Implementation of Ask-Advise-Connect Approach with an eReferral to Maryland Quitline

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Problem Statement

- **Smoking cessation treatment options have not included referrals** to the Maryland State Quitline.
- **Zero** patients referred to the **evidence-based** treatment.
- 70% of smokers say they want to quit
- United States quit rate is 7.4% compared to the Quitline rate of 30.3%

Purpose/Goals

Quality Improvement (QI) project: Implement an Ask-Advise-Connect (AAC) intervention to improve the identification of ready-to-quit smokers and connect them to the Quitline.

Short-Term Goals:

- An eReferral link will be made available in the Electronic Medical record (EMR) to directly connect patients who want to quit smoking to the Maryland Tobacco Quitline treatment services**.**
- **Ask:** 100% of new adult patients and patients in for annual physical exams will be screened for smoking status.
- **Advise:** 100% of new adult patients and patients in for annual physical exams who are smokers will receive brief advice to quit smoking.
- **Connect:** 100% of new adult patients and patients in for annual physical exams who are identified as smokers and express an interest in quitting will receive a referral to the Maryland Tobacco Quitline sent by the Medical Assistant (MA) through the EMR.

Long-Term Goal: 100% of identified ready to quit smokers who received a referral to the Quitline will enroll in treatment.

Methods

Setting: A Primary Care Center
Population: Adult patients 18 and older
Implementation Strategies: Five MAs educated on smoking cessation and trained to use the AAC approach.

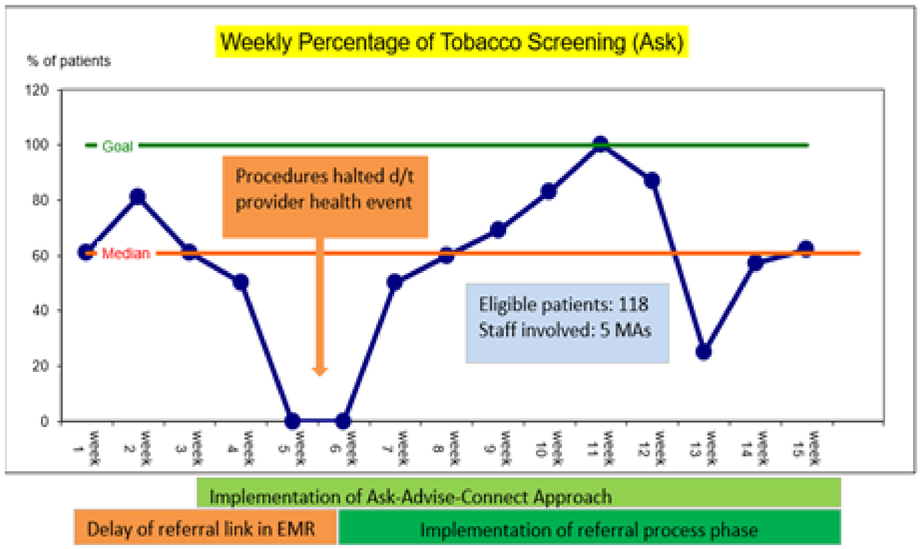
Ask-Advise-Connect approach:

Ask: screen for tobacco use
Advise: provide a brief advice to quit
Connect: send a referral using a direct link in the EMR to the Maryland State Quitline

Data collection and Analysis:

- Chart audits to monitor, evaluate, provide feedback, and track progress.
- EMR tracking to track implementation progress.
- Run chart to demonstrate screening rate or “Ask” step of the Ask-Advise-Connect (AAC) approach.

Results



Process Goal Met: eReferral Link made available in the EMR

118 total patients → 10 identified smokers → 3 referrals sent

Pre and Post Implementation averages

Pre-Implementation		Post-Implementation	
Ask (screen)	66%	Ask (screen)	65.7%
Advise	0	Advise	100%
Connect	0	Connect	75%

Pre-Implementation	Post-Implementation
5 eligible identified smokers missed • no advice • no referral • 1 patient out of state	2 eligible identified smokers without referral • 1 patient not ready to quit • 1 patient out of state 3 eligible patients referred to Quitline

Discussion

- Pre-project screening rate consistent with literature of patient smoking status documented.
- Referral rate consistent with literature demonstrating an increase in referrals to the Quitline after implementation.
- Literature shows improvement in screening rate of 68.4% after implementation and an increase in electronic referral rates by 9.6%.
- Rate of screening decreased.
- Referral rate increased by 75%

Limitations:

- Converted to **100% Telehealth due to COVID-19**
- Screening protocol left out of new workflow d/t COVID
- Short staffed, new inexperienced staff
- Provider mostly treating COVID patients, smoking cessation not a priority.
- Short time frame with multiple set-backs:
  - implementation delay d/t delay in EHR link operability
  - restructure of workflow d/t COVID
  - an unforeseen health event

Pre-COVID-19, this QI project may have had greater succuss under normal clinical workflow.

Conclusions

Implementation of an Ask-Advise-Connect approach with an eReferral link in the EMR has the **potential to improve smoking cessation assistance.**

- With integrative systems such as the Optum referring services**, patients who wish to quit smoking can be easily connected** to the Maryland Tobacco Quitline service for cessation assistance and resources.
- The **intervention can be easily implemented** within the provider's office workflow. The EHR in conjunction with the integrating process **is inexpensive and cost-effective**.
- The **next step would be to include all patient visits** to identify more eligible patients who would benefit from this program.

References