

Innovating Referral Outreach in Maine:

Leveraging Technology with a Personal Touch

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Conflict of Interest Disclosure

The presenter has no conflicts of interest to disclose.

References to tobacco in this presentation refer to commercial tobacco use, not the sacred and traditional tobacco used by Indigenous communities.



MaineHealth Center for Tobacco Independence



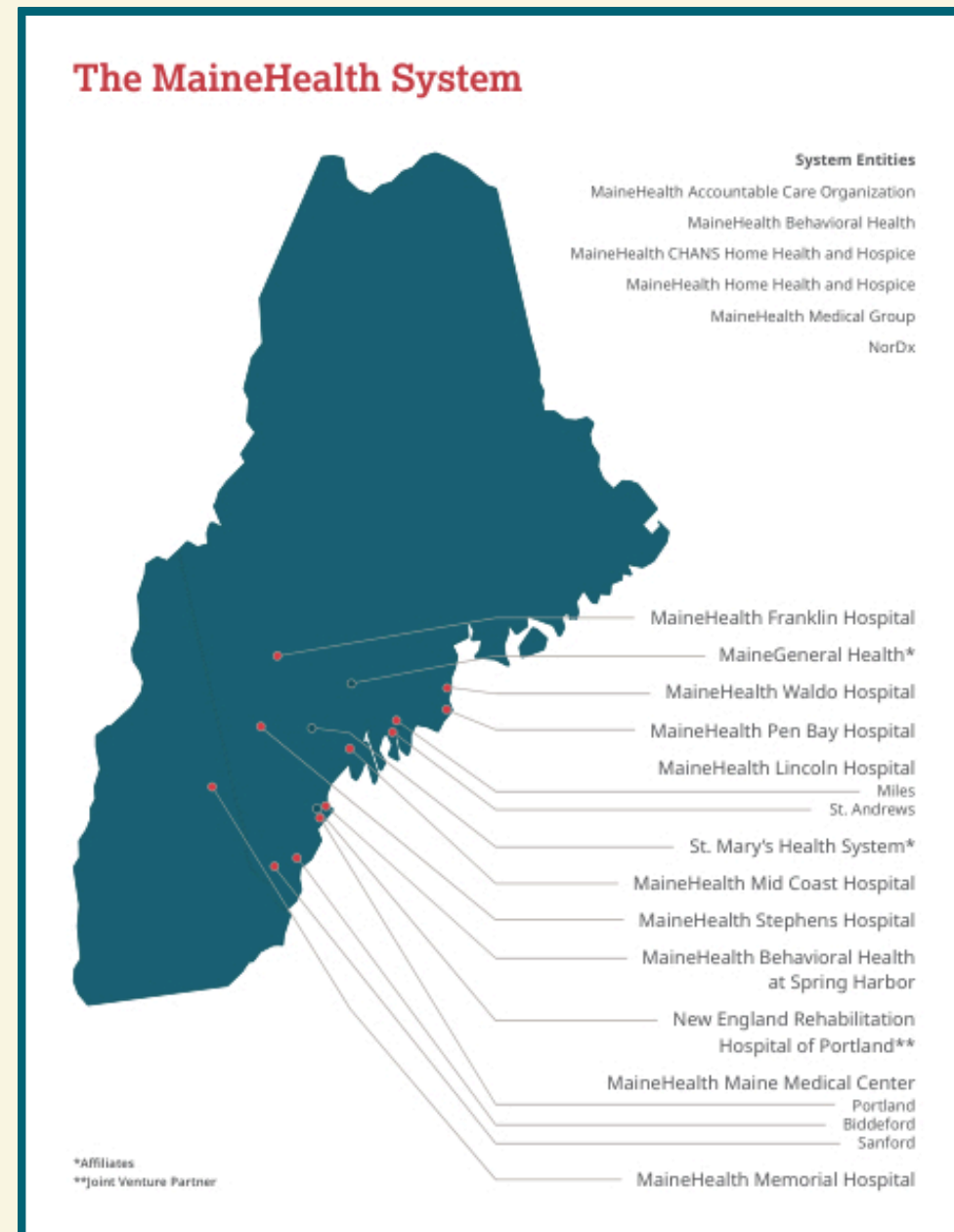
Center for Tobacco Independence

The MaineHealth Center for Tobacco Independence (CTI) has worked across the state of Maine since 2000 to address tobacco use and exposure through education, prevention, policy, treatment and training initiatives.

Key program focuses include:

- Tobacco Treatment Services
- Training and Technical Assistance Center
- Health System Change Strategies

CTI is nationally accredited by the Council of Tobacco Treatment Training Programs (CTTTP).



Acknowledgements



CTI administers statewide tobacco treatment contract on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services. The initiative includes several key initiatives and innovative strategies, including operation of the state quitline suite of services, the Maine QuitLink.

Session Goals

1

Why traditional referral outreach fell short

2

How a phased, multi-modal approach evolved

3

Outcomes and transferable lessons

Supporting Mainers for 25 Years



The Maine QuitLink offers multiple program options and tools that provide flexibility and choice for individuals to quit smoking, vaping, or other tobacco products their own way.

Suite of Services:



- Phone Coaching
- Medication Support
- Online Quit Tools
- Supportive Website, Social Media, & Materials
- Tailored Youth Program: My Life, My Quit

Referral Landscape

Provider referrals are impactful. If we can reach people.

Ask
Advise
Refer

5,369

Provider Referrals FY25

EHR Integrated Referral
FY25=79%

The screenshot shows an 'OurPractice Advisories' window with a 'Very Important (1)' notification. The notification text reads: 'Current User of Nicotine Products. Use order below to refer ME Resident to the Maine Quitlink'. Below this, it says 'Reminder add charge 99406 or 99407 in charge capture if appropriate counseling performed.' and 'No related orders found in patient record'. There are two buttons: 'Order' and 'Do Not Order'. To the right, there is a link for 'AMB Referral to Maine QuitLink (Tobacco Help Line)'. Below the buttons, there is a link: 'If patient quit use of tobacco products, click to update status'. At the bottom, there is an 'Acknowledge Reason' section with three options: 'Patient declines', 'Defer to future visit', and 'Out of scope for this provider'. A 'Accept (1)' button is at the very bottom.

CTI can provide technical assistance and support for referrals through any EHR platform.

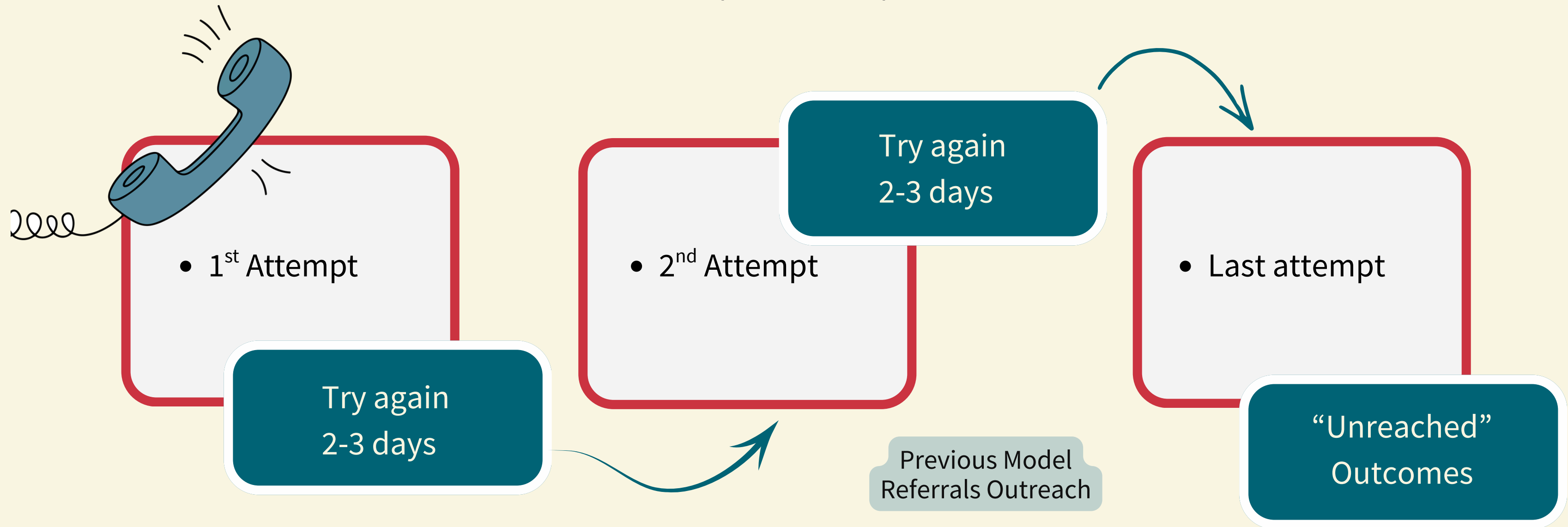
Fax Referral
FY25=21%

The screenshot shows a 'Maine QuitLink Referral Form'. At the top, it says 'MAINE QUITLINK 1-800-QUIT-NOW' and 'Maine QuitLink Referral Form - please fax to (207) 662-5102'. Below this is a 'Date sent:' field. The form is divided into two main sections: 'Information about Clinician Making Referral' and 'Information about Person Being Referred (Maine residency required)'. The first section includes fields for 'Practice/Hospital', 'Street Address', 'City', 'State', 'Zipcode', 'Phone', and 'Fax'. The second section includes fields for 'Referred Person's Name', 'Date of Birth', 'Street Address', 'City', 'State', and 'Zip'. There are also checkboxes for 'Will you need translation services?' and 'If we don't reach you, we will leave a message'. At the bottom, there is a 'Questions? Call the Maine QuitLink at 1-800-QUIT-NOW' and the Maine state seal.

CTI can assist by pre-populating this form for provider convenience.

Historical Approach

Manual calls, Multiple attempts, and Low connection



Limitations:

Why this didn't work

From July 2020-June 2022 **13.5%**
of referred patients accepted
services.



High Effort:

Repeated manual call attempts



Low Yield:

Little improvement despite changes
in cadence



Missed Connections:

Calls from unfamiliar numbers,
voicemail screening, misconceptions

Early Vision for Automation

A New Plan



“How do we modernize outreach without losing the human connection?”



Design Goals:

- **Faster**--reaching patients while motivation was high
- **Patient-driven**--offering choice in how to engage
- **Lower-friction**--fewer cold calls, clearer purpose
- **Efficient by design**--reserving staff time for real connection

New Automated Multi-Modal Outreach Approach

In July 2022 the Maine QuitLink implemented a programmable communications platform (Twilio) for referrals outreach activities.

EFFICIENCY

- Automated messaging & call sequencing
- Low staff time needed
- Support from IT



TEXT OUTREACH

- EHR-referred patients
- Consent-based
- Text sent within one business day



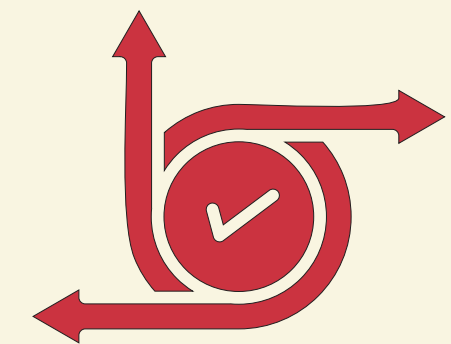
PHONE OUTREACH

- Automated calls with voicemail and click-to-call
- No permission=3 manual calls



PATIENT CHOICE

- Call, enroll online, or opt out
- Links to enroll and learn more



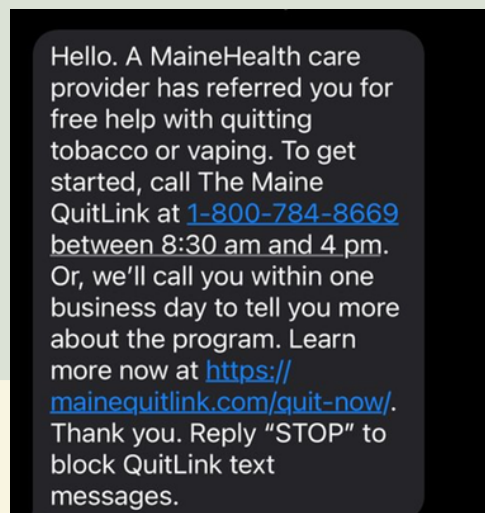
Phase 1 Workflow

July 2022-September 2024

10-Day Outreach Window

1

Initial SMS sent



Hello. A MaineHealth care provider has referred you for free help with quitting tobacco or vaping. To get started, call The Maine QuitLink at [1-800-784-8669](tel:1-800-784-8669) between 8:30 am and 4 pm. Or, we'll call you within one business day to tell you more about the program. Learn more now at <https://mainequitlink.com/quit-now/>. Thank you. Reply "STOP" to block QuitLink text messages.

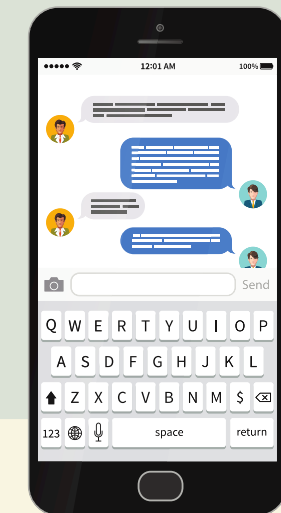
Referral received/loaded into Twilio

2

Up to three automated follow-up calls

3

Final text after three call attempts



Referral Closed & Outcome to Provider

Phase 1 Results

Encouraging but Modest Gains

Phase 1 Referral Outreach

(October 2023 – September 2024)

4015 EHR Referrals entered

90% Consented to text outreach

6000+ Automated outreach delivered (SMS + calls)

15.3% Enrolled in Quit service



Key Phase 1 Outcomes

(October 2023 – September 2024)

- 90% consented to text outreach
- 15.3% Accepted
- 5.0 % Declined
- 79.7% “Not Reached”
- Indicators of increased self-directed engagement
- Low staff burden due to automation

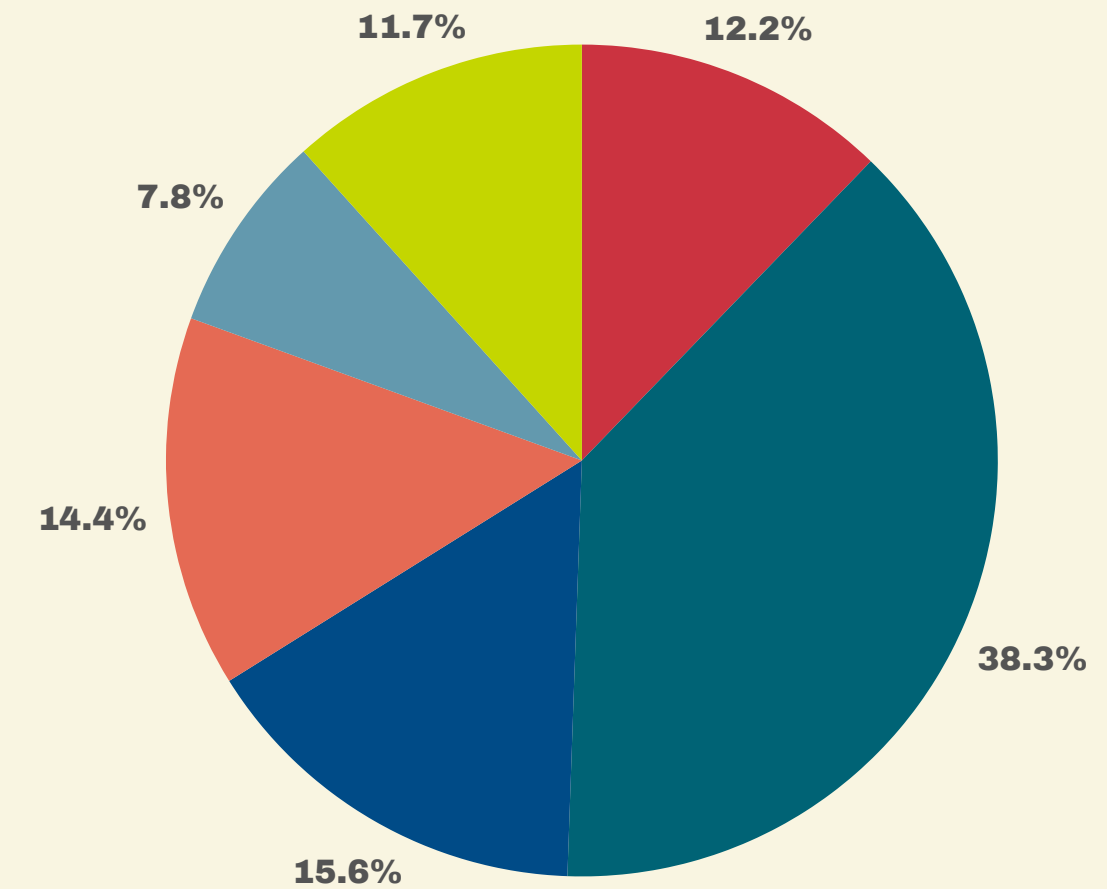
Improvement over baseline time period
(+13.3%)

Phase 1 Results: More Learnings



Half of accepted referrals occurred at the first text or first call.

- 1ST TEXT
- 1ST CALL
- 2ND CALL
- 3RD CALL
- 2ND TEXT
- AFTER FINAL OUTREACH



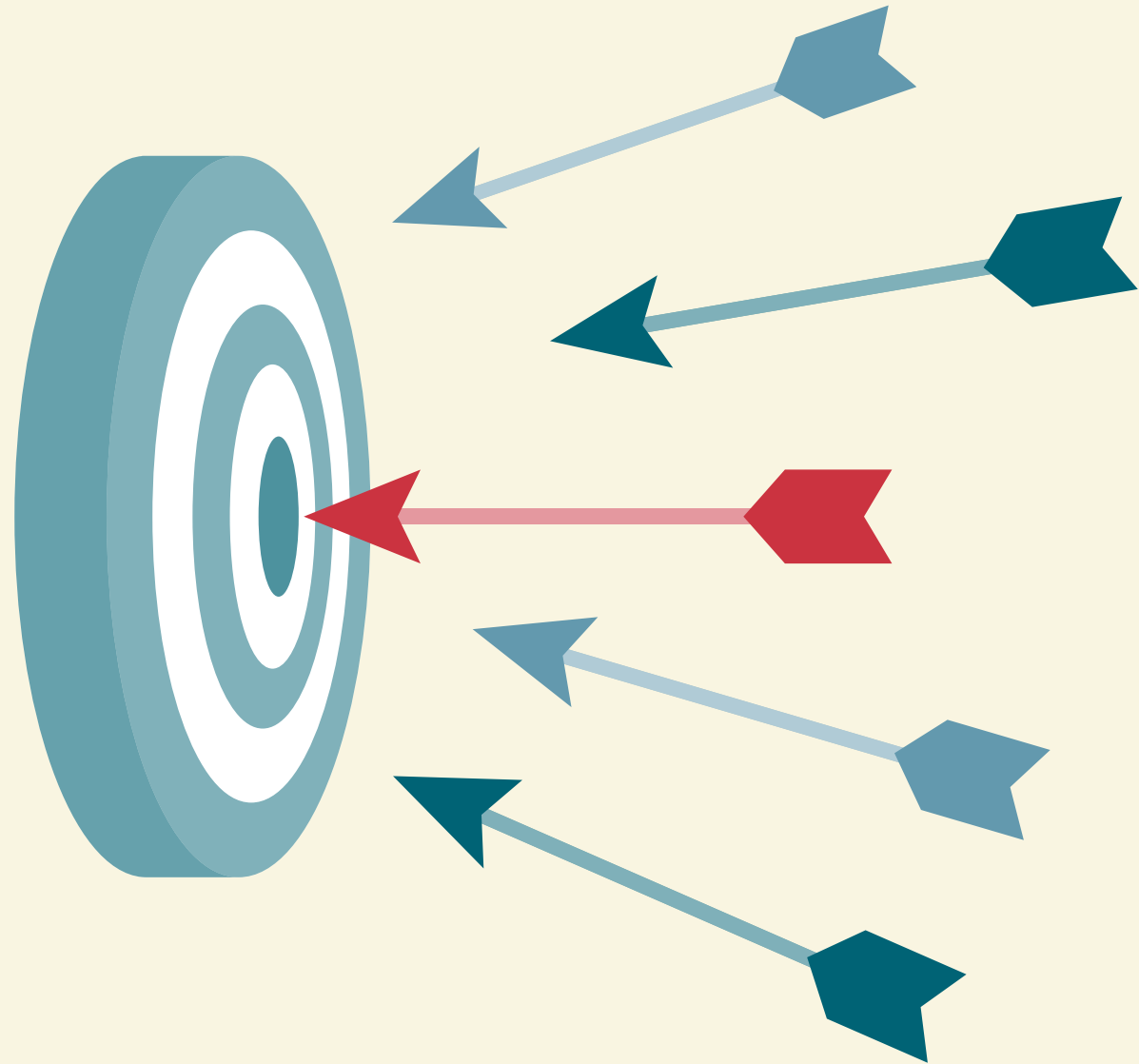
Referral Acceptance Along Outreach Timeline
October 2023-September 2024
Phase 1

What Next?

- Too many automated calls
- Message clarity matters
- Automation alone not enough
- People calling back down the line

Phase 2: Refinements

October 2024-September 2025



A Hybrid Outreach Model

- Automated Calls 3 → 1
- Better text sequencing
- Script revisions for clarity and tone
- Expanded eligibility
- Manual Call added back into mix**

Phase 2: Results

Increased Connections

15.3%
Accepted

Phase 1

October 2023-September 2024

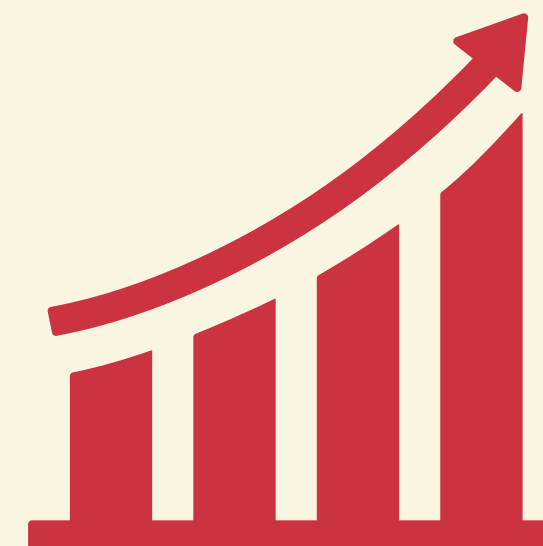
26.4%
Accepted

Phase 2

October 2024-September 2025

Key Phase 2 Outcomes:

- 26.4% enrolled in Phase 2
- 72.1% increase over Phase 1
- 96% increase over baseline



The Human Touch-At the Right Moment

★ Roughly 50% of enrollments occurred during the final manual call.

Recognition



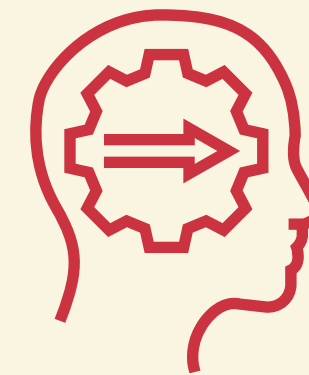
Patients recognized the number and purpose of the call

Preparation



Patients had time to review information first

Intentionality



Purposeful outreach with clear context and timing

Key Insights

Headed in the Right Direction

1 Multi-modal outreach improves engagement

2 Texting increases readiness, not just reach

3 Targeted human follow-up drives conversion

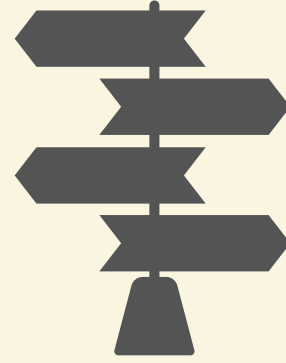
4

Improved efficiency without compromising impact

5

Small workflow changes can yield large outcomes





Future Directions

Culture of Continuous Quality Improvement

Monitor Data & Utilization

- Continuous monitoring of platform data
- Track where patients engage, opt out, or enroll along the outreach sequence
- Measure longer-term outcomes beyond 10-day enrollment
- Explore segmentation by referral source and population

Continued Learning & Refinement

- Message timing and sequencing based on engagement data
- Evolving technology options
- Better understand patient behaviors, external influences, and technology opportunities across outreach pathways

Final Thoughts

Automation should support, not replace, human care.



Partners.

1 Year Vape-Free.

**Quit LIKE A
MAINER!**

Maine Center for Disease Control and Prevention

Stay Connected
with us!



Thank you

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