

Guide to Pharmacist Health Coaching – Smoking Cessation Program

Smoking is the leading cause of preventable death in Canada and a significant risk factor for many chronic non-communicable diseases including hypertension and respiratory conditions. We know from our analysis of Green Shield Canada (GSC) drug claims data that plan participants who have been diagnosed with these kinds of conditions are the most costly from a drug utilization perspective. Over and above the drug spend, smokers have much higher health care costs than non-smokers. As an example, a 2015 report from the Manitoba Centre for Health Policy indicated that smoking costs Manitoba's health care system at least \$226 million each year.¹

Guidelines developed by the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) indicate that smokers should be identified by health care professionals, that all smokers should be advised to quit, and that every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance.²

What is the counselling component of the Pharmacist Health Coaching – Smoking Cessation Program?

GSC's *Pharmacist Health Coaching – Smoking Cessation Program* includes the delivery of a cognitive counselling service provided by pharmacists that focuses on guidance and support to assist patients in their efforts to quit smoking.

Who is eligible?

The service is available to community-based patients who are smokers, express a desire to quit, and meet the following criteria:

- Have GSC drug benefit coverage
- Meet the minimum age requirement of 18-years-old for smoking cessation drugs and 16-years-old for the counselling services
- Are under 65 years of age (applies to Ontario residents only)

Ontario residents aged 65 and over are not eligible for this program as they have access to a comparable government-sponsored smoking cessation program. Residents of Alberta and Saskatchewan have coverage for smoking cessation drugs through GSC's program; however, they are not eligible for pharmacy counselling services as provincially funded smoking cessation counselling programs are available.

Program Delivery – Overview

- The patient is guided through the smoking cessation program by using the "5A's" strategy (Ask, Advise, Assess, Assist, Arrange).³
- As with all professional pharmacy services, smoking cessation meetings are to be held in an area of the pharmacy that provides a sufficient level of privacy and safety for the patient.
- The readiness assessment / first consultation meeting should be in person. Follow-up meetings may be in person, via telephone, electronic messaging, or other agreed upon method of communication.
- All meetings with the patient must be documented to ensure program continuity. You may develop and use your own forms for documentation; however, the standardized template forms used by the Ontario government program are recommended as the minimum level of documentation required. It is GSC's expectation that participating pharmacists provide proof of completed documentation should an audit be performed for submitted claims.
- While you may be the initial contact with the patient, any pharmacist at the designated pharmacy who has the appropriate training may meet with the patient over the course of the program. It is important, however, that there is a trusting relationship between the patient and the pharmacist(s) for the duration of the program. Patients may be more successful in their quit attempt when supported by a one-to-one relationship with the counselling pharmacist.

Duration of program

The program includes eight points of contact over a one-year period, or 365 days, including:

- an initial readiness assessment whereby the patient agrees to the enrolment requirements
- the first consultation meeting
- follow-up counselling sessions

Program Delivery – Details

Step one: Readiness assessment

- Generally, this is an in-person interaction and may result from a MedsCheck appointment, a patient enquiry about over-the-counter nicotine replacement therapy, or some other opportunity to discuss the patient's desire to quit smoking within the next month. The patient is provided information about the program to foster awareness and determine their willingness to quit smoking.
- The readiness assessment includes the patient completing a questionnaire to determine their level (rating) readiness to quit smoking. You can use the form provided by the Ontario Ministry of Health and Long-Term Care or a similar questionnaire.
- You and a patient may engage in a quit-smoking discussion many times before the patient agrees to enrol in the program and is willing to set a quit date.
- The readiness assessment process requires you to document the patient's name, contact information, and the date of the discussion in which the patient agrees to enrol in the program. Documentation should also outline the questions asked, the level of desire to quit smoking, and your name. Patients may request a copy of this record.
- When the patient agrees to move forward and work with you, the initial consultation can be conducted.

About enrolment

By signing the readiness assessment documentation, the patient consents to enrol in the Pharmacist Health Coaching – Smoking Cessation Program and agrees to:

- A self-determined quit date
- The ongoing method of communication whether in-person, by phone or other means and the time(s) for the consultations
- Possible sharing of the readiness assessment or first consultation summary or other documentation with their other health care providers

Step two: First consultation meeting

The first consultation occurs after you have conducted the readiness assessment and have obtained patient consent for program enrolment and the sharing of health information.

The readiness assessment and the first consultation are considered to be one appointment for the purposes of billing.

The first consultation meeting can immediately follow the readiness assessment or can be scheduled for a later time.

During the first consultation you engage the patient in a dialogue about their smoking history, and ensure they understand the goals and objectives of the program including their responsibilities towards success.

- Schedule an in-person appointment for the first consultation to ensure adequate time to discuss history and pharmacotherapy options.
- The discussion about tobacco use and medication history should include health risks, triggers/strategies, their quit date, and the possibility of pharmacotherapy.
- Provide patients with supporting printed education material related to the benefits of quitting smoking and/or information pertaining to Internet resources, peer groups and their contact information, other health care professionals, and programs to reinforce their quit-smoking goals.
- During first consultation, you help the patient develop a personal plan or agreement on the chosen treatment path, ensuring that the patient understands the ongoing support, monitoring arrangements, and what to expect regarding their process.
- Be sure to advise your patient (and document) that it may be necessary for you to discuss and share the patient's health information with other health care professionals (physicians, nurses) in the process of assisting with the quit-smoking program. While patients have signed consent forms, best practice is that they be informed should you provide a copy of the readiness assessment documentation and/or first consultation or follow-up session(s) information to a physician or other health care professionals.
- Follow-up counselling sessions to assess patient progress, evaluate and monitor smoking status, address any concerns or issues, and provide support are outlined and tentatively scheduled at the time of the first consultation.

Step three: Follow-up counselling sessions

The follow-up counselling sessions provide ongoing support for the patient by getting updates on their smoking status, addressing any concerns or issues that have arisen, and reinforcing positive behaviours that the patient has used to remain smoke-free.

All follow-up counselling sessions must be documented to ensure continuity of the program, evaluation, and for the purpose of GSC auditing. As noted, these sessions may occur in person, by telephone, or other means of communication as agreed to by the patient. The location and method of communication must be included in the documentation.

A total of seven follow-up counselling sessions are billable. You may meet with the patient more often if required, such as prior to the targeted quit date or other times that require support strategies and pharmacotherapy intervention; however, the program limits payment to seven sessions, in addition to the first consultation session.

The first three, or primary, follow-up counselling sessions should take place within three weeks of the first consultation. The subsequent four, or secondary, follow-up sessions are expected to take place at intervals agreed upon by you 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 counselling 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)

Primary follow-up counselling sessions one to three:

- The first three follow-up counselling sessions should take approximately 10 minutes each and should occur within the first three weeks of the program being initiated.
- Talk with the patient about their success or lack of success with the strategy chosen including identifying any potential drug therapy issues.
- Discuss what is working or not and ways in which the patient can overcome triggers, cravings, or withdrawal symptoms.
- Stress the program's successes and encourage continuation of those favourable outcomes.
- In addition, review any personal, psychological, or social issues that prevented the patient from reaching their goal.

Secondary follow-up counselling sessions four to seven:

- The four secondary follow-up counselling sessions are approximately five minutes in duration and occur at suggested intervals following the first month.
- The sessions continue to build on the patient's program success and review of any issues that prevented the patient from reaching their goal.
- In the seventh follow-up session, you choose one of two PINs – one for a successful quit or one for relapse/unsuccessful quit.

The "5A's" approach of *Ask, Advise, Assess, Assist, and Arrange* is a smoking cessation strategy that is commonly used by health care providers.

Training

Completion of a smoking cessation training program is required before you engage patients in the Pharmacist Health Coaching – Smoking Cessation Program. It is our expectation that you would provide proof that you completed an applicable training program should an audit be performed.

While GSC has not developed specific training for pharmacists, there are a number of appropriate programs available. We have provided links to some of these on the providerConnect™ website.

Privacy

All third parties delivering services on behalf of GSC must agree to comply with all applicable federal and provincial privacy legislation and regulations, including the following terms and conditions with respect to privacy:

- Name an individual to handle all aspects of privacy
- Identify the purposes for the collection of personal information
- Seek consent for the collection of personal information and its subsequent use or disclosure
- Limit the use of all personal information collected to the purposes for which it was collected
- Retain information for as long as is required for the purposes of this program
- Ensure that all retained information is accurate
- Use appropriate security measures to protect all personal information
- Ensure that, upon request, individuals will be informed of the existence, use and disclosure of their personal information and will be given access to that information.
- Inform individuals who make inquiries or lodge complaints of the existence of, and process for, complaint procedures.
- Acknowledge liability for the use made of all personal information
- Allow GSC to oversee the third parties' methods of collecting and storing data (by review or audit)
- Indemnify GSC for any breach of contract

Record Keeping

All documentation of personal health information during the provision of this program are considered part of the patient's record and will be maintained in a computer system where possible, or where that is not possible, in an organized manner that allows for their easy retrieval.

For quality assurance purposes, claims may be subject to audit. Please retain all completed documentation for the period of time specified by your regulatory college of pharmacy.

Frequently Asked Questions

1. I have identified an eligible patient, do you have any suggestions for how I should introduce the program?

Let the patient know that their health care benefits plan offers a smoking cessation counselling program. It is useful to point out that most people find that counselling support improves their chances of successfully quitting. There is no out-of-pocket cost for participating as the cost of the program is covered in its entirety by the patient's GSC benefit plan. Participation in the program is voluntary.

2. My patient has decided to enrol and participate in the program. How can I prepare to make the most efficient use of our time during the initial visit?

We recommend that you schedule an appointment for a time that is convenient for you and your patient allowing sufficient time for you to have an uninterrupted conversation.

3. How is this service different from a provincially funded smoking cessation program?

Some provinces fund similar pharmacist programs. To avoid duplication, the GSC program is not available in provinces or to populations who have access to these government-funded programs.

4. I have determined that my patient can benefit from smoking cessation drug therapy. How do I verify coverage for a drug before I make a recommendation to the prescriber?

Patients can verify coverage for drug benefits by using the **Is My Drug Covered?** feature found on **Plan Member Online Services**, which can be accessed from the GSC website at greenshield.ca, or through their **GSC on the Go™** mobile app and choosing the **Drugs on the Go™** option.

5. My patient would benefit from a formal fitness and/or weight loss program. Are these services covered by GSC as part of this program?

The Pharmacist Health Coaching – Smoking Cessation Program does not offer additional coverage for any add-on fitness and/or weight loss programs.

9. Can I provide this service remotely (i.e., via phone or videoconference)?

It is a requirement of the program that the first consultation be conducted face to face. But follow-up counselling sessions may occur in person, by telephone, or other means of communication as agreed to by the patient. The location and method of communication must be included in the documentation.

Sources:

¹ Manitoba Center for Health Policy, *The Cost of Smoking In Manitoba*, May 2012

² Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health, *Canadian Smoking Cessation Clinical Practice Guideline*: 2011

³ Public Health Ontario, *Overview of the 5 A's Framework of Brief Tobacco Cessation Intervention* <https://www.ptcc-cfc.on.ca/common/pages/UserFile.aspx?fileId=349266>