

Right to bill may affect amount of tobacco counselling by MDs

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In Brief

UNPUBLISHED DATA FROM HEALTH CANADA indicate that only 32% of Canada's family physicians believe they can bill their health plans for providing smoking-cessation counselling to patients with no smoking-related illness. A CMA study of provincial billing codes determined that all provinces and territories except British Columbia and Alberta have billing codes for clinical tobacco interventions, which include counselling. Ontario leads the way with 4 separate codes.

En bref

DES DONNÉES NON PUBLIÉES DE SANTÉ CANADA indiquent que 32 % seulement des omnipraticiens croient qu'il est possible de facturer à leur régime d'assurance-maladie des conseils fournis à des patients non atteints d'une maladie liée au tabagisme, pour les aider à «écraser». Une étude des codes de facturation provinciaux réalisée par l'AMC a cependant révélé que les provinces et les territoires ont tous un code de facturation pour ce service, sauf la Colombie-Britannique et l'Alberta. L'Ontario arrive en tête, avec 4 codes différents.

Unpublished data from Health Canada indicate that only 32% of Canada's family physicians are aware they can bill most provincial or territorial health plans for providing smoking-cessation advice without a diagnosis of smoking-related illness. In fact, a CMA study of fee schedules completed this fall reveals that all provinces except British Columbia and Alberta have billing codes that allow clinical tobacco interventions (CTIs), which include tobacco counselling (see table). So do both territories.

Dr. Frederic Bass, director of the British Columbia Medical Association's Stop-Smoking Program, said it is "extraordinarily important" that physicians know this because the right to bill will encourage doctors to pursue CTIs with patients.

"In the feedback we get, physicians say again and again that if this is an important thing for physicians to do, it should be important enough to be paid for," said Bass. "It is important that there be a fee for the physician who identifies and briefly advises the patient who is not yet ready to quit."

He added that the value of CTIs is beyond dispute because they are "an A-rated intervention according to the Canadian Task Force on the Periodic Health Examination."

The CMA survey of billing codes revealed that all provinces and territories except British Columbia and Alberta have at least 1 applicable billing code that applies to tobacco interventions; Ontario leads the way with 4. Across the country, the fees range from \$14.70 to \$67.90, with the amounts depending on the duration and frequency of the office visits.

Initial data from a Health Canada survey indicate that a lack of knowledge about billing codes for CTIs may play a "significant" role in limiting physician involvement in this type of patient care.

The survey, which involved 3817 physicians, found that

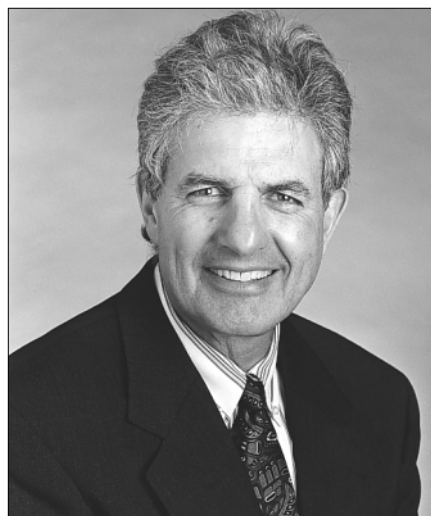


Features

Chroniques

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Dr. Frederic Bass: value of CTIs beyond dispute



the major barrier limiting the use of CTIs is frustration over the success rate. Dr. Gerry Brosky, a Halifax family physician who serves on the CMA's CTI Evaluation Subcommittee, says that a feeling of ineffectiveness has a major impact on doctors. "About 80% of people who try to quit are not successful on the first attempt," he said, "but physicians should not think of this as a failure. Most smokers are going to need several tries before they're successful."

In his own practice, Brosky makes a point of asking patients if they smoke. "I consider asking about smoking the same as checking their blood pressure," he said.

A Canada Health Monitor survey released in September suggests that Brosky is part of a medical minority. The survey of 2534 persons aged 15 or older found that most physicians had not discussed smoking during the respon-

dent's last visit to the doctor. Physicians raised the issue of smoking habits with 37% of all smokers and discussed the health effects with 42%. "Smokers aged 15 to 19 are more likely than other smokers to report physician nonintervention," the survey synopsis said. "Physician communication is more common among older patients."

Bass said the key to successful CTIs is perseverance. "The major thing is to be systematic, and that means identifying smoking status and readiness to quit during every patient visit. But to get physicians to be systematic, you have to pay them to be systematic."

He said this means greater attention must be paid to health care priorities: "I think we have to look very carefully at what we're funding in health care."

The CMA is already on record asking that clinical tobacco interventions be recognized as an essential part of

Table 1: Billing codes for clinical tobacco intervention (CTI) by province and territory

Province	Item	Billing code(s)
British Columbia	No billing codes	
Alberta	No billing codes	
Saskatchewan	Counselling	40,41b
Manitoba	No specific code but may be able to bill for a "medically necessary initial visit"	8509 (intermediate)
Ontario	Minor office visit, nicotine dependence	A001, Diagnostic Code 305
	Regular office visit, nicotine dependence	A007, Diagnostic Code 305
	Counselling, nicotine dependence	K013, Diagnostic Code 305
	Psychotherapy, nicotine dependence	K007, Diagnostic Code 305
Quebec	Minor office visit, smoker or tobacco intoxication	0001, Diagnostic Code 305.1 (smoker) Diagnostic Code 989.9 (tobacco intoxication)
	Regular office visit, smoker or tobacco intoxication	0050, Diagnostic Code 305.1 (smoker) Diagnostic Code 989.9 (tobacco intoxication)
New Brunswick	Office visit	1
Nova Scotia (The new preamble and fee schedule was phased in as of July 1, 1996. The old fee schedule did not recognize CTIs; currently both schedules are in use.)	Lifestyle counselling	PSYC 08.49C
Prince Edward Island	Health promotion	2505
	Counselling	2506
Newfoundland	Ordinary partial assessment (not a designated CTI code)	121
Yukon	General counselling (nicotine addiction in the ICD-9 codes)	0120
Northwest Territories	General counselling	A26



MDs urged to refuse interviews because of company's tobacco policy

A Toronto physician says doctors should refuse interviews with *Health Watch*, a magazine published by Shoppers Drug Mart, because of the company's tobacco policies.

In a letter to the CMA, Dr. Donna Stewart said she has already refused several interviews with the publication and wants other physicians to do the same. Stewart, who holds the Lillian Love Chair in Women's Health at the Toronto Hospital and University of Toronto, said doctors should also let the company know why they are refusing the interviews. "I think if all physicians banded together and made it clear they were not prepared to cooperate with Shoppers Drug Mart because of its policy on tobacco marketing, this

would provide the company with some unwanted publicity," Stewart wrote.

Cynthia Callard, spokesperson for Physicians for a Smoke-Free Canada, said Stewart's action is appropriate because Shoppers was "very strongly opposed" to recent Ontario legislation that banned the sale of tobacco in drugstores. She noted that the company is owned by Imasco, which also owns Imperial Tobacco Ltd., and said that even though Shoppers no longer sells tobacco products in Ontario because of the provincial legislation, it still sells them in other provinces.


"The fact that they have been legislated into compliance in 1 province doesn't give me much confidence," Stewart said in an interview.

medical care and as a core medical service. The association recently approved a policy that urges physicians to:

- routinely counsel children and young people against starting to smoke or chew tobacco;
- use illnesses such as respiratory problems as "teachable moments" that can be used to motivate patients to quit smoking;
- ask patients about their current smoking status and readiness to change; and


- offer personalized care to smokers, which may include setting a target date to quit and offering behavioural counselling and/or nicotine-replacement therapy.

Physicians surveyed by Health Canada said the major barriers to CTIs, aside from a lack of knowledge about billing codes and frustration with the success rate, are a lack of time to discuss smoking-related issues during a patient visit and the price of nicotine patches.?



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