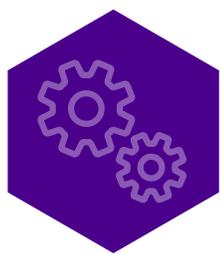


# Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions





# Summary of Facilitating and Limiting Factors

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)

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

| Benefits   | Considerations  |
|--|---|
| <ul style="list-style-type: none"> <li>■ Focused education and training support pharmacists' competency to provide tobacco cessation services</li> </ul> | <ul style="list-style-type: none"> <li>■ Added qualifications may create barriers for pharmacists to provide tobacco cessation services that they are already trained and competent to provide</li> </ul> |

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 2. System Strategy Benefits and Considerations for Credentialing and Privileging**

| Benefits  | Considerations   |
|---|--|
| <ul style="list-style-type: none"> <li>■ Provide mechanisms for pharmacists to be granted authority to prescribe and manage medication therapy for tobacco cessation services</li> <li>■ Pharmacists demonstrate minimum credentials or competency, ensuring pharmacist qualification to provide service</li> </ul> | <ul style="list-style-type: none"> <li>■ Primarily occurs in health-system practice settings</li> <li>■ Processes determined independently by each facility, creating variability across practices</li> <li>■ Creates an additional step, not required by state law, prior to pharmacist engagement in providing care</li> <li>■ May add qualifications/barriers for pharmacists to provide tobacco cessation services that they are already trained and competent to provide</li> </ul> |

## SUMMARY OF FACILITATING AND LIMITING FACTORS

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**

| Benefits  | Considerations  |
|---|---|
| <ul style="list-style-type: none"> <li>■ Establish mechanism for pharmacists to be authorized to more autonomously provide certain components of tobacco cessation services</li> <li>■ Increase patient access to prescribed tobacco cessation medications</li> <li>■ Allow the coordination of patient services in a more effective and timely manner</li> </ul> | <ul style="list-style-type: none"> <li>■ Variability across state collaborative practice laws create a barrier to uniform implementation of tobacco cessation services by pharmacists</li> <li>■ More easily facilitated in health-system practice settings due to collocation of pharmacists and collaborating providers</li> <li>■ CPA scope and processes vary with each collaborating provider, creating variability within and across practices</li> </ul> |

## 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 4. System Strategy Benefits and Considerations for Statewide Protocols**

| Benefits  | Considerations  |
|---|---|
| <ul style="list-style-type: none"> <li>■ Provide broad authority to all pharmacists in the state who meet specific qualification criteria</li> <li>■ Reduce or eliminate the need for CPAs between smaller groups of pharmacists and collaborating providers</li> </ul> | <ul style="list-style-type: none"> <li>■ 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</li> <li>■ 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</li> </ul> |

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

**Table 5. System Strategy Benefits and Considerations for Provider Referrals**

| Benefits   | Considerations   |
|--|--|
| <ul style="list-style-type: none"> <li>■ Strong collaborative relationships among members of the health care team</li> <li>■ Improve coordination of care between providers and pharmacists</li> </ul> | <ul style="list-style-type: none"> <li>■ More easily facilitated in health-system practice settings due to colocation of pharmacists and collaborating providers, less common in community-based practice</li> </ul> |

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.



## 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**

| Benefits   | Considerations  |
|--|---|
| <ul style="list-style-type: none"> <li>■ Allow pharmacists to reach expanded patient populations in need of tobacco cessation services</li> <li>■ Some external referral sources may provide limited grant funding or patient access to NRT</li> </ul> | <ul style="list-style-type: none"> <li>■ Coordination of care and resources with external referral sources can take time, which is uncompensated</li> </ul> |

## **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**

| <b>Benefits</b>  | <b>Considerations</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Improves coordination of care and division of labor between pharmacists and other providers</li> <li>■ Engagement of all patient providers improves patient access to tobacco cessation services</li> </ul> | <ul style="list-style-type: none"> <li>■ More easily facilitated in health-system practice settings due to colocation of pharmacists and collaborating providers</li> </ul> |

**Table 8. System Strategy Benefits and Considerations for Information Systems in Service Delivery**

| Benefits  | Considerations   |
|---|--|
| <ul style="list-style-type: none"> <li>■ Workflow for the delivery of tobacco cessation can be customized, ensuring consistency of patient services throughout the practice</li> <li>■ Pharmacist access to information systems holistically supports patient health needs, including the delivery of tobacco cessation services</li> <li>■ Ensures all providers have accurate, up-to-date information on individual patient progress</li> </ul> | <ul style="list-style-type: none"> <li>■ EHR access is widely available within health-system practices, less accessible for pharmacists in community-based practice</li> </ul> |

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 9. System Strategy Benefits and Considerations for Patient Engagement**

| Benefits  | Considerations   |
|---|--|
| <ul style="list-style-type: none"> <li>■ Team-based care fosters patient support across all providers seen for medical care</li> <li>■ Strong patient-pharmacist relationships engender a foundation of trust and communication required to support patients in their efforts to quit tobacco</li> <li>■ Pharmacist understanding of the disease process for patients engaged in tobacco cessation</li> </ul> | <ul style="list-style-type: none"> <li>■ Integrated information systems are primarily available in health-system practice settings, less common in community-based practice</li> </ul> |

strategy benefits and considerations regarding patient engagement in pharmacist-provided tobacco cessation services.



### **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-

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

| Benefits  | Considerations   |
|---|--|
| <ul style="list-style-type: none"> <li>■ Payment mechanisms lead to sustainability of services</li> </ul> | <ul style="list-style-type: none"> <li>■ Integrated information systems, supporting billing and documentation, are primarily available in health-system practice settings</li> </ul> |

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.

**Table 11. System Strategy Benefits and Considerations for Grant Funding**

| Benefits  | Considerations   |
|---|--|
| <ul style="list-style-type: none"> <li>■ Can jump start program initiation and provide funding for initial program infrastructure</li> <li>■ Provides proof of concept in a specific practice site, leading to support for sustainment of services</li> </ul> | <ul style="list-style-type: none"> <li>■ Support program initiation, but rarely allow for ongoing sustainability</li> <li>■ Grant funding for NRT can provide needed medications for patients, yet pharmacists receive no reimbursement for valuable services</li> </ul> |

## 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**

| Benefits   | Considerations   |
|--|--|
| <ul style="list-style-type: none"> <li>■ Improved rates of tobacco cessation correlate with decreased health care costs over time</li> </ul> | <ul style="list-style-type: none"> <li>■ For some health systems, meeting quality measures can help meet metrics associated with continuation of government funding</li> </ul> |

## 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.



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