

Smoking Cessation and Provider Outreach

Networking Breakout

September 21, 2022



**National Jewish
Health**[®]

Breathing Science is Life.[®]





- Patient information must be captured for a valid referral:
 - Name
 - Phone number
 - Consent to contact
- Provider info must be provided for correct follow up:
 - Follow up progress notes sent via fax or secure email
- If patient consents to text upon referral, they will receive a text updates designed to increase engage
- Provider can provide consent for NRT, if pregnant or breastfeeding

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-794-8669
QuitNowMontana.com

AMERICAN INDIAN
Commercial Tobacco Quit Line
1 (855) 372-0037
www.americanindianquitline.com

MY LIFE MY QUIT
mylifemyquit.com
1-800-891-0000

Montana Tobacco Quit Line Fax Form
Fax to: 1-800-261-6259

PROVIDER INFORMATION (PRINT CLEARLY)

Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name _____ Provider Last Name _____
 Contact (if applicable): First Name _____ Last Name _____
 Name of Health System/Hospital/Health Center/Community Organization: _____
 Department or Clinic Name (if applicable): _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____-____ Email for HIPAA-covered entity: _____
 Fax for HIPAA covered entity (____) _____-____

Type of HIPAA covered entity: Health care Provider Health Plan Health care Clearing House Not Covered Entity

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.
 As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.
 Is the patient: Pregnant Breastfeeding
 (If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT _____ Date _____
Provider signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (First) _____ (Last) _____
 Patient Zip _____ *Date of Birth: ____/____/____
 *Phone (____) _____-____ Home Cell Work OK to leave message at number provided? Yes No

THE VOICEMAIL MAY BE A RECORDING FROM AN AUTODIALER.

*Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?
 Yes, if Yes, please specify _____ No

*Language? English Spanish Other _____

Consent of Text: Yes No
 I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

I, the patient (or authorized representative), give permission to release my information to the Montana Tobacco Quit Line. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

*Patient Signature _____ Date _____
 If filling out form on behalf of the patient:
 Authorized Representative name: (First) _____ (Last) _____
 Signature _____ Date _____

*Participant or Authorized Representative signature required in order to place phone call to the patient.

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

- Same information and process as fax referral
- Form is easier to use and information is transferred directly into the Quitline system
- Provider can choose to have patient notes returned via secure email or fax
- QuitNowMontana.com > Health Professionals > Make a Referral
 - Bookmark this page for quick access

Make a Referral

Use the form below if you would like to refer someone to the Quitline. [Prefer fax referral](#) [Learn about eReferral](#)

* = Required

Patient Information

* Patient's first name

* Patient's last name

* Patient's DOB

* Primary phone type

* Patient's primary phone

Secondary phone type

Patient's secondary phone

* Patient's zip

Clinic Information

* Type of HIPAA covered Entity:

* Provider First Name

* Provider Last Name

Contact First Name

Contact Last Name

Clinic/organization name [Clinics](#)

* Clinic address

Clinic address 2

* Clinic city

* Clinic state

* Clinic zip code

* Clinic Phone Number

- eReferral integration between a provider EHR system directly and the Quitline system
 - Bi-directional, secure communication
 - Direct messaging for CCDs
 - Must be HL7v3 compliant
 - Use Meaningful Use 2 standards
 - A HISP is required before any other steps can happen
- Typically, a one-time fee is associated with setting up this referral set up
- Progress notes sent back directly to the patient's EHR record

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- [eReferral](#)

[Quitline FAQs](#)

[Resources](#)

eReferral

The eReferral Program for smoking cessation helps providers overcome the manual and cumbersome process of Fax referrals and takes advantage of electronic health record (EHR) technology providing improved accuracy of patient data. The program creates ease of both referring patients and receiving feedback information on a patient's progress through their cessation effort while integrating tobacco cessation into routine clinical care. The program also enables health systems to measure the implementation of changes and the impact of these changes on outcomes in affected patient populations.

eReferrals send secure, two-way communication between a healthcare provider and the quitline through the patient's EHR. Providers receive progress updates using the same system, allowing the provider to stay abreast of their patient's progress towards quitting tobacco. All messages sent through eReferral are HIPAA-compliant to protect patient privacy.

What's the value of implementing an eReferral system? According to [Denver Health, Colorado](#), "In addition to faster referrals, using the EHR improves data quality and increases the likelihood of a successful referral to the service provider. The public health benefits of transforming paper-based referral systems to an eReferral include developing a sustainable, cost-effective system that has possibilities of reaching higher numbers of patients and ultimately, improve patient outcomes."

If you are interested in implementing an eReferral, please submit our [Contact Us](#) form to learn more.

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eReferral

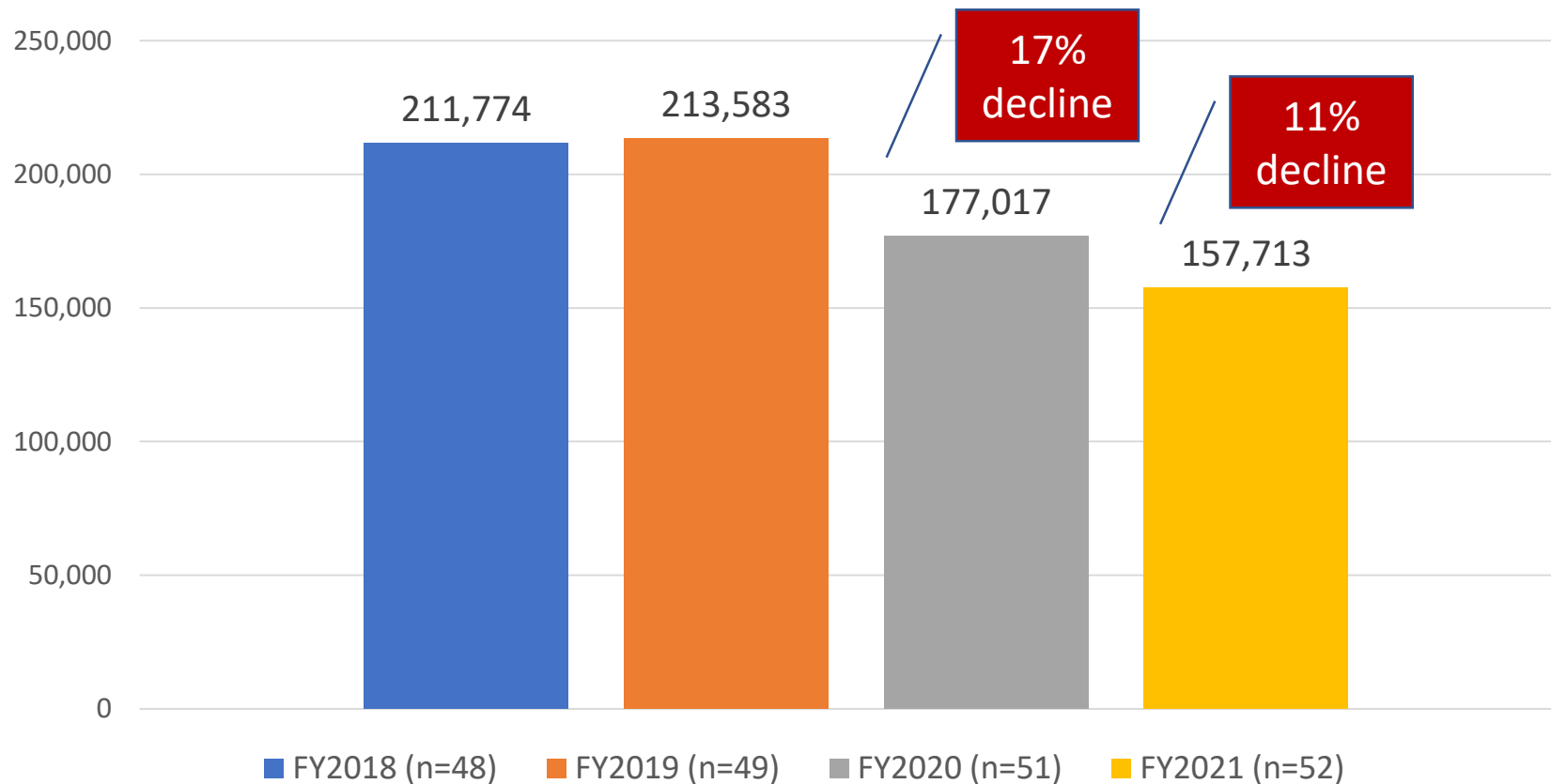
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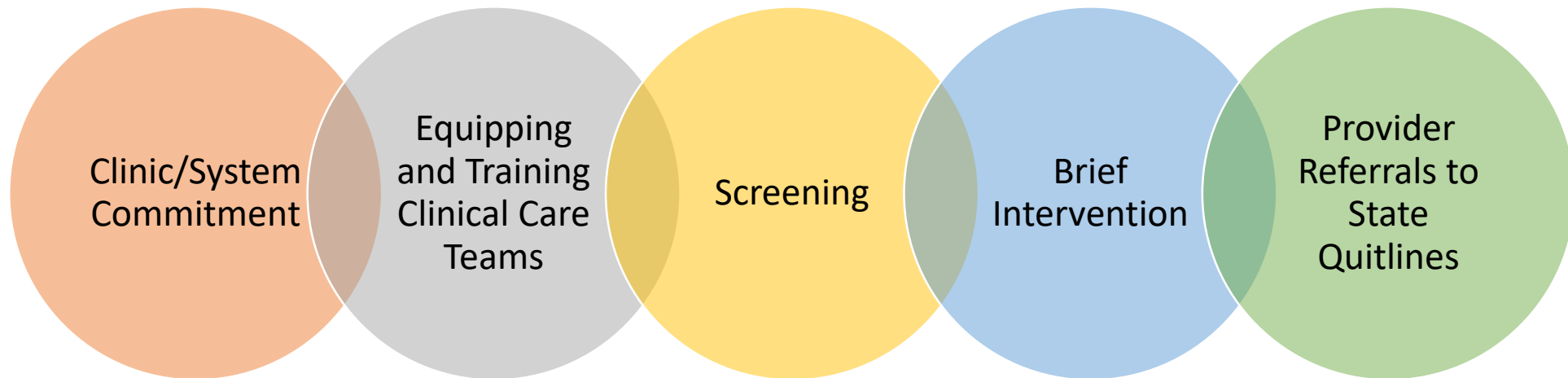
Referrals to State Quitlines: FY18 – FY 21^{1,2}



Barriers to Referrals:

- The impact of the COVID-19 pandemic
- A lack of understanding for how the Quitline program works
- Providers expressing they do not feel adequately trained
- Patient experiences and perceptions of being stigmatized by providers

Commercial Tobacco Cessation: Health Systems Change



QuitNowMontana.com

MONTANA TOBACCO
QUITLINE
1-800-QUIT-NOW
1-800-784-8669
QuitNowMontana.com

English **OR** Español

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Education

When you see patients, take these 3 easy steps to help them become tobacco free. It takes less than 3 minutes to

- **Ask** every patient at each encounter about his or her tobacco use and document their status.
- **Advise** every tobacco user to quit. Use a clear, strong, and personalized message about the benefits of quitting.
- **Connect** patients who want to change their tobacco use to the Quitline. We work with patients at any step of their quit journey. When providers make the connection, patients are 3-11 times more likely to enroll in the program.

The Quitline commercial tobacco cessation program uses clinically proven methods to achieve some of the highest quit rates in the country. We help more than 450 people a day in their journey to quit tobacco. With a 37 percent responder quit rate for those who use coaching and nicotine replacement therapy (NRT) and a 90 percent participant satisfaction rate, we are confident in our ability to help your patients live tobacco free.

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Resources

Health care and community service providers and staff play an important role in helping people who use commercial tobacco products to quit. It is also important for state and local public health professionals to support screening and treating commercial tobacco use through broader health systems change efforts. When you engage in efforts to improve treatment supports you might consider yourself a “health systems change advocate”.

We developed this toolkit to highlight key resources your team can use to create and maintain a system for screening, treating and connecting patients to the quitline.

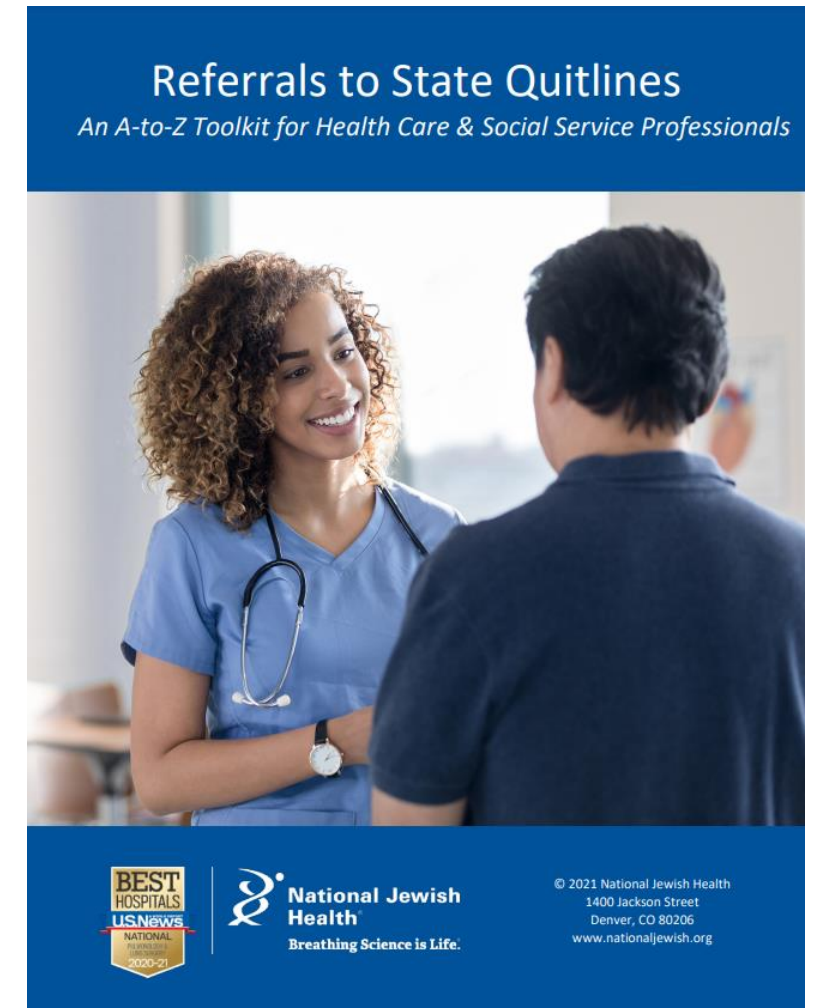


There are a few resources from the toolkit we think are so essential that we highlight them below. The resources are grouped by the role you may have: Health care and Community Service Providers, Support Staff, or Health Systems Change Advocates. Take a few minutes and find a resource that meets your needs.

Referrals to State Quitlines: An A-to-Z Toolkit

- Treating Commercial Tobacco Use in a Health Care Setting
- How State Quitlines Help Clinics Provide tobacco Treatment
- How Referral to a State Quitline Works
- How to Implement a Referral System
- Tips and Suggestions for Optimizing Referrals

https://montana.quitlogix.org/Montana/media/PDF/Provider-Toolkit_A-to-Z/Referral-to-State-Quitlines_A-to-Z_Montana.pdf



How to Implement a Referral System

- **Step 1: Assess your clinic's readiness**
 - Checklist to assess readiness of Clinic Administration and Clinical Care Team
 - Checklist to assess if clinical protocols and workflows are ready to incorporate a brief intervention
- **Step 2: Create a Quitline Referral Team**
 - Change Advocate
 - Medical Provider, Clinic Administrator, IT Staff
 - Clinical Support Staff, Medical Assistants, Nurses
 - Quality improvement staff
- **Step 3: Identify Key Actions and Create an Implementation Plan**
 - Incorporate a continuous process improvement model to monitor

Support Patients in Quitting Tobacco

- **Ask** every patient at every visit about tobacco
- **Advise** every tobacco user to quit.
- **Connect** patients interested in changing tobacco use to treatment:
 - Send a referral to the Quitline
 - Prescribe a cessation medication



Provider Outreach Activities

Local
Health Care
Providers

Behavioral
Health(BH)
Facilities

Prenatal
Providers

Make contact by phone or in person

- Ask if they have a smoking cessation screening and referral process
- Ask to talk to the Clinical Administrator or Quality Team member/RN
- Discuss successes & challenges

Provide Resources

- [QuitNowMontana.com](https://www.QuitNowMontana.com): Health Professionals Resources
- “How the Quitline Works” Video
- “Ask, Advise, Connect” Video
- Montana Quitlogix Education for accredited online courses
- Referrals to State Quitlines: A-to-Z Toolkit

- Educate and make the case:
 - The burden of tobacco use amongst the behavioral health population
 - Predatory marketing tactics by Big Tobacco companies toward individuals with behavioral health conditions
 - Myths about addressing commercial tobacco use in the behavioral health setting
- Do they have a smoke-free and vape-free campus policy?
- Do they screen for commercial tobacco use?
- Do they provide smoking cessation interventions and counseling?
- Do they refer they have a referral mechanism to the Montana Tobacco Quit Line?

What are some ways you go about
outreaching to providers (including prenatal
and behavioral health)?

What worked?
What didn't work?

For providers with whom you already have a relationship, what are some next steps you can take to enhance their clinic's support of patients who use tobacco?

What can you, as a TES, offer providers to support their efforts to refer patients to cessation services, such as the Quit Line?

Thank you!

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