

| CASE STUDY: ARIZONA |

Establishing eReferral Capacity

OVERVIEW

Over the past decade (2005-2015), Arizona has worked toward increasing the options available to providers for submitting proactive referrals to the state quitline – the Arizona Smokers' Helpline (ASHLine). Currently supported methods include fax referral, referral via an online login interface, and unidirectional electronic health record (EHR) integrated referral (i.e., referral is EHR-integrated, but ultimately printed and faxed or desktop faxed to the quitline). This combination of options has net ASHLine proactive referrals in the range of 10,000 or more annually; however, internal discussions in recent years have focused on the desirability of pursuing fully electronic bi-directional exchange (eReferral) not only to drive an increase in referral numbers, but also to enhance continuity of care and simplify the referral process for providers.

The opportunity presented by the NAQC eReferral pilot in 2015 dovetailed with a significant undertaking at ASHLine – the development of an entirely new and enhanced operational platform. This platform is being designed to expand services in several areas, including building the capacity for eReferral – an option that was not technically feasible within the quitline's previous operational platform. Given the timing of the pilot and anticipated progress toward required architecture within the new platform to support eReferral, Arizona felt this opportunity would support and enhance next steps by affording team members the expertise and guidance available through NAQC and the technical experts participating in the pilot.

The short-term goal of Arizona's state team is to demonstrate feasibility of eReferral within the context of the pilot objectives and to support improved

coordination and continuity of care with our partner organization. The long-term objective is to apply lessons learned from this project to future eReferral initiatives with partners across the state to scale the benefits of eReferral and ensure more Arizonans receive evidence-based treatment to address tobacco dependence and nicotine addiction with supportive, secure, coordinated care.

The Team

The Arizona state team consisted of active members from ASHLine, Arizona Research Laboratories (ARL) and El Rio Community Health Center (El Rio). ASHLine's funding agency – the Arizona Department of Health Services – supported pursuit of this initiative and encouraged ASHLine, ARL and El Rio to navigate implementation of pilot objectives.

ASHLine's team included the Managers of Community Development, Branding and Communications and Clinical Services, in addition to the Community Development Specialist assigned to El Rio. ARL support was provided by the Director of Information Technology. El Rio's team consisted of the Chief Medical Officer and Chief Information Officer. Process discussions were collaborative across teams; however, technical efforts to test the exchange of C-CDA were primarily led by ARL and El Rio's IT leadership.

Process

Based on the collective decision to move forward with direct messaging, ASHLine established an account with Updax for Secure Messaging Solutions and began testing exchange of requests as C-CDA (Consolidated-Clinical Document Architecture) with El Rio. This mechanism has allowed El Rio staff to place requests directly from their EHR. Now that ASHLine is listed in the national registry for NextGen share, this allows

not only El Rio, but all prospective NextGen EHR-based facilities to exchange information with ASHLine.

Challenge

In Arizona, early discussions between the quitline and the participating healthcare partner, El Rio, about how to best establish a secure connection for bidirectional exchange explored the advantages and disadvantages of connecting ASHLine's operational platform directly with NextGen (the EHR currently utilized by El Rio) versus pursuing other means of secure exchange such as direct email or participation in the State of Arizona's health information exchange (HIE), Arizona Health-e Connection or AzHeC.

In consultation with ASHLine's lead HIT expert from ARL and El Rio's CIO, an initial decision was made to pursue AzHeC's statewide HIE, referred to as The Network. It took several weeks to successfully establish a contact at AzHeC to discuss establishing ASHLine as a participating member of The Network and after an initial conference call was scheduled to discuss the project goals and scope, we were informed that the state quitline could not participate in the HIE because it "does not fall into the permitted uses under the states HIO statute." This response was unexpected and prompted the state team to engage Evan Frankel, NAQC eReferral consultant, to evaluate alternative options.

Coincidentally, a NAQC listserv thread discussing a NextGen "plug and play" solution from Texas prompted a subsequent conference call with the Texas team to explore their approach, followed by additional internal discussions about whether the "plug and play" solution would be the best means to meet the goals of the eReferral pilot. One of the factors discussed was the cost



associated with the “plug and play” solution, and whether the return on investment (ROI) on that cost would be cost-prohibitive for both the quitline and El Rio, whether the cost would serve as a barrier to implementation and, more importantly, sustainability. Based on these collective discussions, the team decided the most feasible approach to pursue would be direct messaging as it is secure, compliant, and cost-effective relative to the other options discussed.

Outcomes

Through this pilot, the provider and quitline platform developer have gained experience with HL7 and CCDAs exchange of patient information. While ASHLine and El Rio have demonstrated successful two-way exchange of CCDAs, the team is still working towards integration of eReferral. The next steps have been outlined and progress continues to be made to align the workflow at ASHLine to send updates via CCDAs and secure messaging directly into El Rio’s EHR.

As El Rio and ASHLine continue to work to streamline integration of eReferral, ASHLine continues to receive QuitFax referrals from El Rio. The statistics below represent a summary of demographics, service utilization and 7-month quit rate for the period of March – August 2016:

- **Total number of fax referrals = 203**
 - # reached = 131 (64.5%)
 - # reached who enrolled = 53 (40.5%)
- **Enrolled Client Demographics**
 - 48.1% male, 51.9% female
 - 85.3% white, 5.9% multiracial, 2.9% black, 2.9% American Indian, 2.9% other
 - 50% Hispanic, 50% non-Hispanic
 - 48.1% Medicaid, 42.3% private insurance, 9.6% uninsured
 - 96% heterosexual, 4% bisexual
 - 48.1% reported having a mental health condition
 - 73.1% reported having 1 or more chronic health conditions
 - Mean age = 53
 - Mean Fagerstrom score (level of nicotine dependency) = 3.5

- **Service utilization and outcomes**
 - 24.5% received 2 weeks of NRT, 11.3% received 4 weeks of NRT, 64.2% did not receive NRT (NOTE: In AZ, quitline clients on Medicaid are not eligible for quitline-distributed NRT support due to comprehensive tobacco cessation medication coverage via plan formularies)
 - 7-month quit rate not yet available

KEY ELEMENTS FOR SUCCESS

Arizona’s experience to date has led to several lessons learned to include:

1. Considerable time and consistent, coordinated communication is necessary to move projects of this nature forward.
2. Prioritization is key to ensuring headway is made steadily in the face of competing projects, timelines and priorities. It is also helpful to anticipate delays while pursuing communication with external organizations regarding potential options or opportunities.
3. An additional consideration for states is to recognize that it takes a significant amount of work to integrate systems to limit the human intervention involved in exchanging messages. This is likely true regardless of approach pursued, but certainly proved to be the case for us in pursuing direct messaging.
4. Moreover, it was our experience that there is limited documentation on “how to’s”, Frequently Asked Questions and/or open source tools available for working with C-CDA and EHR providers. Additional resources on implementing this particular type of exchange would be valuable and instructive. Despite these challenges, we believe direct messaging is a viable and cost effective option for eReferral for low volume transactions. However, it may not be the right solution for all states or all partners. We encourage states to fully investigate the options

available to them, including their state HIE as the membership limitations in Arizona may not be universal. 🌟

For more information about the eReferral Initiative, contact: **Tasha Moses** at tmoses@naquitline.org.

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