

Developing an eReferral process for Texas: The eTobacco Protocol



**TOBACCO RESEARCH
& EVALUATION TEAM**
THE UNIVERSITY OF TEXAS AT AUSTIN

**MAKE IT EASIER TO HELP
YOUR PATIENTS QUIT TOBACCO.**

Incorporate 'Ask, Advise, Refer.' into
your electronic health records system.



The e-Tobacco Protocol will help assess patients'
interest in quitting, and will connect them to
effective tobacco-cessation services.



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Presentation Overview

Learning Objectives

- Participants will understand the purpose and process used to expand an electronic referral to the Texas Quitline through the Electronic Medical Record (EMR) systems.
- Participants will recognize the impact that the eTobacco Protocol has had on provider referrals to the Quitline.
- Participants will understand the ongoing process to overcome the barriers associated with privacy issues affiliated with such an integration.

Overall Goal

- Promote use of free state-funded Quitline
- Consistently identify tobacco users
- Create workflow efficiency for tobacco referrals
- Document tobacco use status
- Offer resources for every tobacco user

Ask-Advise-Refer Technique

- **Ask** if the patient uses tobacco.
- **Advise** the patient to quit.
- **Refer** the patient for assistance if ready to quit within 30 days by clicking a button in the EHR.

Overview of the eTobacco Protocol

- The eTobacco Protocol is an electronic tobacco cessation referral tool.
- The eTobacco Protocol selects the patient contact information from their electronic health record & sends to the Quitline: phone number, date of birth tobacco product used and best time to call.
- The eTobacco Protocol can be uni-directional or bi-directional.
- The eTobacco can be implemented in SFTP or HL7

Healthcare organization relationship overview

Initially 53 systems were targeted along with the largest non-profit Healthcare System in Texas:

- Letter to DSHS Regional Medical Directors seeking support and connections to local clinic systems.
- Received list of warm contacts from the DSHS Medical Directors and began calling each healthcare system asking for their willingness and support.
- Setup “tours” by regional DSHS staff to meet with each healthcare system.
- The Regional DSHS staff are a key partner in identifying these relationships.

eTobacco Protocol implementation strategies

- Began with support from clinic Chief Medical Officer/CEO.
- Received a contact for EMR vendor and/or IT staff.
- IT staff reviewed the technical specifications provided by the Quitline
- Connected the Quitline and the EMR vendor/IT contact for the clinic system.
- Setup a system to connect with the clinic system as well as the EMR vendor/IT contact for weekly updates.

Barriers and challenges to implementation

- The clinic system may be interested in implementing the protocol, but the EMR vendor may be unwilling/unable to pursue the eTobacco Protocol.
- The EMR vendor may be willing but unable to pursue because the Quitline platform may not support their methods.
- Clinic systems may have other priorities at the time.

Lessons Learned

- All parties have to be willing to participate in the process (Clinic system, IT staff, and the EMR vendor)
- Facilitate the process: it is best to have a facilitator
- Be patient: the process takes a great deal of time
- Collaborate with others: National solutions are necessary with EMR vendors, if you are seeking a relationship with a vendor or clinic, check with NAQC to see if another state has already created a solution.
- Remind healthcare systems of importance health professional's role in counseling prior to referring
- Healthcare professionals who use tobacco can be referred to the Quitline

Tools to Help

- Glean monthly Quitline report: if numbers decrease dramatically, there may be a glitch.
- Share the monthly report with participating healthcare systems.
- Remind the healthcare systems about training resources and importance of workforce training
- Suggest workflow strategies: proactively identify tobacco users to help them quit.
- Provide tip sheet for staff at healthcare systems.
- Maintain a tracking method for relationships and discussions: e.g., Google Sheets

Other methods to Connect to the Quitline

- Fax
- Web: www.yesquit.org
- Apps: Texas Quitline, Help to Quit

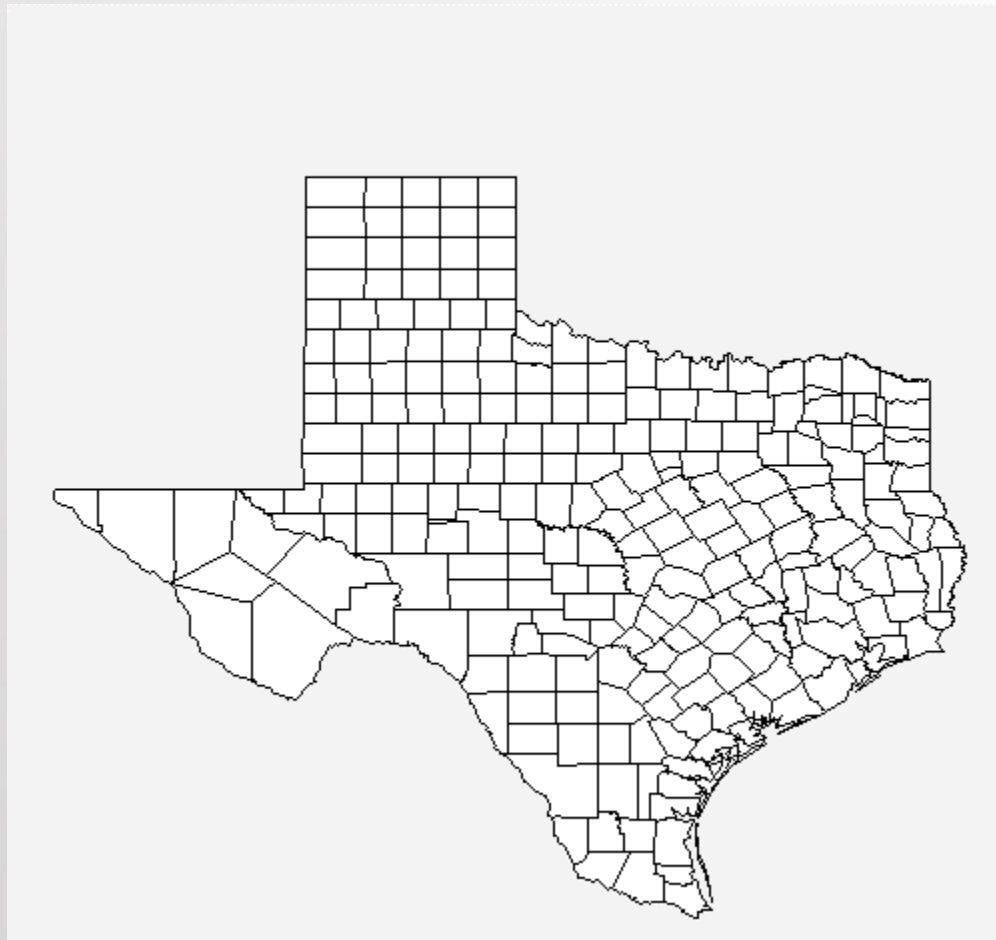
Wish we had known

- Not everyone thinks this is as important as you do.
- Regardless of your persistence, sometimes the process will not work.
- Never close the door, always set up a follow up call even if it is 6 months later, priorities may change.
- There are many Federal requirements that can work in your favor for integration, use these to help leverage your sell (HRSA, Meaningful Use, and Joint Commission).
- Become very knowledgeable about health IT.

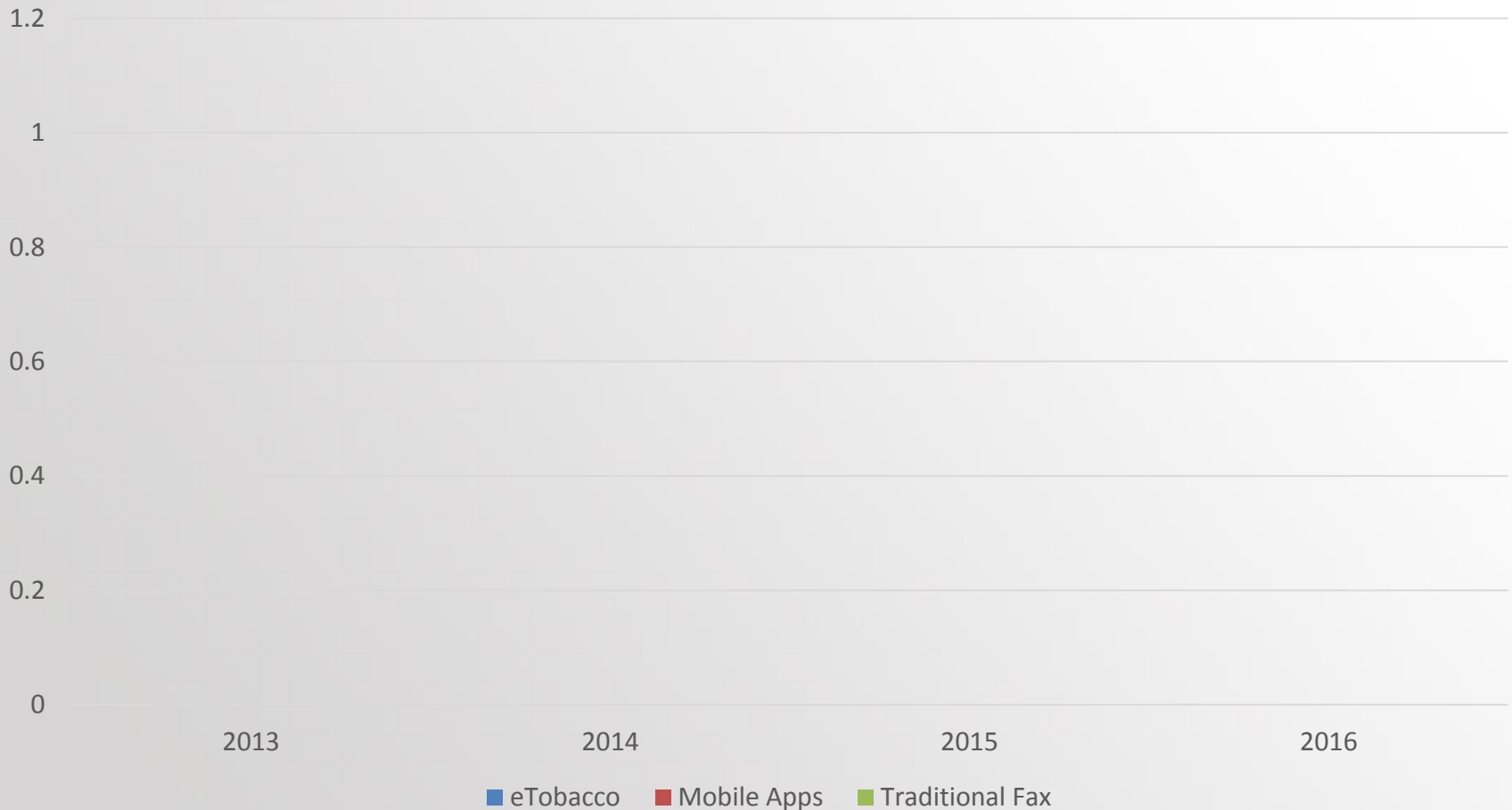
Summary of healthcare systems:

- ALLSCRIPTS: 1 large healthcare system with over 200 service delivery locations
- EPIC: 1 (same scenario as above: over 200 service delivery sites)
- CMBHS: >120
- GE CENTRICITY: 3
- NEXTGEN: 9
- In the pipeline: 5

eTobacco Protocol Implementation in Texas



Comparison of provider fax and electronic referrals to the Quitline



BAAs, HIPAA and other Security Concerns

- Business Associate Agreements when Optum's agreement is with the state instead of the healthcare system
- Cooperation on developing a combined HIPAA statement for both the state and Optum
- Security permissions between large and small healthcare entities.

Questions?



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