

Multnomah County Clinics Standardize Oregon Quit Line Referral

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Overview

- I. Introduction to MCHD Clinics
- II. Why we decided to standardize the tobacco referral
- III. Referral Workflow
- IV. Electronic Health Record
- V. Implementation process
- VI. Challenges & Solutions

Multnomah County Info

- 8 Primary Care clinics
- Clients served YTD- 37,783
- Visits YTD- 135,618

- ≈5,000 Tobacco Users
- ≈ 20% are ready to quit

What is driving our referral?

- Patient Self-Management Collaborative
- Meaningful Use Requirements

Patient Self-Management Collaborative (PSMC)

- Staff from 8 primary care clinics
- Work on projects around Patient Self-Management
- Chose standardizing Tobacco Quit Line Referral as a project in 2012

Oregon Quit Line Fax referral advantages from a clinic wide perspective:

- Clients need tobacco cessation coaching
- Takes some pressure off of provider visits
- Oregon Quit Line experts in cessation coaching
- Referral standardizes coaching
- Quit Line responsible for contacting the client over several phone call attempts
- Quit Line sends report around 1 month with status of client at that time

Meaningful Use Requirements

Required to report on:

1. % of patients receiving tobacco screen
2. Counseling given at last visit for tobacco users

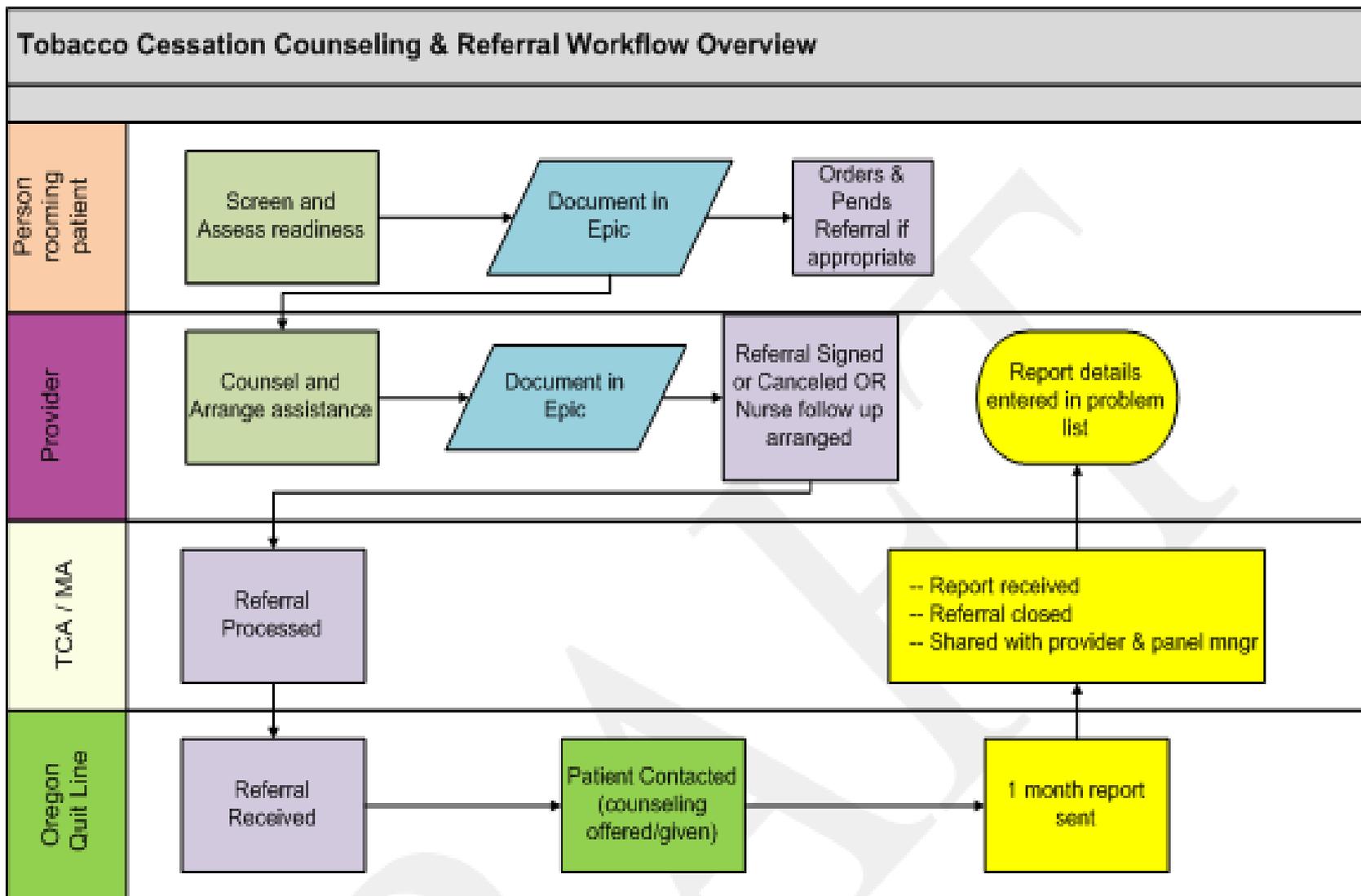
Good Timing

- PSMC working on tobacco cessation referral, job aid
- Clinic leadership choosing annual target metrics
- PSMC asked to add 'counseling' to referral

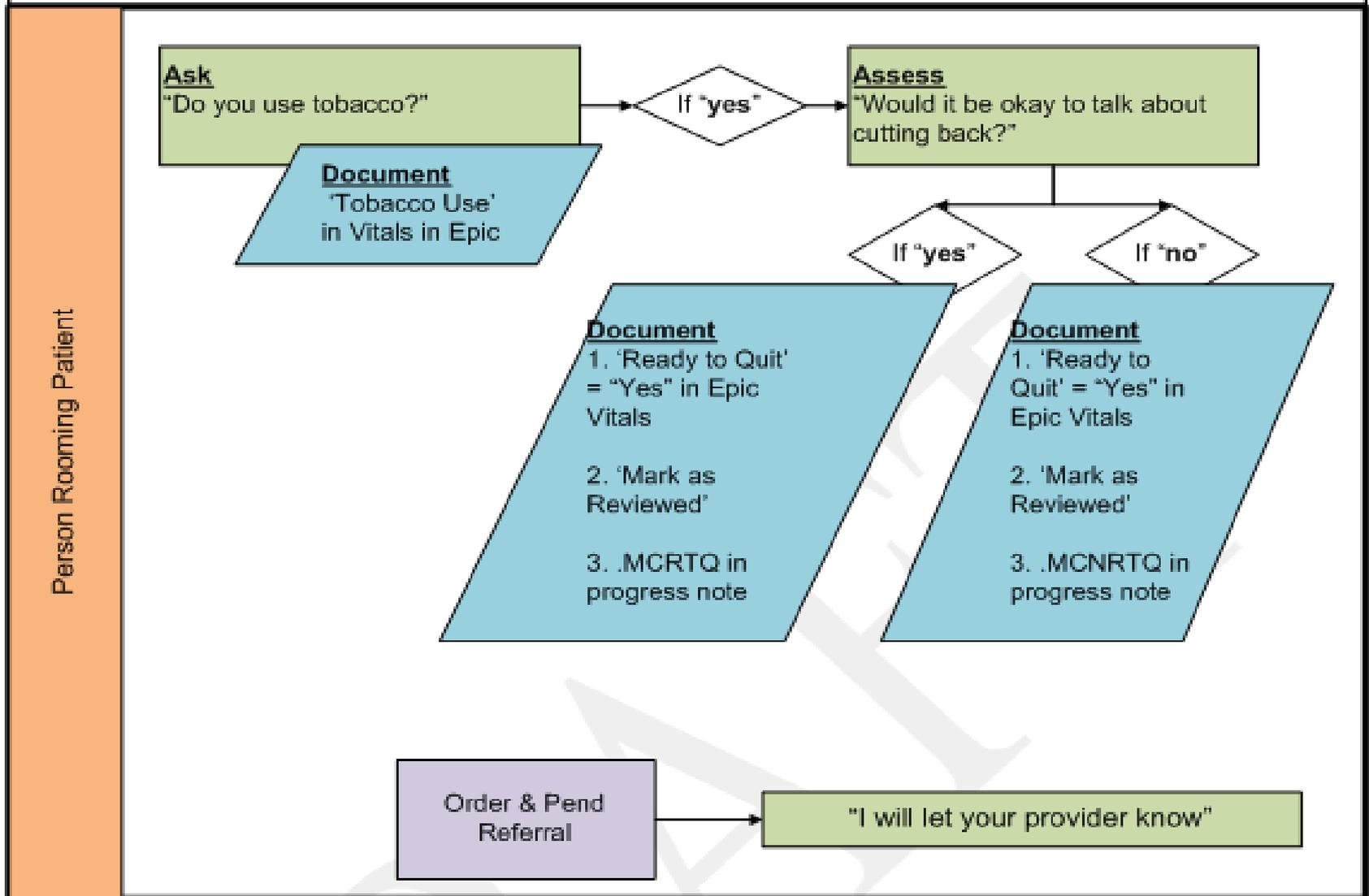
Dashboard Quality Metric

			January	February	March	
Quality	% 12+ pts with tobacco screen	85%	28289	77%	77%	78%
	Counseling given at last visit for tobacco users		5112	10%	13%	17%
	% DM pts with A1c < 8	--	3420	56%	55%	55%
	% DM pts with LDL < 100	--	3420	50%	50%	50%
	% DM pts with BP under control	--	3420	59%	58%	58%

Workflow



Tobacco Cessation Referral and Counseling Details (Step 1)



Tobacco Cessation Referral and Counseling Workflow (Step 2)

Provider

YES
Patient wants to talk about tobacco use

Advise

"I'm so glad you decided to quit smoking/using tobacco. Let's talk about your choices for medication and coaching."

Assist

1. Medication

Share information about their options for medication to help them quit.

2. Counseling

"It can be really helpful to have someone coach and support you when you quit. The Tobacco Quit Line has great, free coaching services I'd like to refer you to. Would it be okay if someone from the Quit Line calls you?"

Arrange

—Sign the pended Quit Line referral

OR (if they decline Quit Line but still want to quit)

—Arrange for you or a team member to follow-up during the first week and again during the first month after quit date.

Document

1. Counseling Given 'Yes' in Epic Vitals
2. Use .tobacco to document *how* counseling was given in Epic Progress Notes

Sign pended referral

NO
Patient does not want to talk about tobacco use

Advise

Counsel patient on their use of tobacco.

Minimum

"Quitting tobacco is one of the most important things you can do to protect your health. We will keep checking with you to see when you are ready to talk about cutting back"

Best Practice

Use motivational enhancement to help patient move from pre-contemplation to *Action*

Document

1. Counseling Given 'Yes' in Epic Vitals
2. Use .tobacco to document *how* counseling was given in Epic Progress Notes

Cancel pended referral

EHR Work

Existing components:

- “Tobacco Use” button in Vitals
- “Ready to Quit” button in Vitals
- “Counseling Given” button
- Smartphrase- .tobacco

Added components:

- Oregon Quit Line referral # for “smoking cessation”
- Smartphrases-.MCRTQ/.MCNRTQ “patient ready or not to discuss quitting”
- “Fax” letter in EHR

Implementation

- Piloted at 1 clinic
- Gathered feedback from pilot
- Changes incorporated
- Spread to 7 clinics

Where are we at now?

- 78% of our clients are screened for tobacco use
- ≈5,000 Tobacco Users
- 17% of Tobacco Users counseled on tobacco use at last visit
- ≈ 20% are ready to quit
- ≈ 500 clients have been referred to Oregon Quit Line

Challenges

- Pushback from staff
 - “If clients are motivated they will call the 1-800 #”
 - “It takes too much time”
 - “We have a staff person call with the client”
- No true way to “close the referral loop”
- Process of printing, faxing and entering report information back into system is cumbersome
- Clients often can not be reached at # provided/clients won’t answer because they’ve run out of minutes for their phone that month

Possible Future Solutions

- Report comes once per month until:
 - patient has finished services
 - Quit Line deems them unreachable or
 - patient declines services
- True electronic referral implemented
- Dedicated phones in clinic public areas
- Way to cover set # of minutes for clients using this service

Questions?



Thank You

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