Referrals to State Quitlines

An A-to-Z Toolkit for Health Care & Social Service Professionals

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Introduction

The aim of this toolkit is to assist you – a health care or social service professional – in your role as an advocate for commercial tobacco[1] treatment. Together, we are delivering an essential strategy to reduce commercial tobacco use: making quit help easy to access.[2]

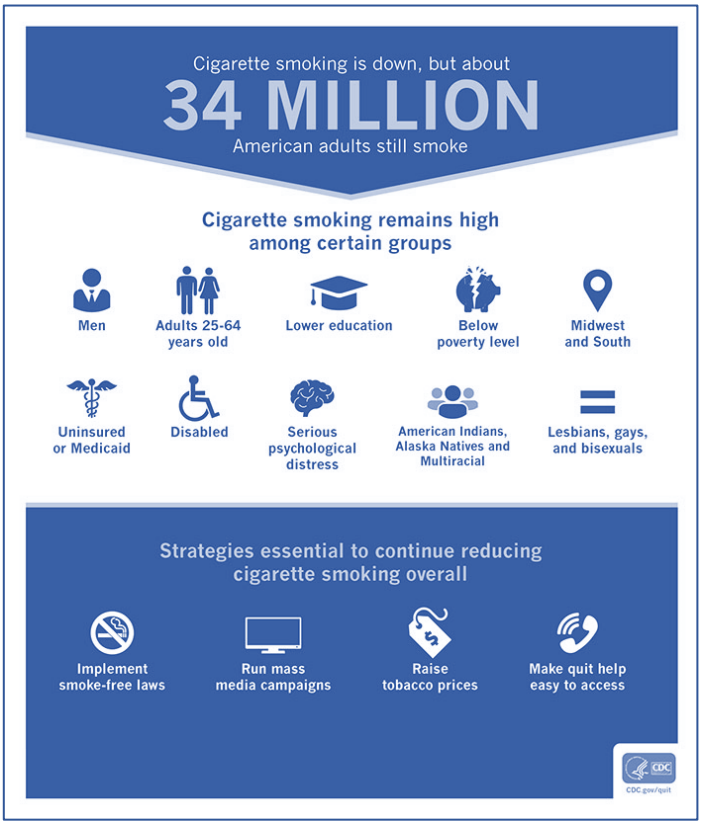
The toolkit seeks to support your role in this strategy by:

- ✓ Guiding you through quitline referrals that connect patients or clients who use commercial tobacco products with state quitlines.
- ✓ Serving as a reference guide to set up a quitline referral system.
- ✓ Identifying methods to optimize quitline referrals, ensuring all patients who use commercial tobacco products receive treatment and support.

This toolkit follows the key components of quitline referrals, allowing you to read the document as a whole, from beginning to end, or easily navigate to key sections for information and assistance to meet your needs.

Using the preceding Contents page, hover over each section title and Ctrl+ click to navigate to the corresponding section. We have also enabled text search. And for reference, a list of key terms can be found in Appendix A: Key Terms.

A note to social service professionals: this toolkit uses the terms clinic, patient, and health care organization frequently. We believe the content is easily adaptable to social service settings, helping clients who use commercial tobacco products receive the help and support they need to quit for good.



[1] National Jewish Health recognizes and affirms the sacred purpose of tobacco for many American Indian tribes. We use the term **commercial tobacco** – tobacco that is commercially manufactured and sold for consumption and *not* the sacred tobacco used for cultural, spiritual, and ceremonial purposes by American Indians and other groups.

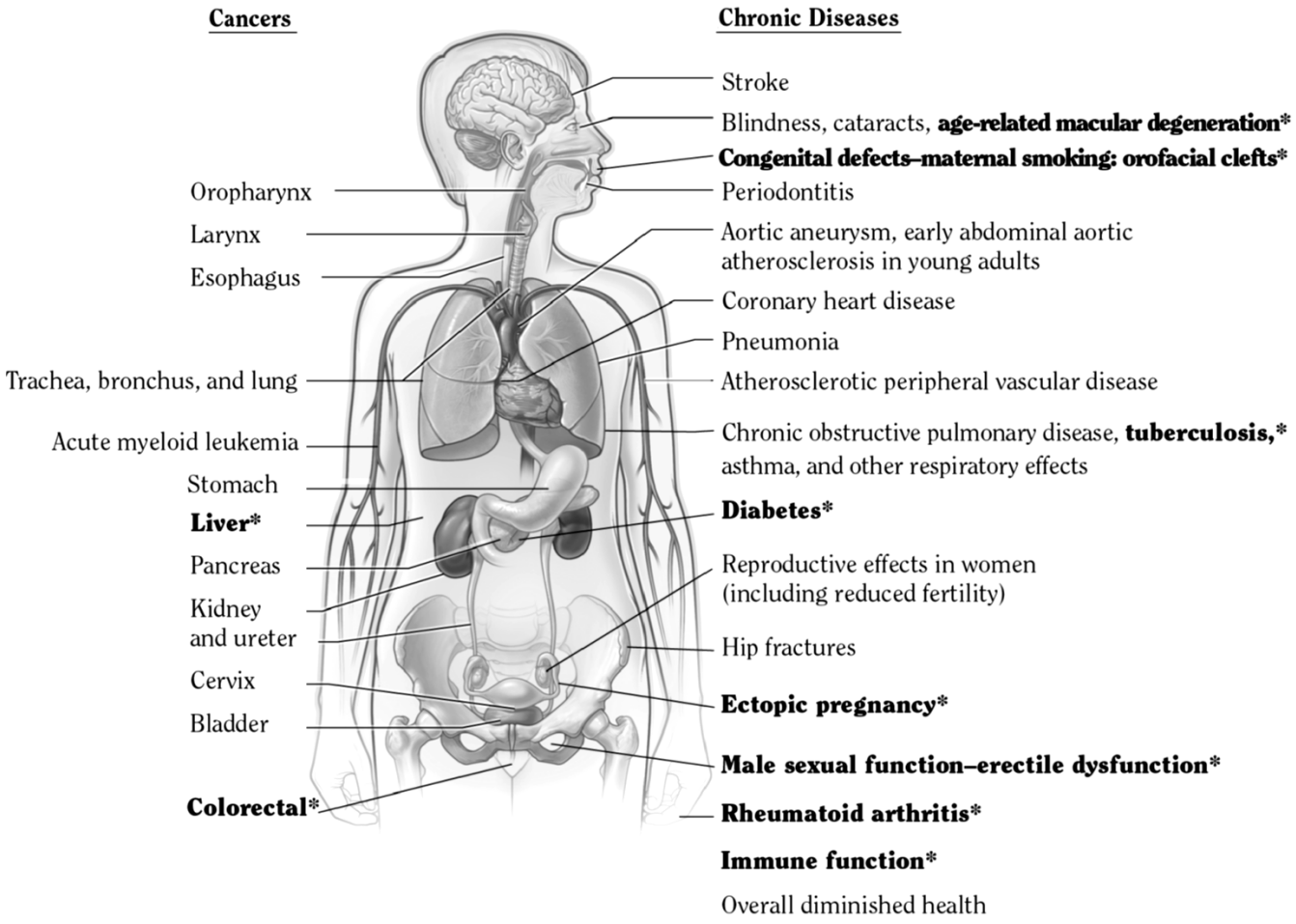
[2] Centers for Disease Control and Prevention, Adult Tobacco Use Infographic. https://www.cdc.gov/tobacco/infographics/adult/index.htm#down. Accessed June 25, 2021.

I. Treating Commercial Tobacco Use in a Health Care Setting

Why treat commercial tobacco use

Research definitively shows that smoking harms nearly every organ in the body and remains the leading cause of preventable disease and death.[3] The following figure from the 2014 Surgeon General's Report identifies numerous negative health impacts causally linked to smoking.

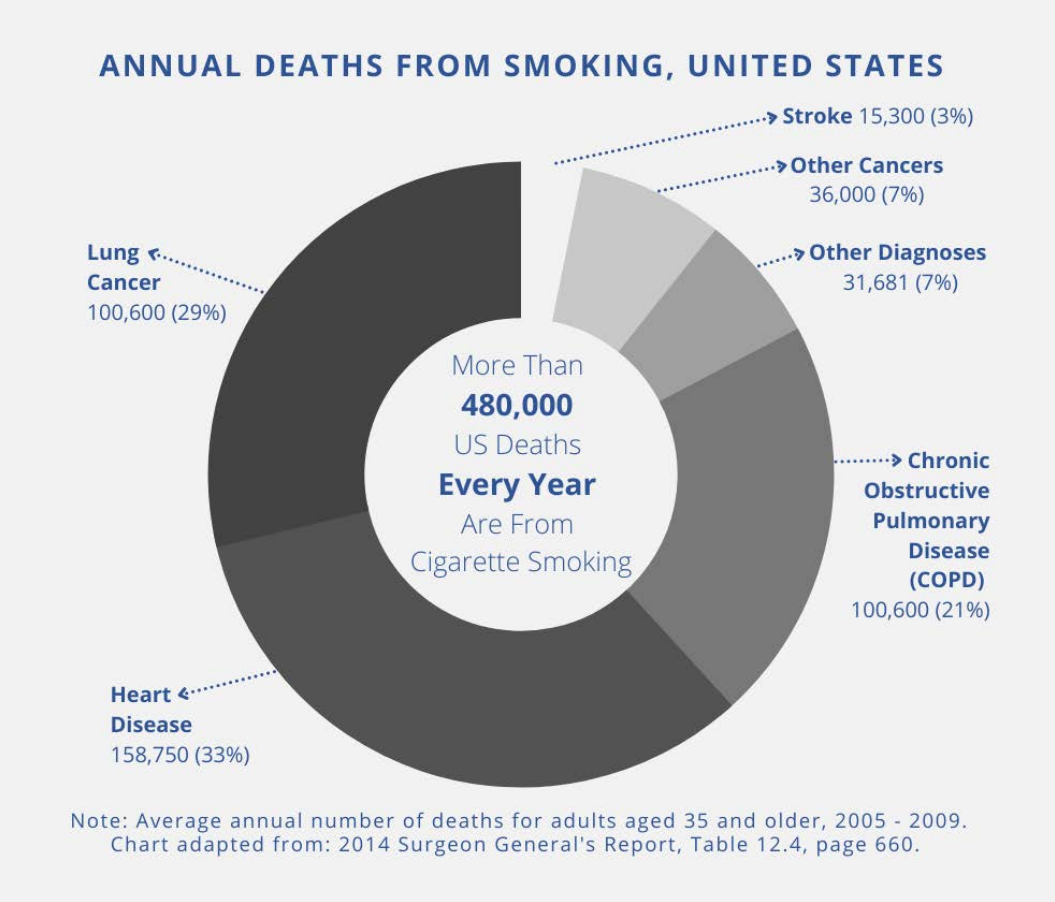
Figure 1.1A The health consequences causally linked to smoking



Source: USDHHS 2004, 2006, 2012.
Note: Each condition presented in bold text and followed by an asterisk (*) is a new disease that has been causally linked to smoking in this report.

[3] U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.

And with these cancers and chronic diseases follows more than 480,000 preventable deaths each year. Smoking commercial tobacco causes more deaths than the combined impact of HIV, illegal drug use, alcohol use, motor vehicle injuries, and firearm related incidents.[4]



Despite declining smoking rates among adults, the risk of dying from smoking has increased over the past 50 years as understanding of smoking-related deaths improved – causing 90% of all lung cancer deaths and 80% of all deaths from COPD.[3] Smoking increases the risk for illness throughout the body, in particular for diseases that affect our heart, brain, and lungs. [3]

Coronary Heart Disease:
2 to 4 times increased risk

Stroke:
2 to 4 times increased risk

Lung Cancer:
25 times increased risk

Images sourced from Bing online search in Creative Commons

[4] The Centers for Disease Control and Prevention. Office on Smoking and Health. Health Effects of Smoking. Available at: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/. Accessed on May 21, 2021.

Beyond the chronic diseases it causes, commercial tobacco use is a chronic condition and quitting is hard. **Quitting is made easier with consistent treatment from every provider delivered at every encounter.** With over 34 million American adults who currently smoke, there are many people who need and want help with quitting. [5]

How to treat commercial tobacco use

Research clearly demonstrates that health care professionals can make a difference by asking about commercial tobacco use and connecting patients with treatment.[6] In fact, a brief intervention of less than 3 minutes delivered by a provider can increase the likelihood of a patient quitting by 1.4 times compared to no intervention at all.[7]

Did you know? A brief intervention of less than 3 minutes delivered by a provider increases the likelihood of a patient quitting commercial tobacco products.

Ask, Advise, Connect – an adapted version of the well-known Ask, Advise, Refer (AAR)[8] that requires sending a referral – is an evidence-based protocol that health professionals use to connect patients to tobacco treatment through referral to the state quitline. Ask, Advise, Connect takes less than 3 minutes and the steps are easy to remember.

[5] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
[6] Tobacco Use and Dependence Guideline Panel. Treating Tobacco Use and Dependence: 2008 Update. Rockville (MD): US Department of Health and Human Services; 2008 May. Available from: https://www.ncbi.nlm.nih.gov/books/NBK63952/.
[7] Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. Am J Prev Med. 2008 Aug;35(2):158-76. doi: 10.1016/j.amepre.2008.04.009. PMID: 18617085; PMCID: PMC4465757.
[8] Vidrine JI, Shete S, Cao Y, Greisinger A, Harmonson P, Sharp B, Miles L, Zbikowski SM, Wetter DW. Ask-Advise-Connect: a new approach to smoking treatment delivery in health care settings. JAMA Intern Med. 2013 Mar 25;173(6):458-64. doi: 10.1001/jamainternmed.2013.3751.

Most health care settings already routinely ask about commercial tobacco use with their patients, especially those with an electronic medical record. Many providers also routinely advise people to quit smoking, with 66% of people who smoke reporting they received advice from a provider. However, fewer than 10% reported they received counseling to quit, only 33% used a cessation medication, and just 6% used both supports.[9] **Using both counseling and medications can more than double the chances of quitting for good.**[7]

The resources in this document provide the information and tools you need to connect patients who use commercial tobacco with treatment through a brief intervention and referral to the state quitline.

Commercial tobacco treatment training resources

Looking for resources to help train providers and other members of your team on how to treat commercial tobacco use and dependence?

Below we have listed several key resources – all of which are free – developed by national experts in the field of commercial tobacco dependence and treatment.

- ✓ **Quitline Program Website** – To learn more about brief interventions and the Quitline, visit: https://quitpartnermn.com and click on "Professionals".
- ✓ **QuitLogix® Education Online** - Up to 2 hours of accredited learning modules in 15-minute increments for free provided by National Jewish Health with support from the Quitline. To view the learning modules, visit: https://quitlogixeducation.org/minnesota
- ✓ **Rx for Change** - A free commercial tobacco treatment training program for health professionals developed by national experts from The Smoking Cessation Leadership Center, The Robert Wood Johnson Foundation, and The Truth Initiative: https://rxforchange.ucsf.edu/
- ✓ **Training for Clinicians** - This series of training videos was developed by national experts from the Center for Tobacco Research and Intervention at the University of Wisconsin: https://ctri.wisc.edu/providers/videos/

[9] Henley SJ, Asman K, Momin B, et al. Smoking cessation behaviors among older U.S. adults. *Prev Med Rep*. 2019;16:100978. Published 2019 Aug 17. doi:10.1016/j.pmedr.2019.100978.

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II. How State Quitlines Help Clinics Provide Tobacco Treatment

Telephone quitlines have been assisting clinics with treating tobacco use for nearly 30 years. Implementing referrals to the state quitline is an efficient way to ensure your patients who use commercial tobacco have **access to free evidence-based treatment services**.

What is a state quitline?

A state quitline is a commercial tobacco treatment program available in every state, paid for by the state's health department, available at no cost to state residents. A state quitline is highly accessible and evidence-based treatment and support program that is clinically-proven to achieve high quit rates.

When a person enrolls in a quitline program, they have access to:

- ✓ **Coaching** over the phone from trained tobacco treatment specialists with additional support available via email, text, or online chat.
- ✓ **Quit medications** such as nicotine replacement therapy (NRT) patches, gum, or lozenges (eligibility required). Some quitlines offer both prescription and over-the-counter quit medications.
- ✓ **Quit planning and educational self-help materials** to map out their path to quitting commercial tobacco.
- ✓ **Membership in an online community** with others who are working to quit commercial tobacco.

Participants can select which parts of the quitline program work for them to create customized support. However, NRT and coaching are *always* encouraged because the clinical practice guidelines shows that **combining coaching and NRT gives people who use commercial tobacco the best chance of quitting**.

Why refer to the state quitline

Making a referral to the state quitline is an easy and effective way to help people quit. Compared to developing your own treatment program and treating one patient at a time, quitline referrals enable your clinic to consistently, efficiently, and effectively offer treatment to all patients who use commercial tobacco. Even if you already have staff who provide treatment, the state quitline can extend the hours and availability of your clinic to reach more patients. Quitline referrals further benefit your clinic in multiple ways:

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What a patient can expect from the state quitline

Your patients may feel uncertain about a referral to the state quitline because they do not know what that means or what will happen. When you refer a patient to the state quitline for commercial tobacco treatment, they can expect a simple, streamlined process to access evidence-based support:

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III. How Referral to a State Quitline Works

Protocols like *Ask, Advise, Connect* make referral of patients who use commercial tobacco products to state quitlines a regular and consistent part of your clinic workflow. The figure below provides a sample flow for the process from clinic to quitline referral that can be **completed in less than 3 minutes across the entire care team**.

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Connecting through referral

Actively connecting a patient to the state quitline requires sending a referral. There are three referral modes your clinic can choose to implement – fax, web, or eReferral. The referral mode you implement in your clinic is based on the clinic's staffing capacity and technology infrastructure. The workflow for providers and care team members to generate and send the referral will be unique to each clinic.

Below we have outlined a general workflow for each referral mode, highlighting steps other clinics have found essential for successful implementation. Follow these steps to help you design a referral workflow that will meet your clinic's needs.

Referral Modes and General Workflow

FAX

- Provider or care team member completes a paper form with the patient, capturing:
  - Patient contact information.
  - Health insurance information.
  - Patient consent for referral.
- Fax forms that are handwritten should be reviewed to ensure the form is complete and the handwriting is legible.
- Fax forms are collected by a care team member and manually faxed to the state quitline.
- Care team members check exam rooms daily to replenish stock of paper fax forms in each exam room.
- Providers receive progress notes via fax or secure email. Notes are reviewed and scanned into the patient's medical record.

WEB

- Provider or care team member completes the online referral form via the state quitline website.
- Provider or care team member completes the online form with the patient, capturing:
  - Patient contact information.
  - Health insurance information.
  - Patient consent for referral using a required checkbox.
- Web forms are securely sent online by clicking on **submit** immediately after completing the form with the patient.
- Providers receive progress notes via fax or secure email. Notes are reviewed and scanned into the patient's medical record.

EREFERRAL

- Provider or care team member completes the referral in the clinic's EHR using the established referral template.
- Referral is automatically sent to the quitline via secure, two-way communication between the clinic's EHR and the quitline's HIPAA-compliant system.
- Clinics and providers receive progress updates directly uploaded to the EHR from the quitline.

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What happens when the quitline receives a referral?

After receiving a referral, the state quitline's staff begins the process of reaching out to engage the patient. The visual below provides you with the overall flow of a referral once the state quitline receives it and how information from the quitline is sent back to the clinic.

REFERRAL RECEIVED	
Referrals received by the quitline are uploaded to a secure HIPAA-compliant case management system. → Web forms and eReferrals are automatically loaded. → Fax forms are manually processed and individually scanned.	**Progress note is sent indicating the referral was *received* or *invalid*. Common issues for invalid referrals include:** → Critical information was missing, i.e. phone number. → Consent checkbox unchecked / no consent provided. → Illegible handwriting.

↓

REFERRAL VALIDATED	
Referrals are verified to determine if the patient: → Is eligible for state quitline services based on the patient's zip code. → If not, progress note is sent indicating the referral was closed as *ineligible*.	**Referrals are verified to determine if the patient:** → Has an open referral or is already enrolled with the state quitline. → If the patient has already been referred or has an open file, the new referral is closed as *already participating*.

↓

PATIENT OUTREACH INITIATED	
The qutiline makes *up to 5 calls* to reach each patient *over 2 weeks*. Outreach calls begin within 1 business day of a referral being received and processed. → If the patient doesn't answer any call, and gave permission, the quitline will leave a voicemail.	→ The quitline sends a text message, if the patient consented to receive text messages. → If the quitline was not able to reach the patient after all outreach attempted, progress note is sent indicating the referral was closed as *unreachable*.

↓

PATIENT CONTACTED	
The quitline staff provides the patient with information on the programs for which the patient is eligible. → If the patient agrees to register for the program only, progress note is sent indicating the referral was closed as *intake only*.	→ If the patient agrees to register and completes a coaching call, progress note is sent that the referral was closed as *enrolled*. → If the patients declines enrollment, progress note is sent that the referral was closed as *declined*.

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Do clinics receive updates on referrals made to the state quitline?

Clinics that are also HIPAA-covered entities receive progress note updates on all patients referred to the state quitline. The progress note is sent by fax or secure email with the following information:

- ✓ If the quitline was able to reach the patient.
- ✓ If the patient enrolled in quitline services.
- ✓ How many counseling calls the patient completed.
- ✓ How much cessation medication the patient received.

How progress notes are provided back to your clinic will depend on which quitline referral mode the clinic implements.

- ✓ **Fax referrals and web referrals will receive progress notes sent by fax or as a PDF report send in secure email.**
  - These progress notes are manually reviewed and placed into the patient's medical record.
- ✓ **eReferral progress notes are sent via Direct Messaging back to the EHR.**
  - These progress notes can be set to automatically upload to the clinic EHR or may be sent to the providers inbox. Once loaded into the patient's chart, clinics can run reporting as needed and if required.
  - See "eReferral Toolkit" for more detailed information on implementing eReferral and how to automate upload of progress notes. This toolkit is linked on the state quitline website following the links for provider referrals.

To download the PDF report from a secure email, use Adobe Acrobat Reader version 7.0 or higher. Then check the attachments on the PDF to locate the progress note.

How do clinics maintain or optimize a quitline referral system?

An important part of implementing quitline referrals into the clinic workflow is setting up a sustainable process for the long term. When clinics first send referrals to the quitline, it is common for clinics to send a high number of referrals and then over time the number of referrals decreases as priorities shift.

Clinics that maintain referrals have treatment champions or advocates who also focus on optimizing the referral workflow process and ensure consistency over time. For example, quitline referral maintenance can be part of the clinic's overall quality improvement or quality assurance plan and can draw on existing clinical quality measures for treating commercial tobacco use to assess performance. Referral rates can be measured weekly, monthly, or quarterly, depending on the volume of patients in your clinic or health system.

Including quitline referral as a clinical quality measure for commercial tobacco treatment can provide an early signal if there is a need for focused quality improvement efforts. For example, the quality improvement plan might include:

- ✓ Ensuring all new hires are trained on tobacco treatment protocols and referral workflows.
- ✓ Regularly retraining existing staff on tobacco treatment clinical workflows and protocols.
- ✓ Working with clinic IT team or EHR vendor to update systems.
- ✓ Working with clinic coding and billing teams on reimbursement for counseling.

Additional tips for optimizing quitline referrals are provided later in this document (see V. Tips and Suggestions for Optimizing Referrals) and specific information on quality measures and reporting are outlined in Appendix C.

IV. How to Implement a Referral System

Implementing a quitline referral system requires support from team members internal and external to your clinic or organization. In this section, we outline key steps to help guide you through the implementation process.

Step 1: Assess your clinic's readiness

The first step is to understand how ready your clinic is to implement quitline referrals and the supporting protocols or workflows. We have developed a series of checklists to help you assess the readiness of your clinic in three key areas:

- ✓ Clinic administration.
- ✓ Equipping clinic care teams.
- ✓ Incorporating brief interventions for commercial tobacco treatment.

Is your clinic's administration ready?

The checklist below focuses on key aspects of clinic administrative policies that are needed to support and maintain quitline referrals. A "no" response to any question on the checklist becomes a key task to be addressed by the Quitline Referral Team as part of Step 2.

Checklist on Clinic Administration	
Assessment Question	**Response**
Does your clinic have a champion for commercial tobacco treatment within clinic administration?	Yes No
Does your clinic have a champion for commercial tobacco treatment within clinical staff?	Yes No
Does your clinic have a policy that prioritizes commercial tobacco treatment?	Yes No
Does your clinic have a policy to train and retrain staff on commercial tobacco treatment protocols and workflows such as "Ask, Advise, Connect"?	Yes No

Is your clinical team ready?

The checklist below focuses on key aspects of equipping and training clinic care team members to ensure workflows and protocols for quitline referrals are consistently followed and maintained over time. A "no" response to any question on the checklist becomes a key task to be addressed by the Quitline Referral Team as part of Step 2.

Checklist on Equipping Clinic Care Teams	
Assessment Question	**Response**
Does your clinic conduct on-boarding training for new employees and annual trainings for existing employees on commercial tobacco treatment protocols and workflows such as “Ask, Advise, Connect”?	Yes No
Does your clinic have a procedure to ensure billing for commercial tobacco treatment?	Yes No
Does your clinic have commercial tobacco treatment performance measures and quality goals for the clinic?	Yes No
Does your clinic have commercial tobacco treatment performance measures and quality goals for providers or clinical care teams?	Yes No

Are the clinical protocols and workflows ready to incorporate a brief intervention?

The checklist below focuses on key aspects of developing and implementing protocols and workflows for quitline referrals. A “no” response to any question on the checklist becomes a key task to be addressed by the Quitline Referral Team as part of Step 2.

Checklist on Brief Intervention for Commercial Tobacco Treatment and Quitline Referrals (i.e., Ask, Advise, Connect)	
Assessment Question	**Response**
Has your clinic adopted a brief intervention for commercial tobacco use, like “Ask, Advise, Connect”?	Yes No
Does your clinic have a workflow that supports the brief intervention for commercial tobacco?	Yes No
Does your clinic have commercial tobacco use status prompts in the patient record system (i.e., EHR, or paper medical charts)?	Yes No
Does your clinic have decision support for commercial tobacco use screening in the patient record system (i.e., EHR, or paper medical charts)?	Yes No
Does your clinic have standard order sets for counseling and medications used to treat commercial tobacco use?	Yes No
Does your clinic have tools to guide providers and clinical care teams in selecting medication to treat commercial tobacco use?	Yes No
Does your clinic have tools to assist providers and clinical care teams with educating patients on medications used to treat commercial tobacco use?	Yes No

Does your clinic have a decisional support tool to guide providers and clinical care teams with helping patients plan their quit?	Yes No
Does your clinic have a protocol and workflow for providers or clinical care teams to follow-up with patients who are quitting?	Yes No

Appendix B provides more detailed versions of these checklists that highlight possible follow-up questions or actions for your Quitline Referral Team.

The checklist in Appendix B also connects you with key resources from the Centers for Disease Control and Prevention (CDC) Million Hearts Tobacco Cessation Change Package – a toolkit that provides additional resources for implementation and maintenance of brief interventions for commercial tobacco use and quitline referrals, as well as broader health systems change efforts, across a variety of health care settings.

Step 2: Create a Quitline Referral Team

To ensure quitline referrals function when implemented and their function is maintained, form a team with key clinic and support staff. You may also look to include someone who can represent the quitline, such as a state or local tobacco control grantee responsible for coordinating resources on the local level. Each team member will have responsibilities to support implementation and maintenance of quitline referrals. Who you ask to help support implementation of quitline referrals will depend on which referral mode (fax, web, eReferral) your clinic chooses to adopt and your clinic's needs and existing resources.

If your clinic is implementing eReferral, you will need staff from the state or local health department to provide additional assistance, resources and possibly funding to help support implementation. eReferrals also require a testing phase directly with the quitline and a representative can guide you through the process.

Your Quitline Referral Team		
Team Member	**How does this team member support implementation of quitline referrals?**	**Implementation (I); Maintenance (M)**
Health System Change Advocate (you, or another member of the healthcare team)	Leads the implementation team. Sets up team meetings and follows-up on key action items in between meetings.	I, M
Medical Provider	Identifies training and workflow needs for clinicians. Completes *Advise* step in brief intervention. Writes prescriptions for quit medications.	I, M
Clinical Support Staff, Medical Assistants, Nurses	Identifies training and workflow needs for clinical care team. Completes the *Ask* and	I, M

Your Quitline Referral Team		
Team Member	**How does this team member support implementation of quitline referrals?**	**Implementation (I); Maintenance (M)**
	sends the referral to *Connect* with the quitline.	
Quality Improvement manager/staff members	Identifies reporting to monitor clinical quality measures to maintain and optimize referrals.	I, M as needed
Clinic Administrator, Management Team	Prioritizes the work and sets quality improvement goals.	I, M as needed
Pharmacy Staff (if onsite pharmacy)	Identifies pharmacist role in clinical workflows to fill prescriptions for quit medications.	I, M as needed
Information Technology (IT)/Electronic Health Record (EHR) Staff	Identifies EHR and IT capacity for electronic referrals.	I for electronic referrals, M as needed
State Quitline, State or Local Health Department or Grantee	Provides Quitline information. Participates in testing of referrals and troubleshooting. Connects the clinic to health improvement programs and efforts in the state to address commercial tobacco use and treatment.	I as needed, M as needed

Step 3: Identify key actions and create a plan

Once your Quitline Referral Team is formed, the next step is identifying the key actions or items needed for your clinic to implement quitline referrals. Using the identified key actions and items, the Quitline Referral Team will create a plan tailored to the needs of your clinic. The advocate role within the Quitline Referral Team will take the lead on tracking and following up on action items to ensure all the steps for the plan are completed for a successful implementation.

- ✓ **Identify key action items –** Implementation of quitline referrals key action items include:
  - Clinical protocols, workflows (see Appendix E for an example workflow).
  - Review training modules on *Ask, Advise, Connect.*
  - Identify key roles for each step of *Ask, Advise, Connect.*
  - Discuss IT/technology options for sending referrals and receiving progress notes.
  - Test and refine referral workflows.
  - Monitor number of quitline referrals and feedback reports.
- ✓ **Set a timeline –** Work with your team to set an agreed upon timeline for implementing quitline referrals.
- ✓ **Set regular team meetings –** Establish a regular meeting date and time throughout the project timeline for the team to track and address action items. Can your team meet weekly or biweekly? Can referral be a standing meeting agenda item in another team meeting?

- ✓ **Test –** It is important to test the workflows, and especially IT systems used for sending referrals, to ensure the referrals are being sent. This also allows the team to identify adjustments in the referral process and workflow that may be needed.
- ✓ **"Go live" –** Set a date by when quitline referrals will officially begin.
- ✓ **Monitor –** Ensure quitline referrals continue to be monitored (weekly, monthly, quarterly depending on patient volume) and reviewed with the referral team to determine if you need to adjust the workflow, provide training, or adapt IT systems.

Tools like Plan, Do, Study, Act (PDSA) can be useful in overall project planning and management by helping your Quitline Referral Team create actionable steps, maintain progress, identify issues and create opportunities for correction. For an example PDSA worksheet visit: http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx

Another option for developing a plan is to use a simple template to document action steps, who the steps are assigned to and due dates for completion. See Appendix D for an example.

If your clinic determines eReferral to the quitline will best meet the clinic's needs and capabilities, we recommend consulting the "eReferral Toolkit". Visit the state quitline webpage and follow the links to referrals for health professionals.

Tips to support quitline referral workflows

The workflow used to generate quitline referrals will vary by your clinic's preferred referral mode (fax, web, eReferral). In the following pages, we provide tips for each referral mode to help tailor and guide the development of your clinic's workflow.

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Fax referral

✓ **What is a fax referral form?**

Tobacco Program 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 HIPPA covered entity: ☐ **Health care Provider** ☐ **Health Plan** ☐ **Health care Clearing House** ☐ **Not Covered Entity**

As a HIPPA 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**

Consent of Text:

I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

☐ **Yes** ☐ **No**

***Language?** ☐ **English** ☐ **Spanish** ☐ **Other** _____

I, the patient (or authorized representative), give permission to release my information to the Tobacco Quitline. 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.

- ✓ **How do I find the fax referral form?**
  - Download a copy of the quitline fax from the Quitline website
  - ***Tip: If you are making copies for multiple clinics or locations, regularly return to the website to ensure you are providing the most recent version.***
- ✓ **Who should complete the fax referral form?**
  - The fax referral form should be completed by the provider or another member of the clinical care team with the patient present.
  - ***Tip: Review the form to ensure handwriting is legible and the form is complete (e.g., not missing the patient's phone number or consent).***
- ✓ **How and why do I obtain patient consent?**
  - Patient consent is obtained by the patient signing the form.
  - Patient consent is needed for the clinic to fax the referral (and the patient's information) to the quitline.
- ✓ **Who should send the fax referral?**
  - Most clinics make faxing referrals part of the clinic's referral team or clinic support staff responsibilities.
  - This should be documented in the referral workflow and the team members trained on who to give the completed forms to each day and time set aside each afternoon or morning to fax completed forms from that day or the previous day.
  - ***Tip: Completed referral forms should be faxed every day to ensure patients receive a call from the quitline within 24 to 48 hours of their visit to the clinic.***
- ✓ **Who receives the patient progress notes?**
  - Progress notes on referred patients are sent back to the clinic via a secure HIPPA-protected email as a PDF file or by fax.
  - The email address to which progress notes are sent must be specified on the fax form.
  - The clinic should identify which team member will:
    - Check for progress note emails or faxbacks from the state quitline daily.
    - Download and save or scan the progress notes into clinic's medical record system and patient medical files.
    - Notify the clinic's referral lead if progress note emails are not being received.
- ✓ **How should the patient progress notes be connected back to the clinical provider?**
  - Add an encounter with the Quitline progress note in the medical record. On the next visit, review the content with the patient. If needed, and the patient agrees, send a new referral until the patient is tobacco free.

Web referral

- ✓ **How do I find the web referral form?**
  - Visit the state quitline website and follow the links to referrals for professionals.
- ✓ **Who should complete the web referral form?**
  - The web referral form should be completed by the provider, or another member of the care team, with the patient present.
  - ***Tip: Contact the state quitline to create an autofill dropdown for the web referral form.***
- ✓ **How and why do I obtain patient consent?**
  - Patient consent is obtained by the provider, or care team member, asking the patient if they agree with the referral and then clicking "**yes**" in response to the web form patient consent question.
  - Patient consent is needed for the clinic to send the referral to the state quitline.
  - ***Tip: Ask the patient if the state quitline can send them a text message. If they agree confirm by selecting "yes" in the referral form. The state quitline will notify the patient before calling.***
- ✓ **Who should send the web referral?**
  - The web referral is sent by the provider, or care team member, who completed the form online by clicking on the "submit" button at the bottom of the referral page.
  - ***Tip: Document this process in your referral workflow and provide staff training.***
- ✓ **Who receives the patient progress notes?**
  - Progress notes on referred patients are sent back to the clinic via a secure HIPPA protected email as a PDF file or by fax.
  - The email address to which progress notes are sent must be specified on the web form.
  - The clinic should identify which team member will:
    - Check for progress note emails from the state quitline and at what interval (e.g., daily, weekly, monthly).
    - Download and save the progress notes and input into clinic's medical record system patient files.
    - Notify the clinic's referral lead if progress note emails are not being received.
- ✓ **How should the patient progress notes be connected back to the clinical provider?**
  - Add an encounter with the state quitline progress note in the medical record. On the next visit, review the content with the patient. If needed and the patient agrees, send a new referral until the patient is tobacco free.

eReferral

If your clinic determines eReferral to the state quitline will best meet the clinic's needs and capabilities, we recommend consulting the "eReferral Toolkit". Visit the state quitline website and follow the links to referrals for professionals.

V. Tips and Suggestions for Optimizing Referrals

Use progress reports

Progress reports give clinics and providers important information on patients who are referred to the state quitline for tobacco treatment and support. This information is best used when incorporated into patient records and care plans for provider follow-up at future patient visits, and as part of your clinic's overall quality improvement and assurance efforts. Ensure progress reports are included in clinic workflows and reviewed as part of quality improvement plans.

Promotion of cessation and the state quitline to patients

Promoting the state quitline within the clinic patient waiting areas and exam rooms is an important part of letting patients know your clinic is concerned about use of commercial tobacco products and has resources to help patients quit. We recommend clinics work with local and state public health departments to gather free promotion materials, like posters, postcard, table tents, and other items.

Education and training of providers and clinic staff

A quitline referral system will only be successful if providers and care teams consistently follow the quitline referral protocols and workflows (e.g., *Ask, Advise, Connect*). Education and training for providers and clinic staff are important to implementation and maintenance of the quitline referral system (and related protocols and workflows).

However, education and training for treating commercial tobacco use and dependence is not a "one and done." It requires clinics to provide annual training and education opportunities and utilize clinic quality improvement and assurance efforts to ensure the referral system is maintained and optimized. The state quitline, in partnership with your state's health department, offers a variety of CME opportunities on treating commercial tobacco. For more information visit: https://quitlogixeducation.org/minnesota

Appendix A: Key Terms

Below is a list of common terms you will need as you work to implement or improve quitline referrals.

- ✓ **eReferral**: An eReferral is initiated by a provider or care team member using the clinic's EHR referral template and then sent securely to the state quitline from the EHR via an automated process. eReferral also allows progress notes on referred patients to be securely sent directly to the EHR at a predetermined interval (i.e., daily, weekly, monthly, quarterly, or based on the patient's engagement with the quitline), which allows the clinic to run internal reports as part of any quality improvement or monitoring efforts. For more information on implementing eReferral, visit the eReferral section of the quitline website.
- ✓ **EHR**: An electronic health record (EHR) is a digital version of a patient medical record. The Office for the National Coordinator for Health Information Technology (ONC) defines EHRs as – "real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care."
- ✓ **Certified EHR**: A certified EHR is an EHR which has demonstrated the technological capability and security requirements required by the federal Department of Health and Human Services (DHHS) and has received certification from the ONC.
- ✓ **Fax referral**: A fax referral is a form completed by a healthcare or social service professional (i.e., provider, nurse, CNA/CMA, counselor) with the patient. The form can be a paper document or housed in the clinic's EHR and captures key information about a patient (i.e., name, contact information, insurance information, clinic, provider information), and patient consent for a referral. The form is then faxed to the state quitline's dedicated fax referral number (manually or via the EHR fax function). Progress notes on referred patients are sent back to the HIPAA-covered clinic or organization as a PDF file via secure email transmission or by fax. The progress notes are not automatically added to patient charts, it needs to be uploaded into the clinic EHR system by clinic IT staff.
- ✓ **Web referral**: A web referral is an online form completed by a healthcare or social service professional (i.e., provider, nurse, CNA/CMA, counselor) with the patient. The online form gathers key information about a patient (i.e., name, contact information, insurance information, clinic, provider information), and patient consent for a referral. The online form is then securely submitted electronically via the web to the state quitline. Progress notes on referred patients are sent back to the HIPAA-covered clinic or organization as a PDF file via secure email transmission or by fax. The progress notes are not automatically added to patient charts, it needs to be uploaded into the clinic EHR system by clinic IT staff.
- ✓ **Progress Note**: A Progress Note provides a record of a patient's treatment that are included in a patient's medical record. Progress notes from a state quitline include: If the quitline was able to reach the patient; If the patient enrolled in quitline services; How many counseling calls the patient completed; How much cessation medication the patient received.
- ✓ **State Quitline**: A state quitline is a commercial tobacco treatment program paid for by the state's health department and is available at **no cost** to state resident. A state quitline uses a commercial tobacco treatment program that is clinically proven and achieves some of the highest quit rates in the country.

Participants who enroll in the quitline program have access to: coaching by phone and additional support via email, text, or instant message; tobacco treatment medications like nicotine replacement therapy (NRT); planning and educational materials to help participants map out their road to quitting tobacco; and membership in an online community of others who are working to become tobacco free. Participants can pick and choose what parts and pieces of the quitline program work for them – but NRT (when there are no contraindications for the individual), and coaching are always encouraged as research shows that combining coaching and NRT gives tobacco users the best chance of quitting.

- ✓ **Quality Measures**: The Centers for Medicare and Medicaid Services (CMS) defines quality measures as "tools that help us measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care."[10] Quality measures allow clinics to monitor progress over time as part of a quality improvement program. Quality measures can be used as part of individual provider or clinic team performance assessments. Quality measures are also used by state and federal agencies to compare clinics and health systems.

- ✓ **Web referral**: A web referral is an online form completed by a healthcare or social service professional (i.e., provider, nurse, CNA/CMA, counselor) with the patient. The online form gathers key information about a patient (i.e., name, contact information, insurance information, clinic, provider information), and patient consent for a referral. The online form is then securely submitted electronically via the web to the state quitline. Progress notes on referred patients are sent back to the HIPAA-covered clinic or organization as a PDF file via secure email transmission or by fax. The progress notes are not automatically added to patient charts, they need to be uploaded into the clinic EHR system by clinic IT staff.

- ✓ **Workflow**: A workflow can be used in many settings to direct steps of organizational staff for how to care for or treat a patient or client. In a healthcare clinic, a workflow refers to the delivery of clinical services. A clinical workflow for tobacco treatment documents the steps of the clinic care team and IT team for asking about tobacco use, advising patients who use commercial tobacco products to quit and making a referral to the state quitline.

[10] https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualitymeasures?redirect=/qualitymeasures/05_ehrincentiveprogramappeals.asp

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Appendix B: Clinic Readiness Checklists

The following checklists are designed to help clinics:

- ✓ Assess their readiness for implementing a quitline referral system.
- ✓ Identify potential follow-up questions and actions.
- ✓ Link to appropriate tools and resources from the CDC's Million Hearts Tobacco Cessation Change Packet – an essential resource for implementation and maintenance of a quitline referral system, as well as broader health systems change efforts in commercial tobacco prevention and control.

Checklist 1: Clinic Administrative Policies			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
Does your clinic have a champion for commercial tobacco treatment within clinic administration?	Yes No	Document who the advocate is and their position in the organization. Does this person have authority within the organization to support additional organizational changes to support and strengthen cessation? Invite the person to join the Quitline Referral Implementation Team.	Make Tobacco Cessation a Practice and System Priority (pg. 8 & 9)
Does your clinic have a champion for commercial tobacco treatment within clinical staff?	Yes No	Document who the advocate is and their position in the organization. What is the individual's role for clinical oversight? Does this person have authority with clinical staff to gain buy-in for changes to clinical workflows to support a brief intervention for commercial tobacco use and referral to the state quitline? Invite the person to join the Quitline Referral Implementation Team.	
Does your clinic have a policy that prioritizes commercial tobacco treatment?	Yes No	Document the policy and review with the Quitline Referral Team to determine if changes are needed. If there is no formal policy, consider working with the Quitline Referral Team to develop and implement a policy.	Create a Supportive Environment for Cessation (pg. 9 & 10)
Assessment Findings: If there is at least one "no" response, that corresponding question becomes a key task for the Quitline Referral Team to address utilizing the "Change Concepts" tools from the Million Hearts Tobacco Cessation Change Packet or other resources Quitline Referral Team members may have identified or recommend.			

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Checklist 2: Equipping Clinic Care Teams			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
Does your clinic have a policy to train and retrain staff on commercial tobacco treatment protocols and workflows such as "Ask, Advise, Connect"?	Yes No	Document the training policy. If there is no formal policy, consider working with clinic leads and clinic administration to develop and implement. The policy could mimic other human resource policies on annual staff training requirements.	Equip All Staff to Engage in Tobacco Cessation Efforts (pg. 11 & 12)
Does your clinic conduct on-boarding training for new employees and annual trainings for existing employees on commercial tobacco treatment protocols and workflows such as "Ask, Advise, Connect"?	Yes No	Who is responsible for on-boarding training? Who is responsible for annual trainings? What information is included in the trainings? How does the clinic know staff participated in the trainings (on-board and annual)?	
Does your clinic have a procedure to ensure billing for commercial tobacco treatment is optimized?	Yes No	What is the procedure? Who codes and bills for commercial tobacco treatment? When and how are they trained?	
Does your clinic have commercial tobacco treatment performance measures and quality goals for the clinic?	Yes No	What are the performance measures and quality goals? How often are they reviewed (i.e., monthly, quarterly, annually)? Did the clinic achieve the measures and goals? Are quality improvement efforts (e.g., review of IT/EHR workflows, review of quitline referral systems) identified to improve performance measures and quality goals?	Provide Clinician and System-level Feedback on Progress and Impact (pg. 12 &13)
Does your clinic use commercial tobacco treatment performance measures and quality goals for providers or clinical care teams?	Yes No	What are the performance measures and quality goals? How often are they reviewed (i.e., monthly, quarterly, annually)? Do providers (or clinical care teams) achieve the measures and goals? Are quality improvement efforts (e.g., training on commercial tobacco treatment or clinical workflows to generate referrals to the quitline) identified to improve performance measures and quality goals?	
Assessment Findings: If there is at least one "no" response, that corresponding question become a key task for the Quitline Referral Team to address utilizing the "Change Concepts" tools from the Million Hearts Tobacco Cessation Change Packet or other resources Quitline Referral Team members may have identified or recommend.			

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Checklist 3: Brief Intervention for Commercial Tobacco Use and Quitline Referrals (i.e., Ask, Advise, Connect)			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
Has your clinic adopted a brief intervention for commercial tobacco use, like "Ask, Advise, Connect"?	Yes No	Document the protocol. Review the protocol with the Quitline Referral Team to determine if the existing protocol supports: • Asking every patient at every visit about commercial tobacco use; • Advising patients who report using commercial tobacco to quit; • Connecting patients with FDA approved treatment medications by providing a prescription **and** referral to the state quitline for access to FREE support and additional cessation medication. Determine if changes may be needed and work with the Quitline Referral Team to implement changes. If there is no formal protocol, consider working with the Quitline Referral Team to develop and implement a protocol that will support referral to the quitline.	Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit (pg. 4) Provide Clinician and System-level Feedback on Progress and Impact (pg. 12 &13) Establish a Tobacco Treatment Protocol (pg. 16)
Does your clinic have a workflow that supports the brief intervention for commercial tobacco use and referral protocol?	Yes No	Document the workflow. Review the workflow with the Quitline Referral Team to determine if it supports: • Asking every patient at every visit about commercial tobacco use; • Advising patients who report using commercial tobacco to quit; • Connecting patients with FDA approved treatment medications by providing a prescription **and** referral to the state quitline for access to FREE support and additional cessation medication. Determine if changes may be need and work with the Quitline Referral Team to implement changes. If there is no formal workflow, work with the Quitline Referral Team to develop and implement a workflow that identifies the role for clinic staff in screening for commercial tobacco use and documenting the data in patient medical records.	Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit (pg. 4) Provide Clinician and System-level Feedback on Progress and Impact (pg. 12 &13) Establish a Tobacco Treatment Protocol (pg. 17)
Does your clinic have commercial tobacco use status prompts in the patient record system (i.e., EHR, or paper medical charts)?	Yes No	What are the prompts and are they in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there are no prompts, work with the Quitline Referral Team to develop and implement prompts appropriate for the clinic's patient record system	Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit (pg. 4)

Checklist 3: Brief Intervention for Commercial Tobacco Use and Quitline Referrals (i.e., Ask, Advise, Connect)			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
		and that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Provide Clinician and System-level Feedback on Progress and Impact (pg. 12 &13) Enhance Clinical Decision Support (pg. 17 & 18)
Does your clinic have decision support scripts for commercial tobacco use screening in the patient record system (i.e., EHR, or paper medical charts)?	Yes No	What are the scripts and are they in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there are no scripts, work with the Quitline Referral Team to develop and implement scripts appropriate for the clinic's patient record system and that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit (pg. 4) Provide Clinician and System-level Feedback on Progress and Impact (pg. 12 &13) Enhance Clinical Decision Support (pg. 18)
Does your clinic have standard order sets for counseling and medications used to treat commercial tobacco use?	Yes No	What are the order sets and are they in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there are no standard order sets, work with the Quitline Referral Team to develop and implement standard order sets that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Enhance Clinical Decision Support (pg. 18 & 19)
Does your clinic have tools to guide providers and clinical care teams in selecting medication to treat commercial tobacco use?	Yes No	What are the tools and are they in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there are no tools, work with the Quitline Referral Team to identify or develop tools that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Enhance Clinical Decision Support (pg. 19)
Does your clinic have tools to assist providers and clinical care teams with educating	Yes No	What are the tools and are they in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow?	Implement Standardized Approaches to Support Cessation Efforts

Checklist 3: Brief Intervention for Commercial Tobacco Use and Quitline Referrals (i.e., Ask, Advise, Connect)			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
patients on medications used to treat commercial tobacco use?		If there are no tools, work with the Quitline Referral Team to identify or develop tools that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	(pg. 19)
Does your clinic have a decisional support tool to guide providers and clinical care teams with helping patients plan their quit?	Yes No	What is the decision support tool/guide and is it in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there is no decisional support tool/guide, work with the Quitline Referral Team to identify or develop a tool that aligns with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Implement Standardized Approaches to Support Cessation Efforts (pg. 19)
Does your clinic have a protocol and workflow for providers or clinical care teams to follow-up with patients who are quitting?	Yes No	What is the protocol and workflow and is it in line with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow? If there is no protocol and workflow, work with the Quitline Referral Team to develop a protocol and workflow that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Establish Protocols to Identify and Connect Patients to Referral Resource (pg. 20)
Assessment Findings: If there is at least one "no" response, that corresponding question become a key task for the Quitline Referral Team to address utilizing the "Change Concepts" tools from the Million Hearts Tobacco Cessation Change Packet or other resources Quitline Referral Team members may have identified or recommend.			

Checklist 4: Optimizing Referrals and Access to Treatment			
Assessment Question	**Response**	**Notes/Follow-up Questions**	**Change Concept from Million Hearts**
Does your clinic have a certified EHR?	Yes No	Consider implementation of an eReferral system to the state quitline. If your clinic does not have a certified EHR, work with the Quitline Referral Team to determine steps for certification and working towards implementation of an eReferral system.	Establish Protocols to Identify and Connect Patients to Referral Resources (pg. 21)
Does your clinic use registries to track patients who use commercial tobacco?	Yes No	Document how the registry is used and if it supports or is supported by the clinic's brief intervention for commercial tobacco use and referral protocol and workflow. If there is no use of patient registries, work with the Quitline Referral Team to develop and implement a registry.	Employ Population Health Management Strategies (pg. 22)
Does your clinic conduct proactive follow-up with patients who use commercial tobacco?	Yes No	Review the protocol and workflow for follow-up to ensure it supports and is supported by the clinic's brief intervention for commercial tobacco use and referral protocol and workflow. If there the clinic does not conduct proactive follow-up, work with the Quitline Referral Team to develop and implement a protocol and workflow for proactive follow-up that align with the clinic's brief intervention for commercial tobacco use and referral protocol and workflow.	Employ Population Health Management Strategies (pg. 22)
Assessment Findings: If there is at least one "no" response, that corresponding question become a key task for the Quitline Referral Team to address utilizing the "Change Concepts" tools from the Million Hearts Tobacco Cessation Change Packet or other resources Quitline Referral Team members may have identified or recommend.			

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Appendix C: Quitline Referrals Help Clinics Meet Quality and Performance Measures

There are a number of clinical quality standards and measures related to commercial tobacco screening and cessation intervention that health care organizations are required to report on. Quitlines provide evidenced-based treatment interventions that clinics can connect (refer) patients to, which when done as part of a clinical protocol like the *Ask, Advise, Connect* (Refer) counts towards those clinical quality measures.

Below are links to resources on key clinical quality and performance measures. Implementing quitline referrals for patients who use commercial tobacco can count towards each of the following.

- ✓ HRSA Uniform Data System – Tobacco Use: Screening & Cessation Intervention
  URL: https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf

- ✓ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; CMS eCQM – CMS 138v8
  URL: https://ecqi.healthit.gov/ecqm/ep/2020/cms138v8

- ✓ National Quality Forum – Preventive Care & Screening: Tobacco Use Screening & Cessation Intervention Measure #0028
  URL: http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=391&print=0&entityTypeID=1

- ✓ CMS Medicaid Adult Core Set
  URL: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-adult-core-set.pdf

- ✓ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; MIPS/QPP Quality Id #226
  URL: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_226_MIPSCQM.pdf

- ✓ The Joint Commission – Tobacco Measures
  URL: https://www.jointcommission.org/-/media/tjc/documents/measurement/measures/tobacco-treatment/tob-measures-resource-links.pdf

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Appendix D: Project Tracking Templates

The following tables present two templates as examples of simple project task or action item tracking. Template A outlines actions for implementation of fax or web referral systems. Template B outlines actions for implementation of an eReferral system.

Template A: Fax or Web Referral Implementation Action Steps			
Action	**Assigned to**	**Due Date**	**Notes**
Initial meeting between Clinic and State Quitline Representative, state or local health department or local grantee	Health system advocate / Lead	May 15, 2021	Purpose of the meeting: • Describe the state quitline if needed. • Introduce quitline referral process and referral modes available (i.e., fax and web). • Identify referral mode in which clinic is interested/capable of implementing and maintaining (i.e., fax or web). • Identify potential technical, administrative, training, or clinical challenges. • Draft/set a planned date for referral system to be live by.
Draft clinic workflow for referral	Health system advocate / Lead with clinic staff	June 1, 2021	• Detail the clinical workflow for quitline referral. • Identify the appropriate clinical decision support tools/prompts needed throughout the workflow. • Identify and assign clinical staff responsible for implementing and maintaining workflow.
Test clinic workflow	Clinic staff / Clinic IT / Quitline	June 15 – July 15, 2021	This will be a set date (or date range) for the clinic staff to test the referral workflow to ensure it is functioning correctly.
Go live date	Clinic staff	July 30, 2021	Set an internal “go live” date for referrals and assign a staff member to monitor referrals and the workflow process to help identify possible adjustments or additional training needed.

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Template B: eReferral Implementation Action Steps			
Action	**Assigned to**	**Due Date**	**Notes**
Initial meeting between Clinic and State Quitline Representative, state or local health department or local grantee	Health system advocate / Lead	May 15, 2021	Purpose of the meeting: • Describe the state quitline if needed. • Introduce quitline eReferral process. • Identify and connect with relevant IT and clinical staff that need to be included on subsequent calls. • Identify potential technical, administrative, training, or clinical challenges. • Draft/set a planned date for referral system to be live by.
Draft clinic workflow for referral	Health system advocate / Lead with clinic staff	June 1, 2021	• Detail the clinic workflow for quitline referral. • Identify the appropriate clinical decision support tools/prompts needed throughout the workflow. • Identify and assign clinical staff responsible for implementing and maintaining workflow.
Test referral	Clinic staff / Clinic IT / Quitline	June 15, 2021	This will be a set time and date for the clinic to send a test referral to the state quitline. There will be time to troubleshoot issues if needed.
Test "Progress Note"	Clinic staff / Clinic IT / Quitline	June 30, 2021	This will be a set date and time for the Quitline to send a test progress note back to the clinic. There will be time to troubleshoot issues if needed.
Test clinic workflow	Clinic staff / Clinic IT / Quitline	June 15 - July 15, 2021	This will be a set date (or date range) for the clinic staff to test the referral workflow to ensure it is functioning correctly.
Go live date	Information Technology (IT) / Electronic Health Record (EHR) Staff and Quitline Technical Manager (**only for eReferral**)	July 30, 2021	Go-live: Following the successful go-live process, the quitline staff will monitor incoming messages to confirm receipt of the first eReferrals from the clinic. If not received, they will reach out to the clinic on a monthly basis to check schedule and expected timelines.

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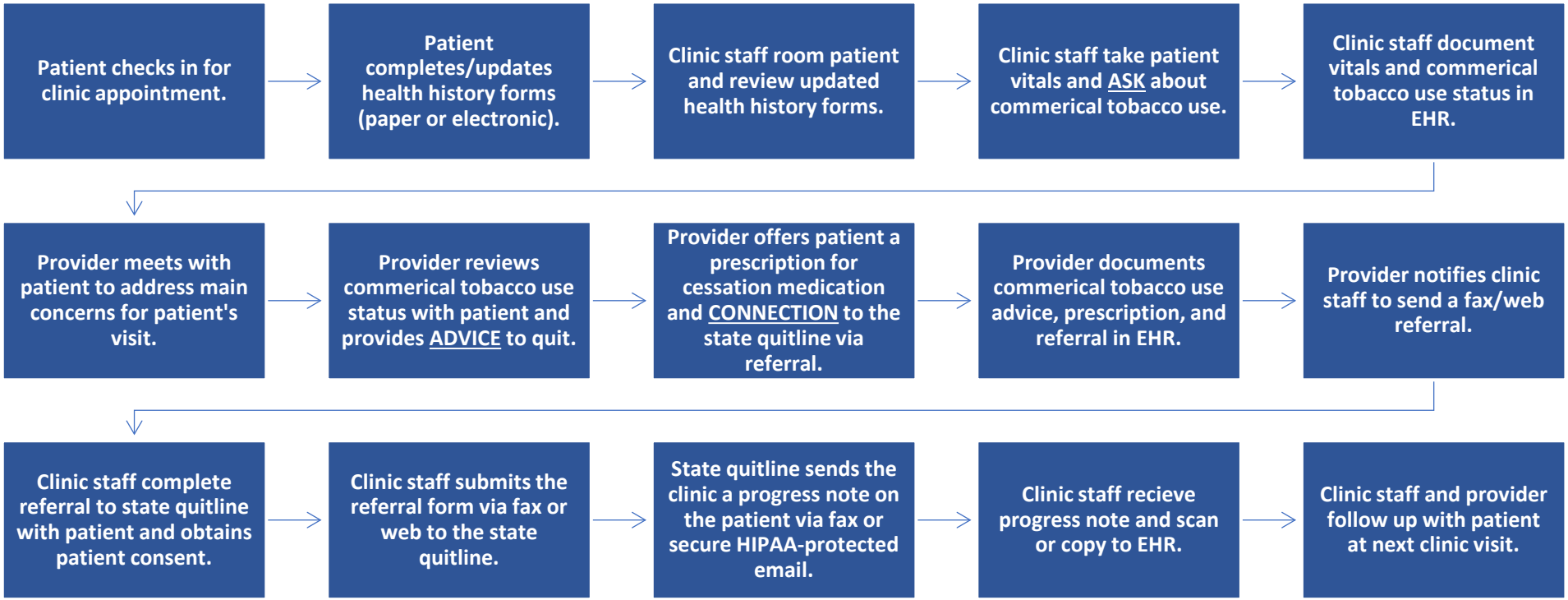
Appendix E: Example Workflow for Fax or Web Referral

The following is an example workflow, from patient check in to follow up at the patient's next visit, for a brief intervention such as *Ask, Advise, Connect.* Each clinic will tailor this workflow to fit within existing clinic workflows for patient check-in, rooming, provider referrals, and staff responsibilities. Tailoring the workflow can be part of your Quitline Referral Team's efforts and should be included in ongoing clinic monitoring and quality improvement efforts to ensure the workflow is functioning and optimizing referrals for patients who use commercial tobacco to the state quitline.