respondent 7] Patients often use cost as an excuse to prevent them from exploring smoking cessation aids. In the past, explaining the cost of smoking including the cost of cigarettes, medications, time off work due to smoking related illnesses etc. did not convince them to invest in NRT or medications to quit smoking. In this past year, the Quit Card program removed that barrier for me in many situations and patients took up the challenge to quit smoking. Access to free NRT is minimal in our region. Our demographic area has only one FHT, so patient access to OMSC quit programs is not readily available. STOP is available at our CHC, but this past year that program has had its own challenges in being able to support smoking cessation in the community. Our health unit runs 4 STOP sessions throughout the year which is not always timely for our patients that want to quit and only provides 5 weeks of NRT. With easy access to low cost contraband cigarettes and those available on the reservation, convincing people to spend money to quit is a challenge.

[Respondent 8] The other important factor that the Quit Card campaign allowed for, was seamless smoking cessation support from hospital to home. There is unique opportunity to influence the decision to quit while in hospital. Patients realize they can manage with NRT and potentially get rid of their cigarettes. With the Quit Card, my patients would have their family members resource the NRT from the pharmacy prior to discharge so they would have the intervention available to them as soon as they returned home. Without the Quit Card, there was lack of incentive to continue with smoking interventions. Often the opportunity to change the patients smoking status would be lost as there was no ongoing immediate support to continue with smoking cessation when they returned home. This is key. If we are going to promote the message in hospital with smoke free property and this is the best thing you can do for your health...we are failing them without being able to provide the continuation of support in the community.

The Quit Card campaign definitely changed the conversation for me and my patients. I hope it carries forward to give us the tool to help people quit smoking and reduce costly visits to hospital for smoking related illnesses.

[Respondent 9] It is very difficult without quit cards to assist patients. Cost of NRT is a huge barrier to quitting in our patient population. We are able to provide NRT while the patient is in hospital, but after their short stay we need the quit cards if we expect the patient to continue to abstain. The freedom and flexibility of the quit cards is very helpful.

The patient can choose which type of NRT will work for them and are not required to stick to a cookie cutter approach like other programs (ie pt can buy some patches, gum & spray vs only having access to 5 weeks of the patch). Smoking cessation needs to have an individualized approach, quit cards provide this.

[Respondent 10] While in hospital pt's who previously did not want to quit become more interested when they receive NRT in hospital. With the proper dosing the pt can experience smoke free (or decreased smoking) and often contemplate quitting. When offered the Quit Card it gives them a chance to continue with their tx as most pt's can't afford the cost of NRT

Staff have been excited to be able to provide patients with something to help them quit and if we are out of cards my email blows up!!

This program is wonderful and well received. I hope it can continue!

[Respondent 11] *It removes a hurdle of cost.*

Provides support to the patient in trying to help them quit.

[Respondent 12] *I have found that the Quit Card program has helped to remove smoking cessation barriers for many of the patients. Many low income patients resort to contraband cigarettes and cannot afford nicotine replacement therapy.*

For patients that smoke regular cigarettes, the card motivates them to try to quit. Due to the nature of the addiction, many of these patients are unable to differentiate the money they spend on cigarettes and nicotine replacement costs. Even though NRT is less expensive, patient experience fear of failure and are afraid to end up double paying for out of pocket NRT and cigarettes. Many fear that using their cigarette money to buy NRT might be wasted if they fail and that they cannot afford both.

[Respondent 13] *I had some amazing moments with people who were so grateful for the program, the financial support, that someone cared that they were trying to quit etc. I had people tell me stories of loved ones passing, of friends who are sick, and many other reasons for quitting. Everyone was thankful and I feel it was perfect timing with the hospital going smoke free... great staff support!*

[Respondent 14] *In my role, we provide a full initial smoking cessation consultation with recommendations regarding dosing of NRT and which NRT to use. being able to immediately provide a patient with a quit card to then purchase the recommended medication reinforces the importance of cessation. It allows the health care provider to maximize the teachable moment. Furthermore, we provide an opt-out approach to follow up and enroll all our patients in the Ottawa Model IVRS to provide the greatest chance of cessation success.*

I have had patients hug me, offer to pay for part of the Quit Card and break down into tears as they felt this was the first time someone actually cared enough to help them be successful by providing the means to have a good start.

With my population of patients who are attending hospital visits and loss of income, they cannot afford to pay for NRT - the QuitCard helps to offset the costs while waiting to access community programs.

[Respondent 15] *I have seen great benefits with using the Quit Cards. I am a current pharmacy student and was able to be a part of this wonderful program. On my previous placement, I was in a community pharmacy. Working in the community, I saw many patients come in with the Quit Card. These patients were thrilled about this program and got many smoking cessation aids and ultimately achieved their goal of quitting. Quit Cards allows many individuals who are struggling to quit an excellent chance. There are many costs associated with smoking*

cessation aids, especially if you try many out before finding the one that works for you. Even though we explain to patients that when you quit you will save lots of money and this can go towards NRT, they only see the upfront costs initially.

Providing them with a Quit Card takes down this barrier and allows them to start their path to quitting smoking.

This program is excellent and I believe more funding should be used to support it. If we help more individuals quit smoking, this will only positively impact the healthcare system.

[Respondent 16] *The use of Quit card has been very helpful in patients getting started towards their Quit Smoking process. When patients are seen in urgent care clinics, they are often not followed up. Often the health care provider will talk about the quit smoking process, work together with patients to identify appropriate NRT and dosage and refer to appropriate quit smoking programs as needed. Having the quit card gives us the ability to go one step further and help them towards starting their quit smoking process.*

Patients are more likely to go and pick up NRT, especially if they don't have coverage for NRT from employer or other resources.

For those that have always thought about quitting, but have not started, this gives them an incentive to get started.

Having \$300 allows the patient to go back and try a different short acting NRT if they did not like the initial one.

In addition to the \$300, they also have follow up phone call support which is really helpful.

Overall It has been a great benefit to the patients we see in our clinic and to help them towards quitting smoking.

[Respondent 17] *The quit cards are a very effective means of promoting smoking cessation, re-invigorating patient efforts, and offering sustainable support. It can completely transform a patient's interest in quitting from "thinking about it" to "ready to try now". For health care providers, it means not just talking about combo NRT, but deciding on concrete doses, titration, and a complete review of options in addition to establishing telephone follow up support. These cards have been instrumental in helping more smokers in our clinic become smoke free.*

Table B: Have you had any challenges with the Quit Cards or the Quit Card program?

<p>[Respondent 1] <i>The only challenges we've had is around some pharmacies not accepting the cards or only offering name brand NRT. I have not heard too many issues, but these re a few thing that have come to my attention.</i></p> <p><i>The expiry dates also cause issues when trying to instruct patients that they must pick up the product within a week, even though they have not yet been discharged.</i></p>
<p>[Respondent 2] <i>None whatsoever</i></p>
<p>[Respondent 3] <i>The gap between cards and quick expiry date.</i></p> <p><i>Some pharmacies did not recognize them and gave patients a hard time about using them.</i></p> <p><i>Some pharmacies did not have adequate supplies to fill them with.</i></p>
<p>[Respondent 4] <i>yes - some recipients reported that they had trouble getting their pharmacist to provide them with the amount of NRT they needed. We encouraged people to get all of the NRT they needed in one visit, to avoid paying the dispensing fee more than once, and to use the value of the card before it expired. When issued in "batches" of various expiry dates, we found that one set of cards was about to expire in days and the next batch had not been issued. This was problematic in both getting the cards to the staff in charge of dispensing them as well as giving a hospitalized patient a card that is about to expire quite likely while they are still in hospital. It would be beneficial to have the subsequent batch of cards available and ready to put into circulation a week before the previous batch expires.</i></p>
<p>[Respondent 5] <i>The challenges was time:</i></p> <p><i>a) the hospital was not given enough time to set up how we would give the cards to patients in-house. We had very little time to put a process together given our acute hospital is very large and busy.</i></p> <p><i>b) why do these cards expire & the expiry date is very close? Patients need more time to recover after being in hospital unlikely to have the energy to find a drug store and redeem the card right away. Maybe, give 6 months expiry date?</i></p>
<p>[Respondent 6] <i>The time needed to gather the information, add to the data base and re-explain to the person was a bit long.</i></p> <p><i>I can appreciate that the benefits for the folks who receive the cards outweigh the burden to me :)</i></p>

[Respondent 7] *The two challenges that were barriers to using the program were:*

1. pharmacies lack of knowledge and support for the program. I received many messages from patients stating their pharmacy would not release everything they needed or at the levels recommended by the hospital for NRT.

Example: needing 42mg NRT per day plus supplement of inhaler, gum etc. Some pharmacies would not support that model and only release 21mg.

2. The expiry date. Giving out a card that expires in 1 week provides challenges for the patient to purchase all they need for the 10-12 weeks of their smoking cessation program. Some pharmacists would not release bulk purchases and patients felt they could not continue with the program based on receiving only 1 week of NRT. And not being able to use the card after the expiry date.

[Respondent 8] *Quit cards expiring so soon to when the patient receives them. We hand out the quit cards until the day they expire so near the deadline I'm often telling patients to 'stock up' on NRT because they may only have a few days to spend the money. An expiry date attached to when the patient receives it would be more helpful (ie patient has 3 months from date of discharge to use it)*

[Respondent 9] *The challenges within a large organization are the distribution and tracking of cards. I have not even been able to distribute to all areas/units.*

Staff compliance to process in card distribution has presented problems. Despite education through huddles emails etc staff on units make errors that require investigation. I find they are better managed when 1 or 2 people do it (ie specific programs that have minimal staff like out pt programs) vs units where there are rotating staff -full time /part time/casual/ward clerk and nurses. The process is different so too many hands in the pot increases the chances of error. That being said I am rethinking process for distribution

[Respondent 10] *My clinic availability only allowed me 1-2 days a week to consult the patient and offer the quit cards. I'm the only person doing the consultations therefor only person to distribute the cards. We could of had a better outcome of distributing the cards if more staff was involved.*

Also not every pharmacy accepted these cards. Especially the Quebec Pharmacies.

[Respondent 11] *I have found that the biggest challenge with the Quit Card program is at the community pharmacy/drug store level. Many community pharmacists do not know how to use the card properly. Some try to get patients to return weekly for nicotine replacement. Unfortunately, this "eats up" into patient's medications with repeated dispensing fees.*

[Respondent 12] *Some people found the registration process tricky the first round. Although less money the second round, I think it was still smoother for people and less complicated.*

[Respondent 13] *Absolutely none - the program desperately needs to continue.*

[Respondent 14] *NO*

[Respondent 15] *No challenge associated with the card itself as it is very easy to use. The only challenge is starting up the conversation with a patient around smoking cessation.*

[Respondent 16] *No major challenges.*

Few questions that have been asked by patients, are how often are the follow up calls made and am I able to fill up the prescription all at once?

[Respondent 17] *None. It has been seamless.*