Frequently Asked Questions About e-Referral and the Colorado QuitLine

Prepared by Denver Public Health

DENVER PUBLIC HEALTH™

CONTENTS

GENERAL COLORADO QUITLINE QUESTIONS
Frequently asked questions about the quitline model and the Colorado QuitLine are described below.

WHAT IS THE COLORADO QUITLINE?
The Colorado QuitLine is a FREE, telephone-based coaching program available to help Colorado residents quit using tobacco. Each Colorado QuitLine caller begins their quit journey by answering a series of confidential intake questions that help our quit coaches deliver tailored support options that are right for each client. The Colorado QuitLine's trained quit coach staff works together with clients to develop personalized quit plans that include FDA-approved quit smoking medications, practical tips for overcoming cravings and managing stress, and support for coping with slips and preventing relapse.

WHAT CAN PROVIDERS DO TO CONNECT A PATIENT WITH THE COLORADO QUITLINE?
A brief tobacco intervention (ASK, ADVISE, REFER) by a health care provider significantly increases the likelihood that a patient will try to quit smoking.

ASK every patient at each encounter about tobacco use and document status.

ADVISE every tobacco user to quit with a clear, strong, personalized health message about the benefits of quitting.

REFER patients who are ready to quit tobacco within the next 30 days to the Colorado QuitLine. For those patients who are not ready to quit, remind them that you have resources to help them quit when they are ready. Active referrals from providers (using fax, web, or e-referral) are more effective than asking a patient to call.

WHAT SHOULD SOMEONE EXPECT AFTER THEY'VE BEEN REFERRED TO THE QUITLINE?
The Colorado QuitLine will contact the tobacco user within 48 hours by phone. Three attempts are made to reach the patient before they are deemed unreachable. Referral source will receive reports on patient progress including if the patient could not be reached.

WHY USE THE COLORADO QUITLINE?
Since 2002, the Colorado QuitLine has been offering evidence-based solutions to help tobacco users quit tobacco for good. Research shows that smokers who use Colorado QuitLine services are more likely to successfully quit than smokers who try to quit on their own.

WHO IS ELIGIBLE TO RECEIVE SERVICES?
All Colorado residents 15 years of age and older, regardless of income, documentation status, or health insurance status are eligible to receive services from the Colorado QuitLine. This includes people addicted to any form of tobacco, including cigarettes, cigars, smokeless tobacco products, and e-cigarettes. The Colorado QuitLine can help tobacco users in any stage of readiness to quit, including people who are contemplating quitting, who have relapsed, or who have set a quit date.

WHO IS ELIGIBLE TO RECEIVE NICOTINE REPLACEMENT THERAPY (NRT)?

Free nicotine replacement therapy (patches, gum, and lozenges) is available to smokers 18 years of age and over who are medically eligible. Provider consent is required for nicotine replacement therapy for smokers who are pregnant and/or have uncontrolled high blood pressure or heart disease. Patients over 18 years old without these medical conditions do not require provider consent for NRT. Combination therapy is also available for participants who are highly nicotine dependent.

WHO IS ELIGIBLE TO RECEIVE CHANTIX?

Colorado is piloting the use of Chantix as a benefit offered through the Colorado QuitLine. In order to receive Chantix through the Colorado QuitLine, participants must obtain a prescription from a provider. The Colorado QuitLine uses a single, mail order pharmacy to process Chantix prescriptions.

WHAT SERVICES DOES THE QUITLINE OFFER?

The Colorado QuitLine includes a call center open 7days a week from 5am-11pm MST, offering coaching services in all languages. Tobacco users have access to:

- Five proactive coaching sessions
- Up to eight weeks of free nicotine replacement therapy products (patches, gum, and lozenges) for up to two quit attempts per year*
- Web-based support through Coquitline.org
- Combination therapy for individuals with a higher level of nicotine dependence*
- Up to 12 weeks of free Chantix (varenicline) once per year for patients with valid provider prescription*
- Tobacco cessation educational print materials
- Tobacco cessation text message and email programs

The Colorado QuitLine has special programs available for pregnant women, American Indian commercial tobacco users and persons self-reporting one or more chronic diseases. A prescription for nicotine replacement therapy is required for smokers who are pregnant or breastfeeding, or for individuals with uncontrolled high blood pressure or heart disease.

* For medically eligible tobacco users 18 years of age and above

WHO ARE THE QUITLINE COACHES?

Colorado QuitLine coaches must have a bachelor's or master's degree in social work, psychology and other health-related areas or the equivalent clinical experience. Coaches complete the Tobacco Treatment Specialist (TTS) training certified by the Council on Tobacco Treatment Training Programs. This is an extensive training program with standards for core competencies, training, and credentialing of tobacco treatment providers. Our coaches are among the most experienced in the country at providing remote coaching, due to the large volume of participants served each day.

CAN PREGNANT PATIENTS OR THOSE WITH CHRONIC DISEASES BE REFERRED TO THE QUITLINE?

Yes. The Colorado QuitLine has special programs available for pregnant women, American Indian commercial tobacco users, and persons self-reporting one or more chronic diseases.

DOES A PHYSICIAN HAVE TO MAKE REFERRALS OR CAN A HEALTHCARE PARTNER MAKE REFERRALS USING A STANDING ORDER?

Any care team member can refer a patient to the Colorado QuitLine. Standing orders for Colorado QuitLine referrals are permitted by workflows and the use of standing orders will vary by healthcare system.

WHAT IS THE SMOKING CESSATION SUCCESS RATE FOR QUITLINE PARTICIPANTS?

Quitlines are effective, evidence-based treatments for smoking cessation. The evidence base for tobacco cessation quitlines was established through numerous clinical trials and meta-analyses. After an exhaustive review of the randomized clinical trial research literature, the 2008 update to the _Public Health Service's Clinical Practice Guideline Treating Tobacco Use and Dependence_ concluded that quitlines increase 6-month smoking cessation quit rates compared with no intervention. Between 2014 and 2016, the average 6-month, 30-day abstinence quit rate for a survey sample of Colorado QuitLine users was 31.5%. In contrast, quit rates for individuals who attempt to quit unaided average 4-7% (Fiore et al., 2008).

WHAT PERCENT OF REFERRALS RESULT IN A PATIENT ENROLLING IN THE QUITLINE PROGRAM?

Typically, between 20% and 30% of patients referred by a provider through a fax, web-based, or e-referral enroll in Colorado QuitLine services. This is consistent with national provider referral conversion rates.

WHAT PERCENT OF QUITLINE ENROLLEES GET NRT?

Typically, between 80-85% of Colorado QuitLine enrolled clients receive NRT. NRT is sent through the mail to the client.

DOES THE COLORADO QUITLINE EVER CHARGE OR BILL PATIENTS OR PAYERS FOR NRT?

Colorado QuitLine services are free to ALL Colorado residents. Many health insurance plans and employers have established partnerships with the Colorado QuitLine to provide evidence-based, comprehensive cessation coverage at no cost for their members. Refusal to disclose insurance status does not impact patient eligibility. There are no copays for Colorado QuitLine services and patients will never receive a bill.

> **Colorado QuitLine services are free to ALL Colorado residents.**

QUESTIONS ABOUT ELECTRONIC REFERRAL (E-REFERRAL) MESSAGES

A detailed description of e-Referral implementation processes and the role of LPHAs is available online. Questions below pertain to the e-Referral messages sent to the Colorado QuitLine and progress notes received from the Colorado QuitLine and are relevant to providers and implementation sites.

WHAT INFORMATION IS INCLUDED IN THE E-REFERRAL?

In order to provide cessation services, the Colorado QuitLine needs information about the patient, the provider, and the patient's health conditions. The e-Referral sent to the Colorado Colorado QuitLine includes all of this information such as patient contact information, information about the referring provider, and health conditions that may impact whether or not a patient requires provider consent in order to receive nicotine replacement therapy through the QuitLine. Details about the contents of an e-Referral message are defined in Appendix 2 of the e-Referral toolkit.

HOW DOES E-REFERRAL BENEFIT PROVIDERS?

The implementation of an e-referral system serves several purposes to an organization. First, it will improve patient care by creating a reliable closed-loop system ensuring the referring provider knows the status of the referral and the patient's progress in their quit attempt. Second, it allows the organization to count the number of referrals toward the Transition of Care Meaningful Use objective as a result of the referral being sent to Colorado QuitLine. Finally, organizations can eliminate the paper-based referral, which streamlines the referral process and saves providers time during a patient visit.

Reliable closed-loop system ensures the referring provider knows the patient's progress.

The organization can count the number of referrals toward the Transition of Care Meaningful Use objective.

Eliminates the paper-based referral system which streamlines the referral process.

HOW DOES E-REFERRAL BENEFIT THE QUITLINE?

e-Referral creates significant operational efficiency for the Colorado QuitLine by reducing the manual processes typically involved in processing fax referrals. When fax forms are received, Colorado QuitLine staff key in the patient's name, phone number, and other referring information. e-Referrals are automatically loaded into the case management system, and the system automatically schedules outbound call attempts to the patient through our auto-dialer. This process uses fewer resources and promotes more timely engagement and enrollment of patients into the Colorado QuitLine program.

HOW IS THE E-REFERRAL MESSAGE SENT?

EHRs send e-Referrals to the Colorado QuitLine via Direct Protocol. Direct Protocol is very similar to email, except it has an added layer of security and trust-in-identity operating in the background making it HIPAA-compliant. Because Direct

Protocol acts like email, it allows for organizations to select their own domain and it serves as an address book. This means providers can search for another provider or service like the Colorado Quitline in order to exchange information. Find more information on Direct Protocol at www.directtrust.org.

WHAT HAPPENS IF A PATIENT REPORTS PREGNANCY OR UNCONTROLLED HYPERTENSION WITHOUT A RECORD OF THAT INFORMATION IN THE E-REFERRAL?

If provider consent for NRT is not explicitly indicated in the e-referral or included on the fax referral form, the Colorado QuitLine will generate a medical consent form for clients interested in receiving cessation medications from the Colorado QuitLine who also self-report conditions of pregnancy, breastfeeding, uncontrolled hypertension, or heart disease.

WHAT INFORMATION IS IN THE PROGRESS NOTE?

The progress note includes information about the patient's program utilization and structured data about the cessation medications that they have received. Providers can use the progress note to follow a patient's progress and reconcile medication information to integrate it into the patient record.

HOW MANY PROGRESS NOTES ARE SENT BACK TO THE PROVIDER?

The Colorado QuitLine sends three progress notes back to the referring provider at three weeks, three months, and six months following the referral.

IS A BUSINESS ASSOCIATE AGREEMENT WITH THE QUITLINE REQUIRED TO SEND E-REFERRALS?

No, referrals and e-Referrals do not require BAAs, as the referral originates with the provider and is part of treatment.

HOW LONG DOES E-REFERRAL IMPLEMENTATION TAKE?

Implementation duration can vary based on a number of factors such as:

- EHR system utilized by the organization
- Existence of a current referral system
- The Health Information Service Providers (HISPs) selected
- If an interface engine must also be implemented
- The availability of direct access to the interface engine or system
- The availability of resources (client, EMR vendor, and HISP(s))

Each implementation is slightly different, customized to each organization, their EHR, and existing workflows. Most implementations take 12-15 weeks.

Glossary

- <u>BAA</u> – Business Associate Agreement
- <u>CCD/C-CDA</u> – Continuity of Care Document/Consolidated Clinical Document Architecture - A flexible markup standard that defines the structure of certain medical records, such as discharge summaries and progress notes, may include text, images and other types of multimedia. http://www.hl7.org/implement/standards/product_brief.cfm?product_id=258
- <u>Digital Certificate</u> – A digital bundle containing information about the organization as well as the public key (padlock portion) for SSL/TLS, frequently just 'certificate'.
- <u>Direct Exchange</u> – The overall process of sending and receiving messages via Direct Protocol. https://www.directtrust.org/directtrust-101
- <u>DirectTrust</u> – A non-profit organization which established and maintains rules, standards, and policies associated with the operation of the security and trust-in-identity layer for Direct Exchange. https://www.directtrust.org/about-directtrust/
- <u>DirectTrust Bundle</u> – A collection of certificates that meet a common set of minimum security and trust-in-identity requirements for Direct Exchange. https://www.directtrust.org/f-a-q/
- <u>EHR</u> – Electronic Health Record
- <u>HISP</u> – Health Information Service Provider – a role in Direct Exchange similar to an Internet Service Provider.
- <u>Interface Engine</u> – Software built specifically for the healthcare industry that connects legacy systems and shares and retrieves electronic health information.
- <u>Private Key</u> – Used to generate certificates, the secret match to the public key contained in the certificate, secrecy and integrity of the private key is the foundation of the security value of digital certificates.
- <u>SSL/TLS</u> – <u>Secure Socket Layer/Transport Layer Security</u> – A type of connection used to secure private data over the public internet using certificates.
- <u>TOC</u> –<u>Transition of Care</u> – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.
- <u>XDR</u> – <u>Cross-enterprise Document Reliable Interchange</u> – provides document interchange using a reliable messaging system in the absence of other document sharing infrastructure.

  http://wiki.ihe.net/index.php/Cross-enterprise_Document_Reliable_Interchange