

PHARMACIST-LED TOBACCO CESSATION SERVICE

IMPLEMENTATION TOOLKIT



This implementation toolkit was developed based on a collaboration between Pfizer and Pharmacy Society of Wisconsin.

WHY OFFER A TOBACCO CESSATION PROGRAM

The effects of tobacco use are multifold and have far-reaching impact on both smokers as well as those exposed to second-hand smoke. As of 2017, fourteen percent of adults currently smoke in the United States.¹ This has significantly decreased from 1965 but we have a long way to go to meet the Healthy People 2020 goal of 12 %.² There is state to state variability of smoking prevalence from Utah at 9 % to W. Virginia at 25 %.³ National Data has shown that the prevalence of smoking is higher in men than women (16 % vs. 12 %).¹ Furthermore, patients who have additional comorbidities have a higher prevalence of smoking than the general public. Patients with Chronic Obstructive Pulmonary Disease (COPD) prevalence is 36.7 %.⁴

Pharmacists are well-positioned and trained to provide tobacco cessation services and can greatly contribute to the efforts to reduce tobacco use. A 2013 meta-analysis on the pivotal impact community pharmacists have on tobacco cessation interventions found that both short- and long-term smoking cessation efforts were more successful when they were pharmacist-led. These community pharmacist interventions demonstrated better abstinence than standard or usual care (RR 2.21, 95 % CI 1.49-3.29).⁵

The implementation of a toolkit with supplemental, non-medication related information about tobacco cessation service provision demonstrated improved pharmacist confidence in educating on tobacco cessation, financial sustainability models for pharmacist-provided tobacco cessation services, and motivational interviewing techniques. This toolkit aims to aid pharmacists in creating a business case for tobacco cessation services.⁶

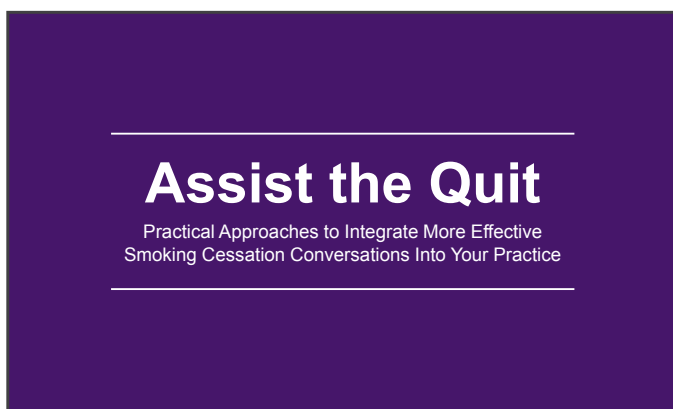
RESOURCES FOR PHARMACISTS AND PATIENTS

There are multiple avenues for pharmacists to train and prepare to provide tobacco cessation services:

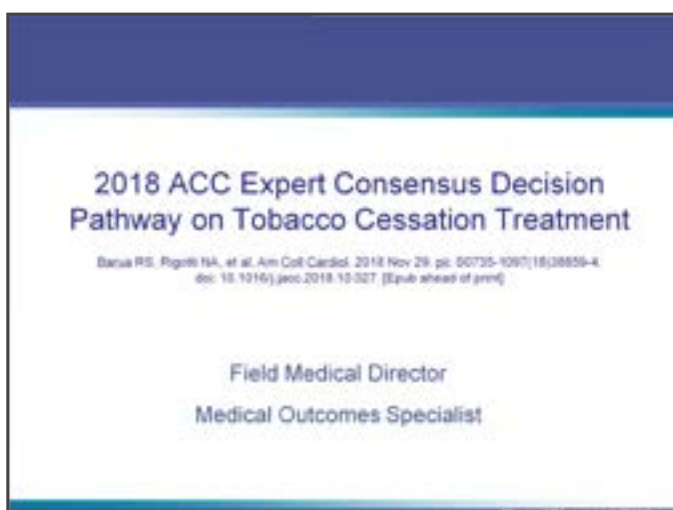
- Opportunities for Pharmacists to Expand Knowledge of Tobacco Cessation Services
- Techniques for helping counsel on Smoking Cessation
- Collaborative Practice Agreements
- Approaches for Implementing Tobacco Cessation Services in Different Settings

OPPORTUNITIES FOR PHARMACISTS TO EXPAND KNOWLEDGE

- Tobacco Treatment Specialist (TTS) Certification Programs – Numerous options available, if you have questions ask your Pfizer Medical Outcomes Specialist (MOS)
- Utilize Pfizer's Assist the Quit to train pharmacists in the 5A's and appropriate medications for tobacco cessation
 - Pfizer's Assist the Quit presentation gives providers approaches to integrating effective smoking cessation conversations into their practice. The presentation is divided into three sections:
 - Smoking Cessation Landscape which includes a review of the smoking prevalence rates nationally and reviews the Patient Protection and Affordable Care Act (ACA)
 - The Importance of Healthcare Provider Intervention which discusses why these interventions may benefit patients and improve the quality of care delivered as well as a brief overview of the 7 FDA approved medications to assist patients with tobacco cessation
 - Assisting Your Patient which overviews the 5A and 2A approach to providing smoking cessation interventions



- Current guidelines: Treating Tobacco Use and Dependence:
 - Treating Tobacco Use and Dependence: 2008 Update, sponsored by the Public Health Service.⁷
 - 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment.⁸



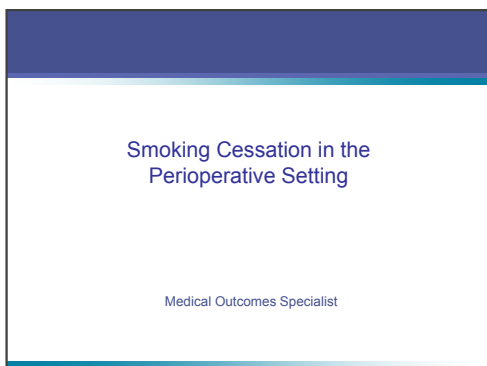
- Train pharmacists on Motivational Interviewing utilizing Pfizer's Health Behavior Change



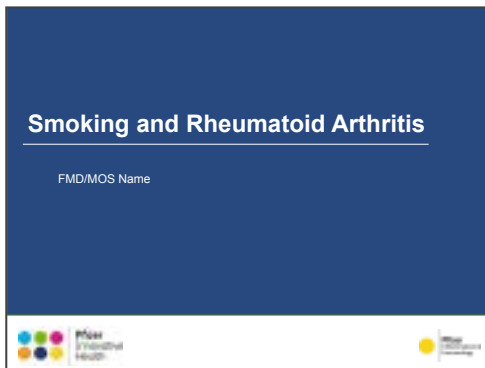
- Emphasize specific patient populations using disease state specific resources:
 - Quit to Prep (Surgical Patients)



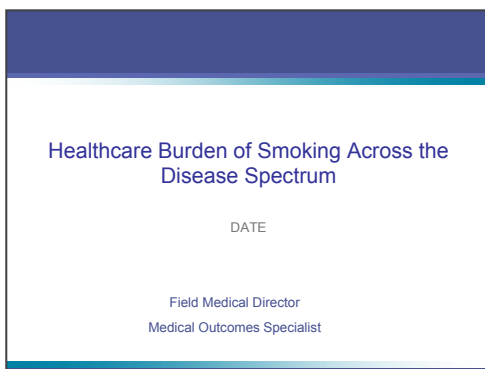
- Smoking Cessation in the Perioperative Setting



- Managing Rheumatoid Arthritis (RA): How Quitting Smoking Can Help



- Healthcare Burden of Smoking Across the Disease Spectrum



- Utilization of the Quit Line as a referral tool
 - For example 1-800-Quit-Now

Develop a standardized template to be utilized by pharmacist when assisting a patient who smokes

Items to consider including in the template:

- Asking patients how long they have smoked
- Has the patient tried to quit previously?
- Have the patient set an anticipated quit date
 - Is there a date the patient wants to be smoke-free by?
- Identify the patient's triggers/ urges to smoking
 - Determine how the patient will manage triggers
- Does the patient have a routine to their smoking?
 - Can the patient set a new routine?
- Identify treatment options for the patient
- Referral to counseling programs
 - What is available within the IDN to refer patients to?

TECHNIQUES FOR HELPING COUNSEL ON SMOKING CESSATION

1. Set a quit date
2. Stress that tobacco cessation is not a cure
3. Reiterate that tobacco cessation is hard, it requires overcoming physical and mental addiction
4. Ask what they will do instead of using tobacco
5. Keep a quit log with information on cravings and when tobacco was used/cigarettes were smoked
6. Use a physical object to replace holding the cigarette in hand
7. Place tobacco cessation materials where usually store tobacco
8. Change routine or avoid triggers
9. Don't loiter after meals if they are a trigger, do something else right after like dishes
10. Change route to work or music listened to in car
11. Prepare house one week prior to quit date by airing out and washing clothing to avoid tobacco scent
12. Practice by cutting back prior to quitting (e.g., cut cigarettes in half, throw away half a pack)

For pharmacists who are looking for a national guideline, the 2008 Update on the Treating Tobacco Use and Dependence Guideline provides ten key recommendations when providing successful tobacco cessation services.⁷ The seven chapters analyze the effectiveness of multiple areas identified by the panel (proactive quit lines, combined counseling and medication, low socioeconomic status/limited health literacy, adolescent smokers, pregnant smokers, patients with psychiatric disorders, combined substance use disorders, focus on health benefits and provider training options) and outlines related strategies. This report further analyzes the importance of health care system support and coordinated interventions for these services. The information contained in these guidelines would also be helpful for pharmacists who are putting together a business case for the impact that tobacco cessation services can have.

In addition, the 2018 American College of Cardiology (ACC) Expert Consensus Decision Pathway on Tobacco Cessation. Treatment recommends managing smoking as a chronic condition. All smokers should be treated for their smoking addiction.⁸

COLLABORATIVE PRACTICE AGREEMENT (CPA) TALKING POINTS

To support these professional services, scope of practice and financial sustainability models must be improved. A pharmacist collaborative practice agreement (CPA) is a formal agreement with a licensed provider who makes a diagnosis, supervises patient care, and refers the patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions.⁹ State laws vary for CPAs and a pharmacist/ prescriber will benefit from reviewing their state's current regulations.¹⁰ CPAs can be an efficient and useful way to provide team – based smoking cessation services by increasing availability of tools, medications, and counseling for patients to successfully quit smoking.

CPAs have the ability to increase access to care, expand available services to patients, increase efficiency and coordination of care, and leverage pharmacists' medication expertise to complement the skills and knowledge of the other health care team members. State laws vary for CPAs and a pharmacist/ prescriber will benefit from reviewing their state's current regulations.⁹ It is recommended that any CPA that is developed is legally reviewed. Several other things need to be considered when developing a CPA:

- Most successful CPA develop between pharmacists and providers after trust has been established.
- Be sure to think about what type of needs the patient has.
- Policy to allow collaborative practice agreements?
- What does your state currently allow or have in place?
 - Does your health system have a CPA or delegation protocol in place?
- What are the incentives for the pharmacist/ provider/ patient?
 - Properly align incentives based on meaningful process and outcome measures for patients, payers, providers, and the health care system.
- How broad is the CPA?
 - Think about if it should be limited to certain disease states or patient populations.

Visit the following websites for more information:

Centers for Disease Control and Prevention (CDC):

https://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf











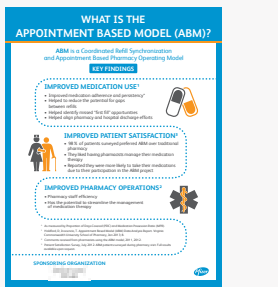

National Alliance of State Pharmacy Associations (NASPA):





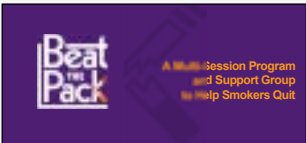



<https://naspa.us/resource/cpa/>

Pharmacy Society of Wisconsin (PSW):

<http://www.pswi.org/Resources/Professional-Resources/Collaborative-Practice-Agreement-Toolkit/CPA-Resources>




APPROACHES FOR IMPLEMENTING TOBACCO CESSATION SERVICES IN DIFFERENT SETTINGS

	 Hospital	 Community	 Ambulatory Care Clinic
 <p>Adherence Tools</p> 	<ul style="list-style-type: none"> Pfizer's Adherence Engagement Platform  <ul style="list-style-type: none"> Pfizer's Health Behavior Change Platform  <ul style="list-style-type: none"> Pfizer's Prescription for Health 	<ul style="list-style-type: none"> Pfizer's Appointment Based Model (ABM) Description Sheet  <ul style="list-style-type: none"> Pfizer's Prescription for Health 	<ul style="list-style-type: none"> Pfizer's Appointment Based Model (ABM) Description Sheet  <ul style="list-style-type: none"> Pfizer's Prescription for Health 
Clinical Tools	<ul style="list-style-type: none"> Treating Tobacco Use and Dependence Guideline: 2008 Guideline⁷ 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment.⁸ Tobacco Quit Line 1-800-QUIT-NOW (1-800-784-8669) 	<ul style="list-style-type: none"> Treating Tobacco Use and Dependence Guideline: 2008 Guideline⁷ 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment.⁸ Tobacco Quit Line 1-800-QUIT-NOW (1-800-784-8669) 	<ul style="list-style-type: none"> Treating Tobacco Use and Dependence Guideline: 2008 Guideline⁷ 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment.⁸ Tobacco Quit Line 1-800-QUIT-NOW (1-800-784-8669)

	 Hospital	 Community	 Ambulatory Care Clinic
 Referral Process	<ul style="list-style-type: none"> Discuss the potential for a Collaborative Practice Agreement (CPA) at institution Integrate pharmacist into tobacco cessation workflows Use 5As during pathway of care Refer patient to tobacco cessation specialist/ clinic, tobacco cessation counseling classes (i.e., Beat the Pack), or Quit Line at discharge  <ul style="list-style-type: none"> Use Electronic Health Record to document smoking status and cessation plan 	<ul style="list-style-type: none"> Discuss the potential for a Collaborative Practice Agreement (CPA) at practice site Receive referrals from employer programs if appropriate Use 5As during counseling to identify patients Integrate tobacco cessation into counseling Identify tobacco cessation specialist/ clinic or counseling programs for patient referral If patient does not meet criteria for coverage, refer to clinic or Quit Line 	<ul style="list-style-type: none"> Discuss the potential for a Collaborative Practice Agreement (CPA) at practice site Receive referrals from employer programs if appropriate Use 5As during counseling to identify patients Integrate tobacco cessation into counseling Identify tobacco cessation specialist/ clinic or counseling programs to refer for patient to referral If patient does not meet criteria for coverage, refer to clinic or Quit Line
 Financial sustainability	<ul style="list-style-type: none"> Health system metrics (Readmissions, prevention) 	<ul style="list-style-type: none"> Employee Wellness Programs Provisional Prevalence Needs Assessment (PPNA) 	<ul style="list-style-type: none"> Employee Wellness Programs Provisional Prevalence Needs Assessment (PPNA) 



Examples

 Hospital	 Community	 Ambulatory Care Clinic
<ul style="list-style-type: none"> • Integrate pharmacist into perioperative, discharge, and referral workflows • Create tobacco cessation team including RTs and pharmacists • Integrating 5As into roadmap of care • Use Willingness to Quit questions at admission/discharge 	<ul style="list-style-type: none"> • Identify a tobacco cessation champion • Use the Willingness to Quit questions at point of contact to engage the patient • Integrating 5As into roadmap of care 	<ul style="list-style-type: none"> • Identify a tobacco cessation champion • Encourage use of the 5A's • Use the Willingness to Quit questions at point of contact to engage the patient • Get referrals to provide service • Integrating 5As into roadmap of care

Are you willing to make a quit attempt?

Today's date _____

If you are currently a smoker, please answer these simple questions about your willingness to quit smoking.¹

If I could quit smoking, I would.

☐ Completely disagree
 ☐ Somewhat disagree
 ☐ Neutral
 ☐ Somewhat agree
 ☐ Completely agree

I want to quit smoking because I worry about how smoking affects my health.

☐ Completely disagree
 ☐ Somewhat disagree
 ☐ Neutral
 ☐ Somewhat agree
 ☐ Completely agree

I would be willing to make a plan to quit smoking.

☐ Completely disagree
 ☐ Somewhat disagree
 ☐ Neutral
 ☐ Somewhat agree
 ☐ Completely agree







I would be willing to cut down my number of cigarettes before quitting.

☐ Completely disagree
 ☐ Somewhat disagree
 ☐ Neutral
 ☐ Somewhat agree
 ☐ Completely agree

When complete, please return to your healthcare provider. Together, you can create a personalized plan to help you quit smoking.

Reference: 1. Baker CL, Bruno M, Grant L, et al. Content validity of a willingness to quit tool for use with current smokers in clinical practice. *Adv Ther*. 2017;34(10):2295-2306.

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	 Hospital	 Community	 Ambulatory Care Clinic
 Additional Pfizer Resources to Consider	<ul style="list-style-type: none"> • Provider Focused Health Outcomes Project Evaluation (HOPE) • Quit to Prep 	<ul style="list-style-type: none"> • Provider Focused HOPE • Patient Focused HOPE • 10 Things to Know about Quitting Smoking • Shared Decision Making Brochure 	<ul style="list-style-type: none"> • Provider Focused HOPE • Patient Focused HOPE • 10 Things to Know about Quitting Smoking • Shared Decision Making Brochure
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- K. Trapskin, PharmD, E. Martin, BS, J. Good, BSPharm, H. McClelland, PharmD, BCACP. “Knowledge, Confidence, and Motivations of Pharmacists in Providing Tobacco Cessation Services.” Poster presented at ASHP Midyear Clinical Meeting. Anaheim, CA; 2018 Dec.
- Tobacco Use and Dependence Guideline Panel. Treating Tobacco Use and Dependence: 2008 Update. Rockville (MD): US Department of Health and Human Services; 2008 May. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK63952/>
- Barua RS, Rigotti NA, et al. 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment: A report of the American College of Cardiology, 2018 Nov 29. pii: S0735-1097(18)38859-4. doi: 10.1016/j.jacc.2018.10.027. [Epub ahead of print]
- National Alliance of State Pharmacy Associations (NASPA). Collaborative Practice Agreements: Resources and More. <https://www.naspa.us/resource/cpa/>. Assessed December 10, 2018
- Centers for Disease Control and Prevention (CDC). Collaborative Practice Agreements and Pharmacists’ Patient Care Services. https://www.cdc.gov/dhds/pubs/docs/Translational_Tools_Pharmacists.pdf. Assessed December 10, 2018.

