
Quit Connect Health

A Specialty Staff Protocol to Improve
Referrals to Tobacco Quit Lines



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and Public Health
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Health Innovation Program
Integrating healthcare research and practice

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Use of the Toolkit



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The Quit Connect Health Toolkit exists for the benefit of health care communities. Materials are available free of charge and may be used without permission; however, we ask that you register with HIPxChange prior to using the toolkit to provide information on usage to our funders. It is acceptable to link to this website without express permission. If you use these materials, we ask that you please attribute it to the citation below.

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Background

The Clinical Problem

Smoking is a known risk factor for developing chronic conditions such as rheumatoid arthritis (RA), hypertension, and lung disease and is a leading preventable cause of early mortality. Additionally, smoking can exacerbate chronic conditions and cause premature cardiovascular disease. For example, smoking is a predictor of severe, treatment-refractory disease in RA and other rheumatic conditions. However, unlike primary care, specialty clinics that treat many chronic disease patients do not systematically provide resources to help patients quit smoking.

Studies show that 70% of smokers consider quitting and 40% try each year. Having assistance, such as free tobacco quit line support, increases quit rates four-fold; however, 60% of patients do not have assistance, despite the availability of free telephone quit lines in every state.

Gap in Specialty Care

In a previous study, we reported that only 10% of notes from eligible RA clinic visits documented cessation counseling, and only one in 175 notes recommended quit line phone services. Quit line services are free in every state and recommended by US guidelines to improve quit rates, and the Ask-Advise-Connect model has been shown to increase the proportion of patients being referred to quit lines 13-fold.¹ However, these resources are rarely leveraged in rheumatology or other specialty clinics, and the existing models used in primary care have not been tailored for use in specialty clinics.

Specialty clinic visits outnumbered primary care visits in the United States in 2013, and specialty physicians outnumber primary care physicians. As such, specialty clinics have the opportunity to improve smoking cessation rates for patients with chronic conditions.

The Solution

The Quit Connect Health intervention was created to address these issues.

Quit Connect Health is designed to connect patients who are identified as smokers in a specialty visit to a quit line so that they have a greater chance of succeeding at quitting smoking.

What does the Quit Connect Health protocol involve?

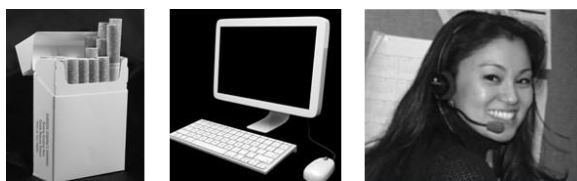
Quit Connect Health is a quality improvement protocol that puts into practice a **staff protocol** that occurs during clinic rooming and uses a multi-faceted **implementation approach**.

Staff protocol. The Quit Connect Health intervention is a staff protocol to be followed by the medical assistant or nurse during vital signs assessment, before a specialist visit. The staff protocol consists of using electronic health record alerts to do the following:

- Prompt documentation of tobacco use in the patient record
- Prompt assessment of 30-day readiness to quit or cut back among tobacco users
- Offer an electronic referral for the tobacco quit line to call the patient within one week

The steps of the staff protocol are:

- **Ask** about smoking and 30-day readiness to quit,
- **Advise**, and
- **Connect** electronically to have quit line to call patients within 3 days.



ASK, ADVISE, CONNECT



Implementation approach. The Quit Connect Health implementation approach uses the following strategies together to tailor, implement, and maintain the staff protocol in a clinic:

- **Engage** clinic staff in co-creating and tailoring the workflow, using clinic meetings, field visits, and focus groups.
- **Educate** clinic staff in talking to patients about quitting smoking and execution of the staff protocol, using a group training session and one-on-one training.
- **Remind** staff of protocol steps using electronic health record (EHR) alerts and order sets.
- **Provide feedback** to clinic staff to assist them in following the protocol, using audit data collected from the EHR.

Quit Connect Health introduced the following departures from usual care:

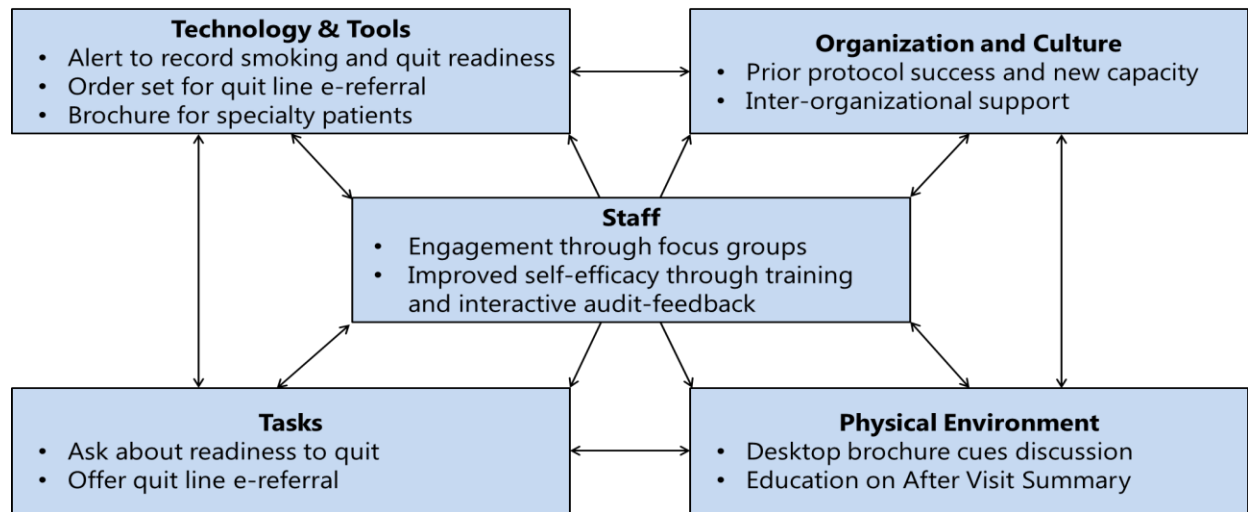
	Usual care	Quit Connect Health care
Nurse or MA	Assesses smoking	Assesses smoking & readiness to quit
Specialist	1 in 10 visits discuss cessation 1 in 175 visits recommend quit line	
System		Cues MA/nurse to ask about readiness to quit and order for quit line to call
Patient	Unaware of links with disease/medications*	Aware of rationale and resources to quit

*Bartels CM, Roberts TJ, et al. Rheumatologist and primary care management of cardiovascular disease risk in rheumatoid arthritis: Patient and provider perspectives. *Arthritis Res Care (Hoboken)* 2016;68(4):415-23.

How was it developed?

The Quit Connect Health staff protocol was developed at three rheumatology clinics at a large academic health system. We conducted a participatory work system redesign to develop the protocol and held two hour-long focus group sessions with medical assistants (MAs) and nurses to (a) assess current processes and needs, and (b) develop a proposed electronic health record-based quit line referral process.

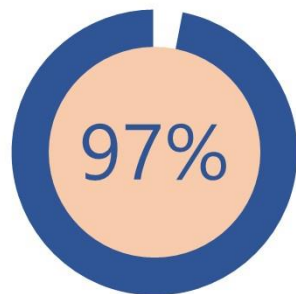
Work system changes implemented



Does it work?

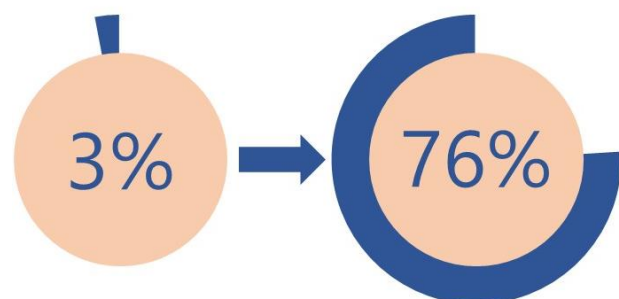
In the Quit Connect Health pilot study, at week 6, the protocol increased tobacco status documentation to 97%, documentation of 30-day readiness to quit increased from 3% to 76% and 32% of those asked reported readiness in the next 30 days².

Documentation of Tobacco Status



6 Weeks Post-Implementation

Documentation of Readiness to Quit



Before

6 Weeks Post-Implementation

Overall, 12% of patients who smoked agreed to the quit line electronic referral versus 0.6% being offered the referral prior to the intervention—a **20-fold increase in quit line referrals**.



About the Quit Connect Health Toolkit

Who should use this toolkit?

This toolkit is intended for health care administrators, clinicians, and/or researchers who seek to improve smoking cessation care and referrals to tobacco quit lines or other tobacco support resources from specialty clinics.

While this protocol was designed to be used in a rheumatology clinic, it could also be used in other types of specialty clinics.

What does the toolkit contain?

This toolkit contains the following materials:

- **Quit Connect Health Manual** (this document)
- **Overview Slides on the Intervention:** An overview of the importance of smoking cessation support and the Quit Connect Health protocol that can be used to present to health system leadership, physicians, staff, and other stakeholders
- **EHR Build Guide:** A guide to building the appropriate Quit Connect Health alerts and interface orders in the electronic health record
- **Training Slides for Staff:** A PowerPoint that can be used to educate staff on smoking cessation, why it is important, and the Quit Connect Health protocol
- **Training Handout for Staff:** Handout for role-play/scenario training with medical assistants and nurses
- **Medical Assistant/Nurse Instructions:** Instructions for medical assistants and nurses on how to follow the Quit Connect Health protocol that are meant to be laminated and

placed in clinic rooms as quick references

- **Patient Brochure:** A brochure that nurses or medical assistants can give to patients when tobacco use is identified

How should these tools be used?

The materials in this toolkit can be used to:

- 1) Understand the components of the Quit Connect Health protocol
- 2) Garner leadership support for implementation of the Quit Connect Health protocol
- 3) Build the Quit Connect Health alerts into your EHR system
- 4) Train staff members and implement the Quit Connect Health protocol in specialty clinics

Several tools and materials are included in this toolkit to help you implement the protocol successfully. These tools are depicted in this manual where applicable. Additionally, to allow you to easily adapt the tools for use in your organization, they are provided as editable files that you can download on the toolkit website.

Development of this toolkit

The Quit Connect Health Toolkit was developed by a multidisciplinary team of researchers and clinicians at the University of Wisconsin-Madison.

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UW Center for Tobacco Research and Intervention (UW-CTRI), developers of the e-referral interface mechanism and co-creators of educational materials herein

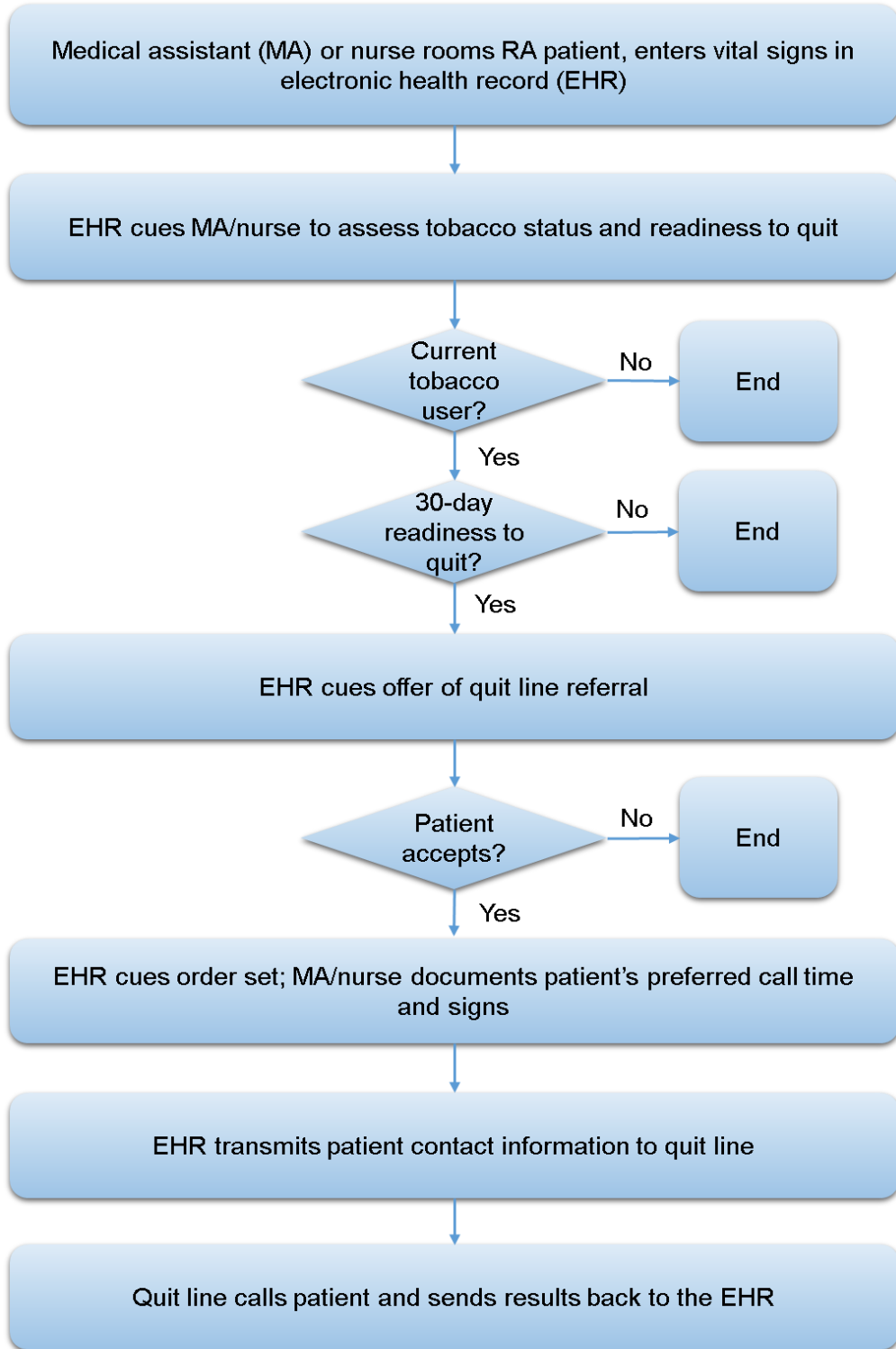
UW Health

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Please send questions, comments, and suggestions to HIPxChange@hip.wisc.edu.

Quit Connect Health Protocol Workflow

The steps of the Quit Connect Health Protocol are depicted below.



Garnering Leadership & Staff Support

Leadership support can play a pivotal role in the success of any new protocol in a clinic. To help garner leadership support and the support of staff and primary care in the organization, we used a variety of tools and strategies. The following information was valuable in our discussions with leadership about implementing Quit Connect Health.

- A new quality measure³ under the MIPS and MACRA program includes reporting the “percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.” This was relevant to 23 different specialty measurement sets, making it a valuable health system target.
- Moreover, providing cessation services is highly valuable. It has been estimated by the Centers for Disease Control that increasing tobacco cessation counseling will prevent more early deaths than any other preventive services.⁴

Quit Connect Health Video

A video about the Quit Connect Health protocol and its benefits is available here:

<https://vimeo.com/212653671>. This video can be used in discussions with leadership and staff to help them understand the succinctness and value of the protocol.



Quit Connect Health Overview Slides

The **Quit Connect Health Overview Slides** in this toolkit provide information on the importance of providing tobacco cessation guidance to patients and an overview of the Quit Connect Health protocol and its benefits. They can be used to present to health system leadership, physicians, staff, and other stakeholders on the rationale and value of the program.



The **Quit Connect Health Overview Slides** are available in an editable format in the toolkit ZIP file. We suggest that you modify these slides to reflect your organization’s processes and EHR decision prompts and order sets.

Quit Connect Health Stakeholder Checklist

The following checklist includes the stakeholder groups we met with during our implementation of Quit Connect Health and the pieces of the protocol that they provided input & feedback on.⁶

Your organization will likely have different groups that will need to provide input on your implementation, but this list can serve as a starting point for creating your stakeholder plan.

HEALTH SYSTEM IT

- Decision support team**
 - Manages decision support functionality
- Ambulatory team**
 - Manages ambulatory workflows and functionality
 - Builds and tests ambulatory orders and order sets
 - Informs workflow decisions
- Orders management team (inpatient)**
 - Builds and tests inpatient orders and order sets
 - Maintains medication reconciliation functionality
 - Manages physician workflow functionality
- Results team**
 - Builds and tests result filing and display
- Clinical documentation team (inpatient)**
 - Builds and tests flowsheet documentation
 - Builds and tests note-taking functionality
 - Maintains barcoding functionality
- Hospital outpatient department team**
 - Configures and manages hospital outpatient department functionality
- Radiology team**
 - Builds and maintains radiology workflows and functionality
- PACS team**
 - Maintains image management system
- Cardiology team**
 - Builds and maintains cardiology workflows and functionality
- Anesthesiology team**
 - Builds and maintains anesthesiology functionality
- Surgery team**
 - Builds and maintains pre-op, intra-op, and post-op functionality
- Medication team**
 - Builds and maintains medication and prescription functionality
- Patient portal team**
 - Manages patient web portal functionality
- Patient identification management team**
 - Manages patient identifiers and related functionality
- Health information management team**
 - Approves exchange of patient information
 - Reviews exchanged patient information in legal medical record
- Coding team**
 - Approves and manages use of ICD codes and diagnoses
- Long-term care and home health team**
 - Manages workflows and functionality for long-term care facilities and home care
- Internal messaging team**
 - Manages provider-provider communication build and workflows
- Hospital billing team**
 - Manages billing system for hospital and facility charges
- Physician billing team**
 - Manages billing system for physician charges
- Interface team**
 - Builds and tests interfaces to external systems
- Network team**
 - Establishes network connections

- Security team**
 - Analyzes and mitigates security concerns
 - Creates and maintains user accounts
- System environment manager**
 - Manages various EHR build, training, testing, and reporting environments
- Server team**
 - Manages server infrastructure

- Clinic staffing manager**
 - Informs training decisions regarding clinic staff
 - Hosts clinic staff meetings
- IT resource allocation group**
 - Prioritizes and assigns IT resources

HEALTH SYSTEM ADMINISTRATION

- Ambulatory, inpatient, or primary care leadership group**
 - Approves projects
 - Advises/approves workflow decision points
- Clinical division/department chair**
 - Approves intervention project in specified clinics
 - Advises/approves workflow decision points
- Clinician champions**
 - Informs workflow decisions
- Pharmacy leadership group**
 - Advises/approves medication-related workflow decisions
- CMIO/clinical informatics**
 - Approves and prioritizes project build
- Purchasing director**
 - Approves purchase of additional software/hardware
- Medical board and/or delegation protocol committee**
 - Approves staff delegation protocols
- Health system legal team**
 - Revises and approves contracts
 - Creates Business Associate Agreements (BAA)
 - Approves consent language

REPORTING

- Reporting team**
 - Validates data collection
 - Builds reports

TRAINING

- Health system education and training team**
 - Approves educational and training materials
 - Provides onsite support

OTHER HEALTH SYSTEM TEAMS

- Laboratory**

EXTERNAL

- Community health partner**

OTHER

- _____
- _____
- _____
- _____
- _____

Building the Quit Connect Health Protocol into Your EHR

This section walks through the build necessary to recreate decision prompts, order sets, and reporting elements for Quit Connect Health in your EHR system as well as the interface to connect your EHR with the tobacco quit line so that they can receive the referral message and send the results from the call (which cessation program enrolled in, medications sent, and patient's quit date) back to your EHR. Creating these elements will facilitate the workflow depicted in the [Quit Connect Health Protocol Workflow](#) section.

In the original implementation of Quit Connect Health, we also conducted reporting via the EHR and individual participatory audit & feedback. A toolkit on implementing the audit & feedback protocol will be available soon on HIPxChange.

The build information in this section is meant to be generic (i.e., not specific to a particular brand of EHR software), and as such, it assumes a general familiarity with building and maintaining records in your EHR system. The interface information is based on an HL7 interface with Alere, the vendor for tobacco quit lines in 28 states.

It is important to note that all organizations have different EHR configurations and institutional policies, and several U.S. states use a different vendor for their tobacco quit line. As such, portions of the build below will need to be altered for your organization and quit line. Additionally, some existing tools or workflows in your system may be reusable (e.g., follow-up procedures). In either case, work with your IT and clinical leaders to ensure your version of Quit Connect Health functions as desired.

Step 1: Create the Order Set

This section contains information on how to build the records necessary for the quit line order set. Depending on your system, the documentation may need to be configured separately from the order set.

1) *Documentation Group*

This group contains the options for the nurse or MA to document in the progress note that the patient agreed to be called by the tobacco quit line.

The guide below walks through the build for a brief progress note, but if you would like additional options, such as a full progress note option, you would need to create an additional text template for each option.

Progress note data element

If possible in your system, a reportable data element triggered by your progress note will allow you to report on how often the quit line progress note template is used. It should be a Boolean data element such that the EHR records a simple yes/no for whether the progress note was used.

Progress note text template

This text template contains the text to include in the patient's progress note that explains that the patient was referred to the quit line.

You have flexibility in how much information you want to include in the progress note, but we suggest that you strive to be concise, as seen in our example text below.

Sample text template:

Options for smoking cessation assistance discussed during visit.
--

We suggest that you consider making your text template a default selection in the order set so that the progress note is created each time the order set is used without any additional input from the MA or nurse.

2) Quit Line Referral Group

We created a new referral order for our project, but depending on your organization's referral build, you may want to re-use an existing referral order.

Order questions

Create two questions to appear in the referral order for additional documentation.

1. Configure the first to be used as documentation of the patient's agreement to be contacted. The question prompt should include the appropriate language for documenting the patient's agreement as determined by your organization's legal team. This question is included for internal documentation.
2. The second question documents the patient's preferred time of day to be called by the quit line. Work with your quit line to determine if they can receive this information and whether there are any requirements about how this information is formatted. We used options of morning, afternoon, evening, and anytime.

Examples of the question prompts:

- | |
|--|
| <ol style="list-style-type: none">1. I have discussed tobacco cessation counseling with the patient. Patient agrees to referral to the Tobacco quit line, and agrees to information exchange between the quit line and health plan, including patient contact and outcomes information.<ol style="list-style-type: none">a. Choices: Yes, No2. What is the best time to call the patient?<ol style="list-style-type: none">a. Choices: Morning, Afternoon, Evening, Anytime |
|--|

Result components

Each discrete result that the quit line sends back to your EHR needs to be stored in your system. Work with your quit line vendor to determine what results they will send back, and then create a way to discretely store each result. Make sure to note which external code they associate with each result.

Depending on how your results are used in your system, the name of the result data element may be displayed to the end user. Intuitive names for these results will help prevent clinician confusion down the line.

Quit line referral procedure

Create a procedure for the quit line referral. You will likely want to start from a copy of one of your existing referral procedures according to your organization's build.

Make sure to include the order questions you created above in your referral. We made the patient agreement question required, but left the best time to call question optional.

Assign an appropriate default tobacco diagnosis to the procedure so that users do not need to manually select one while ordering. We used Z72.0 – Tobacco Use.

Consider entering a description for the procedure as well to give the user brief instructions on how to fill out the referral order.

3) *Diagnosis Group*

This group contains the tobacco diagnosis to be associated with the order when the order set is signed.

Create a group and add the appropriate diagnosis. Our organization used Z72.0 – Tobacco Use.

4) *Patient Instructions Group*

This group contains the patient instructions text that will appear in the patient's after visit summary.

Patient instructions text template

This text template contains the text that will be present in the patient's after visit summary. Consider including a brief description of the quit line and what the patient can expect, as well as references to other cessation resources.

No data element is needed for this text template unless you want to report on the usage of the patient instructions.

Example patient instructions text:

Congratulations on taking steps today to quit smoking!

- It's the most important thing you can do for your health.
- People who use the **quit line** are **4 times more likely** to quit for good!

Since you agreed today, we sent a referral to the tobacco quit line.

- A **quit line coach will call you within 2-3 days**.
- Your coach will help you create a plan and discuss possible medications.

Coaches can send **a few weeks of FREE** nicotine replacement therapy.

- Examples include nicotine patches, gum, and inhalers.
- Usually, patients need medications for longer than 2 weeks, and some require prescriptions (Zyban, Chantix). Your primary care provider can help.
- **Most insurance plans cover these medications.**

Please contact your primary care provider to discuss any medications recommended by the quit line. You can call your doctor's office to speak to a nurse or contact them using our patient portal.

The quit line number for help today is **1-800-QUIT-NOW (1-800-784-8669)**.

For more tools to help you quit, check out these online resources:

- Quit line: www.QuitLine.org
- Smokefree.gov: <http://smokefree.gov/>
- Centers for Disease Control: http://www.cdc.gov/tobacco/quit_smoking/
- UW Center for Tobacco Research and Intervention: <http://www.ctri.wisc.edu/smokers>

5) User Instructions Text Template

This text template is used to provide the MA or nurse instructions at the top of the order set.

Example user instructions:

Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a quit line makes you 4 times more likely to succeed.
3. We are now offering to have a free coach from the quit line call interested patients to help.

“Could we have the quit line call you to discuss free coaching and nicotine replacement?”

Action Steps:

1. Click Accept to place the tobacco quit line order and document authorization.
- or -
2. Click Patient Refused to close the alert.

If you have clinical questions you may contact Dr. Smith.

Optional: You may also [click here](#) to provide questions or feedback.

6) Order Set

Now, you will create an order set that combines all of the elements you have created above.

Create a general order set to combine the above records so that they create an order set like the one depicted below.

Example completed order set:

Order Set: Quit Connect Tobacco Cessation

From Decision Support: Patient is a Tobacco User

Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a Quit Line makes you 4 times more likely to succeed.
3. We are now offering to have a free coach from the Quit Line call interested patients to help.

“Could we have the WI Quit Line call you to discuss free coaching and nicotine replacement?”

Action Steps:

1. Click Accept to place the tobacco Quit Line order and document authorization.
- or -
2. Click Patient Refused to close the alert.

If you have clinical questions you may contact Dr. Smith.

Optional: You may also [click here](#) to provide questions or feedback.

Consult – Tobacco Cessation

Consult Order: Tobacco Cessation – Quit Line

[Details](#)

Diagnosis

Diagnosis – Tobacco Use [272.0]

[Edit](#)

Patient Instructions

Patient Instructions – Tobacco Cessation 18 and Over

[Edit](#)

Sign

Step 2: Create the Tobacco Assessment Decision Alert Prompt

This section discusses how to build the records for the tobacco assessment decision prompt, which reminds MAs/nurses to document tobacco use and readiness to quit. The exact criteria and logic needed may differ depending on your organization's workflows. We present the logic in terms of the criteria that should guide when the decision alert fires for the nurse or MA.

1) Decision Prompt Criteria

Encounter type and department restriction

This record limits the decision prompt to the applicable visit types and departments participating in your implementation of Quit Connect Health.

Vitals entered

This record checks to see if the vitals have not been entered yet. Specifically, our record looks at whether the patient's blood pressure is still missing, since that is entered for all clinic users during the normal rooming workflow.

Ready-to-quit question unanswered

This record ensures that the decision prompt fires when the ready-to-quit question has not been answered.

Patient is a smoker

This record is used in conjunction with the previous criterion to alert users who have assessed smoking status but not readiness to quit. Use your smoking/tobacco use status property to check for values that correspond with a smoker (e.g., current every day smoker, current some day smoker, heavy smoker). If your organization has any custom values for smoking status, make sure to include those that are appropriate.

Use an appropriate look-back period to identify smokers who may have recently quit and should be asked about their smoking status again.

Tobacco use status not assessed

This record allows the decision prompt to fire when the tobacco status exists, but is set to "Never assessed." Use an appropriate look-back period to identify smokers who may have recently quit and should be asked about their smoking status again.

This criterion may not be relevant to your system depending on how it captures tobacco use.

2) Decision Alert Prompt User Instructions Text Template

This template will contain the user instructions for the decision prompt. Your text may vary, but be concise to prevent text fatigue. Be clear about the required workflow steps and provide example language to use for staff who are unfamiliar or uncomfortable with the questions.

This record should be of the “Charting” type.

Example user instructions text for decision prompt:

1. Please assess patient’s tobacco use status if not done yet:

“We’re now asking about tobacco use at each visit and asking users if they’re ready to quit.”

2. Please ask tobacco users about readiness to quit:

“The most important thing you can do to improve your health is to quit tobacco, and we can help. **Are you interested in trying to cut back or quit in the next 30 days?**”

If you have clinical questions, you may contact Dr. Smith.

Optional: You may also click here to provide questions or feedback.

3) Decision Alert Prompt Record

This record connects all of the records above to create the alert. Note that some of the settings below may not be available or may be different in your EHR.

1. Give the alert a title that is appropriate (this may appear to end users depending on your EHR).
2. Link the decision prompt user instructions that you created above to your decision prompt.
3. Link all of the criteria records that you created. Use custom “and/or” logic to ensure that the decision prompt fires in the correct circumstances – i.e., when ALL of the following criteria are met:
 - a. The visit is the correct encounter type and department
 - b. Either the patient is a smoker but has not been asked about readiness to quit OR the patient’s status is “never assessed”
 - c. The blood pressure vitals field is not missing
4. Restrict the decision prompt to only fire for the appropriate provider types/staff members who will be performing the workflow. In our build, we restricted it to the following types of providers:
 - a. Registered nurse
 - b. Licensed nurse

-
- c. Medical assistant
 - d. Nursing student
 - e. Student nurse assistant
 - f. RN resident
 - g. Certified MA
5. Specify which actions can trigger the decision prompt to fire; for example, in our build, the decision prompt almost exclusively triggers when the vitals are entered and filed. Make sure to test your workflow thoroughly to understand how the prompt functions in your environment.

Example completed tobacco assessment decision prompt



Tobacco Use Status Not Assessed

1. Please assess patient's tobacco use if not done yet:
"We're now asking about tobacco use at each visit and asking users if they're ready to quit."
2. Please ask tobacco users about readiness to quit:
"The most important thing you can do to improve your health is to quit tobacco, and we can help. Are you interested in trying to cut back or quit in the next 30 days?"

If you have clinical questions, you can contact Dr. Smith.

Optional: You may also [click here](#) to provide questions or feedback.

Step 3: Create the Quit Line Referral Decision Alert Prompt

This section walks through building the quit line referral decision prompt, which appears after the patient expresses interest in quitting or cutting back. This prompt reminds the MA/nurse to offer a referral to the quit line. The exact criteria and logic needed may differ depending on your organization's workflows.

1) Criteria

Patient residency and age

This criterion ensures that the decision prompt fires only for adult residents of your state.

Set the age for which the prompt fires to be 18 years or older (or whatever age your organization deems appropriate).

Check the patient's state of residence to verify that the patient lives in your state.

Encounter type and department restriction (re-used)

This criterion ensures that the decision prompt only fires for the desired visit types and departments. You should re-use the same criteria that you used for the tobacco assessment decision prompt you created earlier.

Patient is a smoker (re-used)

This criterion ensures that the patient is a current smoker. You should re-use the same criteria that you used for the tobacco assessment decision prompt you created earlier.

Patient is ready to quit

This criterion ensures the decision prompt only fires for patients who are marked as ready to quit smoking.

No recent quit line referral

This criterion ensures that the decision prompt does NOT fire for patients who have already been referred to the quit line in the last 90 days.

Check for the existence of your referral procedure within the past 90 days and apply the search to all visit types.

Optional: This configuration will hide the decision prompt from users when the referral has been placed within the past 90 days. This hiding may confuse nurses and MAs who are expecting the referral to appear for an otherwise eligible patient. An alternative is to create another decision prompt specifically for this situation that: 1) explains that the patient was already recently referred, and 2) directs the nurse or MA to inquire about the outcome of that referral. The latter is helpful when the patient is referred to the quit line but does not respond to the quit line's phone calls. In these cases, it may be beneficial to follow up with the patient.

2) Decision Prompt User Instructions Text Template

This template will contain the user instructions for the decision prompt. Your text may vary, but be concise to prevent text fatigue. Include the key talking points to promote the quit line and provide example language to use for staff who are unfamiliar or uncomfortable with the workflow. Also, strive to be clear about the workflow to follow based on the patient's response.

Example user instructions text for decision prompt:

Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a quit line makes you 4 times more likely to successfully quit smoking.
3. We are now offering to have a free coach from the quit line call interested patients to help.

“Could we have the quit line call you to discuss free coaching and nicotine replacement?”

Action Steps:

1. Click Accept to place the tobacco quit line order and document authorization.
- or -
2. Click Patient Refused to close the alert.

If you have clinical questions, you may contact Dr. Smith.

Optional: You may also [click here](#) to provide questions or feedback.

4) Patient Refusal Data Element

If desired, create a data element to document when patients refuse the quit line services. It should be a “Boolean” type to capture a simple yes/no. If you use this element, make sure your decision alert is configured to file the element when the nurse/MA documents that the patient refused referral.


5) Decision Prompt Record

This record connects all of the criteria above to create the alert. Note that some of the settings below may not be available or may be different in your EHR.

1. Give the alert a title that is appropriate (this may appear to end users depending on your EHR).
2. Include the decision prompt user instructions that you created earlier.
3. Link all of the criteria records that you created. Use custom “and/or” logic to ensure that the decision prompt fires in the correct circumstances – i.e., when ALL of the following criteria are met:
 - a. The patient has a chief complaint for smoking or is assessed as a current smoker
 - b. The patient has not received a quit line referral in the past 90 days
 - c. The patient lives in your state and is an adult
 - d. The visit is the correct encounter type and department

-
- e. The patient is ready to quit smoking
 4. Restrict the decision prompt to only fire for the appropriate provider types/staff members who will be performing the workflow. In our build, we restricted it to the following types of providers:
 - a. Registered nurse
 - b. Licensed nurse
 - c. Medical assistant
 - d. Nursing student
 - e. Student nurse assistant
 - f. RN resident
 - g. Certified MA
 5. Specify which actions can trigger the decision prompt to fire. We used a variety of common actions in the chart to ensure that the alert's logic would be evaluated at some point during the visit.
 6. Link your order set to the decision alert so that if the nurse/MA documents patient acceptance of the referral, the order set is brought up immediately after acceptance.
 7. Add an option to allow the MA or nurse to acknowledge that the patient refused, and, if desired, link it to the data element you created earlier to document patient refusal.
 8. Make sure to test your workflow thoroughly to understand how the prompt functions in your environment, both in intended and unintended workflows.

Example completed tobacco assessment decision prompt



Patient is a Tobacco User

Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a Quit Line makes you 4 times more likely to succeed.
3. We are now offering to have a free coach from the Quit Line call interested patients to help.

“Could we have the WI Quit Line call you to discuss free coaching and nicotine replacement?”

Action Steps:

1. Click Accept to place the tobacco Quit Line order and document authorization.
- or -
2. Click Patient Refused to close the alert.

If you have clinical questions you may contact Dr. Smith.
Optional: You may also [click here](#) to provide questions or feedback.

Acknowledge reason:

Open order set: Tobacco Cessation Quit Connect ([preview](#))

Step 4: Set up the Interfaces with Your State’s Quit Line

This section shows the unique configuration necessary for the interfaces with the quit line. In our case, we used an HL7 interface with Alere, which is the quit line vendor in 28 states. Consequently, our configuration makes reference to the HL7 format.

The configuration will likely differ depending on your organization’s EHR and your quit line vendor. Work closely with your interface team to determine which of the steps below are necessary and what additional steps are needed for your system.

Set-up that is standard to all interfaces will not be covered in detail.

Infrastructure

A secure connection will be needed with the quit line vendor. Work with your network managers and the quit line vendor to determine the correct way to connect your systems. In our case, a virtual private network (VPN) was used.

You should also work with the vendor to determine which ports should be used.

Outgoing interface

The outgoing interface sends the information about the patient and the quit line referral to the quit line vendor. Below are some of the steps that were necessary for our interface:

- Consider using the interface you typically use with outgoing ancillary orders to send this information to the quit line.
- Work with your quit line vendor to determine exactly what information they want to receive.
- Work with your quit line vendor to determine how they want to receive the referral information. In particular, if your vendor wants the order question information in OBX segments, find out which message segments should contain the information from the order-specific questions created above and ensure that the resulting agency record maps these order questions to the corresponding external codes for the quit line.
- Make sure that your interface is set up to allow orders with the order type your referral uses.
- Create a new resulting agency in your EHR to represent your quit line vendor.
- In our system, we needed to Create a New ID Type to contain the procedure ID for your quit line. The ID type should have your quit line vendor's resulting agency ID listed. Using this ID type, associate your referral procedure record with a value to identify it to the quit line in OBR-4.
- In our case, we needed a way to identify the quit line referrals in an MSH segment (MSH-6) in order to identify the order in the interface correctly. We used an ID type record to represent the quit line's resulting agency and associated the quit line's resulting agency record with that ID type record and a value of "TOB" to flag these messages as being associated with the tobacco quit line.
- Configure your order transmittal configuration to send your referral orders through the Outgoing Ancillary Orders Interface.

Incoming interface

The incoming interface transmits the result information from the quit line back into your EHR.

- Consider using the interface you typically use for incoming ancillary results and orders to transmit the results.
- Create a new ID type to represent the external codes used by your quit line vendor to identify their results. The ID type should be associated with your quit line vendor's resulting agency (see above).
- Use this ID type to associate each discrete results component you created with the corresponding external code from the quit line vendor.

Step 5: Test your Build

After all of the build is complete, be sure to thoroughly test each part to ensure it functions as expected, both on its own and within your typical workflow, before moving it into production.

Step 6: Reporting

Reports that provide data on outcomes and measures of interest can serve an important role in making the case for sustaining the Quit Connect Health program in your organization. The metrics that you choose to report on and the setup for those reports will depend on your organizational goals and EHR system.

If you would like to consult with us on your reporting configuration, please email Dr. Christie Bartels at cb4@medicine.wisc.edu.

Staff Training

An important component of the Quit Connect Health protocol is providing staff members training on the new protocol, what to expect, how to use the EHR decision prompts and order set, and possible issues they might run into.

In our implementation of Quit Connect Health, we covered the staff training in a one-hour session that combined the didactic and hands-on training components described below.

Training Slides for Staff

The Quit Connect Health Training Slides for Staff can be used to educate staff on the importance of quitting tobacco, why quit lines and support from the physician are important in patients' quitting efforts, and the Quit Connect Health protocol.

These slides should be used in conjunction with the training handouts below.



An editable version of the slides, titled **Quit Connect Health Training Slides for Staff**, is available in the toolkit ZIP file. We suggest that you modify these slides to reflect your organization's processes and EHR decision prompts and order sets.

Training Handout for Staff

The training handout is used for role-play/scenario training with medical assistants and nurses. It goes through common questions and concerns that patients have regarding quitting smoking and using the quit line, along with accompanying responses/talking points.



The handout is depicted on the following pages for your reference, and an editable version is in a file titled **Quit Connect Health Training Handout for Staff** in the toolkit ZIP file.

Protocol Practice: Role Playing with Frontline Staff

Please get into groups of three. The person with 1st birthday can be the observer. The observer can share observations and suggestions for improvement in a supportive, nonjudgmental manner. The person with the 2nd birthday can role-play the staff and practice protocol communication skills. The person with the 3rd birthday role-plays the patient following the points below. If there is no script, then please imagine yourself in this situation and be real.

Cut these in half, length-wise, so that the Patient and Staff have different directions.

Case 1. Patient	Case 1. Staff
<p>Mr. Ready, 48yo, comes to his clinic appointment in Rheumatology. He is the type of client who is a “quiet thinker.” He does not volunteer much, but will answer questions when asked directly.</p> <p>When asked, the staff learns that:</p> <ul style="list-style-type: none"> • yes, he uses. • yes, ready to quit. • yes, open to idea of quit line, but first wants to know more – <ul style="list-style-type: none"> • how, • when, • where, • cost? 	<p>Go ahead and ask the standard questions about smoking or tobacco use:</p> <p>“Do you currently smoke or use tobacco?”</p> <p>“Are you interested in support to take steps to cut back, or quit, in the next 30 days?”</p> <p>“May we have a quit line coach call you to discuss free counseling and nicotine replacement?”</p> <p>Wrap up the conversation the best you can.</p>
Case 2. Patient	Case 2. Staff
<p>A woman, Ms. Resister, is in her late 30s and comes for a clinic visit. She is not hesitant to speak her mind, and she is frustrated by this tobacco question; she has heard it many times.</p> <p>Shares her frustration: “I do not know why you have to ask me that every time I come here – it says right there in my chart – can’t you read it???” (Yes, she uses, one would learn with more questioning).</p> <p>Is she ready to quit?: “Do not know ... tried before to quit.” Did quit for a while. Was not able to maintain “quit-state” for a year.</p> <p>She is “on the fence” about talking to someone at quit line. – “What for?” she says, because she feels discouraged about trying in the past and not succeeding in the long term.</p>	<p>You ask her the following questions:</p> <p>“Do you currently smoke or use tobacco?”</p> <p>“Are you interested in support to take steps to cut back or quit in the next 30 days?”</p> <p>“May we have a quit line coach call you to discuss free counseling and nicotine replacement?”</p> <p>Wrap up the conversation the best you can.</p>

Scenarios and Talking Points about Quitting Tobacco

“Are you interested in support to take steps to cut back or quit in the next 30 days?”

“May we have a quit line coach call you to discuss free counseling and nicotine replacement?”

CASES	POSSIBLE RESPONSES
<p>1. Patient has no interest a. “I’m not interested now.” b. “No, thanks!”</p>	<p>1. AFFIRM - “I understand...The timing matters (for quitting or cutting back).” ADD - “When you are ready to quit, we are ready to help.”</p>
<p>2. Patient seems frustrated being asked about quitting again a. “Don’t ask again—you ask every time!!!” b. “Can’t you see in the chart that I just answered this question last week/month?”</p>	<p>2. AFFIRM - “I can hear that you’re frustrated.” Or “I realize how this can be frustrating.” ADD - “We’re offering all tobacco users the chances to learn about options for quitting or cutting back.” Or “It’s a UW priority -- and a national standard -- to ask about quitting tobacco ...and quitting can help arthritis.”</p>
<p>3. Patient seems discouraged about quitting “I’ve tried to cut back/quit, but it’s hard...”</p>	<p>3. AFFIRM – “It’s not easy, and it can often take several quit attempts before you’re successful!” ADD - “Speaking with a quit line has been shown to make patients up to 4x more likely to quit successfully. We’d be happy to have them call you to discuss how they can help.”</p>
<p>4. Patient seems unsure about connecting with quit line. “If I said ‘yes’ today, and then changed my mind, could I skip talking to the quit line?” “Can I opt out?”</p>	<p>4. AFFIRM - “It sounds as if you’re unsure / undecided about using the quit line now.” ADD “You don’t have to use the quit line services when the staff call you... If you change your mind, or aren’t interested any more, then you can just say ‘no, thanks.’” Or “If you feel more comfortable, I can give you the phone number to call the quit line when you’re ready”</p>
<p>5. Patient believes they will quit “all at once” without support. “When I do it, I am going to go ‘cold turkey’.”</p>	<p>5. AFFIRM – “I think it’s great that you’ve thought about how you might quit.” ADD - “We’d like you to have the best chances of quitting...Research shows that people using the quit line have 4 times more success than those who quit on their own.” Or “Medications and coaching improve chances of successfully quitting, and the quit line can provide you those tools for free.” Or “You have paid into the quit line for years on your cigarette taxes, you could collect on that and get their help!”</p>

Medical Assistant/Nurse Instructions

The Medical Assistant/Nurse Instructions are intended to be placed in clinic rooms as a reminder for medical assistants and nurses on how to follow the Quit Connect Health protocol.

We suggest printing the instructions on double-sided paper and laminating them.



The instructions are depicted below for your reference, and an editable version is available in a file titled **Quit Connect Health Medical Assistant/Nurse Instructions** in the toolkit ZIP file. We recommend modifying the screen shots and text to match your system.



Quit Connect Tobacco E-Referral Protocol Reminders for MA or NURSE

Given our shared goal to improve health across UW Health, patients who use tobacco should have readiness to quit assessed and be offered treatment connection. Below is the order generated by the e-referral protocol that an MA or nurse will see.

The protocol has 2 alerts and 2 steps.

ALERT 1 fires if either

- a) **Tobacco use** is not assessed
- or –
- b) Patient is a tobacco user and “**ready to quit**” is not assessed.



Tobacco Use Status Not Assessed

1. Please assess patient's tobacco use if not done yet:
“We're now asking about tobacco use at each visit and asking users if they're ready to quit.”
2. Please ask tobacco users about readiness to quit:
“The most important thing you can do to improve your health is to quit tobacco, and we can help. **Are you interested in trying to cut back or quit in the next 30 days?**”

If you have clinical questions, you can contact Dr. Smith.
Optional: You may also [click here](#) to provide questions or feedback.



STEP 1:

Assess tobacco use and readiness to quit.

Vitals	
BP:	<input type="text" value="147/93"/>
Temp:	<input type="text"/>
Weight:	<input type="text"/>
Pulse:	<input type="text"/>

Tobacco Use	
Smoking Status:	<input type="text" value="Smoker"/>
Ready to quit?	<input type="button" value="Yes"/> <input type="button" value="No"/>
Counseling given?	<input type="button" value="Yes"/> <input type="button" value="No"/>
<input type="button" value="✓ Mark as Reviewed"/>	
<input type="button" value="Edit Tobacco Use"/>	

Questions or problems? Please contact Dr. Jones at email@email.org

Tobacco E-Referral Protocol (continued, p. 2)

ALERT 2 fires if

- a) Patient is a **tobacco user**.
- and -
- b) Patient is **ready to quit**.



Patient is a **Tobacco User**

Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a Quit Line makes you 4 times more likely to succeed.
3. We are now offering to have a free coach from the Quit Line call interested patients to help.

"Could we have the WI Quit Line call you to discuss free coaching and nicotine replacement?"

Action Steps:

1. Click Accept to place the tobacco Quit Line order and document authorization.
- or -
2. Click Patient Refused to close

If you have clinical questions you
Optional: You may also [click here](#)

Acknowledge reason:

Patient Refused

Open order set: Tobacco Cessation Quit Connect ([preview](#))

Accept

If patient consents,
click **ACCEPT** to open
order set

If patient does NOT
consent, click **PATIENT
REFUSED** then Accept

STEP 2:

Order Quit Line e-Referral in the order set.

Consult Order: Tobacco Cessation

Consult to Tobacco Cessation – Quit Line

Priority:

Status:

Class:


Questions:

Prompt	Answer
I have discussed tobacco cessation counseling with the patient. Patient agrees to referral to the Tobacco Quit Line, and agrees to information exchange between the quit line and health plan, including patient contact and outcomes information.	<input type="button" value="Yes"/> <input type="button" value="No"/>
Preferred phone number	<input type="text" value="111-222-3333"/>
What is the best time to call the patient?	<input type="button" value="Morning"/> <input type="button" value="Afternoon"/> <input type="button" value="Evening"/> <input type="button" value="Anytime"/>

CONGRATS! Quit Line will call the patient soon, usually within 2-3 days!

Patient Brochure

Following is a brochure that nurses or medical assistants can give to patients when tobacco use is identified.

 The brochure is depicted below for your reference, and an editable version is available in a file titled **Quit Connect Health Patient Brochure** in the toolkit ZIP file.



Are you ready to cut back or quit? For FREE?

1-800-QUIT-NOW

People who use Quit Line help are **4x more successful** at quitting!

-  We can send your contact information to the Quit Line TODAY!
-  An experienced coach calls within days to help you create a plan.*
-  The Quit Line sends free medications and materials.
-  They arrive in the mail—FREE!

The Quit Line offers FREE

- Medication starter packs*
- Coaching on how to cut back or quit
- Self-help materials
- Follow-up support



*Medicaid & insurance cover meds afterwards

Ready to Cut Back or Quit Smoking?

If you agree, we send your contact info to **Wisconsin Tobacco Quit Line**.

They set up a **FREE** call with a Quit Coach in less than one week!

How does smoking affect me?

Smoking can **make symptoms worse** for:

- Rheumatoid Arthritis
- Spondyloarthritis
- Psoriasis
- Lupus
- Sjögren (dry eyes and mouth)
- Other conditions



Smoking can worsen pain & joint damage, make medications less effective, AND increase your stroke & heart disease risk!

QUITTING can ease symptoms **AND** cut heart disease risk in half in **ONE** year!

What can I do today?

- Drink lots of water or chew gum
- Be active—walk and get exercise
- Cut back on tobacco products
- Plan strategies to handle urges
- Get support from family or friends

The first step is making a plan!

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