Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions
A Note to Readers

Tobacco cessation has been a public health priority for decades, yet tobacco use continues to be the leading cause of preventable disease, disability, and death in the United States. More than 16 million Americans are living with a medical condition or disease caused by tobacco use, including chronic obstructive pulmonary disease and other lung diseases, diabetes, cardiovascular diseases, and several types of cancers. Increasing access to treatment for tobacco use and dependence can reduce the estimated $170 billion spent annually in the United States on health care expenditures related to cigarette smoking.

Many national and state public health initiatives such as the U.S. Department of Health and Human Services’ Healthy People initiative, the Centers for Disease Control and Prevention (CDC) 6|18 Initiative, and the CDC and Centers for Medicare and Medicaid Services (CMS) Million Hearts initiative outline prominent goals to reduce the number of tobacco users. These programs support strategies to prevent initiation and help tobacco users quit. In 2015, nearly 70% of adult smokers in the United States reported wanting to quit, with approximately 55% attempting to do so in the past year, but only 7% were successful in quitting for 6 to 12 months.

Quit attempts are most successful when supported by evidence-based treatments, including pharmaceutical aids and counseling services. However, when patients decide to quit tobacco, they can encounter significant barriers to accessing needed medications and counseling. Some people may not have access to primary care providers, while others are faced with long wait times to secure appointments with their providers. A recent study showed an average wait of 29.3 days to see a family medicine physician.

In January 2017, CMS issued an informational bulletin encouraging states to “facilitate easier access to medically necessary and time-sensitive drugs for Medicaid beneficiaries,” including smoking cessation medications. CMS noted that this may “assist patients interested in quitting cigarettes in the community setting without requiring them to contact their primary care providers for a prescription.”

Pharmacists are highly accessible health care providers, with 91% of the U.S. population living within 5 miles of a community pharmacy. Pharmacists are able to reach and assist populations that exhibit a higher prevalence of tobacco use, dependence, and tobacco-related diseases.
pharmacists have extensive knowledge of cessation medications and are effective at delivering these services to help patients quit tobacco products.\textsuperscript{12-15} CMS has publicly supported expanding access to counseling and tobacco cessation medication through pharmacists, as have national entities such as the Tobacco Control Network and the Smoking Cessation Leadership Center.\textsuperscript{16,17}

There are several types of effective cessation interventions that pharmacists may be able to implement depending on their scope of practice. These range from counseling patients, recommending over-the-counter nicotine replacement therapy, providing quitline referrals, and prescribing medications.\textsuperscript{18} Pharmacists have effectively provided tobacco cessation services using the Ask-Advise-Refer model and the 5 A’s model, which includes ask, advise, assess, assist, and arrange.\textsuperscript{19} Additionally, pharmacist-provided tobacco cessation services are complementary and symbiotic to those provided by public health organizations, providing referrals to public health tobacco quitlines and utilizing tobacco cessation patient education resources developed by public health agencies.

Pharmacist authority to provide a broad range of tobacco cessation services is expanding within many states,\textsuperscript{20,21} but payment for pharmacist-provided tobacco cessation services is lagging in most of the United States. Pharmacists are not recognized as health care providers within the Social Security Act, and therefore, cannot bill Medicare for providing the same types of tobacco cessation services that are provided by other members of the health care team. Without both the authority and payment in place, feasibility and sustainability of pharmacist-provided tobacco cessation services are limited.

Together, the pharmacy, public health, and patient communities must pursue the system-level changes—including legislative, regulatory, and payer policy changes—that are needed for patients to gain access to the full value of pharmacist-provided tobacco cessation services.
References


Acknowledgments

Authors

Jann Skelton, BSPharm, MBA, FAPhA
Silver Pennies Consulting, Inc.

Lindsay Kunkle, PharmD, MBA
American Pharmacists Association

Contributors

Contributions to the development and review of this resource were made by Joann Yoon Kang, JD (Centers for Disease Control and Prevention), Anna Schecter, MPH (Centers for Disease Control and Prevention), Anne Burns, BSPharm (American Pharmacists Association), Allie Jo Shipman, PharmD, MBA (National Alliance of State Pharmacy Associations), Krystalyn Weaver, PharmD, and the contributors named in each promising practice profile.

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Introduction

Purpose
Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions was developed to identify and highlight promising ways in which pharmacists are engaged in cessation interventions for individuals who use tobacco products. It is composed of case studies on seven promising practices in which pharmacists have attained some level of authority, access, and sustainability to deliver tobacco cessation services.

Selected Promising Practices
Across the United States, the pharmacy practice landscape is highly variable owing to patient populations, practice settings, health care team members, payer relationships, state pharmacy practice acts, local partnerships, geographic regions, state policies and regulations, and many other factors. Therefore, what is considered “promising” in one practice may be very different from what is promising in another. The seven practices included in this resource were selected to showcase the diversity of cessation service components, geographic locations, patient populations, practice settings, and payment models across pharmacist-provided tobacco cessation services. An overview of each practice is available in the next section of this resource.

These promising practices have uniquely capitalized on the strength of their relationships with patients, collaboration with other health care professionals, engagement with external partners, and, when available, connectivity through the electronic health record.

These programs have demonstrated success despite variation in the value that payers and policymakers place on increased patient access to tobacco cessation interventions through pharmacist-provided services. There is a lack of consistency in:

- State policies and regulations that provide meaningful pharmacist authority to prescribe U.S. Food and Drug Administration-approved tobacco cessation medications.
- Payer policies and practices that provide adequate compensation to fuel sustainability of pharmacist-provided tobacco cessation services.

Components of Each Promising Practice Profile
Each profile is structured similarly to facilitate learning across the profiles. The sections of each profile are shown in Figure 1.
**Figure 1. Components of Promising Practice Profiles**

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<th>Description</th>
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<td>Provides an overview of the practice setting and care team members as well as information about how pharmacist-provided tobacco cessation services were started at the site.</td>
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<tr>
<td><strong>Pharmacist Authority to Provide Tobacco Cessation Services</strong></td>
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<td>Explains the workflow and care delivered during initial and follow-up visits with the pharmacist and other health care professionals engaged in tobacco cessation services.</td>
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<tr>
<td><strong>Sustainability</strong></td>
<td>Describes key considerations that make the pharmacist-provided services sustainable within the practice, including billing codes, payer relationships, and quality measure achievement.</td>
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<tr>
<td><strong>Overcoming Challenges to Achieve Success</strong></td>
<td>Highlights the key challenges pharmacists encounter while providing tobacco cessation services, how they are overcoming those challenges, and future plans for the pharmacist-provided tobacco cessation services.</td>
</tr>
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<td><strong>Facilitating and Limiting Factors</strong></td>
<td>Summarizes the elements of the practice and the practice’s surrounding environment that have either supported or constrained the pharmacist-provided service.</td>
</tr>
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INTRODUCTION

The Description and Orientation to Promising Practice Profile Components section of this resource provides additional information about each of the components listed in this figure. It includes a glossary of terms and orientation to key concepts that are instrumental to understanding how pharmacist-provided tobacco cessation services are delivered within the promising practices.

Emerging Themes
At the conclusion of each promising practice profile, the factors that have facilitated and empowered pharmacist-provided tobacco cessation services and the factors that have limited care delivery and sustainability are summarized. These lists provide a quick mechanism to look across the profiles for common facilitating and limiting factors that may be useful when evaluating system changes needed for expanding pharmacist-provided tobacco cessation services. A discussion of these factors is provided in the conclusion of this resource following the promising practice profiles. Key themes to be aware of include:

- Education and training of pharmacists providing tobacco cessation services.
- Access points for patients to engage in pharmacist-provided cessation services, including self-referral, pharmacist or pharmacy team referral, and referral by another provider.
- Pharmacists’ relationships with other members of the care team.
- The role of health information technology in facilitating care delivery.
- How patient willingness to engage affects the success of pharmacist-provided services.
- The direct link between sustainability and payment for the services that pharmacists provide (separate from coverage for tobacco cessation medications).

How to Use This Resource
The resource has been configured in a flexible format to facilitate learning for many different audiences. It can be utilized in its entirety to understand a broad landscape of pharmacist-provided tobacco cessation services across practice settings, geographic regions, pharmacist authority, health care team members, patient populations, and payment relationships. Alternatively, each promising practice can stand alone, enabling the reader to focus on the aspects of a single promising practice that mirrors their own practice setting or community.
The Description and Orientation to Promising Practice Profile Components section may be especially helpful for individuals who are not deeply familiar with pharmacist authority or payment for services. Users of this resource can refer back to this section as they review the promising practices and would like to refresh their understanding of key terms and concepts that are not specifically explained in the profile.

The concluding section is a Summary of Facilitating and Limiting Factors, which distills the themes that collectively emerged from across the promising practices. Pharmacists, pharmacy organizations, public health organizations, payers, policymakers, and others vested in reducing tobacco use can refer to this section of the resource for system changes that are needed to expand pharmacist-provided tobacco cessation services.
Overview of Promising Practices

The following practice sites, profiled in Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions, were selected to depict the continuum of tobacco cessation services provided by pharmacists within different geographic regions, practice sites, and patient populations. The seven practices showcase the diversity of services, payment models, and practice settings where pharmacist-delivered tobacco cessation services have been implemented.

**Red Lake Indian Health Service (IHS)**
This federal health care system provides health care to a rural and underserved population of American Indians in northern Minnesota. Patients can access tobacco cessation counseling services on a walk-in basis or by appointment. A strong credentialing and privileging process supports pharmacist provision of prescription medication therapy and over-the-counter (OTC) nicotine replacement therapy. Tobacco cessation services are billed to Minnesota Medicaid using the referring provider’s National Provider Identifier (NPI) number or through the pharmacist’s NPI number for medication therapy management services.

**Veteran Health Indiana (VHI)**
Pharmacists deliver tobacco cessation services to veterans through the U.S. Veterans Health Administration (VHA) medical centers in Indiana. Pharmacists practicing within VHI operate under the authority and scope of practice provided by the VHA, offering face-to-face or telephone consultations.

**Lac Courte Oreilles Community Health Center (LCOCHC)**
This Tribal-run primary care clinic on the Lac Courte Oreilles Ojibwe reservation in northwest Wisconsin serves an almost exclusively Native American population. Pharmacists deliver tobacco cessation counseling through an appointment-based model and have prescriptive authority through a collaborative practice agreement for all tobacco cessation medications approved by the U.S. Food and Drug Administration (FDA). The site bills private insurers, Medicare, and Medicaid for the pharmacist’s services under the referring provider’s NPI number as “incident to” physician service.
OVERVIEW OF PROMISING PRACTICES

Medication Management Center (MMC)
This site offers telehealth pharmacy services to State of Arizona employee members and their enrolled spouses and dependents. MMC provides tobacco cessation counseling focused on helping the patient choose an appropriate smoking cessation medication. MMC coordinates securing a prescription for the medication from the patient’s physician and having the prescription dispensed at the patient’s local pharmacy. The State of Arizona’s pharmacy benefits management company pays the practice for the number of completed patient tobacco cessation calls made by the pharmacists.

PrimaryOne Health
This Federally Qualified Health Center in central Ohio provides tobacco cessation services to a culturally and socioeconomically diverse patient population. Pharmacists are part of a strong team-based care model, in which patients are provided tobacco cessation counseling through scheduled appointments. Pharmacists operate under a collaborative practice agreement with physicians for the management of tobacco use and dependence, which includes the provision of FDA-approved medications. PrimaryOne Health bills for services under the referring provider’s NPI number as “incident to” physician service.

Family HealthCare
The tobacco cessation clinic is offered within a Federally Qualified Health Center in Fargo, North Dakota, which services a patient population that is culturally diverse and low income. Patients are provided with tobacco cessation counseling and medication therapy through an appointment-based model. Pharmacists have a collaborative practice agreement in place with the primary care providers that enable the pharmacists to prescribe any tobacco cessation medications. The clinic is billing for services using the pharmacist’s NPI number with the clinic’s main campus as the location of service.
Medical Arts Pharmacy

Tobacco cessation services are offered to the community through this independent community-based pharmacy in northwest Arkansas. Pharmacist-delivered services include extensive assessments, tobacco cessation counseling, and coordination of medication therapy with local physicians. Services were initially established through grant funding, and the pharmacy receives product reimbursement for prescription medications and some OTC nicotine replacement therapy. Pharmacists currently receive no payment for their counseling or assessment services.
Description and Orientation to Promising Practice Profile Components

As established in the Introduction, each promising practice profile is presented in the same format and includes the same components as the other profiles to enable readers to learn across the practices. This section describes the components and the key ideas presented in them. Readers may use this section to better understand the background, current landscape, and terminology used within the promising practice profiles. This section may also be helpful for users of this resource to refer back to and refresh key concepts while progressing through the profiles.

About the Practice

To give context to each of the profiles, information on the overall landscape within the pharmacy practice and its surrounding environment is provided. This includes the geographic region, type of practice setting, patient populations, members of the health care team, role of the pharmacist, typical pharmacist-provided services, and when pharmacist-provided tobacco cessation services began in the practice. A glossary of terms is included at the end of this Description and Orientation to Promising Practice Profile Components, which includes definitions for various practice settings, pharmacist services and roles, and other key terms.

Pharmacist Authority

Scope of practice refers to the boundaries within which a health professional may practice. For pharmacists, the scope of practice is established by state legislatures and regulated by a board or agency, most commonly the state board of pharmacy.

Pharmacist Education, Training, and Licensure

Currently, all U.S.-educated pharmacists attain a fundamental set of credentials to qualify to enter practice; these include an accredited professional pharmacy degree—a Bachelor of Pharmacy (BSPharm) or Doctor of Pharmacy (PharmD)—and a license awarded upon successful completion of a national postgraduation examination administered by the National Association of Boards of Pharmacy on behalf of state boards of pharmacy (i.e., Registered Pharmacist [RPh]). Since 2002, all pharmacists graduate with a PharmD as the entry-level degree.

Following licensure, some pharmacists elect to complete a postgraduate year 1 (PGY1) or postgraduate year 2 (PGY2) residency program or attain specialized board certification through the Board of Pharmacy Specialties (e.g., ambulatory...
DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS

care, cardiology). Upon licensure, pharmacists’ baseline scope of practice typically includes, but is not limited to, the authority to assist patients with access and information related to their prescription medications and provide a broad spectrum of services, such as patient education, conducting health and wellness testing, managing chronic diseases, performing medication management, administering immunizations, and working in and partnering with hospitals and health systems to advance health and wellness to help reduce hospital readmissions.2

Tobacco Cessation Training and Certification

Maintaining education and training concerning the most recent guidelines and medication therapies is a core responsibility of pharmacists as part of their professional responsibility and their licensure process. Some pharmacists who provide tobacco cessation services have chosen to undergo tobacco-specific training or certification. This additional training can enhance credibility, skills, and knowledge as pharmacists provide effective, evidence-based interventions for tobacco dependence. In addition to continuing pharmacy education programs on tobacco cessation, pharmacists have also availed themselves of national health care professional programs on tobacco cessation:

- **Tobacco Treatment Specialist (TTS)**—A TTS has completed an intensive training program accredited by the Association for the Treatment of Tobacco Use and Dependence. These professionals possess the skills, knowledge, and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities.

- **National Certificate in Tobacco Treatment Practice (NCTTP)**—This national certificate program was created to standardize and unify tobacco competencies, knowledge, and skills on a national level and provides unified recognition of professionals who obtain this certificate. The NCTTP is earned by completing coursework, achieving 240 hours of documented tobacco treatment practice, and passing an examination. It is intended that the NCTTP will replace the CTTS designation, as it provides a national, centralized program.

- **Certified Tobacco Treatment Specialist (CTTS)**—A CTTS has undergone a specialized, intensive training program and demonstrates a high level of proficiency in the treatment of tobacco dependence by completing coursework, achieving 240 hours of documented tobacco treatment practice, and passing an examination. Maintenance of this certification requires 18 continuing education credit hours over 2 years specific to the treatment of tobacco use and dependence. Many organizations that provided CTTS credentials are discontinuing issuing this certification in favor of offering the new NCTTP.
DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS

It is important to note that completing these credentialing programs does not impact pharmacist authority to provide tobacco cessation services under their state scope of practice, and completing the programs does not convey eligibility for federal payment for tobacco cessation services under Medicare. However, achieving a certificate, certification, or additional training in tobacco cessation may be important to some employers or payers for eligibility to provide services or receive payment for services, respectively.

Pharmacist Scope of Practice for Tobacco Cessation Services

Some components of pharmacists’ tobacco cessation services are generally consistent across state lines, while other components such as prescriptive authority require statewide expansion of scope through mechanisms such as collaborative practice agreements (CPAs) or statewide protocols. Tobacco cessation services that pharmacists can provide under a scope of practice that is generally consistent across state lines include counseling on prescription and over-the-counter (OTC) tobacco cessation medications, recommending OTC nicotine replacement therapy, developing a quit plan with the patient, referring patients to other providers or quitlines for additional services, and coordinating access to prescription medications with primary care physicians.

Pharmacist Authority to Prescribe Tobacco Cessation Medications

States have adopted various strategies to facilitate access to tobacco cessation medications by providing pharmacists with the authority to prescribe these medications. These strategies, as described in Figure 1, fit along a continuum related to ease of facilitating pharmacists’ ability to prescribe medications for patients. Prescribing under a collaborative prescribing agreement (CPA) can be the most burdensome to implement, as it requires pharmacists and prescribers to voluntarily enter into agreements. Autonomous prescribing occurs through statewide protocols, standing orders, and category-specific prescribing. In these autonomous models, authority is given at the state level for pharmacists to prescribe specified medications or medication classes. The sections below detail each strategy and how it relates to tobacco cessation.

Figure 2 is a map indicating which states provide pharmacists with authority to prescribe tobacco cessation medications through population-based CPAs, statewide protocols, standing orders, or category-specific prescribing. Patient-specific CPAs are not included in this figure because although the authority to enter into this type of CPA is available in nearly every state, they do not broaden pharmacists’ authority to prescribe at a population level. To date, 17 states enable population-based CPAs, and some of these states also provide autonomous prescribing authority. Twelve states
Autonomous Prescribing

- **Statewide Protocol or Standing Order**
  - Statewide protocols are sets of predetermined criteria that define appropriate interventions and describe situations in which the pharmacist makes judgments on a course of action for effective management of specified conditions.†
  - Statewide standing orders prescribe the actions to be taken in caring for patients related to specific conditions or procedures when predetermined conditions have been met.†

- **Category-Specific or Unrestricted**
  - Category-specific or unrestricted prescribing authority authorizes pharmacists to prescribe certain categories of medications without the need for a prescriptive regulatory protocol. There are no restrictions on this authority except for following clinical guidelines, and there is no explicit restriction on patient populations that the pharmacist may serve.†

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Collaborative Practice Agreements

CPAs expand pharmacists’ scope of practice to permit activities such as prescribing or ordering laboratory tests. CPAs are voluntary agreements that create a formal practice relationship between a pharmacist and a prescriber, whereby the prescriber delegates certain functions to the pharmacist, often
initiating, modifying, and discontinuing medication therapy and ordering laboratory tests according to the terms of the agreement. The prescriber is most often a physician, although a growing number of states are allowing for CPAs between pharmacists and other prescribers such as nurse practitioners. The agreement specifies the functions that can be delegated to the pharmacist by the collaborating prescriber beyond the pharmacist’s typical scope of practice.

Note: Some states with autonomous models also have population-based collaborative practice agreements.


The terms used and the functions that pharmacists can provide under a CPA vary from state to state. Most CPAs for pharmacist-provided tobacco cessation services are focused on prescribing functions delegated to pharmacists by a provider, which can include initiating, modifying, or discontinuing medication therapy. CPAs may also specify requirements for pharmacist education and training, communication between the pharmacist and prescriber, and documentation. Some CPAs provide
specific guidance on medications that can be prescribed or allowable dosage adjustments whereas others are based on the pharmacist following evidence-based clinical guidelines. There are two types of CPAs; patient-specific CPAs are limited to a specific individual or group of individuals who are shared patients of the collaborating pharmacists and prescribers. Population-based CPAs cover a group of patients who are being seen by the pharmacists regardless of whether they were previously patients of the collaborating prescribers. Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team, from the Centers for Disease Control and Prevention (CDC), provides a thorough overview of patient-specific CPAs and state-level considerations.5

**Autonomous Prescribing Models**

**Statewide Protocols**
Statewide protocols are issued by a state board or agency that authorizes pharmacists to prescribe a medication or category of medications under a protocol instead of having a prescriber delegate the authority through a CPA. Statewide protocols are generally considered less restrictive than CPAs. Under statewide protocols, all licensed pharmacists in the state who meet the protocol requirements, such as completing a continuing education program, are authorized to prescribe certain medications under authority granted by the state through laws and regulations.3

The medications that pharmacists prescribe under statewide protocols are generally those used for preventive care or for acute or self-limiting conditions that require no diagnosis or are easily diagnosed. For tobacco cessation, some statewide protocols allow pharmacist prescribing of nicotine replacement therapy so that OTC products can be covered by patient insurance, while others include some or all tobacco cessation medications approved by the U.S. Food and Drug Administration.4

**Statewide Standing Orders**
Statewide standing orders usually prescribe the actions to be taken in caring for patients related to specific conditions or procedures. At the state level, they are most often signed by a physician within a state agency or state public health department and can be carried out by the pharmacist when predetermined conditions have been met. A single physician signs the standing order and all pharmacists in the state can provide care according to the specifications in the standing order to all patients in need.3 A challenge can arise if the physician leaves his or her position, requiring the creation of a new standing order.

**Category-Specific or Unrestricted Prescribing**
For category-specific prescribing, states authorize pharmacists to prescribe certain categories of medications without the need for a statewide protocol. Pharmacists, like other prescribers, are given the authority to prescribe a
category of medications based on clinical guidelines and professional judgment.\textsuperscript{3} Idaho is currently the only state with category-specific prescribing for tobacco cessation medications.\textsuperscript{6}

**Credentialing and Privileging of Pharmacists by an Organization**

In addition to a pharmacist’s state scope of practice, a health care organization can also use credentialing and privileging processes to determine the types of tobacco cessation services pharmacists can provide. Credentialing is often a core component of privileging processes and involves a health care organization assessing and confirming the qualifications of a practitioner.\textsuperscript{7} Privileging is the process by which a health care organization, having reviewed an individual health care provider’s credentials and performance and having found them satisfactory, authorizes that person to perform a specific scope of patient care services within that organization. Typically used within health systems, the purpose of privileging is to assure that the pharmacist who is being considered for certain privileges has the specific competencies and experience for specialized services that the organization provides and/or supports. Clinical privileges are specific to both the facility and to the individual health care professional. Privileging is usually a local process at the organization where the professional works, involving initial and ongoing peer review of an individual professional’s credentials and performance.\textsuperscript{1} For pharmacists engaged in tobacco cessation, the privileging process can authorize the pharmacist to prescribe tobacco cessation products as long as prescribing (initiating) therapy is permitted within the state pharmacy practice act that applies to the practice site.

**Accessing Pharmacist-Provided Tobacco Cessation Services**

Because pharmacists are highly accessible members of the community and health care team, patients often have many options for engaging in pharmacist-provided cessation services. Within this resource, “access” will be used to describe how individuals interested in cessation are able to avail themselves of the pharmacist’s services. The full list of access mechanisms discussed throughout the promising practices profiles are:

- **Self-referral**—The individual patient presents to the pharmacy and states an interest to engage in the pharmacist-provided tobacco cessation service.
- **Pharmacist referral**—A pharmacist identifies that the individual patient would benefit from pharmacist-provided tobacco cessation services and facilitates the individual’s enrollment. In the profiles, this category may be further broken out based on the setting or the pharmacist’s role, such as the outpatient pharmacy setting or a clinical pharmacist role. These differentiators illustrate the various
opportunities pharmacists have to enhance and provide tobacco cessation services through the patient care experience.

- **Pharmacy team member referral**—Pharmacy technicians and other pharmacy staff (e.g., clerks) screen patients for tobacco use and refer eligible or interested individuals into pharmacist-provided tobacco cessation services.

- **Primary care provider referral**—Primary care providers, such as physicians, nurse practitioners, and physician assistants, screen patients for tobacco use and refer the individual to the pharmacist-provided tobacco cessation service to develop a quit plan, select appropriate medication therapy, and for ongoing monitoring. The primary care provider may stay engaged in supporting the patient’s cessation efforts.

- **Behavioral health referral**—Behavioral health professionals refer patients under their care to the pharmacist-provided tobacco cessation services to establish a quit plan, select appropriate medication therapy, and for ongoing monitoring. Because tobacco cessation services may be complemented with behavioral health services, the behavioral health provider may continue to support the quit plan.

- **Community outreach**—Pharmacists and other health care team members proactively go into the community and host or attend events where they refer interested individuals to pharmacist-provided tobacco cessation services.

### Delivery of Pharmacist-Provided Tobacco Cessation Services

Pharmacist-provided services and interventions related to tobacco cessation are varied, and there is little consistency in the types of services offered throughout the country. The levels of engagement can include screening for tobacco use, documenting use and readiness to quit in the patient’s health care record, and providing patient care and education to support tobacco cessation. These services may be provided through face-to-face counseling or via telehealth pharmacy. Pharmacists can also play a valuable role in recommending or prescribing tobacco cessation medications. Table 1 details the seven tobacco cessation medications approved by the U.S. Food and Drug Administration.

Many practices offer tobacco cessation as stand-alone services, and others engage through clinical services provided to patients for other chronic conditions or through medication management service visits. Some promising practices deliver services through both access points. Initial visits in conjunction with chronic condition or medication management services are typically delivered face-to-face and...
last 30 to 45 minutes, while stand-alone services may be a shorter duration. These visits include a thorough patient interview, a review of appropriate options for pharmacotherapy, counseling on behavioral strategies, goal setting, and the development of a follow-up plan with the patient. Follow-up visits are delivered both face-to-face and via telephone; the visit frequency and length of program are determined by individual patient needs.

Because tobacco use and dependence is a chronic, relapsing condition that often requires repeated treatment and ongoing support, delivery of services can be limited by several patient-related factors such as:

- Patient engagement throughout the care process.
- Patient readiness to quit.
- Need for ongoing support and encouragement.
- Relapse.
- Significant life stressors, which may trigger tobacco use.

**Sustainability**

In 2009, the Society for Research on Nicotine and Tobacco developed specific policy recommendations to increase consumer demand for tobacco cessation services. One recommendation was to “require federal, state, and private health insurance plans to provide comprehensive coverage for tobacco dependence treatment, including effective counseling and both prescription-only and OTC smoking cessation medicines.”

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<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>Availability</th>
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<tbody>
<tr>
<td>Nicotine replacement therapy gum</td>
<td>Nicorette</td>
<td>Over-the-counter</td>
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<tr>
<td>Nicotine replacement therapy lozenge</td>
<td>Nicorette</td>
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<tr>
<td>Nicotine replacement therapy transdermal patch</td>
<td>NicoDerm CQ</td>
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<td>Nicotine replacement therapy nasal spray</td>
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<td>Nicotine replacement therapy oral inhaler</td>
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<tr>
<td>Bupropion sustained-release tablets</td>
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<td>Prescription</td>
</tr>
<tr>
<td>Varenicline tablets</td>
<td>Chantix</td>
<td>Prescription</td>
</tr>
</tbody>
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**Table 1. FDA-Approved Tobacco Cessation Medications**
DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS

Billing Under the Pharmacist NPI

Payers indicate who can be reimbursed for tobacco cessation services and which billing codes may be submitted for payment. Although coverage may be available to consumers, certain providers, such as pharmacists, may not be included in payer networks, which makes sustainability difficult and thereby limits consumer access. Pharmacists are not currently recognized as providers through the Social Security Administration, meaning they are not able to directly bill Medicare Part B for patient care services, and state and private insurers often follow the government’s lead in this regard. Other health professionals (e.g., physicians, nurse practitioners, behavioral health providers) are compensated for delivery of evidence-based tobacco cessation interventions. The promising practices documented in this resource highlight the feasibility and effectiveness of pharmacists delivering these same interventions. The promising practice profiles that have strong sustainability in place are often in states or systems where payers (e.g., certain state Medicaid programs, private insurers) allow for pharmacists to bill for their services directly under their National Provider Identifier (NPI) number.

“Incident to” Physician Service Billing

Payment for pharmacist-provided tobacco cessation services is predominantly billed as an “incident to” physician service under the referring provider’s NPI number; however, for this to occur, there must be a financial relationship (i.e., pharmacist must be salaried, leased, or contracted with the physician) between the pharmacist and referring provider and supervision requirements must be met. The services are classified using the American Medical Association’s Current Procedural Terminology (CPT) codes 99406 (intermediate tobacco use cessation counseling visit greater than 3 minutes, but not more than 10 minutes) and 99407 (intensive smoking and tobacco use cessation counseling visit greater than 10 minutes). The ability to bill “incident to” can also be highly dependent on the practice setting, with health systems that are structured to deliver team-based care better positioned to meet the requirements to successfully bill for services.

Part of Medication Therapy Management Services

For some practices, tobacco cessation services provided as part of a broader pharmacist-provided medication therapy management intervention are billed under the pharmacist’s NPI number. These services are described under CPT codes 99605 (initial assessment performed face-to-face in a time increment of up to 15 minutes), 99606 (follow-up assessment in a time increment of up to 15 minutes), and 99607 (additional increments of 15 minutes of time for 99605 or 99606). Some practices receive payment for tobacco cessation services through private contracts with health plans, which
reimburse on a set fee schedule for an initial call and follow-up calls. Further, while some pharmacist-provided tobacco cessation services have been developed and launched through external grant funding, true sustainability typically remains elusive.

**Payment for Meeting Quality Metrics**

For some promising practice sites, sustainability has been supported through the impact that the tobacco cessation service has on clinical quality measures, which may support overall patient health goals within value-based payment models or serve as the basis for government funding of the health system as a whole. However, meeting quality metrics has not shown to be sufficient for wholly sustaining these services.

**Overcoming Challenges to Achieve Success**

Each case highlights and explores the key challenges pharmacists encounter while providing tobacco cessation services. With a focus on overcoming challenges, sites have demonstrated creativity and innovation to ensure the delivery of these valuable patient care services. Future plans for the pharmacist-provided tobacco cessation services in each promising practice are also shared.

**Facilitating and Limiting Factors**

At the conclusion of each promising practice profile, a chart summarizes the factors that have facilitated, supported, and empowered pharmacist-provided tobacco cessation services along with the factors that have limited care delivery and sustainability. These charts provide a quick mechanism to look across the profiles for common facilitating and limiting factors that may be useful when evaluating system changes needed for expanding pharmacist-provided tobacco cessation services. A discussion of these factors is provided in the conclusion of this resource following the promising practice profiles.

**Glossary**

- **Ambulatory care pharmacy practice**—Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. This is accomplished through direct patient care and medication management for ambulatory patients, long-term relationships, coordination of care, patient advocacy, wellness and health promotion, triage and referral, and patient education and self-management. Ambulatory care pharmacists may work in both an institutional or community-based clinic involved in direct care of a diverse patient population.
DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS

- **Category-specific prescribing**—Some states authorize pharmacists to prescribe certain categories of medications without a prescriptive regulatory protocol. Statewide pharmacist prescriptive authority typically includes medication categories such as tobacco cessation aids, hormonal contraceptives, vaccines, and naloxone.³

- **Clinical pharmacist**—Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes.¹⁰

- **Clinical pharmacy services**—Pharmacists deliver clinical pharmacy services to patients in order to improve health and economic outcomes, reduce adverse drug events, improve quality of life, and reduce morbidity and mortality.¹¹

- **Collaborative practice agreement (CPA)**—A CPA is a voluntary agreement that creates a formal practice relationship between a pharmacist and a prescriber, who is most often a physician, although a growing number of states allow CPAs between pharmacists and other health professionals (e.g., nurse practitioners). The agreement specifies the functions (in addition to the pharmacist’s typical scope of practice) that can be delegated to the pharmacist by the collaborating prescriber. The terms used and the functions provided under a CPA vary from state to state based on the pharmacist’s and prescriber’s scope of practice and the state’s collaborative practice laws. Most often, the functions delegated to pharmacists by prescribers include initiating, modifying, or discontinuing medication therapy and ordering laboratory tests.⁵

The CDC has authored a resource for pharmacists to use in developing and executing CPAs in the spirit of advancing team-based care. *Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team* also provides a customizable template that can be used as a starting point to develop a CPA.

- **Community-based pharmacy practice**—Pharmacy services that take place in settings where patient care is delivered outside the inpatient health-system setting is referred to as community-based pharmacy practice. Specific examples of these settings include chain and independent pharmacies, hospital-based outpatient clinics and pharmacies, physician offices, free clinics, Federally Qualified Health Centers, nursing homes, telehealth, houses of worship, barber shops, and community health events.¹²
Description and Orientation to Promising Practice Profile Components

- **Credentialing**—The process by which a health care organization assesses and confirms the qualifications of a practitioner is called credentialing.7

- **Dispensing pharmacy services**—Dispensing services include all of the steps necessary to translate a prescription, prepare the medication, and provide a medication to the patient that is both safe and appropriate.13

- **Federally Qualified Health Center (FQHC)**—FQHCs are community-based health care centers that receive funds from the U.S. Health Resources and Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. These health centers meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.14

- **Integrated health system**—An integrated health system is the organization and management of health services across both inpatient and outpatient care. The system leverages interprofessional patient care management, a patient-centered care model, and electronic health records to achieve positive patient outcomes and provide value.15

- **National Provider Identifier (NPI)**—The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Standard. An NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information.16

- **Privileging**—The process by which a health care organization, having reviewed an individual health care provider’s credentials and performance and having found them satisfactory, authorizes that person to perform a specific scope of patient care services within that organization.1

- **Statewide protocol**—A framework that specifies the conditions under which pharmacists are authorized to prescribe a specified medication or category of medications when providing a clinical service. Statewide protocols are issued by an authorized state body pursuant to relevant state laws and regulations. Each protocol specifies the qualifications required for pharmacists to implement the protocol and the procedures that must be followed.3,17

- **Statewide standing order**—Prescribe the actions to be taken in caring for patients related to specific conditions or procedures when predetermined conditions have been met.3
DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS

References


DESCRIPTION AND ORIENTATION TO PROMISING PRACTICE PROFILE COMPONENTS


Red Lake Indian Health Service
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<tr>
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<td>Pharmacist Authority</td>
<td>Credentialing and privileging, Collaborative practice agreement</td>
</tr>
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</tr>
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<td>Primary Payer(s)</td>
<td>Minnesota Medicaid</td>
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<td>Billing Codes</td>
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<tr>
<td></td>
<td>99212—billed “incident to” under collaborating physician NPI</td>
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<tr>
<td></td>
<td>99605/99606/99607—billed under pharmacist NPI</td>
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<tr>
<td>Metrics of Success</td>
<td>37,975 clinical pharmacy visits, providing opportunities to engage in tobacco cessation services</td>
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**About Red Lake Indian Health Service**

The Indian Health Service (IHS) is an agency within the U.S. Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 573 federally recognized Tribes in 37 states.

The Red Lake Hospital is an IHS-operated health care facility in northern Minnesota, providing health care to a population of approximately 10,000 American Indians and Alaska Natives in a rural and underserved community. Although each IHS health care facility has slightly different processes and procedures, Red Lake IHS is unique in implementing pharmacy primary care and having all pharmacy staff trained in Ask-Advise-Refer (AAR), the U.S. Centers for Disease Control and Prevention’s Ask-Advise-Refer tobacco cessation intervention.
Control and Prevention (CDC) evidence-based intervention model for tobacco cessation. Red Lake pharmacists also ask all patients about tobacco use at all encounters.

The closest public hospital system for Red Lake IHS patients is more than 35 miles away, making Red Lake IHS the community’s primary point for health care. Like all IHS facilities, Red Lake is an integrated health system, offering the complete spectrum of health care that may be required by an individual patient across the lifespan from pediatrics to geriatrics. Pharmacy assets are integrated within one facility and accessible through the dispensing pharmacy location, primary care clinics, specialty clinics, and over-the-counter (OTC) medication clinics. The health system utilizes one electronic health record (EHR), which is accessible to pharmacists performing all roles and responsibilities.

The pharmacy team delivers services in outpatient, inpatient, emergency department, and long-term care settings within the system. Clinical pharmacy services are robust and include diabetes, hypertension, hyperlipidemia, hyperthyroidism, gastroesophageal reflux disease, chronic obstructive pulmonary disease, asthma, hepatitis C, pain management, medication-assisted treatment, behavioral health, immunizations, tobacco cessation, and spirometry. Pharmacists work closely with Tribal leaders in the community to develop strategies addressing public health issues such as deterring substance use among pregnant women, implementing harm reduction programs (e.g., safe syringe exchange), and expanding access to testing for sexually transmitted diseases.

Tobacco cessation services were implemented within the pharmacy in 2015, substantiated by state data showing American Indians and Alaska Natives had the highest rates of tobacco use compared with all other racial or ethnic groups in Minnesota, upward of 59%. Today, all clinical pharmacy services integrate tobacco cessation, and patients are assisted through pharmacist counseling and medication therapy when appropriate. In 2019, the percentage of patients who were provided with education to quit tobacco or who achieved tobacco cessation from Red Lake IHS pharmacy services was 86.7%. The pharmacy has also recently implemented a smoking cessation program for pregnant women, in collaboration and coordination with the health care team.

Pharmacist Authority to Provide Tobacco Cessation Services

The pharmacy’s clinical programs are considered a model for other IHS sites across the country that have not yet successfully implemented tobacco cessation services. Other IHS sites have applied Red Lake’s pharmacy comprehensive collaborative practice agreement (CPA) structure and
credentialing and privileging process, which includes a peer-review process for focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE).

Within IHS, FPPE is a process used to validate the privilege-specific competency of a clinical pharmacist in the following time-limited situations:

- Required for all new clinical privilege requests, as needed for a currently privileged practitioner in circumstances where privileges or clinic processes change.
- As needed for a currently privileged practitioner to determine the validity of patient care issues or concerns of poor care trends revealed through peer reviews.

OPPE ensures clinical pharmacist oversight to confirm the quality of care delivered and ensure patient safety. The OPPE is used as a screening tool to systematically assess and summarize multiple performance elements of individual clinical pharmacists for all privileges. The OPPE process also allows the clinical leadership to identify professional practice trends that affect the quality of care and patient safety, some of which may require intervention. The forms developed by Red Lake IHS for FPPE and OPPE are models within the IHS.

**Credentialing and Privileging**

In 2013, Red Lake IHS’s clinical director recognized the value of pharmacists and added them to the medical staff through the same process for credentialing and privileging. This administrative decision improved collaboration and communication and fostered mutual respect among all health care professionals within the facility.

All 16 pharmacists within Red Lake IHS are privileged and credentialed as providers on the medical staff; they have the authority to provide disease management services, including tobacco cessation. Tobacco cessation services are considered a core privilege for pharmacists and pharmacy residents following this credentialing and privileging process. The privilege includes the prescribing of nicotine replacement therapy (NRT) through the OTC program.

**Collaborative Practice Agreements**

Formal provider referrals to the pharmacy, documented within the EHR, are required to activate the CPA, allowing pharmacists to prescribe the U.S. Food and Drug Administration (FDA)–approved cessation medications. The CPA provides the prescriptive authority to the pharmacist and is signed by the clinical director. The CPA is valid for any provider within the facility who refers a patient to the tobacco cessation service. In combination with the prescriptive authority for NRTs that exists under core privileging, activation of the CPA further enhances the pharmacists’ ability to practice at the top of their training and can maximally support their patient care services.
Patients can enter pharmacist-provided tobacco cessation services through self-referral, pharmacy team referral, or primary care provider referral. All patients are asked if they use commercial tobacco products and are interested in quitting.

**Outpatient Pharmacy Team Referral to Pharmacist-Provided Services**

Within the Red Lake system, all pharmacists, student pharmacists, pharmacy residents, and pharmacy technicians are trained in AAR. Pharmacists, student pharmacists, and pharmacy residents are also trained to use the U.S. Public Health Service Rx for Change: Tobacco Cessation Training Program “5 A’s”: Ask-Advise-Assess-Assist-Arrange. This program helps health care professionals identify tobacco users and apply appropriate interventions based on the patient’s readiness to quit. Outpatient pharmacy team referrals typically take place following a screening process based on AAR:

- **Ask and Advise**—Patients who present at the outpatient pharmacy are asked if they use tobacco. Those who do are advised of the benefits of quitting and asked if they are ready to quit. If patients indicate they are not ready to quit, the advice is reinforced that when they are ready, the pharmacist is there to help.

- **Refer**—If patients express interest in quitting, there is a pharmacist available to engage in an initial conversation on tobacco cessation and begin diving deeper using the 5 A’s.

**Self-Referral to Pharmacist-Provided Services**

Through patient self-referral, patients can walk into or call the pharmacy and indicate they are interested in quitting, which bypasses the AAR steps. Pharmacists are available to engage with these patients to assess their need for tobacco cessation services.

**OTC Pharmacist Referral**

A unique benefit to the Red Lake IHS closed health care system is that it has an OTC pharmacist on duty. Any patient who needs an OTC medication for any condition talks with a pharmacist, offering an opportunity for discussion and intervention. This includes OTC NRT for tobacco cessation. As part of the OTC consultation, the pharmacist conducts a mini-assessment, may perform necessary health screenings (e.g., blood pressure), and reviews the patient’s record to identify any gaps in care. In some cases, this may be the only time the patient has access to a health care provider in the system. The pharmacists capitalize on this opportunity to fill in any health care gaps for the patients and to make sure their medications are appropriate. The OTC pharmacist, like all Red Lake pharmacists, are credentialed to provide tobacco cessation services.
**Clinical Pharmacy Visit Referral**

During all clinical pharmacy visits, patients are assessed on their current tobacco use, how they are using tobacco, the amount of tobacco they are using, and when they typically use tobacco. Similar to the outpatient approach, users of tobacco products are advised of the benefits of quitting and asked about their readiness to quit. Patients who are interested in quitting can begin the process immediately as the pharmacist integrates cessation counseling and planning into the visit.

**Primary Care Provider Referral**

Patients can access the pharmacy’s tobacco cessation services through direct referral by their primary care provider. This type of referral activates Red Lake IHS’s tobacco cessation CPA, which empowers the pharmacist to prescribe any of the seven FDA-approved cessation medications, depending on what is deemed appropriate for the individual patient. These formal referrals also often result in a “warm handoff” from the provider that same day to facilitate the patient receiving the recommended service. A warm handoff is a transfer of care between two members of the health care team, where the transition occurs in front of the patient and family.²

**Community Outreach**

Providing community-based education is an important part of the outreach conducted by the pharmacy team. The team delivers numerous education events throughout the year, including community health events, particularly the American Cancer Society’s Great American Smokeout every November. This outreach approach has been expanded over the past year to include the risks of e-cigarettes, in addition to other commercial tobacco products, such as combustible cigarettes. Staff provides informational brochures to participants and encourages them to return to the pharmacy to access tobacco cessation services.

**Delivery of Pharmacist-Provided Tobacco Cessation Services**

When patients are referred to tobacco cessation services by the pharmacy, services are delivered in a way that supports their individual needs. Pharmacists provide tobacco cessation as a stand-alone service, within the primary care clinic, and within specialty clinics. Tobacco cessation services are provided as part of any clinical pharmacy service that may be focused on other health conditions or medication concerns. Patients are seen for services by appointment and through walk-in visits, depending on their preference. Regardless of how services are delivered, pharmacists serve as an integrated member of Red Lake IHS’s health care team and document the care provided in the EHR.
**Initial Clinical Pharmacy Visit on Tobacco Cessation**

During the initial clinical pharmacy visit with the pharmacist, the pharmacist identifies patient triggers for tobacco product use, pinpoints the goals for quitting, and uses motivational interviewing techniques to assess the stage of change for each patient. The pharmacist works collaboratively with the patient to create a quit plan. If the patient’s plan includes NRT, the pharmacist can dispense medication through Red Lake IHS’s pharmacy.

If the pharmacist determines prescription medication is warranted to support the patient’s tobacco cessation efforts, a provider referral is required. If a formal referral is not already in place through a CPA, the pharmacist will request a consultation from the patient’s primary care provider to obtain same-day referral to the pharmacy for tobacco cessation services. When the referral is received, the pharmacist will prescribe the required prescription medication and provide medication and behavioral counseling to the patient.

**Follow-Up Clinical Pharmacy Visits for Tobacco Cessation**

Pharmacists follow up with patients through a combination of in-person visits and phone calls, with the frequency determined in collaboration with the patient. Patients who are not ready to quit are encouraged to reach back out to the pharmacy when they are ready; they are also given additional resources, including information on the Minnesota Quitline Network. Red Lake IHS has a full-time behavioral health pharmacist within the health system’s behavioral health department, who is also available to support patients with more comprehensive needs, which may include co-occurring mental health diseases. All health care professionals within the facility are able to access patient progress on tobacco cessation through pharmacists’ notes in the EHR.

**Documenting Services**

Pharmacists within Red Lake IHS have access to the full patient chart and have been trained to provide disease management, review laboratory results and provider notes, and complete medication records. Pharmacist access to this critical information holistically supports patient health needs, including the delivery of tobacco cessation services. In turn, pharmacists are also able to enter information into the EHR to document the care they deliver. Other providers are informed of patient access to services and subsequent progress through notes in the EHR, and providers sign to attest they have reviewed the pharmacist notes.

**Sustainability**

Red Lake IHS is billing and receiving payment for its tobacco cessation services. Payment for these services is almost exclusively through Minnesota Medicaid. Reimbursement rates vary
based on the services provided and can include payment for tobacco cessation counseling, medications, and an encounter fee. For patients who do not have insurance or whose insurance does not cover pharmacy services, the patient is not charged for the care and the facility absorbs any costs. Billing for patient care service varies based on the context under which the services are provided.

Stand-alone tobacco cessation services are submitted to Minnesota Medicaid through the hospital’s billing department using “incident to” billing under the referring provider’s National Provider Identifier (NPI) number. The services are classified using Current Procedural Terminology (CPT) codes 99406 (intermediate tobacco use cessation counseling visit greater than 3 minutes but not more than 10 minutes) and 99407 (intensive smoking and tobacco use cessation counseling visit greater than 10 minutes).

For tobacco cessation services provided as part of a broader pharmacist-provided medication therapy management intervention, the services are billed to Minnesota Medicaid under the pharmacist’s NPI number. The CPT codes that pharmacists use for medication therapy management interventions are 99605 (initial encounter performed face-to-face in a time increment of up to 15 minutes), 99606 (follow-up assessment in a time increment of up to 15 minutes), and 99607 (used with either 99605 or 99606 for additional increments of 15 minutes).

The IHS is able to bill for an encounter rate through Medicaid, an opportunity unique to IHS and not translatable to other pharmacy providers in the private sector. Within Medicaid, payment for tobacco cessation medication is separate from payment for the pharmacist-provided cessation service.

For patients who have private insurance, billing can be more variable. Private insurers do not typically pay for clinical pharmacy services, including tobacco cessation services, although the site is compensated through a dispensing fee for the provision of medications.

Value of Empowerment

“Pharmacist providers within Red Lake are totally empowered! We work at the top of our licensure and maximize what we can do as pharmacists. Our services are recognized and valued by the other providers in the system. There is symmetry in documentation, peer review, and service delivery processes, so pharmacists are relied on as an equal contributor to the team.”

—Kailee Fretland, PharmD, BCPS
Overcoming Challenges to Achieve Success
Since the implementation of pharmacy clinical services in 2013, there have been a total of 37,975 clinical pharmacy visits, providing opportunities to engage in tobacco cessation services. The success of the tobacco cessation program is measured using the Government Performance and Results Act (GPRA), which assesses the percentage of patients who are provided with education to quit tobacco or have achieved tobacco cessation. The program results for the last 5 years are detailed in Table 1.

Current Challenges
Pharmacist-provided tobacco cessation services at Red Lake IHS strive to meet patients where they are in the quit process (ranging from precontemplation through maintenance), which requires adaptation of how services are delivered to overcome potential barriers to care. Examples of how this is achieved by the pharmacy staff include:

- Cultural awareness—There are significant cultural factors around the use of tobacco that must be considered for American Indian and Alaska Native populations, with tobacco having an important ceremonial purpose in certain American Indian cultures. Pharmacists at Red Lake IHS have been trained by local elders to provide cultural education surrounding traditional tobacco use, which is called asemee in Ojibwe. In order to support tobacco’s role in the population’s culture, pharmacists are trained to differentiate between the ceremonial uses for tobacco and commercial tobacco that may be smoked or chewed by patients.

- Grouping appointments—Red Lake IHS patients do not always have reliable access to transportation, which can be a barrier to care regardless of the service provided because patients cannot get to their health care appointments. Health professionals within the practice are attuned to this challenge and ensure that when

<table>
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<th>Fiscal Year</th>
<th>Percentage of Tobacco Users Assisted by Pharmacy Department</th>
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a patient presents to pick up a refill or to see the provider, they maximize the services provided to the patient at that time, knowing that patients may have difficulty coming back.

- **Patient engagement**—One of the biggest challenges faced by the pharmacy team is patients not following through with their tobacco cessation plan. If the pharmacy has initiated services and the patient does not return or decides not to be part of the program at this time, it is noted in the EHR. As patients are seen within the facility for future visits, providers actively encourage them to re-engage in the program at a point when they may be more ready to quit.

### Next Steps

Tobacco cessation services are well integrated within all health services provided at Red Lake IHS. Pharmacists within the site continue to evaluate the tobacco cessation metrics to enhance the services provided to patients, as required. There is continued focus on improving GPRA measures for the tobacco cessation program.

Red Lake IHS is working to expand access to the tobacco cessation program to pregnant women and patients served through the emergency department. The site is also engaged in a small pilot program offering tobacco cessation services in the community, including the incarcerated jail population, with pharmacists traveling to these sites to provide services.

**Summary of Facilitating and Limiting Factors**

Red Lake IHS’s pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

#### Facilitating Factors

- Earned trust and respect with Tribal leaders.
- Collegiality, respect, and trust among members of the health care team.
- Red Lake IHS is a closed health system.
- Pharmacists are credentialed and privileged providers.
- Pharmacist authority allows for prescribing of NRTs and prescription cessation medications by the pharmacist.
- Patients expect pharmacists to be on the health care team.
- Strong collaborative relationships among members of the health care team.
- Pharmacists have read and write access to the EHR.
- Payment mechanisms are in place for pharmacist-provided tobacco cessation services.
Limiting Factors

- Patient readiness to quit or adhere to quit plan.
- Lack of transportation.

This promising practice profile was developed based on information from and interviews with:

- Kailee L. Fretland, PharmD, BCPS, Commander, U.S. Public Health Service; Acting Director of Pharmacy, Red Lake Hospital

The views expressed in this profile are her own and do not necessarily reflect the views of Red Lake Indian Health Service.

References


Veteran Health Indiana
## Veteran Health Indiana

**About Veteran Health Indiana**

Veteran Health Indiana (VHI) is part of the U.S. Department of Veterans Affairs, Veterans Health Administration (VHA). Collectively, the VHA operates one of the largest health care systems in the world and provides training for a majority of America’s medical, nursing, and allied health professionals. VHI serves as the flagship VHA system for patients and caregivers in Indiana. Inpatient programs include acute medical, surgical, psychiatric, neurological, and rehabilitation care, as well as both primary and specialized outpatient services. VHI is a closed system, caring for more than 64,000 patients, with a comparatively large number of young and female veterans.

Approximately 3 in 10 U.S. military veterans use some form of tobacco, with tobacco use higher among veterans than among non-veterans for men and women across all age groups, except men aged 50 years and older! Many veterans start using tobacco products during their time in the uniformed services. Veterans are also disproportionately impacted by psychiatric and substance abuse comorbidities, poorer health status, and multiple tobacco-related medical conditions. The VHI tobacco cessation program started in 2007 to support patients using tobacco who were also receiving treatment for conditions such as high blood pressure and high cholesterol.

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<td>Metrics of Success</td>
<td>During 2019, 817 unique patients for tobacco cessation seen through 2,383 encounters; approximately 43% of these patients quit tobacco</td>
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There are 16 primary care clinical pharmacy specialists across VHI, located in virtually every clinic within acute care and specialty services. These pharmacists are deeply engaged in identifying and supporting patients who use tobacco. VHI fosters a strong team-based environment where pharmacists work closely with physicians, nurses, psychologists, dietitians, and social workers. All team members strive to provide exceptional care for veterans, identifying their specific needs and determining ways to best serve them.

Tobacco cessation services are broadly available in the local community, although financial considerations may limit veteran access. The Indiana State Health Commissioner signed a standing order permitting community-based pharmacists to prescribe any tobacco cessation medication, including bupropion and varenicline. However, because this order is not associated with a payment pathway for the tobacco cessation assessment or counseling, community-based pharmacies charge patients for these services to provide program sustainability. Out-of-pocket costs are a distinct barrier for the military veteran population, which means veterans may not seek assistance within community-based pharmacies offering cessation services. In addition, veterans are incentivized to use VHA facilities as part of their government benefits.

Pharmacist Authority to Provide Tobacco Cessation Services

Clinical pharmacy specialists at VHI operate under a scope of practice as what VHA terms an “advanced practice provider.” This scope of practice allows specialists to provide collaborative medication management services by initiating, modifying, renewing, and discontinuing medication therapies, as appropriate. Pharmacists within the VHA system practice under federal authority, and must also abide by the requirements of their individual state licenses.

Credentialing and Privileging

Clinical pharmacy specialists are credentialed and privileged by VHI in order to be approved for their scope of practice. When first applying for these privileges, the specialist undergoes a focused professional practice evaluation (FPPE) for a period of 90 days. This typically involves being paired with an experienced pharmacist to provide mentorship and training, evaluate practice patterns, and determine clinical competency. Upon successful completion of the FPPE, the specialists have their scope of practice approved and must go through a renewal process every 2 years to maintain their scope of practice. All pharmacists with an active scope of practice undergo an ongoing professional practice evaluation (OPPE) whereby an anonymous review of their practice is conducted by their peers; this review is done to identify any potential practice issues that may impact quality of care and
patient safety. The review is monitored by the pharmacy service in conjunction with the facility credentialing office.

**Scope of Practice**

Although the State of Indiana has a standing order for pharmacist management of tobacco cessation, VHA pharmacists practice under a scope specific to the federal facility. Currently, VHI primary care clinical pharmacy specialists have a scope of practice to manage patients with hypertension, diabetes, dyslipidemia, stable primary hypothyroidism, anticoagulation, and tobacco cessation. Under this scope of practice, pharmacists can initiate, modify, discontinue, and assess the efficacy of medications used to manage these disease states and order appropriate labs to aid in medication management. Clinical pharmacy specialists working in the primary care clinics at VHI are required to have a scope of practice to manage patients for tobacco cessation.

**Accessing Pharmacist-Provided Tobacco Cessation Services**

The pharmacist receives referrals through the electronic health record (EHR) from physicians or nurses when a patient within VHI indicates readiness to quit.

**Primary Care Provider Referral**

Pharmacists may receive referrals from providers to manage patients within their scope of practice and can refer patients for management as identified through chart reviews. Referrals for care can be for a single or multiple disease states. For example, a pharmacist could receive a referral for hypertension management and identify tobacco cessation as a method to help control blood pressure. At this point, the pharmacist can initiate tobacco cessation services for that patient. Pharmacists are also authorized to refer patients to other providers for additional care, as required.

All health care team members are vested in supporting patients engaged in tobacco cessation and recognize the role of the pharmacist on the team. Physicians, registered nurses, and psychologists are all referral sources for these services. Every patient receives a tobacco screening from a nurse prior to seeing a primary care provider. The provider will assess if the patient is ready to quit and then consult the pharmacist if the patient indicates readiness.

Within the primary care clinic, when providers make referrals, they call to see if the pharmacist is immediately available to speak with the patient. If so, the pharmacist meets with the patient in the exam room to introduce himself or herself and provides an overview of the program. For some patients, the physician starts a patient on a tobacco cessation medication. For other patients, the physician defers to the pharmacist to select and start medication treatment. Patients are then scheduled for an initial visit, which may be conducted face-to-face, via telemedicine, or by telephone.
If the pharmacist is not available to meet with the patient at the time of the physician encounter, the physician enters a checkout order, and the pharmacist will have a scheduled visit with the patient to review smoking history, set goals, discuss barriers and triggers, and determine the best course of treatment. This personal approach helps initiate the patient-pharmacist relationship, which is critical to establish the foundation of trust and communication required to support patients in their efforts to quit tobacco.

VHI also has a screening program for lung cancer, which has resulted in a large number of referrals to the pharmacists. Patients meeting specific criteria receive a low-dose computed tomography scan. The eligibility criteria for this screening are based on risk factors, including amount and duration of tobacco use, the patient’s age, and the patient’s life expectancy. Members of the screening team tag the pharmacist on the EHR note, and the pharmacist follows up directly with the patient. This collaboration reinforces the value of the team-based approach and helps VHA identify and assist more patients in need of tobacco cessation services.

**Pharmacy Team Referral**

VHI has clinical pharmacy specialists located not only in primary care but throughout the facility in both the ambulatory and inpatient care settings. At discharge, pharmacists located in the inpatient setting can identify patients who may benefit from speaking to a primary care clinical pharmacy specialist to discuss smoking cessation. Pharmacists refer patients to participate in the tobacco cessation program, with many conversations about tobacco cessation initiated during discussions of their cardiovascular risk factors. Inpatient pharmacists enter referrals into a transitions of care tool that is accessed multiple times per week by the primary care pharmacists. Pharmacists manage medications for patients with diabetes, dyslipidemia, and hypertension, which involves lowering the risk of cardiovascular disease. Tobacco cessation is another key aspect of decreasing cardiovascular risk.

**Delivery of Pharmacist-Provided Tobacco Cessation Services**

The connectivity of the VHI system, combined with a true team approach, ensures that patients are supported throughout their tobacco cessation journey. Throughout the system, providers from primary care to the dental clinic recognize the value of tobacco cessation and review patient charts to determine where patients are in their quit journey and to provide additional support to these patients.

**Initial Clinical Pharmacy Visit for Tobacco Cessation**

The pharmacist typically conducts an initial 30-minute face-to-face, video, or phone assessment to review baseline and current tobacco use, duration of...
use, number of quit attempts, previously tried methods and/or medications, triggers, and a trigger plan to avoid using tobacco. Motivating factors for quitting and potential barriers to quitting are also discussed. Finally, the pharmacist and the patient will collaborate to choose a medication therapy, if desired. The pharmacist may also provide behavioral counseling, including relaxation techniques, and can refer patients to the psychologist if needed. Pharmacists emphasize the value of nonpharmacological interventions and also prescribe tobacco cessation medications for most patients, using shared decision making.

When tobacco cessation medications are prescribed, the pharmacist enters the order for the prescription into the EHR and the medication is mailed directly to the patient, or the patient may pick up the medication from the VHI outpatient pharmacy if preferred. Pharmacists are prescribers in the VHA system. If the patient wishes to use a non-VHA pharmacy, a prescription is called in under the physician’s name to a pharmacy, or the patient is given a prescription that is signed by the physician.

**Follow-Up Clinical Pharmacy Visits for Tobacco Cessation**

Clinical pharmacists often provide services to patients for other chronic conditions, such as diabetes and hypertension, creating direct touchpoints every 2 to 4 weeks. Patients can be seen for tobacco cessation alone or as part of a visit for other conditions. These regular patient interactions allow pharmacists to assess how an individual patient is doing, talk about changes they are making, provide encouragement, and reinforce the value of making small changes to their lifestyles. Training in motivational interviewing helps to make these interactions impactful.

Follow-up visits or calls for tobacco cessation are conducted in 1-, 2-, or 4-week intervals. The pharmacist conducts visits via phone, following up during the patient’s on-site primary care physician visits and in partnership with the clinic psychologist when additional focus on behavioral change is beneficial. When patients select a quit day, the pharmacist will call them on that day, ensure they have scheduled their next appointment, and confirm they have an accountability partner. The behavioral aspects are the most difficult part of the tobacco cessation journey. Pharmacists can help manage nicotine withdrawal, but the value of the program is helping patients to change old behaviors.

**Group Tobacco Cessation Classes**

VHI has a group tobacco cessation class, and patients can be referred by the pharmacist to participate. The support group is managed collaboratively by a clinical nurse specialist, a pharmacist, and a psychologist. The class is 1 to 2 hours in length and meets once a week. Veterans lead the discussion to talk about the issues that are most important to them.
There is no attendance requirement as patients are encouraged to come when they are available. Some patients decide to remain in the group after they quit to offer encouragement and peer mentoring to others in the group. At the end of each group session, the pharmacist reviews how pharmacological agents are working for patients who decide to use them and renews prescriptions.

**Documenting Services**

All interactions, recommendations, referrals, and medication orders are documented within the EHR. The VHA requires that a note be entered into the EHR for each patient encounter. Pharmacists utilize a template that follows the SOAP (subjective, objective, assessment, and plan) note format. The VHA uses an electronic template (developed as part of the Pharmacists Achieve Results With Medications Documentation project) called the PhARMD tool, which helps track pharmacist interventions and successful quit attempts. The PhARMD tool is used at VHA medical centers nationwide. Pharmacists embed the tool into the bottom of their note.

**Sustainability**

VHI is allocated a budget from the VHA for the year to care for veterans through a capitated model. This budget is set based on several factors such as facility workload, the number of veterans enrolled with the facility, and the facility’s complexity of care. It is then up to each facility to work to provide services while working within the budget provided. As a federal facility, the VHA cannot bill other government agencies such as Medicare and Medicaid for reimbursement of services rendered. As a result of this

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**The Value of Motivational Interviewing**

“One of the great benefits of being a clinician within the VA system is that we have fantastic training. I engaged in specific training on motivational interviewing for tobacco cessation, which helped me be more effective with my patients. We find for most patients that the hardest part of the tobacco cessation journey is the behavioral aspects. The nicotine withdrawal we can pretty easily manage, but it’s trying to break old habits. I also always try to remember that there is an opportunity to help every patient in some way. I have one patient who started smoking at age 6, and now he’s in his 60s and is working to quit.”

—Veronica Vernon, PharmD, BCPS, BCACP
budget allocation model, the ability to bill for services provided by the pharmacist, such as smoking cessation, is not a main driver for the provision of care. Instead, the main drivers are optimal clinical outcomes and the ability to provide meaningful improvements for veterans.

**Overcoming Challenges to Achieve Success**

In fiscal year 2019, the collective pharmacy team assisted 817 unique patients for tobacco cessation through 2,383 encounters, with approximately 43% successfully quitting tobacco. The follow-up time frame varies and depends on how long patients require tobacco cessation medication therapy and how long it takes for them to be tobacco-free. Once patients are tobacco-free and have also completed medication therapy, they are discharged from the pharmacy tobacco cessation service.

**Overcoming Challenges**

Pharmacists engage with each patient and develop strategies to overcome barriers to success. Barriers to success for patients at VHI are:

- **Patient engagement**—Because pharmacist engagement is conducted by phone, it is often challenging to reach patients and encourage them to follow through with the tobacco cessation program. This engagement gap is mitigated through the team-based approach to care and robust documentation systems, ensuring that when the patient engages with any provider in the system, the provider can see the patient’s status, and the patient can be encouraged to re-engage in the tobacco cessation program. The pharmacy also conducts reminder calls or sends reminder texts 1 to 2 days before the phone visit to ensure the patient knows the pharmacist will be calling. In addition, the psychologist and the pharmacist often jointly engage in these calls to help reinforce the value of behavior change.

- **Tobacco use as a disease state**—Tobacco use and dependence is a chronic, relapsing medical condition. This can create shame and frustration for patients who try to quit and then relapse. It is not uncommon for pharmacists to be caring for patients who have been addicted to nicotine for decades. The pharmacy team works hard to encourage patients, minimize stigma, normalize medication therapy to treat tobacco use and dependence, and continuously encourage patients to reach out for support. Pharmacists even provide patients with their direct phone numbers to facilitate trust and ongoing communication.

- **Medication therapy provided without support**—Patients are sometimes provided nicotine patches or other tobacco cessation therapies by their primary care provider before being referred to the pharmacist. Often, these patients may still need
some encouragement to commit to quitting and have appropriate behavioral support systems in place. VHI pharmacists have worked hard to make themselves available in person during primary care physician visits to provide counseling and reduce unsupported medication use.

Patient substitution of e-cigarettes for combustible cigarette use—Many veterans try to quit cigarettes by using e-cigarettes and liquid vaping products. Pharmacists educate patients about U.S. Food and Drug Administration approval of e-cigarettes and misconceptions about these products. If a patient is adamant about using e-cigarettes, pharmacists discuss how to most safely use these products. Pharmacists also provide services to help patients quit using e-cigarettes. Although no medication therapies are currently approved for helping patients quit e-cigarettes, pharmacists use the available evidence to prescribe agents for patients who request them. Smoking Cessation: A Report of the Surgeon General concludes that there is presently inadequate evidence to infer that e-cigarettes, in general, increase smoking cessation.

Next Steps
VHI has found success managing and impacting tobacco cessation for patients within the primary care setting. Intervening with patients seen within the mental health arena is another area where tobacco cessation efforts can be beneficial. VHI has experienced rapid expansion of outpatient mental health clinical pharmacy services over the past few years, which will allow for provision of tobacco cessation services for this patient population.

Summary of Facilitating and Limiting Factors
The VHI pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

Facilitating Factors
- Care coordination agreement with broad authority.
- Strong collaborative relationships with other members of the health care team.
- Robust EHR in which pharmacists have read and write access.
- Pharmacists are regarded as providers within the VHA system, with physicians and other health care providers recognizing the pharmacist’s role as a medication expert.
- Strong and positive relationships between pharmacists and patients in the tobacco cessation program.
- Broad referral networks within the VHA system.
- Ongoing reminders and support that patients receive throughout the continuum of care.
VETERAN HEALTH INDIANA

- VHI is a closed health system, allowing pharmacists to have access to patient providers and patient information more readily.

Limiting Factors

- Patient commitment to engage throughout the entire tobacco cessation service.
- Patient substitution of e-cigarettes for traditional cigarette use.

This promising practice profile was developed based on information from and interviews with:

- Veronica Vernon, PharmD, BCPS, BCACP, Clinical Pharmacy Specialist, Ambulatory Care, Veteran Health Indiana; Assistant Professor, Pharmacy Practice, Butler University
- William Ifeachor, PharmD, MBA, BCPS, Associate Chief, Clinical Pharmacy Services, Indianapolis VA Medical Center
- Nicole Curry, PharmD, BCPS, Clinical Pharmacy Specialist, Ambulatory Care, Veteran Health Indiana

The views expressed in this profile are their own and do not necessarily reflect the views of the United States government.

References


### LAC COURTE OREILLES COMMUNITY HEALTH CENTER

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<tr>
<th>Detail</th>
<th>Site Information</th>
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<tbody>
<tr>
<td>Location</td>
<td>Hayward, Wisconsin</td>
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<tr>
<td>Primary Patient Population(s)</td>
<td>American Indians and Alaska Natives</td>
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<td>Practice Setting</td>
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<tr>
<td>Pharmacist Authority</td>
<td>Credentialing and privileging Collaborative practice agreement</td>
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<td>Care Team Members Providing Tobacco Cessation Services</td>
<td>Pharmacists Pharmacy technicians</td>
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<tr>
<td>Primary Payer(s)</td>
<td>Private insurance, Medicare, and Medicaid</td>
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<tr>
<td>Billing Codes</td>
<td>99406/99407—billed “incident to” under collaborating physician NPI</td>
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<tr>
<td>Metrics of Success</td>
<td>50 patients engaged in the tobacco cessation program since the beginning of 2019; 20% of these patients quit tobacco</td>
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**About Lac Courte Oreilles Community Health Center**

The Lac Courte Oreilles Community Health Center (LCOCHC) is a Federally Qualified Health Center (FQHC) on the Lac Courte Oreilles Ojibwe Indian reservation in northwestern Wisconsin. The health center and urgent care facilities are part of a full-service ambulatory care center. Services include community health, alcohol and other substance use disorder counseling and outreach, well child clinic, diabetic clinic, podiatry, optometry, chiropractic treatments, dental, and radiology. Inpatient care is available at one local hospital, which is not directly affiliated with LCOCHC.

This Tribally administered health program services the health care needs of more than 8,000 enrolled Tribal members. Patients who are enrolled in the Lac Courte Oreilles Tribe, a descendent of the Tribe, or individuals from a different Tribe are eligible to access health care services at no cost through the clinic. Because the clinic is managed by a governing board from the Tribe, the center is focused on supporting and demonstrating accountability to the local community.

The pharmacy is a physical part of the ambulatory care clinic. The LCOCHC pharmacy is staffed by the pharmacy director, staff pharmacists, and pharmacy technicians. Other members of the health care team at LCOCHC include physicians, nurse practitioners, and
Pharmacists interface directly with other providers and have access to the electronic health record (EHR). The LCOCHC tobacco cessation service was established in 2016. The lead pharmacist wrote the collaborative practice agreement (CPA) and developed the structure and process flow for the tobacco cessation clinic. The CPA was modeled after a tobacco cessation service started in 2001 by the lead pharmacist at a different Tribal FQHC. Prior to the establishment of the clinic, pharmacists were available for brief interventions and were able to initiate therapy.

**Training and Authority to Provide Tobacco Cessation Services**

Pharmacist-provided tobacco cessation services at LCOCHC are performed under a CPA that provides pharmacists with prescriptive authority for all seven tobacco cessation medications approved by the U.S. Food and Drug Administration (FDA). LCOCHC has designated a lead pharmacist who oversees the clinical service and supports the training and development of other tobacco cessation providers.

**Education and Training**

Each pharmacist working in the LCOCHC Tobacco Dependence Clinic must be a Certified Tobacco Treatment Specialist (CTTS). LCOCHC pharmacists are trained through the Mayo Clinic program. A CTTS is a professional who possesses the skills, knowledge, and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities.

A pharmacist may begin working in the tobacco cessation clinic prior to the completion of the certification program at the discretion of the clinic director and referring providers. However, until certification is achieved, the uncertified pharmacist may not make any medication changes without prior approval of the clinic director or an LCOCHC provider.

**Collaborative Practice Agreements**

The CPA for the LCOCHC Tobacco Dependence Treatment Clinic was researched and written by the lead pharmacist and approved by the medical director. Pharmacists have prescriptive authority for cessation medications within LCOCHC under the CPA. The pharmacist can prescribe tobacco cessation medications, as deemed appropriate, after discussion with the patient. Treatment can result from either a specific request by the patient or following a general patient inquiry for cessation support. As required in the CPA, the provision of all medication therapy is documented in the EHR and a physician, nurse practitioner, or physician assistant co-signs all EHR pharmacist notes.
Accessing Pharmacist-Provided Smoking Cessation Services

Patients can access pharmacist-provided tobacco cessation services through self-referral or primary care provider referral.

Pharmacist-Referral or Self-Referral to Pharmacist-Provided Services

Patients can self-refer to the pharmacy’s tobacco cessation services. In some cases, referral is initiated through conversations with the pharmacist as the patient is seeking over-the-counter nicotine replacement therapy (NRT), varenicline, and/or bupropion.

Primary Care and Dental Provider Referral

Patients can access the pharmacy’s tobacco cessation services through direct referral by the patient’s primary care provider. Any patient seen by the provider, who determines that there is a need for tobacco cessation services, can be referred to the pharmacist. The pharmacy also receives referrals from the dental clinic, which provides screenings for tobacco use. All provider referrals are sent to the pharmacist through the EHR, and the pharmacist conducts direct outreach to the patient.

Delivery of Pharmacist-Provided Tobacco Cessation Services

Through the use of evidence-based guidelines for the management of tobacco dependence and the Mayo Clinic model for treating tobacco dependence, pharmacists offer patients resources for treatment and management of tobacco dependence. Methods encourage the use of pharmacotherapy and behavioral modification therapy based on the transtheoretical model of health behavior change. Most frequently, tobacco cessation services are provided as stand-alone services. However, patients seen for asthma and chronic obstructive pulmonary disease for spirometry studies are often engaged in the site’s tobacco cessation services. During other patient visits, such as in the anticoagulation clinic and during medication consultations in the pharmacy, additional opportunities arise for a tobacco cessation intervention.

Sometimes medication therapy is initiated after a brief visit, with the pharmacist prescribing NRT, varenicline, and/or bupropion. At that time, the pharmacist works to coordinate more formal tobacco cessation follow-up visits.

The pharmacist sets appointments with patients for treatment, provides counseling using the motivational interviewing approach as well as acceptance and commitment therapy techniques, and has prescriptive authority for all seven FDA-approved tobacco cessation medications. Patients engage in a series of appointments,
lasting from 30 to 60 minutes, ideally beginning before the patient’s established quit date.

Initial Clinical Pharmacy Visit on Tobacco Cessation

The pharmacist CTTS meets face-to-face with patients engaging in the site’s tobacco cessation services. This initial visit typically takes about an hour and involves an assessment of the patient’s tobacco history and medication history, including any allergies. The pharmacist takes the patient’s blood pressure if bupropion therapy is planned and administers the Fagerström Test for Nicotine Dependence. This standard testing instrument determines the intensity of physical addiction to nicotine, providing information to guide both the pharmacist and the patient in making treatment decisions. The pharmacist also conducts a carbon monoxide reading to reinforce to the patient how tobacco use impacts these levels.

Based on collected data, and any additional information contained in the patient’s medical record, the pharmacist works with each individual patient to create an appropriate therapeutic plan. A follow-up visit is scheduled within 1 week before the selected quit date. The pharmacist also provides the patient with supportive literature to take home after the visit, encouraging the patient to follow through with the quit date and offering suggestions for how to prepare to accomplish that goal.

Follow-Up Clinical Pharmacy Visits on Tobacco Cessation

The first follow-up visit is usually scheduled within the first week after the patient’s scheduled quit date. Subsequent visits are scheduled approximately every 2 weeks. Content within each follow-up visit is flexible and focused on meeting the patient’s needs at that particular visit. Patients who are taking tobacco cessation medications complete the Medication Effects Questionnaire, a standardized assessment that helps determine how they may be responding to the prescribed medication. Patients are encouraged to maintain a daily diary of nicotine withdrawal symptoms, and these symptoms are reviewed at each visit.

The pharmacist performs a blood pressure assessment if bupropion has been prescribed. Additional carbon monoxide tests may be conducted during follow-up visits to provide patients with objective feedback on their health improvement after quitting tobacco. Additional patient educational materials are provided, specific to the needs of each patient. Coaching sessions typically end after the patient has reached the maintenance phase by remaining tobacco-free for 3 to 6 months and has discontinued any tobacco cessation medications.
**Documenting Services**

All activities, assessments, and observations are documented within the EHR. Cases are documented in SOAP (subjective, objective, assessment, and plan) note format. Data collected within each area include:

- **Subjective**
  - Importance and confidence scores (0–10 scale).
  - Medication Effects Questionnaire results.
  - Average score of nicotine withdrawal per symptom per day.
  - Patient concerns or problems.
  - Amount of current tobacco use.

- **Objective**
  - Carbon monoxide level.
  - Blood pressure.
  - Current medication and dose.

- **Assessment**
  - Tobacco use disorder.
  - Stage of readiness.
  - Assessment of medication tolerance.

- **Plan**
  - Maintain a daily diary of nicotine withdrawal symptoms.
  - Prescribe medication, dose, and schedule.
  - Give patient education handouts.
  - Schedule next pharmacist visit.

The EHR also provides the pharmacist with templates and dialog prompts for the patient at each visit. Notes for each visit are compiled and sent to the provider for signature via the EHR, as both a requirement of the CPA and because the service is billed as an “incident to” service.

**Sustainability**

Because LCOCHC is a Native American Tribal Clinic, patients do not take on out-of-pocket expenses for the services. The Tribe ultimately bears the cost of health care and takes a longer-term view of the saved costs outside of direct reimbursement. Tribal leaders appreciate that if the LCOCHC can support patients in their efforts to quit tobacco, there will be significantly decreased health care costs over time.

Approximately 60% of patients engaged in the pharmacy program are a result of provider referral. For referred patients, insurance is billed for each visit under Current Procedural Terminology codes 99406 (tobacco use cessation counseling visit of 3 to 10 minutes) and 99407 (tobacco use cessation counseling visit greater than 10 minutes) under the referring provider’s National Provider Identifier (NPI) number as an “incident to” service. The site bills private insurance (primarily from the Tribe), Medicare, and Medicaid. Insurance is not billed for the pharmacist’s time for those patients who self-refer to access tobacco cessation services. All American Indian patients...
receive cessation medication therapy through their insurance benefit and are not charged any copays or deductibles.

Even in circumstances where providers may bill “incident to” for pharmacist-provided services, such billing does not consistently occur. The pharmacist enters all billing codes before the provider signs the progress note and submits it for reimbursement. The EHR billing process often results in some bills not being submitted or received. Because pharmacists are not able to bill independently as providers, billing for these services is done through a clinic provider using the provider’s NPI number as an “incident to” service. LCOCHC is also working to improve system issues with the EHR that currently limit the ability to capture all potential billing opportunities for tobacco cessation services.

**Overcoming Challenges to Achieve Success**

Data have been collected on the tobacco cessation program from the beginning of 2019. Through March 2020, a total of 50 patients have been seen in the pharmacy-based clinic. Ten of these patients have quit smoking, for a 20% quit rate. Nine additional individuals are currently active in the LCOCHC tobacco cessation program.

**Current Challenges**

Pharmacists work to customize the care provided to each patient to help overcome the known barriers for the population:

- **Prevalence of tobacco use in the community**—There is a high prevalence of tobacco use in the community, with American Indians and Alaska Natives having the highest prevalence of

**Helping Patients Live Their Fullest Lives**

“For me, patient interactions are the most meaningful. My patients achieve a sense of independence and satisfaction when they successfully quit. One of my elderly patients was smoking and having some problems with his breathing. We met with him and set up a plan with a quit date. I saw him several times, and he had begun coming in with an oxygen tank prescribed by his pulmonologist. We were able to work with him, he successfully quit, and then he told me how he could deer hunt without his oxygen tank.”

—David Axt, PharmD, BCPS, CTTS, AE-C
cigarette smoking among all racial/ethnic groups in the United States.\(^1\) This high percentage of tobacco use within the population makes it difficult for patients who are trying to quit because they are surrounded by friends and family who use tobacco.

- **Patient trust**—The patient population is a close-knit community that has been subjected to generational trauma. Once individuals are engaged, they are open and friendly; however, pharmacists must work to proactively engender trust.

- **Patient engagement**—One of the biggest challenges faced by the pharmacy team is getting patients to attend tobacco cessation appointments. Many patients who are referred by their providers do not set up appointments before leaving the health center. While the pharmacy team does conduct follow-up outreach, it can be extremely difficult to reach patients by phone, as mobile numbers are not consistently in service or voicemail boxes are not always operational.

- **Providing routine tobacco screenings**—The pharmacy acknowledges the need to develop more consistent and structured processes to screen all patients for tobacco use and provide an initial brief intervention. Additional staff training is required to prepare all members of the pharmacy staff to appropriately screen patients for tobacco use and refer them into appropriate services.

**Next Steps**
The pharmacy staff is continuing to look for ways to strengthen the tobacco cessation program. Formally engaging with the behavioral health services available through the health center, specifically its addiction treatment services, may provide additional support to some patients who are trying to quit tobacco products. With the trust that the pharmacy team has engendered from the patient population, the site is also working toward providing additional training to the broader pharmacy staff so that they will routinely talk to all patients about their tobacco use and conduct brief interventions when appropriate.

**Summary of Facilitating and Limiting Factors**
LCOCHC’s pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

**Facilitating Factors**
- Patient satisfaction.
- CPA allows for prescribing of NRTs and all seven FDA-approved cessation medications by the pharmacist.
- Pharmacists are trusted and respected by members of the Tribe and the medical staff.
- Pharmacists have read and write access to the EHR.
**Limiting Factors**

- Payment mechanisms are in place, but not fully utilized, for pharmacist-provided tobacco cessation services.
- Lack of provider status for pharmacists.

**Reference**


This promising practice profile was developed based on information from and interviews with:

- David Axt, PharmD, BCPS, CTTS, AE-C, Commander US Public Health Service; Advanced Practice Pharmacist I, Lac Courte Oreilles Community Health Center

*The views expressed in this profile are his own and do not necessarily reflect the views of LCOCHC.*
About the Medication Management Center

The Medication Management Center (MMC) was established by the University of Arizona (UA) College of Pharmacy in 2006. SinfoníaRx, a TRHC Solution and industry leader in medication therapy management (MTM), assumed responsibilities for the business operations of the MMC in 2010. SinfoníaRx provides a suite of MTM services, mainly through pharmacist-provided telehealth visits designed to meet the needs of health plans and their members.

According to a profession-wide consensus of pharmacy stakeholders, MTM is defined as a distinct service that optimizes therapeutic outcomes for individual patients through a broad range of pharmacist-delivered professional activities and responsibilities. These services are customized according to the individual needs of the patient and may include:

- Performing or obtaining necessary assessments of the patient’s health status.
- Formulating a medication treatment plan.
- Selecting, initiating, modifying, or administering medication therapy.
- Monitoring and evaluating the patient’s response to therapy, including safety and effectiveness.
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

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| Care Team Members Providing Tobacco Cessation Services | Pharmacists  
Pharmacy technicians |
| Primary Payer(s)                    | MedImpact Healthcare Systems, a pharmacy benefits manager                      |
| Billing Codes                       | N/A                                                                              |
| Metrics of Success                  | From 2010 to 2019, the center had a 19% quit rate for patients who engaged in the program |
Documenting the care delivered and communicating essential information to the patient’s other primary care providers.

Providing education and training designed to enhance patient understanding and appropriate use of his or her medications.

Providing information, support services, and resources designed to enhance patient adherence with his or her therapeutic regimens.

Coordinating and integrating MTM services within the broader health care management services being provided to the patient.

The SinfoníaRx MMC has a team of pharmacists solely focused on providing medication reviews and clinical interventions to improve health, wellness, and the management of chronic health conditions. The MMC provides telehealth services and does not dispense prescription medications. SinfoníaRx MTM services are provided in addition to health care services that are delivered through primary care physicians and local pharmacies.

SinfoníaRx is contracted with MedImpact Healthcare Systems, Inc., a pharmacy benefits manager (PBM), to provide tobacco cessation medication services to covered employees and dependents/spouses of the State of Arizona. This tobacco cessation program has been offered since 2010.

Training and Authority to Provide Tobacco Cessation Services

The pharmacy team that provides tobacco cessation services is specifically trained to support patients in need of these services. Pharmacists provide these services within the current pharmacist scope of practice in the State of Arizona, which includes prescriptive authority for nicotine replacement therapy (NRT) products only.

Pharmacist Training

Pharmacists and pharmacy technicians who perform tobacco cessation services complete a tobacco cessation training program. The training content, developed by the UA, focuses on improving intervention skills related to tobacco cessation medications and behaviors. Clinical training includes education on how the medications work, adverse effects, warnings and precautions, duration of use, dosage, medication discontinuation, and documentation for each tobacco cessation medication.

Prescribing Authority

MMC pharmacists do not utilize prescribing authority. When pharmacists counsel patients and tobacco cessation medication therapy is deemed appropriate, pharmacists work closely with each patient’s primary care provider to secure a prescription order. Collaborative practice agreements (CPAs) are not utilized in the service
because patients can be referred from any physician in Arizona; requiring a significant number of CPAs to be executed and maintained would be too time consuming for the patient volume from any individual practice.

**Accessing Pharmacist-Provided Tobacco Cessation Services**

Patients access tobacco cessation services at MMC primarily through self-referral. Patients are informed about the program and how to enroll in the following ways:

1. In information packets they receive from their insurance provider each year.
2. From their employer.
3. From their pharmacy when retrieving tobacco cessation medication.
4. Through MedImpact fliers that are made available on behalf of the health plan to inform their members about the program and encourage participation.

After receiving information about these services, patients must call MMC to enroll in the program. MMC staff confirm eligibility during this first encounter.

**Delivery of Pharmacist-Provided Tobacco Cessation Services**

Typically, one pharmacist follows the same patient throughout his or her tobacco cessation journey with MMC. Pharmacists are supported by pharmacy technicians who assist with all aspects of communications. The MMC tobacco cessation service process begins with a patient interview, during which basic information such as demographics, smoking history, and previous quit attempts is obtained. Patients are also encouraged to enroll in counseling through the Arizona Smokers’ Helpline (ASHLine). ASHLine is a state service available at no cost to anyone who wants to quit tobacco; the patient does not have to be affiliated with a specific health plan or employer. The service provides telephone coaching and access to free NRT.

**Initial Clinical Pharmacy Visit on Tobacco Cessation**

The pharmacist reviews the patient information after the pharmacy technician completes the initial intake. This information includes patient demographics, smoking history, willingness to quit, pertinent medical history, food/drug allergies, and current medications. The pharmacist also reviews the patient’s past quit attempts, including techniques that have/have not worked for the individual patient. The pharmacist and patient then work together to set a quit date and determine the best medication therapy.
for the patient. A request for medication authorization is then faxed to the patient’s primary care provider.

MMC coordinates tobacco cessation medication care on behalf of the patient. For eligible patients, medication therapy options are 100% covered, and there is no copay for any of the seven U.S. Food and Drug Administration-approved cessation medications. The pharmacist prepares the prescription, requests prescriber authorization, and forwards the prescriber-issued prescriptions to the patient’s pharmacy for fulfillment. Prescribers typically respond within 24 to 72 hours, and MMC has an 87% physician acceptance rate for medication recommendations.

Follow-up Clinical Pharmacy Appointments on Tobacco Cessation

Once the patient obtains his or her medication(s), MMC calls the patient to review medication instructions, possible side effects, and the process for follow-up, which is therapy dependent. Then, MMC sends the patient a welcome letter with patient-friendly medication information, prepared by ASHLine.

Depending on the medications prescribed, patients typically receive three to six follow-up calls from the MMC pharmacy team. Patients who report successfully quitting tobacco products during the final follow-up consultation “graduate” from the program and thereafter work directly with their physicians if additional medication is needed. MMC conducts check-in calls to assess how program graduates are progressing. Patients who relapse can self-refer to MMC for re-engagement in the program.

Documenting Services

SinfoniaRx has developed custom solutions to allow for comprehensive, robust patient assessment and engagement, despite having only patient-reported data and information. Call scheduling and management are achieved through MMC’s existing MTM systems. Customized documentation specific to the tobacco cessation program includes standardized intake and encounter forms, prescriber communication forms, patient education documents, and pharmacy communication templates. MMC retains all data, documents, and other patient information in accordance with applicable state and federal regulations.

Sustainability

MMC’s strong and established relationship with MedImpact to provide MTM services for State of Arizona employee members and their enrolled spouses and dependents proved valuable when the tobacco cessation program was initiated. MedImpact identified an opportunity to provide tobacco cessation services to self-insured employers and health plans and expanded MMC’s scope of work to deliver these services as the MMC previously did not have a program to address need. The tobacco cessation program is well-integrated into the MMC daily operations, and
workflows are designed so that each patient has an assigned pharmacist who follows him or her through the tobacco cessation journey, building rapport and trust. Redundancy of skills within the MMC pharmacy team allows for high availability, and the MMC’s extended business hours enable patients to enroll or have follow-up consultations at a time convenient for them. The MMC follows patient outcomes, which demonstrate the continued benefit of the program for State of Arizona employees. Of the patients who remain engaged throughout the follow-up calls, 58% sustained cessation after 13 months.

MMC receives payment for these services from MedImpact based on a set fee schedule for an initial call and follow-up calls. The integration of the tobacco cessation program into established services provided for MTM facilitates the program’s sustainability.

**Overcoming Challenges to Achieve Success**

Since the inception of the tobacco cessation program in 2010, 469 prospective patients have contacted MMC for information on tobacco cessation services and 428 have enrolled in the program. This program is ongoing, and the duration of enrollment is dependent on the patient and the medication therapy utilized for tobacco cessation. Patients are able to request a change in their medication therapies during their enrollment, and several patients have re-enrolled in the program in their continued attempts to quit tobacco. Some patients who call MMC for information elect not to enroll at the time of contact or may have enrolled in ASHLine only.

Of the 427 patients who completed the tobacco cessation program, 81 were tobacco free at the completion of medication counseling, which represents a 19% quit rate. As of December 31, 2019, MMC had conducted 7-month follow-up calls with 132 patients. Of these, 72 remained tobacco free (55% of respondents). A second follow-up call was done 13 months after members completed the program, MMC reached 72 of those spoken with at the 7-month follow-up, with 42 (58%) patients remaining tobacco free.

The successful quit rates achieved with this telephonic program have previously been published in the *Journal of the American Pharmacists Association*. The MMC has conducted 1,549 consultations in support of patient quit attempts, with an average of 3.6 consultations per patient. Patients most frequently use NRT as their medication therapy to support cessation, though 41 (7%) have used a combination of FDA-approved therapies in their quit attempts. Some patients may have tobacco cessation medication on hand upon enrollment. When enrolling patients do not yet have medication, MMC pharmacists will make a recommendation. MMC pharmacists have made 397 medication recommendations, and most patients receive at least one medication recommendation.
Current Challenges
Pharmacists engage with each patient and develop strategies to overcome patient-specific barriers to success. The primary barriers to success for patients engaging in tobacco cessation services at MMC are:

- **Patient recruitment**—MMC cannot directly impact initial patient engagement in the program. The vendor is responsible for outreach and promotion of the program to health plans’ patient populations for which the vendor is the plan’s PBM.

- **Lack of primary care physicians**—Patients must have a primary care provider to prescribe tobacco cessation medications; it can be a rate-limiting step to find a provider and get started in the program.

- **Patient engagement**—MMC is often challenged with patients continuing to engage in the program and accept telephone follow-up calls.

- **Patient motivation**—Patient relapse and medication non-adherence are barriers to success, and patient engagement is tied to motivation to quit. Patients who enroll because of an employer requirement are less intrinsically motivated to quit—and, thus, less engaged—than those who call because a friend or relative was recently diagnosed with cancer.

Next Steps
The MMC has been a leader in telehealth services that expand the role of pharmacists to impact patient health through the cessation of tobacco products. MMC’s engagement with student pharmacist development helps further promote the role of pharmacists as partners in health outcomes across the profession. MMC continues to provide these services for State of Arizona employees who have MedImpact as their PBM.

Providing Personal Outreach
“Often, patients who engage in the program are reluctant or haven’t had previous success, but having the support of our pharmacists and the ASHLine counselors makes a big the difference. Sometimes that personal touch can encourage patients and empower them to know it is possible to quit.”

—Martin Pelger, PharmD, MMC-Certified Tobacco Cessation Specialist
Summary of Facilitating and Limiting Factors

MMC’s tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

Facilitating Factors
- Direct payment by a PBM.
- Telehealth capabilities.
- Workflow integration into larger business model.

Limiting Factors
- Self-enrollment of patients who are eligible to participate.
- Patient readiness to quit or adhere to the quit plan at the time of enrollment.
- Ongoing patient engagement in the program.
- Patient may not have a primary care physician to prescribe medication.

This promising practice profile was developed based on information from and interviews with:
- Stephanie Forbes, PharmD, Clinical Operations Pharmacist, SinfoníaRx, a TRHC Solution
- Martin Pelger, PharmD, Pharmacy Manager, SinfoníaRx, a TRHC Solution

The views expressed in this profile are their own and do not necessarily reflect the views of SinfoníaRx or the Medication Management Center.
### PrimaryOne Health

**PrimaryOne Health** is a Federally Qualified Health Center (FQHC) with 12 locations throughout central Ohio serving culturally and socioeconomically diverse populations. FQHCs are community-based health care providers that receive funds from the U.S. Health Resources and Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. These health centers meet a stringent set of requirements, including providing care on a sliding fee scale based on patient ability to pay and operating under a governing board composed of at least 51% patients.1 PrimaryOne Health provides services in primary care, women’s health, dental, integrated behavioral health, vision and specialty services.

The diversity of the PrimaryOne Health patient population varies from site to site. Some locations have a large immigrant and refugee population, and language services at those sites are critical. Health

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<tr>
<td>Location</td>
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<td>Practice Setting</td>
<td>Federally Qualified Health Centers</td>
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<td>Pharmacist Authority</td>
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<tr>
<td>Care Team Members Providing Tobacco Cessation Services</td>
<td>Pharmacists, Physicians, Nurse practitioners, Behavioral health clinicians/Social workers, Dietitians, Nurse care coordinators</td>
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<td>Primary Payer(s)</td>
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<td>Billing Codes</td>
<td>99406/99407—billed “incident to” under collaborating provider NPI, 99211—billed “incident to” under collaborating provider NPI</td>
</tr>
<tr>
<td>Metrics of Success</td>
<td>From January to June 2019, pharmacists engaged 162 patients with a 20% quit rate</td>
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care professionals work with patients to manage challenges beyond health care, including access to food, resources for heat and electricity, housing, and transportation.

Team-based care is a strength for the center, with a robust care team composed of pharmacists, physicians, nurse practitioners, behavioral health clinicians, dietitians, and nurse care coordinators working to meet the specific health needs of individual patients. Pharmacist-provided disease management services are provided for diabetes, hypertension, chronic obstructive pulmonary disease, and tobacco cessation.

Pharmacists are located within 6 of the 12 PrimaryOne Health locations, and their services are delivered in the same space as physicians, dietitians, and behavioral health practitioners. Since 2012, tobacco cessation has been a core patient care service provided by the pharmacy staff. The Franklin County Department of Health refers people in the community to PrimaryOne Health as one of the local health care sites that offer tobacco cessation services. The Ohio Department of Health provides access to quitline services whereby PrimaryOne Health patients can be referred for additional counseling and nicotine replacement therapy at no charge to the patient. PrimaryOne Health provides individual, face-to-face, and telephonic counseling and support for patients seeking to quit tobacco. The integration of the pharmacist-provided tobacco cessation program within the primary care center offers a seamless way for patients to access care.

Pharmacists have expanded their ability to bill for tobacco cessation counseling services, primarily through payers, and have subsequently increased authority through a collaborative practice agreement (CPA) for the management of tobacco use disorder. Typically, patients are referred to the pharmacist-provided tobacco cessation program by other practitioners in the center. Clinical pharmacists schedule appointments with patients and are financially incentivized to meet and exceed their quarterly goals for clinical visits.

Pharmacist Authority to Provide Tobacco Cessation Services

Pharmacists engaged in tobacco cessation services are highly trained and must demonstrate the attainment of specific credentials. These pharmacists work collaboratively with other members of the care team to engage patients and deliver services.

Credentialing and Privileging

PrimaryOne Health requires board-certification in ambulatory care pharmacy or completion of a postgraduate year 1 (PGY1) residency program (or equivalent experience) for pharmacists to operate under the CPA. An option for meeting the equivalent experience requirement is obtaining a National Certificate in Tobacco Treatment Practice, which
includes training, an examination, and 240 hours of tobacco treatment practice experience following the completion of training. Close observation, assessment, and coaching by pharmacists who also serve as residency preceptors ensures comprehensive and consistent skill development. Additional on-the-job training is provided to ensure consistent documentation and workflow.

**Collaborative Practice Agreements**

Pharmacists operate under a CPA with physicians for the management of tobacco use disorder. Under Ohio law, pharmacists can only enter into CPAs with physicians, not with nurse practitioners, which is a barrier to patient care for PrimaryOne Health. The center’s nurse practitioners practice under a CPA with a physician and are responsible for their own patient panel, a typical structure for many FQHCs. The CPA does not cover patients who are referred by nurse practitioners, therefore pharmacists and nurse practitioners work collaboratively to get prescriptions for patients when required.

These policy gaps result in potential care delays for tobacco cessation patients referred by nurse practitioners. When patients participate in an initial consultation, they are often motivated to begin the program and start medications. In the case of nurse practitioner referrals, the pharmacist must message the nurse practitioner, wait for the nurse practitioner to send a prescription, and then contact the patients to let them know to go to the pharmacy to pick up their medication. This sequence rarely happens immediately, creating barriers to a patient’s timely access to the prescribed medication. For referrals by physicians, pharmacists can directly order the medication and coordinate appropriate product dispensing. Pharmacist prescribing authority allows the coordination of patient services in a more effective and timely manner.

**Accessing Pharmacist-Provided Tobacco Cessation Services**

All FQHCs must annually report data measures defined in the Uniform Data System (UDS) to HRSA as a condition of federal funding. One assessed measure evaluates cessation interventions for patients who use tobacco. Prioritizing the tobacco cessation referral to the pharmacist is one way that PrimaryOne Health works to meet this UDS measure. Patients can be referred for tobacco cessation services by primary care providers, behavioral health providers, nurses, dietitians, or pharmacists.

Although PrimaryOne Health primary care practitioners may ask patients about their tobacco use, provide brief counseling, or offer medications, they recognize that the pharmacist-provided service is much more comprehensive, allows for more thorough assessment, and provides in-depth counseling intervention. The tobacco cessation services are also advertised through
flyers in the patient waiting rooms, encouraging patients to request a referral from their practitioner. Health care practitioners appreciate the value of the pharmacist-provided tobacco cessation services, particularly for patients with complex conditions such as diabetes, hypertension, hyperlipidemia, or depression. Tobacco cessation for patients with these conditions would improve health outcomes, and pharmacists can provide support across disease states because of the breadth of pharmacist-provided patient care programs. Practitioners trust the pharmacy team to provide individualized support for patients in need of tobacco cessation services.

**External Referral**

Partnerships with public health agencies provide an opportunity for pharmacists to enhance tobacco cessation services for patients. The Franklin County Department of Health has served as a referral source for PrimaryOne Health. Through their services, the Department identifies individuals who may benefit from tobacco cessation counseling or medication therapy and provides funding support for patients who do not have health insurance or whose health insurance does not cover tobacco cessation counseling services. PrimaryOne Health is one of several local health care sites that serve as a referral point to offer tobacco cessation services.

**Behavioral Health Referral**

PrimaryOne Health has a team of behavioral health practitioners across the health system who refer patients interested in tobacco cessation to the pharmacist-provided service. Most of these behavioral health practitioners are not trained specifically in tobacco cessation. However, all behavioral health professionals are trained in motivational interviewing, which can often identify patients who are at a stage where they are ready to quit tobacco. Pharmacists are positioned to establish the quit plan with the patient, and the pharmacist may refer patients to behavioral health for mental health, drug, and/or alcohol addiction concerns that arise during the provision of tobacco cessation services.

**Primary Care Practitioner Referral**

Any practitioner, including physicians, advanced practice nurses, dietitians, and social workers, can refer patients to the pharmacist smoking cessation service via the electronic health record (EHR). It is part of the practitioner’s workflow to document tobacco use and, if positive, refer the patient to the pharmacist service. Following the referral, the practitioner’s support staff will schedule the patient’s appointment with the pharmacist and provide that information to the patient. Pharmacists see patients by appointment, usually within 2 weeks of the request.
Pharmacy Team Referral or Self-Referral to Pharmacist-Provided Services

Patients participating in other clinical pharmacy services, particularly those with chronic obstructive pulmonary disease and asthma, are often screened for tobacco use and offered tobacco cessation services. Patients may also self-refer for tobacco cessation services by asking their practitioner for a referral or by scheduling an appointment through PrimaryOne Health's front desk or call center.

Delivery of Pharmacist-Provided Tobacco Cessation Services

For patients at PrimaryOne Health, their journey to achieve tobacco cessation is individualized and patient-centered, with pharmacists meeting patients where they are in the process and working with them to achieve goals that they set for themselves. This approach helps retain motivated patients in the program.

Initial Clinical Pharmacy Visit for Tobacco Cessation

During the initial 30- to 45-minute visit, the pharmacist provides the patient with an overview of the program, focusing on the advantage that treatment and support are individualized depending on patient needs. The initial visit includes a thorough patient interview, a review of appropriate options for pharmacotherapy if the patient is interested, counseling on behavioral strategies, goal setting, and the development of a follow-up plan with the patient. The pharmacist conducts a comprehensive interview to understand the patient’s history with tobacco use, triggers, past quit attempts, successful strategies that may have worked in the past, and precisely where the patient has struggled in previous attempts at quitting. If pharmacotherapy is initiated during the first visit, the pharmacist will utilize the CPA, if possible, or coordinate with other practitioners to supply a prescription for the product when needed.

Pharmacists also work to coordinate pharmacotherapy and ensure patients have access to needed medication. PrimaryOne Health can offer tobacco cessation medications at a discount price through partner pharmacies for patients who do not have insurance and qualify for a sliding-scale fee based on income.

Follow-Up Clinical Pharmacy Visits for Tobacco Cessation

Follow-up visits are conducted either face-to-face, telephonically, or via audio or visual telehealth, with the frequency tailored to the needs of the specific patient. The pharmacist schedules follow-up calls for the patients within a specific time range (e.g., Monday morning). Follow-up calls typically last from 5 to 15 minutes, depending on the specific needs of the patient. Some patients are comfortable with a weekly phone call, while others respond more effectively to a face-to-face visit every 2 weeks. Follow-up counseling sessions are centered around achieving the goals
outlined in the initial consultation and/or setting new goals and continue as long as needed to help the patient meet these goals. Once patients achieve tobacco-free status, pharmacists check in as often as the patient requests, with minimum touchpoints at 3 months and 6 months from the patient quit date.

**Documenting Services**
All tobacco cessation services are documented in the Allscripts EHR, which also provides a process and a structure for the delivery of services. The structure for service delivery has been customized in the system, including of subjective information and workflow. This workflow is tailored to the factors relevant for each individual patient, including the questions asked and information collected at each visit.

**Sustainability**
PrimaryOne Health bills tobacco cessation services to Medicaid and some commercial plans using Current Procedural Terminology codes 99406 (tobacco use cessation counseling visit greater than 3 minutes but not more than 10 minutes) and 99407 (smoking and tobacco use cessation counseling visit greater than 10 minutes), with the service provided “incident to” a practitioner’s care plan. The physicians or the nurse practitioners submit for reimbursement under their National Provider Identifier (NPI) number. The lack of a CPA between pharmacists and nurse practitioners does not preclude billing “incident to” for pharmacist-provided tobacco cessation services. Reimbursement received through these billing codes does not completely cover the cost of pharmacist’s time or overhead costs.

**The Importance of Gaining Trust**
“I received a referral for a patient who was challenging because she was not very trusting of medical providers. When she was referred, I was warned by the primary care provider that she might not even come for her appointment. I started slowly, trying to break down the barriers and getting her to trust me. I talked to her several times a month for several months. It was a long road, but she would always answer or call me back. She wanted to stay engaged, and even when there were setbacks, we worked closely to help her manage through them. I think it’s hard for most patients when they have a setback. They feel like they failed. I think she trusted me not to make her feel guilty or shame her for any setback. She came to understand that I was there to support her wherever she was on her quit journey.”

—Alexa Valentino, PharmD, BCACP
Sustainability is also evaluated through quality metrics. The UDS measure reflects screening and intervention, which is a strength of PrimaryOne Health practitioners. Internal system data have evaluated the percentage of patients who reduced their daily cigarette use and the percentage of patients who became nonsmokers. These internal measures, along with other clinical quality measures, have helped solidify management support for continuation of funding for the clinical pharmacy tobacco cessation program.

Overcoming Challenges to Achieve Success

From January to June 2019, pharmacists engaged 162 unique patients for a total of 281 visits. The site has documented a 20% tobacco cessation rate among patients with at least two visits with the pharmacist.

Overcoming Challenges

Pharmacists engage with each patient to help overcome the identified barriers to success. The primary barrier experienced by the pharmacy team is patient engagement. Getting patients to participate throughout the entire care process is an ongoing challenge for pharmacists. Some patients struggle to attend the initial appointment because practitioners attempt to schedule appointments for tobacco cessation before the patient is truly ready or the patient is uncertain about what to expect. Others may engage in the initial visits and decide they are not ready to quit. Many patients in this population deal with significant life stressors, which may trigger their use of tobacco. Pharmacists work to overcome these barriers with ongoing communication. Additionally, pharmacists follow up with patients who may miss appointments or who step back from their initial goals, always with the intent to re-engage patients when they are ready.

Next Steps

PrimaryOne Health has leveraged the success of its tobacco cessation program to expand pharmacist-provided services. Tobacco cessation is one of the longest running services and has helped to solidify relationships with the practitioners and demonstrate pharmacist value as members of the health care team. Leveraging the tobacco cessation service for the first CPA was valuable because the service was well established and trusted by practitioners. Leveraging the success of the tobacco cessation CPA, PrimaryOne Health was able to expand to four chronic diseases that are managed utilizing a CPA. The pharmacist team at PrimaryOne Health is also focused on continuing to expand clinical services offered under collaborative practice.
Summary of Facilitating and Limiting Factors

PrimaryOne Health’s pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

**Facilitating Factors**

- Strong collaborative relationships among members of the health care team.
- Collegiality, respect, and trust among members of the health care team.
- Level of training for pharmacists engaged in providing tobacco cessation services.
- Internal data that demonstrate the value of services to the health system.
- Pharmacists have read and write access to the EHR.
- Financial incentives for pharmacists to exceed goals for clinical visits.
- Strong internal and external referral network.

**Limiting Factors**

- Limits to the scope of the CPA, which restricts agreements with nurse practitioners.
- Patient readiness to quit or adhere to quit plan.
- Ongoing patient engagement in the program.

This promising practice profile was developed based on information from and interviews with:

- Alexa Valentino, PharmD, BCACP, Assistant Professor of Clinical Pharmacy, The Ohio State University College of Pharmacy; Lead Clinical Pharmacist, PrimaryOne Health

**Reference**


The views expressed in this profile are her own and do not necessarily reflect the views of PrimaryOne Health.
### FAMILY HEALTHCARE

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<tr>
<td>Metrics of Success</td>
<td>From 2016 to 2019, quit rate for patients in program at 1 month is 17% and at 3 months is 20%</td>
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### About Family HealthCare

**Family HealthCare** is a Federally Qualified Health Center (FQHC) that receives funds from the U.S. Health Resources and Services Administration to deliver primary care services in underserved areas. The primary care clinic provides high-quality, affordable health services for patients living near or in Fargo, North Dakota. The patient population is primarily socioeconomically disadvantaged, with some homeless patients in the population. The center offers a wide variety of primary care services, including medical, dental, behavioral health, and vision.

Clinical pharmacy services have been integrated into clinic operations for decades. Family HealthCare clinical pharmacists operate as an office-based practice alongside physicians, physician assistants, and nurse practitioners. Providers strongly support the pharmacists and appreciate the value they provide to enhancing patient outcomes. Clinical pharmacists allow
providers to be more efficient because pharmacists support the patient through face-to-face engagement and help manage chronic conditions between regular visits. The clinical pharmacists are Certified Tobacco Treatment Specialists (CTTS) who provide both tobacco cessation services and comprehensive medication management services for patients at Family HealthCare.

Because access to care is challenging for many patients, pharmacists at Family HealthCare work to meet that challenge by providing free and unlimited tobacco cessation services. Patients can be engaged in the program as many times as necessary and for as long as it takes to help them quit and stay quit. Pharmacists work closely with other members of the health care team to support patients at Family HealthCare, including a dietitian trained as a CTTS, nurse practitioners, physician assistants, and physicians. Services are delivered at the main clinic site as well as two satellite clinics around Fargo.

As a standard of practice, all tobacco cessation patients are also referred by the pharmacists to the state quitline program NDQuits. The program is free for patients; however, the resource can be difficult for many patients to access because they do not have a phone or lack the financial resources to buy enough phone minutes to participate in quitline services, or language barriers are present.

The North Dakota Department of Health supports a Center for Tobacco Prevention and Control that provides funding to help support programs around the state. Family HealthCare receives grant funding from this source for its tobacco cessation program, enabling the provision of free over-the-counter nicotine replacement therapy (NRT) as a bridge to allow patients to start their quit attempt while in the process of obtaining coverage for NRT at the pharmacy or through NDQuits. Prescription cessation medications are also utilized, and coverage depends on patients’ insurance status. Leveraging the sliding fee scale program, drug manufacturer patient assistance programs, and working with insurance payers are all important functions in the process of patient access to their medications. In the Fargo area, other health systems also have tobacco cessation programs, although most of these programs are either inpatient only or have limited outpatient services. Tobacco cessation programs are also widely available through local public health units, other community health centers, and clinics.

Pharmacist Authority to Provide Tobacco Cessation Services

North Dakota state law provides authorization for pharmacist limited prescriptive authority by means of collaborative practice agreements (CPAs), which can be used for provision of tobacco cessation. Family HealthCare has implemented processes to ensure pharmacists providing tobacco cessation services are trained to provide these services.
**Credentialing and Privileging**
Pharmacists are credentialed at Family HealthCare and privileging consists of limited prescriptive authority and authority through a CPA. Pharmacists providing tobacco cessation services are CTTS through the Mayo Clinic. This certification requires ongoing continuing education specific to tobacco-related topics and re-application for the certification occurs every 2 years.

**Collaborative Practice Agreements**
Family HealthCare’s CPA is between the clinical pharmacists and the medical director and approved by the clinic board of directors. North Dakota’s collaborative practice law enables pharmacists to enter into agreements with providers following patient diagnosis or established protocols to initiate medications, change doses, discontinue medications, and order lab work for any patient who is referred to the pharmacist. The CPA within Family HealthCare provides broad authority across many disease states, including tobacco cessation. Family HealthCare providers place electronic referrals indicating which disease states they would like managed by the clinical pharmacist. The referred patient is then scheduled for an office visit with the clinical pharmacist, and all progress notes with medication adjustments made are ultimately routed to and signed by the referring provider.

**Accessing Pharmacist-Provided Smoking Cessation Services**
Patients can access tobacco cessation services at Family HealthCare through self-referral, pharmacist referral, and primary care provider referral.

**Pharmacy Team Referral or Self-Referral to Pharmacist-Provided Services**
Pharmacists often identify patients in need of tobacco cessation services through provider referrals for chronic conditions such as hypertension, diabetes, asthma, chronic obstructive pulmonary disease, dyslipidemia, and comprehensive medication management. As a routine part of any clinical service, pharmacists screen for tobacco use and assess the patient’s readiness to quit. If applicable, patients are encouraged to participate in the tobacco cessation service, and their primary care providers are notified. Patients may also self-refer to participate in tobacco cessation services.

**Primary Care Provider Referral**
Tobacco cessation referrals are received, typically through the electronic health record (EHR), from a family medicine team that consists of 3 physicians, 10 nurse practitioners, and 2 physician assistants. Providers refer patients to access pharmacist services specifically for tobacco cessation (i.e., tobacco cessation referral) and for broader
chronic disease management (i.e., pharmacist referral), where patients are also assessed for tobacco use. Referrals to both services are made through the EHR. Referred patients are scheduled on the pharmacists’ schedules by the clinic referrals scheduling staff.

In addition, the tobacco cessation service receives referrals from providers for patients to participate in a state-funded grant program specific to pregnant women called Baby & Me Tobacco Free. This program is designed to help pregnant women quit tobacco, while aiming to avoid tobacco-related pregnancy and birth outcomes. The program provides Family HealthCare with training, funds for equipment, and financial incentives (i.e., gift cards for diapers/wipes) for those who successfully quit. Incentives are offered when carbon monoxide monitors indicate no tobacco use by the mother. For pharmacists, this is a significant way to impact maternal, fetal, and neonatal health as well as provide a high level of professional satisfaction.

**Delivery of Pharmacist-Provided Tobacco Cessation Services**

The pharmacy team has strong relationships with other members of the health care team, who rely on pharmacists to provide education on new medications, disease state guidelines, or updates to the tobacco cessation program. These providers meet consistently throughout the year, building collegiality and trust with busy medical providers valuing the contributions and accessibility of the pharmacist. Clinical pharmacists also work closely with medical interpreters employed by Family HealthCare when providing care for non-English-speaking patients. When there is no interpreter available for a patient (or if the patient speaks a language that the employed interpreters do not speak), a telephone-based interpreter service is utilized.

**Initial Clinical Pharmacy Visit on Tobacco Cessation**

Tobacco cessation services are delivered by face-to-face visits within 30-minute appointment slots. Since the beginning of the COVID-19 pandemic, these visits are also available via telehealth. If possible, the patient is scheduled the same day that they are referred. If that is not feasible, they are scheduled as quickly as possible. Clinical pharmacists have a daily schedule in the EHR, which is the same appointment method used by other primary care providers.

Patients are seen in a clinic exam room where the pharmacist assesses their medical history, history of tobacco use, and what tobacco cessation strategies they may have used in the past. The pharmacist provides counseling utilizing motivational interviewing skills to work toward identifying patients’ reasons for wanting to quit tobacco, triggers for cravings, and barriers in order to work toward improving patients’ perception of importance of quitting and confidence in quitting. Breath carbon monoxide
Family Healthcare

Monitors are available to utilize during visits to objectively demonstrate to patients their level of smoking and are mainly used as a motivational “vital sign” in the quitting process. Quit dates are encouraged while also considering reduce-to-quit methodology.

Patients are encouraged to combine tobacco cessation medication treatment with counseling; therefore, the pharmacists often prescribe medication, if not contraindicated. This could include prescription or nonprescription NRT, varenicline, and bupropion. Medication combinations such as nicotine patch and nicotine gum, or nicotine patch and bupropion, as well as high-dose NRT are often recommended based on current tobacco treatment evidence and patient-specific tobacco use. Following each visit, the pharmacist documents a progress note using the SOAP (subjective, objective, assessment, and plan) note format. This note is entered into the EHR, which is then routed to the primary care provider for review.

Follow-Up Clinical Pharmacy Visits for Tobacco Cessation

All patients seen for tobacco cessation are encouraged to follow up continuously, even long after quitting tobacco to ensure long-term tobacco abstinence. At the conclusion of each visit, the pharmacist schedules a subsequent face-to-face follow-up visit to occur on a date mutually decided upon with the patient. Occasionally follow-up visits are conducted via telephone or telehealth to support patient schedules. Follow-up visits are typically 30 minutes in length, with the focus of the visit adapted to meet the needs of the individual patient.

Pharmacists continue to engage patients with motivational interviewing, follow up on medication safety and efficacy, and make adjustments if needed. Pharmacists work to address ongoing questions, concerns, or barriers to quitting that patients may have. Although education handouts and resources such as self-help mobile apps and curricular-based strategies are sometimes used, pharmacists typically provide individualized information to the patient, depending upon specific needs. Patients are contacted by phone after their first visit, at 1 month, and again at 3 months to assess their quit status.

Documenting Services

The pharmacists document tobacco cessation visits in the EHR, which is then routed to the primary care provider for review and signature. The provider signature documents that the provider has been informed of any medication changes, additions, or deletions made by the pharmacist.

Sustainability

Patients are not charged a copay for tobacco cessation visits at the clinic, recognizing it is an extension of primary care provider services. Many pharmacist visits are not typically reimbursable services in the FQHC setting because pharmacists are
not federally recognized as providers under the Social Security Act. The tobacco cessation service is billable, however, predominantly supported through external grant funding provided by the North Dakota Department of Health, which allows the site to provide NRT to patients at no cost, as well as education for providers, maintenance of EHR systems related to tobacco use tracking, and implementation and maintenance of a bi-directional electronic referral process to NDQuits. The clinic bills for tobacco cessation services using Current Procedural Terminology codes 99406 (tobacco use cessation counseling visit of 3 to 10 minutes) and 99407 (tobacco use cessation counseling visit greater than 10 minutes) pursuant to the pharmacist’s National Provider Identifier (NPI) number and main clinic’s NPI number. There are limited payers in North Dakota that reimburse for these services, however this has been expanding in recent years. Family HealthCare does receive reimbursement for services from a couple of commercial payers, one Medicaid expansion plan, and one HMO payer. In addition, Medicare has a limited number of covered visits for patients. If more third-party reimbursement becomes a reality, the tobacco cessation service will become less reliant on grant funding to support the service.

The largest driver for sustainability and clinic buy-in has been the impact that the service has had on Universal Data System (UDS) measure data, specifically focusing on patients being asked and advised about tobacco cessation. Being an FQHC, the patient population generally consists of low-income individuals, and 75% of the population is served by state Medicaid or has no health insurance. If UDS measures do not show improvement in meeting goals over time, the center could be at risk for potential funding losses. The pharmacist-provided tobacco

**Impacting Women and Children**

“One of our most impactful services is the Baby & Me Tobacco Free program, where we get referrals for pregnant women to help them quit smoking. We supported one patient to quit smoking through her pregnancy, and she had a healthy baby. To this day, she still follows up with us regularly to make sure she doesn’t go back to smoking because she knows how important it is to set a good example for her daughter. Her daughter is 3 years old now, and it has been such a joy to see her grow up!”

—Brody Maack, PharmD, BCACP, CTTS
cessation program has proven outcomes within tobacco-related quality measures, which serve to solidify management and primary care provider support to sustain the service.

The pharmacy team acknowledges that if external grant funding were not available, it would be difficult to sustain the services. However, some limited growth in third-party reimbursement has been promising. A consistent and robust reimbursement process for pharmacist-provided services is necessary for the program to be fully sustainable.

Overcoming Challenges to Achieve Success

On average, the tobacco cessation service sees approximately 20 unique patients per month, which amounts to a total of approximately 30 to 40 visits each month, including follow-up visits. A student pharmacist intern works with the team to collect data on the success of the program. The 7-day and 30-day point prevalence quit rates are assessed, asking patients if they have smoked in the last 7 days and 30 days, respectively. Since 2016, quit rates are calculated from the self-reported data. Family HealthCare’s quit rate at 1 month is 17% and at 3 months is 20%.

Current Challenges

Pharmacists engage with each patient and develop strategies to overcome barriers to success. The primary barriers to success for patients using tobacco cessation services at Family HealthCare are:

- **Patient engagement**—The Family HealthCare clinics have a significant no-show rate, which has been variable and up to 40%. To decrease this issue, a student pharmacist intern reviews all referrals for tobacco cessation and calls the patient to discuss the reason for the referral to ensure the patient is willing to be seen. If patients do not attend their scheduled appointment, the intern conducts outreach to those individuals to help them reschedule for a time and date that works best for them. Sometimes the clinical schedule does not align with the patient’s work schedule, and the pharmacy team will work toward creative solutions to find a convenient time to meet; other creative solutions focus on finding patient transportation if needed, because transportation to the clinic is a significant challenge for the Family HealthCare patient population.

- **Medication cost**—Many patients believe that they cannot afford the medications needed to quit tobacco products. Pharmacists work to overcome these myths. Family HealthCare has access to grant-funded NRT that can be dispensed, and the clinical pharmacists work with the dispensing pharmacy to obtain all U.S. Food and Drug Administration-approved tobacco cessation medications in a cost effective way, such as through patient assistance programs, the sliding fee program, or insurance payers.
Next Steps
Family HealthCare is continuing to focus on enhancing and expanding its tobacco cessation services, with a goal to engage as many medical providers and nursing staff as possible to complete their CTTS. The availability of more trained providers will allow for expanded “point-of-care” tobacco cessation efforts per referral and aim to achieve a more comprehensive clinic-wide approach. Current grant funding will support these expanded training efforts. The clinic is also working closely with the North Dakota Department of Health to continue to seek additional opportunities for reimbursement to solidify the sustainability of the tobacco cessation program.

The COVID-19 pandemic has spurred Family HealthCare to adopt full telehealth operations and will leverage this technology to improve access to tobacco cessation services. Telehealth will allow the clinic to more easily see newly referred patients from satellite sites and/or the patients’ homes, rather than having patients travel to the main clinic location. The tobacco cessation team is hopeful that this will lower no-show rates for patients referred to the main clinic from the satellite sites.

Summary of Facilitating and Limiting Factors
Family HealthCare’s pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

Facilitating Factors
- Pharmacists are credentialed and privileged providers.
- CPAs are in place to facilitate care delivery.
- Strong collaborative relationships among members of the health care team.
- Grant funding to provide NRT to patients.
- Referral network within Family HealthCare and through state-funded grant program.
- Pharmacists have read and write access to the EHR.

Limiting Factors
- Patient readiness to quit or adhere to quit plan.
- Need for multiple steps by patients to obtain coverage for prescription cessation medications.
- Socioeconomically disadvantaged patient population.
- Language barriers requiring interpreter services.
- Patient transportation challenges.
This promising practice profile was developed based on information from and interviews with:

- Brody Maack, PharmD, BCACP, CTTS, Associate Professor of Practice, Pharmacy Practice, School of Pharmacy, College of Health Professions, North Dakota State University; Clinical Pharmacy Specialist, Family HealthCare

The views expressed in this profile are his own and do not necessarily reflect the views of Family HealthCare.
Medical Arts Pharmacy
### Detail Information

<table>
<thead>
<tr>
<th>Detail</th>
<th>Site Information</th>
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</thead>
<tbody>
<tr>
<td>Location</td>
<td>Fayetteville, Arkansas</td>
</tr>
<tr>
<td>Primary Patient Population(s)</td>
<td>Customers of the independent pharmacy and others referred by local physicians</td>
</tr>
<tr>
<td></td>
<td>More than one-quarter of the population at or below the poverty level</td>
</tr>
<tr>
<td>Practice Setting</td>
<td>Community-based pharmacy practice</td>
</tr>
<tr>
<td>Pharmacist Authority</td>
<td>None</td>
</tr>
</tbody>
</table>
| Care Team Members Providing Tobacco Cessation Services | Pharmacists  
                                          | Pharmacy technicians                                                              |
| Primary Payer(s)                            | None                                                                              |
| Billing Codes                               | N/A                                                                               |
| Metrics of Success                          | Since early 2019, quit rate for the 23 patients in tobacco cessation program is 43% |

### About Medical Arts Pharmacy

Medical Arts Pharmacy is an independent community-based practice that has served as an integral part of the community in Fayetteville, Arkansas, for over 60 years. The pharmacy provides both prescription processing and patient care services. The pharmacy has a private consultation area and a full-sized classroom for the delivery of patient care services. Medical Arts Pharmacy has a robust vaccination program, including traveling flu clinics, with concentrated outreach to patients in the community who are eligible for the shingles vaccine. The pharmacy team also provides tobacco cessation services, opioid therapy assessment, pharmacogenomic counseling, and medication adherence support.

Tobacco cessation services were initially implemented in early 2019, through 4 months of pilot program grant funding from Harding University. The pilot program and funding created initial momentum for Medical Arts Pharmacy to develop tobacco cessation services; however, maintaining the scope of services without financial support has been challenging. Medical Arts Pharmacy’s tobacco cessation services are provided at no cost to patients, making resources to support and expand
the tobacco cessation program extremely limited. A partnership with the Arkansas Department of Health provides patients with nicotine replacement therapy (NRT) and tobacco prevention and cessation resources through the Be Well Arkansas program. There are no other local providers offering face-to-face tobacco cessation counseling and support.

Training and Authority to Provide Tobacco Cessation Services

The focus of Medical Arts Pharmacy is increasing access to pharmacist-provided tobacco cessation services for patients in the community. Members of the pharmacy team are trained to support patients in need of tobacco cessation services. Pharmacists provide these services within the current pharmacist scope of practice in Arkansas.

Education and Training

Pharmacists and pharmacy technicians involved in providing tobacco cessation services were trained through a live 1-day training session offered by Harding University College of Pharmacy. This training was part of a program supported by the Arkansas Department of Health and the Arkansas Pharmacists Association to support independent pharmacies initiating tobacco cessation services. This training provided an overview of the impact of tobacco on the residents of Arkansas, training on the elements of tobacco cessation interventions provided in the Centers for Disease Control and Prevention’s Ask-Advise-Refer model and the “5 A’s”: Ask-Advise-Assess-Assist-Arrange intervention, and a discussion of medication therapies for tobacco cessation. Attendees were trained how to use a carbon monoxide monitor, employ motivational interviewing techniques, and integrate these services into the community pharmacy workflow.

State Authority

In February 2019, the State of Arkansas passed legislation that authorized the Arkansas State Board of Pharmacy to issue a statewide protocol for pharmacist prescribing of NRT, but the Board issuance of this protocol is pending. Under existing scope of practice, pharmacists in Arkansas are permitted to recommend and counsel on NRT that can be purchased over the counter. However, for patients on Medicaid and some commercial payers, a prescription is required for NRT to be covered. Pharmacists may also recommend prescription medication therapy for tobacco cessation, but they must work with a physician to secure a prescription for these treatments. Because pharmacists do not yet have prescriptive authority for tobacco cessation therapies, Medical Arts Pharmacy spends a significant amount of time coordinating care with patients’ prescribers to initiate prescription orders for NRT and prescription cessation therapies. The pharmacist typically spends approximately 20 minutes per patient to facilitate patient access to needed and affordable medication therapy.
Patients can participate in the pharmacy-based tobacco cessation services through self-referral or physician-based referrals.

**Pharmacist and Patient Self-Referral to Pharmacist-Provided Services**

Patients engaged in tobacco cessation services at Medical Arts Pharmacy primarily self-refer to access these services. At the time of self-referral, the pharmacy schedules a time for the initial tobacco cessation appointment. Patients are made aware of the services through in-store messaging and through the pharmacy’s social media accounts on Facebook and Instagram. The in-store information is provided by a detailed flyer that is available at the counter and describes the tobacco cessation program. Medical Arts Pharmacy also screens all patients for tobacco use through the pharmacy intake form, which is completed by patients annually. This process offers an opportunity to identify patients who may benefit from tobacco cessation services.

**Provider Referral**

Approximately 25% of patients in the service were referred by their primary care provider to participate. Local physicians, including pulmonologists, are the main referring providers. These referrals have arisen from direct pharmacist outreach to providers to discuss the benefits of the program.

The pharmacy provides local prescribing physicians with a flyer and referral form to help promote the availability of the service. Physicians recommend that patients who may benefit from the service call Medical Arts Pharmacy.

**Delivery of Pharmacist-Provided Tobacco Cessation Services**

Community-based pharmacists leverage results of screening tools and assessments to support recommendations for tobacco cessation and to engage patients in the quit process. Pharmacists at Medical Arts are easily accessible, with a location that is part of many patients’ routine, allowing ongoing touchpoints and opportunities to reinforce educational and treatment messages.

**Initial Clinical Pharmacy Visit on Tobacco Cessation**

The initial tobacco cessation session is a scheduled appointment with the pharmacist and takes 45 to 60 minutes. On the day of the visit, a pharmacy technician conducts the initial patient intake, which includes demographic and basic health history information. A carbon monoxide monitor is used to determine the patient’s carbon monoxide level. This objective data helps the pharmacist illustrate to the patient how these levels are affected by tobacco use. The pharmacist explains these test results, measures the patient’s blood pressure, and gathers specific tobacco use history from the patient.
Pharmacists administer the Patient Health Questionnaire–2 (PHQ-2) to screen for depressed mood and the Generalized Anxiety Disorder 2-item (GAD-2) screening tool to initially assess for generalized anxiety disorder. If patients have high scores on either of these assessments, then the more extensive PHQ-9 and GAD-7 questionnaires are administered. These assessments for depression and anxiety can help inform the pharmacist whether bupropion might be an appropriate treatment option. Anxiety can also be a trigger for many patients who use tobacco, which allows the pharmacist to provide counseling to help patients manage and cope with these symptoms.

The Fagerström Test for Nicotine Dependence, a standard instrument for determining the intensity of physical addiction to nicotine, is also administered to patients participating in the tobacco cessation program. This test provides a measure of nicotine dependence related to cigarette smoking through the evaluation of the quantity of cigarette consumption, the compulsion to use, and dependence. The results of these assessments provide insights to the pharmacist to help determine the best therapy for an individual patient (i.e., Is the patient a good candidate for nicotine replacement or a prescription medication for tobacco cessation?). In the context of these screening results, the pharmacist and patient also discuss family history, habits and routines, barriers to quitting, and reasons for quitting tobacco. The patient is encouraged to set a quit date. The pharmacist utilizes patient education resources from the Arkansas Department of Health’s Be Well Arkansas program and refers patients to the quitline.

The pharmacist educates the patient on available options for NRT and prescription medication for tobacco cessation. If the patient is insured or recommended a prescription medication, the pharmacist works directly with the patient’s physician to obtain a prescription order for needed tobacco cessation medications. The Arkansas Department of Health provides a free 2-week supply of NRT to any patient enrolled in Medical Arts Pharmacy’s smoking cessation program, who has Medicare, is uninsured, or has an insurance plan that does not cover NRT.

Follow-Up Clinical Pharmacy Visits for Tobacco Cessation

The pharmacist conducts telephone outreach 2 weeks after the initial appointment to check on the patient’s progress and provide support to troubleshoot any initial barriers. The pharmacist also schedules a face-to-face follow-up visit at this time. Patients can participate in up to four additional follow-up sessions, which typically take 15 to 20 minutes each. Approximately one-third of 20 enrolled patients returned for the second face-to-face session, and only one patient returned for the third face-to-face session. Pharmacists conducted additional follow-up by telephone with some patients.
Informal Follow-Up During Prescription Pick-Up

The accessibility of the community pharmacy practice allows the pharmacists to engage with enrolled patients regularly when they pick up prescriptions or shop in the store. This ongoing opportunity to informally engage with patients is particularly valuable, allowing pharmacists to provide encouragement, support, or additional resources as necessary.

Documenting Services

The practice has developed a specific documentation program within its PioneerRx pharmacy software to document patient encounters and test results from the tobacco cessation program. Sessions are also documented in an e-care plan and sent to the state Community Pharmacy Enhanced Services Network, which is advocating for expansion in pharmacist authority and payment for pharmacist services. Pharmacists at Medical Arts Pharmacy do not have access to electronic health records or other patient information from prescribers.

Sustainability

Currently, pharmacists are not recognized by the state, or nationally in the Social Security Act, as health care providers, so the pharmacy is not able to bill insurers for the time pharmacists spend providing tobacco cessation services. Initial grant funding provided necessary reimbursement for pharmacist services that made the program viable in its pilot phase.

The only compensation the pharmacy earns for the tobacco cessation program is through the sale of tobacco cessation medications. Prescription

The Human Impact of Tobacco Cessation Services

“The patient I think of the most is someone who quit in June 2019 and is still tobacco-free. When he came in, he already had chronic lung disease. His biggest fear was not being able to catch his breath and dying from not being able to breathe. Those fears were motivating for him. He had experienced episodes where he was gasping for air, trying to catch his breath, and he felt like smoking was contributing to that. I see him regularly in the pharmacy, and I still check in with him to see if he is having any challenges. His spouse still smokes, and yet he has managed to stay smoke-free, which is amazing to me.”

—Julie Stewart, PharmD
medications and prescribed NRTs are processed as a normal prescription, meaning the pharmacy is reimbursed for the cost of the medication and provided a nominal dispensing fee. Patients may also pay cash for the NRTs if their insurance does not cover them. For patients without insurance, the pharmacist collaborates with the Arkansas Department of Health, which provides NRT at no cost to the patient, but the pharmacy receives no dispensing fee for this service. Despite the lack of compensation for the pharmacist’s professional time or expertise, Medical Arts Pharmacy continues to engage in tobacco cessation activities to further the care of patients.

Prescriptive authority and payment are not directly connected. However, having no prescriptive authority requires considerable intervention on behalf of the patients, and without payment for these services, the program cannot be sustainable. The pharmacy aims to attract payer contracts with commercial insurance companies or self-insured employers, which could provide the reimbursement needed for program sustainability. Medical Arts Pharmacy is hopeful that its efforts to provide counseling and tobacco cessation medication therapies will ultimately be reimbursed.

**Overcoming Challenges to Achieve Success**

Within the initial pilot program, the pharmacy enrolled 15 patients, and the practice has subsequently enrolled 8 additional patients since the pilot ended. Nine patients quit smoking, and one smokeless tobacco user quit. For patients who have quit tobacco, the program often provided the “final nudge” they needed, and ongoing in-person follow-up is unnecessary. To date, the quit rate for the Medical Arts Pharmacy tobacco cessation program is 43%.

**Current Challenges**

The biggest challenge for Medical Arts Pharmacy is patient engagement, particularly getting patients who have indicated an interest to engage for the first visit. The practice had almost 40 patient self-referrals to the program, and when the pharmacist reached out to formally engage for an appointment, patients were more hesitant to engage, with only about half of interested patients enrolling in the program. Some patients indicated an interest in quitting but were not ready to participate in a program yet, while other patients made appointments that they did not attend. The pharmacy staff routinely calls to remind patients of the program and informally engages when they see patients in the retail store. Pharmacists are focused on making sure that patients will rely on the pharmacy when they are ready to engage.
Having patients continue to engage in provided services is also a significant barrier. Sometimes patients are not fully ready to quit, some patients have set a quit date and did not successfully quit on that day, and others may have relapsed or are discouraged. Regardless of the reason, patients often feel shame or embarrassment about coming back to see the pharmacist, so the pharmacy team is always supportive and works to overcome these natural responses.

**Future Plans**

Medical Arts Pharmacy is looking forward to the Arkansas Board of Pharmacy issuing the statewide protocol for pharmacist prescribing of NRT. This action would reduce administrative burden to secure prescriptions for tobacco cessation medications from local physicians, improve patient access to appropriate cessation therapy, and enhance visibility to pharmacists’ role in cessation, which may increase referrals from local physicians. The pharmacy is also investigating the possibility of entering into business agreements with local physicians to conduct tobacco cessation appointments within the physician office setting. This would allow the services to be billed “incident to” a physician’s National Provider Identifier number, which can be done without provider status for pharmacists.

The pharmacists will continue to engage patients in need of tobacco cessation support as the profession of pharmacy works toward being recognized as health care providers and therefore permitted to bill for patient care services. If this occurs, Medical Arts Pharmacy would be able to significantly expand the cessation program and have a broader reach for patients in northwest Arkansas.

**Summary of Facilitating and Limiting Factors**

Medical Arts Pharmacy’s pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

**Facilitating Factors**

- Well-respected practice, integrated in the community for 60 years.
- Referral network.
- Pharmacists have demonstrated grit by continuing to offer developed services, even without payment.
- As a community-based pharmacy, Medical Arts Pharmacy is the only option for patients seeking these services in northwest Arkansas.
**Limiting Factors**

- Limited scope of practice in the state.
- Loss of grant funding for the program.
- Inconsistent insurance reimbursement for tobacco cessation therapies or services.
- Patient readiness to quit or adhere to quit plan.

This promising practice profile was developed based on information from and interviews with:

- Julie Stewart, PharmD, Pharmacist, Medical Arts Pharmacy

The views expressed in this profile are her own and do not necessarily reflect the views of Medical Arts Pharmacy.
The promising practice sites highlighted in this resource—spanning a range of practice settings, geographic regions, and resources—have demonstrated creativity, flexibility, and innovation as they provide tobacco cessation services. Their tobacco cessation services occur even when system-related barriers are present and pharmacists are not recognized or incentivized to support these efforts. The facilitating and the limiting factors around pharmacist authority, patient access, service delivery, and sustainability must be examined to determine the system changes needed to encourage and support pharmacist-provided tobacco cessation services.

Within each of the designated key areas, the benefits and considerations are summarized in a table to provide a quick reference that can be used as a resource as readers plan for and engage in systems improvements.

**Pharmacist Authority**

Credentialing and privileging of pharmacists to provide tobacco cessation services, collaborative practice agreements (CPA) with broad authority, and the issuance of statewide protocols are all facilitating factors. Limiting factors include inconsistency in state level authority and variability in pharmacist authority within CPAs.

**Education and Training**

Pharmacists from all promising practices have completed focused training in tobacco cessation, with pharmacists from Family HealthCare, PrimaryOne Health, and Lac Courte Oreilles Community Health Center (LCOCHC) credentialed as Certified Tobacco Treatment Specialists (CTTS) or through a National Certificate in Tobacco Treatment Practice (NCTTP). However, education and training above base pharmacist licensure requirements were not prerequisites to providing services at most of the sites. Added requirements for pharmacist training, particularly in the spheres in which pharmacists are already competent to provide services, could be limiting to the wide-scale implementation of tobacco cessation services. Table 1 describes system strategy benefits and considerations regarding education and training of pharmacists to provide tobacco cessation services.

**Credentialing and Privileging Processes**

Family HealthCare, LCOCHC, PrimaryOne Health, Red Lake Indian Health Service (IHS), and Veteran Health Indiana (VHI)
have credentialing and privileging processes that facilitate pharmacists being authorized by their practice site to provide tobacco cessation services. Through these processes, pharmacists demonstrate competency, are permitted to utilize their skills, and practice at the top of their licenses and training. In practices that do not have credentialing and privileging processes, pharmacist authority and training requirements are specified only by state law and regulations. Table 2 describes system strategy benefits and considerations regarding credentialing and privileging of pharmacists to provide tobacco cessation services.

Several promising practices that utilize credentialing and privileging processes are within federal health care systems, such as the IHS and the Veterans Health Administration. These federal systems are not subject to state practice laws and have supported the expansion of pharmacist-provided tobacco cessation services, including through pharmacist inclusion in facility credentialing and privileging processes.

### Table 1. System Strategy Benefits and Considerations for Education and Training

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused education and training support pharmacists’ competency to provide tobacco cessation services</td>
<td>Added qualifications may create barriers for pharmacists to provide tobacco cessation services that they are already trained and competent to provide</td>
</tr>
</tbody>
</table>

### Table 2. System Strategy Benefits and Considerations for Credentialing and Privileging

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide mechanisms for pharmacists to be granted authority to prescribe and manage medication therapy for tobacco cessation services</td>
<td>Primarily occurs in health-system practice settings</td>
</tr>
<tr>
<td>Pharmacists demonstrate minimum credentials or competency, ensuring pharmacist qualification to provide service</td>
<td>Processes determined independently by each facility, creating variability across practices</td>
</tr>
<tr>
<td></td>
<td>Creates an additional step, not required by state law, prior to pharmacist engagement in providing care</td>
</tr>
<tr>
<td></td>
<td>May add qualifications/barriers for pharmacists to provide tobacco cessation services that they are already trained and competent to provide</td>
</tr>
</tbody>
</table>
Implementation of credentialing and privileging should result in expanding pharmacists’ scope of practice beyond what is afforded in state pharmacy practice acts or through pharmacist engagement in a CPA. The process should not create unnecessary barriers for pharmacists to deliver services already within their scope of practice, education, or training, and it should not replace efforts for system reform (e.g., statewide protocols) that would provide all qualified pharmacists—across practice settings—with the authority to provide all aspects of tobacco cessation services.

**Collaborative Practice Agreements**

Family HealthCare, LCOCHC, PrimaryOne Health, and Red Lake IHS have CPAs in place that authorize pharmacists to provide defined services following a patient diagnosis or through an established protocol. The scope of practice authorized within CPAs are not consistent across sites; some enable broad authority across many disease states, including the ability to initiate, modify, and discontinue medication therapies and to order laboratory tests, whereas other CPAs permit more limited activity.

Collaborative practice laws within individual states are also highly variable, with some states facilitating the expansion of tobacco cessation services. State laws vary with regard to their provision, such as the scope of pharmacist authority, types of providers that may enter into CPAs, and reporting requirements. Table 3 describes system strategy benefits and considerations regarding use of CPAs for pharmacists to provide tobacco cessation services.

### Table 3. System Strategy Benefits and Considerations for Collaborative Practice Agreements

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
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<tbody>
<tr>
<td>Establish mechanism for pharmacists to be authorized to more autonomously provide certain components of tobacco cessation services</td>
<td>Variability across state collaborative practice laws create a barrier to uniform implementation of tobacco cessation services by pharmacists</td>
</tr>
<tr>
<td>Increase patient access to prescribed tobacco cessation medications</td>
<td>More easily facilitated in health-system practice settings due to colocation of pharmacists and collaborating providers</td>
</tr>
<tr>
<td>Allow the coordination of patient services in a more effective and timely manner</td>
<td>CPA scope and processes vary with each collaborating provider, creating variability within and across practices</td>
</tr>
</tbody>
</table>
SUMMARY OF FACILITATING AND LIMITING FACTORS

A full review of CPA law components and how they can empower or limit pharmacist-provided care is included in Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team from the Centers for Disease Control and Prevention.

**Statewide Protocols**

In some states, pharmacists can provide tobacco cessation services pursuant to a statewide protocol, which expands pharmacists’ authority in areas such as category-specific prescribing. Statewide protocols can provide significant support for pharmacists to expand access, particularly in community-based settings, where pharmacists can reach a larger number of patients in need. In states without these protocols, pharmacists must enter into CPAs or invest substantial time, which is uncompensated, to episodically coordinate care with each patient’s prescriber to initiate or modify prescription orders for tobacco cessation therapies. Medical Arts Pharmacy aims to provide tobacco cessation services under a statewide protocol, although the Arkansas Board of Pharmacy has not yet exercised its authority to issue a protocol. Table 4 describes system strategy benefits and considerations regarding statewide protocols for pharmacist-provided tobacco cessation services.

**Patient Access**

One consistent facilitating factor across all sites is that pharmacists who are empowered to provide broad patient care services are also empowered to care for patients with tobacco cessation needs. In settings where

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
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<tr>
<td>▪ Provide broad authority to all pharmacists in the state who meet specific qualification criteria</td>
<td>▪ Most facilitating when pharmacists are authorized to prescribe and manage all tobacco cessation treatments approved by the U.S. Food and Drug Administration, not only nicotine replacement therapy</td>
</tr>
<tr>
<td>▪ Reduce or eliminate the need for CPAs between smaller groups of pharmacists and collaborating providers</td>
<td>▪ Can require a two-step process whereby authority to issue a statewide protocol is granted to a state entity and then the entity must issue the protocol, which can lead to delays in implementation and adoption</td>
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</table>
there is widespread availability of pharmacists’ services, these services become an expectation of the patient population. Both in community-based and health-system practices, routine accessibility of pharmacist-provided services allows for more continuous patient engagement in the pharmacy or the clinic. This ongoing opportunity to engage with patients is particularly valuable, allowing pharmacists to provide encouragement, support, or additional resources as necessary.

Patient self-referral and referral by the pharmacist and pharmacy staff are ubiquitous across programs. The promising practice sites with the most established services also benefitted from referrals from other providers and partnering organizations.

**Provider Referrals**

Family HealthCare, PrimaryOne Health, Red Lake IHS, VHI, and LCOCHC operate within organizational cultures that facilitate strong collaborative relationships and provide easy access to all members of the health care team. In these settings, pharmacists typically provide robust clinical services across a broad spectrum of disease states and conditions, providing increased opportunities for patient care along with strong collaboration with other members of the health care team. This spirit of collaboration results in systems with strong referral networks composed of primary care physicians, registered nurses, pulmonologists, cardiologists, psychologists, social workers, dietitians, and behavioral health providers for patients in need of tobacco cessation services.

Pharmacists often identify patients in need of tobacco cessation services through provider referrals for chronic conditions such as hypertension, diabetes, asthma, chronic obstructive pulmonary disease, dyslipidemia, and comprehensive medication management. Within health systems, where providers are typically within the same physical location, referrals create a “warm handoff” between providers and pharmacists to ensure patients remain engaged in the service. Some sites have CPAs that support direct referral for pharmacists’ services, others do not, creating additional variation in service delivery. For Medical Arts Pharmacy, generating provider referrals requires the pharmacist to first educate community-based providers on the existence of the service and then create a high level of trust with those providers so they will begin to refer patients. Table 5 describes system strategy benefits and considerations regarding provider referrals for pharmacists to provide tobacco cessation services.

**External Referrals**

Family HealthCare, Medical Arts Pharmacy, PrimaryOne Health, and VHI have fostered strong referral networks with other organizations that support tobacco cessation, such as quitlines, lung cancer screening programs, health programs for pregnant women, and public health programs supported by
SUMMARY OF FACILITATING AND LIMITING FACTORS

Table 5. System Strategy Benefits and Considerations for Provider Referrals

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| ■ Strong collaborative relationships among members of the health care team  
■ Improve coordination of care between providers and pharmacists | ■ More easily facilitated in health-system practice settings due to colocation of pharmacists and collaborating providers, less common in community-based practice |

Service Delivery

The delivery of tobacco cessation services is facilitated by collaborative working relationships with other members of the health care team, specialized training in tobacco cessation, information exchange through the use of electronic health records (EHRs), and consistent efforts around patient engagement.

Table 6. System Strategy Benefits and Considerations for External Referrals

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| ■ Allow pharmacists to reach expanded patient populations in need of tobacco cessation services  
■ Some external referral sources may provide limited grant funding or patient access to NRT | ■ Coordination of care and resources with external referral sources can take time, which is uncompensated |

state and local health departments. External referrals to pharmacists target patients at specific tobacco-related health risk who may not have had knowledge of or access to pharmacists’ services. In addition, these programs sometimes offer access to nicotine replacement therapy (NRT) for patients. Table 6 describes system strategy benefits and considerations regarding external referrals for pharmacists to provide tobacco cessation services.
**Team-Based Care**

Within all promising practice sites, there is a strong team-based environment where pharmacists have built collegiality and trust working closely with other providers to provide care for patients. Particularly in health systems, pharmacists are often ingrained in medical teams and rely on each other to provide tobacco cessation services. These collaborative relationships reinforce the value of tobacco cessation to patients and permit consistent evaluation of patient progress. Strong provider relationships also support identification of specific needs for individual patients and foster collaborative approaches to best serve these needs. Table 7 describes system strategy benefits and considerations regarding team-based care in delivery of tobacco cessation services.

**Information Systems**

System-wide processes are needed to enable and streamline communication and information availability among members of the health care team, which will ultimately enhance patient care and coordination. Pharmacists’ read and write access to the complete EHR supports robust documentation of interactions, recommendations, referrals, and medication orders. Pharmacists at Family HealthCare, PrimaryOne Health, Red Lake IHS, VHI, and LCOCHC have access to robust EHR capabilities, outlining the specific process and a structure for the delivery of services, ensuring consistency across pharmacist providers. Table 8 describes system strategy benefits and considerations regarding information systems in delivery of tobacco cessation services.

**Patient Engagement**

All promising practices have worked to build rapport and earn the confidence of the specific patient populations that they serve, while also tackling public health issues of particular concern. Pharmacists engage with each individual patient and develop strategies to overcome barriers to success, adopting a personal approach that creates direct patient touchpoints every 2 to 4 weeks. These regular patient

Table 7. System Strategy Benefits and Considerations for Team-Based Care in Service Delivery

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
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</thead>
<tbody>
<tr>
<td>■ Improves coordination of care and division of labor between pharmacists and other providers</td>
<td>■ More easily facilitated in health-system practice settings due to colocation of pharmacists and collaborating providers</td>
</tr>
<tr>
<td>■ Engagement of all patient providers improves patient access to tobacco cessation services</td>
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</table>
interactions allow pharmacists to assess how individual patients are progressing, discuss changes they are making, provide encouragement, and reinforce the value of behavior change.

Patient readiness to quit is often an issue, requiring pharmacists to provide ongoing support and encouragement, even when patients may not be open to available services or when relapse has occurred. Sometimes patients are not fully ready to quit, some patients have set a quit date and did not successfully quit on that day, and others may have relapsed and become discouraged. The nature of tobacco use and dependence is that it is an addictive disease state and can create shame and frustration for patients who try to quit and then relapse. Pharmacists, understanding the disease process, remain supportive and work to overcome these natural patient responses.

All sites report that lack of consistent patient engagement is one of the biggest challenges when patients have had some prior engagement in a tobacco cessation program; there are significant no-show rates for follow-through appointments. Sites have worked to mitigate this challenge and encourage patients to participate throughout the entire care process through enhanced outreach and reminder appointments. For those within health systems, EHR access allows all providers to see that the patient is enrolled in tobacco cessation services and actively encourage the patient to re-engage. Other sites work to group appointments for multiple services within one visit to increase convenience for the patient. Stacking of appointments lessens the burden for patients who may have transportation issues or who may be reluctant to follow through with medical care. Table 9 describes system

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
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<tbody>
<tr>
<td>Workflow for the delivery of tobacco cessation can be customized, ensuring consistency of patient services throughout the practice</td>
<td>EHR access is widely available within health-system practices, less accessible for pharmacists in community-based practice</td>
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<tr>
<td>Pharmacist access to information systems holistically supports patient health needs, including the delivery of tobacco cessation services</td>
<td></td>
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<tr>
<td>Ensures all providers have accurate, up-to-date information on individual patient progress</td>
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Table 8. System Strategy Benefits and Considerations for Information Systems in Service Delivery
SUMMARY OF FACILITATING AND LIMITING FACTORS

Table 9. System Strategy Benefits and Considerations for Patient Engagement

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Team-based care fosters patient support across all providers seen for medical care</td>
<td>- Integrated information systems are primarily available in health-system practice settings, less common in community-based practice</td>
</tr>
<tr>
<td>- Strong patient-pharmacist relationships engender a foundation of trust and communication required to support patients in their efforts to quit tobacco</td>
<td></td>
</tr>
<tr>
<td>- Pharmacist understanding of the disease process for patients engaged in tobacco cessation</td>
<td></td>
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Sustainability

Sustainability of pharmacists’ patient care services is dependent on having adequate revenue sources. Sustainability can be both facilitated and limited by the setting where pharmacists work, the processes and systems available to bill for services, and access to grant funding. Achievement of quality metrics can also help facilitate sustainment of services. When state and federal laws, regulations, and policies related to payment designate pharmacists as health care providers, pharmacists have a greater ability to directly bill for services, thereby incentivizing the development and implementation of these services and increasing access to patients. Because these laws are not common, financially viable business models for pharmacists’ tobacco cessation services continue to be a challenge, limiting widespread adoption.

Practice setting is a clear determinant in the ability to sustain pharmacist-provided tobacco cessation services. For programs delivered through health systems, collaborative provider relationships and system supports, such as accessible EHRs, more readily support billing for pharmacist services under the referring provider’s National Provider Identifier (NPI) number as an “incident to” service.

Billing for Services

Commercial payers typically provide reimbursement for medication therapies, but not for the pharmacist-
SUMMARY OF FACILITATING AND LIMITING FACTORS

Table 10. System Strategy Benefits and Considerations for Billing for Services

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<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment mechanisms lead to sustainability of services</td>
<td>Integrated information systems, supporting billing and documentation, are primarily available in health-system practice settings</td>
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</table>

provided clinical services associated with the service. Even when provided, reimbursement for services is not robust and could not independently sustain tobacco cessation services. When a payer recognizes pharmacists as providers of clinical services, pharmacists can bill directly for tobacco cessation services using their NPI number, which can facilitate more widespread adoption of these services. The Medication Management Center has negotiated direct payment by a pharmacy benefits manager, with services reimbursed based on a set fee schedule for an initial call and follow-up calls.

Stand-alone tobacco cessation services are primarily billed “incident to” under the referring provider’s NPI number. Under “incident to” billing, pharmacists must enter individual business relationships with each referring physician or group practice, which can be burdensome. This payment model also typically requires pharmacists to operate under the direct supervision of the provider, an arrangement significantly facilitated when pharmacists are colocated with referring providers. Colocation and the lack of a shared or connected EHR limit the feasibility of this model in community practice.

For tobacco cessation services provided as part of a broader pharmacist-provided medication therapy management intervention, services are billed under the pharmacist’s NPI number. This payment model removes barriers to patient care and empowers pharmacists to expand tobacco cessation services. Pharmacists must ensure timely and comprehensive documentation of services provided to facilitate coordination of care. Table 10 describes system strategy benefits and considerations regarding billing for tobacco cessation services delivered by pharmacists.

Grant Funding

Medical Arts Pharmacy and Family HealthCare have leveraged grant funding to initiate services or to provide free over-the-counter NRT to patients. Even when available, this funding has not proved sufficient to sustain services. When the grant funding ends, practices can feel compelled to provide services to patients without any financial support because of the extreme need. Table 11 describes system strategy benefits and considerations regarding grant funding for pharmacist-provided tobacco cessation services.
SUMMARY OF FACILITATING AND LIMITING FACTORS

Table 11. System Strategy Benefits and Considerations for Grant Funding

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| • Can jump start program initiation and provide funding for initial program infrastructure  
• Provides proof of concept in a specific practice site, leading to support for sustainment of services | • Support program initiation, but rarely allow for ongoing sustainability  
• Grant funding for NRT can provide needed medications for patients, yet pharmacists receive no reimbursement for valuable services |

Quality Metrics
Organizations including Family HealthCare, LCOCHC, PrimaryOne Health, and VHI take a more comprehensive view of saved costs outside direct reimbursement to justify continuation of tobacco cessation services. These facilities evaluate sustainability through leveraging both internal and external quality metrics, which can compel executive-level support for pharmacist-delivered tobacco cessation services. Table 12 describes system strategy benefits and considerations regarding quality metrics for pharmacist delivery of tobacco cessation services.

Conclusion
Decreasing tobacco use is a clear public health priority in the United States. The promising practices presented in these profiles demonstrate that when state laws and regulations and organizational policies align to support appropriate pharmacist authority, facilitate patient access to services, and ensure mechanisms for pharmacist payment, strong and effective tobacco cessation programs can be developed and delivered to patients in need of these services. Specialized training, access to integrated information systems, and participation in team-based care are also elements that enhance tobacco cessation service delivery.

Table 12. System Strategy Benefits and Considerations for Quality Metrics

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<tr>
<th>Benefits</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved rates of tobacco cessation correlate with decreased health care costs over time</td>
<td>• For some health systems, meeting quality measures can help meet metrics associated with continuation of government funding</td>
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SUMMARY OF FACILITATING AND LIMITING FACTORS

To facilitate widespread adoption of these promising practices, both policy and payment issues must be resolved. State laws must be consistent and provide pharmacists with the authority to initiate, modify, and discontinue tobacco cessation therapies. Concurrently, payment processes must be established and accessible for pharmacists across practice settings, providing reimbursement for the medication therapies and the associated pharmacist-provided tobacco cessation services. System changes in these two areas could better equip and empower all pharmacists to offer tobacco cessation services, increasing patient access, and ultimately improving health outcomes.

Although the promising practices highlighted in these profiles have overcome significant barriers to develop and implement pharmacist-provided tobacco cessation services, they have each found a way to provide tremendous support to their patients. These promising practices represent a snapshot of the ways pharmacists can support tobacco cessation nationwide, and they exemplify how other practices could navigate system barriers as they adopt and scale tobacco cessation services. Efforts to develop pharmacist-provided tobacco cessation services at the local level must continue, as system changes are made to foster consistent, nationwide processes that facilitate pharmacists in all practice settings as providers of these services.