Launching an Opt-Out Tobacco Treatment Referral Process Across a Cancer Care Network.

Center for Tobacco Independence

Background

- As the leading cause of preventable disease, disability and death in the US, tobacco use is also a well-established cause of up to 13 types of cancer, cancer-related death, and all-cause mortality.
- In the state of Maine, where lung cancer has the highest incidence and mortality, tobacco use is higher than the national average (Maine: 15.6%; US: 11.6%).
- In 2024, 10.8% of cancer survivors treated by the MaineHealth Cancer Care Network (MHCCN) were using some form of tobacco or vape at the time of a new cancer diagnosis, and only 25.1% of those individuals were referred for cessation support within 90 days of initial consult.

Strategy:

- Implement an opt-out tobacco referral process, essentially requiring less work to make a referral than to not make a referral.
- Standardizing the process would reduce the likelihood of bias and connect more patients to evidence-based treatment.

Activities:

- In June 2024 MaineHealth launched an "opt out" referral process in its EPIC electronic health record. A new pilot Practice Advisory (or PA) is triggered in multiple encounter types in which a patient screened positive for any tobacco use. The PA is a "hard stop" in the process, requiring action to move forward.
- PA displays a graphic instructing the care team member to "Refer all positive patients for cessation support." Where the current PA suggested "Ask the patient if they would like a referral . . ." the pilot PA suggested: "We have all patients who use tobacco speak to a treatment specialist at the Maine QuitLink as this is a very important part of your care here. They have experts to help you, so they'll be contacting you."
- In addition to the new more direct language, the pilot PA was set to default to submitting the referral, requiring just two clicks for submission. If the referral is not submitted, an explanatory note is required to advance.
- 13 MHCCN practices were recruited for a 6-month pilot to receive specific training on Brief Intervention & Referral and to use the new opt out referral process in each encounter with a tobacco-using patient. In the 12-month period leading up to the pilot these practices made 203 referrals, averaging 17 per month.

Outcomes:

- The clinical care teams at all participating practices received a 30-minute training on Brief Intervention & Referrals through the MaineHealth Center for Tobacco Independence.
- Screening and referral was monitored monthly.
- At the end of the 6-month pilot, participating practices collectively submitted 161 referrals, averaging 27 per month – a 59% improvement in the monthly average referral rate.
- Notably, one MHCCN practice that elected not to participate in the pilot maintained its referral rate throughout the period.

Learnings:

- The first iteration of the pilot PA required staff to "add charge 99406 or 99407 in charge capture if appropriate counseling performed." Some staff thought that was out of scope for their roles, so this was removed from the PA.
- The "explanatory note" required when a referral was not submitted could be satisfied with ambiguous comments or even a single word or ".". To address this a minimum character count was implemented.

Conclusion:

- Implementing the standard opt-out process was relatively simple and worth the effort.
- Participating practices saw higher referral rates, gains were maintained throughout the pilot period.
- Comments about entering charges notwithstanding, no staff complaints were noted.

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