From Flintstones to Jetsons

One State Quitline Implements e-Referral

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Evolving Tech
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The Maine Tobacco HelpLine (MTHL)

- Counseling services – one-call and multi-call
  - Materials – quit guides and info for special groups
  - Medication – 8 weeks of Nicotine patches, gum, and lozenges
- Entry method – About 70% phone-in, 30% referred
- FY 16 utilization – 6,225 tobacco users registered, average of 3 calls
- Demographics – 52% female, 70% age 40 or older, 22% COPD
- Quit rates – 30-day 24-30% depending on calls/medication services received
- Satisfaction – 95% would use the MTHL again or refer a friend/family member
Quick History of Referrals at MTHL

<table>
<thead>
<tr>
<th>Event</th>
<th>Year</th>
<th>referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Mother’s Wish</td>
<td>2002</td>
<td>20</td>
</tr>
<tr>
<td>Primary Care</td>
<td>2007</td>
<td>869</td>
</tr>
<tr>
<td>Expanded Outreach</td>
<td>2009</td>
<td>693</td>
</tr>
<tr>
<td>ARRA Grant, Feedback, Email</td>
<td>2010</td>
<td>912</td>
</tr>
<tr>
<td>ARRA Promotion</td>
<td>2011</td>
<td>1,704</td>
</tr>
<tr>
<td>Manual e-Referral MOE</td>
<td>2013</td>
<td>3,890</td>
</tr>
<tr>
<td>Materials to all People Referred</td>
<td>2015</td>
<td>5,754</td>
</tr>
<tr>
<td>HL7v2 Closed-Loop Referrals</td>
<td>2016</td>
<td>5,273</td>
</tr>
</tbody>
</table>
Fax Pros and Cons

- Still widely used
- Labor intensive workflow
- Vulnerable to human error
  - Clinic name
  - Provider name
  - Missing or extra information
  - Following business rules
Making Progress

- Electronically fillable referral form
- Paper fax to fax-email server
- Changes to pre-reg data collection
- “Manual” Electronic referrals from EPIC
- Other.....
The Promise of e-Referral

• Helps healthcare organizations meet national standards
• Meaningful Use
• Increase reach
  - Save processing time (labor)
  - Ease of handling
  - Improved reporting
  - Number of quit attempts
Planning e-Referrals

- Identify interested health system to implement the HL7 process
- Arrange to offer funding to health system for their IT effort
- Ensure right people are at the table. This is a highly technical process
  - Extremely beneficial to have a project manager
- Create project charter, detailed work plan, assigned tasks
- Include expectation health system will need training:
  - tobacco dependence, new work flow & how Quitline works
Planning (continued)

• Clear expectation of all data you want to flow through to Quitline database
  - demographics
  - language/hearing impaired
  - best time to call, preferred phone number, etc.

• Any business rules for how referrals will be processed
  - duplicates
  - re-enrollment
Implementing – Building

- Define scope, timeline, team and work plan
- IT reviews Interface Design scope of work
- Complete and send security forms for VPN
- Create a visual future-state work flow
- Create functional test scripts
- Send/receive test messages – involve end users in testing
- Provide training for end users
Implementation – In use

• Much less phone staff time committed to processing referrals – essentially none
  - Referrals received after hours and weekends already in database awaiting calls.
• No time wasted on wrong clinic names, wrong Method of Entry
• Disposition of closed referrals communicated back to clinic immediately
• Out of state referrals not supported
Perspectives

- Some tasks eliminated, some added, but net time savings and data improvement
- HL7v2 phone number handling:
  - Determining phone number type, ranking for presentation, identifying which sub-fields are present (many sub-fields are optional), and filtering out fax and email addresses also potentially present in the phone number fields
- Managing HL7 ambiguities and EMR specific implementations differences:
  - Determining where in the ORC to pull department name may differ by vendor
- Client specific customizations communicated through free-form HL7 text segments can result in maintenance and support challenges
Lessons Learned

- More technical & time intensive, pay close attention to testing
- Continue monitoring to ensure accurate data flow through to database
- Helpful to run report from EMR to compare with Quitline database
- **Training and awareness building are important after implementation**
  - This particular HL7 project did not result in an increase in referrals as the system had previously embedded referral in EMR
  - Including a best practice alert made for a streamlined process, and there was training to support and at that point there was a large increase in referrals
Future Strategies

- Continuing to sort out bugs in first HL7 implementation
- Planning next implementation with another health system
- Partnering with other systems that desire to use Direct Message
Questions?
Thanks

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  - Jolene Littlefield
• MaineHealth Center for Tobacco Independence
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