



NYU School of Medicine

**Linking Low Socioeconomic And Racial/Ethnic
Minority Populations To Evidence-based Cessation
Treatment Through Health System Changes**

Project Overview

Project Aims

1. Successfully implement Opt-To-Quit (OTQ)TM in 2 Healthcare Organizations in New York City
 - Inpatient & Outpatient
2. Conduct a process evaluation to inform the development of a step-by-step manual for implementing OTQTM
3. Conduct an outcome evaluation of OTQTM and the impact on patient level outcomes. Interview key staff to inform development of case studies embedded into the manual

About OTQ

- Developed by Roswell Park Cancer Institute as a service for the New York State Smokers' Quitline (NYSSQL)
- Policy driven program designed to support a healthcare organization in ensuring that smokers are offered support via a streamlined data exchange embedded into the electronic (EHR) health record

For more information
visit: [NYSSQL](https://www.nyssql.org)



Summary of Results

Organizational Characteristics	Inpatient	
	Total patients	725 beds, 35,000 patients admitted annually
	Site Description	An acute-care teaching general hospital; the majority of patients are emergency room admissions with multiple chronic illnesses
	EHR vendor	EPIC

Pre-Post OTQ Implementation Data

2/2015 – 2/2016	0 tobacco using patients out of 1400 were referred to NYSSQL
2/2016- 2/2017 <i>*After OTQ implementation</i>	66% of tobacco using patients were offered a Quitline referral. (922 offered referral/1388 total tobacco users)

Organizational characteristics	Outpatient	
	Total Patients	5000 seen per year
	Patient Characteristics	FQHC serving low income patients, high Medicaid population
	EHR vendor	eClinicalWorks

Pre-Post OTQ Implementation Data

12/2014-6/2015	3 tobacco using patients referred to NYSSQL. Limited capabilities to capture additional data
9/2017-3/2018 <i>*After OTQ implementation</i>	<ul style="list-style-type: none"> • Screened 38% of patients 18 and over • Identified 25% of patients were smokers • Of smokers identified 20% (n=56 patients) were assessed for readiness • All 56 patients were referred to NYSSQL or other cessation programs

Impact

- Multi-collaborative project with a variety of stakeholders brought together for same common goal
 - *Goal:* Raise awareness of potential direct data exchanges between healthcare organizations and Quitline to enhance referrals and tobacco use treatment.
 - *Partners:* NYU School of Medicine, NYC Department of Health and Mental Hygiene, Healthcare organization teams (leadership, administrative, clinical, IT), EHR vendors, NYS Smokers' Quitline
- Use of data to identify gaps can drive motivation to create new systems to enhance tobacco use treatment in a range of settings
- Lessons learned have been transformed into an easy to use step-by-step manual to assist other healthcare organizations in the implementation of OTQ™
 - Successful implementation of OTQ™ in both inpatient and outpatient facilities makes the manual generalizable to many healthcare settings

Opt-to-Quit Manual & Appendices

- Based on lessons learned a Step-by-Step Manual was developed to assist healthcare organizations in integrating a referral system into the electronic health record
- The guide will assist in:
 - Mapping workflows
 - Drafting an OTQ™ policy
 - Modify the EHR to incorporate the OTQ™ eReferral system
 - Working with the Quitline to establish appropriate data exchange protocols
 - Retrieving reports from the system to track your progress
 - Testing the system
 - Training your staff
 - Reviewing and reporting patient outcomes

STEPS FOR IMPLEMENTING OTQ™ AT YOUR HEALTHCARE ORGANIZATION

Step 1: Questions to Consider

Use worksheet 1 to document your answers to these critical questions that will help to guide your OTQ™ implementation.

Worksheet 1: Key Questions to Consider

Will your policy be "opt-out" or "opt-in"?

When during the visit will referral occur?

How often are providers expected to re-assess patients' smoking status? (*e.g., annually, biannually, at initial visit, at each visit, etc.*) We recommend that this occur at least annually.

What patient educational materials are used for patient education?

Worksheet 4: Planning EHR Changes

The Quitline requires the bolded data elements on Worksheet 4 below. The remaining elements are optional but their inclusion can improve the efficiency of the referral process. Information on preferred language allows the Quitline to link to language-appropriate services for those smokers who don't speak Spanish or English (the languages that Quitline counselors speak). Address and email information allows the Quitline to match their data records more efficiently, expediting the referral request. The Quitline is compliant with the HIPAA Security Rule, ensuring that the data is transferred through secure data delivery options.

Are the following patient data elements documented in the EHR	Yes/No	If yes, how?	If no, steps needed to make this change	Change Completed (Y/N)
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				
You will need the following data elements if you plan to implement a parent/caregiver referral system				
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				