Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions

APhA

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]).[1] 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

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 use and 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.

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

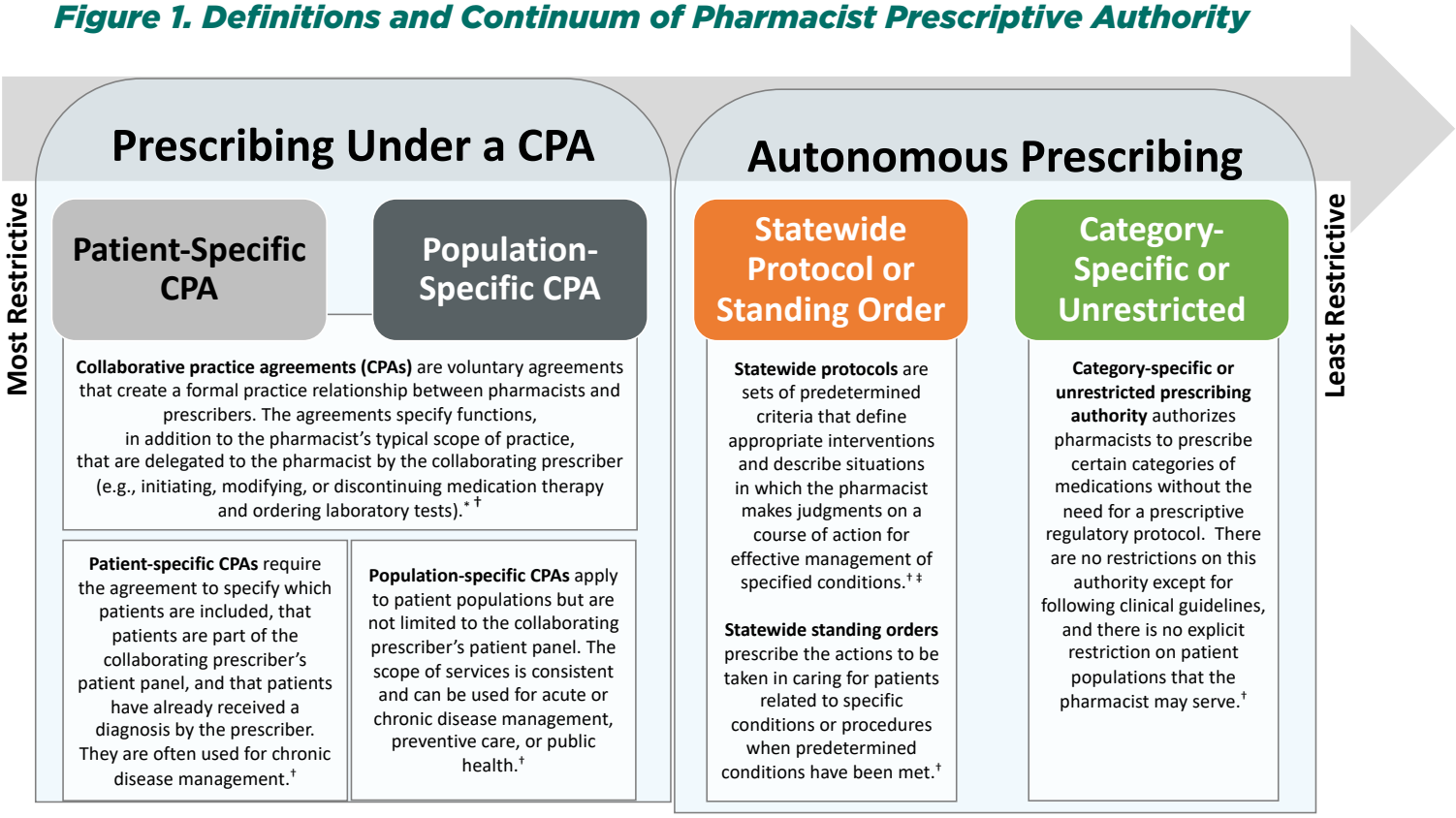
Some components of pharmacists' tobacco cessation services are generally consistent across state lines, while other components such as prescriptive authority require statewide expansion of scope through mechanisms such as collaborative practice agreements (CPAs) or statewide protocols. Tobacco cessation 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.[3] 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

Figure 1. Definitions and Continuum of Pharmacist Prescriptive Authority



* Centers for Disease Control and Prevention. *Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team.* 2017. Available at: https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf. Accessed July 17, 2020.

† Adams AJ, Weaver KK. The continuum of pharmacist prescriptive authority. *Ann Pharmacother.* 2016;50(9):778–784.

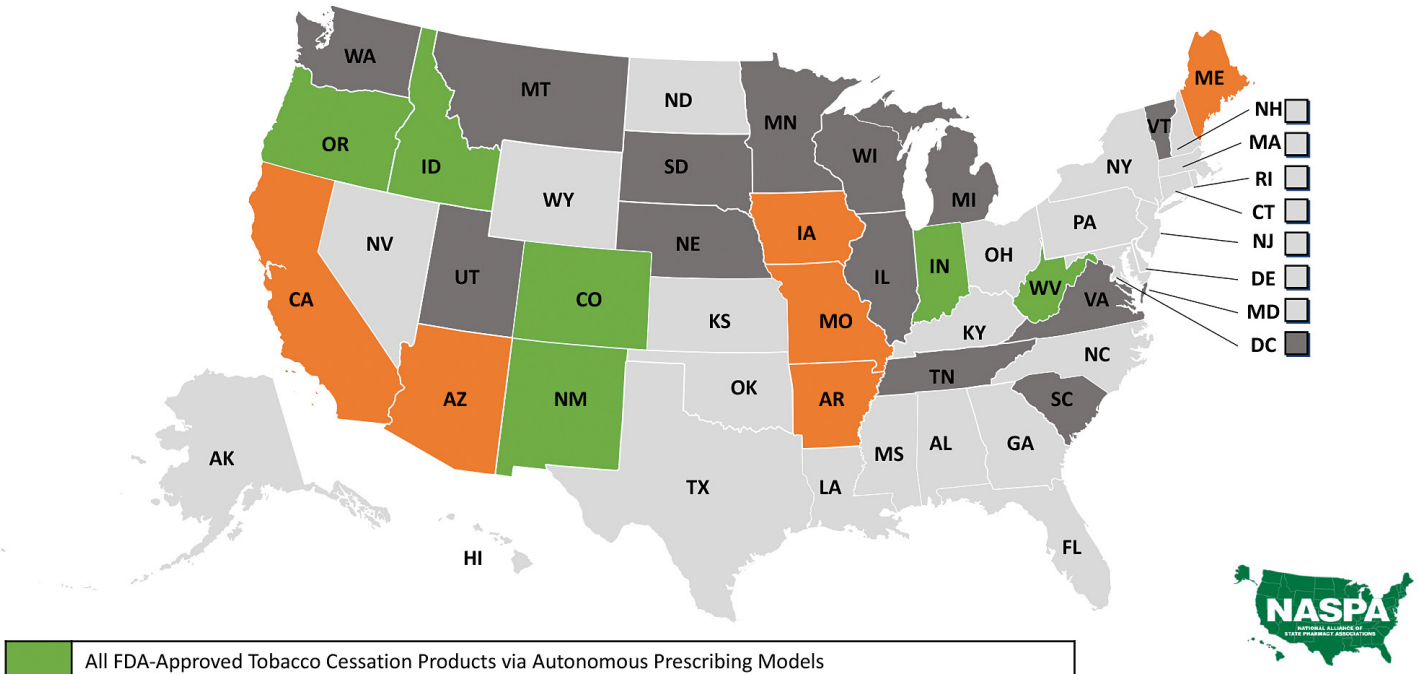
‡ McGinley E. Pathways to pharmacist prescriptive authority. Presented at: National Association of Boards of Pharmacy–American Association of Colleges of Pharmacy District Meeting; September 16, 2017; Mystic, CT. Available at: https://nabpdistrict1.pharmacy/wp-content/uploads/2017/09/2-ppg-HO-Law.pdf. Accessed July 17, 2020.

have autonomous models of prescribing tobacco cessation medications by statewide protocols.[4]

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

Figure 2. Pharmacists' Authority to Prescribe Tobacco Cessation Therapy



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

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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.

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.[3] Idaho is currently the only state with category-specific prescribing for tobacco cessation medications.[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.[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.[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

Table 1. FDA-Approved Tobacco Cessation Medications

Generic Name	Brand Name	Availability
Nicotine replacement therapy gum	Nicorette	Over-the-counter
Nicotine replacement therapy lozenge	Nicorette	Over-the-counter
Nicotine replacement therapy transdermal patch	NicoDerm CQ	Over-the-counter
Nicotine replacement therapy nasal spray	Nicotrol NS	Prescription
Nicotine replacement therapy oral inhaler	Nicotrol Inhaler	Prescription
Bupropion sustained-release tablets	N/A	Prescription
Varenicline tablets	Chantix	Prescription

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."[8]

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 decribed 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.[9]

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]

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