

Tobacco Cessation Electronic Referrals Frequently Asked Questions

What is an electronic referral?

An electronic referral is when a health system or clinic provides an electronic file of patients or health plan members to the Oregon Tobacco Quit Line. These patients have been identified through the electronic health/medical record (EHR) as tobacco users who are interested in quitting.

The electronic file is then sent to the Quit Line in one of several available ways. The Quit Line then contacts these individuals to enroll them in available cessation services, similar to the fax referral process.

Why use electronic referrals?

Research indicates that provider referral of patients to tobacco cessation programs is associated with a significantly higher participation rate than simply telling patients they should quit. Clinical teams, that include but are not limited to providers, nurses, medical assistants, traditional health workers can make a big impact on the lives of their patients and reduce health care costs by referring them to tobacco cessation services.

In the past, the only way a healthcare provider could refer patients to the Oregon Tobacco Quit Line was to give them the Quit Line's phone number or a brochure. Fax referrals became one way to overcome this barrier, but in the age of electronic health/medical records (EHRs), physicians may no longer have a paper-based file for their patient. There is literally no place for a fax referral form or to file follow-up reports from the Quit Line with the rest of the patient's health information.

By using an electronic health/medical record system to refer your patients to cessation resources, it assists your health system in achieving [Meaningful Use](#) and [Patient Centered Primary Medical Home](#) standards.

Electronic referral systems automatically refer a list of patients to tobacco cessation programs. This process lessens the burden on the health care provider or staff, who may not have time to sit with a patient to sign and complete a fax referral form and then later send it in.

Who can use E-Referral Systems?

Any health system or a clinic utilizing an electronic medical record can submit electronic referrals to the Quit Line.

To utilize e-referrals, the health system must have some way of identifying which patients to refer to the Quit Line. Options may include:

- Tobacco use status included in electronic medical records
- Other "readiness to quit" measure in electronic medical records
- Pharmacy claims for Nicotine Replacement Therapy prescriptions

A health system or clinic that wishes to adopt an electronic referral system may need to commit staff time or resources to modify the EHR and complete initial set-up of the recruitment feed process. For example, the health system may need to commit IT staff time to write a new

protocol/script that will search all electronic medical records for patients that meet the referral criteria.

Ideally, e-referrals are fully automated (i.e., a file is sent to the Quit Line every week, or every month) and require little staff time or involvement beyond the initial set-up.

Who should be referred to the Quit Line using E-Referrals?

The health system or clinic setting up the electronic referral must determine what criteria a patient must meet to be referred to the Quit Line.

For example:

- One clinic may decide that patients who already have a prescription for Chantix are highly motivated to quit using tobacco and will prioritize these patients for referral.
- Another health plan may decide that patients who use tobacco and have asthma have high medical costs and would greatly benefit from quitting – this plan would decide to refer all patients who use tobacco and have asthma to the Quit Line.

How does the Quit Line receive this information?

Once the health system or clinic is able to “pull” a file on patients meeting the determined criteria, the file is then securely transmitted to the Quit Line. The preferred method is for the health plan to upload the file to the Quit Line’s secure data transmission site. Electronic referrals can also be securely emailed, or information automatically pulled from the EHR can still be manually faxed to the Quit Line.

Once the Quit Line has received the file, they upload it into their system. Quit Line staff will then make several attempts to call the patients listed in the file to offer tobacco cessation counseling services.

What about HIPAA regulations?

Health systems and clinics must be HIPAA compliant to utilize e-referrals. In this situation, the Quit Line is another “provider” and the health system is sharing confidential health information for Treatment purposes.¹

It is up to each health system to determine how they will handle client consent. Some plans consider referral to the Quit Line as falling under the generic notification that information may be shared for treatment or billing purposes – most patients have a signed form already on record.

Other health systems or clinics may choose to build a checkbox or other option into the EHR indicating that the patient is interested in quitting, interested in more information on quitting, would like help quitting, or would like to be referred to the Quit Line.

What about follow up?

A report called the Recruitment Outcome Summary Report can be provided to the health plan on a monthly basis that will provide a summary of the monthly recruitment activity. The report

¹ <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

provides aggregate information showing how many individuals were referred, how many accepted counseling services, declined, or were unreachable.

How do I get started?

If you are part of a health plan that contracts with Alere Wellbeing Inc., telephonic counseling services please contact the cessation coordinator at your health plan or your client services manager at Alere.

If you are with a health plan or health system that does not contract with Alere Wellbeing for tobacco cessation services, please contact Scott Montegna at the Oregon Health Authority at 971.673.2283.

Visit www.smokefreeoregon.com/resources/referral-to-quit-for-health-systems-and-social-service-agencies for example E.H.R. workflows that ask patients if they use tobacco, advise them to quit, and refer them to cessation resources.