PRACTICE GUIDANCE FOR EXPANDING PHARMACY-BASED TOBACCO CESSATION SERVICES WITHIN THE APPOINTMENT-BASED MODEL

APhA

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Foreword

Tobacco cessation is a public health priority, evidenced by Healthy People 2020, Million Hearts, the Centers for Disease Control and Prevention 6|18 Initiative, and other national and state public health programs, including prominent goals to reduce the number of tobacco users.[1-3] As public health efforts increase, more patients indicate a desire to quit, and almost two-thirds of patients who relapse after a quit attempt want to try quitting again.[4]

More people in the United States are addicted to nicotine than any other drug. In 2017, approximately 47.4 million, or one in five, U.S. adults aged 18 years or older used tobacco products.[5] Cigarettes, the most commonly used tobacco product, are the leading cause of preventable death in the United States, responsible for more than 480,000 deaths each year and 90% of all lung cancer deaths.[6,7] However, smoking is not the only nicotine delivery method that causes harm. Tobacco products range from cigars and cigarettes to hookah tobacco, smokeless tobacco, dissolvable tobacco products, and more.[7] Additionally, electronic nicotine delivery systems such as e-cigarettes and newer devices such as JUUL generate nicotine aerosols that are inhaled by the user.[8,9] The estimated cost of tobacco-related illness in the United States is more than $300 billion each year.[10]

Regardless of age, tobacco cessation improves people's health, and the majority, nearly seven in ten, of U.S. adult tobacco users report that they want to quit.[11] Tobacco cessation results in reduced risk for heart disease, stroke, peripheral vascular disease, infertility in women, and many types of cancer, primarily lung cancer. Tobacco cessation also slows the progression of respiratory symptoms—such as coughing, wheezing and shortness of breath—to that of a nonsmoker. However, tobacco users commonly report that quitting is difficult due to stress, weight gain, and withdrawal symptoms.[12] The benefits of quitting and patients' willingness to quit amplify the need for more access points and focus on tobacco cessation throughout the health care system.

The U.S. Preventive Services Task Force notes that a combination of pharmacotherapy and behavioral interventions are most effective in assisting individuals to quit tobacco use. Pharmacists can play a pivotal role in bridging the gap by providing tobacco cessation services, including patient counseling, prescribing, and medication management.[4] Because pharmacists have extensive medication expertise and are highly accessible in communities across the United States, they are ideally suited to provide tobacco cessation services. Pharmacists are prepared to answer the U.S. Public Health Service's charge for clinicians to integrate effective tobacco counseling and medication treatments to aid patients in successful tobacco cessation.[4] Community-based pharmacy's appointment-based model (ABM) provides an operating framework for these services to be delivered efficiently within current pharmacy workflow.

Purpose

This guidance document outlines opportunities for pharmacy professionals to leverage the ABM to provide and expand tobacco cessation services in community-based pharmacy practice.

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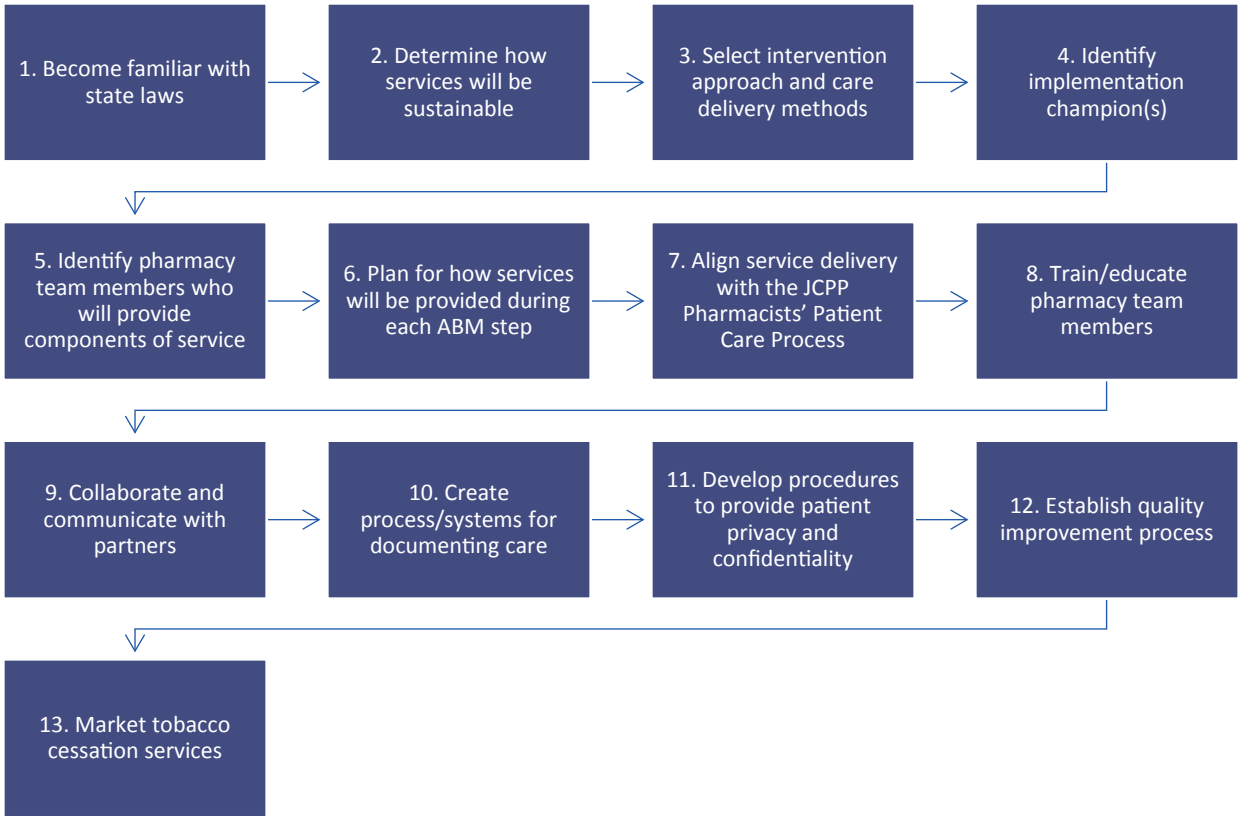
Tobacco Cessation Services and the Appointment-Based Model

An estimated 86% of pharmacists and 96% of student pharmacists believe the pharmacy profession should have increased involvement in tobacco cessation.[1,2] With 91% of the U.S. population living within 5 miles of a community pharmacy, pharmacists are highly accessible members of the health care team,[3] and they are well-positioned to ask about tobacco use status during patient encounters. Often, the decision to quit tobacco is spontaneous, therefore increasing access to care is beneficial to patient health. Pharmacists have extensive knowledge of medications and have the ability to reach and assist underserved populations[4] that exhibit higher prevalence of tobacco use, dependence, and diseases.[5] Additionally, some tobacco cessation programs have shown that pharmacists can improve quit rates as well as or better than usual standards of care.[6] Pharmacists are accessible, effective, and willing providers of tobacco cessation services.

Tobacco cessation services can be provided in many community-based pharmacy settings with various workflow and operating models. However, lack of time is noted as the primary barrier to providing tobacco cessation services in pharmacies.[7] The appointment-based model (ABM) can help pharmacists create efficiencies in pharmacy workflow, improve patients' medication adherence, increase pharmacy revenue from refills, and enhance patient satisfaction and loyalty.[8] The ABM provides an operating model that creates opportunities for the pharmacy team to have meaningful conversations with patients about important health topics, such as tobacco cessation.

The ABM is centered on proactive, patient-centered care with core components that include medication synchronization, a pre-appointment call, and a scheduled appointment, when needed. The basic tenets of an ABM are the holistic care of the patient; regularly scheduled visits to the pharmacy; communication with the patient in advance of the scheduled visit to proactively assess needs related to medications and health conditions; and pharmacist–patient engagement on a regular basis to address these needs.[9] The American Pharmacists Association (APhA) characterizes how the ABM can facilitate patient care delivery across many disease states and service types in *Leveraging the Appointment-Based Model to Expand Patient Care Services: Practice Guidance for Pharmacists*. Figure 1 details a process for pharmacists and their teams to follow as they develop tobacco cessation services and provide them within the ABM pharmacy workflow.[10] Information to help the pharmacy team follow this process is included within this document.

Figure 1. Process for Launching Tobacco Cessation Services Within the Appointment-Based Model



ABM = appointment-based model; JCPP = Joint Commission of Pharmacy Practitioners.

Understanding Pharmacy-Based Tobacco Cessation Services

Before starting tobacco cessation services, it is important to understand and determine the key components of any tobacco cessation program. This begins with knowledge of the pharmacologic tobacco cessation therapies available in the marketplace and understanding how pharmacists and other pharmacy team members can support patients' appropriate use of these medications. Fundamental aspects also include being familiar with common tobacco cessation models, roles of various pharmacy team members, state prescribing laws for pharmacists, and sustainability models for these services. Familiarity with these areas will help the pharmacist and the team define the tobacco cessation services that they will provide, which can then be integrated into the ABM workflow.

Smoking Cessation Medications

Smoking cessation medications, including nicotine replacement therapies (NRTs) and non-nicotine replacement therapies (NNRTs), have been shown to increase tobacco abstinence rates.[11] These medications are currently indicated for smoking cessation, not for other noncombustible forms of tobacco. Pharmacists are well versed in choosing appropriate medication therapies and subsequently monitoring for therapeutic efficacy and adverse events. Figure 2 details the medications for smoking cessation currently approved by the U.S. Food and Drug Administration (FDA), many of which are covered by insurance under the Affordable Care Act.[13] Pharmacists may facilitate proper utilization of these pharmacologic cessation therapies by:

- Assessing patients' readiness to quit, degree of tobacco use, and past quit attempts.
- Determining which cessation medication(s) would be most suitable for each patient, including identifying candidates for varenicline or bupropion.
- Counseling patients on proper timing, dose, use, and side effect management.
- Providing over-the-counter (OTC) cessation medications or prescribing cessation medications, where permitted by state law.
- Providing referrals to primary care practitioners for prescriptions to facilitate access or insurance coverage for cessation medications.
- Providing support during the quit process to enhance efficacy of cessation medications.
- Monitoring for potential medication-related adverse effects.

Figure 2. Medications Approved by the U.S. Food and Drug Administration for Smoking Cessation

Product	Drug Class	Availability
Nicotine gum	NRT	OTC
Nicotine patch	NRT	OTC and prescription
Nicotine lozenge	NRT	OTC
Nicotine nasal spray	NRT	Prescription only
Nicotine inhaler	NRT	Prescription only
Bupropion SR (Zyban)	NNRT	Prescription only
Varenicline (Chantix)	NNRT	Prescription only

NRT = nicotine replacement therapy; NNRT = non-nicotine replacement therapy; OTC = over-the-counter; SR = sustained-release.

Source: Reference 12.

OTC NRTs are readily available to patients, but their placement in a community-based pharmacy can affect whether patients receive counseling when they buy the products. Pharmacists with full view of the products, whether placed directly behind or nearby in front of the pharmacy counter, were approximately five times more likely to counsel four or more patients per month.[14]

Tobacco Cessation Intervention Approaches

Community-based pharmacy tobacco cessation interventions are typically designed to utilize either of two main approaches to care: Ask–Advise–Assess–Assist–Arrange (the 5 A's) or Ask–Advise–Refer (AAR). With these options, every pharmacy can incorporate some level of tobacco cessation service into the workflow. Factors that may determine which model to adopt include time available to the pharmacy team to implement interventions, buy-in and prioritization by pharmacy management, integration into workflow, and level of training that the pharmacy team members receive. While studies on pharmacy-based tobacco cessation services have mainly focused on face-to-face models, community-based pharmacies have also found success in offering tobacco cessation services via telephonic interventions. In telephonic interventions, pharmacists and pharmacy team members complete the 5 A's or AAR completely over the phone with the patient.[15]

Ask–Advise–Assess–Assist–Arrange (5 A's)

The 5 A's refer to the steps that health care professionals should take to assist patients in tobacco cessation:[16]

- Ask about tobacco use.
- Advise the patient to quit.
- Assess readiness to quit.
- Assist the patient with quitting, if ready.
- Arrange for follow-up.

The entire pharmacy team can participate in providing components of the 5 A's. Most typically, pharmacy technicians and student pharmacists can play a role in asking, advising, and some components of assessing and arranging. Pharmacists can provide all 5 A's, and their medication expertise is required to assist patients who are ready to quit. The 5 A's model empowers the pharmacist to be involved in creating the quit plan with the patient, assisting in selecting appropriate pharmacologic therapies, providing counseling on the selected tobacco cessation therapy, and setting the schedule for routine monitoring and coaching of the patient toward goals. Key factors that improve quit rates within pharmacy-based programs deploying the 5 A's model include the number of follow-ups, average duration of follow-ups, and format of counseling sessions.[17] This indicates that the 5 A's require the pharmacist have time available to dedicate to providing the services effectively.

Ask–Advise–Refer (AAR)

In the AAR model, a pharmacy team member asks patients whether they use tobacco products, advises patients who use tobacco of the associated health risks, preliminarily assesses about readiness to quit, and refers interested patients to resources that will assist in quitting, such as state or national tobacco quitlines.[16] With a small amount of training, any pharmacy team member can deliver all three steps of the AAR model. Furthermore, the brief nature of the model (fewer than 3 minutes) makes this approach acceptable and feasible for integration into the existing community pharmacy workflow.[18,19]

Community-based pharmacies that have implemented the AAR model demonstrate pharmacy teams' ability to significantly increase patient referrals to the quitline. One study reports an increase from 2.2% of quitline referrals coming from patients who heard about the quitline at a pharmacy at baseline to 3.8% within 12 months of the intervention.[20] Another study shows that pharmacies using the AAR model significantly increased the number of patients who were asked about tobacco use and the number of referrals to the quitline versus similar control group pharmacies.[19] The AAR model provides a successful approach for community-based pharmacies to use to impact tobacco cessation.

Pharmacy Team

Pharmacy-based tobacco cessation services can involve all members of the pharmacy team: pharmacists, pharmacy technicians, and student pharmacists. Pharmacists have medication expertise and experience counseling patients about proper medication use and behavioral factors that impact achievement of patients' health goals. Tobacco cessation services allow pharmacists to apply their knowledge and skills as they implement the 5 A's or the AAR model.

Pharmacy technicians have been successfully integrated into tobacco cessation service delivery. With training and prioritization in workflow, technicians are able to perform all steps within the AAR model and provide or support steps in the 5 A's model.[21] Pharmacy technicians have frequent interactions with patients during prescription drop-off and pick-up or on phone calls with patients. These interactions naturally occur within current pharmacy workflow and serve as ideal touchpoints for technicians to ask patients about tobacco use status. However, pharmacy technician–provided tobacco cessation interventions will be more general than those provided by a pharmacist because technicians are not equipped with the clinical education to support more personalized recommendations.

Student pharmacists can also be involved in tobacco cessation service delivery in community-based pharmacies. In addition to all components of the AAR model, student pharmacists can engage in aspects of the 5 A's model under the direction or supervision of a pharmacist. Student pharmacists can be trained to help pharmacists and pharmacy staff learn how to deliver tobacco cessation interventions, which has shown to increase the number of patients asked about tobacco use, the number of patients advised to quit tobacco products, the number of patients counseled, and the number of referrals to a tobacco quitline.[22]

Scope of Practice Considerations

While every pharmacist can provide tobacco cessation services, pharmacists' scope of practice in some states empowers pharmacists to prescribe tobacco cessation therapies through collaborative practice agreements, template protocols, statewide protocols, or independent prescribing. This expanded scope elevates the pharmacist-provided tobacco cessation services within the fourth of the 5 A's—Assist. Phar-

macists with prescriptive authority can initiate appropriate prescription NRTs for patients and, in some states, NNRTs. Without this expanded scope of practice, pharmacists are limited within the Assist stage to recommending OTC products and referring patients to licensed prescribers for prescription therapy when needed.

Eight states currently have statewide protocols or independent pharmacist prescribing for smoking cessation therapies, including Arizona, California, Colorado, Idaho, Indiana, Iowa, Maine, and New Mexico.[23] Pharmacists in Colorado, Idaho, Indiana, and New Mexico have the authority to prescribe all FDA-approved medications for tobacco cessation. Pharmacists in Arizona, California, and Iowa are limited to NRT products, and Maine pharmacists are limited to prescribing OTC NRT products.[24] Legislation has been proposed in other states and non-pharmacy organizations have supported the concept.[23,25] The National Alliance of State Pharmacy Associations posts a current map for an updated perspective on pharmacist prescribing authority for tobacco cessation medications by state.

Pharmacist prescribing of tobacco cessation therapies can streamline operations, help to improve patient experience, encourage initiation and adherence to prescription tobacco cessation therapies, and increase patients' chances of overcoming nicotine dependence.[26] States with autonomous prescribing models may have specific requirements related to pharmacist education, patient health screening, components of the cessation intervention, notification of the patient's primary care provider, and recordkeeping, among other things.[24] Pharmacists should contact their state board of pharmacy to learn specific requirements for prescribing tobacco cessation therapies in their state. Pharmacists should also be sensitive to patients' right to fill pharmacist-prescribed therapies at the pharmacy of the patient's choice.

Sustainability of Tobacco Cessation Services

Lack of time and reimbursement are two key barriers to the routine delivery of tobacco cessation services in pharmacies.[7] For tobacco cessation services to be a long-term focus within community-based pharmacy practice, revenue models should support the time that the pharmacy team will spend delivering the services. State Medicaid programs, private health plans (e.g., self-insured employers), and patients paying cash are the primary payers for tobacco cessation services.[27] For example, Pennsylvania Medicaid allows pharmacies to register in their Medical Assistance program to be eligible to provide and receive payment for tobacco cessation counseling services. In 2017, Pennsylvania Medicaid plans paid $19.33 per visit for up to 70 face-to-face, 15-minute counseling sessions per patient per year.[28] Payment models like those provided through Pennsylvania Medicaid can facilitate implementation and sustainability of community-based pharmacy tobacco cessation programs. Additional health insurance plans, especially under the Affordable Care Act, cover tobacco cessation services,[13] and as pharmacists are recognized as health care providers, these plans may also cover the pharmacist's services.

Another factor that can fuel sustainability of tobacco cessation services is based on increased prescription or OTC sales of tobacco cessation therapies and the potential to increase immunization delivery. As tobacco cessation counseling occurs, patients will be more likely to purchase tobacco cessation therapies and may choose to purchase them at the pharmacy where cessation counseling occurs. Additionally, once tobacco use status is known, the pharmacist will be able to make pneumococcal vaccine recommendations based on this information, which could increase vaccination delivery in the pharmacy. Increased revenue from these services may be a way to potentially offset the costs of providing tobacco cessation services.[29]

Integrating Tobacco Cessation Services Within the Appointment-Based Model

As noted previously, the ABM can be leveraged to integrate tobacco cessation services into routine care. As pharmacists, pharmacy technicians, and student pharmacists are engaged in the operations of the ABM, each can play a distinct role during interactions with patients to maximize the efficiency and effectiveness of tobacco cessation services within the ABM. For some patients, tobacco cessation services may be fully or partly integrated into the ABM, while for others, services may require additional appointments or interactions outside the ABM. Figure 3 details core activities in tobacco cessation services, identifies which step of the ABM might best fit these activities, and denotes which pharmacy team members are well-suited to perform the activities. Figure 3 can serve as a planning tool for the pharmacy team to help identify which services will take place in each stage of the ABM and which team members will be responsible for providing the services.

Figure 3. Tobacco Cessation Service Integration Within the Appointment-Based Model

PPCP Stage	Tobacco Cessation Service Activity	Stages of the ABM When Activity May Take Place				Team Member		
		Enrollment/ Initial Med Sync	Pre-appointment Call	Appointment Preparation	During Appointment	Pharmacist	Pharmacy Technician	Student Pharmacist
Collect	**Ask.** Obtain history of tobacco use from primary care provider or electronic health record.	X	X	X		X	X	X
	Ask. Obtain history of tobacco use from patient/caregiver.	X	X		X	X	X	X
Assess	**Advise.** Notify the patient of the harms of tobacco use. Ask whether patient is interested in quitting.	X	X		X	X	X	X
	Assess. Determine the patient's readiness to quit.	X	X		X	X	X	X
	Assess. If patient is willing to quit, screen for factors that would impact the quit plan for the individual (e.g., prior quit attempts, comorbidities such as lung cancer).	X	X	X	X	X		X*
	Assess. If patient indicates lack of readiness to quit at this time, document the refusal in pharmacy records for future follow-up.	X	X		X	X	X	X
Plan	**Assist.** Develop tobacco cessation recommendation that will be made to patient.		X	X	X	X		X*
	Assist. If providing assistance with tobacco cessation, make recommendation to patient regarding quit plan and pharmacologic therapies.		X		X	X		X*
	Assist. If patient agrees to recommendation, identify the patient's chosen quit date and finalize the quit plan.		X		X	X		X*
Implement	**Refer.** If pharmacist cannot provide tobacco cessation assistance in the pharmacy, refer patient to a provider who can or to the tobacco quitline.	X	X		X	X	X	X
	Assist. Counsel the patient on chosen tobacco cessation therapy.				X	X		X*
	Assist. If permitted by state law and necessary based on quit plan, write prescription for tobacco cessation therapy.		X		X	X		
	Assist. Provide quit plan documentation to patient.				X	X		X*
	Assist. Submit quit plan documentation to primary care provider.				X	X	X	X
	Arrange. Schedule follow-up tobacco cessation consultation sessions.		X		X	X	X	X
Follow-up	**Arrange.** Monitor patient for ongoing challenges, appropriate treatment of withdrawal symptoms, and progress toward quit plan goals.		X		X	X		X*

*May perform activity under the supervision/direction of the pharmacist.

ABM = appointment-based model.

Source: Reference 30.

Identification and Enrollment of Patients for ABM

Identifying patients for enrollment into an ABM program can occur at any step of the dispensing workflow. Because tobacco use is prevalent across demographic subgroups, it is likely that patients who are enrolled in the ABM may also be candidates for tobacco cessation services. The information that the pharmacy has on its population of patients enrolled in the ABM can help target patients with chronic conditions for which tobacco use or smoking might exacerbate the condition, such as asthma, diabetes, chronic obstructive pulmonary disease, and heart disease. During enrollment, the pharmacy team should consider what types of health information would be beneficial to have within the pharmacy system to fuel future service delivery and plan to collect that information during enrollment, when possible. At a minimum, at the time of ABM enrollment, the pharmacy team can plan to ask each patient about tobacco use status, and this information can be used to target future service offerings.

Medication Synchronization

Medication synchronization facilitates the ABM workflow. The pharmacy staff should work with the patient and the patient's insurance to align all of the patient's medications to fill on the date or dates the patient prefers, which is the defined sync date. The routine medication synchronization date (e.g., every 30 or 90 days) serves as the articulation point for the pre-appointment call and the patient's appointment, which are pivotal for integrating tobacco cessation services into the ABM. During the synchronization process, the pharmacy team may choose to ask patients about their use of OTC medications, including OTC NRTs. This can allow the pharmacist to build a more complete patient profile and identify additional appropriate patient care services, such as tobacco cessation counseling.

ABM Pre-appointment Call

The pre-appointment call is an ideal time to collect tobacco use information and notify patients about the pharmacy's tobacco cessation services. For patients already on a quit plan, the pre-appointment call can also be a check-in on the patient's progress toward goals. In some practices, pre-appointment calls are conducted via an automated system. In these instances, the pharmacy may check with its technology vendor to see whether customized questions about tobacco use status or quit progress can be added to the roster of questions for patients in a given month. Additionally, pharmacists can consider a population health management approach, whereby ABM enrollees' data are analyzed so the pre-appointment call question is deployed only to patients who meet certain criteria, such as confirmed tobacco use during enrollment or those who have medications for high-risk conditions (e.g., cardiovascular disease, dyslipidemia, pulmonary disease, diabetes) for which tobacco use poses an increased threat to patient health.

Sample questions that can be asked during the pre-appointment call include:[31]

- **For all patients:** Do you ever smoke or use other types of tobacco, such as e-cigarettes or smokeless tobacco?
- **For patients who have confirmed tobacco use:** Are you interested in quitting smoking within the next 30 days?
- **For patients on a certain medication:** [Medication name] is often used for conditions linked with or caused by smoking. Do you, or does someone in your household, smoke?
- **For patients on a quit plan:** Have you used any tobacco products since your last check-in with the pharmacist about your quit plan?

Answers to these questions can help identify patients who would be most receptive to tobacco cessation services at the current time or in the future. Once patients are identified, the pharmacy team will have the opportunity for a more targeted conversation. Depending on workflow, this interaction may take place during the pre-appointment call or during the patient's appointment or a follow-up appointment. If the interaction will occur during the pre-appointment call, pharmacists and other team members, as appropriate, should complete the steps described below in the Preparing for Tobacco Cessation Discussions During ABM Patient Interactions section to prepare themselves in advance of discussing tobacco cessation services with the patient.

Preparing for Tobacco Cessation Discussions During ABM Patient Interactions

To prepare for patient interactions, the pharmacist or pharmacy team member should review the patient's tobacco use status and prepare to advise tobacco users on the importance of cessation. If the pre-appointment call questions generated information about the patient's readiness to quit, pharmacy team members will be able to better prepare for additional steps in the process. The next steps beyond advising the patient will depend upon whether the pharmacy chooses to implement the 5 A's or the AAR model.

In the AAR model, any pharmacy team member may refer the patient to a tobacco quitline and should prepare to make the active referral. Preparation may include aggregating resources with quitline information, generating a fax or web-based referral to the quitline when supported by the state, and gathering other patient informational handouts about tobacco cessation. If the patient is not ready to quit, the pharmacy team member should document this information in the patient's profile so appropriate follow-up can be made in the future.

In the 5 A's model, the pharmacist will prepare to provide the next steps beyond Advise. Pharmacists may use the appointment preparation time to review previously collected information including patient readiness to quit, begin to think about components of a quit plan, and plan for follow-up for those patients as part of a quit plan. The pharmacist's review may identify information that should be collected during the next pre-appointment call or during the appointment in order to inform the plan development. The pharmacist can also prepare to have a more in-depth conversation about the quit plan during the patient's next appointment.

The ABM Appointment

For patients who are ready to quit, the ABM appointment provides an ideal time for pharmacists to further assess the patient, collaborate with the patient to develop the tobacco quit plan, provide initial counseling, provide cessation medications, and answer patient questions related to tobacco cessation. Once a patient has initiated the quit plan, the pharmacist can arrange for the appointment to serve as an opportunity for routine follow-up during which the patient and pharmacist can review progress to goals, optimize medication therapy, screen for and manage adverse effects, and support the patient with the quit plan. Documentation of the tobacco cessation services offered and provided is an essential component of the appointment and can help the pharmacist and pharmacy team customize future conversations with the patient.

For patients who have not yet expressed readiness to quit, the appointment can serve as an additional touch point when the pharmacist can apply motivational interviewing approaches and provide advice regarding the importance of quitting. Personalizing this interaction to the patient's other health conditions can provide a more targeted approach so this interaction is not duplicative of the one made by the pharmacy team during the pre-appointment call. The appointment is an opportunity to engage in nonjudgmental conversation to explore the patient's motivation for quitting in the future.

Finally, the appointment serves as another opportunity to collect or update tobacco use status from patients. This can be performed by any member of the pharmacy team and for any patient. Documentation of tobacco use status in the pharmacy's electronic records and incorporating review of this field with the patient during prescription pick-up can benefit all patients.

Considerations for Tobacco Cessation Services Program Implementation

With an understanding of tobacco cessation services and how they can be integrated into the ABM, the next step for a community-based pharmacy is to formulate a plan for launching and improving the service. This plan includes identifying implementation champions, educating and training involved staff, determining key tactics for communication and collaboration with other stakeholders, documenting care offered and provided, ensuring patient privacy and confidentiality, evaluating and improving the quality of the service, and marketing the services to patients. Specific factors that the implementation team might want to consider before offering a new service are detailed in APhA's Questions to Consider When Expanding Pharmacy-based Patient Care Services.[32]

Identifying Champions

A critical step in establishing a new tobacco cessation service is to appoint a pharmacist and a pharmacy technician as champions of the service within the practice. These champions should take responsibility for planning and implementing the tobacco cessation service, including the following activities:[33,34]

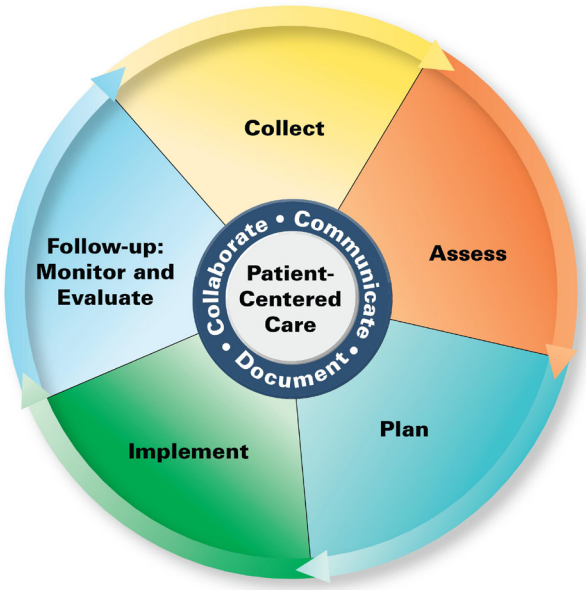
- Provide leadership and planning during implementation.
- Use authority, influence, and advocacy to enthusiastically drive implementation forward.
- Navigate the socio-political environment.
- Facilitate external partnership formation.
- Effectively communicate the purpose and scope of work.
- Recruit, educate, train, and enhance motivation among staff.
- Mobilize internal and external resources for implementation.
- Inform, aggregate, or develop materials needed for service delivery success.
- Facilitate reflection and troubleshoot areas for improvement.

Having a pharmacist and a pharmacy technician to champion the service can help assure all aspects are of high quality, logically integrated into workflow, and seamlessly connected.

Aligning With the Pharmacists' Patient Care Process

Following a standard process of care helps to create consistency between pharmacy team members and pharmacies, which can improve patients' trust in and expectations of pharmacy-based tobacco cessation services. The Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process, shown in Figure 4, provides a consistent approach that pharmacists and pharmacy team members can use as they interact with patients during tobacco cessation service delivery.[30] Additionally, the first column in Figure 3 denotes how each component of the tobacco cessation service fits within the 5 steps of the JCPP Pharmacists' Patient Care Process.

Figure 4. The JCPP Pharmacists' Patient Care Process



Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

JCPP = Joint Commission of Pharmacy Practitioners.

Source: Reference 30.

Education and Training

As with all patient care services, it is important that all pharmacy staff have clinical competence and confidence when delivering the tobacco cessation service. Pharmacists should be trained and educated about tobacco-related comorbidities, clinical and behavioral aspects of tobacco use and cessation, national treatment guidelines, products and approaches available to assist patients in cessation efforts, motivational interviewing techniques, and legal and financial considerations for tobacco cessation programs in the state. Pharmacy technicians should be trained on the steps within the 5 A's and AAR models in which they will have a role. All pharmacy team members should be trained on the types of tobacco and tobacco cessation products on the market, importance of tobacco cessation, the model of care (i.e., 5 A's or AAR) that will be used in the pharmacy, and the documentation and workflow processes that will be consistently used in care delivery. Evidence suggests that face-to-face training results in higher likelihood for pharmacy team members to provide tobacco cessation interventions.[18]

In interviews with researchers and implementers of pharmacy-based tobacco cessation services, specific educational considerations arose for each step of the 5 A's and AAR models.[35] These considerations are detailed in Figure 5. Additionally, the individuals consulted in these interviews recommended that pharmacy team members should participate in training programs that include case studies and role-playing scenarios thereby allowing participants to practice their skills and establish confidence before providing these services to patients in the pharmacy practice setting.[21,35]

Schools and colleges of pharmacy, state and national pharmacy associations, public health organizations, and many other entities have programs aimed at helping pharmacists and pharmacy team members develop and maintain their tobacco cessation–related knowledge and skills. For example, the University of California, San Francisco's Rx for Change is a free program that has been used by pharmacists, pharmacy faculty, student pharmacists, and other health care professionals since 1999.[31] The program emphasizes many of the training components described in this practice guidance document. Pharmacy team members may obtain further expertise and skills through completion of a Tobacco Treatment Specialist (TTS) training program,[36] and after they have provided at least 240 hours of services, team members may take an exam for the National Certificate in Tobacco Treatment Practice (NCTTP).[37]

Figure 5. Education and Training Considerations for Steps of the 5 A's and AAR Models

Step	Considerations
Ask	**Nonjudgmental approach:** Train pharmacy team members to ask about tobacco use status in a nonjudgmental way. This can be accomplished by including a question about tobacco use as part of routine care, such as the addition of an Ask question at the time of updating the rest of the patient's profile for allergies, phone number, and other fields.
	Reason for asking: Equip pharmacy team members with a response to patients who may be reluctant to disclose tobacco use. In these situations, the team members should be able to explain that tobacco smoke can interact with some medications, and the information is needed for the pharmacist to review for these interactions.
Advise	**General approach:** Pharmacy technicians' training to advise patients may include general facts about why tobacco use is harmful and sample ways to ask questions if patients are interested in quitting.
	Personalized approach: Pharmacists' training will likely emphasize how the presence of certain medications on the patient's profile may indicate elevated risk (e.g., for drug–tobacco smoke interactions) or comorbidities affected by tobacco use (e.g., inhalers may indicate presence of asthma or chronic obstructive pulmonary disease). Pharmacists' training may emphasize how to leverage this patient-specific information to engage patients in a discussion about quitting.
Refer	**Quitlines:** Provide training to all pharmacy team members on the services provided by quitlines and what patients can expect to experience through quitline services. Team members should also be trained to follow-up with patients to ensure they have made contact with the quitline.
	Referral to pharmacist: In the 5 A's model, pharmacy team members should be trained on how to refer interested patients to the pharmacist for additional intervention.
Assess	**Timeline:** When pharmacists perform the Assess step, they will need to gauge how soon the patient would like to quit and how this timeline affects the plan for assisting patients.
	Comorbidities: The pharmacist will need training on how certain comorbidities (e.g., lung cancer) can affect tobacco quit planning and how tobacco use may indicate other services that the patient needs (e.g., pneumococcal vaccine).
Assist	**Motivational interviewing:** Beyond treatment guidelines and therapies, assisting patients with tobacco cessation requires the pharmacist to be well versed in motivational interviewing. Pertinent training should include tactics that the pharmacist can use to help patients with behavior change.
	Affording tobacco cessation therapies: Training should emphasize how securing a prescription for over-the-counter tobacco cessation products may result in the therapy being covered under some state Medicaid programs.
	Dosage adjustments: Pharmacists should be educated on medications that may require dosage adjustments as patients quit smoking in order to maintain optimal therapeutic outcomes and avoid adverse effects.
Arrange	**ABM appointments:** Within the ABM, patients have naturally recurring follow-up with the pharmacy team. Pharmacy team members should be trained on the types of interventions and support that will be best suited for pre-appointment calls and those that will be better aligned with the face-to-face appointment or whether follow-up needs to occur at a different time.
	Personalized follow-up: All team members should be trained on how to personalize follow-up support based on the notes in the patient's pharmacy records.

5 A's = Ask–Advise–Assess–Assist–Arrange; AAR = Ask–Advise–Refer; ABM = appointment-based model.

Collaboration and Communication

The state quitline is the pharmacy's primary partner for delivering services in an AAR model. The phone number 1-800-QUIT-NOW is nationally available to connect patients with their state's tobacco quitline. This phone number can be provided by any pharmacy team member across the country during the refer step of the AAR model. There are also national quitlines for tobacco users who speak Spanish, Mandarin, Cantonese, Korean, or Vietnamese, which may be useful collaborators depending on the pharmacy's patient population.[38] Some states have fax or web-based referral programs, whereby health care professionals send a patient referral to the quitline, which prompts the quitline to reach out to the patient to begin the tobacco cessation services. This is referred to as an "active referral" as opposed to a "passive referral" in which the patient is provided with the contact information for the quitline and is advised to call it directly. Some quitline programs also have the option for health care professionals to register as referral partners (e.g., as a "preferred provider") so the referring professional can receive follow-up information about their patients who enroll in quitline services.[39] Each state quitline operates differently, therefore implementation champions should research their state's specific requirements and opportunities for collaboration. Some quitlines offer free starter packs of NRT at various times throughout the year.

Primary care providers are key partners in all tobacco cessation delivery, especially when the pharmacy is using the 5 A's model and when pharmacists are not permitted to prescribe tobacco cessation therapies in their state. The pharmacist should ensure a patient's primary care provider is aware when a mutual patient is referred for quitline services or when a prescription has been written for a tobacco cessation therapy by a pharmacist, as authorized. Additionally, when using the 5 A's model in the pharmacy, having a close relationship with key primary care providers in the area can facilitate collaboration, including securing prescriptions for appropriate tobacco cessation medications. While collaborative practice agreements can expedite some aspects of pharmacist–primary care provider collaborations, they are not required for the delivery of tobacco cessation services. Maintaining bi-directional communication with primary care providers during the patient's efforts to quit can help the health care professionals provide ongoing support to the patient.

Documentation of Care Provided

Documentation of tobacco use status within pharmacy systems can be a first step for providing tobacco cessation services in the pharmacy. Pharmacists who have implemented tobacco cessation services note that having tobacco use status as a prominent field in the pharmacy system helps incorporate the question into routine workflow.[40] Documentation of tobacco use status can also allow pharmacists to screen for drug interactions that occur with tobacco use and smoking.[41] Many pharmacy documentation systems have added a field for tobacco use status into their platforms, and pharmacists who will implement tobacco cessation services should review the functionality of their system to see whether this feature exists. In systems where tobacco use status is not a standard field, implementation champions can work with system developers to have the field added or more prominently displayed.[21]

When providing tobacco cessation services, it can be important to look beyond the field for tobacco use status. Pharmacy systems may also include tobacco cessation intervention support, which has shown to significantly improve patients' likelihood to quit.[42] Additionally, pharmacy team members should document services they offer or provide to advise, refer, assist, and follow-up with patients, including documentation of patients declining the service. This may be accomplished as part of the standard documentation that the pharmacy uses during patient care encounters, such as through a Pharmacist eCare Plan. Aside from being a best practice, documenting the care that was provided can help the pharmacy team customize and provide continuity of care.

Patient Privacy and Confidentiality

As with any patient care service, patients have a right to expect that their privacy and confidentiality are respected and preserved. Privacy and confidentiality are core tenets of the pharmacy profession, and pharmacists must always comply with laws associated with privacy and confidentiality. As outlined in the Code of Ethics for Pharmacists, a pharmacist focuses on serving the patient in a private and confidential manner.[43] Any spaces within the pharmacy where pharmacy team members and patients will talk about personal health information should be private and convey a professional atmosphere. Furthermore, the pharmacy should ensure all documentation and use of health information complies with laws and company policies.

Continuous Quality Improvement

The pharmacy team should have a plan for reviewing the tobacco cessation services that are provided, aggregating and analyzing data, and gathering stakeholder feedback. This process may be led by the champions or another member of the team who has expertise in this area. Proactively developing a plan for how and when to report feedback and identify process improvements will ensure this crucial step takes place once services are being provided. The implementation team will be prepared for potential process improvements and will have an established mechanism to suggest ways to refine the tobacco cessation services.

Marketing the Service

The final component of tobacco cessation service implementation is marketing the service to patients. Some pharmacies may find success with traditional marketing tactics such as flyers, interactive voice response technology, and promotions on prescription bags. However, the ABM gives the pharmacy team a unique opportunity to use relationship marketing, which is broadly defined as "all marketing activities directed toward establishing, developing, and maintaining successful relationships."[44] Pharmacy team members can leverage monthly personal patient interactions to convey the value of tobacco cessation services and encourage patient participation. Simply asking about tobacco use status may be enough to market the pharmacy's services. APhA's *Using Relationship Marketing to Expand Pharmacy Services* provides tactics pharmacy team members can use to engage patients in the pharmacy's tobacco cessation service.[45]

Conclusion

Pharmacy-based tobacco cessation services can have a meaningful impact on addressing the individual and national burden caused by tobacco use. Pharmacists and pharmacy team members have growing roles on the health care team and can serve on the front line to engage people in quitting tobacco. The ABM supports provision of tobacco cessation services by the pharmacy team. Pharmacy team members can leverage the workflow optimization from innovative new practice models and strategies, such as the ABM, to complete an assessment of tobacco use status, encourage patients to quit using tobacco products, and provide ongoing tobacco cessation support. The pharmacy team is well-positioned to provide tobacco cessation services, and patients are receptive to engaging in these services when approached by pharmacists, pharmacy technicians, and student pharmacists. Pharmacy-based tobacco cessation programs are a natural fit within the ABM and can have a significant effect on patient health by addressing the #1 known preventable cause of disease and death in the United States.

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