

Reaching New York State Tobacco Users through Opt-to-Quit™



Patricia Bax, RN, MS
August 17, 2015

Good Afternoon!

- Welcome
- Roswell Park Cessation Services and Opt-to-Quit™ Overview
- Featured Site:
Stony Brook Children's Hospital
- Benefits, Barriers, Limitations and Lessons Learned
- Questions and Answers
- Conclusion



Roswell Park Cancer Institute: Cessation Services

- Roswell Park Cancer Institute (RPCI) has administered the New York State Smokers' Quitline (NYSSQL) since 1999.
- RPCI has over 50 years of tobacco cessation experience, and is renowned for its local, state, national and international work.



Roswell Park Cessation Services: Provider Referral Program

2003

- **Fax Referral Process**

2006

- **Online Referrals to a RPCI password-protected site**

2012

- **Evolution of Opt-to-Quit™**



**New York State
Smokers' Quitline**

New York State Smokers' Quitline (NYSSQL) Services

- Cessation coaching*
- Nicotine Patches (by phone & web)
- Web interactive and informational services
- Text and messaging services
- Social media 
- Triage to health plan programs



In 2014, we coached over 80,000 tobacco users and distributed 72,825 starter kits of NRT.

** Protocols in place to address priority and special populations, including pregnant women and smokeless tobacco users.*

REFERRAL PROCESS

1

Quitline Contact Information

2

Fax

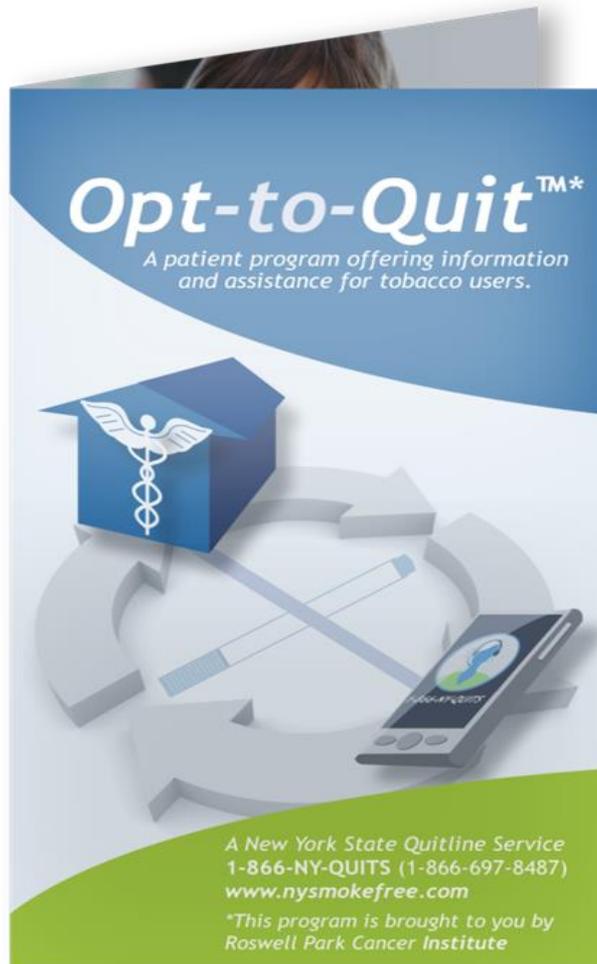
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Secure Online Referral

4

Opt-to-Quit™

Opt-to-Quit™ Model



Adoption of a policy that ***systematically*** identifies all tobacco using patients.

As an ***adjunct*** to the Health Site's intervention, patients are referred to the NYSSQL (unless they opt out), then contacted and offered NYSSQL services.

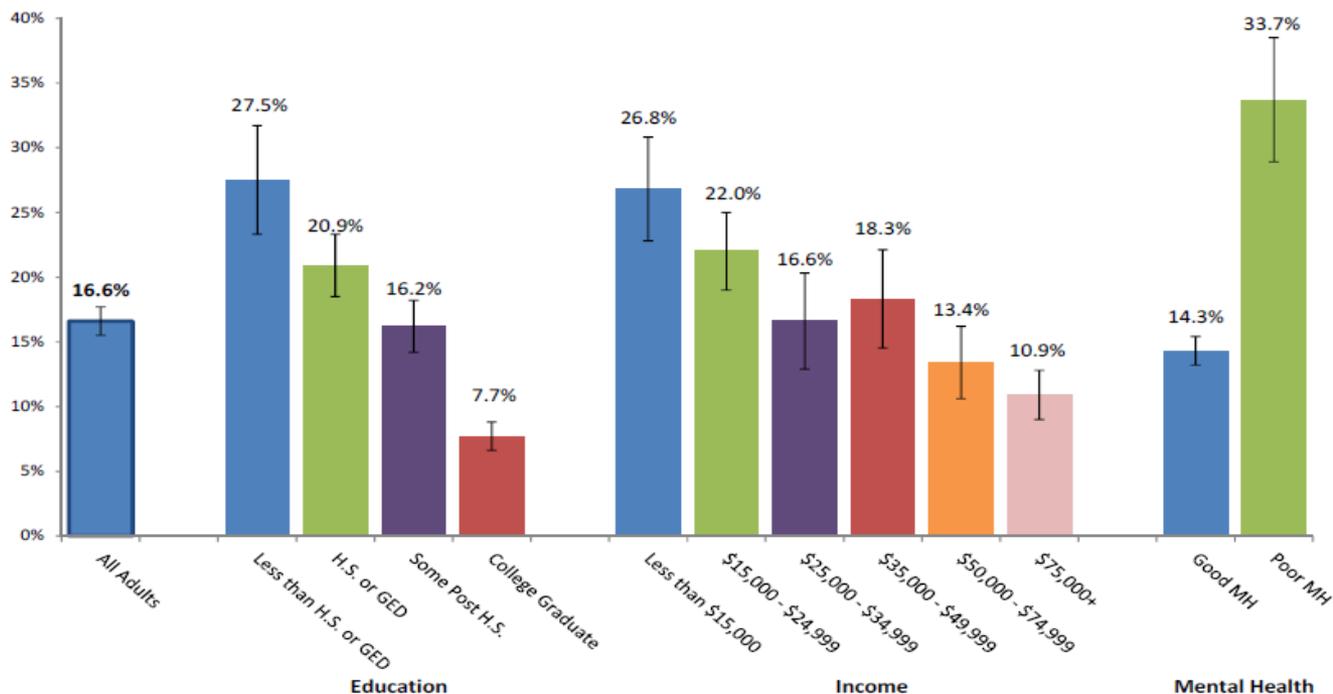
Rationale for Opt-To-Quit™

- Tobacco use is a chronic condition with quit attempts and relapse cycles.
- OTQ™ works to keep tobacco using patients engaged and connected to ongoing cessation services and support.
- Increased interventions assist in sustaining abstinence and improving health outcomes.¹

¹ U.S. Preventive Services Task Force (USPSTF). Counseling to prevent tobacco use and tobacco-caused disease: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Nov. 13. U.S. Department of Health and Human Services.

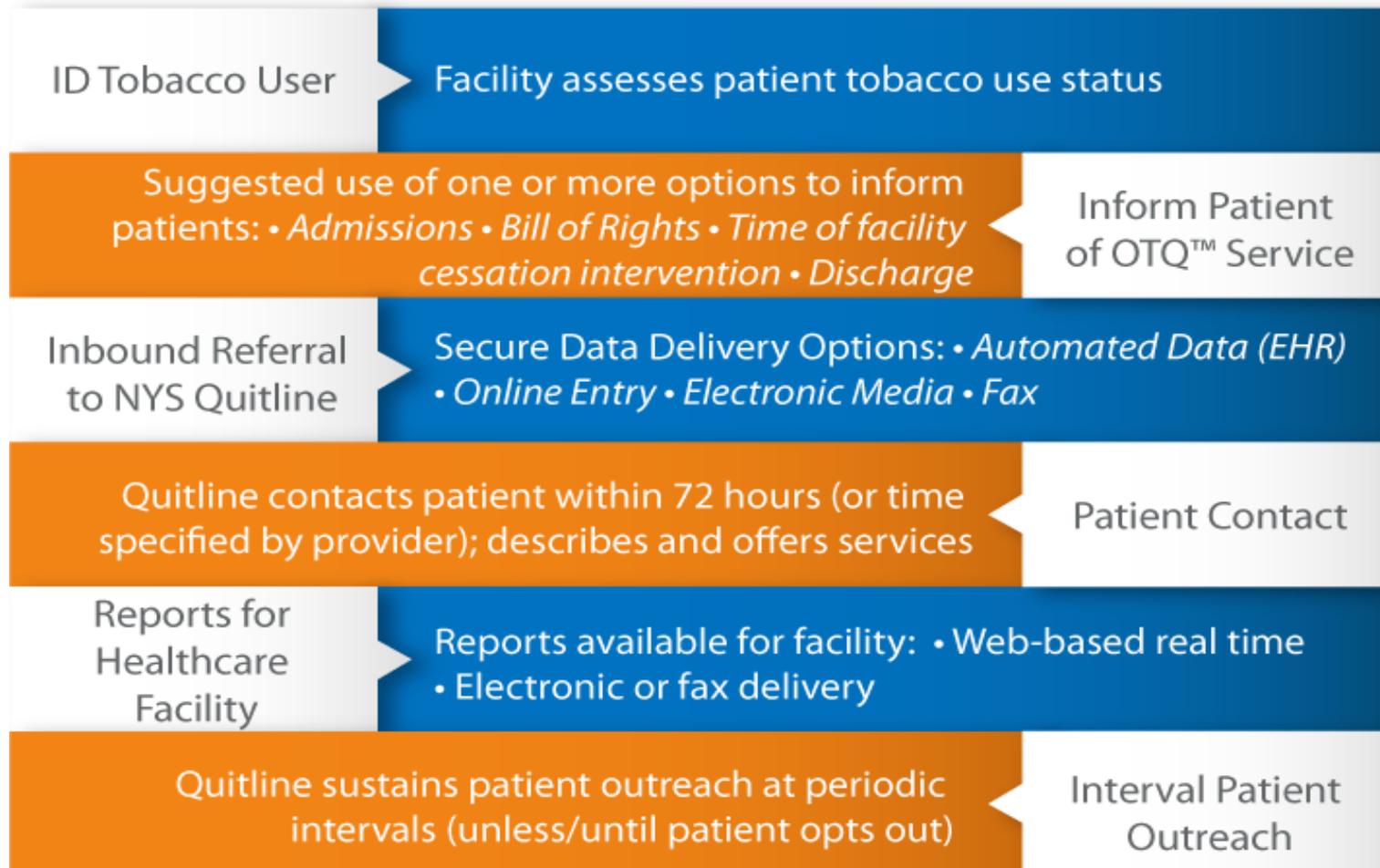
Smoking Prevalence Disparities

Disparities in Smoking Prevalence among New York Adults



* The smoking prevalence among those who did not provide any information about their income was 14.1%.

HOW IT WORKS: AT A GLANCE



Online access

- Access through a PW protected site
- Aggregate results of total referrals for a specified time and closed referral results
- Downloadable individual and aggregated information available

Welcome

Healthcare organization and listed providers associated with that organization in this section

If any of these information is incorrect, please notify NYS Quitline as soon as possible.

New

Enter a new referral to NYS Quitline

Change

Change or Delete or Print a referral that has not been processed yet.

Progress

View status / progress in Quitline to contact your client.

Stats

View Historical Referral Counts and Statistics.

Profile

Modify / Update Provider Information

Log Out

Log out of Quitline Fax-to-Quit Online system

New York State Smokers' Quitline

Referral History and Counts

From: To:

Total Number of Referrals Received for the group

Code	Count
Unspecified	142
Total	142

Total Closed Referrals

Reflects activity in the specified period and may include referrals made before than 01/28/2015

Agreed to Interview	58
Refused Interview	21
Moral Support only	16
Wrong Number Number not in Service	6
Closed after five unsuccessful attempts	0
Total Closed Referrals	101

Client Specific Information in downloadable format

List of clients referred in the period set above and the status of their callbacks in Comma separated Values (CSV) format. This file can be opened in Microsoft Excel or Notepad.

[DOWNLOAD](#)

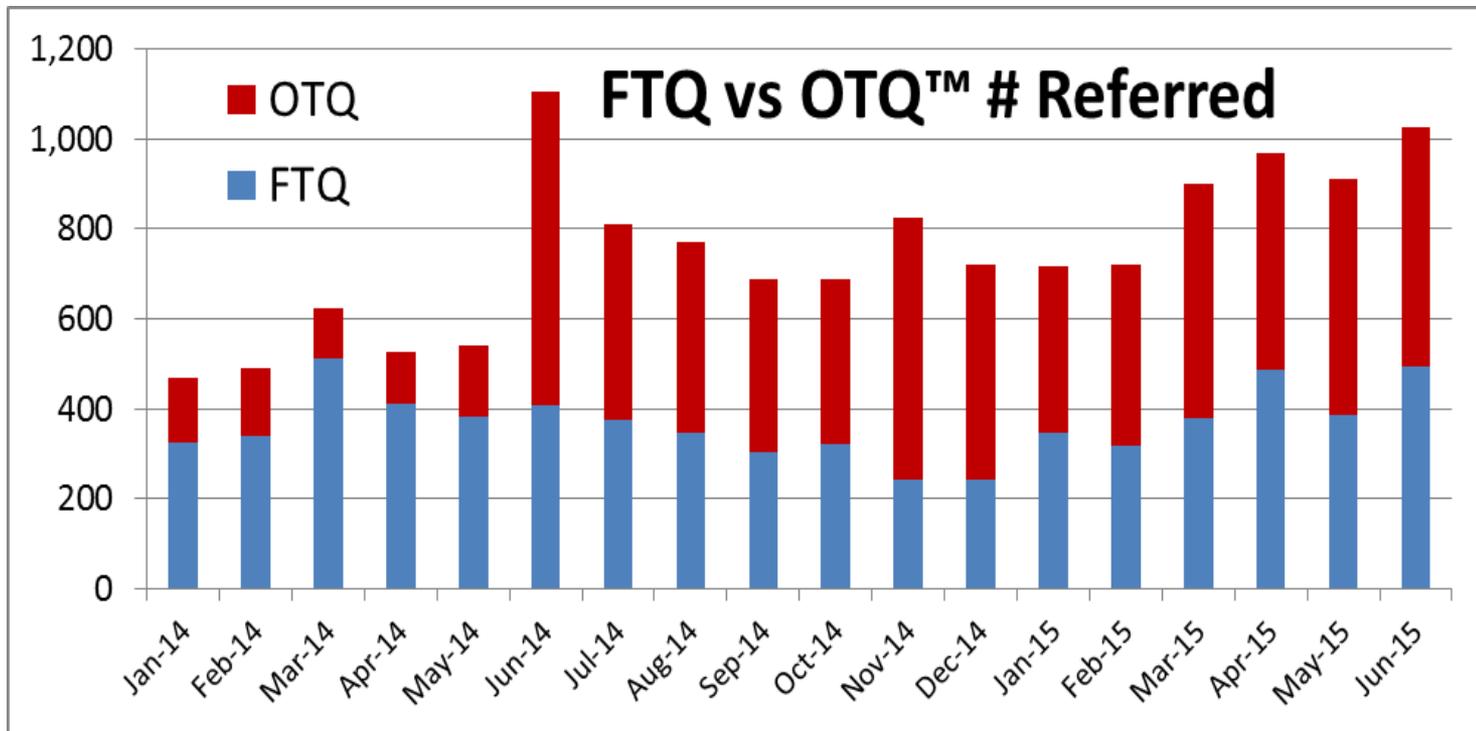
Traditional Refer-to-Quit

- Provider decision to refer
- Patient offered referral (opt-in option)
- Individual patient referral process (fax or online)
- Contact made within 24-72 hours

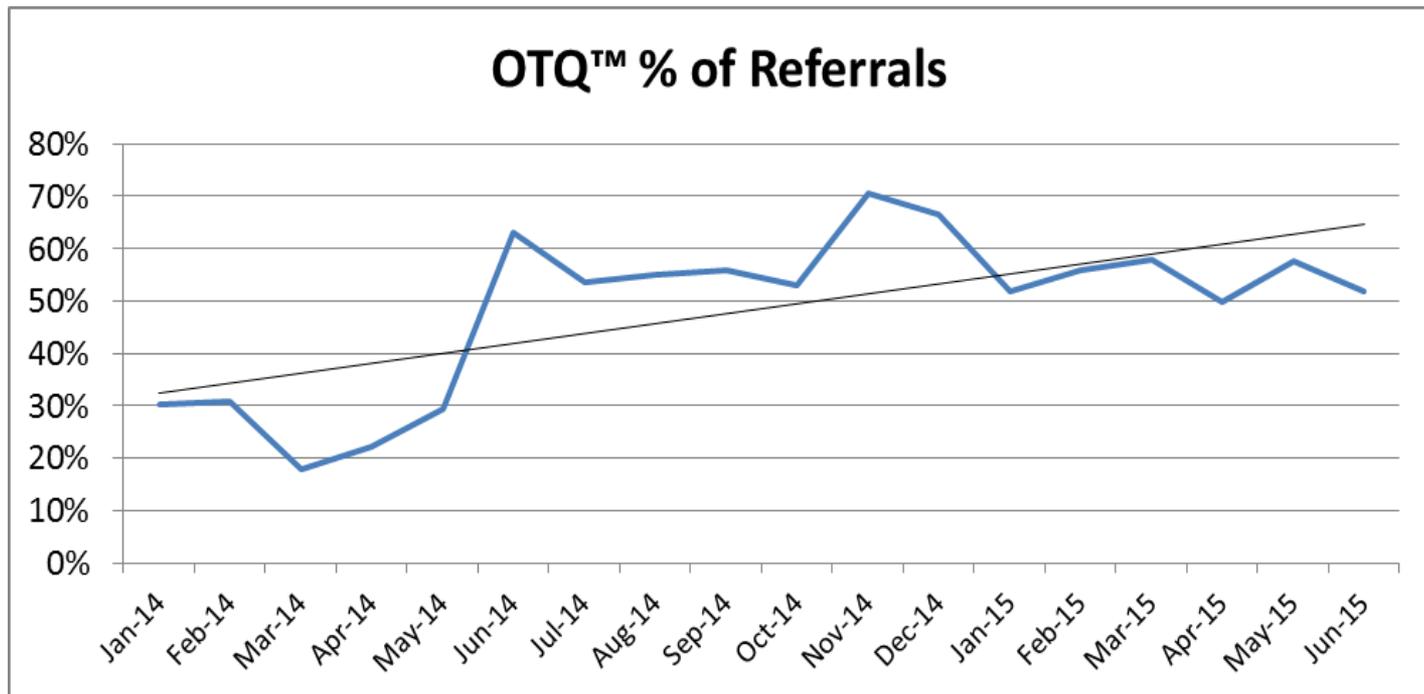
Opt-to-Quit™

- Policy driven and organizational focus
- Patient informed of policy (opt-out option)
- Tailored patient information exchange process
- Variable timeframes for patient contact (e.g., upon discharge)

Number of Opt-to-Quit™ (OTQ) and Fax-to-Quit (FTQ) referrals by month.



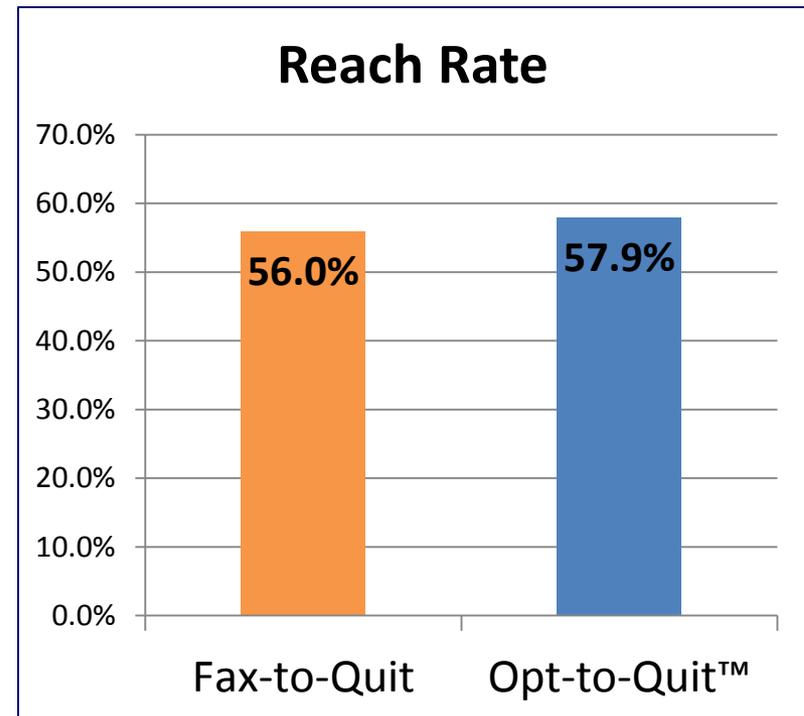
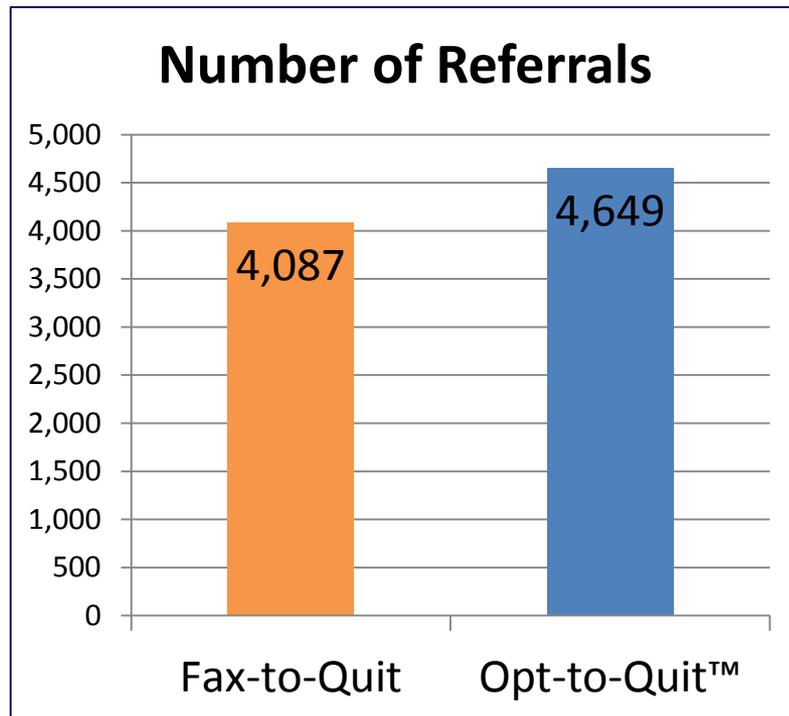
The percentage of Opt-to-Quit™ referrals among all referrals has steadily increased since January 2014. Since June, 2014, over half of referrals came from OTQ™.



July 1st, 2014 – June 30th, 2015

~ 625 FTQ referring providers
16 OTQ™ referring health care sites

Reach Rate: % of people we reach
out of all who were referred.

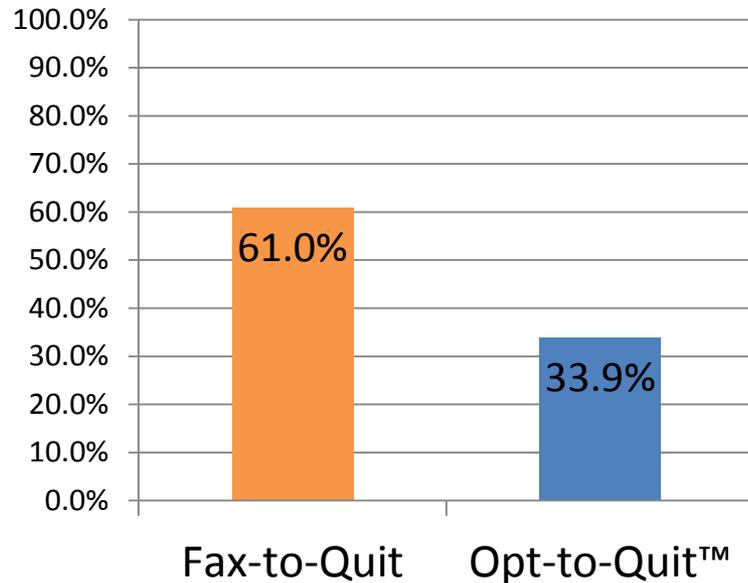


July 1st, 2014 – June 30th, 2015

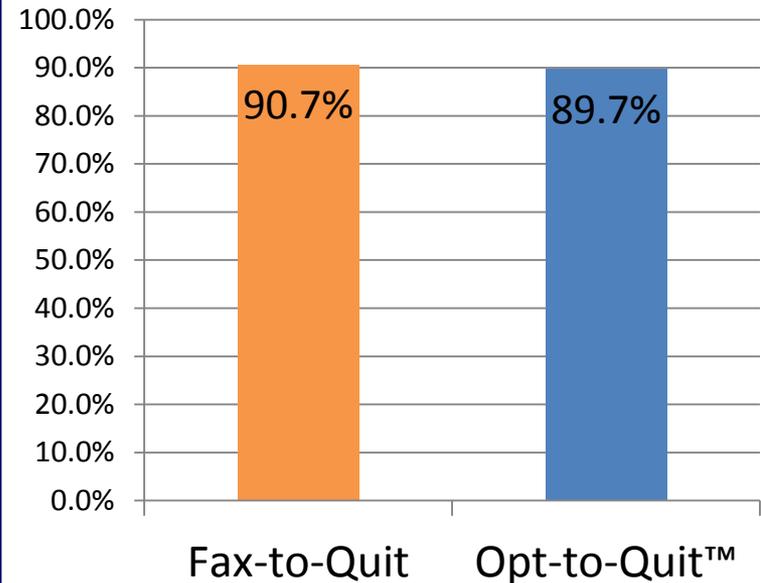
Conversion Rate: % of people who enroll out of all who were reached.

Compliance Rate: % of people who complete the first coaching call out of all who enrolled.

Conversion Rate



Compliance Rate



Status of Roswell Park Cessation Services' OTQ™

Currently, 16 health care facilities launched OTQ™ with more than 15 additional sites pending, including FQHCs.

Sites have various data exchange methods including fax (least preferred), emailing encrypted files, secure online entry, and automated data exchange.

Facility Type	Sites
Hospitals	8
Primary Care	6
Other	2

Featured Opt-to-Quit™ Facility



Help Create the Healthiest Environment Possible for Your Child



Because they are still developing, children are particularly vulnerable to secondhand smoke. Exposure can cause asthma, respiratory problems, middle ear infections and increase the risk of Sudden Infant Death Syndrome (SIDS).

If you smoke, our Opt-to-Quit™ program can help you stop. Stony Brook Children's is the first children's hospital in New York State to offer this program. It is part of the New York State Smokers' Quitline, which provides FREE telephone counseling and support, nicotine replacement medications and other stop-smoking tools.

How to participate?
Simply ask a staff member on your child's unit about the program, and tell them you are ready to quit smoking. They will sign you up on the spot. It's that easy.

**We thank you.
But more important, your healthy children will thank you.**



Stony Brook Children's
STONY BROOK CHILDREN'S HOSPITAL



Stony Brook Children's

About Stony Brook Children's

- 106 bed children's hospital within a hospital
- 36-bed mother-baby post-partum unit (NBN)
- 50 bed level 3 neonatal intensive care unit (NICU)
- Average of 4,000 births/year

*Rachel Boykan, MD, FAAP
Pediatric Hospitalist
Clinical Associate Professor, Dept. of Pediatrics
Stony Brook University School of Medicine*



Stony Brook Children's

Evolution of a Partnership

January, 2013:

Opt-to-Quit™ piloted in NBN and NICU

May, 2013:

Rolled out to all inpatient units

May, 2014:

Rolled out in Emergency Department



Stony Brook Children's

How OTQ™ Works at Stony Brook Children's

- Templates built within the existing electronic health record (EHR)
- Any smoker (not opting out) and associated with admitted pediatric patients referred to NYSSQL through direct data transfer from the EHR to the NYSSQL
- A required field is completed through the Pediatric Nursing History Form, with the option to “ad-hoc” the referral at any time for additional smokers present



How it Works

Screening Question: Does the child spend time with anyone who smokes?

Once the assessment is completed on admission, another smoker can be referred by clicking on ad-hoc charting and selecting Opt-to-Quit™.



Stony Brook Children's

Opt-to-Quit™ Caregiver Referral/Form

*Performed on: 03/10/2015 1133 By: P4 RN , ONE

Opt-To-Quit™ Assessment

Service

Pediatric Please note:
Pediatric Service-Includes all Children's
Hospital Services

Does the Child Spend Time With Anyone Who Smokes?

Yes If no, then please sign form. Assessment is complete.

No

Is The Smoker Present?

Yes

No

Parent/Caregiver/Other Who Smokes

Mother

Father/Caregiver 2

Grandparent

Sibling

Family Member

Family Friend

Other:



Stony Brook Children's

Outcomes:

- In 20 months prior to OTQ™ implementation, the NYSSQL received a total of 260 referrals from **all of Suffolk County**, and no referrals from zip code where Stony Brook Children's is located.
- Significant gains in referrals post implementation:

	Stony Brook Children's OTQ™ Offered Referral	OTQ™ Accepted Referral
2013	152	95
2014	743	263

Article on parents surveyed during initial implementation of OTQ™ pending publication in Hospital Pediatrics, December 2015 issue.



Stony Brook Children's

SWOT Analysis with Nurses Implementing OTQ™ Referrals

What are the strengths of Opt-to-Quit™ at Stony Brook Children's?

- People might be more inclined to participate if contacted by the NYSSQL
- Prompt on admission on the EMR, where every parent and patient screened
- Not pressuring, very easy to access, convenient, cost effective
- Consistency of message
- Support and resources for smokers
- Direct access to services without just reading material
- Opportunity for families



Challenges:

- ✓ Opt-to-Quit™ and the Electronic Record
 - Tasks vs. required functions
- ✓ Challenges of a Children's Hospital
 - HIPPA
 - Legal Issues
 - Data transfer
- ✓ Staff commitment to a new process
- ✓ Referring all smokers in a family



What We Know About Opt-to-Quit™



Benefits

- Increases reach to tobacco users who might otherwise not have accessed Quitline services
- Supports:
 - U.S. Public Health Service Clinical Practice Guideline for Treatment for Tobacco Use and Dependence
 - Public Health Model
- Assists health care sites to comply with national initiatives, including Meaningful Use, Joint Commission

Benefits

- Provision of reports to healthcare facilities which can be used for quality assurance purposes and benchmarks
- Provides “recognition” for healthcare facilities to highlight their commitment to cessation interventions
- Encourages healthcare facilities to share their experiences and support other statewide cessation efforts



Barriers and Limitations

- Determining key contacts and personnel at site who will lead the adoption of OTQ™
- Time constraints (conflict with healthcare's priority projects, vacations, personnel changes)
- Misperception of costs by facilities with EHRs
- Communication gaps; assuring everyone has common language and understanding of terms, concepts

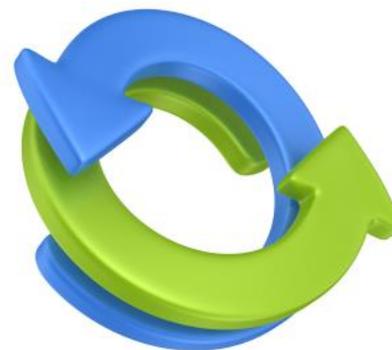
Barriers and Limitations

- Clinical and IT personnel with conflicting and varying priorities, timelines, workloads
- Clinical personnel not understanding the difference between opt in and opt out
- Policy and consent issues; concern about HIPAA and security issues for data exchange



Lessons Learned

- Identifying key personnel who are also decision makers and who can assure OTQ™ program adoption; implementation and quality assurance monitoring is crucial.
- Working directly with the NYS DOH Bureau of Tobacco Control funded contractors assisted in identifying potential OTQ™ sites and moving forward with adoption and implementation.
- Internal and external communication are keys to effective implementation (no assumptions).
- Listen to feedback from clinicians in the field who are adopting and implementing OTQ™.



Stakeholders have a major interest in adopting and implementing Opt-to-Quit™

Since its inception in 2012, OTQ™ has garnered a high level of interest from:

- ✓ Providers, hospitals, health care facilities, FQHCs
- ✓ NYS - driven initiatives
- ✓ NYS Tobacco Control contractors
- ✓ Health plans directly working with providers and health care facilities
- ✓ New York City Department of Health and Mental Hygiene, a strong collaborator and partner with RPCI



Thank You!

For additional questions, materials or more information, please contact:

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