

OPA's Public Health Initiatives

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Director of Pharmacy Extension and Public Health Initiatives

Ohio Pharmacists Association

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Clinical Pharmacy Manager

PrimaryOne Health

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Health Services Policy Analyst for Immunization Coverage and Promotion

Ohio Department of Health

OPA Annual Conference & Trade Show

April 5-7, 2024



Disclosure Statement

- Ariel Williams, Allison Enghauser, Julie Meyer, and Myriam Shaw Ojeda have no relevant financial relationship(s) with ineligible companies to disclose.
and
- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

Learning Objectives

At the completion of this activity, the participant will be able to:

1. Outline the best practices for managing nicotine use disorders using Ohio's NRT dispensing rules
2. Define ways that Pharmacists can communicate effectively with rural populations amid misinformation
3. Describe the status of lead-related health concerns in light of the pharmacist's role

Nicotine Use Disorder Program: **Special Populations**

Ariel C. Williams, PharmD, BCACP

Clinical Pharmacy Manager

PrimaryOne Health











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Treating Nicotine Use Disorder

Pharmacologic Therapy

Smoking Cessation Pharmacotherapy Options			
DRUG		USUAL DOSE	RX OR OTC?
NON-NICOTINE THERAPIES			
Varenicline (Chantix) 0.5 mg and 1 mg tablets	Starting titration:	0.5 mg x 3 days, 0.5 mg twice daily x 4 days, 1 mg twice daily starting Day 8 on quit date	
	Maintenance dose:	1 mg twice daily	
Bupropion SR (Zyban) 150 mg SR tablets	Starting titration:	150 mg once daily AM x 3 days, then 150 mg twice daily x 4 days, quit on day 8	
	Maintenance dose:	150 mg twice daily	
NICOTINE REPLACEMENT THERAPIES (NRT)			
Nicotine Transdermal Patch 21 mg, 14 mg, 7 mg options	Smoking >10 cigarettes/day:	Use 21 mg patch per day for weeks 1-6, then use 14 mg patch per day for weeks 7-8, then use 7 mg patch per day for weeks 9-10	 
	Smoking ≤ 10 cigarettes/day:	Use 14 mg patch per day for weeks 1-6, then use 7 mg patch per day for weeks 7-8	
Nicotine Gum	First cigarette within 30 min of waking up:	4 mg gum PRN every 1-2 hours for cravings, decrease interval of use over 12 weeks	 
	First cigarette after 30 min of waking up:	2 mg gum PRN every 1-2 hours for cravings, decrease interval of use over 12 weeks	
Nicotine lozenge or Nicotine mini-lozenge	First cigarette within 30 min of waking up:	4 mg lozenge PRN every 1-2 hours for cravings, decrease interval of use over 12 weeks	 
	First cigarette after 30 min of waking up:	2 mg lozenge PRN every 1-2 hours for cravings, decrease interval of use over 12 weeks	
Nicotine Inhaler	Continuously puff for 20 minutes PRN for smoking cravings. (Use 6-16 cartridges per day for up to 12 weeks) Decrease interval of use over time.		
Nicotine Nasal Spray	Use 1-2 doses/hour (dose = 1 spray per nostril), not exceeding 5 doses/hour. Max duration of therapy: 3 months		

Behavioral Therapy

Individual or group therapy

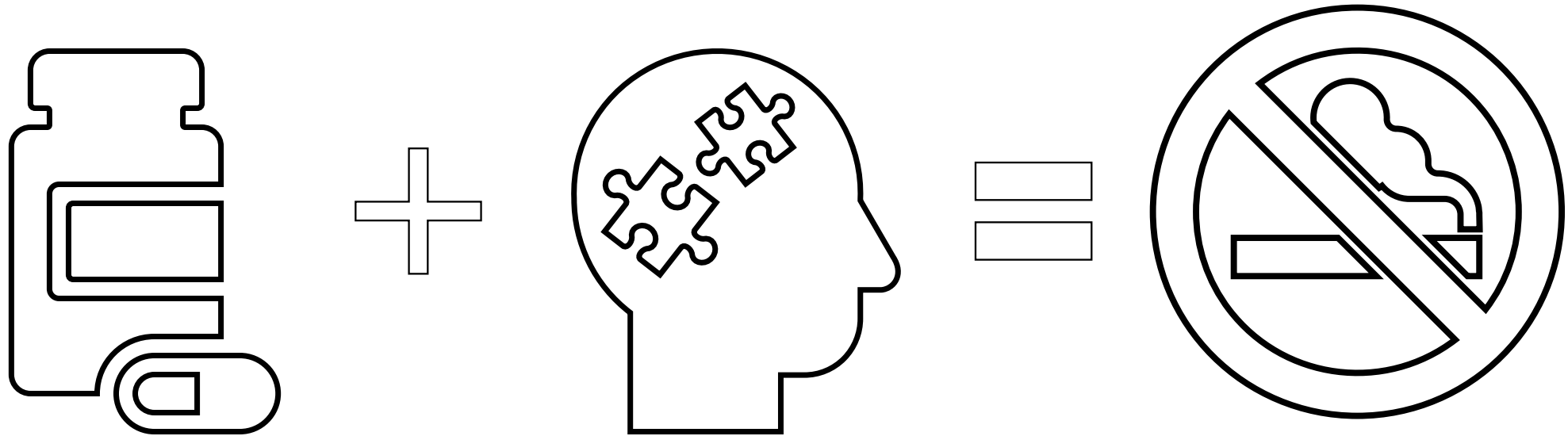
Cognitive therapy

Motivational interviewing

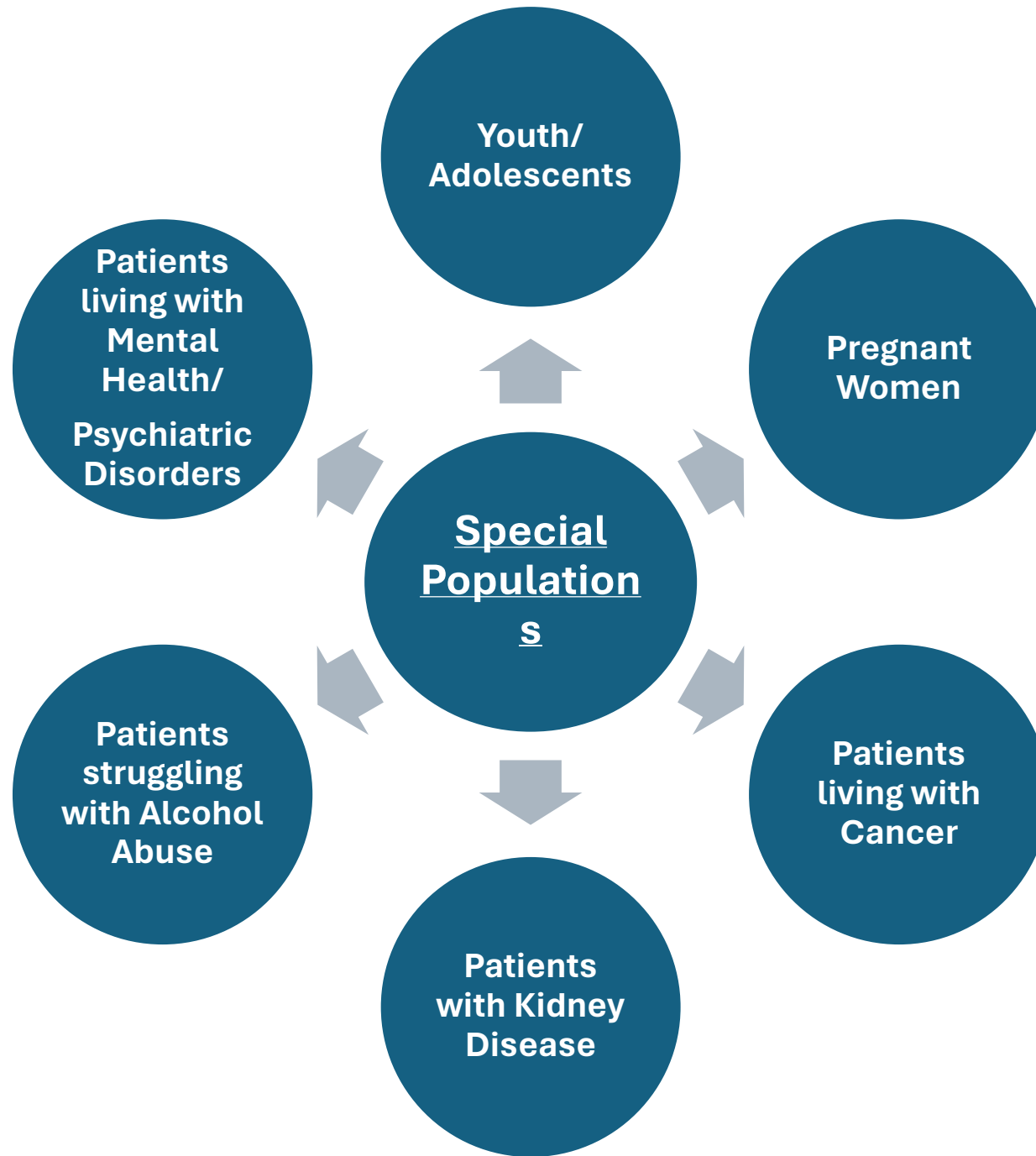
Acceptance-based therapies (ACTs)

Contingency management

Gold Standard of Tobacco Cessation



U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.



Tobacco Cessation Recommendation for Youth/Adolescents



BEHAVIORAL COUNSELING
INTERVENTIONS



Tobacco Cessation Recommendation for Pregnant Women



BEHAVIORAL COUNSELING
INTERVENTIONS



PHARMACOTHERAPY:
**NICOTINE REPLACEMENT
THERAPY**

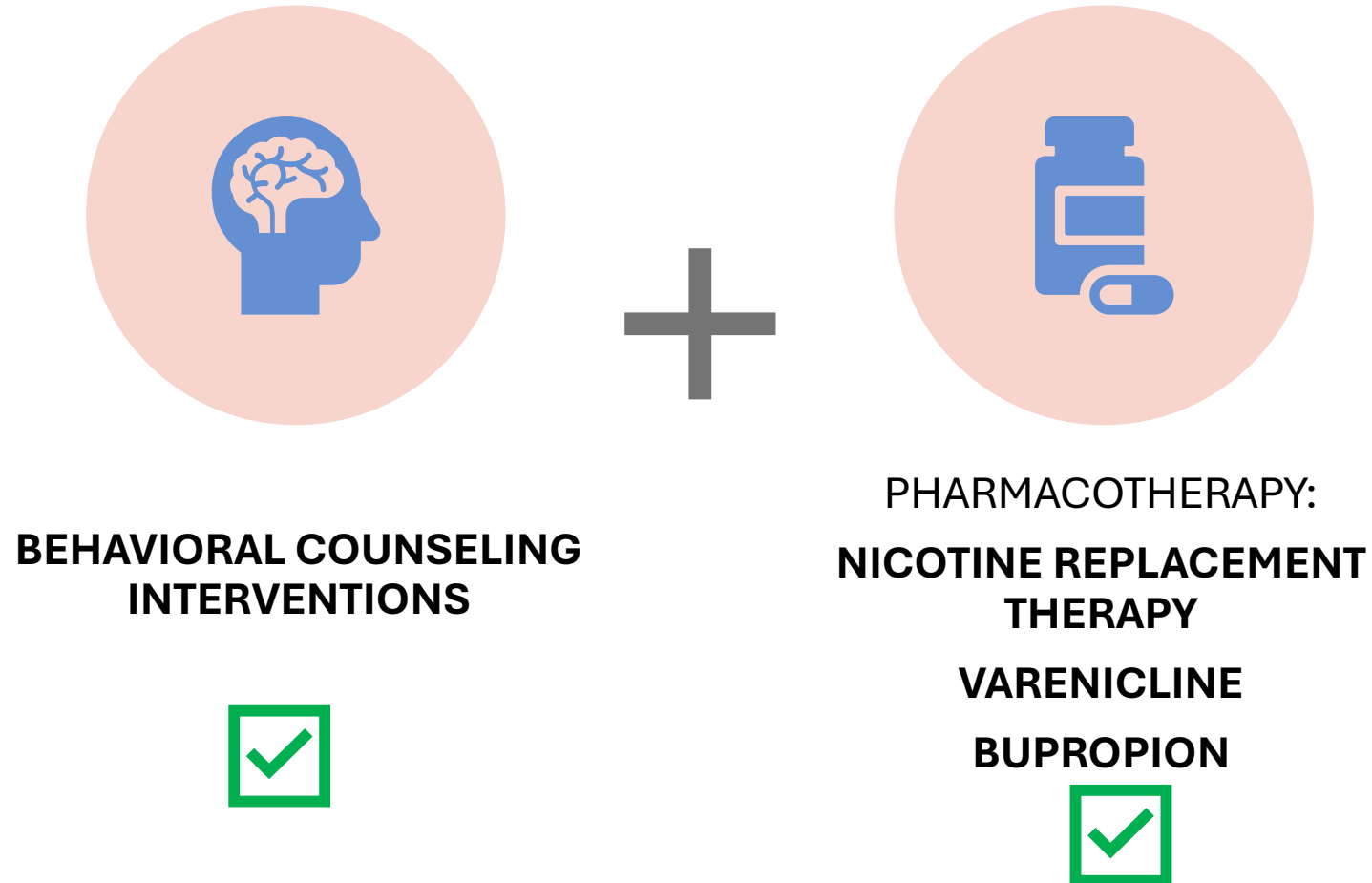


VARENICLINE



BUPROPION

Tobacco Cessation Recommendation for Patients living with Cancer



Tobacco Cessation Recommendations for Patients with Kidney Disease



**BEHAVIORAL COUNSELING
INTERVENTIONS**



PHARMACOTHERAPY:



NICOTINE REPLACEMENT THERAPY



VARENICLINE - CrCL <30mL/min: Dose adjustments needed



BUPROPION - CrCl 15-60mL/min: use with caution, max dose 150mg/day

Tobacco Cessation Recommendations for Patients struggling with Alcohol Abuse



**BEHAVIORAL COUNSELING
INTERVENTIONS**



PHARMACOTHERAPY:



NICOTINE REPLACEMENT THERAPY



VARENICLINE – May be preferred



**BUPROPION – NOT recommended given its ability to
lower seizure threshold**

Tobacco Cessation Recommendations for Patients with Psychiatric Disorders



**BEHAVIORAL COUNSELING
INTERVENTIONS**



PHARMACOTHERAPY:



NICOTINE REPLACEMENT THERAPY



VARENICLINE*



BUPROPION*


**depends on the psychiatric condition and if patient is controlled*

Tobacco Cessation Services at **PrimaryOne Health (P1H)**

- Tobacco cessation has been a core patient care service provided by the clinical pharmacy team since 2012.
- With the expanded ability to bill for tobacco cessation services, and the increased autonomy through a collaborative practice agreement (CPA), the clinical pharmacists provide individual, face-to-face or telephonic appointments for counseling, motivational interviewing, and medication management for patients seeking to quit smoking.
- As a Federally Qualified Health Center (FQHC), P1H annually reports data measures to our governing body as a condition of federal funding. One assessed measure evaluates cessation interventions for patients who use tobacco therefore, prioritizing tobacco cessation referrals to the pharmacist is one way that P1H works to meet this measure.

Initial Tobacco Cessation Visit


30 minutes is typical for an initial visit where the pharmacist provides the patient with an overview of the program, focusing on the advantage that treatment and support are individualized depending on patient needs.



Thorough patient interview, a review of appropriate options for pharmacotherapy if the patient is interested, counseling on behavioral strategies, goal setting, and the development of a follow-up plan with the patient.




The pharmacist conducts a comprehensive interview to understand the patient's history with tobacco use, triggers, past quit attempts, successful strategies that may have worked in the past, and precisely where the patient has struggled in previous attempts at quitting.




If pharmacotherapy is initiated during the first visit, the pharmacist will utilize the CPA to prescribe and work to ensure patients have access to needed medication.

Follow up Tobacco Cessation Visit

Follow-up visits are conducted either face-to-face or telephonically, with the frequency tailored to the needs of the specific patient.



Follow-up calls typically last from 5 to 15 minutes, depending on the specific needs of the patient and are centered around achieving the goals outlined in the initial consultation and/or setting new goals and continue as long as needed to help the patient meet these goals.



Once patients achieve tobacco-free status, pharmacists check in as often as the patient requests, with minimum touchpoints at 3 months and 6 months from the patient quit date.

Documentation for Tobacco Cessation Visit

- All tobacco cessation services are documented in the electronic health record, which provides a process and a structure for the delivery of services.
- Pharmacists utilize a “dot phrase” to structure the delivery of service which includes subjective information and a workflow tailored to the factors relevant for each individual patient, including the questions asked and information collected at each visit.
- Examples of information collected:
 - Pack years
 - Time to first cigarette
 - Triggers
 - Reasons to quit
 - Behavioral modifications
 - Motivation and confidence
 - Previous quit attempts

Sustainability

- Provider Status
 - For Medicaid plans pharmacist can bill directly (99211-99213)
- Incident to the provider billing for private/commercial plans (99211)
- There are specific CPT codes for tobacco cessation (99406 and 99407)
- Reimbursement received through these billing codes does not completely cover the cost of pharmacist's time or overhead costs

Anticipated Challenges & Overcoming Them

- The primary barrier experienced by the pharmacy team is patient engagement
 - Some patients struggle to attend initial appointments because partitioners attempt to schedule before the patient may truly be ready to quit
 - Patient is uncertain about what to expect
 - Patients may decide after several visits it isn't the best time for the to attempt to quit
- Pharmacists work to overcome these barriers with ongoing communication
- Pharmacists follow up with patients who may miss appointments or who step back from their initial goals, always with the intent to re-engage patients when they are ready

Summary

- Behavioral counseling interventions are generally always recommended, no matter the patient population.
- The use of pharmacotherapy to achieve tobacco cessation in special populations is individualized and patient- centered.
- When creating a tobacco cessation protocol, strong collaborative relationships among members of the health care team is important.
- Patients will experience barriers when attempting to quit smoking. Communication and consistent follow-up can go along way to get patients to their goal.

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The Pharmacist's Roles in Overcoming Vaccine Disparities

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Topics To Be Discussed

1. What is vaccine equity?
2. What is the current state of adolescent vaccine inequities in Ohio?
3. Define ways that Pharmacists can effectively meet disparities through vaccine education.

Vaccine Equity

- **Ensuring vaccination access and uptake for groups that experience disparities in immunization.**
- Achieving vaccine equity requires addressing inequalities and roadblocks that limit vaccine confidence, access, and uptake.
- There are five domains of Social Drivers of Health.

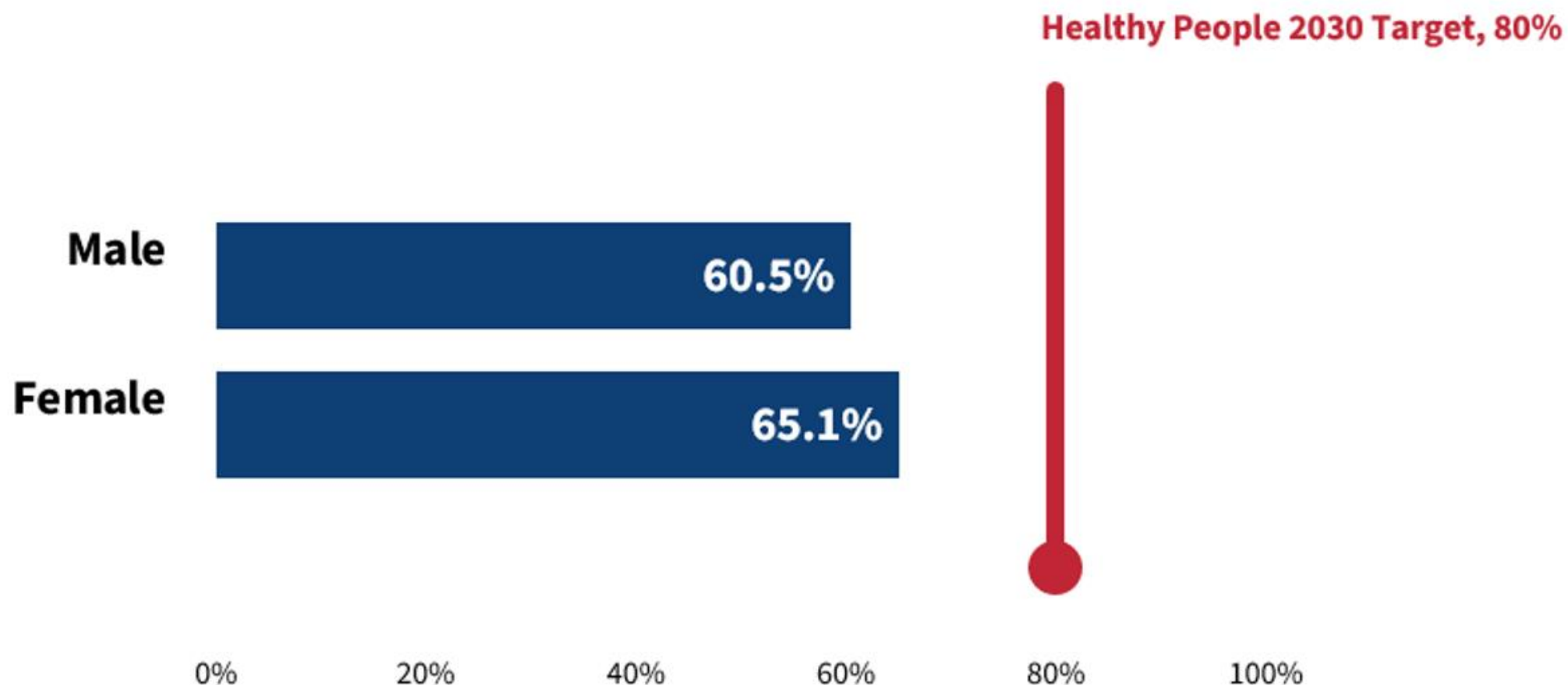
Social Drivers (Determinants) of Health

- Social drivers of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health.
- There are five domains:
 1. Economic stability.
 2. Neighborhood and physical environment.
 3. Education access and quality.
 4. Health care access and quality.
 5. Social and community context.

Adolescent Vaccines

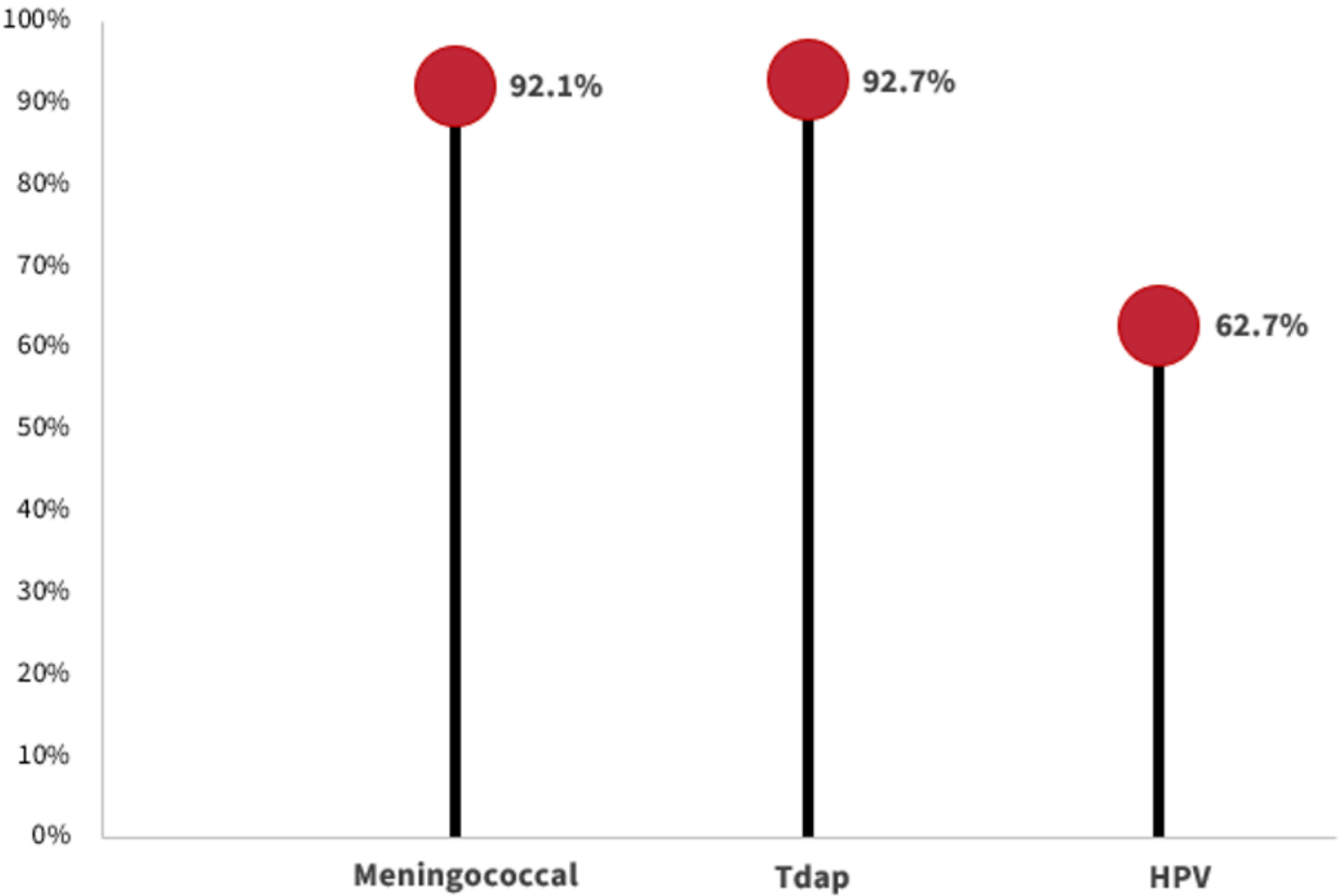
- Human papillomavirus (HPV).
 - Full series is two or three doses (dependent on age).
- Meningococcal disease (MenACWY).
 - Full series is two doses.
- Tetanus, Diphtheria, and whooping cough (pertussis) (Tdap).
 - Only one dose is needed.

The up-to-date HPV immunization rates for adolescents 13-17 years old in Ohio are below the Healthy People 2030 target.



Data source: CDC Teen Vax View

The up-to-date HPV rate for adolescents 13-17 years old in Ohio is 30% lower than Meningococcal and Tdap coverage.



Data source: CDC Teen Vax View

Ohio Revised Code

- Section 4729.41 of the Ohio Revised Code and rules 4729:1-3-02 & 4729:2-3-03 of the Administrative Code authorize a pharmacist or pharmacy intern working under the direct supervision of a pharmacist to administer, subject to a physician protocol, the following immunizations:
 - Any immunization for any disease to individuals 13 years old or older without a prescription.
 - Any immunization for any disease to individuals ages 7 to 12 if there is a prescription for the immunization (except as provided below for COVID-19 vaccines and flu shots).
 - FDA authorized COVID-19 vaccines and flu shots to individuals starting at 7 years old without a prescription.

Vaccine Access in Ohio

- Currently, there are some vaccine deserts across the state of Ohio that limit access to vaccination.
- Access to health care is a known risk factor for missing immunizations.
- The majority of Americans (96.5%) live within 10 miles of a pharmacy.

Using ImpactSIIIS to Address Immunization Inequities

- Ohio's Statewide Immunization Information System (ImpactSIIIS).
 - Secure online registry that maintains immunization records for Ohio children, adolescents, and adults.
- A pharmacist can use ImpactSIIIS to check a patient's immunization record to determine if a child is behind or missing any immunizations.
 - Allows pharmacists to capitalize on opportunities to decrease immunization inequities.

Using the Announcement Approach

- The announcement approach is a three-step evidence-based intervention initially developed to recommend HPV vaccination, but the principles of the approach can be used to recommend other routine vaccines as well.
- The announcement approach relies on a strong recommendation that a child is due for vaccines.
 - Presumptive language assumes the family will be vaccinating.
 - Normalizes immunizations as a routine part of care.
 - Focuses on the disease and not vaccines.

Three Steps of the Announcement Approach

1. Announce.

- Use the child's age.
- Focus on disease not vaccine.
- Use presumptive language.

2. Connect and counsel.

- Identify biggest concern.
- Show you are listening.
- Address the concern.
- Show urgency.

3. Try again.

- Set the stage.
- Rely on systems.

Announcement Approach Example

- Example: A 13-year-old patient arrives at the pharmacy with the parent for a flu-shot. After checking ImpactSIS, the patient is also overdue for Tdap and HPV vaccines.
- An announcement may sound like this:

“Tyler is now 13, so today your child is due for three vaccines that protect against influenza, HPV cancers, and whooping cough.”

Announcement Approach Example

- Tyler's mother expresses concern that "Boys don't need HPV vaccines, that's only a vaccine for girls."
- Connecting with and counseling response:
"HPV infections do not discriminate if you are a boy or a girl. The virus can cause cancer and many other diseases. That is why I recommend Tyler get HPV today to provide the greatest protection against HPV cancers."

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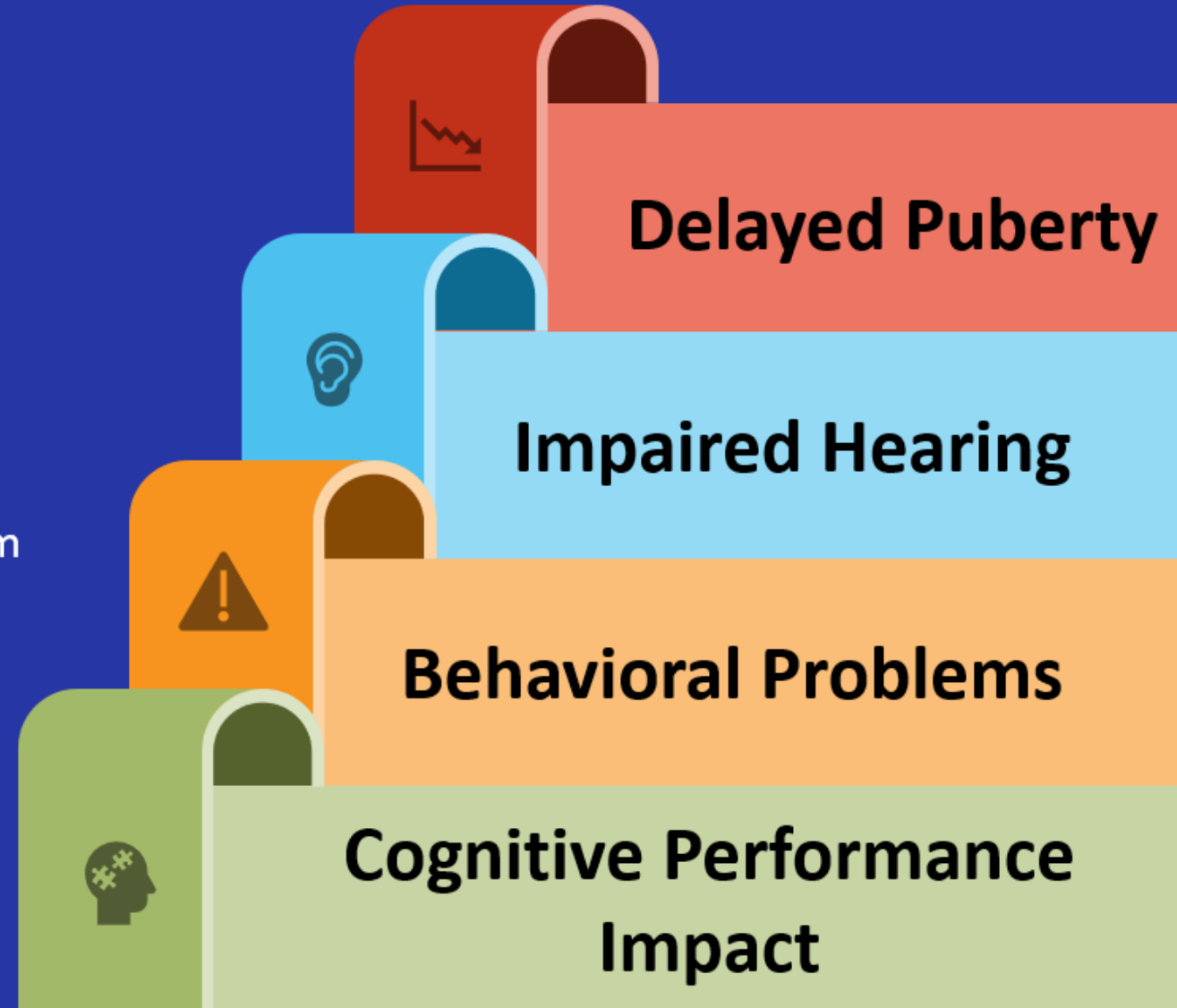
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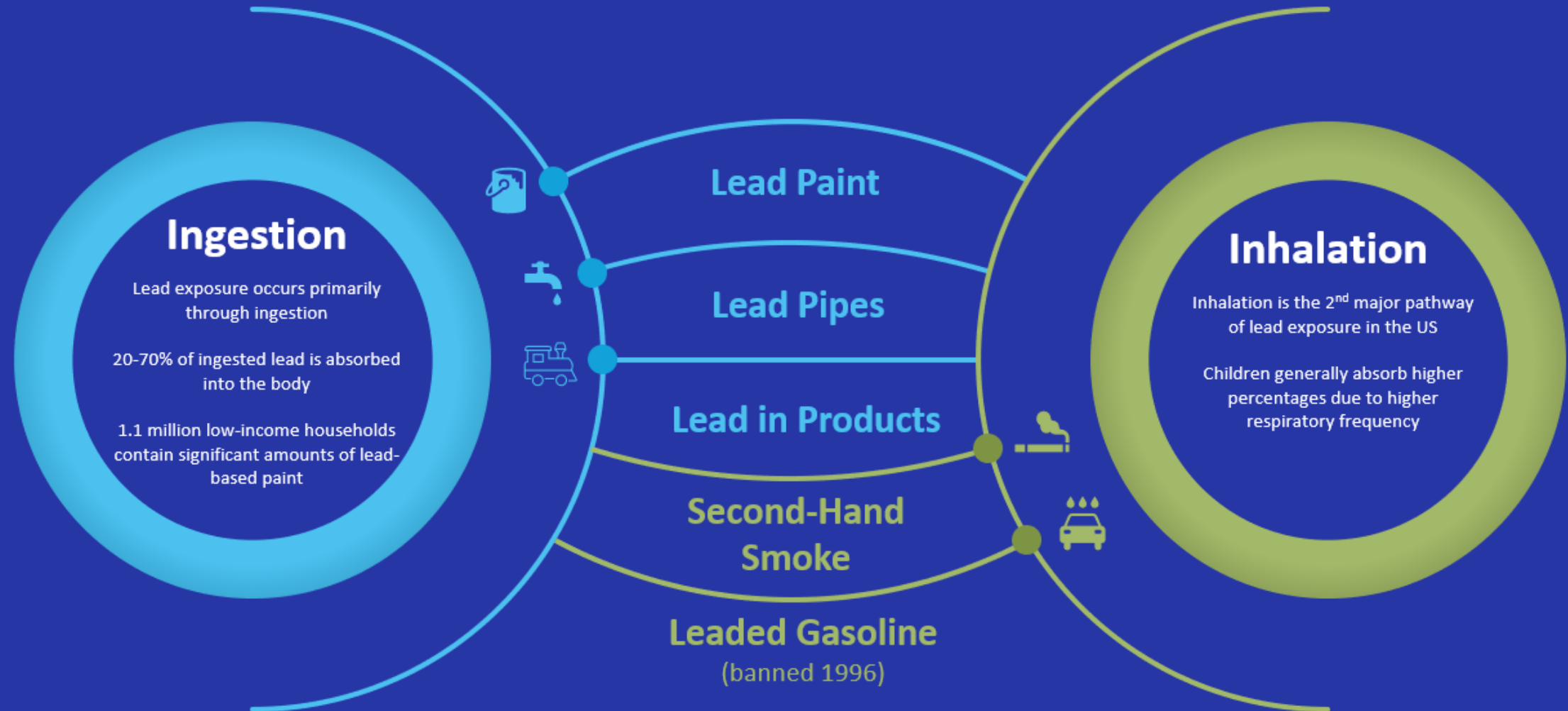
Impact of Lead Exposure in Children

Blood Lead Levels (BLL)

- Any blood level of lead is unsafe
- Levels greater than 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) are considered the highest risk
- Many known negative health effects from lead exposure in children



Common Routes of Exposure in Children

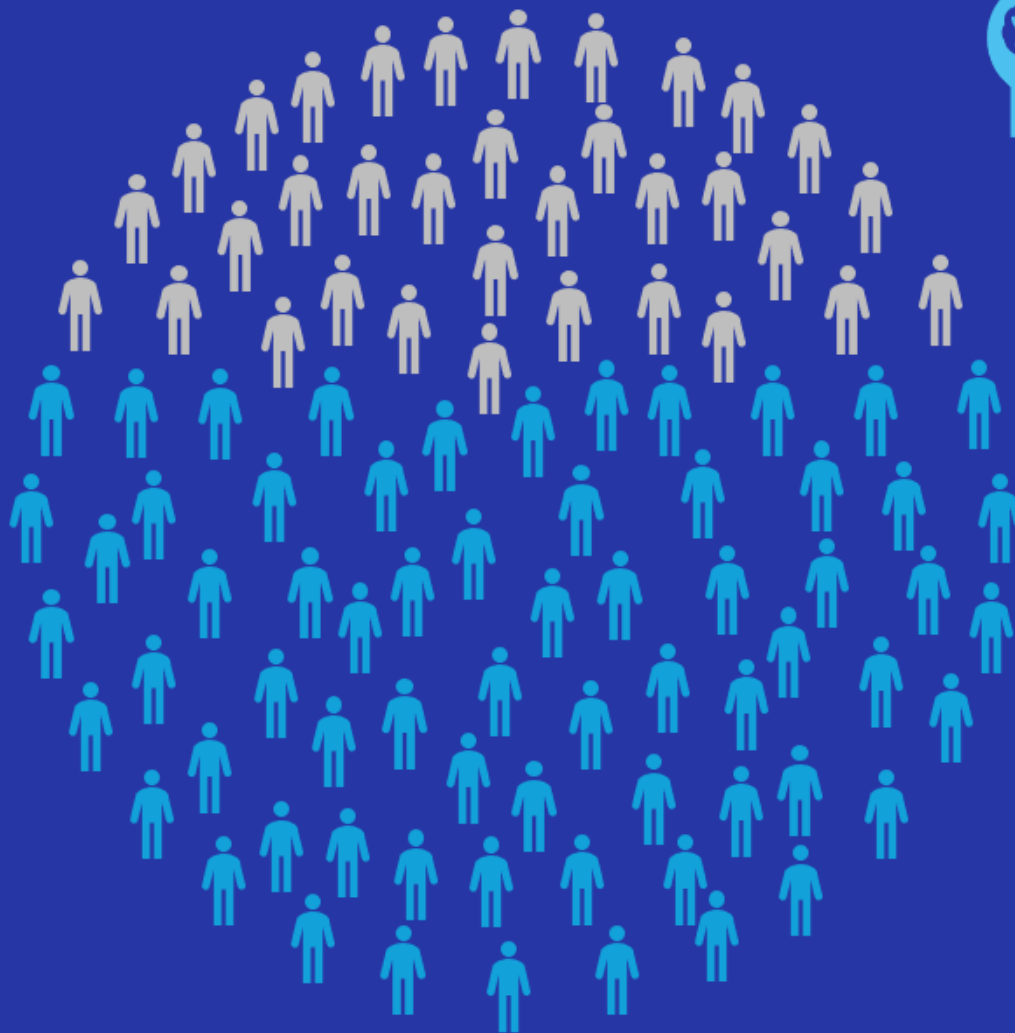


What does this mean for Ohio?

67%

Housing in Ohio

- Lead paint was commonly used in homes built prior to 1980
- **More than 67% of all housing units were built before 1980**



80% of brain growth happens by age 3

Ohio Children

- By kindergarten, low-income learners are up to 2 years behind their higher income peers
- 50% of Ohio's infants and toddlers receive health coverage through Medicaid and Healthy Start

Ohio Screening

- COVID-19 has led to a decrease in lead screening in Ohio's children
- Preliminary review of blood lead data since March 2020 suggests a significant decrease in lead screenings by almost 75%

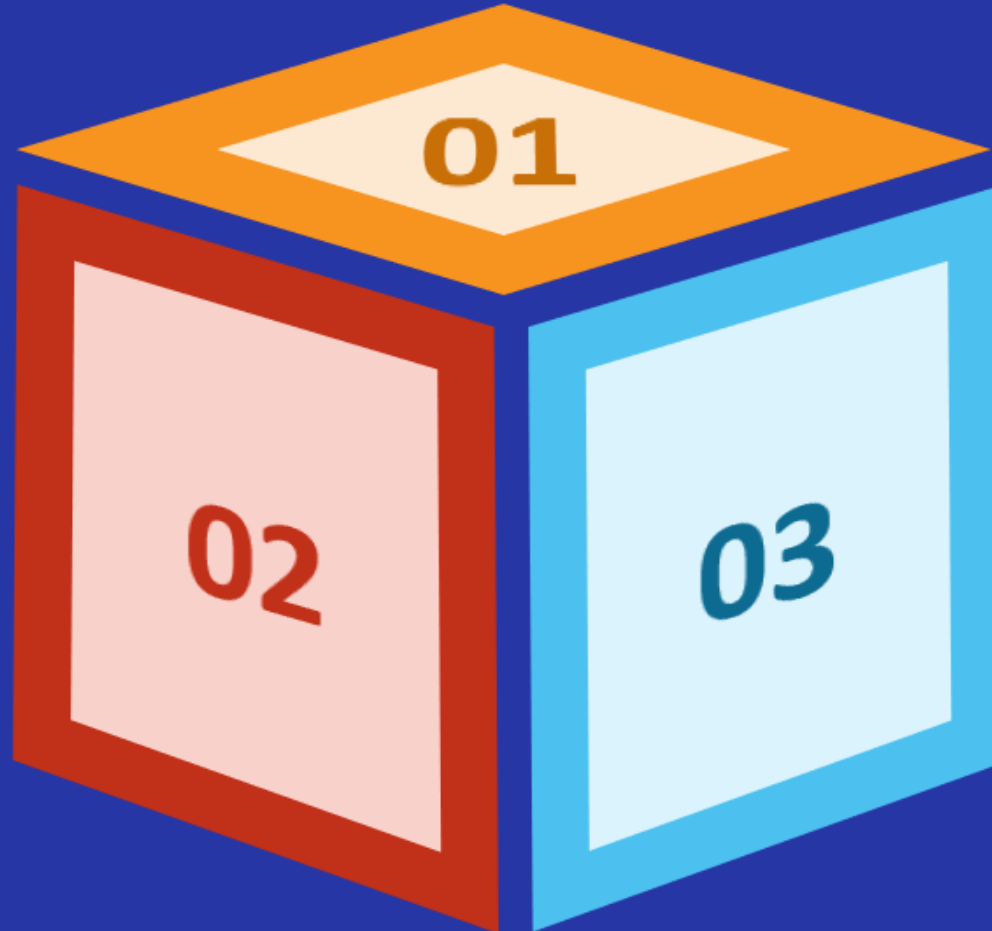
Lead Screening Best Practices

MEDICAID SCREENING

Ohio Department of Medicaid mandates that children on Medicaid receive lead screenings at ages 12 and 24 months

LESSONS LEARNED

- POC testing
- Required reporting of blood levels



OHIO REGULATIONS

- All blood lead test results, by law, are **required** to be reported to ODH by the analyzing laboratory
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of **3.5 µg/dL or greater**
- ALL capillary test results $\geq 3.5 \mu\text{g/dL}$ **MUST** be confirmed by a venous draw

How can Pharmacists Help?

Accessibility

- **Most accessible health care providers**
- More than 90% of the US population lives within 5 miles of a pharmacy

Point-of-Care Testing (POC)

- POC lead screening to patients
- LeadCare II Analyzer (CLIA Waived)
- ALL capillary test results $\geq 3.5 \mu\text{g/dL}$ MUST be confirmed by a venous draw

Community Trust

- Pharmacists are trusted healthcare providers within communities



Local Resource Education

- Pharmacist can provide education on local resources available to their patients
- Many counties have funding and resources available for patients with high BLL
- Housing resources and grants

Collaboration with Payer

- Pharmacists can educate patients on resources available through payers
- Care management through payers can provide additional support to patient

Pharmacist Lead Testing Pilot

Collaboration

- CareSource, OPA, and ODM

Lead Screening Grant

- ODM Lead Screening Grant to Ohio MCOs

Pharmacy Involvement

- Pilot Pharmacy sites to provide POC lead screening

Pilot Goals

- Increase lead screening to CareSource members between the ages of 0-2 years old
- Increase clinical services provided by Ohio Pharmacists and support of Ohio Pharmacist Provider Status
- Provide lead exposure resources to high-risk communities

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Resources

- **OPA Nicotine Use Disorder Certification Program**
 - Conference Exclusive \$15 Off Discount Code: **NUDLaunch24**
- **Highlights include:**
 - Speakers from specialized practice settings.
 - 9 Continuing Pharmacy Education (CPE) credit hours.
 - 1 Law credit Continuing Education Unit (CEU) included in the training program.
 - Certificate awarded after completion of the program.
 - Endorsed training for Ohio NRT Dispensing through a physician-signed protocol.
 - Completely online and asynchronous.

Resources

- OPA's Public Health Work
 - Sign up to be the first to know about public health resources and involvement opportunities.



Need More Information?

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Questions will be directed to the appropriate speaker.