

LPHA Guidance for Direct Cessation Services

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In 2022, the Oregon Coalition of Local Health Officials (CLHO) and the Oregon Health Authority (OHA) approved of a change to [Program Element 13](#) to allow Local Public Health Authorities to utilize state tobacco funding for direct cessation services. This guidance is intended to support LPHAs in implementing direct cessation delivery and programming.

Additional guidance is currently being drafted. Upon submitting your workplan, please contact your Community Program Liaison, cc'ing Ophelia Vidal, for this guidance:

Ophelia S. Vidal

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Program Element 13 Language

Funds awarded for this Program Element may be used for **direct, evidence-based or culturally appropriate cessation delivery including the provision of Nicotine Replacement Therapy (NRT)**, but may not be used for other treatment services, other disease control programs, or other efforts not devoted to tobacco prevention and education.

Requirements

- Follow all product guidelines and all applicable state and federal laws.
- Participate in OHA-led evaluation, performance monitoring, and data collection activities.
- Ensure that Tobacco Cessation Treatment Specialists are trained.

Eligible Activities

- Tobacco cessation counseling, including 1:1 and group interventions
- Training to provide tobacco cessation counseling, including how to use, dose, and assess contraindications for NRT
- Registration with the Board of Pharmacy to dispense NRT
- Purchasing over-the-counter Nicotine Replacement Therapy (NRT), such as nicotine transdermal patches, lozenges, and gums, for both direct dispersal as well as dispersal through community-based partners such as Community Health Workers and Tobacco Treatment Specialists in community-based and culturally-specific settings
- Purchasing and dispersing prescription pharmacotherapy such as bupropion and varenicline
- Train-the-trainer tobacco cessation counseling programs
- Cessation services that fall under the “Best Practices Continuum,” as adapted by the [Tobacco Control Network’s 2022 Policy Recommendations Guide](#), including culturally appropriate cessation supports and services
- Development of a data collection tool to document direct cessation services and distribution of NRT
- Community-based needs assessments and evaluations to identify local cessation service and resource interest, gaps, and needs.

Ineligible Activities

- Treatment services that do not involve tobacco cessation, including direct treatment for other chronic disease control programs
- Efforts not devoted to tobacco cessation and prevention

Oregon Cessation Resources

OHA recognizes that any single one of the below cessation resources is unlikely to meet your program's needs. These health systems approaches are intended to provide a policy, systems, and environmental framework for us to leverage for increased cessation support across the state.

[Oregon Tobacco Cessation Coverage Standards](#)

In Oregon, all public and private health insurance plans must cover a minimum standard of tobacco cessation coverage. At no cost to the patient (no copays, coinsurance, or deductibles), every Oregonian with health insurance is entitled to:

- 4 tobacco counseling sessions of at least 10 minutes each (including telephone, group, and and/or individual counseling)
- 90 days of NRT (including both prescription and over-the-counter), prescribed by a health care provider

Approximately [95% of Oregonians have health insurance coverage](#). However, many communities in Oregon continue to experience disparities in health systems. Communities may not be aware of their insurance benefits or experience barriers to care such as lack of access to providers or discrimination. They may prefer to receive tobacco cessation support on their own or via community-based resources or by Community Health Workers.

Due to the above factors, additional supports might be needed to ensure people know about their benefits and that providers are providing tobacco screening and cessation referrals. Additional supports and training to community-based organizations and Community Health Workers may also be needed.

[Oregon Tobacco Quit Line](#)

The Oregon Tobacco Quit Line (OTQL) is a statewide social safety net tobacco cessation service that all Oregonians, regardless of health insurance or immigration status, can utilize. At no cost, adults using the Quit Line can access:

Quit Line Program	Nicotine Replacement Therapy	Coaching
Insured	8 weeks of solo NRT, mailed in 1 shipment	1 cessation coaching call
Uninsured	8 weeks of solo NRT, mailed in 1	4 cessation coaching calls
Medicaid Fee-for-Service/Oregon Open Card	8 weeks of solo NRT, mailed in two 4-week shipments	4 cessation coaching calls
Native Quit Line	12 weeks of combination NRT, mailed in three 4-week shipments	7 cessation coaching calls
Pregnancy Program	8 weeks of solo NRT, mailed in 1 shipment	10 cessation coaching calls

Web-Only (English & Spanish)	8 weeks of solo NRT, mailed in 1 shipment	0 cessation coaching calls
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NRT is mailed directly to the participant’s address. Mailing is expedited within 3 days of enrolling in OTQL services. All participants in all programs also have access to:

- Mailed cessation support materials
- An unlimited number of inbound calls (from participant to the Quit Line)
- Text-based support
- Email support
- Referrals to cessation resources in your county
 - This local cessation resources list is generated by LPHAs, per RFA requirements, and updated annually.

Oregon Pharmacist NRT Program

Centers for Medicare and Medicaid Services (CMS), Tobacco Control Network, and the Smoking Cessation Leadership Center have publicly supported expanding access to counseling and tobacco cessation medication through pharmacists.¹ This is because pharmacists are highly accessible health care providers, with most of the United States population living within 5 miles of a community pharmacy. Pharmacists also have extensive knowledge of cessation medications and are effective at delivering these services to help patients quit tobacco products.

In Oregon, pharmacists are allowed to prescribe NRT. Community pharmacies that are interested in providing these cessation services can learn more about this body of work here:

- [Comprehensive Pharmacist Patient Assessment, Prescribing, and Billing for Oregon's Tobacco Cessation Implementation Certificate](#)
- [Smokefree Oregon Map of Pharmacists Prescribing NRT](#)

In Oregon, pharmacists are legally required to offer services in the client’s preferred language(s), including medication materials, upon request. If your program is interested in engaging with local pharmacists, including through a voucher system (described below), consider ways to enable patients to request translation support.

Oregon Prescription Drug Program (OPDP)

The OHA Pharmacy Policy & Programs operates the Oregon Prescription Drug Program, which, in part, works with counties to create local voucher programs for prescription medications, including prescription NRT. You can learn more about this by contacting:

¹ American Pharmacists Association. Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions. Washington, DC: American Pharmacists Association; 2020.
https://aphanet.pharmacist.com/sites/default/files/audience/APhAPromisingPracticesTobCess_web_2020.pdf

- Heidi Murphy, OPDP Operations Manager
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Smokefree Oregon

Smokefree Oregon is OHA's primary tobacco prevention communications brand. Smokefree Oregon hosts a tobacco cessation page, [I'm Ready to Quit](#).

On this page, people looking to quit and to support people on their quit journeys can access guided resources, including but not limited to:

- Information about the benefits of quitting
- Quit planning tools
- App, website, and text program resources
- Local and culturally specific Quit Line resources
- Information about accessing NRT

For questions about Smokefree Oregon, or training and technical assistance for local communications initiatives, contact Emily Droge at emily.droge@dhsosha.state.or.us.

Best & Promising Practices

Direct Cessation Delivery

Among the general adult population, there was strong evidence from systematic reviews that the combination of pharmacotherapy and behavioral support, all 7 US Food and Drug Administration–approved medications (all forms of NRT, bupropion, varenicline), and a variety of behavioral interventions were statistically significantly associated with an increase in smokers' relative likelihood to quit smoking at 6 or more months as compared with smokers receiving usual care or a minimal stop-smoking intervention.²

Tobacco Cessation Counseling

- Behavioral interventions such as in-person advice and support from clinicians; individual-, group-, telephone-, and mobile phone–based support; interactive and tailored internet-based interventions; and the use of incentives are associated with increased relative smoking cessation³
- Train-the-trainer tobacco cessation programs have demonstrated increased trainer self-efficacy in behavioral health settings⁴, respiratory therapy and respiratory care

² Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S, Thomas RG. Interventions for Tobacco Cessation in Adults, Including Pregnant Persons: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2021;325(3):280–298. doi:10.1001/jama.2020.23541

³ Patnode et al

⁴ Nitturi V, Chen TA, Martinez Leal I, Correa-Fernández V, Drenner K, Kyburz B, Williams T, Obasi EM, Britton M, Howard M, Rangel R, Sharp J, Smith S, Reitzel LR. Implementation and Outcomes of a Train-the-Trainer Program at

programs⁵, and pharmacy programs⁶. Train-the-trainer programs are recognized as an effective method for broadly disseminating evidence-based public health principles, are less costly than traditional methods, and allow courses to be tailored for local issues.⁷

Nicotine Replacement Therapy

- Using a combination of NRT products (in particular, combining short-acting plus long-acting forms of NRT) has been found to be more effective than using a single form of NRT⁸
- Prescription smoking cessation medication, specifically varenicline, added to counseling improves the rates of 7-day point prevalence smoking abstinence among African American adults who are daily smokers.⁹
- Patient screening and intake are critical to ensuring that they receive NRT, because factors such as medical history and smoking prevalence (quantity smoked, how often) impact NRT dosing. You can learn more about Oregon's dosing standards in the Oregon Board of Pharmacy's [Tobacco Cessation – NRT Statewide Drug Therapy Management Protocol](#). Additional tobacco treatment medication dosing guidelines can be found [here](#) and [here](#).

Behavioral Health Treatment Centers as a Mechanism to Maintain Organizational Capacity to Address Tobacco Use Disorder. *Int J Environ Res Public Health*. 2021 Nov 5;18(21):11635. doi: 10.3390/ijerph182111635. PMID: 34770149; PMCID: PMC8583380.

⁵ Hudmon KS, Vitale FM, Elkhadragy N, Corelli RL, Strickland SL, Varekojis SM, O'Heeg M. Respiratory Care March 2021, 66 (3) 475-481; DOI: <https://doi.org/10.4187/respcare.07791>

⁶ Corelli RL, Fenlon CM, Kroon LA, Prokhorov AV, Hudmon KS. Evaluation of a train-the-trainer program for tobacco cessation. *Am J Pharm Educ*. 2007 Dec 15;71(6):109. doi: 10.5688/aj7106109. PMID: 19503693; PMCID: PMC2690925.

⁷ Yarber, L., Brownson, C.A., Jacob, R.R. et al. Evaluating a train-the-trainer approach for improving capacity for evidence-based decision making in public health. *BMC Health Serv Res* 15, 547 (2015). <https://doi.org/10.1186/s12913-015-1224-2>

⁸ Patnode et al

⁹ Cox LS, Nollen NL, Mayo MS, et al. Effect of Varenicline Added to Counseling on Smoking Cessation Among African American Daily Smokers: The Kick It at Swope IV Randomized Clinical Trial. *JAMA*. 2022;327(22):2201–2209. doi:10.1001/jama.2022.8274

Nicotine Replacement Therapy	Name	Prescription (RX)/ Over-the-Counter (OTC)
Nicotine Gum	Nicorette Thrive Generic nicotine polacrilex	OTC
Nicotine Oral Inhaler Spray	Nicotrol	RX
Nicotine Lozenge	Nicorette Nicorette Mini Generic nicotine polacrilex	OTC
Nicotine Transdermal Patch	Habitrol Nicoderm CQ Generic nicotine	OTC
Nicotine Nasal Spray	Nicotrol	RX

Medication	Name	RX/OTC
	Bupropion sustained-release	RX
	Varenicline	RX

Culturally Specific & Community-Based Cessation

- Research suggests that [community-based participatory interventions](#) are an effective approach for achieving smoking cessation.
- [Peer-led community-based interventions](#) can improve the effectiveness and acceptability of smoking cessation services for low-income populations.
- Community Health Worker models for other public health interventions demonstrate [similar evidence in effectiveness](#) and [versatility](#).
- To learn more about tobacco-related disparities and population-specific resources, visit the CDC's [Best Practices User Guide: Health Equity in Tobacco Prevention and Control](#)
- Oregon Health Authority Transformation Center has also published a 2017 guide on [Culturally Specific Tobacco Cessation Resources for Patients](#)

Health Systems Approaches

The Office of Smoking and Health and the Tobacco Control Network recommends enacting laws and health systems policies that expand the availability of and increase use of effective tobacco cessation interventions.¹⁰ Some of these laws and policies, such as comprehensive tobacco cessation benefits across payer types, are advocated for and passed at the State level. Others require LPHA support to integrate across health systems and clinical providers across the state.

¹⁰ Centers for Disease Control and Prevention. [Best Practices User Guide: Cessation in Tobacco Prevention and Control](#). Atlanta: 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.

Public-Private Partnerships to Promote Quitting and Expand Reach

In Oregon, Coordinated Care Organizations can earn bonus funds by showing that they have improved care for members of the Oregon Health Plan. Among these [Quality Incentive Program Metrics](#) is Cigarette Smoking Prevalence, which OHA encourages CCOs to reduce through [evidence-based strategies](#). These strategies provide a key opportunity for LPHAs to engage directly with their local CCOs, and they include but are not limited to:

OHA-Recommended CCO Strategy	Potential Opportunity for LPHAs
Communicating and Promoting Cessation Benefits to CCO members	Solicit CCO support for the creation and distribution of cessation benefit promotional materials, including but not limited to culturally-specific materials
Supporting Effective Delivery of Cessation Benefits by Providers through Quality Improvement Initiatives and Trainings	Strategize around care coordination between providers and community-based cessation supports
Work with Partners to Reduce Tobacco Prevalence in Communities served by the CCO	Engage with your CCO's Community Advisory Council Identify your CCO's preferred Tobacco Cessation Treatment Specialist training Solicit CCO support in training LPHA staff, Community Health Workers, and other non-clinical providers in your counties
Improve Outreach and Delivery of Cessation Benefits to Special Populations	Provide evidence-based, culturally-specific trainings to clinics and other health care settings to create cessation programs that serve cultural communities Facilitate clinical supports in culturally-specific community-based settings

LPHAs interested in developing relationships with local CCOs on any of the above strategies can begin this work by:

- Reviewing Health Systems webinars and training materials, available on the [Smokefree Oregon Resource Portal](#) (login required)
- Connecting with your liaison to learn about Health Systems technical assistance
- Engaging with [Oregon Health Authority Innovator Agents](#), who can help your teams form relationships with local CCOs and strategize around meeting program priorities

Some examples of how LPHAs have collaborated with health systems partners can be found here: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Cigarette-smoking-project-handouts.pdf>

Tobacco Treatment Specialist Training Programs

The Oregon Health Authority does not officially endorse any Tobacco Treatment Specialist training program. Each CCO in Oregon is required to provide a minimum standard of tobacco cessation services, discussed in the next section of this guidance, and they do so in part through their preferred tobacco treatment specialist training program. Identifying your local CCO's preferred program can help your team identify training priorities as well as sustainable funding models for community and staff trainings and direct cessation services.

Optum, the Oregon Tobacco Quit Line contractor, utilizes the [Quit for Life® Program](#) to train their coaches. This program is not open to external parties, so it cannot be used to train local staff.

Below are some training resources that might be helpful to you:

- [**American Lung Association's Freedom from Smoking Facilitation Training**](#)

Freedom from Smoking® is an 8-module group program for 8-16 people who are interested in quitting tobacco. This program has a [57% quit](#) rate at 6 months when used in combination with FDA-approved NRT. This program can be conducted in community settings, workplaces, hospitals, as well as virtually. The facilitator training costs [\\$400 for a 3-year certification](#) and includes 6 hours of training modules and 3 hours of live web-based facilitator skill building.

- [**Council for Tobacco Treatment Training Programs \(CTTTP\) Accredited Programs**](#)

CTTTP maintains a list of 23 United States-based tobacco treatment specialist programs accredited through the [Association for Treatment of Tobacco Use and Dependence, Inc.](#) Completion of one of these programs also makes trainers eligible to apply to train-the-trainer programs, including the accredited UMass Chan Medical School [Train the Trainer in Tobacco Treatment](#) program.

- [**San Francisco's Tobacco Free Project Curriculum**](#)

This curriculum is not an accredited through CTTTP. Free-of-cost, this is an open-source program that was modeled after the Freedom from Smoking curriculum. It is intended to be adaptable according to community and cultural needs, including reading level and linguistic needs.

Additional Resources

- Oregon Health Authority Tobacco Cessation Counseling Guidesheet (2019) <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/Ie2877.pdf>
- Oregon Health Authority Provider Cessation Training <https://learn.optum.com/redeem/or>
- Oregon Health Authority Transformation Center Tobacco Cessation Clinical Workflow Webinar (2017) <https://register.gotowebinar.com/register/1587067351965435394>
- Oregon Health Authority [Webinar Series: Treating Tobacco Dependence in Behavioral Health Settings](#)
- University of California San Francisco Smoking Cessation Leadership Center Curricula & Online Training <https://smokingcessationleadership.ucsf.edu/resources/curricula>