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Success Story – California Smokers’ Helpline Declared a Specialized Registry

Background

The California Smokers’ Helpline is a partner in a project called UC Quits, which uses electronic health records (EHR) software at the five University of California medical campuses to promote tobacco cessation. The project began in 2011 with funding from the Centers for Disease Control and Prevention (CDC) to create an interface through which UC Davis health care providers could electronically refer their tobacco using patients to the Helpline from within the EHR. The interface also featured a bidirectional feedback loop so providers who referred their patients could receive individual-level feedback as their patients progressed through the Helpline. The UC Davis Principal Investigator, Dr. Elisa Tong, later obtained a UC grant to disseminate e-referral to the other four UC medical campuses. E-referral is now live in all five UC health systems and is a key part of their efforts to demonstrate Meaningful Use of electronic health records with respect to tobacco use and cessation.

UC Irvine Health Identifies a Meaningful Use Opportunity

One of the campuses, UC Irvine, was the first to realize the potential to use e-referral not just as a way to ensure that tobacco using patients are offered evidence based treatment to quit, but as a way to accomplish another Meaningful Use goal. Normally we think of Meaningful Use as a way to ensure that the patient benefits from electronic health records, i.e., that the data about their health status is not just recorded but is used to improve their care. But Stage 2 Meaningful Use also contains a provision for reporting to “specialized registries,” in which the benefit accrues to the population rather than to the individual patient. Cancer registries are a good model for this. If all providers report cancer cases to a centralized state registry, researchers can more easily track the epidemiology of cancer in their state. UC Irvine Health asked the Helpline and the California Tobacco Control Program (CTCP) to investigate whether e-referral to the Helpline would constitute referral to such a registry.

The Centers for Medicare and Medicaid Services (CMS) provides meager guidance on the criteria for establishing a specialized registry. The best source available was *Meaningful Use Stage 2 Public Health Agency Readiness: Specialized Registries*.¹ According to this document, the criteria for a specialized registry are purposefully vague, to avoid excluding any that might qualify. The only ones specifically excluded are cancer registries, and only because they are dealt with in a separate section explicitly for cancer registries.

There does not appear to be any national list of specialized registries. It seems that it is the responsibility of each Public Health Agency to determine what qualifies as a specialized registry in their state. Accordingly, the Helpline and CTCP drafted a letter stating that the California Department of Public Health (CDPH) considers the Helpline to be a specialized registry for purposes of meeting Stage 2 Meaningful Use criteria, and forwarded it to the CDPH Meaningful Use officer charged with making this kind of determination, who reviewed and approved it.

CDPH Declares the Helpline a Specialized Registry

The letter sent to UC Irvine Health states that CDPH considers the Helpline to meet the Stage 2 Meaningful Use definition of a specialized registry, with the following rationale.

¹ Available at: http://api.ning.com/files/Go*nQJ2dIT90G2gTtm1Fr-uNiPwtCT6to0alp99kFf6on1eIB7Xk4alsHNaDR4532duDKvVa9XeSyDz86Vt9PQycTz*AdMXS/MU2_PHA_Specialized_Registries.pdf

- The Helpline accepts referrals from across the state.
- With certain health systems it has established fully electronic bidirectional info exchange.
- Specific cases reported to the Helpline are not only individually followed up for treatment, but become part of a database of over 700,000 individuals identified as tobacco users in the state.
- The database is frequently used for public health research and comparative study.
- The Helpline is designed to improve population and public health.
- The Helpline is supported by a qualified Public Health Agency.
- The Helpline is an active member of the North American Quitline Consortium (NAQC), a national specialty society that is working with member quitlines to establish a technical standard for e-referrals.

An additional point that was important to CDPH in making its determination was that being a specialized registry does not in itself increase the Helpline's cost to CDPH, as principal funder of the Helpline.

CDPH later provided a signed letter with the same content, which can be cited by the other four UC medical campuses or by any other health system in California that establishes e-referral with the Helpline. The letter has also been posted on California's health information exchange website.

UC Irvine Health is already using the letter to help demonstrate Stage 2 Meaningful Use compliance, and the Helpline has shared this story with other members of the NAQC e-referral workgroup. Based on this input, the opportunity to use e-referral to a statewide quitline as a way to meet Stage 2 Meaningful Use requirements has been incorporated into a comprehensive technical guide for quitline e-referral that the NAQC work group is developing. The technical guide will be reviewed by the Office of the National Coordinator and made available to all U.S. quitlines and to the health systems that they work with.

A First for Quitlines

To our knowledge, this is the first time a Public Health Agency has declared a quitline to be a specialized registry, or that a health system has used such a declaration to demonstrate compliance with Stage 2 Meaningful Use criteria. It is a milestone in the development of quitlines' capacity to integrate with health systems, and provides an additional incentive for health systems to work with quitlines in the first place. Health systems of the future will routinely screen all patients for tobacco use or exposure, advise all tobacco users to quit, and offer evidence based cessation assistance to those who are willing to make a quit attempt, including electronic referral to quitlines. Quitlines will use the data in their registries not only to provide repeated reminders to quit and offer assistance in a variety of formats, but also to understand larger trends in the tobacco using population and to influence cessation on a population level.

Up Next: Stage 3 Meaningful Use

An open question as CDPH was making this determination was whether specialized registries would be retained in Stage 3. They are, but with a different name. In the proposed rule issued on March 30, 2015,² they are called either "public health registries" or "clinical data registries." Quitlines would most likely be included in the former. Assuming the proposed rule is finalized in its current form, by the time that UC Irvine or another health system is ready to demonstrate

² Available at: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

Stage 3 Meaningful Use, CDPH will need to go through a similar process to determine that the Helpline meets the Stage 3 definition of a public health registry.