

Veteran Health Indiana



VETERAN HEALTH INDIANA

Detail	Site Information
Location	Indiana
Primary Patient Population(s)	U.S. military veterans
Practice Setting	Veterans Health Administration Medical Centers
Pharmacist Authority	Care coordination agreement
Care Team Members Providing Tobacco Cessation Services	Pharmacists Physicians Resident physicians Nurses Psychologists Pharmacy residents Student pharmacists
Primary Payer(s)	Federal government
Billing Codes	N/A
Metrics of Success	During 2019, 817 unique patients for tobacco cessation seen through 2,383 encounters; approximately 43% of these patients quit tobacco



About Veteran Health Indiana

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

Approximately 3 in 10 U.S. military veterans use some form of tobacco, with tobacco use higher among veterans than among non-veterans for men and women across all age groups, except men aged 50 years and older.¹ Many veterans start using tobacco products during their time in the uniformed services. Veterans are also disproportionately impacted by psychiatric and substance abuse comorbidities, poorer health status, and multiple tobacco-related medical conditions. The VHI tobacco cessation program started in 2007 to support patients using tobacco who were also receiving treatment for conditions such as high blood pressure and high cholesterol.

There are 16 primary care clinical pharmacy specialists across VHI, located in virtually every clinic within acute care and specialty services. These pharmacists are deeply engaged in identifying and supporting patients who use tobacco. VHI fosters a strong team-based environment where pharmacists work closely with physicians, nurses, psychologists, dietitians, and social workers. All team members strive to provide exceptional care for veterans, identifying their specific needs and determining ways to best serve them.

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



Pharmacist Authority to Provide Tobacco Cessation Services

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

Credentialing and Privileging

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

patient safety. The review is monitored by the pharmacy service in conjunction with the facility credentialing office.

Scope of Practice

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



Accessing Pharmacist-Provided Tobacco Cessation Services

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

Primary Care Provider Referral

Pharmacists may receive referrals from providers to manage patients within their scope of practice and can refer patients

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

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

Within the primary care clinic, when providers make referrals, they call to see if the pharmacist is immediately available to speak with the patient. If so, the pharmacist meets with the patient in the exam room to introduce himself or herself and provides an overview of the program. For some patients, the physician starts a patient on a tobacco cessation medication. For other patients, the physician defers to the pharmacist to select and start medication treatment. Patients are then scheduled for an initial visit, which may be conducted face-to-face, via telemedicine, or by telephone.

If the pharmacist is not available to meet with the patient at the time of the physician encounter, the physician enters a checkout order, and the pharmacist will have a scheduled visit with the patient to review smoking history, set goals, discuss barriers and triggers, and determine the best course of treatment. This personal approach helps initiate the patient-pharmacist relationship, which is critical to establish the foundation of trust and communication required to support patients in their efforts to quit tobacco.

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

Pharmacy Team Referral

VHI has clinical pharmacy specialists located not only in primary care but throughout the facility in both the ambulatory and inpatient care settings. At discharge, pharmacists located in the inpatient setting can identify patients who may benefit from speaking

to a primary care clinical pharmacy specialist to discuss smoking cessation. Pharmacists refer patients to participate in the tobacco cessation program, with many conversations about tobacco cessation initiated during discussions of their cardiovascular risk factors. Inpatient pharmacists enter referrals into a transitions of care tool that is accessed multiple times per week by the primary care pharmacists. Pharmacists manage medications for patients with diabetes, dyslipidemia, and hypertension, which involves lowering the risk of cardiovascular disease. Tobacco cessation is another key aspect of decreasing cardiovascular risk.



Delivery of Pharmacist-Provided Tobacco Cessation Services

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

Initial Clinical Pharmacy Visit for Tobacco Cessation

The pharmacist typically conducts an initial 30-minute face-to-face, video, or phone assessment to review baseline and current tobacco use, duration of

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

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

Follow-Up Clinical Pharmacy Visits for Tobacco Cessation

Clinical pharmacists often provide services to patients for other chronic conditions, such as diabetes and hypertension, creating direct touchpoints every 2 to 4 weeks. Patients can be seen

for tobacco cessation alone or as part of a visit for other conditions. These regular patient interactions allow pharmacists to assess how an individual patient is doing, talk about changes they are making, provide encouragement, and reinforce the value of making small changes to their lifestyles. Training in motivational interviewing helps to make these interactions impactful.

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

Group Tobacco Cessation Classes

VHI has a group tobacco cessation class, and patients can be referred by the pharmacist to participate. The support group is managed collaboratively by a clinical nurse specialist, a pharmacist, and a psychologist. The class is 1 to 2 hours in length and meets once a week. Veterans lead the discussion to talk about the issues that are most important to them.

There is no attendance requirement as patients are encouraged to come when they are available. Some patients decide to remain in the group after they quit to offer encouragement and peer mentoring to others in the group. At the end of each group session, the pharmacist reviews how pharmacological agents are working for patients who decide to use them and renews prescriptions.

Documenting Services

All interactions, recommendations, referrals, and medication orders are documented within the EHR. The VHA requires that a note be entered into the EHR for each patient encounter. Pharmacists utilize a template that follows the SOAP (subjective, objective, assessment, and plan) note format. The VHA uses an electronic template (developed as part of the Pharmacists Achieve Results With Medications

Documentation project) called the PhARMD tool, which helps track pharmacist interventions and successful quit attempts.² The PhARMD tool is used at VHA medical centers nationwide. Pharmacists embed the tool into the bottom of their note.



Sustainability

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



The Value of Motivational Interviewing

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

—Veronica Vernon, PharmD, BCPS, BCACP

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



Overcoming Challenges to Achieve Success

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

Overcoming Challenges

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

- *Patient engagement*—Because pharmacist engagement is conducted by phone, it is often challenging to reach patients and encourage them to follow through with the tobacco cessation program. This engagement gap is mitigated through the team-based approach to care and robust documentation systems, ensuring that
- when the patient engages with any provider in the system, the provider can see the patient’s status, and the patient can be encouraged to re-engage in the tobacco cessation program. The pharmacy also conducts reminder calls or sends reminder texts 1 to 2 days before the phone visit to ensure the patient knows the pharmacist will be calling. In addition, the psychologist and the pharmacist often jointly engage in these calls to help reinforce the value of behavior change.
- *Tobacco use as a disease state*—Tobacco use and dependence is a chronic, relapsing medical condition. This can create shame and frustration for patients who try to quit and then relapse. It is not uncommon for pharmacists to be caring for patients who have been addicted to nicotine for decades. The pharmacy team works hard to encourage patients, minimize stigma, normalize medication therapy to treat tobacco use and dependence, and continuously encourage patients to reach out for support. Pharmacists even provide patients with their direct phone numbers to facilitate trust and ongoing communication.
- *Medication therapy provided without support*—Patients are sometimes provided nicotine patches or other tobacco cessation therapies by their primary care provider before being referred to the pharmacist. Often, these patients may still need

some encouragement to commit to quitting and have appropriate behavioral support systems in place. VHI pharmacists have worked hard to make themselves available in person during primary care physician visits to provide counseling and reduce unsupported medication use.

- *Patient substitution of e-cigarettes for combustible cigarette use*— Many veterans try to quit cigarettes by using e-cigarettes and liquid vaping products. Pharmacists educate patients about U.S. Food and Drug Administration approval of e-cigarettes and misconceptions about these products. If a patient is adamant about using e-cigarettes, pharmacists discuss how to most safely use these products. Pharmacists also provide services to help patients quit using e-cigarettes. Although no medication therapies are currently approved for helping patients quit e-cigarettes, pharmacists use the available evidence to prescribe agents for patients who request them. *Smoking Cessation: A Report of the Surgeon General* concludes that there is presently inadequate evidence to infer that e-cigarettes, in general, increase smoking cessation.³

Next Steps

VHI has found success managing and impacting tobacco cessation for patients within the primary care setting. Intervening with patients seen within the mental health arena is another area where tobacco cessation efforts can be

beneficial. VHI has experienced rapid expansion of outpatient mental health clinical pharmacy services over the past few years, which will allow for provision of tobacco cessation services for this patient population.



Summary of Facilitating and Limiting Factors

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

Facilitating Factors

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

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

Limiting Factors

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

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

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

References

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