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Quitline Fax Referrals – Increasing Enrollment and Outcomes

Alice Dalla-Palu MPA, CTTS-M, CAC Lehigh Valley Health Network, Alice.DallaPalu@lvhn.org

Jeanne Fignar AAS Lehigh Valley Health Network, Jeanne.Fignar@lvhn.org

Patricia Lavan RDH, BA Rural Health Corporation of Northeastern PA

Kayshin Chan MPH Public Health Management Corporation

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Quitline Fax Referrals – Increasing Enrollment and Outcomes Alice Dalla Palu, MPA, CTTS-M, CAADC¹; Jeanne Fignar, AAS¹, Patricia Lavan, RDH, BA²; Kayshin Chan, MPH³

Background

The Pennsylvania Free Quitline has a fax referral system, but the system The following quantitative and qualitative methods were used to answer the four key evaluation questions. has not been used to its full potential. During 2011, the Pennsylvania Department of Health, Division of Tobacco Prevention and Control Analysis of Quitline data: Monthly quantitative data from the Quitline (DTPC) implemented a fax referral pilot initiative with the primary goal of were analyzed to determine the number of fax referrals, percent of enrollees, increasing the number of successful fax referrals to the PA Free Quitline and enrollee outcomes. Pilot participants were coded so they could be easily from health care providers on behalf of their patients. The fax referral pilot identified in the tracking system. These outcome data were reviewed monthly was designed to reach disparately impacted populations, focusing on low as part of the pilot's process evaluation. income and rural smokers. This initiative aimed to increase awareness of Key informant interviews: PHMC conducted interviews with TFNE the fax referral process and test a feedback system among select health staff and Pilot healthcare staff to gather feedback on using the fax referral care providers.

In the Northeast Health District, Rural Health Corporation agreed to participate in the fax referral pilot coordinated by Tobacco Free Northeast PA (TFNE). Rural Health is uniquely positioned to offer this option for their patients as they are a multi-site (10) outpatient health system in two of the highest smoking prevalence counties in Pennsylvania. Their sites are located in urban and rural settings with a diverse demographic patient base. The sites include a homeless shelter, pediatric clinic, dental and medical clinics.

There were three key features of the Pilot fax referral:

- 1 Healthcare providers involved with the pilot received tailored trainings on brief intervention based on the Clinical Practices Guideline, (US Department of Health and Human Services, 2008), and training on fax referral optimization.
- 2 Patients who enrolled in the Quitline fax referral received a free 30 day NRT kit.
- 3 Healthcare providers who used the fax referral system received outcome feedback on each patient.

Fax Referral Pilot Evaluation

DTPC was interested in gathering feedback about pilot sites' experiences and opinions from participating and non-participating healthcare sites about using a fax referral system. As part of the statewide evaluation, the Research and Evaluation Group at Public Health Management **Corporation (PHMC) evaluated the fax referral Pilot so that the findings** from the evaluation can inform the expansion of the fax referral system across the Commonwealth.

There were four main evaluation questions for the pilot initiative:

- 1 Are pilot sites able to use Quitline fax referral to assist at least 100 tobacco users over a three month period?
- 2 What trends, if any, are seen in fax referral enrollee characteristics? Are fax referral enrollees similar in demographic characteristics and tobacco use patterns to other Quitline callers? What do similarities/differences tell us about the potential reach of fax referral?
- 3 How do the regional fax referral implementation models affect referral and outcomes?
- 4 What are the barriers and supports for health care providers in using a fax referral system?

¹Tobacco Free Northeast PA and Lehigh Valley Health Network, Allentown, PA; ²Rural Health Corporation, Philadelphia, PA

Methods

system. PHMC also interviewed other healthcare providers who did not use fax referral to understand their perspectives about using fax referral in the future. These non-pilot providers were selected with input from three health district regions. A total of 6 district staff, 10 pilot providers, and 7 non-pilot providers were interviewed between June and August 2011. While some questions were tailored for their role in the project, all participants were asked for feedback on the fax referral system and the most effective ways to roll out the system across the state.

Alternately, TFNE staff interviewed Pilot site provider staff after training and during the first few months of the Pilot to ascertain their level of knowledge and document their feedback or questions. All providers offered positive feedback and several took time to say how grateful they are to have this opportunity for their patients.

Pilot Model

Preparation: TFNE has a long standing relationship with Rural Health both with training their providers and having a sub contractual arrangement to provide cessation counseling in their two counties of Luzerne and Wyoming. Rural Health's fax referral coordinator created logs and other documents to track the referrals for the pilot and reported back to TFNE, who reported these program outcomes to PHMC and DTPC monthly. If there were issues between reports, communications were exchanged to resolve them.

Training: All 10 Rural Health sites were trained in March 2011 by a regional trainer, using the presentation "Every Smoker, Every Time: Brief Clinical Interventions for Successful Smoking Cessation." For many providers, this was not their first training in brief intervention and cessation referral, so the training served more as a refresher course. Trainees did receive specific training on the fax referral Pilot.

Implementation: Rural Health coordinator keyed a coded site-specific fax referral form from the Rural Health intranet system for site download. Patient faxes were sent from the clinic site to the fax referral coordinator, who logged each referral, and then forwarded faxes to the Quitline to initiate a proactive call. If the patient preferred local/face-to-face tobacco treatment, the coordinator initiated contact with patients to offer counseling. All communication between the pilot providers/sites and the Quitline was managed through the fax referral coordinator. She also notified referring providers about the outcomes of their fax referrals as the Quitline shared follow up information.

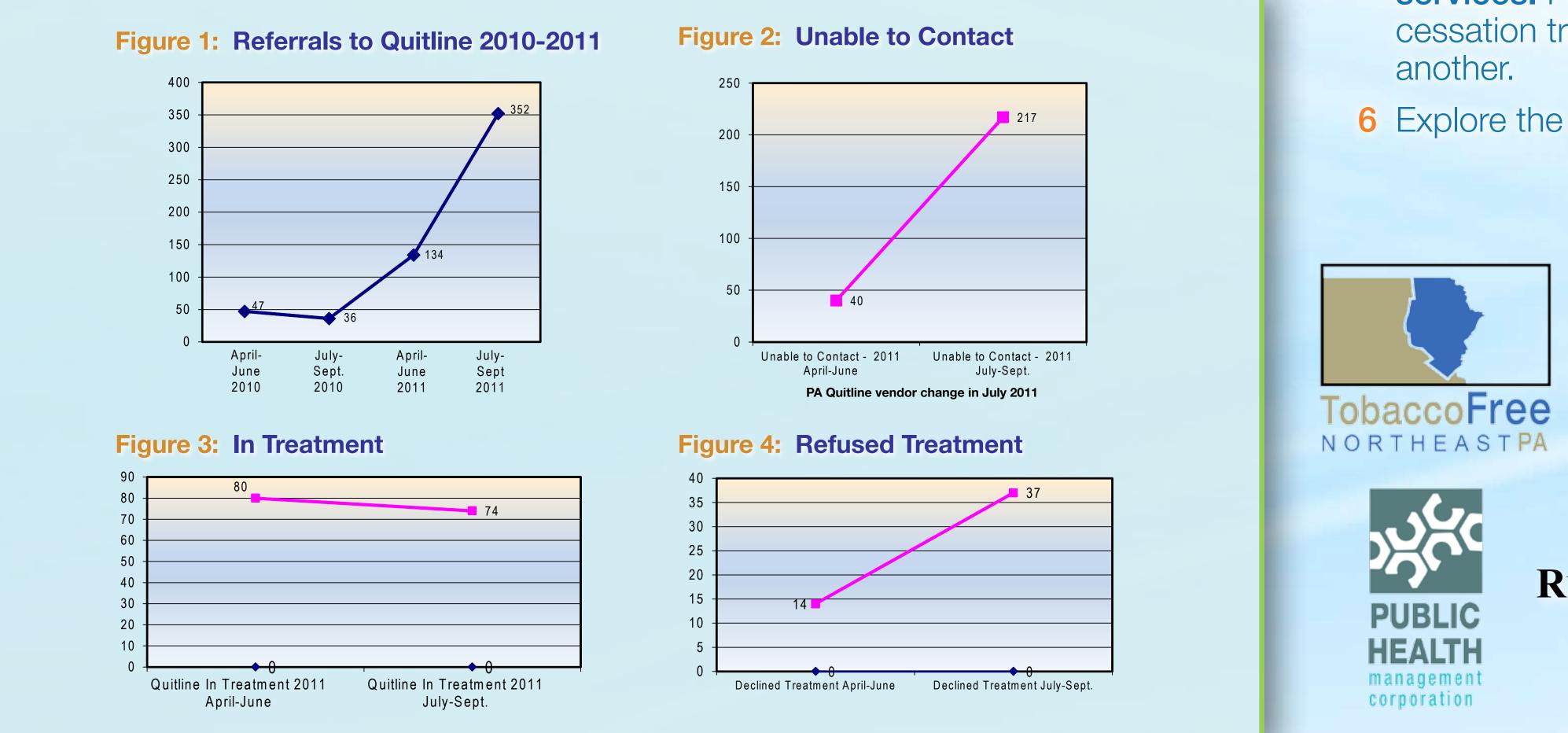
Monitoring: The fax referral coordinator worked closely with the pilot providers to ensure that the system ran smoothly. She attends RHC's regular medical and dental staff meetings, so the providers received constant reminders about using the fax referral system. When she discovered that there was a mix-up over feedback forms, she contacted DTPC and resolved the issue. She prepared monthly status reports which included the following information:

- # Fax Referrals to Quitline
- # Referrals pending
- # Clients accepted treatment
- # Clients declined treatment
- # Clients unable to contact
- # Clients referred to face to face counselor
- # Clients enrolled
- # Clients declined

Results

Having a parent health system with multiple sites and a fax referral coordinator was an effective way to engage providers in using the fax referral system and resulted in more fax referrals. The six month Pilot facilitated 486 referrals compared to 83 referrals from the same time period the prior year; an almost 6-fold increase in referrals that include provider brief interventions.

The Pilot resulted in 154 participants in treatment. Those referred that did not go on to participate in treatment may still experience a positive change in readiness to quit, as research has shown the multiple interventions move patients through the stages of behavior change.



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Recommendations

Based on the key informant interviews, there were several lessons learned and recommendations for future dissemination of the fax referral system.

- 1 An ideal model for implementing a fax referral system is to have a fax referral coordinator in one central health system manage incoming and outgoing fax referral reports for all sites. The fax referral coordinator serves as the contact person between the different medical sites, the district primary contractor, and Quitline vendor. The coordinator can continuously check in with providers to remind them to use the system and troubleshoot any problems. It is also important to identify a key staff person at the Quitline vendor to deal with any
- 2 If a sites' coordinator is not possible, it would be important to designate a regional point of contact to coordinate the training and serve as a fax referral contact person. When possible, use in-person, brief training at providers' offices to describe the fax referral system.
- 3 Selecting sites to participate in fax referral is most efficient when there are established relationships with the site. Fax referral is likely straightforward for health systems which already have cessation referral protocols in place, but when working with sites not accustomed to screening for tobacco, plan for additional staff and administrative training and troubleshooting.
- 4 Key factors to getting healthcare providers involved with fax referral include:
 - a Information about Quitline as an effective service;
 - **b** Free NRT kits for patients who enroll through fax referral;
 - c Timely feedback reports about patient enrollment status.
- 5 All fax referral efforts and trainings should include a description of how the Quitline fax referral system complements the availability of local cessation services. Providers should understand that face-to-face and telephone-based cessation treatment options are not in competition, rather they support one
- 6 Explore the possibility of **electronic referral** to engage larger health systems.

Tobacco Free Northeast PA at Burn Prevention Network is funded by a grant from the Pennsylvania Department of Health Tobacco Prevention and Control Program to provide tobacco services in the Northeast Health District. Our Mission is to improve the quality of life in our communities by reducing tobacco use -- serving the counties of Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne and Wyoming.

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