NYU SCHOOL OF GLOBAL PUBLIC HEALTH

Implementing Opt-To-Quit™

A Step-by-Step Manual for Healthcare Organizations to Integrate a Referral System to the New York State Smokers' Quitline

This project was supported by Pfizer Independent Grants for Learning & Change (IGLC), in collaboration with the Smoking Cessation Leadership Center (SCLC).

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A. Purpose

This step-by-step guide will help you integrate Opt-to-Quit™ (OTQ™), an electronic (eReferral) system, into your organization's electronic health record (EHR). OTQ™ creates a seamless method for referring tobacco users to the New York State Smokers' Quitline (Quitline).

This step-by-step guide is:
- EHR vendor-agnostic,
- Relevant to inpatient and outpatient settings,
- Applicable to any type of healthcare delivery setting.

Why should you refer your patients who use tobacco to the Quitline?
- The Quitline offers busy providers an opportunity to delegate the time-consuming activity of offering more intensive counseling.
- The Quitline will provide free nicotine replacement therapy (NRT) for eligible tobacco users, cessation counseling and referral to other resources.

What is OTQ™?
- OTQ™ is a policy-driven, system-wide program developed by Roswell Park Cessation Services (RPCS) at Roswell Park Comprehensive Cancer Center (RPCC). OTQ™ is part of a larger organizational commitment to quality improvement (QI).
- OTQ™ facilitates your organization's efforts to ensure that all smokers are offered evidence-based tobacco dependence treatment (TDT) by embedding the Quitline referral into EHR workflow.

How does OTQ™ work?
- To successfully implement OTQ™ it is imperative to collaborate with your staff, EHR vendor, and the Quitline.
- Once OTQ™ is integrated into your EHR, with the click of a button, the contact information of patients identified as tobacco users is automatically added to a report that is electronically transmitted to the Quitline. Quitline staff then contact tobacco-dependent patients to offer various forms of cessation support, including counseling, educational materials and NRT. For more information about the Quitline's services, contact RPCS at quitsite@roswellpark.org.

Are my patients' data safe?
- The Quitline adheres to the Health Insurance Portability and Accountability Act (HIPAA), so there are no confidentiality concerns associated with data transfer. For more details about how OTQ™ meets HIPAA regulations refer to **Box 1** below.

Box 1. Quitline HIPAA Compliance. The OTQ™ opt-out eReferral process is compliant with both the HIPAA Privacy Rule and the HIPAA Security Rule. According to the HIPAA Privacy Rule, health care providers do not need patient authorization to disclose protected health information (PHI) to another covered entity that will be providing treatment to that patient. HIPAA defines treatment broadly within the Privacy Rule. As a program of Roswell Park Cancer Center (RPCC), the Quitline falls within the definition of a covered entity. Services provided by the Quitline are included in the HIPAA definition of treatment. A Business Associate Agreement is not required. Your organization's Notice of Privacy Practices informs your patients of this type of disclosure.

B. Manual Development

This manual was developed by the New York City Treats Tobacco (NYCTT) team at New York University. NYCTT is funded by the New York State Department of Health, Bureau of Tobacco Control. The aim of NYCTT is to partner with healthcare organizations that serve disparate communities throughout NYC to improve the delivery of evidence-based tobacco cessation treatment. In partnership with the New York City Regional Electronic Adoption Center for Health (NYC REACH), a provider membership organization which operates within the NYC Department of Health and Mental Hygiene (NYC DOHMH), and the Quitline, NYCTT implemented the OTQ™ eReferral system in both inpatient and outpatient settings. This manual was informed by these experiences. This project was supported by Pfizer Independent Grants for Learning & Change (IGLC), in collaboration with the Smoking Cessation Leadership Center (SCLC).

C. How to Use This Manual

This manual provides a series of steps towards implementing OTQ™. Each step includes links to resources and references to appendices. ***Appendices 1-5*** provide additional materials to support your organization in the process of implementing OTQ™ (e.g., case studies, sample workflows).

Before implementing the steps described below, your organization will need to contact RPCS at quitsite@roswellpark.org to create an online account with the Quitline. This account allows the Quitline to identify all referrals by the organization's name. Through this account, you can track the number of patient referrals by organization or by individual provider.

D. Audience

Any New York State (NYS)-based healthcare organization can use this manual to guide implementation of automatic eReferral to the Quitline (OTQ™).

Outpatient adult care settings: Provider referrals to the Quitline via the OTQ™ system will trigger a call to your patients from a Quitline counselor. Counselors provide more intensive counseling over a longer period of time and, if eligible, will provide two weeks of free nicotine replacement therapy (NRT) (nicotine patch, gum and/or lozenge).

At a minimum, all providers should screen for tobacco use, offer brief advice and refer smokers to the Quitline, or another cessation program, to receive more intensive counseling. The Quitline will only supply OTC NRT. Therefore, providers should offer prescription medication at the time of the referral based on patient history and preference.

Inpatient settings: The Joint Commission Tobacco Treatment Measures include offering treatment at discharge.[1] Implementing OTQ™ as part of the patient discharge process will support your organization's goal in meeting this measure and provide patients with an opportunity to receive ongoing support after they leave the hospital.

Pediatric care settings: Providers in pediatric settings who are concerned about patients' exposure to secondhand smoke may also use the OTQ™ referral system to address caregivers' smoking. Be sure to consult with your institution's legal team to obtain permission to refer non-patients.

E. Staffing Requirements for Implementing OTQ™

In-House Staff

Staff Team members to implement OTQ™ should include senior health center staff who are empowered to make system-wide decisions, staff with experience in the design and execution of QI projects, and staff who have knowledge of daily operations and workflows. OTQ™ implementation also requires your health information technology (HIT) or other staff to make updates to your EHR or data systems (**Box 2**). These updates are explained in more detail in Step 2. The scope of these updates will vary depending on your EHR functionality and the data exchange method you choose.

Box 2. HIT updates to your EHR will include:
- Changes to your tobacco dependence assessment and treatment fields in your EHR to facilitate documentation of tobacco dependence
- New reporting functions (i.e. reports generated that include patients who will be referred to the Quitline)
- A new data exchange method (or new interface) to the Quitline

Outside Consultants for Implementation

If you do not have staff capacity to make the necessary EHR changes, your organization may want to reach out to your **HIT vendor** or **identify an outside consultant** to assist with implementation.

EHR Vendor: Vendors generally have guides or videos on how to update patient assessment fields, or how to create, update or modify a selected data exchange interface. Vendor resources may also include technical support and HIT training.

Outside Consultant: If your OTQ™ plan exceeds the technical capabilities of your organization's current staff, or if your EHR vendor is not able to provide you with the resources to implement these changes yourself, you may want to obtain assistance from other sources. Local health departments, nonprofit agencies, professional associations, accountable care organizations or academic institutions may have resources to help with the implementing projects to address population health and quality improvement.

Tips for Successful Implementation of OTQ™
- Obtain commitment from staff members in your organization to enhance integration of TDT into routine care.
- Integrate this project into your existing QI program and add it to meeting agendas.
- Identify HIT expertise (either in-house or from an outside organization) with capacity to implement a new EHR workflow.

F. What is OTQ™?

As defined by the Quitline, an OTQ™ referral policy has three main features that when combined, can significantly increase Quitline referral rates at your organization.[1] (**Box 3**)

1	It is an organization or system-wide program	**2**	It is an opt-out approach	**3**	It is an eReferral system

A recent evaluation of OTQ™ in an inpatient setting found that Quitline referrals increased 124% in the two years following implementation.[1]

Feature 1- System Wide: First, OTQ™ is a system-wide policy. This means that the systematic referral of all identified tobacco users to the Quitline is embedded into all routine clinical care. This is in contrast to when providers refer patients at their discretion. Implementing OTQ™ increases the consistency and efficiency of the referral process and ensures that all patients who use tobacco will receive evidence-based treatment.

Feature 2- Opt-Out: This system-wide policy states that all patients who are identified as smokers will be referred to the Quitline unless they refuse, or "opt-out." This differs from an "opt-in" policy, in which providers offer patients the choice to be referred to the Quitline. The distinction between presenting the Quitline referral to your patients as a default policy and giving them the choice to be referred seems subtle, but research has shown that "opt-out" policies result in more referrals compared with opt-in policies.[2] This is consistent with other health behavior research that shows that individuals are more likely to participate in health-promoting behavior if it is presented as the default option.[3] Your organization will be able to determine if additional, written consent is required.

Feature 3- eReferral System: Finally, practices can use the Quitline's OTQ™ eReferral system, which is a direct data transfer established between your organizations and the Quitline, allowing data to be seamlessly sent to the Quitline. Organizations can also manually send patient data to the Quitline via a Quitline website or via fax, requiring extra steps to complete the referral process and taking up additional staff time. Early evidence has shown that eReferral programs increase referral rates when compared to other referral programs, such as "Fax-to-Quit" or "Refer-to-Quit," thus providing a more effective method of linking patients to treatment.[4] The extent to which your organization can automate OTQ™ will depend on your EHR and HIT capabilities. EHRs vary in terms of how customizable they are and how easy it is to automate new workflows like OTQ™.

Box 3. Opt-to-Quit™ Process
- Process is HIPAA compliant
- All patients are systematically referred
- Patient is told about the Quitline and informed that they will be referred, unless they opt out
- Data can be transferred via automatic patient data exchange

G: Step-by-Step Guide for Implementing Opt-To-Quit™

Step 1: Assess and Update Current Tobacco Dependence Treatment Practices

Implementing all the components of OTQ™ requires system-wide changes. Below are key starting points for adopting evidence-based tobacco dependence treatment (TDT) and the OTQ™ program.

1.a. Select a leader and team to support implementation. Convene a team to implement the program that includes HIT expertise. Other members may include:
- A leader of QI programs
- Medical Director and/or health care providers and other office staff members motivated to promote evidence based TDT.

1.b. Assess your current TDT workflow for screening and implementing each step of guideline recommended treatment (**Figure 1**).
Implementing OTQ™ is an opportunity to optimize your organization's tobacco dependence screening and treatment workflows and the tobacco users' experience. Incorporate input from front office staff and others who are involved in the TDT. **Appendix 1, Opt-to-Quit™ Sample Workflow** provides additional guidance for designing workflows for TDT.

Figure 1. AARP Model

Ask → Advise → Refer → Prescribe

The workflow and systems should support evidence-based guidelines for TDT.[5] NYCTT recommends implementing the AARP model (**Figure 1**):
- Asked about tobacco dependence (Ask),
- Offered advice to quit (Advise),
- Referred to the Quitline or other more intensive treatment options (Refer) and
- Prescribed smoking cessation pharmacotherapy (Prescribe). **Table 1** offers guidance for prescribing.

Tips for patient access to cessation pharmacotherapy
Regarding prescribing NRT:
- The Quitline offers only 2 weeks of NRT to eligible patients. Providers should assess, based on the patient's past quitting history if alternative or additional tobacco cessation pharmacotherapy is appropriate.
- NY State Medicaid covers all seven FDA approved medications for smoking cessation, including combination therapy. For more information on the Medicaid pharmacotherapy policy see Appendix 2.

Table 1. Cessation Medication Prescribing Guide

5-10 cigarettes per day:	10 or more cigarettes per day:	Any level of nicotine dependence:
• 14 mg patch OR • Short acting (2/4 mg gum, lozenge, inhaler, or nasal spray)	• 21 mg patch PLUS • Short acting (2/4 mg gum, lozenge, inhaler, or nasal spray)	• Bupropion SR (Zyban) plus NRT (dosed as previous columns) OR • Varenicline (Chantix)

1.c. Implement ongoing assessment to promote policy sustainability.
The workflow may require changes and updating to address challenges that arise during initial implementation. Elicit feedback from providers and staff on the changes needed to optimize the program's effectiveness and sustainability.

Step 2: Determine Data Transmission Method

The ideal data transmission method is **Automated Data Exchange**, the OTQ™ approach, which is a direct data transfer to the Quitline of an XML file, containing a report of all smokers being referred. If your organization's EHR technology is not capable of generating or automating this type of report, other options exist.

Use **Figure 2** on page 7 of this manual to help choose the best method for your organization to refer to the Quitline. We recommend you contact the Quitline if your organization plans on using automated data exchange, as they can help with formatting reports, login and security. The New York State Smokers' Quitline Data Exchange Specifications manual also highlights full technical specifications and descriptions of each of their data transfer methods. Staff can reach out to either RPCS at quitsite@roswellpark.org, or NYCTT to obtain this manual.

Regardless of the data transmission method your organization chooses, we recommend sending the XML report of smokers daily to the Quitline, especially if you are able to fully automate the process. If your organization needs to generate or transmit the file manually, it may be easier to upload the report weekly. The Quitline coaches' response is based on a 72-hour call-back.

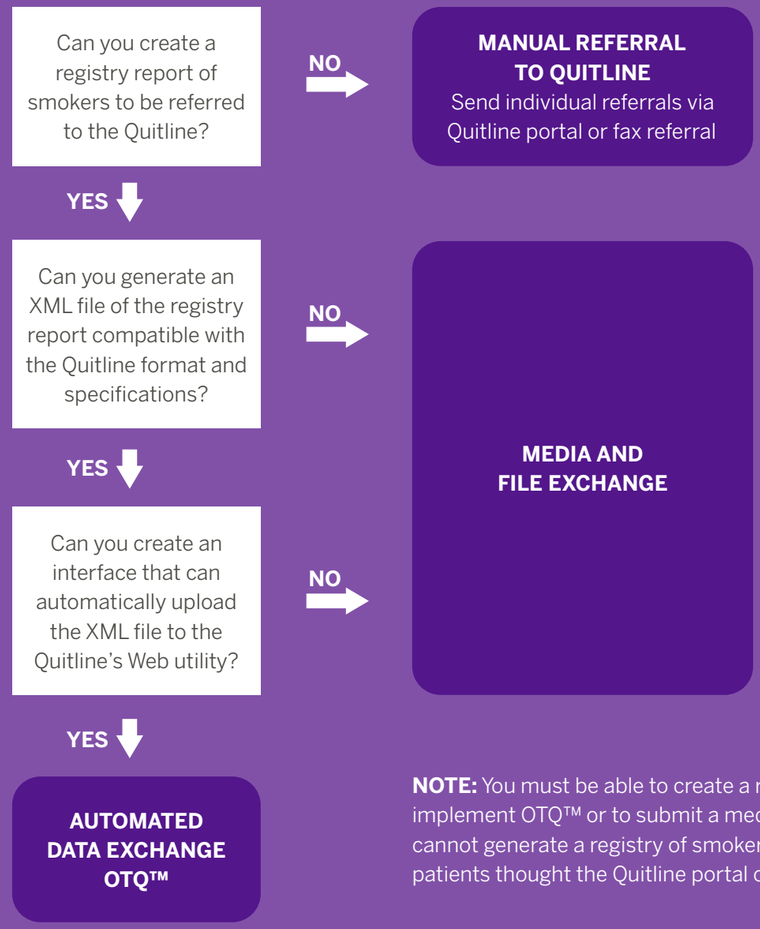
The Quitline also provides feedback reports that include information and statistics on interactions with patients. These are called Program Activity Results (PAR). These detailed results include details on the outcomes of calls with patients and updates on patients' quit status.

The full range of Quitline referral options are described below in **Box 4** and in **Figure 2**. The Automated Data Exchange is the OTQ™ model. This model requires more resources to implement, but once operationalized, provides the most efficient method for linking patients to evidence-based cessation support.

Box 4.

OTQ™ Program	**Automated Data Exchange:** This mode involves exchanging data between the participating provider and Quitline using web services and is the preferred method. Information in the smoker registry is automatically sent to a secure NYS Smokers' Quitline Web utility that is specifically designed for receiving and sending this type of data. Automated transmission of Program Activity Results from the Quitline's web utility back to your organization's Client Data Systems is also possible, and can be either scheduled or performed on demand. The web utility specifications can be found in the Quitline's data specification manual.
Other Quitline referral approaches	**Media and File Exchange:** If the Automated Data Exchange is not feasible, your organization can exchange data using electronic media file. This requires your organization to obtain login credentials for the Quitline's secured website (or through secured email) to upload the smoker patient registry as an electronic file in specified formats (Excel, CSV, etc). Your organization will need to use this web login method to access Referral History, Program Activity Results and aggregated data for analyses. This method is less automated, and therefore requires more work on the part of your staff and the Quitline when compared to Automated Data Exchange. **Online Referral and Reporting:** This method requires the provider to log into the secure Quitline website and manually enter referrals, one patient at a time. The provider can login anytime later to verify their referrals, view Program Activity Results and locate other aggregated data. For more information on how to implement online referrals, refer to the OTQ™ Specific Resources in **Appendix 2**. **Fax/Paper-Based Referral:** This option requires your organization to fax the patient data, in pre-defined forms, to the Quitline's secured fax numbers. Your organization will receive Program Activity Results in return via a fax on a periodic basis. Provided staff have acquired login credentials from the Quitline, providers can also log into the Quitline partner website to verify that referrals were successfully transmitted and to view Program Activity Results and aggregated data. For more information on how to implement a fax or paper-based system, refer to the OTQ™ Specific Resources in ***Appendix 2.***

Figure 2. Decision Tree



NOTE: You must be able to create a report of smokers to implement OTQ™ or to submit a media file to the Quitline. If you cannot generate a registry of smokers, you may still refer individual patients thought the Quitline portal or fax refer patients.

Figure 2. *This decision tree contains questions about your organization's capabilities when it comes to staff, reporting, and information exchange. It is designed to help you decide which data exchange method to use for referring smokers to the Quitline. Automated Data Exchange, or OTQ™, is ideal; however, you may choose one of the other methods depending on your answers the to questions in this figure.*

Step 3: Update TDT-Related EHR Documentation

3.a. Assess baseline EHR functionality related to screening, documentation, and treatment of tobacco dependence.
Quitline services function as an adjunct to your organization's screening, treatment and follow-up procedures. Changes to the EHR will be required to implement OTQ™.

3.b. Prepare for EHR modifications to comply with Quitline requirements.
Inform your organization's HIT expert about OTQ™. Use the EHR Documentation Worksheet (**Box 5**) and your responses to **Appendix 3** to discuss and plan any necessary changes to the EHR. The Quitline requires the bolded data elements highlighted in **Appendix 3** and shown in Box 5. The remaining elements can improve the efficiency of the eReferral process.Indicating the preferred language of the patient is particularly helpful as Quitline services are offered in Spanish. Patients can be connected to the language line for additional language needs or to the Asian Smokers' Quitline (ASQ) which offers counseling in several Asian languages (see **Appendix 2** for more information).

Minimum OTQ™ system requirements include assessing tobacco use status among all patients at regular intervals and referring to the Quitline.

In many EHRs, patients' tobacco use information is captured in the Social History portion of the progress note. The Quitline opt-out and notification status may be documented either in the counseling portion of the note or in the referral. It is important that any new data fields created for OTQ™ are structured to facilitate creating the report. The optimal location for structured data may depend on the data transmission method selected in Step 2.

The Quitline is compliant with the HIPAA Security Rule, ensuring that the data are transferred through secure data delivery options.

Box 5.

The Quitline requires specific patient data in order to contact smokers. Required fields include:

Required Data Fields
- First Name
- Last Name
- Date of Birth
- Phone Number
- Tobacco Use Status
- Opt-Out Notification Status

Quitline-Recommended Data
- Patient Address
- Best Time to Call
- Language

Step 4: Build and implement a patient registry

Once EHR changes are made, data exchange requires that you create a patient a registry (or report). Only patients eligible for Quitline counseling should be included in the registry, including current smokers 18 or older, and those who do not opt-out. The format of the patient registry will depend on which data transmission method selected in Step 2 and your EHR's capabilities. You must create this registry and save it in a specific location, such as a folder or drive on your organization's network, for it to be located by the Quitline's web utility and transmitted. The Quitline will communicate with you about the best location for proper transmission. We recommend that you automate the creation of this report daily.

If your organization is unable to create or upload this form automatically you can select one of the other data exchange methods described on page 7.

Step 5: Develop and test transmission method

5.a. Create a test patient account to populate the report.
Create a test patient account to capture the data that needs to be included in the smoker registry, as described in the"Required Data Fields" and "Quitline-Recommended Data Fields" in **Box 5**. Smokers included in the registry are age 18 and over, who do not opt out. Make sure the necessary demographics are documented in this test patient's record.

5.b. Test Quitline report transmission.
Generate the Quitline's smoker report either manually or, ideally, through an automatic scheduling process. In addition, check to see that the created test patient shows up in the report. If the test patient does not show up, revisit the structured data field setup or the report type.

5.c. Save the report in a specific network location.
If using an automatic data transfer (OTQ™) the report should be saved in a specific folder or drive on your network with a specific naming convention described in the Quitline data transmission specifications. Contact the Quitline to confirm they received the report.

5.d. Identify a method for disseminating Quitline feedback.
The Quitline can generate a feedback report (i.e., Patient Activity Results **Box 6**) that lists which patients were contacted, their quit status, and if they were mailed NRT. If you are using OTQ™ automated data exchange, the Quitline can assist in setting up a system that incorporates the Quitline report in the social history or another location in the patient chart.

If you are not able to use the Automated Data Exchange, you may still collect Patient Activity Results using the other methods describe on pages 6 and 7.

If you are not able to use Automated Data Exchange as described in Step 2, you may still collect Patient Activity Results using the other methods described on pages 6 and 7. Providers can use this information to follow-up with their patients, offer additional encouragement and advice, and congratulate the patient for trying to quit. In addition, your organization's QI team can use these data to monitor your program. For the latest information on data reporting, contact RPCS at quitsite@roswellpark.org.

Box 5. Patient Activity Results Data

- **Number of patient referrals within a specific time period**
- **Date of contact or, when unable to reach, date of last attempt to reach each patient**
- **Contact outcome, including the results of attempts to contact the patient**
  - Reached/completed
  - Declined services at this time
  - No response from client
  - Wrong number/Client no longer at this number
  - Phone disconnected
- **Quit Status**
  - Already quit
  - Wants to quit
  - Has chosen a quit date
  - Has not chosen a quit date but plans to quit within 30 days
  - Not ready to quit at this time
- **NRT Status**
  - NRT eligibility
  - Sent and receipt status
  - Whether or not they are using it

Step 6: Develop an Organizational Policy

Once you have confirmed that OTQ™ data exchange is functional, draft your organization's OTQ™ policy, using established workflows as a guide. This organization-wide policy will encapsulate all components of OTQ™ for your organization. You can find a sample OTQ™ policy in **Appendix 4**, Sample Organizational Policy for Opt-to-Quit™ Adoption.

Your organization's OTQ™ policy should include:	**For Example:**
A description of how frequently patients will be asked about tobacco use and referred to the Quitline.	Tobacco use status is obtained and assessed at time of inpatient admission or every outpatient visit.
Guidance to help providers educate patients on the importance of tobacco cessation.	"Quitting smoking is one of the most important things you can do for your health."
Language that describes the Quitline's services and clearly explains the opt-out process as it is presented to the patient.	"We work directly with the Quitline to help our patients stop smoking. The Quitline offers counseling and free medication to help you quit. It is our policy to refer all patients who use tobacco to the Quitline. Your information will be sent to the Quitline so a counselor can contact you, unless you let staff, or your provider know that you prefer not to be referred."

Step 7: Inform and Train Your Staff to Begin Using OTQ™

A critical part of OTQ™ implementation is to ensure that all providers and staff are aware of and understand the OTQ™ eReferral system and your organization's OTQ™ policy.

7.a. Inform staff of OTQ™ implementation.
Disseminate new standards of treatment and cessation to staff through a variety of different methods. This will ensure OTQ™ awareness and compliance.

Examples include:
- Discussing policy updates and best practices during regularly scheduled meetings
- Include reminders in staff and provider huddles
- Sending internal memos and email updates
- Posting bulletins throughout your organization
- Create a Best Practice Alert that reminds providers to screen for tobacco use, offer brief advice to quit, prescribe as needed and inform patients of the referral policy

7.b. Train staff on TDT and OTQ™.
Schedule a TDT and OTQ™ training that includes the following:
- Review the evidence-based guidelines for treating tobacco dependence, including pharmacotherapy options and state Medicaid policies that offer free pharmacotherapy.
- Demonstrate the updated workflow and EHR modifications
- Provide details on rationale for OTQ™
- Demonstrate the components of the full OTQ™ implementation process
- Discuss the ways in which routine performance feedback will be incorporated into already established feedback measures.
- Use existing resources to support your training activities. For example, you can contact a New York State Bureau of Tobacco Control, Health Systems for a Tobacco-Free NY contractor for additional support and training. Refer to **Appendix 2** for further information on how to contact your nearest agency.

In your staff training, demonstrate the OTQ™ implementation process through:
- Screenshots
- Updated workflows
- An example of the report sent to the Quitline
- An example of the Patient Activity Results data
- A copy of the new written policy

Step 8: Addressing potential challenges to implementing OTQ™

Ongoing monitoring in the early stages of implementation will help identify challenges that staff are experiencing and incorporate patient feedback. ***Appendix 5a-b, Case Study 1: Media File Workaround in a Federally Qualified Health Center and Case Study 2: Implementing OTQ™ with EPIC in a Hospital Inpatient Setting*** provide real-world examples from other organizations that have implemented OTQ™. The cases provide insights into challenges and potential solutions throughout the implementation process. Some common challenges that other organizations have identified include:

What can be done to address staff and patient concerns about privacy?
- Inform patients that the eReferral mechanism will maintain the confidentiality of their information. Data are transferred to the Quitline through secure methods.
- Explain to staff that the Quitline is fully HIPAA compliant and provide them with language to describe how the program is compliant.
- If your organization is implementing a parent/caregiver OTQ™ eReferral system, consult with your organization's legal team to address HIPAA concerns and develop appropriate language to convey your OTQ™ policy to parents and caregivers.

How can QI fatigue and time constraints be addressed?
- Reassess workflow to ensure that the range of TDT activities (e.g., screening for tobacco use, advice to quit and informing patients of the Quitline service) are well integrated into routine patient care.
- Remind providers that OTQ™ can save them time by helping them delegate more intensive counseling to the Quitline.

What are the best ways to address patient questions about the Quitline, or resistance to cessation support?
- Distribute FAQs, scripted responses to likely patient questions and patient education materials (including the OTQ™ materials in **Appendix 2**) to providers and staff to help navigate patient concerns and defuse resistance.
- Include this information in waiting rooms and/or in the patient portal.

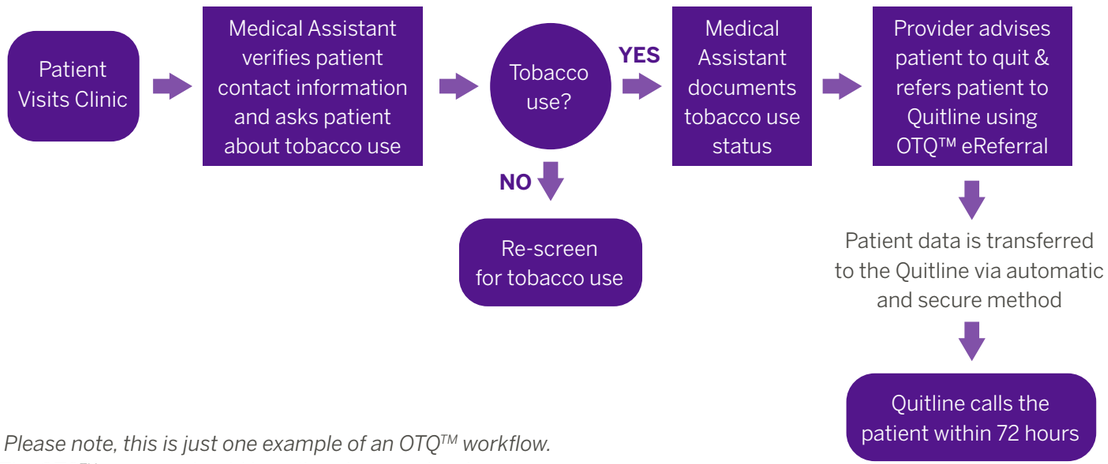
Additional assistance
For more information on resources in NYS that can assist with the integration of OTQ™, please see **Appendix 2**.

Manual Appendices

APPENDIX 1
Opt-to-Quit™ Sample Workflow

This tobacco dependence treatment (TDT) workflow provides an example for how your organization will explicitly state all health care provider and staff roles and responsibilities for addressing tobacco screening during a patient's visit. The example reflects the evidence-based minimum steps[5] (Ask, Advise, Refer, Prescribe) that your organization should include, and highlights the data transfer components. Your organization may want to make additional changes including discussing the HIPAA-compliant, secure transfer process or supplemental onsite tobacco dependence counseling.

SAMPLE WORKFLOW



** Please note, this is just one example of an OTQ™ workflow. The OTQ™ process should be tailored to your local setting.*

APPENDIX 2
Tobacco Cessation Resources and Materials

The following offer a list of New York City and State provider and patient resources and additional resources that are specifically related to OTQ™.

New York State Resources

NY State Smokers Quitline
Description: In addition to providing OTQTM services, the Quitline is also available for patients who prefer to reach out to this service themselves. The service includes telephone counseling, free nicotine replacement therapy (for qualified participants), an online community, a text message program, and additional patient materials.
Online: NY State Smokers' Quitline
Phone: Dial 311 or the Quitline 1-866-NY-QUITS (1-866-697-8487) The Quitline also has useful materials for providers and health systems, including brochures.
Online: Healthcare professionals - NY SmokeFree

NY State Tobacco Dependence Treatment Contractors: Health Systems for a Tobacco-Free NY (HSTFNY)
Description: HSTFNY is a program to implement system changes to ensure that all patients are screened for tobacco use and that every tobacco user is offered evidence-based tobacco cessation treatment.
Online: Find the public health contractor that works in your NY State region

New York City Resources

NYC Treats Tobacco (NYCTT) – For NYC-based Organizations
Description: NYCTT is a contractor of HSTFNY that supports NYC medical and behavioral healthcare organizations.
Email: nyctt@nyu.edu

NYC Quits
Description: The NYC Department of Health and Mental Hygiene (NYC DOHMH) provides online resources, including smoking cessation programs in NYC and the online community, how to quit, tools for success, staying smoke-free, smoking cost calculator, and success stories.
Online: NYC Quits Website
Phone: Dial 311 or the Quitline 1-866-NY-QUITS (1-866-697-8487)
Mobile App: Help Me Quit, available for Android or iPhone

BigAppleRX
Description: This free prescription card provides discounts on patients' prescriptions, including NRT and smoking cessation medication. To utilize, the participant must have a prescription from a healthcare provider.
Online: BigAppleRX Website
Phone: Call 311 or 1-888-454-5602

NYC Department of Health and Mental Hygiene's (NYC DOHMH) Information on Smoking and Tobacco Use for Clinicians
Description: The NYC DOHMH's navigation page for providers includes a list of helpful resources including clinical tools, clinical guidelines, information on billing and insurance, and sources for clinical trainings.
Online: Information on Smoking and Tobacco Use for Clinicians
To Order Quit-Kit Resources: How to Order Provider and Patient Materials (pdf)
Phone: 866-692-3641
Email: NYCTobacco@health.nyc.gov

NYC Tobacco Cessation Training and Technical Assistance Center (NYC TCTTAC)
Description: NYC TCTTAC provides training and technical assistance to NYC-based behavioral healthcare providers to increase their capacity to treat tobacco dependence in their patient population with mental health, substance use, or co-occurring disorders.
Online: TCTTAC Website
Email: info@nyctcttac.org

National Resources

Asian Smokers' Quitline (ASQ)
Description: ASQ provides telephone counseling, free NRT, and additional patient educational materials in Chinese (Cantonese or Mandarin), Korean, and Vietnamese.
Online: Asian Smokers' Quitline Website
Phone: Chinese: 1-800-838-8917, Korean: 1-800-556-5564, Vietnamese: 1-800-778-8440

National Smokers Quitline
Description: The National Cancer Institute operates a toll free, national service that will direct callers to appropriate local Quitline services, based on area code.
Online: National Network of Tobacco Cessation Quitlines Website
Phone: English: 1-800-QUIT NOW (1-800-784-8669),
Spanish: 1-855-DÉJELO-YA (1-855-778-8440)

Smokefree.gov
Description: The US Department of Health and Human Service's online and text messaging program provides tech-based support directly to patients' mobile phones. Text messaging programs include comprehensive quit services activities and targets audiences including the general population, veterans, mothers, teens, and Spanish-speakers. Online services are available for adults aged 60+.
Online: Smokefree.gov Website
Mobile: Text START, VET, MOM, or TEEN to 47848

OTQ™ Specific Resources

North American Quitline Consortium (NAQC)
Description: The NAQC can provide further insights into an eReferral integration process. With a full list of health care institutions that have implemented eReferral systems, including the EHR used, your organization may want to speak with other similar health care teams that have successfully implemented OTQTM or another eReferral system.
Online: NAQC eReferral Website
Phone: (800) 398-5489

NY State Smokers' Quitline
Description: The Quitline website offers brochures, posters, and other materials about OTQTM that can be downloaded and printed, or ordered in bulk. They have also created a Data Exchange Specification, (available by request) which outlines the different data elements required for data exchange protocol.
Online: Download and Print OTQ™ Materials
Online Referral and Fax Referral Support: Refer to Quit Program
Email: quitsite@roswellpark.org

APPENDIX 3

EHR Documentation Worksheet

Use this worksheet to incorporate the necessary patient data elements into your organization's EHR to ensure that all data necessary to comply with Quitline requirements are collected. **The Quitline requires the structured data elements that are bolded in the table below, that will be included in data transmission to optimize the referral process and facilitate ongoing care with patients who are registered with the Quitline.** The remaining elements are optional but can improve the efficiency of the eReferral process.

First, determine if each element is documented in a structured field (a field that is linked in a way that can be reported on later) in your EHR. If there are required elements that are not documented as a structured field, list the steps necessary to create the field, structure it in the EHR, and include it on the report. "Tobacco Use Status" and "Acceptance or Refusal" must be documented, however these fields are not included on the Quitline's list of data elements. This is because all patients referred to the Quitline are tobacco users who did not opt-out and therefore accepted referral to the Quitline.

	Structured field?	Steps needed to include as a structured field	Check (✓) when complete
Adult Patient Information			
Tobacco Use Status			
Acceptance or Refusal of Referral to the Quitline			
First Name			
Last Name			
Date of Birth (DOB)			
Phone Number			
Preferred Language*			
Street Address, State, and Zip			
E-mail address			
Pediatric Patient Information **			
Tobacco Use Status			
Parent/Caregiver Acceptance or Refusal of Referral to the Quitline			
Parent/Caregiver First Name			
Parent/Caregiver Last Name			
Parent/Caregiver Phone Number			
Parent/Caregiver DOB			

* *Indicating the preferred language of the patient is particularly helpful, as Quitline services are offered in many languages, including English, Spanish, Korean, Chinese (Cantonese and Mandarin), and Vietnamese.*

** *For pediatric cases, or if you will be referring patients' parents and/or caregivers, consult with your institution's legal team to obtain permission to refer non-patients, and consider what EHR changes would be necessary to capture parent/caregiver demographic information required to make the referral.*

APPENDIX 4

Sample Organizational Policy for Opt-to-Quit™ Adoption

Use the template below to create your own OTQ™ policy. Your policy should combine what you know works well in your current system as well as outline when and how to inform patients about this new policy.

SAMPLE POLICY

Organization Name:_____

Location:_____

Date:_____

Subject:
Tobacco Dependence Treatment/Smoking Cessation Program: Opt-to-Quit™

Distribution:
All organization locations to which policy is to be applied

Tobacco use is increasingly recognized as a chronic disease and one that typically requires ongoing assessment and repeated intervention.

Purpose:
To provide a policy-driven system-wide solution for ensuring tobacco cessation support is offered and accessible to patients once they leave the health care setting.

Policy:
All patients receiving services at _(your healthcare organization)_ will be screened for tobacco use and dependency. Patients identified as tobacco users will be informed of the Opt-to-Quit™ Program as described in the procedure below. This does not preclude the provider's role in offering brief advice to quit and prescribing tobacco cessation pharmacotherapy when indicated.

Procedure:

1. Patient tobacco use status is obtained and assessed at time of admission/outpatient visit.
2. Provider will advise patients on the importance of quitting smoking.
   "Quitting smoking is one of the most important things you can do for your health"
3. All tobacco using patients are informed of the organization's Opt-to-Quit™ program policy as follows:
   "We partner with the New York State Smokers' Quitline to offer their free smoking cessation services to all of our patients who use tobacco. It is our organization's policy to forward your contact information to the Quitline so that they can contact you to describe and offer any of the services you may be interested in receiving."
4. Patients are also informed via Bill of Rights, time of cessation intervention, and at discharge.
5. Patient information exchange process (e-Referral) is established with the Secure Data Delivery New York State Smokers' Quitline (Quitline) at Roswell Park Comprehensive Cancer Center. E-referral will occur every _(frequency)_ (evening, weekly, etc.).
6. The Quitline will contact each patient within 72 hours and offer services, unless the patient opts out.
7. The Quitline will provide Patient Activity Reports via secure data exchange.

Reviewed and approved by Medical Executive Committee:

Committee Chair Name:_____

Signature:_____

Date:_____

APPENDIX 5a

Case Study 1: Media File Workaround in a Federally Qualified Health Center

Organization description:
Health Center 1 (HC1) is a Federally Qualified Health Center (FQHC) located in Manhattan that provides primary and specialty care (about 5000 patients). Fifty percent of patients are Medicaid enrollees, 16% are uninsured, and 73% live at or below 100% of the federal poverty level.

Type of EHR:
eClinicalWorks (eCW)

OTQ™ Integration:
HC1 was involved in a range of quality improvement projects, which led them to examine their current Quitline referral process. Pre-OTQ™ implementation, HC1 was using Fax-to-Quit to refer patients to the Quitline, but found that the referral process was not consistently implemented. Originally, HC1 planned to use their existing Enterprise Business Optimizer (EBO) reporting mechanism to automatically generate the OTQ™ referral report and upload the report to the Quitline via a web-based process. To do this, HC1 needed to update their EHR (eCW) so their EBO could deposit the scheduled report in a network location. They would also need to update the format of the report to match the XML content and format required by the Quitline. Ultimately, eCW could not customize XML content enough to be compatible with the Quitline format requirements, so HC1 abandoned this plan. They instead scheduled a time to regularly run the EBO report and manually upload the report to the Quitline website.

Successes:
- While developing a workflow to support OTQ™, HC1 decided to use Medical Assistants (MA) to screen for tobacco use. Using MAs in this way helped increase the number of patients routinely screened.
- The number of Quitline referrals increased by 5%, even before the first Quitline-EBO report was completed. This suggests that when organizations reinforce the importance of referring smokers to the Quitline, staff are more likely to do so.

Challenges:
- HC1 had to develop a workaround in eCW that required staff to enter information in different sections of the patient record, rather than entering the information in one location in a "Smart Form" smoking assessment.
- eCW was unable to customize the EBO to generate an XML report in the format required by the Quitline.
- Manually uploading the media file to the Quitline requires more staff time than a fully automated OTQ™ system.

Lessons Learned:
The involvement of key team members was a central part of the successful implementation of OTQ™. This team included the Medical Director, who was instrumental in getting staff buy-in, the Chief Executive Officer, who was responsible for coordinating with the NYU team, and the Director of Management Information Systems, who assisted in EHR changes, generating reports, and testing data transmission
- Ongoing assessment of referral workflow and EBO reports throughout the implementation process to ensure that tobacco dependence treatment (TDT) is integrated into routine practice and reports are accurate.
- Training facilitates integration of OTQ™.
- Leadership reinforcement of TDT policies and health care provider and staff workflows facilitates adoption of evidence based TDT.

APPENDIX 5b

Case Study 2: Implementing OTQ™ with EPIC in a Hospital Inpatient Setting

Organization description:
Hospital 1 is one of five inpatient locations of a large hospital system in NYC and has 725 beds.

Type of EHR:
EPIC

OTQ™ Integration:
Pre-implementation of OTQ™ tobacco use screening rates at Hospital 1 were high, and over 90% of identified smokers were provided patient education. However, the hospital decided to implement OTQ™ to standardize the policy and practice of referring all patients to the Quitline to facilitate compliance with Joint Commission TDT guidelines. A team was formed that included the Medical Director of Inpatient Clinical Informatics, Director of Care Transitions and Population Health Management, and analysts from their HIT EPIC Orders team. The hospital also collaborated with Quitline staff. Hospital 1's new OTQ™ policy included a new workflow that leveraged nursing staff to screen patients for tobacco use at admission and implement the OTQ™ policy of referring all patients to the Quitline. The referral is sent in XML format to the Quitline in real time. It took the hospital 10-12 hours to build the OTQ™ order set in EPIC, and approximately 2 hours to set up the transmission component with the Quitline.

Successes:
- The number of reported referrals to the Quitline increased from 1 in the year prior to OTQ™ implementation, to 475 in the following year, and 810 in the subsequent year.

Primary Challenge:
- The primary challenge was the timing of the referral which is made early in the hospital stay. Therefore, the patient may still be in the hospital when the Quitline calls them. The decision to implement referrals at this time during hospitalization was meant to avoid delays at the time of discharge.

Lessons Learned:
- Creating an interdisciplinary quality improvement team with the necessary expertise increased buy-in and momentum to fully implement OTQ™.
- Provider training and education is important to ensure consistent use of the referral system. Ongoing reinforcement of your organization's updated workflow is recommended to sustain the program.
- Customizable interface engine in EPIC allows for full OTQ™ integration.

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