PESCE

General Practitioners and the economics of smoking cessation in Europe

(EU Grant Agreement 200 5319)

Executive Project Summary

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PESCE Project

In June 2006, the European Commission awarded a 60% co-funding to PESCE, a European project drawing together 31 partners from 27 countries. The grant was awarded because of its multidisciplinary, multicultural and innovative nature, linking social and economic considerations. The PESCE project runs from September 2006 to May 2008 and operated with a total budget of 658.000 €. Fifteen associated partners contributed financially and shared the scientific responsibility of the project. Another sixteen collaborating partners contribute their expert advice and experience as well as high level experts chosen for their special knowledge and scientific reputation.

Tabac & Liberté (France), the largest non-governmental organisation in Europe specialising in smoking cessation training of General Practitioners and health professionals at a national level, is the initiator and co-ordinator of this large-scale project. The elaboration of the PESCE project together with the European project partners is based on four previous EU projects in the field of general practitioners, health professionals and smoking cessation which were finalised between 1998-2006.

Project objectives

The general objectives of the project were to develop evidence based policy recommendations and practice based implementation strategies through a large scale European consultation process, taking into account national and cultural specificities:

- Promote increased smoking cessation interventions of General Practitioners (GPs) in Europe by addressing the socio-economic environment of their practice
- Highlight the economic benefit from increased smoking cessation interventions on the health care budget in Europe.
- Motivate decision makers to change the working environment of GPs through political measures

Project work plan

To reach our objectives, the PESCE project was divided in several work packages which were implemented under the responsibility of one or more associated partners:

- Project management and coordination;
- International review of the literature on factors that facilitate and hinder use of smoking cessation interventions by GPs, and of interventions to change GP behaviour;
- Review of the grey literature in 27 countries in Europe;
- Estimate of the costs and benefits of measures to increase general practitioner advice giving with respect to smoking cessation;
- Organization of an expert meeting in Warsaw to develop evidence based policy recommendations;
- Organization of a stakeholder conference in Barcelona to develop European and international implementation strategies based on the policy recommendations elaborated at the Warsaw expert meeting;
- Publication of a European project report, translation of the executive summary in all languages of the EU and dissemination of policy recommendations on the internet and through national press conferences and events;
- Project evaluation.

Outcomes

- Report on costs and benefits of measures to increase general practitioner advice giving with respect to smoking cessation
- Report on factors that facilitate and hinder use of smoking cessation interventions by GPs, and of interventions to change GP behaviour
- European consensus on evidence based policy recommendations and practice based implementation strategies to improve smoking cessation interventions of GP's in Europe
- Better integration of prevention in health care systems in Europe.

Costs and Benefits of Policies to Increase GP Engagement with their Patients who Smoke

Prof. David Cohen, University of Glamorgan, Wales

It has long been established that GPs interventions are an effective way of helping smokers to quit. The PESCE project is concerned with the fact that GPs do not help their patients who smoke to the extent that the evidence would suggest.

The international literature review showed that GP behaviour can be influenced by educational and other measures, but the quality of the evidence did not allow predictions of extent of the behaviour change. We therefore examined the health and economic benefits that could result from fewer people smoking across a range of reductions.

During the period of the PESCE project the UK Institute for Health and Clinical Excellence produced a new review which showed GP smoking cessation efforts to be hugely cost effective. Relative to their costs, the effects on quitting that they produce (between 3% and 15%) show these to be just about the most cost effective interventions available to health services. Smoking cessation services outside of general practice, but to which GPs could refer, had even higher excess quit rates – up to 35%. WP5 examined the health and economic benefits from the more modest reductions of 3% and 15%.

Local researchers from the 27 countries participating in PESCE were asked to provide national smoking related data according to a common dataset. An economic model (Prevent) was used to predict the health and economic effects of reduced smoking for each country that could provide sufficient data.

In the case of the UK, reductions in smoking of 3% and 15% produced the following results

UK - Reduction in smoking of 3%

Year	**2010**	**2020**	**2030**	**25 Year Totals**
Reduction in incidence (total for lung cancer, coronary heart disease, stroke and COPD)	*1876*	*3130*	*3803*	*67,583*
Total Deaths Avoided	*182*	*848*	*1233*	*17,233*
Reduction in Health Service Costs from 4 diseases (€M)	6.47	27.25	37.14	541
Value of Deaths Avoided (€M)	11.08	67.13	95.00	1,525
Value of Reduced Sickness Absence (€M)	20.95	19.52	18.18	488
Value of Reduction in Fires (€M)	7.92	7.39	6.88	184
Total Value of Benefits (€M)	46.42	121.28	157.20	2,738

UK – Reduction in smoking of 15%

Year	2010	2020	2030	25 Year Totals
Reduction in incidence (total for lung cancer, coronary heart disease, stroke and COPD)	*9384*	*15670*	*19079*	*338,490*
Total Deaths Avoided	*909*	*4250*	*6185*	*86,361*
Reduction in Health Service Costs from 4 diseases (€M)	32.33	136.42	186.14	2,710
Value of Deaths Avoided (€M)	55.73	336.30	477.22	2,441
Value of Reduced Sickness Absence (€M)	104.75	97.59	90.85	7,648
Value of Reduction in Fires (€M)	39.62	36.91	34.37	923
Total Value of Benefits (€M)	232.43	607.22	788.57	13,722

These benefits are clearly substantial. Moreover, they may be regarded as minimum estimates as they do not account for any of the other known benefits of reduced smoking, such as reductions in other smoking related diseases, health benefits from less passive smoking, from more rapid recovery after surgery and so on.

These benefits, however, will only be realised if GPs do more to help their patients to stop smoking. Most of the measures which showed to be effective at changing GP behaviour involved education which is not without cost - for example one study calculated a cost of €97 per GP trained. Relative to the potential benefits from increased GP engagement, policies aimed at encouraging GPs to offer that assistance also appear to be highly cost effective.

The quantity and quality of data available from the other countries was variable. To date, the model could be run for 10 countries. Major health and economic benefits were shown in all cases

Annual reductions in incidence of 4 smoking related diseases (Lung Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Stroke) in 10 European Countries			
3% reduction in smoking			
	2010	**2020**	**2030**
Austria	645	813	862
France	410	1053	1340
Germany	853	2612	3470
Netherlands	548	1051	1328
Switzerland	33	70	52
Ireland	106	240	353
Poland	1695	2725	3340
Portugal	153	349	455
Romania	1062	1480	1545
UK	1876	3130	3803
Total	**7381**	**13,523**	**16,548**

Annual reductions in deaths from 4 smoking related diseases (Lung Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Stroke) in 10 European Countries

3% reduction in smoking			
	2010	**2020**	**2030**
Austria	10	64	103
France	41	314	470
Germany	83	718	1,110
Netherlands	20	158	269
Switzerland	2	5	7
Ireland	4	41	73
Poland	81	488	706
Portugal	6	35	63
Romania	6	44	78
UK	182	848	1,233
Total	**435**	**2,715**	**4,112**

Annual reduction in disease specific health care costs in 10 European countries
3% reduction in smoking

	2010	**2020**	**2030**
Austria	2.049.000 €	9.393.000 €	13.412.000 €
France	2.921.000 €	18.412.000 €	33.234.000 €
Germany	714.000 €	4.044.000 €	7.082.000 €
Netherlands	1.325.000 €	10.392.000 €	19.673.000 €
Switzerland	132.000 €	1.560.000 €	2.218.000 €
Ireland	259.000 €	2.173.000 €	4.478.000 €
Poland	3.628.000 €	22.721.000 €	37.950.000 €
Portugal	339.000 €	3.687.000 €	7.466.000 €
Romania	565.000 €	2.419.000 €	3.686.000 €
United Kingdom	6.470.000 €	27.255.000 €	37.141.000 €
Total 10 countries	**18.398.000 €**	**102.056.000 €**	**166.340.000 €**

Conclusion:

Policy changes to increase engagement of GP's in smoking cessation are likely to be among the most cost-effective public health measures. If these policies could achieve as little as a 3% reduction in smoking in 10 of the 27 EU Member States, then by 2030 there would be nearly 17,000 fewer cases each year of Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), Lung Cancer and Stroke and over 4,000 fewer deaths per year from these 4 diseases alone. Health care costs would be reduced by over 160 million Euros from reductions in these 4 diseases alone.

Factors that facilitate and or hinder the engagement of GP's in smoking cessation interventions.

Martine Stead, Stirling University and Open University, Centre for Tobacco Control Research

An international literature review was carried out covering academic literature and grey, or non-academic literature published in 24 countries. A common search strategy protocol was devised to keep the search strategy consistent across all countries.

The Academic Literature Search included publications from 1990 to June 2007 and covered predominantly English literature. Of the 3210 references identified, 100 publications met the inclusion criteria. The Grey Literature Search included publications between 1990 and February 2007. They could be in any European language of the 27 partner countries and resulted in 540 contacts in 26 countries. After the data extraction procedure, 104 publications from 24 countries met the inclusion criteria. To draw up the present report, 88 studies from the academic literature and 100 publications from the grey literature were considered.

The international literature review showed that the majority of General Practitioners (GP's) ask new patients if they are smoking. Fewer GPs routinely ask about the smoking status of all regular patients. GP's less routinely advise all smokers to quit.

Factors that influence GPs' engagement in smoking cessation:

- **GPs' own smoking behaviour**: generally, GPs who smoke give cessation advice less frequently than GPs who do not smoke.

- **GP's interest in and attitudes towards smoking cessation**: Some GP's feel that it is not part of their job; some feel uncomfortable or embarrassed to give smoking cessation advice; some find it unrewarding and feel it is ineffective.

- **Concern for doctor-patient relationship**: there is a concern that asking about smoking habits could harm the doctor-patient relationship and be associated with less frequent consultations. GPs worry about causing guilt, anxiety, alienation, especially with seriously ill patients. There is also concern for the patient's right to privacy and self-determination

- **Factors related to patients**: GPs are more likely to advise quitting where symptoms seen as being smoking-related; GPs are generally more likely to intervene with heavier smokers than with lighter smokers; although guidelines recommend smoking cessation interventions with pregnant smokers and with parents of young children, the actual practice falls short

- **Structural factors :** GPs perceive that smoking cessation is too time consuming. A lack of training is associated with low cessation activity. Lack of reimbursement is perceived in several studies as a barrier to engage in smoking cessation interventions.

- **Knowledge/perceptions of cessation methods & treatment:** GPs sometimes lack knowledge of counselling techniques and treatments. The willingness to use them may be associated with the knowledge and perceptions of the efficacy of treatment options.

Interventions that have been implemented to improve GPs' engagement in smoking cessation:

Training & Awareness raising : Stage of Change training significantly increased the frequency and quality of GPs' advice and counselling, and improved patient outcome. Providing a desktop resource increased GPs' advice and counselling

Financial interventions : Offering 'quality payments' for recording patient smoking status and giving cessation advice, as part of GP Contract, increased the frequency with which GPs did both. Making NRT free to lower income patients increased frequency of GP prescriptions; offering small incentives linked to patient cessation rates was ineffective

Data recording & information management : although not directly concerned with GP engagement in cessation, good data collection was recognized as a pre-requisite or a trigger for engagement in smoking cessation;

1. To what extent do GPs in Europe currently give smoking cessation advice?

- Majority enquire about smoking status of new patients
- Fewer routinely enquire about smoking status of existing patients, or routinely advise all smokers to quit
- Types of support and treatment given vary from country to country

2. What factors influence GPs' engagement in smoking cessation?

GP Smoking Behaviour and Attitudes

- Smoking GPs give cessation advice less frequently than non-smoking GPs. In a few countries, GPs smoke in front of patients.
- Some GPs feel that cessation advice is not part of their job, uncomfortable, unrewarding and ineffective.
- Concerns about harming the doctor-patient relationship are a deterrent to giving cessation advice.

Patient Characteristics

- GPs are more likely to give cessation advice where patient symptoms are seen as smoking-related, and with heavier smokers than lighter smokers.
- GPs do not always intervene with pregnant smokers and those with young children, even where national guidelines recommend this.

Structural Barriers

- GPs more likely to give smoking cessation advice if they have received training.
- Many GPs request more training in and information about smoking cessation methods and treatments.
- Lack of time and of reimbursement seen as barriers by some GPs (proportions vary across countries).

3. What interventions have been implemented to improve GPs' engagement in smoking cessation?

- 26 intervention studies from 9 countries.
- Studies are of variable, often poor, quality. Many do not examine impact of an intervention on GPs' routine engagement in smoking cessation.

Training and awareness raising (n=18)

- Brief awareness raising & general training, Minimal Intervention Strategy, Stage/Cycle of Change, providing information/materials.
- 7 of the studies (3 RCTs, 4 weaker studies) examined impact on routine engagement in smoking cessation.

Financial (n=3)

Macro and micro changes to GP payment systems for engaging in smoking cessation.

Data recording and information management (n=2)

Improvements in data recording practice (may support increased engagement in smoking cessation).

Other (n=3). Multi-faceted interventions, participation in cessation research study.

4. How effective are interventions to improve GPs' engagement in smoking cessation?

Training and awareness raising interventions (n=18):

- Stage of Change training (1 long term study) increased frequency and quality of GP advice and counselling, and improved patient outcomes.
- Providing a desktop resource (1 short term study) increased GP advice and counselling.
- Other studies found positive outcomes (weaker quality, differences not always significant).

Financial interventions (n=3):

- Offering 'quality payments' for recording smoking status and giving cessation advice increased frequency of doing both (1 large 15-year good quality study).
- Making NRT free to lower income patients increased frequency of prescribing (1 large study)
- Offering small incentives linked to patient outcomes was ineffective (1 small pilot study).

Data recording and information management (n=2):

- Training and feedback increased the amount of data recording and giving of cessation advice (1 large study).

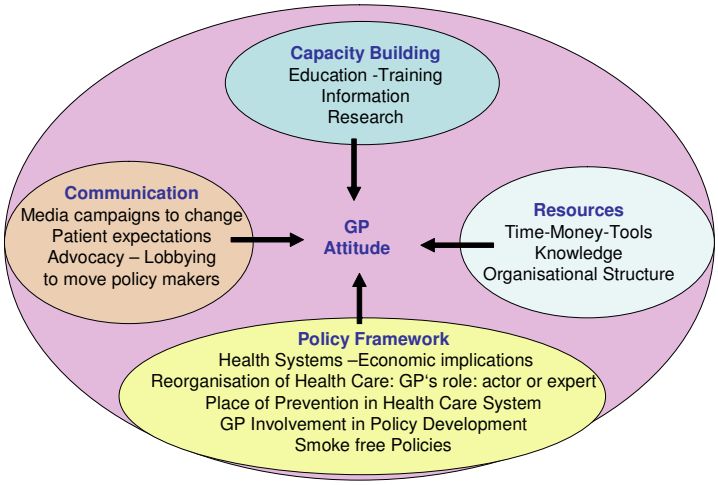
Other (n=3):

- Improvements in self-confidence and rates of giving cessation advice.

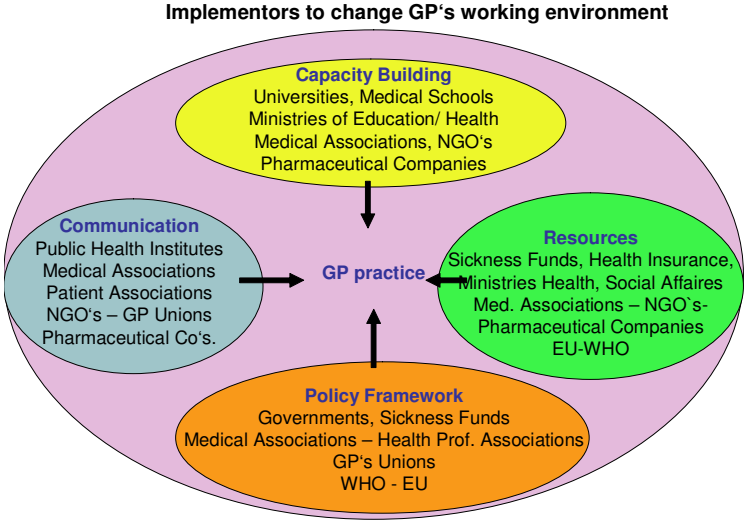
Evidence Based Policy Recommendations
Practice Based Implementation Strategies

Based on the conclusions of the international literature search, PESCE Project partners, researchers, experts and policy makers from 27 countries have developed 15 evidence based policy recommendations and practice oriented implementation strategies to increase engagement of GP's in smoking cessation interventions. The recommendations have been categorized in 4 areas: Capacity Building, Resources, Policy Framework and Communication.

Factors influencing GP's prevention activity



Implementors to change GP's working environment



Policy Recommendations and Implementation Strategies

CAPACITY BUILDING

1. To increase the professional competence in smoking cessation interventions, training in smoking cessation is needed for GPs at undergraduate and postgraduate levels as well as continued professional development (CPD).

Specific communication skills on smoking cessation should be integrated into GPs' education and training programmes

Training in smoking cessation should be compulsory for undergraduate and postgraduate training. It should be encouraged for CPD. Regardless of methodology, all levels of learning should be included

Ministries of Education, Ministries of Health and Health Professional Societies must promote and financially support the development of curricula in smoking prevention and smoking cessation.

A university chair for addiction should be established in each of the EU Member States. This chair would cover all aspects of addiction including smoking prevention, cessation and training as well as tobacco control policy.

Information on training programmes should be widely disseminated to the health professional body. Key persons should be identified to serve as messengers.

Education and training should be promoted through professional partnerships, in universities/medical schools and in clinical practice guidelines.
Smoking cessation programmes should be available on the Internet to allow GPs access to up-to-date information and freedom of choice. It would be both time saving and allow nurses and other practice staff to be integrated into the smoking cessation effort.

A forum for communication among colleagues should be established to allow regular exchange of experience in smoking cessation interventions. This could take the form of a web based forum, be organised at the occasion of local, regional and national conferences/meetings.

2. Participation of GPs in research projects such as clinical research trials and observational studies on smoking cessation should be promoted.

There is a need to improve the body of evidence available on smoking cessation and methodologies, as well as a need for standard research tools adapted to GP's needs. General Practitioners should be consulted and involved from the beginning

3. All health professionals who smoke should be supported to stop smoking.

GP's need to be smoke free in order to be credible in their relationship with patients. They are an important role model for the entire population.

Specific smoking cessation programs should be developed for health professionals and tailored to the needs and the professional environment of GP's practice.

Access of GP's and all health professionals to smoking cessation therapy (counselling and medication) must be free of charge or reimbursed by sickness funds/ health insurance.

GPs should be motivated to participate in smoking cessation courses. Non-smoking as an employment criterion should be encouraged

Non-smoking should be an obligation in medical schools for staff and students. Non-smoking should be taken up as a requirement in professional ethical guidelines.

RESOURCES

4. GPs should be provided with comprehensive information on available evidence-based cessation services including type of service, location, referral procedures, cost and contact details

GPs associations, scientific societies, disease specific NGO's, sickness funds, health insurance companies and the Health Ministries should routinely provide all health care providers with information packs on smoking cessation services and specialised clinics, telephone Quit-lines, etc. that correspond to agreed quality criteria.

A central database should be available on the internet allowing easy access to detailed information of all these services.

Direct marketing campaigns should be regularly organised to remind General Practitioners of the availability of these services.

5. External cessation services should provide regular feedback to GPs on patient cessation outcomes

Feed-back to General Practitioners should be an obligation of all smoking cessation services and Quit-Lines.

Electronic registration systems should be used for the follow-up of referred patients.

Systems of "chain of care" or "stepped care" should be established.

Communication avenues between external cessation services and GP's practices need to be opened and networking opportunities should be triggered at conferences and meetings

6. GPs should routinely record and monitor the smoking status of all their patients and should record their subsequent actions in an integrated routine record system.

GPs associations, scientific societies, sickness funds, health insurance companies and the Health Ministries should make it obligatory to include smoking data and smoking cessation interventions into the prescription activity reports and patient's health record.

7. Simple recording systems on smoking cessation interventions should be incorporated into existing information systems. This should include smoking status, cessation activity and feedback

Existing medical record system providers and quality controllers should be required to adapt their programmes. Reminder tools (flags) should be developed for electronic records. To promote the general acceptance following measures could be taken:

- Perform national pilots/examples
- Identify champions/key persons
- Create a budget depending on the national context

Embedding smoking/ cessation interventions in the quality control system

8. Administrative obligations of GPs should be reviewed in the wider framework to save time for prevention activities.

Medical Associations and GP's Unions should take up the issue with Health Ministries, sickness funds, health insurance companies as well as other relevant stakeholders and review the current administrative systems with a view to reduce the administrative burden on General Practitioners through innovative processes

POLICY FRAMEWORK

9. Extra resources for reimbursement for specified smoking cessation interventions should be included in the normal GP payment system;

Collect appropriate data to allow the application of the PESCE model on the health and economic benefits of reduced smoking to the national situation of countries in Europe.

Develop tools to compare the cost-effectiveness of different treatment methods. Promote the use of these tools in the decision making process on regional, national and European level, especially where reimbursement schemes of smoking cessation therapies are concerned.

Smoking cessation (in particular) and prevention interventions (in general), should be made an obligatory part of the GP's contract and be related to specific payment schemes.

Disseminate the results of the PESCE evidence to Health and Finance Ministries, Health Professional Associations, Sickness Funds, Health Insurance companies and relevant stakeholders.

10. GPs should play a central role in the formulation of evidence-based clinical guidelines on smoking cessation.

Within clinical guidelines, GPs should be given a central role in identifying and advising, intervening or referring smoking patients.

Health Ministries, Medical Societies and. Health Professional Associations who plan to develop clinical guidelines should involve GP´s from the beginning. This could be done by creating specific task forces on regional, national and European level.

An inventory of existing smoking cessation guidelines should be made.

To facilitate the use of clinical guidelines in every day practice, they should be translated into easily understood and comprehensive standards that fit into the GP's everyday practice. Information on guidelines should be made available on the internet and systematically disseminated to GP's in hard copies.

11. Smoke free policies should be established and enforced in GPs' working environment

Smoke-free policies should be implemented in compliance with the WHO Framework Convention on Tobacco Control.

On regional, national and European level, a legally binding ban on smoking in places open to the public should be enacted and include all health care facilities, including private practices of GP's and other health professionals.

A ban on smoking in health care facilities should cover the whole "campus" of health care facilities.

General Practitioners and Health Care providers should be obliged to be non – smoking by their employers, when representing their institutions.

COMMUNICATION

12. Smoking behaviour among GPs and other health professionals should be monitored regularly.

WHO, The European Union, Health Ministries, Medical and Health Professional Associations as well as Employers in the health care sector should specifically include monitoring of GP's and health professionals smoking behaviour in their health surveys.

GP's should routinely be asked about their smoking behaviour during the regular check-ups that health professionals have to undergo. Carbon monoxide and/or carboxyl haemoglobin measurements should be part of the routine monitoring process

13. To reduce the perceived lack of acceptance of smoking cessation advice interventions, the general population awareness of GPs as a point of contact for smoking cessation services should be increased

The European Union, Health Ministries, Health Professional Associations, the Pharmaceutical Industry should finance awareness campaigns reaching a large audience.
To promote the role of GP's in smoking cessation, school campaigns should include information on GP's as the contact point for cessation. This should reach both students and parents.

Warning labels on tobacco products should advertise GP's as focal points for smoking cessation

A European prize could be created for the institutions that have played a major role in promoting the engagement of GP's in smoking cessation

14. GPs' awareness of the importance of smoking prevention and cessation for the health of the general population has to be fostered.

Professional events and conferences on regional, national, European and International level attended by GP's, should include sessions on the cost-effectiveness of smoking cessation therapies.

Professional media should publish articles on smoking cessation therapies and their effectiveness.

Networking of medical and non medical societies and associations should be promoted.
Leaders among Health Professionals should emphasise the necessity of GP's engagement in smoking cessation. GP's associations should be included in the overall tobacco control movement.

15. GP's and GP's associations must not enter into collaboration of any sort with the tobacco industry.

Ethical guidelines of GP's associations and health professional societies should expressly ban any collaboration with the tobacco industry. GP organizations should not establish links with the tobacco industry nor organizations and companies of any kind that have vested interests and will prohibit or influence freedom of choice for the optimal treatment of tobacco dependence.

CONCLUSION

Project partners have come to the conclusion that while we can agree on common objectives and efficient solutions that will lead to a better integration of General Practitioners in the overall effort to reduce tobacco consumption in Europe, the implementation and timing of activities must take place on a national level. General Practitioners' role and activities must be integrated into the cultural environment, the legislative framework, the different health systems and according to the available financial resources of each country.

In the long term, by letting each country evolve individually towards a common objective at their own pace, we will succeed in integrating prevention into our health care systems to the greatest benefit of the citizens of Europe.

The European Consensus

Policy makers, researchers, public health specialists, economists as well as representatives from GP organisations and health professional associations collaborated at the development of the evidence based policy recommendations and practice oriented implementation strategies.

At an expert workshop on 10th December 2007 in Warsaw, the fifteen policy recommendations mentioned above were elaborated by 33 experts from 18 countries based on the scientific evidence collected in the project. At a stakeholder conference in Barcelona on 27-28 March 2008, 96 Stakeholders from 23countries (including participants from the United States, Brazil and Uruguay) pooled their knowledge and experience and suggested a catalogue of measures to support the implementation of the PESCE policy recommendations.

We would like to take this opportunity to thank all those who contributed with their knowledge and experience to the successful outcome of the PESCE project.

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- Institut National du Cancer (INCa), France
- Cancer Research UK (CRUK), UK
- Pierre Fabre Laboratories, France

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