Meaningful Use and the Technical Approach to eReferral for Quitlines

September 22, 2015
We'll get started at 12:00 pm ET (9:00 am PT)
To mute your line: *6
To unmute your line: *6
For operator assistance: 00
DO NOT PUT YOUR LINE ON HOLD!

Housekeeping

- During the presentations, all participants will be in listen-only mode.
- Use the chat box to send questions at any time for the presenters.
- Press *6 to mute and *6 to unmute. Please mute your phones now and stay on mute at all times unless you are asking a question or participating in the discussion.
- This webinar is being recorded and will be available on NAQC's website, along with the slides at http://www.naquitline.org/?page=EEC.

Acknowledgement of Support and Disclosures

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Disclosures

Evan Frankel receives consulting fees from an educational grant from Pfizer IGLC.

Linda Bailey receives salary support from an educational grant from Pfizer IGLC for this project.

Learning Objectives

After participating in this webinar attendees will be able to:

- Describe the basis for eReferral in Healthcare
- Know where else eReferral programs are being instituted and what it means for Quitlines
- Identify how eReferral fits into current operations and plans

eReferral Webinar Series Schedule

October 13, Noon ET:	Content of eReferrals
November 10, Noon ET:	Structure, HL7 and Interoperability
December 8, Noon ET:	Message Transport and Message Delivery
June 7, Noon ET:	Refining Your eReferral System After Implementation

Agenda

1. Articulation of eReferral Value
2. Meaningful Use and eReferral
3. Technical Implementation of eReferral
4. Next steps to connect Health Systems and Quitlines

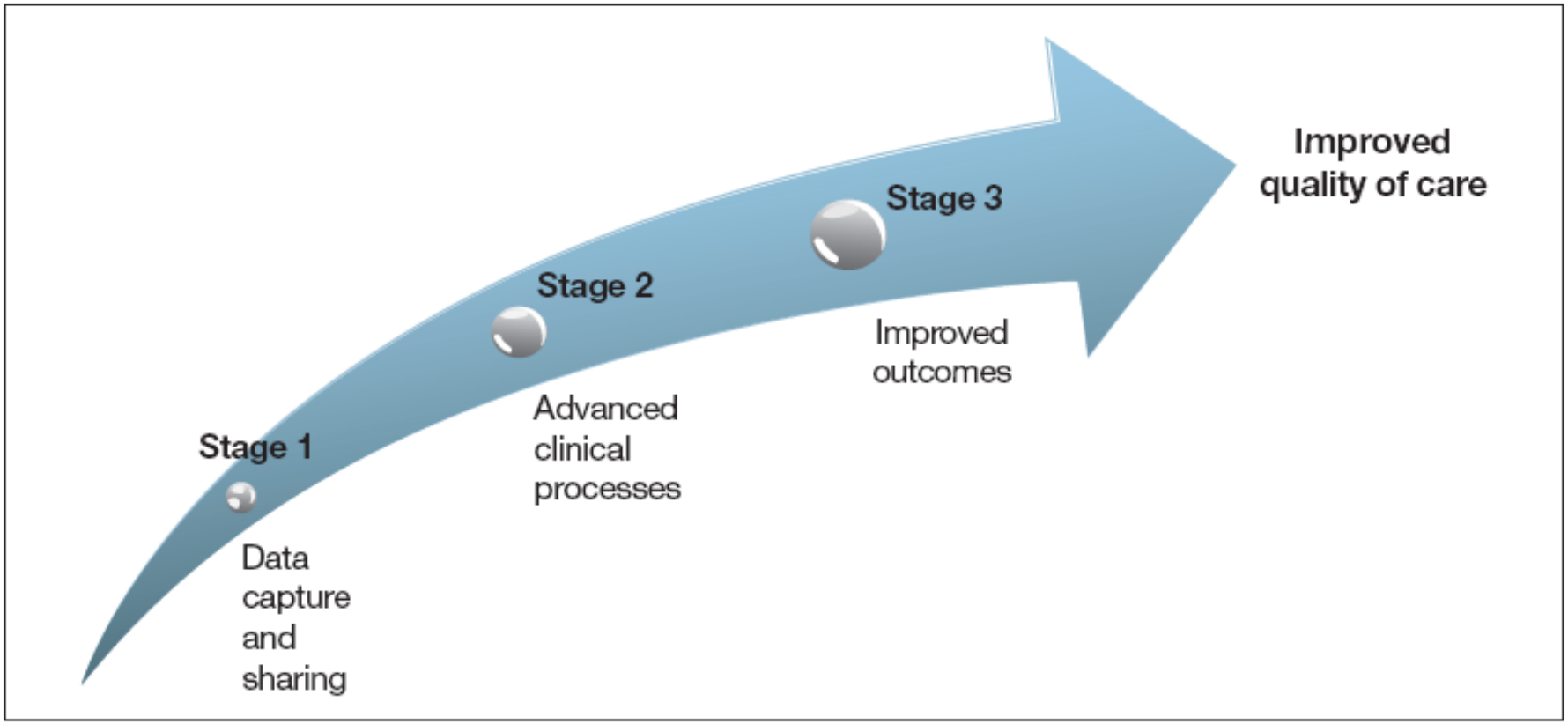
Why eReferral matters

- Still no solution for referring across systems/platforms/locations.
- EMR was supposed to solve this on its own, but government mandate is required.
- Faxing works, but data is lost in translation / transmission
- Make it easy, make it secure, make it scalable.

Articulate the Value of eReferral

- Champions of Interoperability
- A reusable standard and implementation formula
- Leverage the investment in technology to solve last huge hurdle in coordinating care for the benefit of the patient
- Use “IT” for what “IT” is there for…

Meaningful Use Trajectory



Source: Centers for Medicare and Medicaid Services. *CMS electronic health records (EHR) incentive programs*. U.S.

Meaningful Use Stage 2

- "The EP who transitions their patients to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral"
  - Conducts one or more successful electronic exchanges of a summary of care document.
  - Conducts one or more successful tests with CMS designated test EHR during the EHR reporting period.

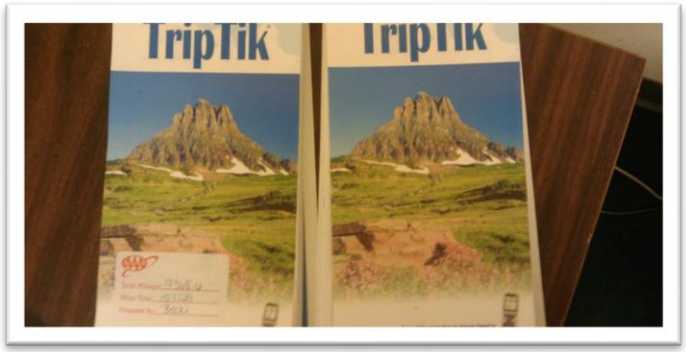
Affordable Care Act (ACA)

- Screen all patients for tobacco use

  AND

- For those who use tobacco products, at least 2 tobacco cessation attempts per year, with coverage of each quit attempt including:
  - 4 cessation counseling sessions (at least 10 min)
  - All FDA-approved medications for 90-day regimen.

We have a Roadmap!



- Step-wise progression
- Vetted by IT and healthcare Professionals
- Tested in production today

NAQC Guide for Implementing eReferral Using Certified EHRs v0.5

2 years in the making, but worth it.

- All told, 109 pages of technical specifications, references, use cases, data dictionaries/vocabularies, Action Plans, sample data sets and 1 reference to my 5-year old daughter.
  - A truly comprehensive Guide that is designed specifically for Quitline eReferral, but can be applied to any eReferral need.

Vendor-agnosticism is critical

- Leveraging the existing standards and infrastructure eliminates the “walled gardens” of proprietary systems and protective IT departments.
- Workflow may be different, but result and data set are the same.
- Regardless of who you are, or what system you use, you NEED eReferral.

Competing Priorities

- Everyone is busy, over-worked, underpaid, under-appreciated and sometimes grumpy.
- Solve for smokers, solve for specialists, solve for discharges, solve for public health.
- Tick the box.
- But we have a map!

Partnership is KEY!

"First to finish, but we all win!"

Other agencies looking for eReferral from Health Systems:

- Health Information Exchange
- Independent Physician Associations
- Regional Medical Facilities
- Specialty Hospitals/facilities
- Long-term Care
- Skilled Nursing Facilities
- Acute-Care facilities
- Free-standing Emergency Rooms
- Urgent Care Facilities

Sneak Peek!
NAQC Standard for eReferral

NAQC is asking QLs to adopt the standards below:

1. Adopt HL7 version 3 (HL7v3), also known as Clinical Document Architecture (CDA). Use the consolidated CDA (cCDA) templates for messages.
2. The cCDA General Header template shall be used on all documents to provide identification of patient and provider.
3. The cCDA Continuity of Care Document (CCD) template shall be used to generate referral forms from a provider to a tobacco cessation service.
4. The cCDA Progress Note template shall be used to generate feedback reports from a tobacco cessation service to a provider.

Questions and Discussion

CONTACT US!

If you have any questions regarding the information that was presented during the webinar or have feedback on how to improve future trainings, please contact **Linda Bailey** at **800-398-5489 ext. 706** or lbailey@naquitline.org.

Thank you for your participation!