

Primary Care staff can achieve a 100% increase in referrals to tobacco quitline using 30-second intervention at every office visit.



Abstract:

- What worked and what did not when MaineHealth (MH) worked to increase tobacco referrals in Primary Care (PC).
- In 2012 MH embedded referral in EPIC but after 5 years still referred 6% of patients.
- In 2017 MH set target to make 20 referrals/100 PC patients who use tobacco. Employed a new strategy to engage clinical staff. After 1 year, missed target but **doubled referrals with novel approach.**

Activities:

- Surveyed providers and clinical staff, found biggest barriers to talking about tobacco were misconceptions -- interest in quitting, HelpLine, outcomes -- and time constraints.
- Partnered with "regional owners" at six practice groups across system.
- Vetted strategies with M.D. Champion.
- Built tools to collect, analyze data..
- **Spent 30 minutes with each PC team,** plus hospital inpatient treatment programs and select specialty practices.
- Additional training for all new rooming staff.

Strategy:

- Learn what happens in practice.
- Listen, challenge beliefs and perceptions.
- Address misconceptions about treatment.
- Build empathy, set realistic expectations.
- **Give permission to get a "No."** Explain how to make most of it.
- Train staff as hired, maintain follow-up.

Outcomes:

- Year 1, from 6.42/100 to 12.58/100.
- Year 2, slowed, backslid to 12.01/100.
- By year 2, all practices had improved, and 55% improved by > 100%.
- 10% of providers made 50% of referrals.

Challenges and Barriers:

- Staff turnover, availability for training.
- **Multiple initiatives competing for time.**
- Convening meetings.
- Varying workflows.
- Internal reporting, infrastructure to be built.

Learnings:

- Rooming is the most critical opportunity.
- Staff need support to offer help repeatedly.
- Check language used and how tools used.
- Remind leaders attitude change takes time.
- **Some teams embrace it, some just need leadership, some need system support.**
- Quality infrastructure supports results.

Details:

- MaineHealth is Maine's largest health system --12 hospitals, 53 Primary Care (PC) practices, over 1,500 physicians.
- Surveyed 98 providers, nurses, and Medical Assistants.
- Measure: number of referrals submitted in EPIC for Primary Care patients per 100 patients seen in last 12 months and screened for tobacco.
- System Quality Dashboard team: 6 regional owners; Performance Improvement, Quality Improvement, data, reporting, and EPIC experts; clinical champion.
- 17 monthly 1-hr full team, 30 bi-monthly 30-min regional check-in calls
- 80 clinical team trainings.
 - 15-minute presentation + 15-minute Q&A + supporting material handout.
 - Why tobacco is important.
 - How to talk about it with patients.
 - Why you can refer with confidence.
- "Ask, Advise, Refer."
- **Three take-aways for all staff:**
 1. **Patients need to know you think it is important, too.**
 2. **Talking about tobacco does not have to be hard and can be quick.**
 3. **Refer to the Maine Tobacco HelpLine with confidence.**

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