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Considerations for Selecting A Health Care Organization Partner Enhancing eReferral Capacity for Quitlines

OVERVIEW

To address the challenges of e-referral implementation and move the project forward we recognized the need to collaborate with The U.S. Public Health Service (USPHS) Clinical Practice Guideline, Treating Tobacco Use and Dependence 2008 Update ("the Guideline") calls on clinicians to change the clinical culture and practice patterns in their offices to ensure that every patient who uses tobacco is identified, advised to quit, and offered evidence-based treatments. Specifically, the Guideline recommends:

- Implementing a tobacco user identification system in every clinic
- Providing adequate training, resources, and feedback to ensure that providers consistently deliver effective treatments
- Dedicating staff to provide tobacco dependence treatment and assessing the delivery of this treatment in staff performance evaluations
- Using the "5A's" Approach to Intervention[1]: Ask, Advise, Assess, and Arrange, to identify users and appropriate interventions based upon the patient's willingness to quit.

In 2015, the North American Quitline Consortium (NAQC) embarked on a project with the goal of improving the competence of quitline and healthcare professionals and enhancing the capacity of both quitlines and healthcare organizations to conduct eReferral so that more smokers receive effective cessation treatment. The project aims to go beyond educating health professionals to address the system changes needed within healthcare organizations to identify smokers and refer them electronically to quitlines as well as the system changes needed within quitlines to receive an eReferral and provide an electronic feedback report. In an effort to address populations disproportionately burdened by smoking (priority populations) such as those with chronic mental illness, substance abuse disorders, other chronic diseases, low socioeconomic status (SES), and racial/ethnic minorities, health care organizations selected to participate in the project had to specifically target priority population in their community.

Four quitline services providers with no prior experience implementing eReferral were asked to participate in this project. Each service provider was tasked with building a team to include the funding agency for the state quitline and a healthcare organization that serves individuals in a priority population. Lessons learned from the state teams engaged in the project have revealed that the selection of a health care partner is a crucial element to ensuring the success of eReferral implementation. Based on information and feedback obtained from the NAQC's eReferral Workgroup, NAQC's Technical Guide for Implementing eReferral and the challenges and successes reported from the four state teams, the following list has been identified factors to consider when selecting a health care partners.

The experience of the four state teams engaged in the pilot has been used to generate key factors that quitlines should consider when selecting a healthcare partner. Before selecting a health care partner, do your research and ensure your quitline has concrete answers to the following questions:

[1] Five Major Steps to Intervention (The "5 A's"). Content last reviewed December 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html

FACTORS FOR CONSIDERATION

Organization Composition

- Does the organization current make referrals to the quitline? If yes, what referral method is used (fax, direct online/email, other)? Practice has shown that it is best to select a healthcare partner with whom you already have a successful established referral relationship.
- What is the current nature of the relationship between the quitline and healthcare organization? Communication and trust are two key factors that contributed to successful and seamless implementation of eReferral by the state teams engaged in the eReferral pilot project.
- What is the type of healthcare setting (FQHC, hospital, etc.) The type of setting can influence the priority population you are seeking to target.
- What is the size, scale and reach of the healthcare organization? Both small and large organizations present varying opportunities and challenges. For example, partnering with a large healthcare organization with access to more resources (technical, monetary, staff, etc.) may appear easier however with larger size comes the potential for a greater increase in referrals to the quitline. As such, the quitline must have a thorough understanding of its capacity to handle the uptick in referrals from healthcare organizations you are seeking to engage.
- If targeting priority populations, what are the patient demographics of the healthcare organization's service area? Do they align with your target population? Also, are the majority of the patients from your state or does the healthcare organization serve multiple states?
- With regards to priority populations, does the healthcare organization have established relationships with stakeholders and/or established mechanisms to connect with the priority populations in its service area? This factor is important when seeking to engage priority populations.

Patient Identification

- How does the organization currently identify and document tobacco users? Whose responsibility is this?
- What systems does the organization have in place to make sure tobacco use is addressed at patient visits? (e.g. EHR system prompts, vital signs, feedback to clinicians on adherence with guidelines, staff training, etc.)

Clinician Awareness

- What are some of the challenges the organization currently faces in identifying smokers/tobacco users and helping them quit?
- Does the organization currently provide training, resources, and feedback to ensure that providers consistently deliver effective treatments?
- Does the organization have dedicated staff to provide tobacco dependence treatment?
- Does the organization assess the delivery of this treatment in staff performance evaluations?
- Whose responsibility is it to advise patients to quit and to provide counseling and resources?

Information Technology (IT)

- What EHR/EMR infrastructure does the organization currently use? Consider should be given to a process which allows interface with all or multiple EHR/ EMR manufacturers for future expansion and cost-containment of future efforts.
- How long has the organization used the EHR?
- What knowledge does the organization's internal IT staff have regarding eReferral? Experience has shown that the expertise of the IT personnel is vital to successful implementation.
- What is the size and composition of the organization's IT staff? Experience has shown that it takes a significant amount of work to integrate systems to limit the human intervention involved in exchanging messages. As such, the IT Department will need to have the resources to dedicate knowledgeable and capability staff to devote the time needed to successfully implement eReferral.
- How does the organization currently contract for EHR interfacing and development work? (internal, external, consulting, direct from vendor, etc.)?
- Is there a current Health Information Exchange (HIE) connection and vendor? If yes and you plan to connect with the HIE then you should consult with technical staff from the HIE to determine the requirements needed in order to connect.
- Are there current project backlogs or other initiatives in IT that might pose a challenge eReferral implementation? Prioritization is key to ensure headway is made steadily in the face of competing projects, timelines and priorities.

Organization Leadership & Resources

- Does the organization have a history of partnering or working with the state tobacco program and/or quitline on other tobacco cessation initiatives?
- Does the organization have a tobacco cessation champion at the executive level? Experience has shown that having buy-in from all leadership —CEO, IT, Chief Medical Officer, etc. is key to success.
- Does the organization have IT or administrative funds available to support eReferral implementation?
- Does the organization have goals (i.e. Meaningful Use, Joint Commission, other quality measures) that can be achieved through eReferral project implementation?
- Can the organization identify and does it have the resources to establish a key point of contact who will be responsible for facilitating all communications with the quitline and managing the implementation timeline?

ACKNOWLEDGEMENTS

NAQC would like to acknowledge and thank the eReferral Workgroup and state teams that participated in the *The Enhancing eReferral Capacity: A Strategy for Increasing Cessation among Priority Populations and Encouraging Health System Change* project for sharing their experiences which helped inform the content of this fact sheet. We also would like to thank staff at the Smoking Cessation Leadership Center, especially Catherine Saucedo, for strategic contributions to the project. For layout and design of the paper, NAQC would like to acknowledge Natalia Gromov. Linda Bailey, JD, MHS contributed important feedback that shaped the scope and content of this fact sheet.

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NAQC would like to acknowledge the author of this fact sheet, Tasha Moses, MPA.

Funder

This Fact Sheet is made possible through a grant from Pfizer Independent Grants for Learning and Collaboration. The contents of this publication are under the editorial control of NAQC and do not necessarily represent the official views of the funding organization.

NORTH AMERICAN QUITLINE CONSORTIUM

The North American Quitline Consortium (NAQC) is a non-profit organization that strives to promote evidence-based quitline services across diverse communities in North America. By bringing quitline partners together—including state, territory, and provincial quitline administrators, researchers, quitline service providers, and national organizations in the United States and Canada—NAQC helps facilitate shared learning and encourages a better understanding of quitline operations, promotions, and effectiveness to improve overall quitline services.

REFERENCES & RESOURCES

- U.S. Public Health Service (USPHS) Clinical Practice Guideline, Treating Tobacco Use and Dependence 2008 Update
- Healthy People 2020 – Tobacco
- CDC's A Practical Guide to Working with Health-Care Systems on Tobacco Use Treatment
- Meaningful Use Guidelines
- Joint Commission Measures
- AAFP Treating Tobacco Dependence Practice Manual
- NAQC eReferral webpage (including Quitline Referral Systems Paper, eReferral case studies and other resources)
- Smoking Cessation Leadership Center (SCLC) Provider Resources