

# Referrals to quitline tripled after implementing simple approach: MaineHealth's experience.



## Abstract:

- What worked and what did not when MaineHealth (MH) worked to increase tobacco referrals in Primary Care (PC).
- Five years after embedding the referral in EPIC the system was still referring just 6% of patients for tobacco treatment.
- In 2017 MH set target to make 20 referrals/100 PC patients who use tobacco.
- In 2021MH hit the target system-wide.

## Activities:

- Staff survey found biggest barriers to talking about tobacco were misconceptions -- interest in quitting, quitline features and efficacy, outcomes -- and time constraints.
- Cultivated champions across system.
- Vetted strategies with M.D. Champion.
- Built tools to collect, analyze data.
- **Delivered 30-minute trainings to each Primary Care team**, plus hospital inpatient treatment programs and select specialty practices. Repeated when possible.
- Referrals part of clinical staff orientation.
- Implemented Smart Phrases in EPIC
- Supported specific Work Groups.
- Train-the-trainer for Population Health staff.

## Challenges and Barriers:

- Staff turnover, availability for training.
- **Multiple initiatives competing for time.**
- Competition for time to train and follow up.
- Varying workflows.
- COVID-19 pandemic impact on practices.

## Strategy:

- **Standard care: offer referral every visit.**
- **Standing order: staff rooming patient submit referral; provider not required.**
- Visible leadership commitment to goal.
- Address misconceptions about treatment.
- Build empathy, set realistic expectations.
- Train staff as hired, maintain follow-up.

## Outcomes:

- **235% improvement in referral rate:** from 6 per 100 to 20.12 per 100.
- **380% increase in number of referrals:** from 1,108 in 2017 to 5,322 in 2021.
- **Tobacco-use prevalence dropped** among MH Primary Care patients decreased from 12.9% to 11.9%.

## Learnings:

- Objective is to offer referral -- eventually more patients will accept.
- Rooming provides best opportunity.
- Staff need support to offer help repeatedly.
- Quality infrastructure supports results.

## Details:

- MaineHealth is Maine's largest health system --12 hospitals, 53 Primary Care (PC) practices, over 1,700 physicians.
- 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: 8 regional owners; Performance Improvement, Quality Improvement, data, reporting, and EPIC experts; clinical champion.
- Clinical team trainings.
  - 20-minute presentation + 10-minute Q&A + supporting material handout.
  - Why tobacco is important.
  - How to offer referral for results.
  - Benefit of treatment for patients.
- "Ask, Advise, Refer."
- *"I'm concerned about your health. It's important we do something about your tobacco use. I can help and I want to help. I can refer you to the Maine QuitLink."*
- **Three take-aways for all staff:**
  1. **Patients need to know you think it is important, too.**
  2. **Persistence is more important than a perfect delivery.**
  3. **Refer to the Maine Tobacco HelpLine with confidence.**
- "Mythbusters" document for providers skeptical of referral/quitline efficacy.
- Year 1, improved to 12.58 referrals/100 pts. 3,144 referrals.
- Year 2, backslid to 12.01/100 3,207 referrals.
- Year 3, 13.56/100 -- 3,312 referrals
- Year 4, 20.12 -- 5,322 referrals

David Spaulding, Sr. Program Manager, Practice Integration, MaineHealth Center for Tobacco Independence [David.Spaulding@mainehealth.org](mailto:David.Spaulding@mainehealth.org) or scan QR code for more info.

MaineHealth  
Center for Tobacco  
Independence

