

Expanded Professional Pharmacy Services: Pharmacists Role in a Smoking Cessation System Frequently Asked Questions for Pharmacists

Overview

1. Why is the Ontario Government supporting pharmacists in a smoking cessation program?

The Smoke Free Ontario Strategy recognizes the value of pharmacists supporting Ontarians who want to quit smoking. The community pharmacist is familiar with the drug therapy needs of their patients, they are key advisors to the public in areas of wellness and they are accessible across the province.

2. What are the objectives of the pharmacy smoking cessation program?

The objectives of the pharmacy smoking cessation program are:

- To align with the principles of other smoking cessation programs in primary health care and community settings to provide smokers with a continuum of care.
- To communicate to the public regarding the value of smoking cessation services by community pharmacists and promotion of availability of services
- To improve access and choice of stop smoking services, including advice on smoking cessation therapy and options, support tools, resources and followup.
- To provide patients with a consistent, evidence-based standard of care based on a screening mechanism, cessation counselling, structured documentation and support.

Eligibility

3. Who is eligible to participate in the smoking cessation program?

Only Ontario Drug Benefit (ODB) recipients who smoke are eligible for the smoking cessation program. Future consideration may be given to expanding the program to all Ontarians depending on program evaluation and success.

4. How are potential candidates identified for enrollment in the smoking cessation program?

There are many opportunities for pharmacists to engage a dialogue with patients about their drug therapy needs, including during a MedsCheck appointment, when providing front-shop therapy questions and when providing dispensing services. It is during these daily encounters with patients who smoke that may lead to enrollment in the smoking cessation program.

5. May patients self-identify an interest in the smoking cessation program or do they need to be referred by a health care professional?

ODB eligible patients may self-identify an interest in the smoking cessation program and engage a pharmacist for more information. The pharmacist may approach eligible patients who smoke during every day encounters and enquire about their interest in smoking cessation. In addition, other health care professionals including a physician may recommend the patient speak to a pharmacist about the program.

Process

6. What is the duration of the smoking cessation program?

The program includes nine points of contact between the patient and the pharmacist. The first point of contact is the completion of a readiness assessment where the patient agrees to the program's enrollment requirements. Once enrolled, the patient attends a consultation meeting and a total of seven follow-up sessions that take place over the course of one year.

7. How often may a patient enroll in the program?

ODB recipients who smoke are eligible to enroll in the program once per year from the date of the first consultation meeting. If a patient withdraws from the program either by notice or by continued absence, the patient must wait 1 year from the date of the first consultation before re-enrolling in the program. There is no limit on how many times a patient may enroll in the smoking cessation program.

8. Am I required to conduct all meetings / sessions as prescribed?

Yes. The program is designed as nine points of contact, all of which require full documentation for reimbursement and program evaluation. While the pharmacist and the patient may agree to meet more often, pharmacists are provided billable professional services for the nine sessions. Should the patient withdraw from the program or the patient cannot be reached, the pharmacist is required to indicate this circumstance through the health network system for purposes of program evaluation.

9. How much time should I allocate for the first consultation and the follow-up meetings?

The first consultation meeting is approximately 20 minutes, the three primary follow-up meetings are approximately 10 minutes and the four secondary followup meetings are approximately 5 minutes.

10. What is the overall timeline of a smoking cessation program?

The first three or primary follow-up counseling sessions should take place within 3 weeks of the first consultation and the four or secondary follow-up sessions are expected to take place at intervals as agreed by the pharmacist and the patient between one to two months; between three to four months; between six to seven months and between eight to 12 months.

Suggested timelines for follow-up counseling sessions:

Primary Follow-up Sessions

- Day 3-5 (10 minutes);
- Day 7-10 (10 minutes);
- Day 14-21 (10 minutes);

Secondary Follow-up Sessions

- Day 30-60 (3-5 minutes);
- Day 90-120 (3-5 minutes);
- Day 180-210 (3-5 minutes);
- Day 240-365 (3-5 minutes)

11. Where do the smoking cessation meetings take place?

The smoking cessation meetings should take place in the community pharmacy with the patient, in-person where possible.

12. What is required for documentation of the smoking cessation program?

Each point of contact and between the pharmacist and the patient must be documented to ensure program continuity and to support counselling, data analysis, evaluation and claims adjudication. Any additional sessions between the pharmacist / patient should be documented to ensure continuity of care.

The ministry will provide standardized template forms to assist pharmacists in the documentation at each patient point of contact. While pharmacists may develop their own forms, it is important that the standardized templates are adapted to maintain a consistency of the program protocol.

Should the patient decide that he / she needs to withdraw from the program, the pharmacist is required to document this situation using the standardized template. All documentation forms and pharmacy records submitted through the ODB Health Network System PIN mechanism are subject to audit and must be maintained in a readily retrievable format for a minimum of 2 years for the purposes of audit under the ODB program; and for a minimum of 10 years as part of the patient health record.

13. What will happen if I forget to document that the meeting took place?

If there is no documentation or incomplete documentation regarding a billable professional service, the claim is subject to recovery.

Readiness Assessment

14. What is involved in a readiness assessment?

The readiness assessment is a type of screening questionnaire used to determine whether the patient has a desire to quit smoking within the next month and is willing to set a quit date. Patients may complete the questionnaire several times before finally deciding to enroll. Once enrolled, the patient must provide signed consent to enroll in the program and establish a quit date. The patient must also provide signed consent to share program information with other health care professionals within the circle of care.

15. Is the pharmacist reimbursed for the readiness assessment process?

The readiness assessment including patient signatures for enrolment and sharing of health information is aligned with the first consultation meeting. These two sessions are reimbursed through one health network system PIN claim. If the patient completes the readiness assessment but does not proceed to enroll and attend the first consultation, the pharmacist cannot make a claim for the readiness assessment.

16. How often can the pharmacist provide the patient who smokes with a readiness assessment questionnaire?

The pharmacist may provide the readiness questionnaire to the patient as often as they wish. It may be provided as a hand-out for patients to take home and consider enrolment at a later date.

17. Is the pharmacist required to conduct the readiness assessment or can they by-pass this step?

Pharmacists must ensure the patient completes the readiness assessment prior to enrolment. Pharmacists are provided with a template form to use as a minimum standard when conducting the readiness assessment with the patient.

The form must be completed by both patient and the pharmacist for program documentation, evaluation, billing and auditing purposes.

First Consultation Meeting

18. What is the purpose of the first meeting?

The first consultation is designed to establish a dialogue between pharmacist and patient about their smoking history, and to ensure the patient understands the goals, objectives and their responsibilities. The first consultation occurs after the pharmacist has conducted the readiness assessment, obtained patient consent for program enrolment and sharing of health information.

The consultation also focuses on his / her tobacco use, medication history, health risks, triggers / strategies, establishes a quit date and any pharmacotherapy the patient may require.

19. How long is the first meeting?

Pharmacists should expect to allocate approximately 20 minutes for this consultation.

20. Where does the first meeting take place?

It is recommended that the first consultation be in-person and within the community pharmacy to ensure adequate time to discuss history and pharmacotherapy options.

21. Am I allowed to hold the first meeting outside the pharmacy or by telephone?

The first consultation may occur outside the pharmacy or by alternate means if the patient agrees to the location and / or method. However, it is recommended that the first consultation be in-person and within the community pharmacy to ensure adequate time to discuss history and pharmacotherapy options.

Follow-up Sessions

22. What is the difference between primary and secondary follow-up counseling sessions?

The primary follow-up counselling sessions provides the patient with an opportunity to discuss how successful they are managing their cessation program. This also provides an opportunity to identify any potential drug therapy issues that may have arisen during the course of the program. The pharmacist can inform the patient on ways to overcome triggers, cravings or withdrawal symptoms. Pharmacists should focus on a patient's successes in the program and encourage continuation of positive outcomes. In addition, pharmacists may review any biological incidents including personal, psychological or social issues that may have prevented the patient from reaching his / her goal.

The secondary follow-up sessions continue to build on the patient's successes and review any incidents and / or drug therapy issues and biological incidents that prevented the patient from reaching his / her goal.

23. How long are the follow-up counseling sessions?

The primary follow-up sessions are approximately 10 minutes each in length, and the secondary follow-up sessions are between 3-5 minutes.

24. Where do the follow-up sessions take place?

The follow-up counselling sessions may occur in person, by telephone or an alternative means of communication as agreed to by the patient. The location and method of communication must be included in the documentation.

25. Can I conduct a follow-up session over the phone?

Yes, however if a patient prefers to attend the meeting in person, every effort should be made to accommodate the patient's request.

Location of Meetings

26. Where does the pharmacist conduct the smoking cessation program sessions?

Smoking cessation program sessions are conducted in a variety of ways. It is recommended that an in-person appointment be scheduled for the first consultation within the community pharmacy to ensure adequate time to discuss history and pharmacotherapy options. The follow-up counselling sessions may occur in person, by telephone or an alternative means of communication as agreed to by the patient. The location and method of communication must be included in the documentation.

27. My pharmacy serves patients in a remote community; am I allowed to provide the smoking cessation program to them online?

It is recommended the patient have the option to appear in person to the first consultation meeting. If this is not possible, the pharmacist may provide the first meeting and subsequent sessions through alternate means (including online) provided the patient agrees to the chosen program delivery method and the pharmacist can provide appropriate counseling with this approach.

Pharmacists Education and Training

28. Do pharmacists require additional training to provide the smoking cessation program?

Yes. Pharmacists that are registered as Part A with the Ontario College of Pharmacists are qualified to provide the smoking cessation program provided they have also taken a smoking cessation training program that includes motivational interviewing strategies, the 5A's algorithm and provides knowledge of smoking cessation counselling and quit smoking planning strategies.

29. Where does the pharmacist take the smoking cessation program training?

Smoking cessation programs are obtainable in Ontario through the Ontario Pharmacists' Association, the Canadian Pharmacists' Association and the Centre for Addiction and Mental Health.

30. What other training requirements should pharmacists be aware of?

- The designated manager of a pharmacy that provides a smoking cessation program must be trained in a smoking cessation.
- A pharmacist who is trained in smoking cessation must be available during hours of operation at the pharmacy that offers a smoking cessation program.
- Training for smoking cessation must be updated at a minimum of every 5 years.
- A copy of the completed smoking cessation training program should be readily retrievable at the pharmacy for purposes of audit.

Pharmacist's Resources and Tools

31. Can I develop my own forms to use for the smoking cessation program?

Yes. The standardized templates should be used whenever possible. Forms may be modified to include a pharmacy logo but the content must be consistent with the template.

32. What other resources may a pharmacist use for the smoking cessation program?

Information including multi-lingual fact sheets, quit smoking tips and on-line group forums are available for patients and health professionals on the Ontario Government's Smoke Free Ontario Strategy website.

Pharmacists may wish to provide additional quit smoking resources by directing patients to the Canadian Cancer Society, Ontario Lung Association and / or the Centre for Addiction and Mental Health. A variety of resources are available through these organization's websites.

Further information and assistance is available through the following telephone help lines: Smoke-Free Ontario Smokers Helpline; Canadian Cancer Society Smokers' Helpline; Ontario Lung Association; and the Centre for Addiction and Mental Health Information Centre.

Documentation and Record Keeping

33. What is required for record keeping for the smoking cessation program?

Each point of contact and / or meetings between the pharmacist and the patient must be documented to ensure program continuity and for the purposes of counselling, support, data analysis, evaluation and claims adjudication.

Using the ministry template forms as a minimum standard, full documentation is required of all pharmacist / patient engagement including patient readiness, patient consent and agreement terms, first consultation meeting, follow-up counselling sessions and any incidence of program withdrawal.

Follow-up meetings may be in person, telephone, electronic messaging or other agreed upon method of communication. The method and location of these meetings must be included in the documentation.

34. How long must I keep the smoking cessation program documentation information on file?

All records relating to the smoking cessation claim and smoking cessation program forms must be maintained on site at the pharmacy in a readily retrievable format for a minimum of 2 years for the purposes of audit under the Ontario Drug Benefit program.

All patient health records must be retained by the pharmacist in a readily retrievable format and kept on file at the pharmacy for a minimum period of ten years or as per O. Reg. 58/11 of the *Drug and Pharmacies Regulation Act*. Patients are entitled to a copy of their readiness assessment, consent forms and any documentation from the first consultation and follow-up counselling sessions.

Claim for Pharmacy Payment and Program Evaluation

35. Do pharmacists submit claims for billable professional services for all patients in the smoking cessation program?

At his time, smoking cessation program claims for payment may only be submitted for Ontario Drug Benefit recipients.

36. How are claims submitted?

Claims are submitted using the same method as a pharmacist would use to submit a claim for the MedsCheck program. Claims use a special product identification number (PIN).

37. What types of claims are made for smoking cessation programs?

Claims for pharmacy payment are in accordance with the following schedule:

PIN	Item	Value (\$)
93899941	First Consultation (once per year): Readiness assessment is complete including willingness to set a quit date; patient has enrolled in the program and provided signed consent to the pharmacist for purposes sharing health information within the circle of care and for program data collection.	40.00
93899942	Primary Follow-up counselling sessions 1-3 (max. 3 times per year = \$45 total)	15.00
93899943	Secondary Follow-up counselling sessions 4-7 (max. 4 times per year = \$40 total)	10.00
93899944*	Successful Quit (once per year, if applicable)	0.00
93899945*	Un-Successful Quit (once per year, if applicable)	0.00
93899946*	Unknown Quit Status (once per year, if applicable)	0.00

* PINs are used for program evaluation data collection.

38. What type of data is captured by pharmacists through the smoking cessation program, and why is collected?

By documenting the different stages of the smoking cessation program, including submitting the appropriate PIN, pharmacists are assisting in data collection for the Smoke Free Ontario Strategy.

Output measures that indicate how Ontario is meeting its smoking cessation goals may include the following:

- number of pharmacies that have provided a smoking cessation program
- number of ODB recipients who have enrolled in the program
- number of patients who completed the program
- quit smoking success status of patients who enrolled in the program
- number of patients who re-enrol in the program
- number of ODB recipients who used prescription therapy

This data is invaluable for monitoring the success of smoking cessation programs. The ministry will use this data to determine if the program is successful in the current design or if modifications are necessary to improve the program. The ministry requests that pharmacists are diligent in their efforts to document their interactions with patients to assist in obtaining relevant data for program evaluation.