

Electronic Referral Program of the Massachusetts Smokers' Helpline

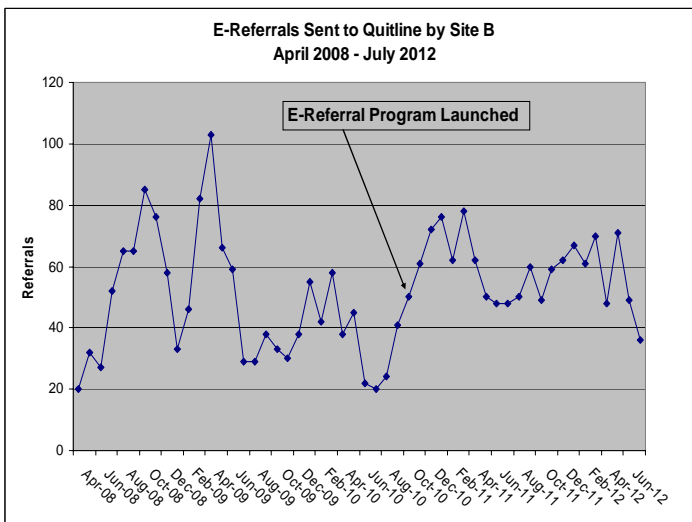
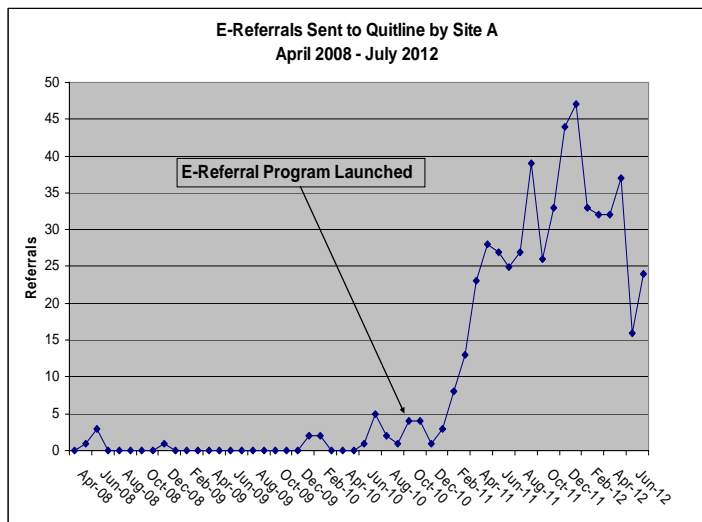
Goal: Implement an electronic referral option from providers' Electronic Health Records (EHR) to the state quitline via a one-click button.

Approach

The Massachusetts Tobacco Cessation and Prevention Program approach segmented the project into six phases:

- 1) Choice of pilot sites and negotiation with pilot sites
- 2) Discussions of existing technical infrastructure at both the quitline and the clinical sites
- 3) Development of legal documentation protecting the transfer of client information
- 4) Development and implementation of technical infrastructure changes
- 5) Preparation of providers and staff at clinical sites, training
- 6) Ongoing monitoring and evaluation

Two Offices' Results



	Site A	Site B
Average Percent Increase in Monthly Referral Volume to Quitline	2300.00%	25.53%

Challenges

- 1) The time required to learn about EHR's and how best to design a system that could interact with multiple EHR's was non-trivial. This learning was critical in advance of a large IT investment.
- 2) Information Technology (IT) needs for the quitline database were significant – required considerable oversight and expense. MTCP considered these updates part of the cost of “keeping current” with evolving technology used in healthcare facilities, and it was deemed necessary given the expectation that national clinical quality measures would drive more referrals to the quitline in the future.

Lessons Learned

- 1) Electronic referrals are a helpful tool to increase awareness among providers of tobacco quitline services and to encourage tobacco interventions, BUT e-referrals suffer from the same challenges that fax-referral efforts do in that their impact depends upon other supportive components of a clinical system functioning well. Those necessary components include: training of providers and staff, regular feedback and/or incentives to providers, reminder prompts, regular promotion internally, a champion or dedicated staff, etc.
- 2) Some organizations can change their focus from electronic referrals for tobacco when faced with various clinical performance measure requirements, such as NCQA, MU, PCMH, ACO's, or other payment reform.