Reaching New York State Tobacco Users through Opt-to-Quit™

Patricia Bax, RN, MS
August 17, 2015
Good Afternoon!

- Welcome
- Roswell Park Cessation Services and Opt-to-Quit™ Overview
- Featured Site: Stony Brook Children’s Hospital
- Benefits, Barriers, Limitations and Lessons Learned
- Questions and Answers
- Conclusion
Roswell Park Cancer Institute (RPCI) has administered the New York State Smokers’ Quitline (NYSSQL) since 1999.

RPCI has over 50 years of tobacco cessation experience, and is renowned for its local, state, national and international work.
Roswell Park Cessation Services: Provider Referral Program

- **2003**
  - Fax Referral Process

- **2006**
  - Online Referrals to a RPCI password-protected site

- **2012**
  - Evolution of Opt-to-Quit™
New York State Smokers’ Quitline (NYSSQL) Services

- Cessation coaching*
- Nicotine Patches (by phone & web)
- Web interactive and informational services
- Text and messaging services
- Social media
- Triage to health plan programs

In 2014, we coached over 80,000 tobacco users and distributed 72,825 starter kits of NRT.

* Protocols in place to address priority and special populations, including pregnant women and smokeless tobacco users.
Adoption of a policy that **systematically** identifies all tobacco using patients.

As an **adjunct** to the Health Site’s intervention, patients are referred to the NYSSIDQL (unless they opt out), then contacted and offered NYSSIDQL services.
Tobacco use is a chronic condition with quit attempts and relapse cycles.

OTQ™ works to keep tobacco using patients engaged and connected to ongoing cessation services and support.

Increased interventions assist in sustaining abstinence and improving health outcomes.¹

Disparities in Smoking Prevalence among New York Adults

- All Adults: 16.6%
- Less than H.S. or GED: 27.5%
- High School or GED: 20.9%
- Some Post-H.S: 16.2%
- College Graduate: 7.7%
- Less than $15,000: 22.0%
- $15,000-$24,999: 16.6%
- $25,000-$34,999: 18.3%
- $35,000-$49,999: 13.4%
- $50,000-$74,999: 10.9%
- $75,000+: 14.3%
- Good MH: 33.7%
- Poor MH

* The smoking prevalence among those who did not provide any information about their income was 14.1%.

Source: New York State Behavioral Risk Factor Surveillance System, 2013. Contact the Bureau of Chronic Disease Evaluation and Research, New York State Department of Health at (518) 473-0673 or type ‘StatShot’ in the subject line of an e-mail and send it to tcp@health.state.ny.us. StatShots can be accessed online at http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/
How it Works

HOW IT WORKS: AT A GLANCE

ID Tobacco User
Facility assesses patient tobacco use status

Suggested use of one or more options to inform patients: • Admissions • Bill of Rights • Time of facility cessation intervention • Discharge
Inform Patient of OTQ™ Service

Inbound Referral to NYS Quitline
Secure Data Delivery Options: • Automated Data (EHR) • Online Entry • Electronic Media • Fax
Patient Contact

Quitline contacts patient within 72 hours (or time specified by provider); describes and offers services

Reports for Healthcare Facility
Reports available for facility: • Web-based real time • Electronic or fax delivery

Quitline sustains patient outreach at periodic intervals (unless/until patient opts out)
Interval Patient Outreach
Reports

Content:
- Reached/not reached
- Outcome and quit status
- NRT eligibility/status

Access Options:
- On demand, PW protected
- Receive fax(s) - 1st & 15th each month
- Emailed - 1st & 15th each month
- Individual and aggregated patient activity data through automated web portal (requires provider resources for set-up)
Compiled Reports

Online access

- Access through a PW protected site
- Aggregate results of total referrals for a specified time and closed referral results
- Downloadable individual and aggregated information available

Welcome

Healthcare organization and listed providers associated with that organization in this section

If any of these information is incorrect, please notify NYS Quitline as soon as possible.

New York State Smokers’ Quitline

Referral History and Counts

<table>
<thead>
<tr>
<th>Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspecified</td>
<td>142</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
</tr>
</tbody>
</table>

Total Closed Referrals

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to Interview</td>
<td>58</td>
</tr>
<tr>
<td>Refused Interview</td>
<td>21</td>
</tr>
<tr>
<td>Mental Support only</td>
<td>10</td>
</tr>
<tr>
<td>Wrong Number</td>
<td>6</td>
</tr>
<tr>
<td>Number not in Service</td>
<td>0</td>
</tr>
<tr>
<td>Closed after five unsuccessful attempts</td>
<td>0</td>
</tr>
<tr>
<td>Total Closed Referrals</td>
<td>101</td>
</tr>
</tbody>
</table>

Client Specific Information in downloadable format

List of clients referred in the period set above and the status of their calls logs in comma separated values (CSV) format. This file can be opened in Microsoft Excel or Notepad.
**Traditional Refer-to-Quit**

- Provider decision to refer
- Patient offered referral (opt-in option)
- Individual patient referral process (fax or online)
- Contact made within 24-72 hours

**Opt-to-Quit™**

- Policy driven and organizational focus
- Patient informed of policy (opt-out option)
- Tailored patient information exchange process
- Variable timeframes for patient contact (e.g., upon discharge)
Fax-to-Quit vs. Opt-to-Quit™

Number of Opt-to-Quit™ (OTQ) and Fax-to-Quit (FTQ) referrals by month.
The percentage of Opt-to-Quit™ referrals among all referrals has steadily increased since January 2014. Since June, 2014, over half of referrals came from OTQ™.
July 1st, 2014 – June 30th, 2015

~ 625 FTQ referring providers
16 OTQ™ referring health care sites
Reach Rate: % of people we reach out of all who were referred.

<table>
<thead>
<tr>
<th>Number of Referrals</th>
<th>Reach Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax-to-Quit</td>
<td>4,087</td>
</tr>
<tr>
<td>Opt-to-Quit™</td>
<td>4,649</td>
</tr>
</tbody>
</table>
July 1st, 2014 – June 30th, 2015

Conversion Rate: % of people who enroll out of all who were reached.

- Fax-to-Quit: 61.0%
- Opt-to-Quit™: 33.9%

Compliance Rate: % of people who complete the first coaching call out of all who enrolled.

- Fax-to-Quit: 90.7%
- Opt-to-Quit™: 89.7%
Currently, 16 health care facilities launched OTQ™ with more than 15 additional sites pending, including FQHCs.

Sites have various data exchange methods including fax (least preferred), emailing encrypted files, secure online entry, and automated data exchange.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>8</td>
</tr>
<tr>
<td>Primary Care</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>
Help Create the Healthiest Environment Possible for Your Child

Because they are still developing, children are particularly vulnerable to secondhand smoke. Exposure can cause allergies, respiratory problems, middle ear infections and increase the risk of Sudden Infant Death Syndrome (SIDS).

If you smoke, our Opt-to-Quit™ program can help you stop.
Stony Brook Children’s is the first children’s hospital in New York State to offer this program. It is part of the New York State Brokering Quick Start Program. For more information, contact your child’s provider.

How to participate?
Simply ask a staff member at your child’s unit about the program, and tell them you are ready to quit smoking. They will sign you up on the spot. It’s that easy.

We thank you.
But more important, your healthy children will thank you.

Stony Brook Children’s
About Stony Brook Children’s

- 106 bed children’s hospital within a hospital
- 36-bed mother-baby post-partum unit (NBN)
- 50 bed level 3 neonatal intensive care unit (NICU)
- Average of 4,000 births/year

Rachel Boykan, MD, FAAP
Pediatric Hospitalist
Clinical Associate Professor, Dept. of Pediatrics
Stony Brook University School of Medicine
Evolution of a Partnership

January, 2013:
Opt-to-Quit™ piloted in NBN and NICU

May, 2013:
Rolled out to all inpatient units

May, 2014:
Rolled out in Emergency Department
How OTQ™ Works at Stony Brook Children’s

• Templates built within the existing electronic health record (EHR)

• Any smoker (not opting out) and associated with admitted pediatric patients referred to NYSSQL through direct data transfer from the EHR to the NYSSQL

• A required field is completed through the Pediatric Nursing History Form, with the option to “ad-hoc” the referral at any time for additional smokers present
How it Works

Screening Question: Does the child spend time with anyone who smokes?

Once the assessment is completed on admission, another smoker can be referred by clicking on ad-hoc charting and selecting Opt-to-Quit™.
# Opt-to-Quit™ Caregiver Referral/Form

## Opt-To-Quit™ Assessment

### Service

- [ ] Pediatric

**Please note:** Pediatric Service Includes all Children's Hospital Services

### Does the Child Spend Time With Anyone Who Smokes?

- [ ] Yes
- [ ] No

If no, then please sign form. Assessment is complete.

### Is The Smoker Present?

- [ ] Yes
- [ ] No

### Parent/Caregiver/Other Who Smokes

- [ ] Mother
- [ ] Father/Caregiver 2
- [ ] Grandparent
- [ ] Sibling
- [ ] Family Member
- [ ] Family Friend
- [ ] Other:

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**Stony Brook Children's**
Outcomes:

- In 20 months prior to OTQ™ implementation, the NYSSQL received a total of 260 referrals from all of Suffolk County, and no referrals from zip code where Stony Brook Children’s is located.

- Significant gains in referrals post implementation:

<table>
<thead>
<tr>
<th>Year</th>
<th>Stony Brook Children’s OTQ™ Offered Referral</th>
<th>OTQ™ Accepted Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>152</td>
<td>95</td>
</tr>
<tr>
<td>2014</td>
<td>743</td>
<td>263</td>
</tr>
</tbody>
</table>

*Article on parents surveyed during initial implementation of OTQ™ pending publication in Hospital Pediatrics, December 2015 issue.*
What are the strengths of Opt-to-Quit™ at Stony Brook Children’s?

- People might be more inclined to participate if contacted by the NYSSQL
- Prompt on admission on the EMR, where every parent and patient screened
- Not pressuring, very easy to access, convenient, cost effective
- Consistency of message
- Support and resources for smokers
- Direct access to services without just reading material
- Opportunity for families
Challenges:

- Opt-to-Quit™ and the Electronic Record
  - Tasks vs. required functions
- Challenges of a Children’s Hospital
  - HIPPA
  - Legal Issues
  - Data transfer
- Staff commitment to a new process
- Referring all smokers in a family
What We Know About Opt-to-Quit™
Benefits

- Increases reach to tobacco users who might otherwise not have accessed Quitline services

- Supports:
  - U.S. Public Health Service Clinical Practice Guideline for Treatment for Tobacco Use and Dependence
  - Public Health Model

- Assists health care sites to comply with national initiatives, including Meaningful Use, Joint Commission
Benefits

- Provision of reports to healthcare facilities which can be used for quality assurance purposes and benchmarks
- Provides “recognition” for healthcare facilities to highlight their commitment to cessation interventions
- Encourages healthcare facilities to share their experiences and support other statewide cessation efforts
Barriers and Limitations

- Determining key contacts and personnel at site who will lead the adoption of OTQ™
- Time constraints (conflict with healthcare’s priority projects, vacations, personnel changes)
- Misperception of costs by facilities with EHRs
- Communication gaps; assuring everyone has common language and understanding of terms, concepts
Barriers and Limitations

- Clinical and IT personnel with conflicting and varying priorities, timelines, workloads
- Clinical personnel not understanding the difference between opt in and opt out
- Policy and consent issues; concern about HIPAA and security issues for data exchange
Lessons Learned

- Identifying key personnel who are also decision makers and who can assure OTQ™ program adoption; implementation and quality assurance monitoring is crucial.

- Working directly with the NYS DOH Bureau of Tobacco Control funded contractors assisted in identifying potential OTQ™ sites and moving forward with adoption and implementation.

- Internal and external communication are keys to effective implementation (no assumptions).

- Listen to feedback from clinicians in the field who are adopting and implementing OTQ™.
Stakeholders have a major interest in adopting and implementing Opt-to-Quit™

Since its inception in 2012, OTQ™ has garnished a high level of interest from:

- Providers, hospitals, health care facilities, FQHCs
- NYS-driven initiatives
- NYS Tobacco Control contractors
- Health plans directly working with providers and health care facilities
- New York City Department of Health and Mental Hygiene, a strong collaborator and partner with RPCI
Thank You!

For additional questions, materials or more information, please contact:

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