

MaineHealth

From Flintstones to Jetsons

One State Quitline Implements e-Referral

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RESPECT

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INNOVATION

MaineHealth

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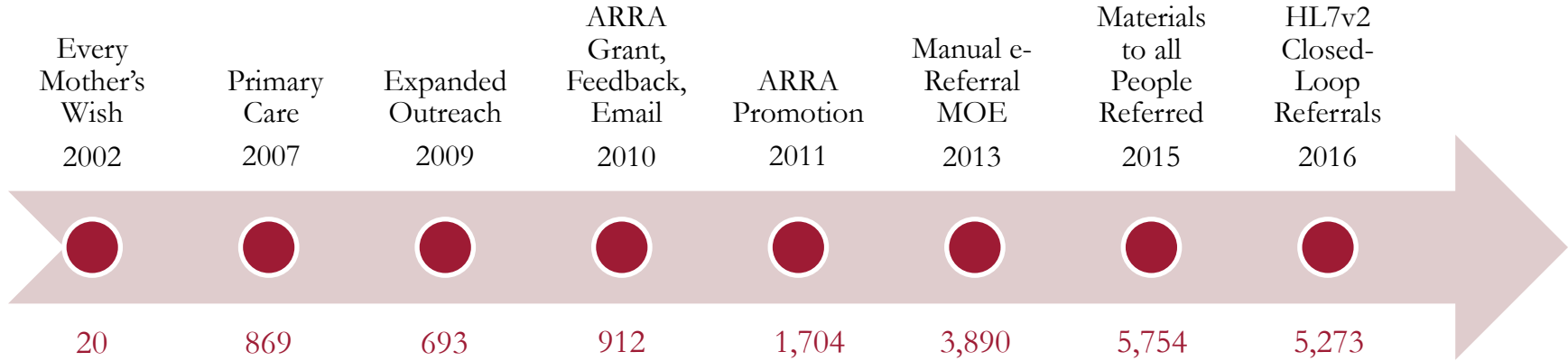
INNOVATION

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



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



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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



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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?



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