

| CASE STUDY: SOUTH DAKOTA |

Establishing eReferral Capacity

OVERVIEW

In May 2015, the South Dakota State Team (South Dakota) embarked on an eReferral Pilot Project with the North American Quitline Consortium (NAQC). Through this pilot project, South Dakota aimed to grow the eReferral process within the Avera McKennan Health System (Avera) to enable bi-directional eReferral and increase the number of referrals made to the quitline specifically from select priority populations. As a contracted vendor for the South Dakota State QuitLine program (SD Quitline), Avera is well-positioned to provide education/training on referrals to the quitline within Avera's Electronic Health Record (EHR) system. Within the SD Tobacco Control Program, seven populations are designated as priority populations for the SD QuitLine (pregnant women, youth and young adults, mental health or substance abuse disorders, spit tobacco users, Medicaid recipients and American Indians) and are eligible to re-enroll in services more frequently. Of the seven priority populations Avera had access to reach, three were selected to be targeted through the pilot project:

- **Pregnant Women:** The South Dakota Office of Data, Statistics and Vital Records (DSVR) reports that 18.5% of SD women smoked during pregnancy in 2009. Smoking is known to increase the risk of infant mortality and negative health-related birth outcomes. Of infant deaths in South Dakota (2000-2009), 71% of mothers were smokers.¹
- **Medicaid Recipients:** National rates of smoking prevalence among adults receiving Medicaid are over twice that of the overall adult population.⁵ Using 2004 values, it

was estimated that \$68 million of annual Medicaid expenditures in South Dakota (11% of total) were attributed to smoking.²

- **Individuals with Mental Health Conditions:** Almost 41% of persons with a mental health condition in SD smoke.⁸ Over 27% of SD QuitLine callers in 2013 self-identified as having a mental health condition.³

Targeted departments for this effort included:

- Obstetrics/Gynecology care for pregnant/nursing moms as well as those with other gynecology needs.
- Avera Behavioral Health Center, the region's leader in behavioral health services providing care for children to the elderly.
- Avera McKennan Healthcare Clinic, Avera's free or discounted health services to those who qualify.

The secondary goal for this pilot, which arose as a result of information gained through the course of the pilot, was to establish a process within the EHR referral system to send eReferral request and ePrescriptions to the SD QuitLine. Through education/training in different departments a request was made to send e-script rather than faxing information using paper fax forms.

The Team

Kayla Magee, Statewide Tobacco Cessation Coordinator, took the lead on putting together a team to help implement the eReferral pilot. The goal of the team was to establish a bi-direction eReferral within the Avera Health system along with eScript ability for providers across the state to make an electronic prescription rather than the current fax forms. This solution would allow providers to have quick

and easy access to the QuitLine and enable the central pharmacy to prescribe cessation medications to QuitLine participants in a swift and efficient manner. In addition to the Statewide Tobacco Cessation Coordinator, other entities involved in the implementation process included:

- **Jenni Peterson, RN, BSN Clinical Integration Analyst, Avera Health Central Office**, who works with the integration of the LSS/Meditech system for all Avera clinical sites; and
- **Avera McKennan**, the QuitLine vendor for South Dakota which receives the eReferrals into their system for processing.

Process

The South Dakota team worked in collaboration with the QuitLine and Avera information technology staff to establish the bi-directional eReferral capabilities. Avera Health had established a process for eReferrals within the EHR as of March 21, 2015. Avera had also established a secure email address within the Health Information Exchange (HIE)/ Medicity system, which providers within South Dakota can utilize for referrals. This process was built, but was not being utilized within our system. The reasons for underutilization were similar to the factors that most facilities experience with EHR integration such as time, phases of projects/roll outs, need to engage busy physician/clinical staff who are inundated with processes related to EHR implementation. Our objective for this project aligned nicely within the grant proposal which included education for clinicians to make referrals easier for the system as a whole.

The process used for eReferrals to the SD QuitLine is outlined below:

- **From the Acute Discharge Routine:**

1. Click on the edit next to the Appointments/Referrals section.
2. At the Orders Name Search type – Smoking Cessation.
3. Select the Smoking Cessation referral, and then click in the Group box.
4. Click on the South Dakota Quit Line (SOUTH DAKOTA QUITLINE) referral.
5. Click Ok, and Save referrals.

• **From Ambulatory Orders:**

1. Within Orders, click on Orders > Category > Referrals.
2. At the Orders Name Search type – Smoking Cessation
3. Select the Smoking Cessation referral, and then click in the Group box.
4. Click on the South Dakota Quitline (SOUTH DAKOTA QUITLINE) referral.
5. Input appropriate diagnosis.
6. Click Select and Save to file the Referral Order.

To increase awareness of the eReferral system, Avera made contact with department directors and leadership to provide lunch/learn presentations to their staff in the specific areas. The presentations typically took place during regular staff meetings when as many staff members as possible could be reached. With the mental health group we were able to present to clinicians in acute adult units as well as to the Psychiatry Residents. The mental health groups were very participatory and interested in the QuitLine program and medications provided not only for South Dakota residents but also for their patients from surrounding states.

One barrier encountered through this project is related to the Meditech vendor program. There have been mixed messages regarding the possibility of bi-directional communication. Avera Information Technology developer Jenni Peterson, Clinical Integration Analyst, has led efforts to streamline the process. Although referrals to the QuitLine were the focus of our work, this project built a foundation for referrals to other clinical areas such as Physical Therapy

or Occupational therapy, etc. and bridged the outcome communication piece within the EHR.

One positive consequence of this project is the development of a number of resources that can be used in the future. For example, we plan to translate the eReferral Power Point presentation developed for this project into an online educational topic and incorporate a pre- and post-presentation quiz for Avera clinical staff members to use to meet their annual continuing medical education requirements.

Statistics on the number and types of eReferrals established as a result of this pilot include:

• **Number of fax referrals:**

- Number of referrals who register for services - 338
- Demographics of referrals
 - Age – 41(18 to 24), 97(25 to 34), 58(35 to 44), 64(45 to 54), 52(55 to 64), 26(over 65)
 - Education – 6(>9th grade), 37(9-11grade), 19(GED), 107(HS Grad), 87(Some College), 82(College Grad)
 - Insurance – 183 (Private), 14(IHS), 37 (Medicaid), 33(Medicare), 4(Tri-care), 9(Other), 57(Uninsured)
 - Race – 34(American Indian), 1(Black), 1(Hawaiian/Pacific), 6(Other), 296(White)
- Special descriptors, if available (LGBT designation, behavioral health factors, chronic disease factors) - 177
- Nicotine Usage – 298(cigarettes), 5 (Cigars), 24 (Poly), 11 (smokeless)
- Number and types of services delivered - Enrolled
- Quit status – 7 month follow up for quit rates not yet available

• **Number of eReferrals:**

- Number of referrals who register for services - 47

- Demographics of referrals–
 - Age – 6(18 to 24), 5(25 to 34), 11(35 to 44), 13(45 to 54), 8(55 to 64), 4(over 65)
 - Gender – 23(Make) and 24(Female)
 - Education – 1(>9th grade), 87(9-11grade), 6(GED), 16(HS Grad), 9(Some College), 8(College Grad)
 - Insurance – 17 (Private), 1(HIS), 1 (Medicaid), 9(Medicare), 0(Tri-care), 0(Other), 13(Uninsured)
 - Race – 9(American Indian), 1(Black), 0(Hawaiian/Pacific), 2(Other), 35(White)
- Special descriptors, if available (LGBT designation, behavioral health factors, chronic disease factors) - 24
- Nicotine Usage - 39(cigarettes), 1 (Cigars), 1 (Poly), 6 (smokeless)
- Number and types of services delivered - Enrolled
- Quit status – 7 month follow up for quit rates not yet available

Compared to prior statistics, we have seen a 1.8% increase in e-Referrals to the SD QuitLine program as a result of this effort.

Challenge

The South Dakota team encountered a challenge when we decided to explore streamlining prescription orders. During the education phase, providers shared their support for the new streamlined eReferral capability, but also shared their hope for an easier way to order prescriptions for the cessation medications offered by the SD QuitLine. Currently, providers use fax prescription forms.

In South Dakota we are unique in our ability to offer free cessation medications to all QuitLine participants, and also in our ability to deliver them through the mail from our central pharmacy. The current process of getting fax forms sent to providers (only available by calling the QuitLine), waiting for fax forms to be sent back to the QuitLine, and then passing it

along to the central pharmacy can be quite tedious. The process of getting a prescribed medication has been burdensome for some individuals and may undermine their quit attempts. By streamlining the process, we can reduce the time burden for physicians and participants as well as QuitLine and pharmacy staff.

VALUABLE LESSONS LEARNED

Through this pilot project, the South Dakota team learned:

- Technology is constantly changing, especially when it involves the electronic medical record. Working closely with the IT department was crucial.
- “If you build it they will come” did not apply to this process. It was not sufficient to send a simple email to staff making them aware of the eReferral system. The system was established but did not experience much use until staff education and training was incorporated.
- Although the platform was built for eReferrals within the EHR for the Avera system wide, through education/ training sessions it was discovered that not all clinic sites could access eReferral the same way. Certain groups had privileges others did not. While this was a simple issue that was corrected quickly, we would not have learned about this “glitch” had we not evaluated the process with nursing and medical staff.
- Through evaluation, we learned that clinical staff favored incorporating an eScript process into the eReferral system.

KEY ELEMENTS FOR SUCCESS

The South Dakota team attributes three key elements to its success:

1. Established communication and trust with our partners was important.

Communication and trust was established through a successful working relationship between the state quitline vendor and the health system long before engaging in the eReferral pilot project.

2. Having the eReferral process developed at the health system was extremely helpful. In our case, while eReferral had been developed it was not being used daily and did not encompass a bi-directional format. Education and training for clinicians to make them aware that eReferral exists and to highlight the benefits of using eReferral contributed to an increase in use of eReferral.
3. Obtaining feedback and evaluation from providers can provide useful information. Our team obtained feedback from providers during trainings which proved educational for our team and enabled us to learn what works best for each department and how we can better streamline and tailor the use specific to each department’s needs. Through evaluation, we also learned of the providers desire to implement an eScript process which, we are now working to incorporate. 🌟

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

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