Use Case Scenario Name:	Tobacco Free
Use Case to Which Scenario Belongs:	Electronic Referrals
Sponsor:	Michigan Department of Health and Human Service
Date:	January 25, 2017

Executive Summary

> This brief section highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.

Tobacco cessation programs such as Quitline are services offered to individuals wishing to stop using tobacco. These programs typically include counseling, community forums and organized peer support for tobacco users trying to quit tobacco. Smokers who take part in cessation programs are more likely to successfully quit smoking – defined as abstinence for six months or more – than those who attempt quitting on their own.[1]

Tobacco cessation programs typically utilize case management systems that must collect comprehensive and timely program referrals from healthcare providers. A referral includes information on the referring provider, diagnosis data, and the patient's preferences for contact. Currently, this information is collected by healthcare providers and faxed to a tobacco cessation program when a patient indicates they are ready to quit tobacco use in the next 30 days and would like a referral to a cessation program.

An interoperable Electronic Referral (eReferral) System between healthcare providers and case management systems will help identify and provide assistance to consumers wishing to reduce tobacco use.

Purpose of Use Case Scenario: The Tobacco Free use case scenario supports creation of an electronic referral system that enables electronic coordination between case management systems and healthcare providers' electronic health records (EHRs).

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[1] "Smoking Cessation Programs," Institute for Medicine, accessed December 1, 2016, http://sites.nationalacademies.org/Tobacco/SmokingCessation/TOBACCO_051286

Overview

This overview goes into more detail about the use case.

Tobacco use is the leading cause of preventable deaths in the United States.[2] Seventy percent of smokers would like to quit smoking, and 50 percent report attempting to quit within the past year.[3] The majority of smokers who try to quit do so without assistance, though only three to six percent of quit attempts without assistance are successful.[4]

As healthcare providers continue to adopt modern EHR technology, they are becoming better-equipped to automatically send comprehensive electronic referrals from within their own workflows. Certified EHR technology helps identify patient populations eligible for tobacco intervention, facilitates electronic creation of provider referrals, and supports the secure transport of Consolidated Clinical Document Architecture (C-CDA) files through Direct Secure Messaging.

The capability for healthcare providers to electronically send referrals to a tobacco cessation program's case management system is more efficient than fax and allows a program to begin intervention with a patient in a timelier manner. eReferral Systems that leverage standard interoperable data formats to send and receive C-CDA files can securely communicate medical information that is critical to the coordination of a patient's tobacco intervention.

Healthcare providers can use their EHRs and existing health information network (HIN) infrastructure to electronically send C-CDA Continuity of Care Documents containing embedded tobacco cessation program referrals to a case management eReferral system without interrupting normal workflow.

This use case scenario also supports case management coordinators, who can electronically update a patient's healthcare providers on the intervention using C-CDA Progress Notes.

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[2] "Tobacco-Related Mortality," Centers for Disease Control and Prevention, last modified August 18, 2015, accessed September 27, 2016, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm

[3] "Quitting smoking among adults--United States, 2001-2010," *MMWR. Morbidity and mortality Weekly Report* 60 (44: November 11, 2011): 1513-1519.

[4] Nancy A. Rigotti, "Strategies to help a smoker who is struggling to quit," *JAMA* 308 (15: October 17, 2012): 1573–1580.

Persona Scenario

To explain this use case, this section follows a persona example from start to finish.

Ron Oatman is a care coordinator for a mid-sized patient-centered medical home (PCMH) that services a number of surrounding rural communities. Ron loves his job because he plays a critical role in making sure patients have the resources they need to thrive outside of healthcare office walls.

Ron likes to feel appreciated, but he also knows that success for him means his effort is almost imperceptible to patients as they seamlessly transition from a hospital or an appointment back to their homes. It's Ron's job to make care effortless for patients but paperwork and inefficient workflows get in the way of Ron performing his job. He wants patients to be happy with their care, but that's hard to make happen when he is drowning in paperwork.

One example of this paperwork burden that frustrates Ron the most is the time-consuming program referral process. When PCMH provider Dr. Rachel Mondi refers one of her patients to a support program, it is Ron's job to fill out and send referral forms to the proper recipients (i.e. support programs, other providers, health insurance organizations). Once the paperwork is done and faxed or emailed to a healthcare provider for care coordination, Ron rarely receives any confirmation that the referral was received and almost never receives feedback or updates on a patient's care to pass along to providers like Dr. Mondi.

As part of grading their performance, the PCMH office uses a quality measures dashboard to identify which practices and processes need improvement. At this time, the office is focused on the areas of "Smoking Cessation" and "Transitions of Care."

When Ron spoke to the coordinators at a participating Tobacco Cessation program, they recommended that the PCMH office implement Tobacco Free electronic referrals. As they explained it to Ron, the Tobacco Cessation program receives provider referrals in real time that include the comprehensive medical information needed to plan an intervention. This drastically reduces the time, follow-up and paperwork that previously slowed down the start of their patient engagement. The electronic process also allows the Tobacco Cessation coordinators to send progress information to the PCMH and/or its electronic health record system, which would not only increase communication for Ron's office but also could help their quality measure incentive programs.

Ron spoke to his management and they agreed to try electronic referrals. Ron immediately appreciated that Tobacco Free referrals can now be ordered by providers like Dr. Mondi, automatically generated, packaged directly into a patient's structured medical documents, and sent out electronically from the medical home's electronic health record system.

Ron is elated to finally have a method of closing one of the referral coordination loops for his patients. While Ron appreciates that this use case means a lot less faxing on his part, he more importantly believes that the new improvement will make a difference for the people he serves. He is also noticing that his co-workers are smiling more.

Diagram

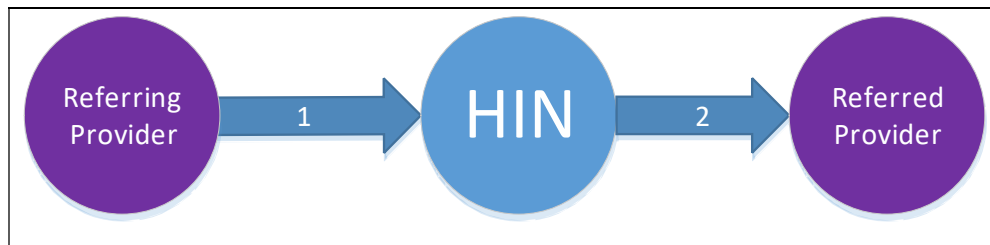These diagrams show the information flow for this use case.

Figure 1. Data Flow for Electronic Referral

Figure 1 is an example of data flow for an electronic referral. It includes:

1. Referring health provider sends referral to HIN including a CCD
2. HIN receives referral message and then sends to referred health provider
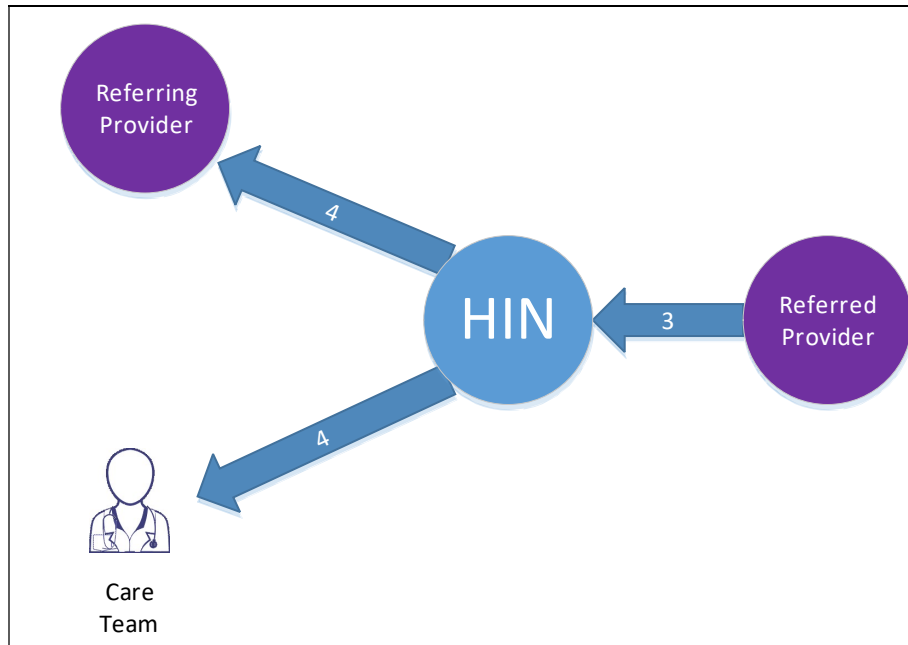
Figure 2. Data Flor for Responses to a Referral from a Referred Provider

Figure 2 presents the continued data flow for responses to a referral from a referred provider (which occurs after the data flow in Figure 1).

3. The referred provider reviews the referral, engages patient, and sends progress note back to HIN within CCD; HIN receives progress note within CCD and finds active care relationships for the patient
4. HIN routes progress note and CCD to the referring provider and care team

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:
☒ Yes
☐ No
☐ Unknown

■ Public Law 111-5; Section 4104 (Meaningful Use)

Meaningful Use:
☒ Yes
☐ No
☐ Unknown

As noted in the *NAQC eReferral Technical Implementation Guide*:

> A well-designed and executed tobacco cessation protocol that includes eReferral to tobacco quitlines can be used to meet several types of objectives for the EHR Incentive Program:
>
> - Tobacco Screening
> - Transitions of Care
> - Clinical Quality Measures (CQMs)
> - Clinical Decision Support
> - Public Health Reporting
> - Specialized Registries
> - Interoperability / HIE[5]

Suggestions on how to collect and report on required data elements to meet EHR Incentive Program measurements are provided in the NAQC eReferral Technical Implementation Guide associated with this use case scenario.

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

Costs:
This use case scenario includes the following cost components:

- Development of certified EHRs to identify message content and send standard referrals
- Participant development and implementation to onboard for this use case
- Implementation and integration for healthcare providers (physicians, clinical laboratories, hospitals, dentists, and others)
- Development, testing, integration, and onboarding costs for the HIN and case management systems

Revenue:
There are no fees or revenue associated with this use case scenario.

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[5] North American Quitline Consortium, *NAQC eReferral Technical Implementation Guide*, (2015), 51.

"Revenue" for this use case will primarily consist of cost savings from process efficiencies. Overall, it is anticipated there will be cost savings equivalent to time saved for healthcare providers by not communicating via fax manually to a case management system and the requisite manual follow-up tasks once a referral is sent.

Additional potential cost savings include:

- Reducing time spent manually identifying and reporting required information
- Assisting eligible professionals in receiving Medicare and Medicaid incentive funds through successful, accurate ongoing submission of tobacco cessation information to Quitline using certified EHR technology
- Complying with regulatory reporting fulfills Meaningful Use requirements

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

Participation in this use case scenario may require organizations to implement new software.

Facilities sending Tobacco Free referrals electronically must send their data as outlined by the North American Quitline Consortium (NAQC) eReferral workgroup: http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/eReferraltechnical guide2015f.pdf

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

Most EHR vendors are already capable of sending Consolidated Clinical Document Architecture (C-CDA) documents. To allow participating organizations to send C-CDA documents, this use case scenario will utilize a modified implementation of the NAQC eReferral workgroup standards.

Support Information

Political Support:
☐ Governor
☐ Michigan Legislature
☐ Health Information Technology Commission
☒ Michigan Department of Health and Human Services or other State of Michigan department
☐ CMS/ONC
☐ CDC
☐ MiHIN Board

Other: North American Quitline Consortium (NAQC)

Concerns/Oppositions: None have been identified at present.

Sponsor(s) of Use Case

■ Michigan Department of Health and Human Services

Metrics of Use Case

The key metrics for this use case include:

■ Number of organizations participating in this use case scenario
■ Number of referrals received from organizations for this use case scenario

■ Percentage of organizations and facilities sending Tobacco Free referrals via this use case scenario compared to all organizations sending notifications via fax or other means to tobacco eReferral systems such as Quitline

Other Information

This section is provided to give the sponsor(s) an opportunity to address any additional information with regard to this use case that may be pertinent to assessing its potential impact.

NAQC Workgroup on eReferral Systems: "In 2012, the North American Quitline Consortium (NAQC) established a workgroup to help guide efforts to establish eReferral systems between tobacco quitlines ("quitlines") and healthcare systems. The purpose of the NAQC eReferral workgroup is to develop standards, tools and resources for eReferral systems."[6]

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[6] *Guide for Implementing eReferrals Using Certified EHRs,* North American Quitline, accessed September 27, 2016, 6 http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/ eReferraltechnicalguide2015f.pdf