

Red Lake Indian Health Service



RED LAKE INDIAN HEALTH SERVICE

Detail	Site Information
Location	Northern Minnesota
Primary Patient Population(s)	American Indian
Practice Setting	Ambulatory care clinic located within an integrated health care system
Pharmacist Authority	Credentialing and privileging Collaborative practice agreement
Care Team Members Providing Tobacco Cessation Services	Pharmacist Physicians Pharmacy technicians
Primary Payer(s)	Minnesota Medicaid
Billing Codes	99406/99407—billed “incident to” under collaborating physician NPI 99212—billed “incident to” under collaborating physician NPI 99605/99606/99607—billed under pharmacist NPI
Metrics of Success	37,975 clinical pharmacy visits, providing opportunities to engage in tobacco cessation services



About Red Lake Indian Health Service

The Indian Health Service (IHS) is an agency within the U.S. Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million American

Indians and Alaska Natives who belong to 573 federally recognized Tribes in 37 states.

The Red Lake Hospital is an IHS-operated health care facility in northern Minnesota, providing health care to a population of approximately 10,000 American Indians and Alaska Natives in a rural and underserved community. Although each IHS health care facility has slightly different processes and procedures, Red Lake IHS is unique in implementing pharmacy primary care and having all pharmacy staff trained in [Ask-Advise-Refer \(AAR\)](#), the U.S. Centers for Disease

Control and Prevention (CDC) evidence-based intervention model for tobacco cessation. Red Lake pharmacists also ask all patients about tobacco use at all encounters.

The closest public hospital system for Red Lake IHS patients is more than 35 miles away, making Red Lake IHS the community's primary point for health care. Like all IHS facilities, Red Lake is an integrated health system, offering the complete spectrum of health care that may be required by an individual patient across the lifespan from pediatrics to geriatrics. Pharmacy assets are integrated within one facility and accessible through the dispensing pharmacy location, primary care clinics, specialty clinics, and over-the-counter (OTC) medication clinics. The health system utilizes one electronic health record (EHR), which is accessible to pharmacists performing all roles and responsibilities.

The pharmacy team delivers services in outpatient, inpatient, emergency department, and long-term care settings within the system. Clinical pharmacy services are robust and include diabetes, hypertension, hyperlipidemia, hyperthyroidism, gastroesophageal reflux disease, chronic obstructive pulmonary disease, asthma, hepatitis C, pain management, medication-assisted treatment, behavioral health, immunizations, tobacco cessation, and spirometry. Pharmacists work closely with Tribal leaders in the community to develop strategies addressing

public health issues such as deterring substance use among pregnant women, implementing harm reduction programs (e.g., safe syringe exchange), and expanding access to testing for sexually transmitted diseases.

Tobacco cessation services were implemented within the pharmacy in 2015, substantiated by state data showing American Indians and Alaska Natives had the highest rates of tobacco use compared with all other racial or ethnic groups in Minnesota, upward of 59%.¹ Today, all clinical pharmacy services integrate tobacco cessation, and patients are assisted through pharmacist counseling and medication therapy when appropriate. In 2019, the percentage of patients who were provided with education to quit tobacco or who achieved tobacco cessation from Red Lake IHS pharmacy services was 86.7%. The pharmacy has also recently implemented a smoking cessation program for pregnant women, in collaboration and coordination with the health care team.



Pharmacist Authority to Provide Tobacco Cessation Services

The pharmacy's clinical programs are considered a model for other IHS sites across the country that have not yet successfully implemented tobacco cessation services. Other IHS sites have applied Red Lake's pharmacy comprehensive collaborative practice agreement (CPA) structure and

credentialing and privileging process, which includes a peer-review process for focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE).

Within IHS, FPPE is a process used to validate the privilege-specific competency of a clinical pharmacist in the following time-limited situations:

- Required for all new clinical privilege requests, as needed for a currently privileged practitioner in circumstances where privileges or clinic processes change.
- As needed for a currently privileged practitioner to determine the validity of patient care issues or concerns of poor care trends revealed through peer reviews.

OPPE ensures clinical pharmacist oversight to confirm the quality of care delivered and ensure patient safety. The OPPE is used as a screening tool to systematically assess and summarize multiple performance elements of individual clinical pharmacists for all privileges. The OPPE process also allows the clinical leadership to identify professional practice trends that affect the quality of care and patient safety, some of which may require intervention. The forms developed by Red Lake IHS for FPPE and OPPE are models within the IHS.

Credentialing and Privileging

In 2013, Red Lake IHS's clinical director recognized the value of pharmacists and added them to the medical staff through the same process for credentialing and privileging. This administrative decision improved collaboration and communication and fostered mutual respect among all health care professionals within the facility.

All 16 pharmacists within Red Lake IHS are privileged and credentialed as providers on the medical staff; they have the authority to provide disease management services, including tobacco cessation. Tobacco cessation services are considered a core privilege for pharmacists and pharmacy residents following this credentialing and privileging process. The privilege includes the prescribing of nicotine replacement therapy (NRT) through the OTC program.

Collaborative Practice Agreements

Formal provider referrals to the pharmacy, documented within the EHR, are required to activate the CPA, allowing pharmacists to prescribe the U.S. Food and Drug Administration (FDA)-approved cessation medications. The CPA provides the prescriptive authority to the pharmacist and is signed by the clinical director. The CPA is valid for any provider within the facility who refers a patient to the tobacco cessation service. In combination with the prescriptive authority for NRTs that exists under core privileging, activation of the CPA further enhances the pharmacists' ability to practice at the top of their training and can maximally support their patient care services.



Accessing Pharmacist-Provided Smoking Cessation Services

Patients can enter pharmacist-provided tobacco cessation services through self-referral, pharmacy team referral, or primary care provider referral. All patients are asked if they use commercial tobacco products and are interested in quitting.

Outpatient Pharmacy Team Referral to Pharmacist-Provided Services

Within the Red Lake system, all pharmacists, student pharmacists, pharmacy residents, and pharmacy technicians are trained in AAR. Pharmacists, student pharmacists, and pharmacy residents are also trained to use the U.S. Public Health Service Rx for Change: Tobacco Cessation Training Program [“5 A’s”: Ask-Advise-Assess-Assist-Arrange](#). This program helps health care professionals identify tobacco users and apply appropriate interventions based on the patient’s readiness to quit. Outpatient pharmacy team referrals typically take place following a screening process based on AAR:

- *Ask and Advise*—Patients who present at the outpatient pharmacy are asked if they use tobacco. Those who do are advised of the benefits of quitting and asked if they are ready to quit. If patients indicate they are not ready to quit, the advice is reinforced that when they are ready, the pharmacist is there to help.

- *Refer*—If patients express interest in quitting, there is a pharmacist available to engage in an initial conversation on tobacco cessation and begin diving deeper using the 5 A’s.

Self-Referral to Pharmacist-Provided Services

Through patient self-referral, patients can walk into or call the pharmacy and indicate they are interested in quitting, which bypasses the AAR steps. Pharmacists are available to engage with these patients to assess their need for tobacco cessation services.

OTC Pharmacist Referral

A unique benefit to the Red Lake IHS closed health care system is that it has an OTC pharmacist on duty. Any patient who needs an OTC medication for any condition talks with a pharmacist, offering an opportunity for discussion and intervention. This includes OTC NRT for tobacco cessation. As part of the OTC consultation, the pharmacist conducts a mini-assessment, may perform necessary health screenings (e.g., blood pressure), and reviews the patient’s record to identify any gaps in care. In some cases, this may be the only time the patient has access to a health care provider in the system. The pharmacists capitalize on this opportunity to fill in any health care gaps for the patients and to make sure their medications are appropriate. The OTC pharmacist, like all Red Lake pharmacists, are credentialed to provide tobacco cessation services.

Clinical Pharmacy Visit Referral

During all clinical pharmacy visits, patients are assessed on their current tobacco use, how they are using tobacco, the amount of tobacco they are using, and when they typically use tobacco. Similar to the outpatient approach, users of tobacco products are advised of the benefits of quitting and asked about their readiness to quit. Patients who are interested in quitting can begin the process immediately as the pharmacist integrates cessation counseling and planning into the visit.

Primary Care Provider Referral

Patients can access the pharmacy's tobacco cessation services through direct referral by their primary care provider. This type of referral activates Red Lake IHS's tobacco cessation CPA, which empowers the pharmacist to prescribe any of the seven FDA-approved cessation medications, depending on what is deemed appropriate for the individual patient. These formal referrals also often result in a "warm handoff" from the provider that same day to facilitate the patient receiving the recommended service. A warm handoff is a transfer of care between two members of the health care team, where the transition occurs in front of the patient and family.²

Community Outreach

Providing community-based education is an important part of the outreach conducted by the pharmacy team. The team delivers numerous education events throughout the year, including community health events, particularly the American Cancer Society's Great American Smokeout every November. This outreach approach has been expanded over the past year to include the risks of e-cigarettes, in addition to other commercial tobacco products, such as combustible cigarettes. Staff provides informational brochures to participants and encourages them to return to the pharmacy to access tobacco cessation services.



Delivery of Pharmacist-Provided Tobacco Cessation Services

When patients are referred to tobacco cessation services by the pharmacy, services are delivered in a way that supports their individual needs. Pharmacists provide tobacco cessation as a stand-alone service, within the primary care clinic, and within specialty clinics. Tobacco cessation services are provided as part of any clinical pharmacy service that may be focused on other health conditions or medication concerns. Patients are seen for services by appointment and through walk-in visits, depending on their preference. Regardless of how services are delivered, pharmacists serve as an integrated member of Red Lake IHS's health care team and document the care provided in the EHR.

Initial Clinical Pharmacy Visit on Tobacco Cessation

During the initial clinical pharmacy visit with the pharmacist, the pharmacist identifies patient triggers for tobacco product use, pinpoints the goals for quitting, and uses motivational interviewing techniques to assess the stage of change for each patient. The pharmacist works collaboratively with the patient to create a quit plan. If the patient's plan includes NRT, the pharmacist can dispense medication through Red Lake IHS's pharmacy.

If the pharmacist determines prescription medication is warranted to support the patient's tobacco cessation efforts, a provider referral is required. If a formal referral is not already in place through a CPA, the pharmacist will request a consultation from the patient's primary care provider to obtain same-day referral to the pharmacy for tobacco cessation services. When the referral is received, the pharmacist will prescribe the required prescription medication and provide medication and behavioral counseling to the patient.

Follow-Up Clinical Pharmacy Visits for Tobacco Cessation

Pharmacists follow up with patients through a combination of in-person visits and phone calls, with the frequency determined in collaboration with the patient. Patients who are not ready to quit are encouraged to reach back out to the pharmacy when they are ready; they are also given additional resources,

including information on the Minnesota Quitline Network. Red Lake IHS has a full-time behavioral health pharmacist within the health system's behavioral health department, who is also available to support patients with more comprehensive needs, which may include co-occurring mental health diseases. All health care professionals within the facility are able to access patient progress on tobacco cessation through pharmacists' notes in the EHR.

Documenting Services

Pharmacists within Red Lake IHS have access to the full patient chart and have been trained to provide disease management, review laboratory results and provider notes, and complete medication records. Pharmacist access to this critical information holistically supports patient health needs, including the delivery of tobacco cessation services. In turn, pharmacists are also able to enter information into the EHR to document the care they deliver. Other providers are informed of patient access to services and subsequent progress through notes in the EHR, and providers sign to attest they have reviewed the pharmacist notes.



Sustainability

Red Lake IHS is billing and receiving payment for its tobacco cessation services. Payment for these services is almost exclusively through Minnesota Medicaid. Reimbursement rates vary

based on the services provided and can include payment for tobacco cessation counseling, medications, and an encounter fee. For patients who do not have insurance or whose insurance does not cover pharmacy services, the patient is not charged for the care and the facility absorbs any costs. Billing for patient care service varies based on the context under which the services are provided.

Stand-alone tobacco cessation services are submitted to Minnesota Medicaid through the hospital's billing department using "incident to" billing under the referring provider's National Provider Identifier (NPI) number. The services are classified using Current Procedural Terminology (CPT) codes 99406 (intermediate tobacco use cessation counseling visit greater than 3 minutes but not more than 10 minutes) and 99407 (intensive smoking and tobacco use cessation counseling visit greater than 10 minutes).

For tobacco cessation services provided as part of a broader pharmacist-provided medication therapy management

intervention, the services are billed to Minnesota Medicaid under the pharmacist's NPI number. The CPT codes that pharmacists use for medication therapy management interventions are 99605 (initial encounter performed face-to-face in a time increment of up to 15 minutes), 99606 (follow-up assessment in a time increment of up to 15 minutes), and 99607 (used with either 99605 or 99606 for additional increments of 15 minutes).

The IHS is able to bill for an encounter rate through Medicaid, an opportunity unique to IHS and not translatable to other pharmacy providers in the private sector. Within Medicaid, payment for tobacco cessation medication is separate from payment for the pharmacist-provided cessation service.

For patients who have private insurance, billing can be more variable. Private insurers do not typically pay for clinical pharmacy services, including tobacco cessation services, although the site is compensated through a dispensing fee for the provision of medications.



Value of Empowerment

“Pharmacist providers within Red Lake are totally empowered! We work at the top of our licensure and maximize what we can do as pharmacists. Our services are recognized and valued by the other providers in the system. There is symmetry in documentation, peer review, and service delivery processes, so pharmacists are relied on as an equal contributor to the team.”

—Kailee Fretland, PharmD, BCPS



Overcoming Challenges to Achieve Success

Since the implementation of pharmacy clinical services in 2013, there have been a total of 37,975 clinical pharmacy visits, providing opportunities to engage in tobacco cessation services. The success of the tobacco cessation program is measured using the Government Performance and Results Act (GPRA), which assesses the percentage of patients who are provided with education to quit tobacco or have achieved tobacco cessation. The program results for the last 5 years are detailed in Table 1.

Table 1. Percentage of Tobacco Users Provided With Education to Quit Tobacco or Achieving Tobacco Cessation by the Red Lake Indian Health Service Pharmacy Department

Fiscal Year	Percentage of Tobacco Users Assisted by Pharmacy Department
FY15	78.0%
FY16	74.4%
FY17	73.4%
FY18	75.9%
FY19	86.7%

Current Challenges

Pharmacist-provided tobacco cessation services at Red Lake IHS strive to meet patients where they are in the quit process (ranging from precontemplation through maintenance), which requires adaptation of how services are delivered to overcome potential barriers to care. Examples of how this is achieved by the pharmacy staff include:

- Cultural awareness**—There are significant cultural factors around the use of tobacco that must be considered for American Indian and Alaska Native populations, with tobacco having an important ceremonial purpose in certain American Indian cultures. Pharmacists at Red Lake IHS have been trained by local elders to provide cultural education surrounding traditional tobacco use, which is called *asemaa* in Ojibwe. In order to support tobacco’s role in the population’s culture, pharmacists are trained to differentiate between the ceremonial uses for tobacco and commercial tobacco that may be smoked or chewed by patients.
- Grouping appointments**—Red Lake IHS patients do not always have reliable access to transportation, which can be a barrier to care regardless of the service provided because patients cannot get to their health care appointments. Health professionals within the practice are attuned to this challenge and ensure that when

a patient presents to pick up a refill or to see the provider, they maximize the services provided to the patient at that time, knowing that patients may have difficulty coming back.

- *Patient engagement*—One of the biggest challenges faced by the pharmacy team is patients not following through with their tobacco cessation plan. If the pharmacy has initiated services and the patient does not return or decides not to be part of the program at this time, it is noted in the EHR. As patients are seen within the facility for future visits, providers actively encourage them to re-engage in the program at a point when they may be more ready to quit.

Next Steps

Tobacco cessation services are well integrated within all health services provided at Red Lake IHS. Pharmacists within the site continue to evaluate the tobacco cessation metrics to enhance the services provided to patients, as required. There is continued focus on improving GPRA measures for the tobacco cessation program.

Red Lake IHS is working to expand access to the tobacco cessation program to pregnant women and patients served through the emergency department. The site is also engaged in a small pilot program offering tobacco cessation services in the community, including the incarcerated jail population, with pharmacists traveling to these sites to provide services.



Summary of Facilitating and Limiting Factors

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

Facilitating Factors

- Earned trust and respect with Tribal leaders.
- Collegiality, respect, and trust among members of the health care team.
- Red Lake IHS is a closed health system.
- Pharmacists are credentialed and privileged providers.
- Pharmacist authority allows for prescribing of NRTs and prescription cessation medications by the pharmacist.
- Patients expect pharmacists to be on the health care team.
- Strong collaborative relationships among members of the health care team.
- Pharmacists have read and write access to the EHR.
- Payment mechanisms are in place for pharmacist-provided tobacco cessation services.

Limiting Factors

- Patient readiness to quit or adhere to quit plan.
- Lack of transportation.

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

- Kailee L. Fretland, PharmD, BCPS, Commander, U.S. Public Health Service; Acting Director of Pharmacy, Red Lake Hospital

The views expressed in this profile are her own and do not necessarily reflect the views of Red Lake Indian Health Service.

References

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