

New Hampshire QuitWorks-NH Program: Linking Providers and Tobacco Quitline Services

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The New Hampshire Department of Health and Human Services (NH DHHS) has successfully collaborated with a community health center network and other partners to link providers and tobacco quitline services, using electronic medical records, in an effort to decrease smoking rates among New Hampshire residents.

BACKGROUND

The single most preventable cause of death and disease in the United States is tobacco use.¹ While New Hampshire ranks relatively low in the nation (17th in 2011) in terms of adult smoking, 19.4 percent of New Hampshire adults (ages 18+) currently smoke cigarettes.¹

The Public Health Service Clinical Practice Guidelines, *Treating Tobacco Use and Dependence*, demonstrate that telephone quitlines are effective in helping smokers quit successfully.^{1,2} New Hampshire's quitline service, NH Tobacco Helpline at www.TryToStopNH.org, is a free, evidence-based, telephonic tobacco counseling service modeled after the Massachusetts Tobacco Helpline and QuitWorks program.³ The NH helpline's provider-centric program, QuitWorks-NH, went live in 2007 as a resource for providers to fax-refer tobacco-dependent patients interested in quitting to evidence-based counseling. The NH Tobacco Prevention and Control Program (TPCP) works closely with the Community Health Institute, Inc. (CHI), vendor for the NH Tobacco Helpline, toward increasing awareness and utilization of helpline services.

Aim of the Integration:

- 1) Increase capacity to offer evidence-based tobacco treatment and increase utilization of NH quitline services to improve health outcomes for patients who use tobacco.
- 2) Increase utilization of the electronic medical record systems to identify patients who want to quit.

Prior to the integration effort, providers referring patients to QuitWorks-NH completed a simple referral form, and within four weeks, a QuitWorks-NH feedback report was sent to the referring provider with patient treatment information. Seven months post-treatment, a follow-up QuitWorks-NH report was sent to the provider with a quit status update. Between July 2011 and June 2012, QuitWorks-NH received 999 referrals, with 419 of these clients accepting a service. TPCP staff, in partnership with other

NH chronic disease programs, community health centers, and others, have taken significant steps to collaborate and increase utilization of quitline services.

OVERVIEW OF THE INTEGRATION EFFORT

In 2010, NH DHHS contracted with the Community Health Access Network (CHAN), a network of nine Federally Qualified Community Health Centers, a homeless van, and a homeless clinic that share an electronic medical records (EMR) system called General Electric Centricity Practice Management system (Centricity EMR). The contract was established to pilot the evidence-based tobacco treatment system Ask, Assist, and Refer by making changes within Centricity EMR. Ask, Assist, and Refer is a modified version of [*Treating Tobacco Use and Dependence: 2008 Update*](#),

Families First Health & Support Center, a community health center in the CHAN network, was chosen as the pilot site for this integration project. The Families First executive director, medical director, clinical nurse supervisor, and behavioral health specialist, CHAN executive director, TPCP staff, and CHI staff experts in IT and EMR systems change came together to explore the best way to integrate Quitworks-NH into the Centricity EMR at Families First. The team then procured a subcontractor from the University of Massachusetts Medical School to leverage their expertise in integrating Massachusetts' Quitworks into community health centers (CHCs). Using the Health Level Seven framework, which standardizes healthcare informatics so that exchanging electronic health information is secure, the team was able to integrate Quitworks-NH into GE Centricity. Providers referring to QuitWorks-NH would complete a simple referral form, and within four weeks receive a QuitWorks-NH feedback report with patient treatment information. Seven months post-treatment, a follow-up QuitWorks-NH report would be sent to the provider with quit status update. Staff at Families First were then trained on the new system so that they could follow the revised EMR workflow for tobacco-dependent patients.

RESULTS/BENEFITS

Performance measure targets for the pilot (Families First) site were set at: ASK 90 percent (baseline 77 percent), ASSIST 75 percent (baseline 30 percent), and REFERRALS 20 percent (baseline 0 percent) to QuitWorks-NH. The most current data shows that ASK is being documented at 91 percent, ASSIST is documented at 71 percent, and REFERRALS to QuitWorks-NH are being accepted by patients at 9 percent. All performance measures show significant improvements toward the targets set for the pilot site or have exceeded them. Future data will be examined on the number of patients identified as smoking prior to the systems change and five years post systems change.

The pilot's budget included CHAN administration and IT staff time; Families First staff time to attend the QuitWorks-NH training; CHI technical, operational, and administrative staff time; and the subcontract with the University of Massachusetts Medical School. The project was funded using NH DHHS grant money, and the total cost is estimated to be \$9,000.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

The goal of the project was to spread the tobacco treatment model throughout the other CHAN sites. Since all but one CHC in New Hampshire uses Centricity EMR, the module can be easily exported for use in other health centers. However, electronic referral to QuitWorks-NH is possible with any EMR operating system given the Health Level Seven standards implementation and can ideally be expanded to CHCs anywhere, even if they do not use the Centricity EMR. Currently, five of the other CHAN sites are referring patients to QuitWorks-NH consistently, and health department staff are in the process of

expanding this module to the other CHCs that do not have this framework. A key to the pilot's success was a strong history of integrating QuitWorks-NH into community health centers through a contract with the University of Massachusetts Medical School.³

The use of quitlines improves health outcomes at varying levels, depending on what and how many services are offered. The North American Quitline Consortium, the international organization for quitline standards, recommends that quitline sustainability needs the financial support and collaboration of the entire healthcare system, including private and public health plan vendors along with state health departments. Tobacco-related disease is the most preventable healthcare cost in the United States, and by working together, public health and clinical partners can take significant steps toward successfully combating this disease.

¹ Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, Md.: U.S. Department of Health and Human Services, Public Health Service. May 2008. Available at http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf. Accessed 5-24-13.

² Zhu SH, Anderson CM, Tedeschi GJ, et al. "Evidence of real-world effectiveness of a telephone quitline for smokers." *New England Journal of Medicine*. 2002. 347:1087-93.

³ New Hampshire Department of Health and Human Services. "Quitworks-NH at a Glance." 2007-2012. Available at <http://www.quitworksnh.org/welcome/ataglance.php>. Accessed 4-3-13.