



Tobacco Cessation and Prevention Program

Pharmacist-Assisted Smoking Cessation Class: A Guide to Implementation

Authors:

CHARLES J. BENTZ MD, FACP

Medical Director: Providence Tobacco Cessation & Prevention Program

MELISSA GRAY, CHES

Program Manager: Providence Health Education

CYNDE SWAN

Program Coordinator: Providence Tobacco Cessation & Prevention Program

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Introduction

The Providence Health & Services Pharmacist-Assisted Cessation Class is a seven-week, 11-session, intensive group cessation class. It is based upon behavior modification techniques, coping skills, social support, weight management, and stress management. In addition to a counselor providing behavioral support, a pharmacist will evaluate the patient for appropriate smoking cessation therapy, provide initial and ongoing patient education and dispense medication (nicotine patch, bupropion, or varenicline). Pharmacotherapy is included in the price of the class and provided at no additional cost to participants.

These Pharmacist-Assisted Cessation Classes are designed to help improve health system cessation efforts by addressing three distinct and important populations:

- Inpatients who quit during hospitalization and need intensive outpatient cessation programs after discharge
- Outpatients who need local cessation programs that are evidence-based, accessible, and available without physician referral
- Hospital employees who need onsite cessation programs

In response to the many requests from other hospitals and health systems interested in developing programs similar to our Pharmacist-Assisted Cessation Class, we have developed this guide. This is the story of how Providence Health & Services developed and implemented a pharmacist-assisted cessation class. We hope this document will help others develop similar programs across the country.

If you have questions about this guide or need clarification, please contact:

Charles J. Bentz MD, FACP
Medical Director: Tobacco Cessation & Prevention
Providence Health & Services: Oregon
charles.bentz@providence.org

Cynde Swan
Program Coordinator: Tobacco Cessation & Prevention
Providence Health & Services: Oregon
cynthia.swan@providence.org

Connie Revell
Deputy Director: Smoking Cessation Leadership Center
Smoking Cessation Leadership Center at UCSF
crevell@medicine.ucsf.edu

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Background

The Providence Tobacco Cessation & Prevention Program started in 1994, after a regional prevention planning process identified smoking cessation as a strategic goal. The Providence Health Plan (PHP) smoking rate at that time was 21%, which was similar to Oregon's 22% smoking rate. An analysis of health care service usage by PHP members indicated significant smoking-related disease. That analyses lead to the formation of a multidisciplinary team to address tobacco use. The makeup of the team (Table 1) reflected the commitment to addressing tobacco throughout the health system.

Table 1: Makeup of Providence Tobacco Program

Providence Health & Services Tobacco Cessation Task Force
Physician Leader
Medical Foundation
Health Education
Respiratory Care
Hospital Administration
Human Resources
Behavioral Health
Research Analyst
Health Plan
Pharmacist
Quality Assurance

This multidisciplinary team, led by Dr. Bentz, was charged with developing and implementing strategies to reduce smoking for all patients, with particular emphasis on PHP members. The goal of the task force was to design and implement a multifaceted approach to tobacco that affects patients at every point of contact in the health system by the following:

- **Patient-focused actions:** improve access to cessation services and to educate patients about those services.
- **Practitioner-focused actions:** educate practitioners about the importance of including smoking status assessment, an intervention and referral as a part of routine care.
- **System-focused actions:** Increase capacity to address tobacco use at every point where patients come in contact with the health system.
- **Prevention-focused actions:** work in collaboration with other community organizations to prevent the initiation of smoking among children.

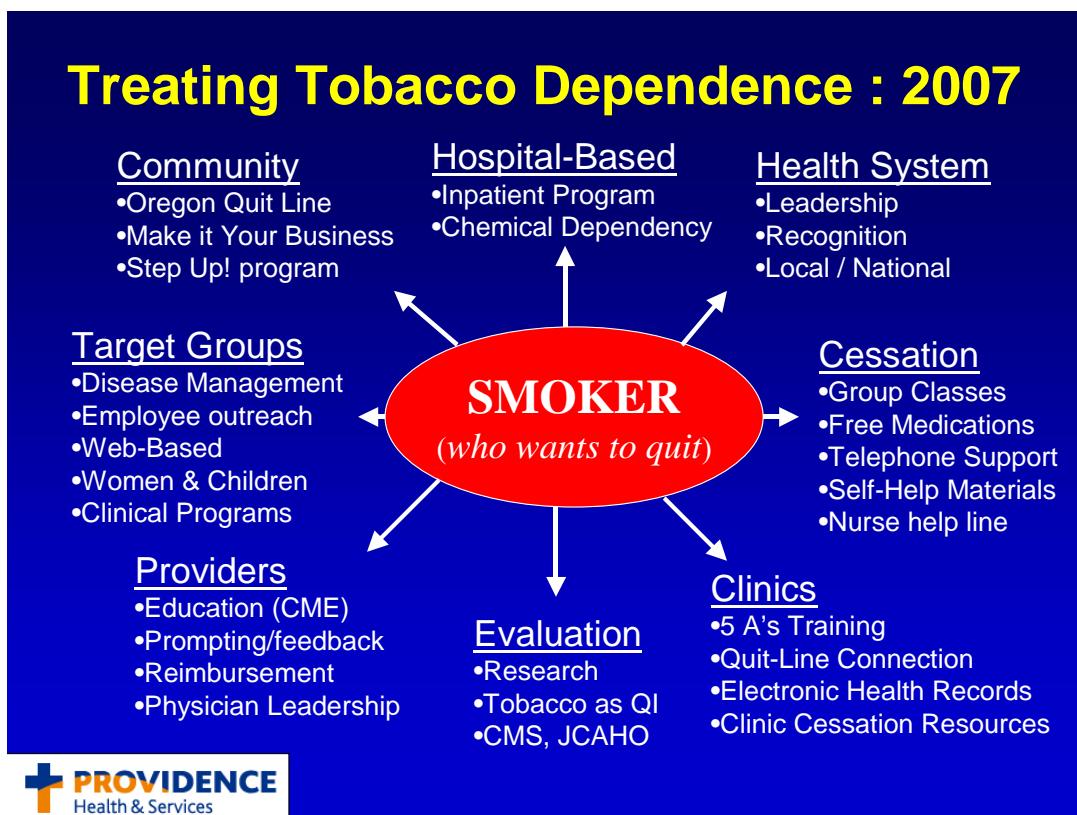
Over the next decade, this work group eventually became the Providence Health & Services Tobacco Cessation & Prevention Program, which has served as a national benchmark for addressing tobacco in health systems (1). Components of this comprehensive approach to tobacco are outlined in Figure 1. The early planning process

uncovered a need for better measures for tracking delivery of tobacco cessation interventions. This lead to our creation of tracking codes (2, 3), which influenced the revision of the tobacco CPT (Current Procedural Terminology) codes published by the American Medical Association (AMA) in 2000. Our work in outpatient cessation helped shape the state-level approach to addressing tobacco (4) and we pioneered fax-referral connection of private physician offices to state-level tobacco quit lines (5,6). Our hospital-based inpatient tobacco cessation program, which last year (2006) intervened with over 9,200 hospitalized smokers in our three Portland area hospitals, is one of the largest of its kind. We have also been very involved with community efforts to increase demand for cessation benefit coverage through development and ongoing support of two projects:

- “Make it Your Business Campaign” which is an outreach to employers on the business case for addressing tobacco
- “Step Up!” campaign, which encourages Oregon’s hospital’s to improve systems for addressing tobacco, including smoke-free campus policy.

The ultimate success of this comprehensive tobacco program is evidenced by multiple awards and recognition from national and international organizations concerned with addressing tobacco, but more importantly by a decrease in PHP smoking rates to 15%.

Figure 1: The Providence Health System Tobacco Cessation & Prevention Program



Why “Pharmacist-Assisted” Cessation Classes?

The evidence that medication has the potential for doubling quit rates (7, 8) is the driving force behind our efforts to improve access to smoking cessation pharmacotherapy. While office-based interventions are important, and proven to improve cessation rates, there is still a need for “high-intensity” cessation programs (See Table 2).

Table 2: Quit Rates for Various Cessation Interventions

Interventions	Quit Rates at 1 Year
None (Spontaneous Quit Rates)	2-3%
Office counseling (dose response)	
Minimal Counseling (< 3 minutes)	4%
Brief Counseling (3-10 minutes)	5%
Counseling (> 10 minutes)	8-10%
Interactive internet	5-10%
Interactive telephone	10-25%
Group classes without medication	15-25%
Group classes with medication	25-35%
Inpatient Residential	45-50%

Public Health Service Guideline 2000, Hughes et al, CA cancer journal clinic, 2000 50:143,
Providence Tobacco Cessation & Prevention Program, Mayo Clinic Residential Cessation Program

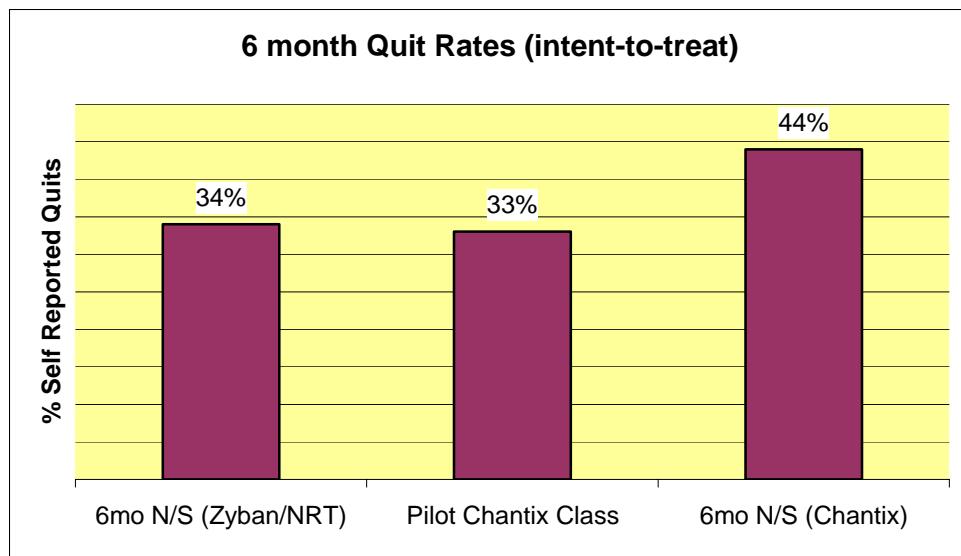
An additional factor behind our development of a pharmacist-assisted cessation class was our health plan’s need to create a pharmacy benefit for nicotine replacement therapy (NRT) and bupropion (Zyban®). Initial coverage for these medications was linked to participation in our existing cessation classes, which we had been offering since the early 1990s. Patients paid out of pocket for the medication, then applied for reimbursement. Due to variability in the way individual medical providers prescribed NRT and bupropion, our tobacco program needed to ensure consistent prescribing of pharmacotherapy in a way that would offer the most effective and reliable method of quitting. Since our behavior modification classes were offered on the campuses of our two largest hospitals, the availability of hospital-based clinical pharmacists made them the logical choice for managing the pharmacotherapy of cessation.

Several pilot classes were done in 1999 with free medication provided by both Glaxo Wellcome (bupropion) and Smith Kline Beecham (nicotine patch). Upon successful completion of these pilot classes, an agreement was reached with the health plan, health education services, and the pharmacy department to include both NRT and Zyban® for all classes. These classes have been running successfully ever since, resulting in 12-month quit rates of 34% (cumulative rates of all participants attending at least one session over past five years who self report abstinence at one year, non-response counted as a smoker).

In 2006, a pilot study of the class to evaluate incorporating varenicline (Chantix™) was done with the help of a grant from Pfizer. Chantix™ was added to all classes permanently starting January 2007. Participants taking Chantix™ showed a 44% quit rate (intent-to-treat, self-reported at six months for all participants attending at least one session, non-

respondents counted as smokers). Effectiveness analysis (for those who completed the class, using any medication, non-response considered smokers) showed a 56% six month quit rate (see Graph 1).

Graph 1: Six-month Quit Rates for Pharmacist-Assisted Classes



Getting Started

This pharmacist-assisted class is an important part of our comprehensive program, and serves as the “final common pathway” for all cessation activities within our integrated health care system. The first step in getting started is to gain organizational support. One may need to do significant planning prior to presenting this proposal so administration will have a clear understanding of the goals, resources needed, and expected outcomes. Hospital systems are under tremendous pressure to have high productivity and don’t necessarily have a specific avenue for securing program development funds. Program planning combined with a business case tailored to a target population is the most effective way to show a short and long term Return on Investment (ROI).

Securing Support

An effective tool for gathering support and information are sensing interviews. These are often called key informant or stakeholder interviews. It is advantageous to think of individuals who are not only needed for support but also needed in the implementation phase. This will not only help lay the foundation for program support but also for participation in program development and implementation. The interview should identify who would give the final approval for implementation. At the interview's end there is always an “ask” to see if that person is willing to be involved in an action item (make a contact, sit on a task force, be a sponsor etc.). Potential positions to interview:

- Administration (also include someone from finance)
- Pharmacy Leaders

- Respiratory Therapy Leaders
- Physicians (including both leadership and those who would refer into the program)
- Leaders from other supporting departments or impacted areas
- Leaders from partner organizations (if appropriate)

Tip: Role-play with an organizational leader who is not a stakeholder. They can help finalize questions to ask and how to respond to potential concerns and barriers.

Tools: Sample Program Planning Worksheet (Appendix 1.1)
Sample Sensing Interview (Appendix 1.2)

Where is the Money?

Funding is the most important support. “How much will this cost?” will be the most frequent question and barrier to implementation. In putting a budget together, here are some areas to include:

- Labor (include instructor, pharmacists and coordinator time) add benefit cost as appropriate
- Medications (estimate class volumes and pharmacy will estimate dosage pricing per participant)
- Class materials (are you buying a curriculum or creating your own)
- Printing (include marketing and forms needed for pharmacy)
- Break out short and long-term cost. Are there funds needed for planning and development that are one-time amounts? What is the ongoing amount needed for program implementation?

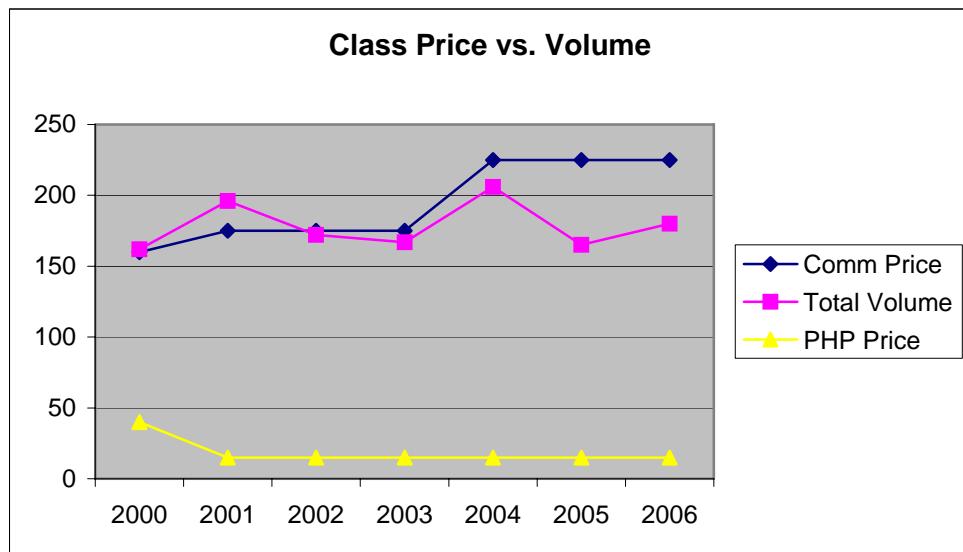
At this point in the planning process, specific numbers might be elusive but research can provide estimates. Specific costs for labor will support advocating for an increase in labor dollars and/or FTE’s (full time equivalent). This might be the hardest to achieve, as labor costs are the most expensive budgetary item and often there is not much flexibility.

One other important aspect of the budget is to determine how much if any type of revenue will be collected. There is the belief that decreasing barriers help motivate people to quit. Therefore offering the class at a very discounted price, or free, would be beneficial. To do so would require complete funding from other sources. Some believe that charging an amount (small or large) engages the participant in the quitting process and allows them to feel vested. Providence has had the price for this class at different levels throughout its history. We have found that the lower price does allow for more participation. However, our attrition (those that started the class but do not finish) is also very high in those cases.

Providence is a mission-based organization and therefore able to offer financial aid to our participants. With a high rate of uninsured, having options for high cost services is vital to our values of compassion and justice. We have an internal process that allows those who cannot pay to access our classes. Organizations may look into scholarships or even donations to help those where cost is a significant barrier.

We have found, as many others have, that the amount of co-payment affects utilization of services (see Graph 2). Cessation program adopters will have to decide which philosophy best suits their particular organization and financial realities.

Graph 2: Class Price vs. Volume



Often when starting a program there are a variety of options for securing outside funding. Pharmaceutical companies can provide grants or donate medicine (ex. NRT). Most hospitals have a foundation that can provide funding for one-time or ongoing support. Most states and local counties have tobacco grants specific to cessation. You can also look to national cessation groups to secure start-up funding. (see External Resources in Appendix 2.9)

One approach that has proven successful for Providence was to distribute the financial responsibility across the stakeholders. Providence Health Plan pays an annual amount that helps cover the administration of the program, and they also subsidize the cost for health plan members. The Health System (through Health Education Services) covers administration costs including some medication costs, instructor costs and class supplies. The participant then contributes (depending on what their insurance covers) to help cover expenses. With everyone contributing to the program, everyone is vested in successful cessation.

Another option is to share the cost between organizations. Controlling cost is difficult when expensive medications and clinical care are program components. However, partnering with other organizations could provide funding or other in-kind contributions in a very grassroots way. For example an organization could have their marketing department develop promotional materials in exchange for referring patients. Perhaps an independent Physician would donate their time. The important point is to assess your partnerships and leverage your resources in the most effective way.

The business case for cessation:

Group classes with medication are the most effective method of quitting, however, since these classes are also the most expensive, most administrators need to understand the business case for providing this service.

The Centers for Disease Control (CDC) has calculated that direct medical costs are \$1,600 each year per smoker. This is due to a 50% increase in utilization of health services and the 19% of employees' children's healthcare expenses related to second-hand smoke. Morbidity and Mortality Weekly Report (MMWR) published a very thorough discussion of the methodology that the CDC used in calculating costs. One can also calculate this using the Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software. The HMO network developed an ROI calculator that included Providence data for validation purposes.

The URLs for the above tools are:

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>
2. <http://apps.nccd.cdc.gov/sammec/>
3. <http://www.businesscaserroi.org/roi/>

The CDC calculates that the indirect costs for tobacco costs employers an additional \$1,700 per year for each smoker. This is calculated based on being absent an average of 6.5 days more per year than non-smokers and spending as much as 8% of work time in smoking-related activities. Thus, the CDC calculates the total cost (direct and indirect) is \$3,300 each year per smoker. Additionally, Mercer Human Resource Consulting in New York estimates that lost productivity due to early mortality increases the total cost for each smoker to over \$5,600 per year.

Researching specific demographics for the targeted population will better frame the need for these classes. Clearly articulating rationale for a cessation program will ensure decision-makers will understand what they are being asked to support.

Tip: When researching costs, make sure to ask about the price increase per year. Medications, labor and material costs all increase at different rates and at different times annually. You will want to be able to project accurate costs at the time of implementation.

Tools: Sample Budget (Appendix 1.3)
Sample Program Pricing Tool (Appendix 1.4)

Lower Cost Alternatives: Our classes offer eleven 90-minute sessions, but fewer classes would be an acceptable alternative, as the Public Health Service guideline shows that benefits taper off after eight sessions. Another option would be to have telephonic access to the pharmacist; this might be less expensive than face-to-face contact.

Building the infrastructure

The Medical Director plays a vital role in not only getting support for the program but also navigating the difficult clinical pathways for patients and health care workers. The Medical Director can provide political support, medical oversight and can be the public face of the program within the healthcare setting. The Medical Director can be involved in overall program implementation, prescribing program medications, linking primary care to the cessation class, and incorporating updated clinical research. The role and responsibility of the Medical Director in the Providence Pharmacist-Assisted Classes is to be the clinical champion, provide oversight as described in the collaborative therapy guideline (see Job Description for Medical Director in Appendix 2.1), and to be the prescriber for all medications used in the classes.

The Pharmacy also needs to take a leadership role. Providing medications that are high cost and highly regulated will require additional pharmacist effort. The pharmacist's involvement in the classes is a driving factor in participant attendance. Pharmacist time is valuable and it will help to have them at the table from the beginning not only providing cost and process input but also to create the important connectivity of behavior modification and pharmacotherapy.

Housing the program should be done in a department that has the administrative capacity to develop, implement, and maintain the program. Providence has had the smoking cessation program in a variety of places on the organizational chart before it landed in Health Education. Health Education Services has proven the most effective place for the program in our system. The responsibilities of the home department include:

- Maintaining the budget (revenue collection, billing and accounting)
- Quality Management
- Evaluation and Reporting
- Coordination of staffing
- Class material management
- Marketing of the classes

Another key component to the infrastructure is program evaluation. Initially, our Center for Outcomes, Research and Evaluation (CORE) evaluated Providence classes; however, Health Education Services now has the responsibility for outcome assessment. Getting expert help in setting up the methodology and providing technical assistance on program reporting is vital, especially in the early stages of class implementation.

Tip: When setting-up the program infrastructure, consider Pharmacy residents or interns who can document processes or develop protocols. They sometimes have to work on special projects and have more flexibility than those who are responsible for direct patient care or who are evaluating larger system initiatives.

Tools: Job Descriptions for Medical Director, Tobacco Program Coordinator, or Tobacco Cessation Class Instructor (Appendix 2.1)

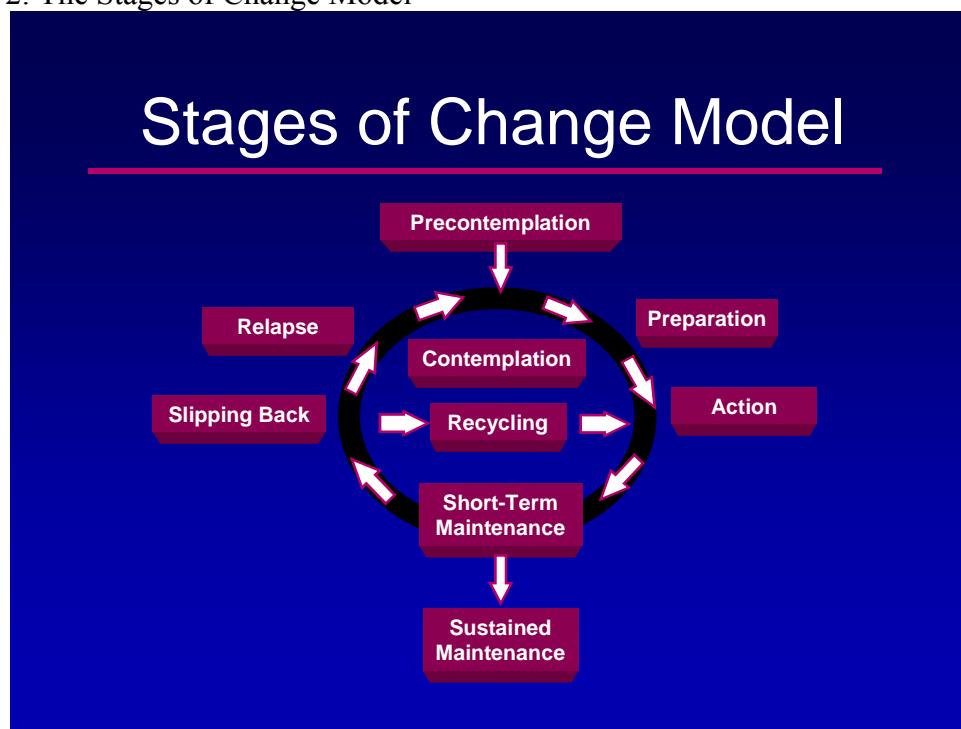
Lower Cost Alternatives: Consider physicians in training (residents) or adding the responsibility to Medical Director of the pharmacist-assisted class to physicians currently

employed as Department Chairs, clinical program directors, health plan quality improvement directors or other physician administrators.

Let's Go: A guide to Implementation

As you start to put the pieces together for the content of your curriculum there are many resources and options to choose. When Providence began designing the program we chose the American Lung Association's Freedom From Smoking Curriculum. At that time their participant materials came packaged together, providing the most comprehensive curriculum that fit with our cessation philosophy based on the stages of change (see Figure 2), which emphasizes intervention for those who are "ready to change". As time went on, we have added videos/DVDs, handouts on specific topics, added current research and incorporated suggestions from our participants. You might explore creating your own materials, especially if you already have some of the pieces from your Respiratory or Health Education departments. You can always blend pieces together from different sources but remember to respect copyright regulations. The incorporation of medications into existing cessation classes or developing a pharmacist-assisted cessation class will require local clinician input (physician, pharmacist, and counselor). If you do not have local expertise available, consider contacting regional resources (Appendix 2.9 External Resources)

Figure 2: The Stages of Change Model



Staffing your class

The ability to hire and retain high-quality instructors is the most important aspect of the program. You need counselors with expert understanding of cessation, strong facilitating skills, and the ability to connect and foster therapeutic alliances with their class participants. The ideal counselor will also be able to work well with the pharmacist and

medical director. If you do not have an instructor/counselor, you can find them through your local Lung Association (Appendix 2.9). Due to geographic separation, the classes offered at each of the Providence hospitals have their own smoking cessation counselor and pharmacist. The counselor is the main instructor for the class with the Pharmacist responsible for the dosing, dispensing and providing ongoing medication support/counseling to the participants. It is helpful for the counselor and pharmacist to work out a schedule that fulfills their responsibility and is cost effective.

Pharmacy technicians or pharmacy residents can also participate; however, there are some limits. Pharmacy technicians can be utilized to prepare the medications, file prescriptions, make copies of handouts, and fax the completed forms to physicians for review. Having a pharmacy technician involved can be a cost effective use of class-prep time. Pharmacy residents, after appropriate training, can participate as the course pharmacist. This participation benefits both the class and the resident with hands-on preventative medicine experience.

Working with your pharmacy department can be challenging, because while bringing behavior modification and pharmacotherapy together provides the best results in terms of cessation, we typically deliver the two in very different administrative forms. When Providence started this class, a lot of time was spent working with Pharmacy in setting up protocols and communication systems. Over time, due to changes in personnel and staffing levels, these roles and responsibilities can change. It requires ongoing vigilance to ensure that perceptions of roles and responsibilities, expectations, and documentation continue in a manner that gives the best care to the participant. This commitment to ongoing quality management needs to be clearly stated from the outset, and requires ongoing resources.

Pharmacy Regulations

Many states now allow the pharmacist to directly initiate, adjust and monitor medication therapy under written protocols and agreements with providers. Such agreements are termed Collaborative Drug Therapy Management. While states may vary, most require a detailed description of the collaborative role that the pharmacist shall play, including written protocols for specific drugs pursuant to which the pharmacist will base drug therapy decisions. Often the signature of physicians participating in the Collaborative Drug Therapy Management Guidelines must be kept on file. In addition, most states require a process for communication between the pharmacist and participating practitioners including requirements for documentation. A copy of our Smoking Cessation Collaborative Drug Therapy Management Guidelines can be found in Appendix 2.2.

The Medical Director may serve as the principle practitioner under the Collaborative Drug Therapy Management Guidelines. In addition, they are an important contact to the pharmacist especially when faced with a difficult case or a patient who does not fit the protocol.

Tip: Third party payors may reimburse for pharmacist participation in smoking cessation programs using standard E/M CPT coding. Check with your local health plans.

Putting it all together

After you have support, funding, curriculum, Pharmacy participation, a Medical Director, and counselors in place, it is time to put it all together.

Creating a class outline that covers the curriculum and medication protocols you have developed is a great first step. Please feel free to follow the one included in Appendix 2.6 or develop your own. Once you have an outline, start to determine how many, how long, and how often classes will be held. Our 11-session model will not work in every system.

The location for classes is very important. Our hospital conference rooms are very busy and only a few are big enough for classes. Our class maximum was 18, and for budget reasons we need at least nine patients to attend. With the recent addition of varenicline (Chantix™), demand and class size has increased. Classes are now limited to 25 participants and we have a waiting list. This larger group is adding to the difficulty of finding large enough space on a regular basis. The populations we see are often dealing with other health issues in addition to being a difficult socio-economic group to get to attend 11 sessions. We often have people who drop out either prior to the start of the class or shortly after. We can then fill those spots from our waiting list. This allows us to keep the class full and serve smokers who are wanting and able to quit.

How our class works

Participants in our classes are self-referred. They can find out about our classes through:

- Their Physician
- Providence Marketing Material (we have direct mail pieces as well as program specific marketing pieces)
- The Oregon Quit Line
- Providence Websites
- Other Class Participants

To register for the class they may go through either our Providence Resource Line or through our class registration website (www.providence.org/classes). Payment is due at the time of registration and upon registration their information is put into our registration software E-Centarus. Once the participant is signed up for the class they are sent a packet of pre-class paperwork. This is the general information we need to prescribe medication, provide background information to the instructor and get permission to share information with their physician. The specific forms include the following: Letter to Participant and the Smoking Cessation Patient Questionnaire (Appendix 2.3). The detailed questionnaire is used by the pharmacist when assessing medication and prescribed dosage. They are to bring the paperwork back on the first night of class.

One week prior to the start of class, a class roster is sent to the instructor and pharmacist. This allows the pharmacy to enter the patient's information into its system in preparation for filling prescriptions. On the first night of class the instructor covers introductory information and the pharmacist spends time with participants going over their paperwork

and assessing them for which medication they will receive. During the instructor's class introduction, the pharmacist reviews the patient profiles and if no contraindications exist, fills the prescriptions with a one-week supply to be handed out at the end of the class that first evening. Subsequent prescriptions are filled for a week supply prior to the class and are handed out after patient "check-ins".

The participants then move through the class curriculum for making behavior change while taking medications. The medication refills are based on attendance so patients have to attend the class to get their next week's supply. At the completion of class series the instructor documents if the patients are smoking or not smoking. If the patient was on Chantix™ they are given a prescription for another four weeks, with three refills if they remain smoke-free (this is paid by the participant or health insurance if applicable).

At the end of class each participant fills out an evaluation and contact sheet. The contact sheet is used for a six-month and one-year follow up conducted by the instructors.

Getting them signed up!

When launching a new class it is important to develop a marketing plan. The plan should address:

- Promotion of the class ensuring maximum number of participants
- Educate internal departments on the new class (or updating an existing class)
- Increased physician awareness of cessation services
- Partnership with other cessation providers (Quit Lines, etc.)
- The 4 P's of marketing: Product, Price, Placement and Promotion

Marketing plans come in a variety of forms, but no matter what they look like, they should facilitate the flow of communication within your health care setting. We know that what "worked" for us does not translate into instant success for someone else. We do know, however, that there are a variety of venues to use and it's important to explore them all:

Physician Referral: In a health care system Physician referral should drive participation. However, it is not always easy to incorporate a new service into physician/patient protocols. Providence always looks for ways to increase physician referral into our classes.

Physicians helped develop a fax referral form that has been incorporated into our Electronic Medical Record (EMR). Brochures and flyers have been provided for waiting areas and exam rooms. A recent survey showed physicians want even easier ways to refer patients. We are taking that feedback and assessing how to increase integration with the EMR and patient visit protocols. This means even moving the focus from physicians to medical assistants (MA's).

Having our Medical Director promote the class to peers has been beneficial. As a fellow physician he can:

- Speak to them from a similar point of view
- Provide a stronger message

- Promote the program in multiple venues (meetings, presentations, committees disease management initiatives, CME events, etc.)

In any situation incorporating physicians is vital, but it might take some work to figure out the best approach for your specific situation.

The Web: It's hard to find anyone who does not have email or is not familiar with the Internet. When marketing your classes it's imperative to use this venue as a communication tool not only with your organization but also with your target population. Here are some tools that have worked well:

- Providing Class Information, Registration and Payment online: This is one of the most effective tools we have. Our Providence website is open to patients, Health Plan members and the general public. Participants can go online 24/7; find out information and register. This is the most cost efficient way of getting participants enrolled in classes. It allows them to take the step of action once they have decided to get help.
- Online Newsletters: We created a newsletter that gets emailed out to people who have requested updates through our classes, class hotline or webpage. This is a great way to get more information out to people about new offerings, participant testimonials or current research. In addition, you can track measures such as "read rate" or "click throughs" to gauge how your newsletter is being received.
- Postings on Online list servers: List servers are an effective low cost way to get your information out. You will want to find list servers or postings that are popular in your community. For example, in Portland we post on Craig's List and Portland Picks which both have high readership rates across demographics.

Earned Media: In 2005 our printing resources were decreased. A large catalogue with class information was pared down to a direct mail piece that directs people to our website and call center. After that decision we focused on earned media to get more low-cost attention for our classes. Currently we send out regular press releases as well as pitch special interest stories. For example, a reporter followed a participant through quitting with the new drug Chantix™. These are great marketing venues since it's a testimonial from someone going through the class and it's free.

Partnering with other Departments or Community Groups: If you think of the class as serving the community you will want to work with others who are serving the community in a similar way. For example, the Providence program is closely linked to the Providence Cancer Center of Excellence, sharing resources to promote the class during cancer specific events/venues. We have worked with the Tobacco Free Coalition of Oregon (TOFCO) participating in a variety of work groups on a variety of state and local initiatives. You can check with your state or county tobacco program or other community groups that promote cessation related resources (American Lung Association, American Cancer Society, etc.)

Tip: Work to stay creative in marketing your classes. Ask a local business partner about recent marketing approaches that have worked for them. In healthcare we sometimes aren't as in-touch with current marketing research in terms of treating patients as "customers."

Tools: sample fliers/slicks/brochure/web (Appendix 3.3)

And the Results are?? The role of Evaluation:

Evaluation is such a vital component that it has to be included from the beginning. As you are going through the planning process, consider what type of outcomes are important to measure and if you have the capacity to measure them. Providence was fortunate to have a research arm that guided our evaluation process and provided support for our program. Especially in the beginning when we were trying to establish our program and pilot different ways of implementing our classes. However, in 2005 that support was lost as analysts were required to spend time on other specifically funded projects. It has since been a struggle since to keep the same level of statistical integrity.

What to measure? You will want to measure a variety of outcomes and some will change as you develop and fine-tune your class. Here are suggestions:

- Quit Rates: Providence measures at end of class, six-month and one-year intervals
- Quit rate per medication used
- Quit rate by demographics (M, F, age etc.)
- Quit rate vs. attendance (higher attendance = higher quit rates)
- Reduction rates (if someone hasn't quit, have they reduced the amount they smoke?)

Who will collect the data? If you do not have access to an analyst or department that specializes in evaluation and you don't feel comfortable with your own evaluation skills, here are some ideas:

- Consult with an evaluation team from your local, state, or county tobacco program. Most government agencies have evaluation teams to provide insight or help
- Hire a contractor to help in the development and ongoing reporting
- Contact local Public Health Programs to get an evaluation intern
- Engage your instructors. Providence instructors do the six month and one year follow up and send that information to the program

Evaluating the Process: This is an important step in looking at how you implemented your class and what, if any, changes you would like to make. Success looks different to different people. Even if you do get the results you want, it's important to look at how you got those results and determine if there is any area that could be improved. Process evaluation can be formal (sending out a survey) or you can gather your implementation team and have an informal discussion. Either way, it is sometimes the most valuable information collected.

Ongoing Evaluation: After the class is established, ongoing evaluation will be an important focus. As time goes on, there are changes to any program and it is valuable to understand how those changes, no matter how big or small, affect outcomes. It's just as important for us to learn what doesn't work as for us to know what does. As new drugs, theories and research evolve, the history of your outcomes will help shape the overall story of cessation, not only nationally, but globally as well.

Telling your Story: It is valuable to share your outcomes. Once you have data, think about who would benefit from the information. Here are a few suggestions:

- Share data internally with department and hospital leadership
- Present your data to local or national conferences
- Share data with your state or local county tobacco program
- Put together a press release with your pilot data announcing the launch of the class

Whatever the results, the important thing is that you spent the time to get results. Evaluation and the ability to show methodology enable others to understand the whole story of a program. Demographically, geographically, and organizationally we are all different; in order to consistently implement best practices at all levels we have to learn from one another.

Tip: Set up evaluation formulas so that every year you can just input the numbers. This saves valuable time and ensures consistent reporting year-to-year.

Conclusion:

Over the past ten years we have developed, implemented, and continue to learn how to maintain a pharmacist-assisted cessation class in our health care system. We have had outstanding support from our health system's administrators, staff, and clinicians. We have also found that the pharmaceutical industry (GSK and Pfizer) have been excellent partners in this effort, and their contribution of free medication to do pilot classes, support of provider education, and promotion of our classes has been a model for a "best practice" in relationships between healthcare and industry.

This effort has required teamwork and a commitment to excellence. We have worked hard to keep the focus of this program on those who want to quit and the tremendous benefit that smoking cessation brings to our patients and to our communities. We hope this guide has given you ideas and encouragement to expand your cessation offerings and improve your systems for addressing tobacco.

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Appendix 1.1

SAMPLE PROGRAM PLANNING WORKSHEET

Sponsoring Dept/Service Area (also partnering departments):

Program Goal:

Target Population:

Who is going to teach it?

What resources are needed?

Frequency of program offering (# of offerings per quarter/year):

Anticipated volumes:

Class Location:

What are the barriers to implementation?

What would be the impact if this class were not implemented?

Appendix 1.2

SAMPLE SENSING INTERVIEW

Sensing Sessions Key Stakeholders CESSATION CLASSES	
Date of Interview	Person being Interviewed (Name and Title)
1. On a scale of 1-10, how supportive are you for providing Smoking Cessation Classes? (1=Not supportive, 10=Can support without hesitation).	
2. What would it take to make it a “10”?	
3. What are your concerns (barriers)?	
4. What would success look like to you?	
5. Who are the stakeholders (other people who care about this process?)	
6. Would you participate in a Task Force Committee?	

Notes:

Appendix 1.3

SAMPLE BUDGET

Please note: These are not actual numbers but just used to fill in the fields for example purposes. You will have to determine the correct amount for each line item.

Pharmacist-Assisted Cessation Class Budget Fiscal Year 200X		
Expenses	Amount	Comments
Personnel		
Program Coordinator (insert hours/FTE @ \$X rate)	\$15,000	Class development, support and implementation. (You might have to estimate % of time from an existing position)
Support Staff (insert hours/FTE @ \$X rate)	\$2,880	Insurance billing (if applicable), member forms, class registration and program support (again you might have to estimate % of time from a current position)
Evaluation Analyst (Insert rate per hour)	\$2,500	Class data and annual report
Class Instructors (Insert rate per hour or class)	\$10,512	
Pharmacist (Insert rate per hour or per class)	\$11,000	Patient assessment, dosing medication, managing prescriptions and patient consult
Med Dir Fees	\$5,000	Medical Director might have other roles or you can put Prescribing MD. It also might be a small % of larger role.
Benefits @ 30%	\$5,310	Only calculate benefits for those who are benefit eligible
Total Labor/Benefits	\$52,202	
Supplies		
Medication (insert # of participants expected to dose)	\$18,000	Zyban®, NRT and Chantix™. (The medications will cost different amounts)
Printing	\$2,000	In-house printing for Class and Program forms including the dosing form, triplicate form and handouts
Class materials	\$5,000	Class supply materials and Inpatient packets
Supplies Total	\$25,000	
Grand Total	\$77,202	

Appendix 1.4

SAMPLE CLASS PRICING TOOL

Please note: These are not actual numbers but just used to fill in the fields for example purposes. You will have to determine the correct amount for each line item.

Pharmacist-Assisted Program Pricing

Pharmacist-Assisted Smoking Cessation Class	Cost (based on an avg of 20 participants per class)
Instructor Costs Smoking Cessation Counselor @ \$50 per hour x 16.5 hours per class series Pharmacist @ \$50 per hour x 11 hours per class series = \$550	\$67.50 (The total cost of Instructors divided by the average # of participants)
Material Costs Manual = \$4 = \$0.25 s/h = \$4.25 Handouts = \$0.05 x 8 = \$0.40 Relaxation CD = \$4.90 water bottle = \$0.67 Toothbrush = \$0.047 Pharm. Meds = 158.25 (avg. cost per participant)	\$168.52 (The total cost of supplies divided by the avg. # of participants)
Total direct Cost	\$236.02
25% Overhead (registration, coordination)	\$59
Participant Fee for Class	\$295.02

Notes:

- If your organization does not have a standard “overhead” rate, you can calculate one for your department by using the % of your department budget that is fixed. Fixed costs are defined, as costs that do not vary with quantity or ones that you do not have control over such as labor or rent.
- Your organization might have a specific pricing policy. If so you will want to follow that for pricing classes
- Change the avg. # of participants for your capacity

JOB DESCRIPTIONS

MEDICAL DIRECTOR: PROVIDENCE TOBACCO CESSATION & PREVENTION PROGRAM

GENERAL SUMMARY:

This position is responsible for providing clinical expertise and oversight of all clinical activity within the scope of the Tobacco Program. The medical director is responsible for training and continuing education of providers and allied staff, and needs to ensure the cessation interventions are evidence-based. The medical director will participate in long term planning to improve and enhance the efficacy of the tobacco cessation and prevention program.

QUALIFICATIONS:

EDUCATION, TRAINING & EXPERIENCE (INCLUDES LICENSES OR CERTIFICATIONS):

1. Graduate of Medical School recognized by the Council on Medical Education and Hospitals of American Medical Association.
2. Graduate of an approved residency-training program.
3. Board Certification and Licensure in the State of Oregon.
4. Membership in the medical staff with appropriate privileges.
5. Five years experience in postgraduate medicine preferred.
6. Experience in Health Services Research or Quality Improvement preferred

KNOWLEDGE, SKILLS & ABILITIES:

This position requires basic business skills, planning, writing and presentations skills. Able to work effectively with people towards a common goal. Must be able to develop strong working relationships with physicians and other health care managers. Must be able to process information accurately and timely; use good judgment and cognitive skills. Good current clinical knowledge in area of specialty. Demonstrates understanding of and experience in leadership within the framework of a systems approach. This involves understanding systems thinking, system development and system evaluation.

PRINCIPAL DUTIES AND FUNCTIONS:

1. Serves as system representative to the community in the area of tobacco reduction. Assists state tobacco coalition in developing strategic priorities, serves as integral member of the TOFCO Health Care Task force.
2. Works with regional program managers, providers, Health Plans, and task force to develop and implement tobacco cessation and prevention strategies for Providence Health & Services.
3. Provides clinic-training, provider communication and education material to clinics.

MAJOR CHALLENGES:

1. To continually promote resources and education to providers and clinics, so that the patient is asked and advised about tobacco at each contact point within Providence Health & Services.
2. To develop and provide consistent, quality cessation and prevention programs and materials to best assist the provider and clinic in their effort to assist the patient to quit tobacco use.
3. To promote positive interactions with all parties, providers, managers, employees and community organizations that result in a positive relationship that will enhance the goals and strategies of the project.

Job Descriptions

PROGRAM COORDINATOR: PROVIDENCE TOBACCO CESSATION & PREVENTION PROGRAM

GENERAL SUMMARY:

This position is responsible for managing all aspects of the smoking cessation and prevention project for Providence Health & Services. Supervises and coordinates Smoking Cessation instructors. This position, along with the Medical Director, is responsible for long term planning to improve and enhance the smoking cessation and prevention project.

QUALIFICATIONS:

EDUCATION, TRAINING & EXPERIENCE (INCLUDES LICENSES OR CERTIFICATIONS):

This position requires a Bachelors Degree in health education or related field. Masters Degree in health related field or business management is preferred.

This position requires a minimum of three to five years of management or administrative experience in health care, preferably specific to the development and management of health education programs, including in-depth knowledge of health education principles and practices. CHES preferred.

KNOWLEDGE, SKILLS & ABILITIES:

This position requires basic business skills, planning, writing and presentations skills. Ability to work with people towards a common goal. Must have skills in managing, planning, budgeting, decision-making and the development process. Must be able to develop strong working relationships with physicians and other health care managers. Must be able to process information accurately and timely; use good judgment and cognitive skills.

PRINCIPAL DUTIES AND FUNCTIONS:

1. Manages operation and operating budget for the Smoking Cessation and Prevention Project. This requires providing annual reports to funding body and applying for additional funding when necessary.
2. Serves as system representative to the community in the area of tobacco reduction. Assists state tobacco coalition in developing strategic priorities, serves as integral member of the TOFCO Health Care Task force.
3. Serves as Chair of Providence Health & Services Smoking Cessation and Prevention Task Force. Maintains task force work plan.
4. Works with regional program managers, providers, Health Plans, medical director and task force to develop and implement tobacco cessation and prevention strategies for Providence Health & Services.
5. Works with medical director to provide clinic training, provider communication and education material to clinics. Serves as a resource to provider offices in the area of tobacco cessation and prevention. Coordinates inpatient smoking cessation material.
6. Manages smoking cessation programs including coordination of classes, managing instructors, and ensuring quality and appropriateness of education materials. Manages program contracts.

MAJOR CHALLENGES:

1. To continually promote resources and education to providers and clinics so that the patient is asked and advised about tobacco at each contact point within Providence Health & Services.
2. To develop and provide consistent, quality cessation and prevention programs and materials to best assist the provider and clinic in their effort to assist the patient to quit tobacco use.
3. To promote positive interactions with all parties, providers, managers, employees and community organizations that result in a positive relationship that will enhance the goals and strategies of the project.

Job Descriptions

SMOKING CESSATION INSTRUCTOR

GENERAL SUMMARY:

This position teaches smoking cessation class. Instructors teach from an approved outline and meet with other instructors to update and reflect on current teaching materials.

QUALIFICATIONS:

Education, Training & Experience

- Certification in Smoking Cessation Counseling
- BS in health education, public health, Licensed Social Worker, or related field
- Or 3 years equivalent experience

KNOWLEDGE, SKILLS & ABILITIES:

Excellent communication skills both verbal and written. Strong group facilitation skills, demonstrated knowledge and understanding of adult learning methods and principles, group process, behavioral objectives and evaluation strategies. Excellent interpersonal skills, ability to interact positively with a group of diverse people. Ability to effectively utilize audio-visual and other instructional methods.

PRINCIPAL DUTIES AND FUNCTIONS:

1. Provides instruction in tobacco cessation classes, according to program standards.
2. Prepares and completes required paperwork in a timely manner including rosters, class evaluations and attendance records.
3. Attends instructor meetings. Completes peer and hospital observations per department standards.
4. Maintains current knowledge of practice in the field of tobacco cessation and behavior change
5. Evaluates classes and class content and makes recommendations for program change.
6. Communicates effectively and in a timely manner with the Tobacco Program Coordinator.
7. Prepares for class including but not limited to photocopying, keeping inventory of class supplies and transporting supplies to teaching location as needed.

MAJOR CHALLENGES:

1. Presents program material in a way that meets the needs of a diverse group of people.
2. Works independently at a variety of locations, generally during evening hours.
3. Adapts to change and able to problem solve as needed.

Appendix 2.2

PHARMACY SMOKING CESSATION GUIDELINES

The smoking cessation guidelines below are provided as guidelines and are not a strict protocol. Deviation from the guideline is allowed based on individual patient care situations. However, the pharmacist will discuss all variations with physician as necessary. These guidelines are intended for adult patients > 18 years of age enrolled in the Smoking Cessation class.

These guidelines are intended for use by pharmacists who are responsible for managing the pharmacotherapy associated with the Smoking Cessation class, under the authority of Dr. Charles Bentz, MD.

Initiation of Pharmacologic Therapy

The guidelines will be initiated when a patient is enrolled in the class. Upon enrollment and attendance at class, the pharmacist will do the following for each patient:

1. Provide education on the available pharmacologic modalities available to aid the patient in smoking cessation, including nicotine replacement therapy (NRT), bupropion (Zyban®) and varenicline (Chantix™) therapy. See Appendix 2.4.
2. Assist patient in completion of “Smoking Cessation Patient Questionnaire”.
See Appendix 2.3
3. For patients who want to use bupropion for cessation, assist with completion of bupropion (Zyban®) section of the “Smoking Cessation Patient Questionnaire” (Appendix 2.3) Based on this information, assess the appropriateness of bupropion for each patient, evaluating contraindications and potential drug interactions.
4. For patients using bupropion therapy, pharmacist will FAX the “Smoking Cessation Patient Questionnaire” (Appendix 2.3), and letter to patient’s primary care physician to notify them of bupropion use. See Appendix 2.5 for example letter/FAX.
5. For patients who want to use NRT (patches) for cessation, pharmacist to determine appropriate starting patch dose for patient based on # of cigarettes smoked daily as recorded in the “Smoking Cessation Patient Questionnaire”. Based on this information, assess the appropriateness of NRT for each patient, evaluating contraindications and potential drug interactions. See section on Nicotine Replacement Therapy Management for further details.
6. For patients who chose to use varenicline (Chantix™) for cessation, pharmacist will FAX the “Smoking Cessation Patient Questionnaire” (Appendix 2.3), and letter to patient’s primary care physician to notify them of varenicline use. Based on this information, assess the appropriateness of varenicline for each patient, evaluating contraindications and potential drug interactions. See Appendix 2.5 for example letter/FAX.
7. If patient does not have, or is unable to provide correct contact information for their PCP, questionnaire and letter will be FAXed to Dr. Charles Bentz.

Appendix 2.2

8. Patients may use both NRT and bupropion concomitantly. Only one agent will be provided through the class. Varenicline may not be used with other agents.
9. Patients may change from either bupropion or varenicline up until the class prior to their quit date if they are not tolerating the other therapies. The pharmacist will assist with the therapy change and initiating the appropriate NRT as per guidelines in Nicotine Replacement Therapy Management.

Management of Bupropion Therapy

1. Pharmacist will initiate therapy of bupropion after reviewing patient's medical history and assessing for contraindications or potential drug interactions.

Contraindications include: History of seizure disorder, concurrent therapy with bupropion for depression, current or prior history of anorexia nervosa or bulimia, current use of MAO inhibitors

Precautions include: Alcoholic patients, head trauma, CNS tumors, use with tri-cyclic antidepressants, anti-psychotics, pregnancy and systemic steroids

2. Bupropion will be initiated at a dose of 150 mg po daily x 3 days. SR product to be used.
3. After 3 days, dose will be increased to 150 mg po bid (separated by at least 8 hours). This dose is recommended for 7-12 weeks of therapy.
4. Patient's tolerance of bupropion therapy will be assessed weekly and as needed by the pharmacist.
5. Bupropion therapy will be initiated one week prior to patient's planned "quit date" so that optimal levels are achieved prior to smoking cessation.
6. As part of the Smoking Cessation class, each patient will receive 8 weeks of bupropion for no charge. As per the class guidelines, patients are only allowed to miss one class to qualify. If additional classes are missed, the pharmacist may provide the patient with a prescription for bupropion (via Dr. Bentz) to fill at their local pharmacy (prescription will provide a maximum of 8 weeks of therapy). The pharmacist may use their discretion at providing pharmacologic therapy to patients with "excusable absences".
7. To complete 12 weeks of therapy after the end of the Smoking Cessation class, patient will need to contact their PCP for prescription for additional 4 weeks of therapy.

Management of Nicotine Replacement Therapy (NRT)

1. Pharmacist will initiate therapy of nicotine after reviewing patient's medical history and assessing for contraindications or potential drug interactions.

Contraindications include: Acute myocardial infarction within previous 4 weeks, life-threatening arrhythmias, severe or worsening angina pectoris

Precautions include: Vasospastic disease, renal dysfunction, peptic ulcer disease, skin disorders (psoriasis, atopic/eczematous dermatitis), pregnancy or lactation, liver dysfunction, accelerated hypertension, CAD, pheochromocytoma, hyperthyroidism, diabetes.

Appendix 2.2

2. Pharmacist to determine appropriate starting patch dose for patient based on # of cigarettes smoked daily as indicated by patient in “Smoking Cessation Patient Questionnaire”, The following guideline to be used:

Low Dose 14 mg per day	Appropriate for patients weighing less than 100 lbs, smoking rate less than 10 cigarettes per day or time to first cigarette (TTFC) > 30 min after waking)
Standard Dose 21 mg per day	Appropriate for patient smoking 10-40 cigarettes per day or TTFC less than 30 min

**a. For those who smoke 2 or more PPD, a baseline cotinine level may be considered prior to initiation of therapy. Level should be drawn in the morning. Prior to obtaining this level, appropriateness should be discussed with Dr. Charles Bentz. Cotinine level should then be redrawn at 72 hours to adjust dose of NRT accordingly. Initial goal cotinine is 100% of baseline serum cotinine.*

3. The initiation dose of the nicotine patch will be continued for 4 weeks and then decreased every 2 weeks by 7 mg decrements. Usual dosing is 21 mg x 4 weeks, then 14 mg x 2 weeks, then 7 mg x 2 weeks. The pharmacist may determine dose adjustment outside this guideline based on patient tolerance of NRT and withdrawal symptoms.
4. Patient’s tolerance of nicotine therapy to be assessed weekly and as needed by the pharmacist. Pharmacists to monitor for signs of nicotine withdrawal and toxicity, as below:

Signs/Symptoms of Nicotine Withdrawal	Signs/Symptoms of Nicotine Toxicity
Irritability, restlessness Drowsiness, fatigue Difficulty concentrating, performing tasks Anxiety Hunger Weight gain Sleep disturbance Nicotine craving Reduced heart rate	Nausea Vomiting Exhaustion Weakness

5. As part of the Smoking Cessation class, each patient will receive 8 weeks of nicotine patches for no charge. As per the class guidelines, patients are only allowed to miss one class to qualify. If additional classes are missed, the pharmacist may provide the patient with a prescription for patches (via Dr. Bentz) to fill at their local pharmacy or the patient may purchase the patches “over the counter”. The pharmacist may use their discretion at providing pharmacologic therapy to patients with “excusable absences”.

Appendix 2.2

Management of Varenicline (Chantix™) Therapy

1. Pharmacist will initiate therapy of varenicline after reviewing patient's medical history and assessing for appropriateness.
2. Varenicline will be initiated at a dose of 0.5 mg daily on Days 1-3. On Days 4-7, dose will be increased to 0.5 mg twice daily. On Day 8, dose will increase to 1 mg twice daily. Therapy will continue for a total of 12 weeks. Additional weeks of therapy may be considered to increase abstinence rates.
3. For patients with severe renal failure ($\text{CrCl} < 30 \text{ ml/min}$), the maximum dose of varenicline should be 0.5 mg bid. For patients with ESRD, on hemodialysis, a dose of 0.5 mg daily may be used if tolerated by patient.
4. In patients where concern exists for renal insufficiency, and a recent (within 3 months) serum creatinine has not been drawn, pharmacist may order serum creatinine.
5. Patient's tolerance of varenicline therapy will be assessed weekly basis and as needed by the pharmacist. "Creative" dosing adjustment may be made by the pharmacist to facilitate continuation of therapy.
6. Varenicline therapy will be initiated one week prior to patient's planned "quit date" so that optimal levels are achieved prior to smoking cessation.
7. As part of the Smoking Cessation class, each patient will receive 8 weeks of varenicline for no charge. As per the class guidelines, patients are only allowed to miss one class to qualify. If additional classes are missed, the pharmacist may provide the patient with a prescription for varenicline (via Dr. Bentz) to fill at their local pharmacy. The pharmacist may use their discretion at providing pharmacologic therapy to patients with "excusable absences". At the conclusion of the class, participants will receive a prescription for the remaining 4 weeks of varenicline therapy, with an additional 2 refills, to be filled by the patient at their own cost at their retail pharmacy.

Appendix 2.3



December 1, 2007

Dear Smoking Cessation Class Registrant,

Please find the enclosed Smoking Cessation Patient Questionnaire. We request that you fill it out prior to the Smoking Cessation class series that is to be held at Providence St. Vincent Medical Center, starting January 1, 2008. Please bring your completed forms to the first class session.

Please let us know if you have any questions. We look forward to seeing you in class.

Sincerely,

Providence Health Education Services
Class Hotline (503) 216-5641

SMOKING CESSATION PATIENT QUESTIONNAIRE

1. GENERAL INFORMATION

- 1.1 Date: _____ / _____ / _____
- 1.2 Name (please print): _____
First _____ Middle _____ Last _____
- 1.3 Race: White Black American Indian Asian Hispanic Other _____
- 1.4 Date of Birth: _____ / _____ / _____ Age: _____ Height: _____ Weight: _____ Sex: M F
- 1.5 Medication Allergies: _____
- 1.6 Medications you are currently taking: _____
- 1.7 Highest level of education: _____

2. SMOKING HISTORY

- 2.1 How old were you when you first smoked a cigarette? _____ (**Age**)
- 2.2 How old were you when you first started regular daily cigarette smoking? _____ (**Age**)
- 2.3 On average, *of the entire time you have smoked*, how many cigarettes did you smoke per day?
_____ (**Cigarettes/day**)
- 2.4 *When smoking the heaviest*, how many cigarettes did you smoke per day?
_____ (**Cigarettes/day**)
- 2.5 How soon after you wake up do you smoke your first cigarette? (**Check one answer please.**)
 Immediately (3)
 Within 30 minutes (2)
 Between 30 minutes and one hour (1)
 Beyond one hour (0)
- 2.6 Do you find it difficult to refrain from smoking in places where smoking is prohibited (e.g. library, cinema, etc.)?
 No (0) Yes (1)
- 2.7 Which cigarette would be the most difficult to give up? (**Check one answer please.**)
 First in the morning (1)
 After meals (0)
 During or after stressful situations (0)
 During social occasions (0)
 Other (specify) _____ (0)

Appendix 2.3

2.8 On average, how many cigarettes are you *currently* smoking per day? _____ (Number)
 ≤ 10 (0) 11-20 (1) 21-30 (2) ≥ 31 (3)

2.9 Do you smoke more frequently during the first hours after awakening than during the rest of the day?
 No (0) Yes (1)

2.10 Do you smoke if you are so ill that you are in bed most of the day?
 No (0) Yes (1)

2.11 List the current brands smoked: _____

2.12 Please check the appropriate boxes

	Never	Past Only	Currently
Smoke a pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use snuff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chew tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke other non-tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.13 When do you smoke the heaviest? (**Check one answer please.**)

Mornings Afternoons Evenings

2.14 Have you *in the past* had symptoms, a disease, or illness you believe was caused or made worse by your smoking?
 No Yes

If yes, what? _____

2.15 Does your desire for a cigarette ever disrupt the activities in which you are involved?
 No Yes

2.16 Do you lose time from work or other planned activities because of smoking?
 No Yes

2.17 Do you use tobacco despite a serious physical disorder that you know is made worse by tobacco use?
 No Yes

2.18 Do you ever find yourself smoking more than you intended?
 No Yes

3. HISTORY OF STOPPING SMOKING

3.1 Have you tried to cut down or limit your smoking?
 No Yes

3.2 How many times have you stopped smoking for at least one day (24 hours without even a puff)? _____

Appendix 2.3

- 3.3 Have you ever experienced uncomfortable symptoms when you stopped smoking?

 - Does not apply. I have never stopped smoking.
 - I have stopped smoking in the past, but *never experienced* uncomfortable symptoms.
 - I have stopped smoking in the past and *have experienced* uncomfortable symptoms. If yes

- 3.5 Since you started smoking regularly, what is the longest time you have gone without smoking anything?
(Check one answer please.)

Never gone without smoking. At least one week, but less than one month.
 Less than a day. At least one month, but less than one year.
 At least one day, but less than one week. One year or more.

- 3.7 Enter the number of times you have tried the following methods to stop smoking.

_____ Self-help material (e.g., American Lung Association material, materials from doctor, etc.)

_____ A formal cessation program (e.g., classes, group discussions, etc.).

_____ A private consultation with your doctor or mental health professional.

_____ Hypnosis.

_____ Nicotine medicated gum (# of pieces/day _____).

_____ Nicotine patch (**Check brand names please.**)

□ Habitrol® □ Nicoderm®CQ® □ Pro-step® □ Nicotrol®

_____ Zyban® (Wellbutrin).

_____ Nicotrol® spray (# of times/day _____).

_____ Nicotrol® Inhaler (# of cartridges/day _____).

_____ Chantix™ (Varenicline)

_____ Other. Please describe.

- 3.8 How long ago was your last attempt to stop smoking? Never attempted
days weeks months years

- 3.9 For how long did you go without smoking at that time? Never attempted
hours days weeks months years

How did you stop? Describe

Why did you start again?

Appendix 2.3

4. HOW MUCH SUPPORT DO YOU HAVE FOR YOUR EFFORTS TO STOP SMOKING?

4.1 Who else smokes in your household? (Check all that apply please.)

- | | |
|---|--|
| <input type="checkbox"/> Spouse/significant other | <input type="checkbox"/> In-law(s) |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Other. List please. _____ |
| <input type="checkbox"/> Grandparent(s) | |

4.2 Who do you think would be your most helpful support person(s)? List name(s) please.

(Please circle “YES” if you have any of these conditions.)

1. Do you have heart disease (angina, heart attack)?	Yes	No
2. Do you have emphysema or chronic bronchitis?	Yes	No
3. Do you have asthma?	Yes	No
4. Have you had a stroke or a warning stroke (TIA)?	Yes	No
5. Do you have blockages in any of your arteries?	Yes	No
6. Have you had any vascular surgery?	Yes	No
7. Have you ever had any form of cancer?	Yes	No
8. Do you have high blood pressure?	Yes	No

NICOTINE REPLACEMENT THERAPY (Nicoderm® CQ®)

1. Are you currently pregnant?	Yes	No
2. Are you currently breastfeeding?	Yes	No
3. Have you had chest pains, angina, or a heart attack in the past two weeks?	Yes	No
4. Have you had side effects from nicotine patch, gum, inhaler, or spray?	Yes	No
5. Do you smoke less than 10 cigarettes per day?	Yes	No
6. Do you weigh less than 100 pounds?	Yes	No

BUPROPRION (Zyban®)

1. Have you ever had a seizure?	Yes	No
2. Are you currently taking bupropion (Wellbutrin, Zyban®)?	Yes	No
3. Have you ever had an eating disorder, anorexia, bulimia?	Yes	No
4. Have you ever taken a monoamine oxidase (MAO) inhibitor?	Yes	No
5. Are you chemically dependent on alcohol, prescription medication, marijuana, cocaine, heroin, or stimulants?	Yes	No
6. Have you ever had a major head injury or concussion?	Yes	No
7. Are you currently taking an antidepressant or anxiety/nerve medication?	Yes	No
8. Are you taking theophylline?	Yes	No
9. Have you had brain surgery or a brain tumor?	Yes	No
10. Do you have liver or kidney disease?	Yes	No
11. If you are female, are you pregnant, planning to get pregnant or nursing?	Yes	No

VARENICLINE (Chantix™)

1. Do you have kidney disease (other than urinary tract infections)?	Yes	No
2. Are you on kidney dialysis?	Yes	No

Developed by: Mark D. Robinson, M.D., Vice President of Education/Residency Director
Cabarrus Family Medicine, P.A.

Appendix 2.4

PHARMACIST HANDOUTS

Patient Information for Nicoderm® CQ® (nicotine) Patches

How it works

- Nicotine patches replace the nicotine that used to be obtained from cigarettes, thus reducing withdrawal symptoms (cravings, mood changes, headaches, sleeplessness or drowsiness).

What dose should you use?

- Depending on the number of cigarettes you smoked, your weight, and presence of cardiovascular disease, you will be started on either.
 - 21mg patches: for > 10 cigarettes per day
 - 14mg patches: for < 10 cigarettes per day, weight < 100 lbs, or presence of cardiovascular disease
- A seven-day supply of patches will be dispensed at each weekly class.

Dosing Regimen

- If you start with the 21mg patch, you will use the 21mg patch for 4 (four) weeks, then 14mg patch for 2 (two) weeks, then 7mg patch for 2 (two) weeks.
- If started on the 14mg patch, you will use the 14mg patch for 4 (four) weeks, then 7mg patch for 2 (two) weeks.
- Wear patch 24 hours a day if you crave cigarettes when you wake up.
- Wear patch 16 hours a day (place patch in morning, remove at bedtime) if you do not have cravings for cigarettes when you wake up.
- Start the patches on your quit date. **Do not smoke while using nicotine patches.**

How to apply the patch

- Apply the patch at the start of each new day (rotate site used each day).
- Select a relatively hairless area between your neck and waist (upper arm is good for most people).
- Open the sealed pouch.
- Take out the Nicoderm® CQ® patch. The sticky side is covered with clear plastic.
- Pull the clear plastic off, one side at a time. Do not touch the silver part.
- Press the patch firmly on your skin with the heel of your hand for at least 10 seconds.
- Wash your hands after applying or removing a patch.
- Dispose of used patches carefully to assure children and pets will not be exposed.

Possible side effects

- Skin reactions or irritation (usually mild and self limiting)
- Hives (discontinue patch)
- Gastro-intestinal symptoms: nausea, diarrhea, constipation dry mouth
- Cardiovascular: Flushing, high blood pressure, palpitations, sweating
- Miscellaneous: insomnia, abnormal dreams

Updated 4/07

Appendix 2.4

PHARMACIST HANDOUTS

Patient Information for Zyban® (bupropion) Tablets

How it works

- Exact method of action is not known.
- Helps reduce nicotine withdrawal symptoms (anxiety, irritability, restlessness etc).
- Bupropion is believed to affect pathways in the brain that may be involved with nicotine addiction and withdrawal.
- Will only work with intensive patient counseling and behavior modification.

Who can't take Zyban® (bupropion)

- People who have or have had seizures.
- People who have or have had an eating disorder.
- If you are taking Wellbutrin, Wellbutrin SR/XL or any other medication which contains bupropion.
- If you are taking an MAO inhibitor (eg. isocarboxazid (Marplan), phenelzine (Nardil), tranylcypromine (Parnate), deprenyl (Selegiline)).
- If you are pregnant or planning to become pregnant, or are nursing.
- People who have significant liver or kidney disease
- If you are taking certain prescription medications that may interact

What dose should you take?

- On days 1, 2 and 3 take Zyban® once a day in the morning.
- Starting on day 4 take Zyban® twice daily (doses 8 hours apart)
- Until your quit date, you can smoke, but at your quit date you should stop using tobacco containing products
- Avoid alcohol

How long do you take Zyban® (bupropion)?

- Take Zyban® for 7 to 12 weeks to optimize long-term success rates.

Possible side effects

- Dry mouth, constipation
- Difficulty sleeping
- Dizziness, increased sweating
- Seizures (rare)

Managing side effects

- Keep water on hand and sip frequently
- Suck on hard candy and chew gum to keep mouth moist
- Take 1st pill in early morning and second pill in late afternoon or early evening.
- Keep doses 8 hours apart
- Avoid caffeine-containing foods and drinks

Updated 4/07

Appendix 2.4

PHARMACIST HANDOUTS

Patient Information for Chantix™ (varenicline) Tablets

How it works

- Varenicline (Chantix™) binds to nicotine receptors in the brain, just as nicotine does. This action reduces the symptoms associated with nicotine withdrawal, and makes it easier for an individual to quit smoking.

Who should not take Chantix™?

- Women who are pregnant or planning to become pregnant
- Women who are breastfeeding
- People under 18 years of age
- People who have kidney problems/on kidney dialysis (need dose adjustment by MD)

What dose should you take?

Day of treatment	Dose
Day 1 to 3	0.5mg (white tablet) orally once daily
Day 4 to 7	0.5mg (white tablet) orally twice daily
Day 8 to end of treatment	1mg (blue tablet) orally twice daily in the morning and evening

- You will begin taking Chantix™ 1 week (7 days) before your designated quit date.
- Until your quit date, you can smoke, but at your quit date you should stop using tobacco-containing products.
- Take Chantix™ after eating and with a full glass (8 oz) of water.

How long do you take Chantix™?

- Most people will take Chantix™ for 12 weeks.
- If you have completely quit smoking by 12 weeks, ask your doctor if another 12 weeks of Chantix™ may help you stay cigarette free.

Possible side effects

- Nausea and vomiting
- Changes in dreams
- Gas
- Constipation

Managing side effects

- Take tablets at least 8 hours apart
- Take tablets with a full glass of water
- Eat prior to taking each dose

Updated 4/07

Appendix 2.5

PHARMACIST FAX TO PHYSICIAN



PROVIDENCE HEALTH & SERVICES PROVIDENCE PORTLAND MEDICAL CENTER

FACSIMILE TRANSMITTAL SHEET

TO: [Click here and type name]	FROM:
COMPANY: PPMC Smoking Cessation Program	DATE:
FAX NUMBER: [Click here and type fax number]	TOTAL NO. OF PAGES INCLUDING COVER: [Click here and type number of pages]
PHONE NUMBER: [Click here and type phone number]	SENDER'S FAX NUMBER: [Click here and type reference number]
RE: [Click here and type subject of fax]	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

For Your Information,

Your patient, XXXXXX, has enrolled in the Smoking Cessation class at Providence Portland Medical Center (PPMC). They have opted to use XXXX as a smoking cessation aid which will be provided to them by the PPMC pharmacy for 8 weeks, under the authorization of Dr. Charles Bentz. I have personally reviewed the medical information they have provided me and find that this is an appropriate tool for them to use to stop smoking.

If you have any questions please feel free to contact me via email at: xxx@providence.org or by calling the main pharmacy at (503) xxx-xxx.

Thank you,

PPMC Smoking Cessation Pharmacist

Appendix 2.6

Outline of the Providence “Pharmacist-Assisted” Cessation Class

The current program in Fall 2007:

- Eleven 90-minute sessions over 7 weeks.
 - First class: (day 1) initiation of pharmacotherapy (bupropion/varenicline)
 - Second class: (day 7) initiation of pharmacotherapy (nicotine patch)
 - Third class: (day 8) quit date
 - 4th and 5th classes in second week (day 9 and 10)
 - 6th and 7th classes in third week (days 14 and 16)
 - Weekly classes for the remaining 4 weeks (days 21, 28, 35, and 42)
- Counseling by Licensed Clinical Social Worker (LCSW)
 - Content based on the American Lung Association's Freedom From Smoking program (www.lungusa.org)
 - Addressing self-efficacy regarding cessation, learning stress management and relaxation techniques
 - Building confidence and motivation, learning substitute behaviors to smoking, and developing specific plans to cope with trigger situations
 - Understanding physical and psychological withdrawal, the dynamics of stress, and practical stress management techniques
 - Learning long-term strategies for relapse prevention, including specific social skills training and weight control issues.
- First two classes lead by trained clinical pharmacist
 - Reviews a “Smoking Cessation Patient Questionnaire” for each class participant
 - Discusses pharmacotherapy options (nicotine, bupropion, varenicline)
 - Determines appropriate pharmacotherapy options for each participant
 - Pharmacist and patient determine choice of medication
- Pharmacist remains available for consultation for the remaining classes.
- Pharmacist dispenses medication weekly for 7 weeks.
 - No out-of-pocket expense, cost of medication is included in the class
 - No physician referral needed (Medical Director signs all prescriptions)
 - Choices: nicotine patch, bupropion, or varenicline (Chantix™)
 - Participants opting for varenicline receive paper prescription at the end of the class for the remainder of the course of therapy (3 to 6 months).
- Current Pricing (price includes medication)
 - Providence Health Plan: single \$15 co-pay
 - General public: \$225
 - Financial Aid (scholarships) and sliding scale fee available
- Locations offered
 - Providence St. Vincent Hospital and Medical Center
 - Providence Portland Medical Center
 - Providence Newberg Medical Center
- Outcomes (self-report)
 - 33-35% one year quit rates over past 10 years
 - 2007: 6-month quit rates at 56% (most taking varenicline)

Appendix 2.7

PHARMACIST ASSISTED CESSATION CLASS SUPPLY LIST

- ☒ American Lung Association Freedom from Smoking Workbook
- ☒ Relaxation CD's
- ☒ Water Bottles
- ☒ Toothbrushes
- ☒ Folders for handouts
- ☒ Cinnamon Sticks
- ☒ Pins
- ☒ Telephone Support List
- ☒ Wrist Snap Bands
- ☒ Handouts
 - o The Fagerstrom Test for Nicotine Dependence
 - o Consent From
 - o The Four D's
 - o Expectations & Guidelines for Success
 - o Carcinogens List
 - o Nicotine Withdrawal Symptoms
 - o Urge Tamer Review
 - o Reward Booklets
 - o Program Evaluation

Appendix 2.8

CLASS REGISTRATION WEBSITE

The screenshot shows a Microsoft Internet Explorer window with the following details:

- Title Bar:** Providence Classes - Microsoft Internet Explorer
- Address Bar:** http://providence.medseek.com/prov/apps/class.aspx?pgidx=1&cl_id=46d1b27b-a5b1-4265-a7e9-a8a9653f4ee9&cl_cmd=viewclass
- Content Area:**
 - Left Sidebar:** Includes links for Health & Fitness Classes, Registration Information, Maps & Directions, Mailing List, and Contact Us.
 - Main Content:** Title: Smoking Cessation. Description: Based upon the American Lung Association's Freedom From Smoking program, Providence Pharmacist-Assisted Smoking Cessation Classes are designed to help you quit smoking for good. You will learn a systematic approach to quitting through behavior modification techniques, coping skills, social support, and information on weight management and stress management. In addition to behavioral support, a pharmacist will assess your need for medication and eight weeks of medication, nicotine patches, Bupropion (Zyban), or Varenicline (Chantix), is provided free to participants who attend the classes.
 - Text:** Please note: If the pharmacist recommends Varenicline (Chantix), you will receive the first eight weeks free during the classes. At the end of the class series, you will receive a prescription for the remainder of the recommended dose. You will have to fill the prescription at your own cost.
 - Text:** The discounted Providence Health Plan price is \$15.00.
 - Text:** * The Providence Health Price does not apply to PHP Medicare supplement members *
 - Text:** Required Items: This eleven session class series will be held on March 3, 10, 11, 12, 13, 18, 20, 25, April 1, 8, 15, 2008.
 - Text:** Location: Providence Portland Medical Center
4805 NE Glisan
Portland OR 97213
 - Text:** Openings Left: 25
 - Text:** Fee: \$225.00
- Bottom Taskbar:** Shows various open windows including Syllabus Outline working ..., H:\Tobacco\Grants\UCS..., Inbox - Microsoft Outlook, and Providence Classes - ...

Appendix 2.9

EXTERNAL RESOURCES

SMOKING CESSATION LEADERSHIP

CENTER

University of California
3333 California Street, Suite 430
San Francisco, Ca. 94143
(415) 502-8880
<http://smokingcessationleadership.ucsf.edu/>

TOBACCO CESSATION LEADERSHIP

NETWORK

Oregon Health & Science University
3181 SW Sam Jackson Park Rd. #CR115
Portland, OR 97239-3098
503-418-5479
www.tcln.org

THE AMERICAN LUNG ASSOCIATION®

61 Broadway, 6th Floor
NY, NY 10006
1-800-LUNGUSA
www.lungusa.org

AMERICAN LEGACY FOUNDATION

2030 M Street, NW, Sixth Floor
Washington, DC 20036
202-454-5555
www.americanlegacy.org

PFIZER

235 East 42nd Street
NY, NY 10017
212-733-2323
[www\(pfizer.com](http://www(pfizer.com)

NATIONAL QUIT LINE CONSORTIUM

North American Quitline Consortium
4142 E. Stanford Drive
Phoenix, AZ 85018
800-QUIT-NOW
www.naquitline.org

CENTERS FOR DISEASE CONTROL

AND PREVENTION

1600 Clifton Rd
Atlanta, GA 30333
800-311-3435
www.cdc.gov

CENTER FOR TOBACCO RESEARCH AND INTERVENTION

1930 Monroe, Suite 200
Madison, WI 53711
Phone: 608-262-8673
www.ctri.wisc.edu

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857
301-443-4000
www.surgeongeneral.gov/tobacco

LOCAL STATE TOBACCO PROGRAMS LOCAL STATE DEPARTMENTS OF HUMAN SERVICES

Appendix 3.1

SAMPLE MARKETING PLAN

EXECUTIVE SUMMARY (DESCRIBING YOUR PURPOSE AND/FOCUS):

The purpose of Health Education Services is to provide quality health education to our employees and community members. Our mission is to be evidence-based, community focused, consumer friendly and easily accessible.

Health Education Services serves the Portland and Yamhill Service Areas. Smoking Cessation classes are held at Providence Newberg Medical Center, Providence Portland Medical Center and Providence St. Vincent Medical Center

For 2007 marketing will focus on the following activities:

- Maintain volumes in classes (Managing class capacity (space and instructors))
- Launch of new class registration website (1st Qtr. 08)
- Increase earned media
- Improve integration with Providence departments (cross promotion)
- Increase physician referrals (PMG, Logician)

SITUATIONAL ANALYSIS (WHAT IS YOUR CURRENT SITUATION):

Currently we have seen an increase in utilization of our Smoking Cessation Classes. The increase is specifically due to the addition of Chantix™ into our class medication protocol. The increase has caused difficulties with class implementation which include:

- Difficulty getting adequate space for classes
- Classes are full resulting in physician and participant complaints
- Extra Pharmacy time with both dispensing medication and handling participant questions
- Difficulty keeping enough class supplies on hand

MARKET SUMMARY:

Other health systems offer similar programs. While the particular format and curriculum may differ, the general topics and targeted health behaviors are similar. How other health systems fund their educational classes differ, some seek grants from foundations, others are subsidized and offer discounts specific to their member/revenue requirements.

Providence differs from other systems in the following ways:

- We offer web-based registration including online credit card processing
- We offer financial aid for our Smoking Cessation classes
- We have an obligation to recover costs (meet annual subsidized budget)
- We no longer have a catalog of classes (it's been replaced with a direct mail piece that directs people to the website. It does not have class specific information)

Appendix 3.1

Appendix 3.1

MARKET DEMOGRAPHICS (WHO WE ARE SERVING):

Geographic Scope

- Portland Metro area (Multnomah, Washington, Clackamas Counties and Yamhill counties)
- Providence Employees
- Inpatient and outpatient clients and families (PMG-targeted area of growth)

Demographics

- Majority female
- Population age mostly over 45
- Mixed Socio-economic status
- Most have other health related issues

Behavior factors

- Some participants only want the medication and do not want to participate in behavior modification activities
- Participants do drop out and those that complete all 11 sessions can be as low as 50% (for a single class)
- A small percentage of participants repeat the class

MARKET TRENDS (WHAT DO OUR CUSTOMERS WANT):

- Medication included with the class
- Easy access to classes
- Easy access to medication information including time with Pharmacist
- Affordability

OPPORTUNITIES FOR MARKET GROWTH:

- Create an employer based program
- Partner with other cessation organizations
- Forming referral partnerships with hospital units

Appendix 3.1

CURRENT MARKETING VENUES:

List current areas where classes are promoted. Examples include:

- Direct Mail Piece
- Website
- Word of Mouth
- Bulletin Boards
- Employee Spirit (employee newsletter)
- Weekly Calendar
- Physician Referrals
- Oregon Quit Line

ACTION PLAN:

The action plan outlines specific actions taken and the impact of those actions. It keeps activities organized as well as gives an indication of who and how many people were touched by the message.

PHARMACIST-ASSISTED SMOKING CESSATION CLASS

ACTION PLAN – SAMPLE

Event	Audience	Staff Member	Dates	Impact
Email Newsletter Launched	E-Updates list	Sally	Launched 9/11	518 emails
Facility Poster Boards	General Hospital	Jane	9/5	500 people walk by daily
Class posted on list serve	list Serve population	Mary	9/11	1,000 views per day
Class flyers to Physician offices	Patients	Sally	9/12	30 patient visits per day

Appendix 3.2

EARNED MEDIA STORY

Drug helps smokers extinguish habit

Providence program sees impressive results with new medication

BY PETER KORN

The Portland Tribune, Oct 13, 2006

Beverly Terry has been smoking for 36 years.

Make that had been smoking for 36 years. Terry hasn't touched a cigarette in seven weeks.

And this time, she thinks the quit is going to stick.

Terry, a 56-year-old Beaverton manufacturing buyer, has been taking a new medication intended to help smokers quit. The drug, called Chantix™, approved by the Food and Drug Administration in May, is the first new drug in 10 years intended to help smokers quit, and it takes a new approach to smoking cessation by acting specifically to block nicotine's effect in the brain.

Terry is among the first in Oregon to get started on Chantix™. In August, the Tobacco Cessation and Prevention Program at Portland's Providence St. Vincent Medical Center decided to offer Chantix™ (also known as varenicline) to participants in its ongoing eight-week smoking cessation classes.

St. Vincent is the first in the Portland area to offer the drug in smoking cessation classes, and Terry was one of the first participants.

According to Charles Bentz, medical director of the St. Vincent's program, the initial results have been impressive. The first class had 14 participants attending 11 sessions. Nine chose to take Chantix™, supplied by Pfizer. Of those nine, five – Terry among them – remained smoke-free at the end of the 11 sessions.

Those statistics match the data from a clinical trial held at Oregon Health & Science University prior to the drug's release. Researchers at OHSU's smoking cessation center, which performs research but not treatment, found that, after one year, 22 percent of the heavy smokers who took Chantix™ still were not smoking.

A second group in the OHSU study took Wellbutrin/Zyban®, the only other prescription drug approved to help smokers quit. Sixteen percent of those participants were smoke-free after a year.

A third group in the study received a placebo, and those participants had quit at an 8.4 percent rate after a year.

"It looks like it's very effective," Bentz said. "The medicines can double the effectiveness of quit rates."

Drugs don't work alone

But Bentz cautions that people who simply get a physician's prescription for Chantix™ and take the drug on their own might not duplicate the results in the St. Vincent's classes.

"The medications double the quit rates, but what are they doubling?" Bentz said. "If you don't do anything to change behavior, you're not going to get good quit rates."

The classes at St. Vincent's, and in the clinical studies, have included a great deal of behavioral work, from regular counseling sessions to support groups. And it is the combination of the drug and the counseling that yields results, Bentz said.

Bentz said smokers need to learn when they smoke and why. "If you're most likely to smoke in the car," he said, "then you need to change something about the car."

That is exactly what Beverly Terry had to face. The Beaverton resident tried to quit a number of times over the years, even making it to two months on one occasion. She'd tried the nicotine patch and the gum. But old habits die hard. And that, she said, is something she learned in the St. Vincent class.

"Every day when I get in the car and I hit the I-5 traffic I want a cigarette," Terry said. "It's just because I'm used to it." Same thing, Terry said, with her morning cup of coffee, which for years, out of habit, has been accompanied by a cigarette.

The classes made her aware of the habits, Terry said, but the Chantix™ has done something else.

"It (Chantix™) took away the taste of tobacco," Terry said. "It kind of made it real bland."

Chantix™ is supposed to work two ways – by reducing cravings and withdrawal symptoms, and diminishing the satisfaction associated with smoking in case of a relapse.

Terry said Chantix™ worked differently than the patch or gum. "It takes the tension out, the aggressive agitation you feel," she said.

Her first few days in the St. Vincent program she took Chantix™ but still smoked. But she said the satisfaction had disappeared. "You don't really get a response from smoking the cigarette because you don't really get a feeling from it," she said.

Cigarette costs add up, too

Bentz said he expects Chantix™ to become more widely used in the next few months, when Pfizer begins its marketing campaign.

Bentz said the drug costs between \$100 and \$120 a month and most participants are taking it for three months, some as long as six months. It's no extra charge while participants are in the class, which costs \$225 for 11 weeks, but after that people will have to pay for Chantix™ on their own. Some insurance plans provide coverage and others don't, Bentz said.

Terry said her insurance won't pick up the tab for Chantix™, but now that she's completed the St. Vincent program she's not ready to quit the medicine.

"It works so good I'm a little fearful of not taking it," Terry said. As for the cost, she said, "I spend that easily on cigarettes."

Breathe

Ready to quit smoking?
We can help.

PHARMACIST-ASSISTED SMOKING CESSATION CLASSES

Based upon the American Lung Association's Freedom From Smoking program, Providence Pharmacist-Assisted Smoking Cessation Classes are designed to help you quit smoking for good.

You will learn a systematic approach to quitting through behavior modification techniques, coping skills, social support, and information on weight management and stress management. In addition to behavioral support, a pharmacist will assess your need for medication and eight weeks of medication, nicotine patches, bupropion (Zyban®), or varenicline (Chantix™), is provided free to participants who attend the classes.

Please note: If the pharmacist recommends varenicline (Chantix™), you will receive the first eight weeks free during the classes. At the end of the class series, you will receive a prescription for the remainder of the recommended dose. You will have to fill the prescription at your own cost.

The Pharmacist-Assisted Smoking Cessation classes are held throughout the year at the following locations:

- Providence Newberg Medical Center
- Providence Portland Medical Center
- Providence St. Vincent Medical Center

Program: Eleven 1 & ½ - hour sessions.

Fees: General public \$225/ Providence Health Plan members \$15

For more information (including class schedule and discounts), please call the Providence Resource Line at (503) 574-6595.

To register for a class online go to www.providence.org/classes.

Providence Smoking Cessation
and Prevention Program



Providence | Health System

A caring difference you can feel

Appendix 3.3

Breathe

Ready to quit smoking?
We can help.

Stop Smoking Resources

One of the most important steps you can take to improve your health is to quit smoking. Providence Health System can help you every step of the way! Following is a list of resources that can help you quit smoking and stay smoke free.

For more information about any of these services, call the Providence Resource Line at **503-574-6595** or toll free at **1-800-562-8964** or visit our online Smoking Cessation Resource Center, www.providence.org/stopsomking.

■ Providence Pharmacist-Assisted Smoking Cessation Program – Drug therapy included

Based upon the American Lung Association's Freedom From Smoking program, classes are designed to help you quit smoking for good. You will learn a systematic approach to quitting through behavior modification techniques, coping skills and social support. A pharmacist will assess your need for medication and eight weeks of nicotine patches, bupropion (Zyban), or varenicline (Chantix), is provided free to participants who attend the class. To register call the resource line or visit www.providence.org/classes.

■ Free and Clear®

This 12 month telephone-based smoking cessation program offers the support of scheduled phonecalls, written materials and free nicotine replacement therapy. To register, call 1-800-292-2336.

(continued >>>)

Providence Smoking Cessation
and Prevention Program



Providence | Health System

A caring difference you can feel

Breathe easy

Stop Smoking Resources (continued)

■ Drug Therapies

Nicotine Replacement Therapy (patches), Bupropion (Zyban) and Varenicline (Chantix) can help smokers quit. Talk to your doctor to decide if these options are appropriate for you. Providence Health Plan Members can receive a \$75 reimbursement for these if they are enrolled in Free & Clear® or an approved smoking cessation group class. Call Providence Resource Line for more details and a reimbursement application.

■ Stop Smoking Handbook

The Providence Health System Stop Smoking Handbook is full of useful information to help you design your personal plan to quit smoking. For your free handbook (available also in Russian and Spanish), call Providence Resource Line.

■ Providence AudioLibrary

AudioLibrary is a free, 24-hour phone line. It provides more than 1,000 taped messages on health topics. Dial the phone number and enter the four-digit extension for the topic of your choice. For a free catalog of topics, call Providence Resource Line.

Providence Smoking Cessation
and Prevention Program



Providence | Health System

A caring difference you can feel

Appendix 3.3

Smoking Cessation Resource Center - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Home Address http://www.providence.org/Oregon/Health_Resource_Centers/smoking/Default.htm Go Links >

PROVIDENCE
Health & Services

Portland
Serving Portland Metro Area

Home | Health Plans | Providers | Programs & Services | Hospitals & Clinics | Health Info | Employment | Foundations

Site Search GO

► Smoking Cessation Center
Healthwise Library
AudioLibrary

My Providence:
Login Register

Smoking Cessation Resource Center

Ask An Expert

Lung Cancer Risk

Q: "If there's no lung cancer in your family history, is it safe for you to smoke?" [Read our expert's response.](#)

Highlights

- [Are you ready to quit?](#) Learn how to get ready, get support and get moving toward a smoke-free life.
- The [Oregon Tobacco Quit Line](#) and the [Washington Tobacco Quit Line](#) offer free telephone services for state residents who want to stop using tobacco.
- Get free, personalized help in English or Spanish from the [National Cancer Institute's Smoking Quitline](#).
- Let's get specific: [Print out this chart](#) to remind yourself of the risks of smoking and the benefits of quitting.
- Providence recommends these [external organizations](#) for trusted health information on smoking cessation.
- Why a woman should quit smoking: [Listen and learn](#)
- Listen to recorded information on the dangers of [chewing tobacco and snuff](#)

► Comments? Questions? We welcome [feedback](#) about this Web site.

Wellness Watch

Get your Vitamin W: [Subscribe](#) to Wellness Watch e-newsletter, your monthly health information supplement.

Providence
services & resources

- Providence provides a wide range of resources to help you [stop smoking](#).
- Our [smoking-cessation classes](#) have been rated the best in the country.
- Search our [provider directory](#) for a list of our care providers.

Local intranet

Start | Inbox - Microsoft Outlook | H:\Tobacco\Grants\UCS... | AppendixMaster.doc - Mi... | Smoking Cessation R... | 2:41 PM

Providence Health System
Pharmacist-Assisted Cessation Classes

- Three Portland Hospitals
- 11-sessions over 8 weeks
- Medication included
 - Patch, bupropion, or varenicline
 - No out-of-pocket expense
 - Pharmacist leads first class, attends the second class, remains available
 - Partial Rx fill (every class)
- PHP \$15, General Public \$225
- 33-35% 1 year quit rates



Patients can register online at www.providence.org/classes
or call the Providence Resource Line at 503-574-6595

Appendix 3.4

SAMPLE PHYSICIAN EMAIL

From: Bentz, CHARLES J, MD
Sent: Tuesday, January 02, 2007 2:34 PM
To: OR PSA Managers
Subject: Smoking Cessation: An Excellent New Year's Resolution

To all PSA managers.

The most important thing we can do to improve health is to help smokers quit. One of the best ways to quit is to participate in a Providence Smoking Cessation Class. These "pharmacist-assisted" cessation classes are the best in the country, and medications are included at no additional cost (nicotine patch, bupropion, or varenicline).

The entire 11-session class and a full prescription for one of the cessation medications are available for a single \$15 co pay for PHP members. These classes are also open to the general public for \$225. Pre-registration is required, online at www.providence.org/classes, or via the Providence Resource Line (503) 574-6595.

Please forward this and consider printing and posting the attached flyer.

All the best wishes for a Healthy and Happy New Year,

Charles J. Bentz MD, FACP
Medical Director: Tobacco Cessation and Prevention Program
Providence Health System: Oregon

Appendix 3.5

SAMPLE OF PHP PRIOR AUTHORIZATION



physician drug prior authorization form

This form is to be completed by the prescribing physician and staff.

- The prior authorization drug list is available at: www.providence.org/Health_Plans/Pharmacy
- The physician should FAX the completed Drug Authorization form to the FAX number below

PATIENT'S NAME: John Doe	MEMBER ID NO. XXX-XXXX-XX
PHYSICIAN'S NAME Dr. Charles J. Bentz MD, FACP	PHYSICIAN'S PHONE # (123) 456-7890
OFFICE CONTACT AND PHONE # (123) 456-7890	FAX # (123) 456-7890

If you would like us to notify the pharmacy if the PA is approved, both the following are required:

PHARMACY NAME	PHARMACY FAX
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In order to process the Drug Authorization request, supporting documentation is required:

DIAGNOSIS Tobacco Use Disorder	ICD-9 CODE (MANDATORY) 305.1
DRUG NAME Varenicline	

List below other formulary medication(s)* the member has tried and failed:

*The formulary is available at www.providence.org/Health_Plans/Pharmacy or call for a copy

Provide below or attach medical rationale why a formulary alternative is not acceptable:

Patient has been enrolled in the Providence Pharmacist-Assisted Cessation Program

What is the anticipated duration of requested therapy? _____ 6 months

PHYSICIAN'S SIGNATURE: Pre-printed signature DATE: date

STRICT CONFIDENTIALITY IS MAINTAINED FOR ALL MEDICAL INFORMATION AND REQUESTS.

- ♦ Telephone/fax contact will occur if more information is needed.
- ♦ The physician office will be notified by fax of approval or disapproval.
- ♦ The patient will be notified in writing if this request is not approved.

PHP Pharmacy Unit 3601 SW Murray Blvd., Suite 10-C Beaverton, OR 97005	fax to: 503-574-8646 or 1-800-249-7714	questions: 503-574-7400 or 1-877-216-3644
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