Lac Courte Oreilles Community Health Center

APhA

LAC COURTE OREILLES COMMUNITY HEALTH CENTER

Detail	Site Information
Location	Hayward, Wisconsin
Primary Patient Population(s)	American Indians and Alaska Natives
Practice Setting	Tribally administered ambulatory care center
Pharmacist Authority	Credentialing and privileging Collaborative practice agreement
Care Team Members Providing Tobacco Cessation Services	Pharmacists Pharmacy technicians
Primary Payer(s)	Private insurance, Medicare, and Medicaid
Billing Codes	99406/99407—billed "incident to" under collaborating physician NPI
Metrics of Success	50 patients engaged in the tobacco cessation program since the beginning of 2019; 20% of these patients quit tobacco

About Lac Courte Oreilles Community Health Center

The Lac Courte Oreilles Community Health Center (LCOCHC) is a Federally Qualified Health Center (FQHC) on the Lac Courte Oreilles Ojibwe Indian reservation in northwestern Wisconsin. The health center and urgent care facilities are part of a full-service ambulatory care center. Services include community health, alcohol and other substance use disorder counseling and outreach, well child clinic, diabetic clinic, podiatry, optometry, chiropractic treatments, dental, and radiology. Inpatient care is available at one local hospital, which is not directly affiliated with LCOCHC.

This Tribally administered health program services the health care needs of more than 8,000 enrolled Tribal members. Patients who are enrolled in the Lac Courte Oreilles Tribe, a descendent of the Tribe, or individuals from a different Tribe are eligible to access health care services at no cost through the clinic. Because the clinic is managed by a governing board from the Tribe, the center is focused on supporting and demonstrating accountability to the local community.

The pharmacy is a physical part of the ambulatory care clinic. The LCOCHC pharmacy is staffed by the pharmacy director, staff pharmacists, and pharmacy technicians. Other members of the health care team at LCOCHC include physicians, nurse practitioners, and

physician assistants. Pharmacists interface directly with other providers and have access to the electronic health record (EHR). The LCOCHC tobacco cessation service was established in 2016. The lead pharmacist wrote the collaborative practice agreement (CPA) and developed the structure and process flow for the tobacco cessation clinic. The CPA was modeled after a tobacco cessation service started in 2001 by the lead pharmacist at a different Tribal FQHC. Prior to the establishment of the clinic, pharmacists were available for brief interventions and were able to initiate therapy.

Training and Authority to Provide Tobacco Cessation Services

Pharmacist-provided tobacco cessation services at LCOCHC are performed under a CPA that provides pharmacists with prescriptive authority for all seven tobacco cessation medications approved by the U.S. Food and Drug Administration (FDA). LCOCHC has designated a lead pharmacist who oversees the clinical service and supports the training and development of other tobacco cessation providers.

Education and Training

Each pharmacist working in the LCOCHC Tobacco Dependence Clinic must be a Certified Tobacco Treatment Specialist (CTTS). LCOCHC pharmacists are trained through the Mayo Clinic program. A CTTS is a professional who possesses the skills, knowledge, and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities.

A pharmacist may begin working in the tobacco cessation clinic prior to the completion of the certification program at the discretion of the clinic director and referring providers. However, until certification is achieved, the uncertified pharmacist may not make any medication changes without prior approval of the clinic director or an LCOCHC provider.

Collaborative Practice Agreements

The CPA for the LCOCHC Tobacco Dependence Treatment Clinic was researched and written by the lead pharmacist and approved by the medical director. Pharmacists have prescriptive authority for cessation medications within LCOCHC under the CPA. The pharmacist can prescribe tobacco cessation medications, as deemed appropriate, after discussion with the patient. Treatment can result from either a specific request by the patient or following a general patient inquiry for cessation support. As required in the CPA, the provision of all medication therapy is documented in the EHR and a physician, nurse practitioner, or physician assistant co-signs all EHR pharmacist notes.

Accessing Pharmacist-Provided Smoking Cessation Services

Patients can access pharmacist-provided tobacco cessation services through self-referral or primary care provider referral.

Pharmacist-Referral or Self-Referral to Pharmacist-Provided Services

Patients can self-refer to the pharmacy's tobacco cessation services. In some cases, referral is initiated through conversations with the pharmacist as the patient is seeking over-the-counter nicotine replacement therapy (NRT), varenicline, and/or bupropion.

Primary Care and Dental Provider Referral

Patients can access the pharmacy's tobacco cessation services through direct referral by the patient's primary care provider. Any patient seen by the provider, who determines that there is a need for tobacco cessation services, can be referred to the pharmacist. The pharmacy also receives referrals from the dental clinic, which provides screenings for tobacco use. All provider referrals are sent to the pharmacist through the EHR, and the pharmacist conducts direct outreach to the patient.

Delivery of Pharmacist-Provided Tobacco Cessation Services

Through the use of evidence-based guidelines for the management of tobacco dependence and the Mayo Clinic model for treating tobacco dependence, pharmacists offer patients resources for treatment and management of tobacco dependence. Methods encourage the use of pharmacotherapy and behavioral modification therapy based on the transtheoretical model of health behavior change. Most frequently, tobacco cessation services are provided as stand-alone services. However, patients seen for asthma and chronic obstructive pulmonary disease for spirometry studies are often engaged in the site's tobacco cessation services. During other patient visits, such as in the anticoagulation clinic and during medication consultations in the pharmacy, additional opportunities arise for a tobacco cessation intervention.

Sometimes medication therapy is initiated after a brief visit, with the pharmacist prescribing NRT, varenicline, and/or bupropion. At that time, the pharmacist works to coordinate more formal tobacco cessation follow-up visits.

The pharmacist sets appointments with patients for treatment, provides counseling using the motivational interviewing approach as well as acceptance and commitment therapy techniques, and has prescriptive authority for all seven FDA-approved tobacco cessation medications. Patients engage in a series of appointments,

lasting from 30 to 60 minutes, ideally beginning before the patient's established quit date.

Initial Clinical Pharmacy Visit on Tobacco Cessation

The pharmacist CTTS meets face-to-face with patients engaging in the site's tobacco cessation services. This initial visit typically takes about an hour and involves an assessment of the patient's tobacco history and medication history, including any allergies. The pharmacist takes the patient's blood pressure if bupropion therapy is planned and administers the Fagerström Test for Nicotine Dependence. This standard testing instrument determines the intensity of physical addiction to nicotine, providing information to guide both the pharmacist and the patient in making treatment decisions. The pharmacist also conducts a carbon monoxide reading to reinforce to the patient how tobacco use impacts these levels.

Based on collected data, and any additional information contained in the patient's medical record, the pharmacist works with each individual patient to create an appropriate therapeutic plan. A follow-up visit is scheduled within 1 week before the selected quit date. The pharmacist also provides the patient with supportive literature to take home after the visit, encouraging the patient to follow through with the quit date and offering suggestions for how to prepare to accomplish that goal.

Follow-Up Clinical Pharmacy Visits on Tobacco Cessation

The first follow-up visit is usually scheduled within the first week after the patient's scheduled quit date. Subsequent visits are scheduled approximately every 2 weeks. Content within each follow-up visit is flexible and focused on meeting the patient's needs at that particular visit. Patients who are taking tobacco cessation medications complete the Medication Effects Questionnaire, a standardized assessment that helps determine how they may be responding to the prescribed medication. Patients are encouraged to maintain a daily diary of nicotine withdrawal symptoms, and these symptoms are reviewed at each visit.

The pharmacist performs a blood pressure assessment if bupropion has been prescribed. Additional carbon monoxide tests may be conducted during follow-up visits to provide patients with objective feedback on their health improvement after quitting tobacco. Additional patient educational materials are provided, specific to the needs of each patient. Coaching sessions typically end after the patient has reached the maintenance phase by remaining tobacco-free for 3 to 6 months and has discontinued any tobacco cessation medications.

Documenting Services

All activities, assessments, and observations are documented within the EHR. Cases are documented in SOAP (subjective, objective, assessment, and plan) note format. Data collected within each area include:

- Subjective
  - Importance and confidence scores (0–10 scale).
  - Medication Effects Questionnaire results.
  - Average score of nicotine withdrawal per symptom per day.
  - Patient concerns or problems.
  - Amount of current tobacco use.
- Objective
  - Carbon monoxide level.
  - Blood pressure.
  - Current medication and dose.
- Assessment
  - Tobacco use disorder.
  - Stage of readiness.
  - Assessment of medication tolerance.
- Plan
  - Maintain a daily diary of nicotine withdrawal symptoms.
  - Prescribe medication, dose, and schedule.
  - Give patient education handouts.
  - Schedule next pharmacist visit.

The EHR also provides the pharmacist with templates and dialog prompts for the patient at each visit. Notes for each visit are compiled and sent to the provider for signature via the EHR, as both a requirement of the CPA and because the service is billed as an "incident to" service.

Sustainability

Because LCOCHC is a Native American Tribal Clinic, patients do not take on out-of-pocket expenses for the services. The Tribe ultimately bears the cost of health care and takes a longer-term view of the saved costs outside of direct reimbursement. Tribal leaders appreciate that if the LCOCHC can support patients in their efforts to quit tobacco, there will be significantly decreased health care costs over time.

Approximately 60% of patients engaged in the pharmacy program are a result of provider referral. For referred patients, insurance is billed for each visit under Current Procedural Terminology codes 99406 (tobacco use cessation counseling visit of 3 to 10 minutes) and 99407 (tobacco use cessation counseling visit greater than 10 minutes) under the referring provider's National Provider Identifier (NPI) number as an "incident to" service. The site bills private insurance (primarily from the Tribe), Medicare, and Medicaid. Insurance is not billed for the pharmacist's time for those patients who self-refer to access tobacco cessation services. All American Indian patients

receive cessation medication therapy through their insurance benefit and are not charged any copays or deductibles.

Even in circumstances where providers may bill "incident to" for pharmacist-provided services, such billing does not consistently occur. The pharmacist enters all billing codes before the provider signs the progress note and submits it for reimbursement. The EHR billing process often results in some bills not being submitted or received. Because pharmacists are not able to bill independently as providers, billing for these services is done through a clinic provider using the provider's NPI number as an "incident to" service. LCOCHC is also working to improve system issues with the EHR that currently limit the ability to capture all potential billing opportunities for tobacco cessation services.

Overcoming Challenges to Achieve Success

Data have been collected on the tobacco cessation program from the beginning of 2019. Through March 2020, a total of 50 patients have been seen in the pharmacy-based clinic. Ten of these patients have quit smoking, for a 20% quit rate. Nine additional individuals are currently active in the LCOCHC tobacco cessation program.

Current Challenges

Pharmacists work to customize the care provided to each patient to help overcome the known barriers for the population:

- *Prevalence of tobacco use in the community*—There is a high prevalence of tobacco use in the community, with American Indians and Alaska Natives having the highest prevalence of

Helping Patients Live Their Fullest Lives

"For me, patient interactions are the most meaningful. My patients achieve a sense of independence and satisfaction when they successfully quit. One of my elderly patients was smoking and having some problems with his breathing. We met with him and set up a plan with a quit date. I saw him several times, and he had begun coming in with an oxygen tank prescribed by his pulmonologist. We were able to work with him, he successfully quit, and then he told me how he could deer hunt without his oxygen tank."

—David Axt, PharmD, BCPS, CTTS, AE-C

cigarette smoking among all racial/ethnic groups in the United States.[1] This high percentage of tobacco use within the population makes it difficult for patients who are trying to quit because they are surrounded by friends and family who use tobacco.

- *Patient trust*—The patient population is a close-knit community that has been subjected to generational trauma. Once individuals are engaged, they are open and friendly; however, pharmacists must work to proactively engender trust.
- *Patient engagement*—One of the biggest challenges faced by the pharmacy team is getting patients to attend tobacco cessation appointments. Many patients who are referred by their providers do not set up appointments before leaving the health center. While the pharmacy team does conduct follow-up outreach, it can be extremely difficult to reach patients by phone, as mobile numbers are not consistently in service or voicemail boxes are not always operational.
- *Providing routine tobacco screenings*—The pharmacy acknowledges the need to develop more consistent and structured processes to screen all patients for tobacco use and provide an initial brief intervention. Additional staff training is required to prepare all members of the pharmacy staff to appropriately screen patients for tobacco use and refer them into appropriate services.

Next Steps

The pharmacy staff is continuing to look for ways to strengthen the tobacco cessation program. Formally engaging with the behavioral health services available through the health center, specifically its addiction treatment services, may provide additional support to some patients who are trying to quit tobacco products. With the trust that the pharmacy team has engendered from the patient population, the site is also working toward providing additional training to the broader pharmacy staff so that they will routinely talk to all patients about their tobacco use and conduct brief interventions when appropriate.

Summary of Facilitating and Limiting Factors

LCOCHC's pharmacist-provided tobacco cessation services are both facilitated and limited by specific patient factors, system factors, and policy factors.

Facilitating Factors

- Patient satisfaction.
- CPA allows for prescribing of NRTs and all seven FDA-approved cessation medications by the pharmacist.
- Pharmacists are trusted and respected by members of the Tribe and the medical staff.
- Pharmacists have read and write access to the EHR.

Limiting Factors

- Payment mechanisms are in place, but not fully utilized, for pharmacist-provided tobacco cessation services.
- Lack of provider status for pharmacists.

This promising practice profile was developed based on information from and interviews with:

- David Axt, PharmD, BCPS, CTTS, AE-C, Commander US Public Health Service; Advanced Practice Pharmacist I, Lac Courte Oreilles Community Health Center

The views expressed in this profile are his own and do not necessarily reflect the views of LCOCHC.

Reference

1 Centers for Disease Control and Prevention. American Indians/Alaska Natives and tobacco use. Available at: https://www.cdc.gov/tobacco/disparities/american-indians/index.htm. Accessed August 9, 2020.

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This document is a component of the APhA Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions.