Taking Fax-Referral Programs to New Frontiers: 3rd Generation Innovation and Quality Standards in the E-World

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Objectives

At the end of the session participants will be able to:

☐ Create operational performance standards and numeric targets for fax or e-referral programs

☐ Enumerate legal and technical issues associated with implementing a fully, electronic e-referral program and understand solutions

☐ Identify strategies to increase referrals and sustain referral program
Decline in MA Smoking Prevalence

Figure 1: Adult Smokers (Age 18+): Massachusetts

Source: Massachusetts Behavioral Risk Factor Surveillance System
Background on QuitWorks
2002-2008
What is QuitWorks?

- A tool to push sustainable systems changes in healthcare
- By integrating fax (or e-) referral quitline programs in healthcare settings, we promote increased interventions, Rx and referral to treatment.
Looking Back
A Brief History of QuitWorks

Birth
☐ 2000 Concept and partner commitment

First Generation
☐ 2002 design and launch with practices

Second Generation
☐ 2004-2007 Hospitals come on board

Third Generation
☐ 2008-2009 quality improvements, expanding, exploring new frontiers
In Time of Uncertain Funding: The Value of Quitline Partnerships

QuitWorks Referrals and Self-Referred Calls vs. MTCP Funding

- Self-Referred Call Volume
- QuitWorks Referral Volume
- MTCP Funding
Data on users over time 2002 to present

☐ Over 18,000 patients referred

☐ 71 Hospitals/Health Centers have used QuitWorks at least once
  ■ 20 Hospitals with 100+ referrals
  ■ 5 Hospitals with 500+ referrals
Looking Forward
Three “Musts”

- Must respond to evolving needs of health plan and healthcare organizations for performance improvement and accountability
- Must meet data needs in a world of pay-for-performance and employer-driven premium differentials
- Must focus on health outcomes and cost reduction
What Are Critical Operational Standards And Goals For Fax Referral Programs And How Should They Be Monitored?
Three Key Quality Assurance Improvements

- New Transparency
- Enhanced Collaboration
- Increased Accountability
What Does Transparency Mean?

1. Funder has access to
   - real time data for analysis and utilization assessment
   - report development on the spot

2. Funder has more self-sufficiency

3. Vendor relinquishes a level of control

4. Increased on-going monitoring

5. Enhanced vendor/funder partnership
How is Transparency Facilitated?

- Technological upgrades to the client data management system (moving from a desktop access database to an on-line web-based application with secure layered access)

- Commitment between partners to work together (more time and new skill development)

- Mutually agreed upon performance targets (routinely reviewed by both MTCP and JSI)
Database Modularity

- Allows for highest level of service flexibility
- “Mix-n-Match” services as needed to customize all protocols
- Define special campaign attributes on the spot
- Add/modify questions on the fly
- Set/change default responses
- Allow overrides for unique circumstances
Mix-n-Match Services as Needed

- Select Client Type
- Select NRT Campaign Type
- Choose # Counseling Sessions
- Choose NRT Type/Amount

Client Management Database
Collaborative Management

☐ Co-development of performance standards

☐ Daily to weekly contact between vendor and state to review data and service protocols

☐ Development of QuitWorks pilot projects to assess and re-test modified workflow design

☐ Alignment of queries used to analyze data and develop reports
## QuitWorks Performance Standards

<table>
<thead>
<tr>
<th>Goal</th>
<th>Indicator</th>
<th>Tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Faxed referrals entered into CMD</td>
<td>98%</td>
</tr>
<tr>
<td>100%</td>
<td>Call logs are created</td>
<td>98%</td>
</tr>
<tr>
<td>90%</td>
<td>Referrals assigned for call-backs</td>
<td>85%</td>
</tr>
<tr>
<td>100%</td>
<td>1\textsuperscript{st} call in 3 business days</td>
<td>94%</td>
</tr>
<tr>
<td>100%</td>
<td>Referrals needing 5 call backs, completed in 12 business days</td>
<td>94%</td>
</tr>
<tr>
<td>60%</td>
<td>Phone contact made with clients referred (reach rate)</td>
<td>50%</td>
</tr>
<tr>
<td>75%</td>
<td>Screener call completed with clients reached</td>
<td>60%</td>
</tr>
<tr>
<td>100%</td>
<td>Provider disposition reports sent for clients receiving ≥1 call attempt</td>
<td>98%</td>
</tr>
</tbody>
</table>
## Workflow Process Re-vamped

<table>
<thead>
<tr>
<th>Steps to process</th>
<th>Who is responsible?</th>
<th>When does activity occur?</th>
<th>Verification process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers send QW’s fax referrals</td>
<td>Health Care Providers</td>
<td>Daily</td>
<td>None</td>
</tr>
</tbody>
</table>
| Electronic fax referrals are received by JSI receptionists. They identify QW referrals and forward to QW email box. | JSI receptionists check electronic faxes periodically throughout the day. | 3-4 times per day                                                        | Process in place  
If QW fax emails are not received in QW email box by 12 noon daily and then again by 3pm Quitline Associate (QLA), will contact JSI receptionists to check. Expected average is 15 QW referrals per day. |
| QLA checks QW email box. QLA receives an automatic email notification letting her know when a fax has been forwarded to the QW email. | Tricia Sesar Shunaiber Tauhid       | Multiple times during the day, when email notification is received between 8:30am and 5:30pm. | NEW  
An excel spreadsheet tracking system will be developed on an interim basis. At the end of each day Tricia Sesar will alert Operations Manager via email to view the completed tracking sheet with the # of QW referrals that have been received and the number entered. She will update and post a cumulative tracking sheet daily. |
| QLA’s enter referrals into CMD & assign cases to staff. | Tricia Sesar Shunaiber Tauhid       | Daily for approximately 1-2 hours, Tricia Sesar enters referrals onto the QW Patient Information (QWPI) form in the CMD and assigns cases to staff. | NEW  
QW Tracking sheet. Operations Manager assigns back-up to enter date if QLA is out or unavailable. |
Answering the Question for Massachusetts

- Operational standards are those that optimize your Fax Referral Program functioning to its maximum potential.

- Standards should be monitored through transparency, collaborative management and accountability between the Quitline and the funder and the Quitline and referring providers.
Questions?
How Do We Move From Fax to Electronic Transmission of Enrollment Form?

How Can We Share Client-Identifiable Data With Providers/Institutions and Health Plans?
Impetus for Moving Electronic

- Harvard Vanguard Medical Associates
  - Referring patients since QuitWorks began
  - Had an EMR (Epicare) in place
    - QuitWorks is one of the few programs HVMA uses on paper
  - Sophisticated work flow process in place
  - On-going internal QI with each site and with the Quitline
  - HVMA wants enhanced data-sharing
Harvard Vanguard Work Flow

“Do You Smoke?”

Y/N

N

Verify Accurate Smoking Status in Vitals Section

“Are you interested in quitting?”

Y/N

N

Document State of Change, Check “Mark as Reviewed”

“Are you ready to quit in the next 30 days?”

Y/N

N

Document State of Change, Check “Mark as Reviewed”

History Section:
- Document Stage of Change
- QuitWorks:
  - Fax Enrollment Form
  - QuitWorks Referral Order
  - Schedule Follow Up Appt

Stage Specific Patient Education Handout

“Quitting Smoking is the most important step you can take to improve your health.”

“Congratualtions”
- QuitWorks Referral
  - “We’re here to support you”

Follow Up Mid Level Office Visit:
- Pharmaceuticals / Counseling

MA

Visit Clinician

APC
Harvard Vanguard QI

Smoking Status Verified (by site)
HIPAA

- Until now, the quitline required patient signature on a paper form
- QuitWorks meeting March 2009 with health plans and health systems
  - Invited quitline Health IT Consultant
  - Reviewed use case scenarios
  - Found potential HIPAA problems and solutions
The Electronic Movement

- HVMA has responsibility to obtain patient consent (written or verbal)
  - Modify Business Associates Agreement (BAA) to document and inform Quitline how HVMA will obtain patient consent
- Modify EMR smoking assessment screen to include “One-Click” referral
  - Provider documents consent in his/her records
- EMR interface application used to transfer data from EMR to quitline
- Upload data to web-based data platform
- Quitline begins patient call-backs

QUITWORKS
The Electronic Movement continued

- Interface application also used to share feedback data with HVMA
  - Patient contact disposition
  - Patient outcome 7-months after contact
Client-Identifiable Data (Providers)

- Referring provider responsibility to obtain consent for patient’s information to be shared
  - Provider/affiliated health care system can receive client-identifiable data

- Consent confirmed by quitline once patient contact made
  - Information about consent mailed along with quitting materials, option to rescind consent
Plan for FY10

- BAA between quitline and health insurers to move towards sharing client-identifiable data
  - Insurer incentive programs/reimbursement for medications
Client-Identifiable Data (Insurers)

- Ask for patient’s consent to share information with their health plan during quitline intake
  - Information about consent mailed along with quitting materials, option to rescind consent
- Health plans receive client-identifiable data for those who consent, de-identified for those who do not
Questions?
Deepening Health System Engagement
FY 2010 Goal

- Expanding use of QuitWorks from 3,200 to 8,000 referrals or more
- Pilot strategies to attract and assist new adopters
- Pilot new strategies to integrate fax-referral more fully in target institutions
Building on what we have learned
Then and Now
How we work with hospitals

**Then (2004-2008) - What we did**

- “Hit and run” approach; responded to all requests
- Conducted presentation on site to staff, some decision-makers
- Provided 2-3 hour general training for nurses or staff--whoever showed up
- Customized enrollment form for each facility; assisted to integrate in EMR
- Attempted to charge for aggregate feedback reports; did not offer routinely
- Limited capability to evaluate the internal organizational changes or provider behavior
Then and Now
How we work with hospitals

Now (2010) - What we do or will do

- Created a data-driven target selection process
- Established 4-tier priority list: Tier 1 high performers. Tier 2 “most likely to succeed”. Tier 3 untapped large, low SES systems. Tier 4 pop-ups.
- Conduct an institution readiness assessment at outset
- Establish numeric goals for each target institution.
- Work together for initial 3-month period, using a collaborative TA model
- With access to real-time data, offer to track facility referrals daily or weekly (e.g. practice the performance feedback we preach)
- Provide client-level identified disposition and outcome reports free-of-charge, as well as aggregate reports
- For “advanced” organizations, offer fully-electronic bi-directional data exchange.
Third-Generation Networking and Promotion to Engage Adopters

- Make users part of a community of practice-learning and networking
- Cultivate and showcase the “winners” and attract others to follow
- Collect data on health systems; build and disseminate model
- Create cost-sharing partnerships to sustain the Helpline
Develop Performance Improvement and Cost-Reduction Models

- Agreements with several large systems to share client-level data with MTCP. MTCP will analyze data re: outcomes.

- Model will be developed to estimate impact of systems changes on health outcomes and cost-reduction and potentially identify most powerful drivers.

- These data will in turn be used to recruit other healthcare systems to address tobacco and adopt QuitWorks.
Cost-Sharing Partnerships

- Offer fully-customized programs for employers or insurers
- Example: A current contract with carpenters union:
  - Partner organization covers set-up cost, cost of intake, cost of NRT and shipping, small cost for results and member verification
  - State covers cost of counseling and 6-month follow-up
Rewards and Recognition Program

- Allocated $20,000 for small rewards for staff in healthcare facilities using QuitWorks (new adopters, best improvement, highest referrals etc.)

- Recognize individuals and facilities—Commissioner’s awards, newspaper articles, etc.

- Recruit 15 medical societies, 7 health plans and voluntaries to create and contribute rewards.

- For institutions contributing data for impact analyses, co-authorship on publications.
Community of Practice

- Leader mentors have agreed to assist other institutions, participate in webinars, share models and data
- An e-newsletter will feature collaboration and highlight new users, top performers and focus on results, data, key policy or action issues
- Learning webinars on EMR templates, process models, personnel policies, smoke free campus—with guest speakers
- Convene a conference with systems/QW leaders in hospital, community health center and provider practice domains.
Questions?