

PrimaryOne Health



PRIMARYONE HEALTH

| Detail | Site Information |
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| Location | Central Ohio |
| Primary Patient Population(s) | Culturally and socioeconomically diverse population |
| Practice Setting | Federally Qualified Health Centers |
| Pharmacist Authority | Collaborative practice agreements |
| Care Team Members Providing Tobacco Cessation Services | Pharmacists Physicians Nurse practitioners Behavioral health clinicians/Social workers Dietitians Nurse care coordinators |
| Primary Payer(s) | Medicaid |
| Billing Codes | 99406/99407—billed “incident to” under collaborating provider NPI 99211—billed “incident to” under collaborating provider NPI |
| Metrics of Success | From January to June 2019, pharmacists engaged 162 patients with a 20% quit rate |



About 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

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.

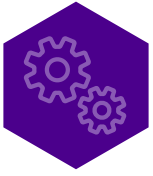
Overcoming Challenges

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

- ¹ U.S. Health Resources and Services Administration. Federally Qualified Health Centers. Available at: <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>. Accessed March 26, 2020.

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



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