

Family HealthCare



FAMILY HEALTHCARE

Detail	Site Information
Location	Fargo, North Dakota
Primary Patient Population(s)	Low-income individuals Culturally and linguistically diverse patient population
Practice Setting	Federally Qualified Health Center
Pharmacist Authority	Credentialing and privileging Collaborative practice agreements
Care Team Members Providing Tobacco Cessation Services	Pharmacists Pharmacy interns Physicians Physician assistants Nurse practitioners
Primary Payer(s)	North Dakota Medicaid
Billing Codes	99406/99407—billed under pharmacist NPI using the facility NPI for location of service
Metrics of Success	From 2016 to 2019, quit rate for patients in program at 1 month is 17% and at 3 months is 20%



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

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:

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The views expressed in this profile are his own and do not necessarily reflect the views of Family HealthCare.



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