

A collaborative effort to implement a
statewide bi-directional **eReferral system**

Practical experience from
Tobacco Free Florida



QUIT **YOUR** WAY

NCTOH 2017 | Abstract 1134



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Florida Department of Health Bureau of Tobacco Free Florida's Tobacco Cessation Programs



QUIT YOUR WAY



PHONE QUIT



WEB QUIT



MORE QUIT TOOLS



GROUP QUIT

- 2-week NRT supply
- Text messaging
- Email support
- Printed quit guide

- 4-week NRT supply
- Single-session course
- Multiple-session course

Florida Department of Health Bureau of Tobacco Free Florida's Tobacco Cessation Programs



QUIT YOUR WAY



PHONE QUIT



WEB QUIT



MORE QUIT TOOLS

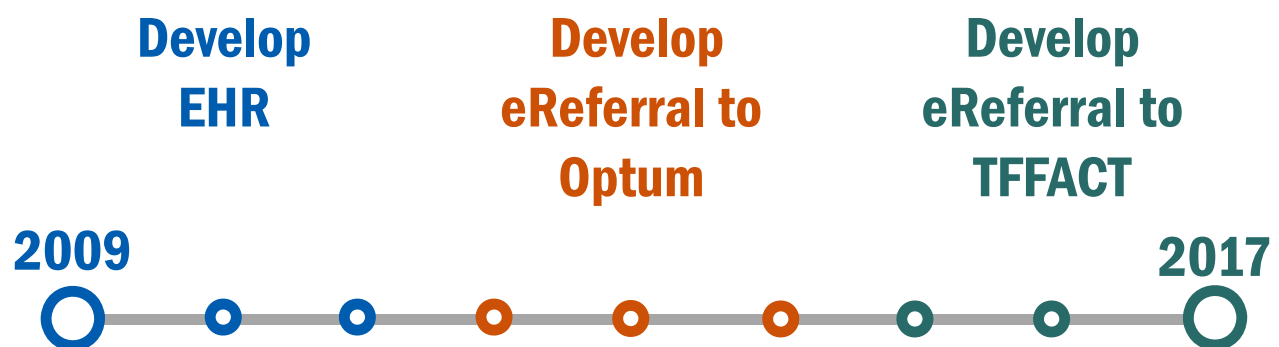


GROUP QUIT



This presentation will...

- **Not include a “nuts and bolts” or technical instruction on eReferrals**
- Describe the planning & implementation processes
- Explain how we accomplished the goal of connecting eReferrals to two different data systems
- Share what helped and what hindered progress
- Present the results



Develop EHR

2009



Begin planning for
single EHR for 67 CHDs

Develop EHR

2012



EHR completed,
certified



Challenges

- Many competing requests for EHR content



What contributed to success?

- TFF highly visible, respected program
- Tobacco was priority for DOH management
- TFF contributed funds for EHR

Develop eReferral: CHDs to Optum

2013



**BTFF selects CHDs as
first eReferral effort
Oct 2013**



Unique needs for eReferral system

- Allow for consumer choice
- Connect to 2 service providers, 2 data systems
- Two processes must appear seamless, identical, to CHDs

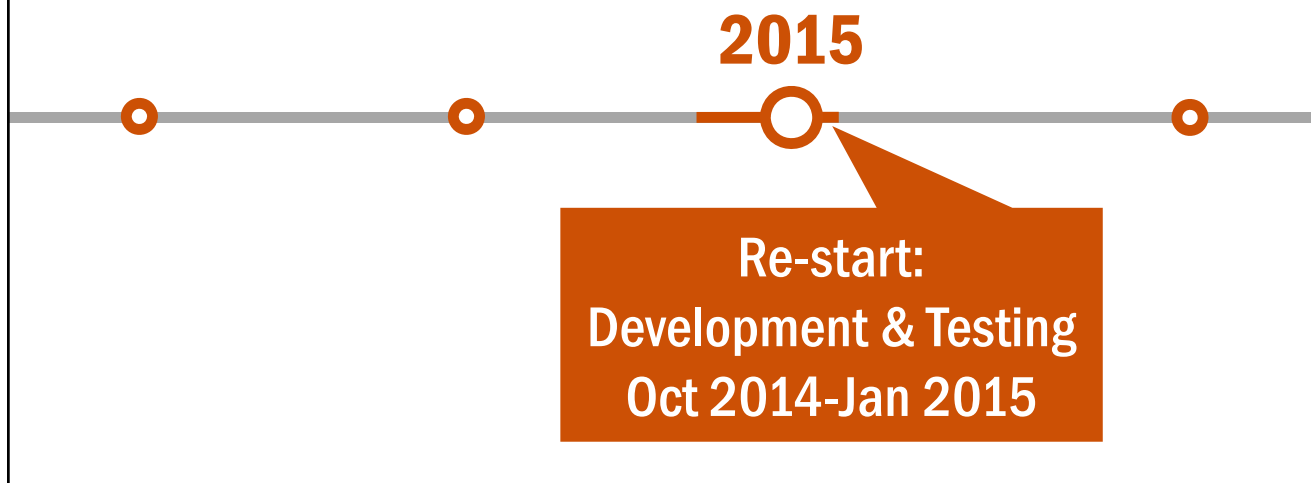
Develop eReferral: CHDs to Optum

2014

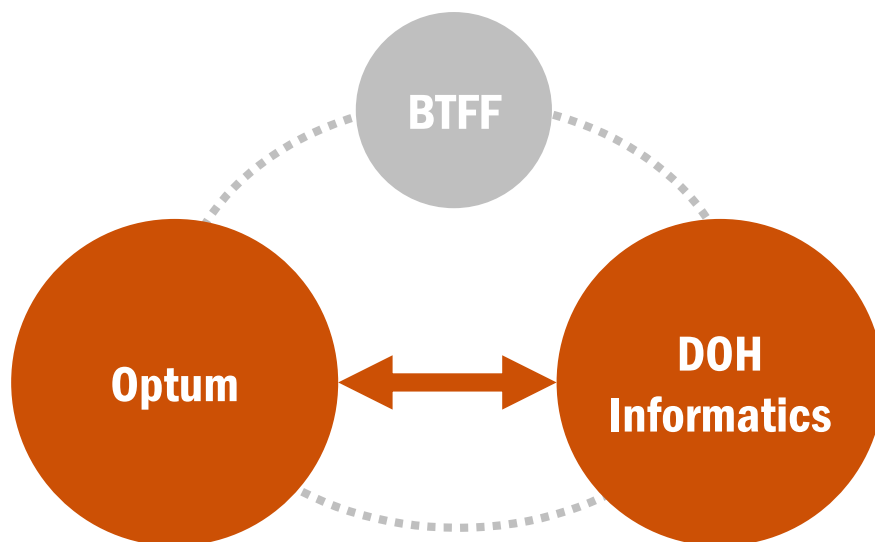
Process stalls:
competing priorities, re-
organization, turnover

The diagram features a horizontal timeline with four orange circular markers. The second marker from the left is highlighted with a larger white circle. A callout box points to this marker, indicating a process stall in 2014.

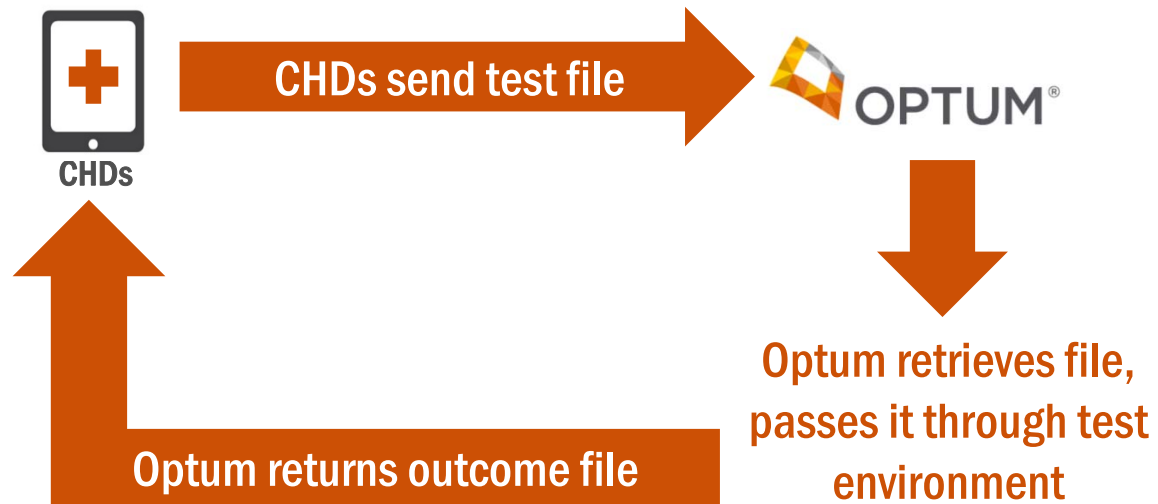
Develop eReferral: CHDs to Optum



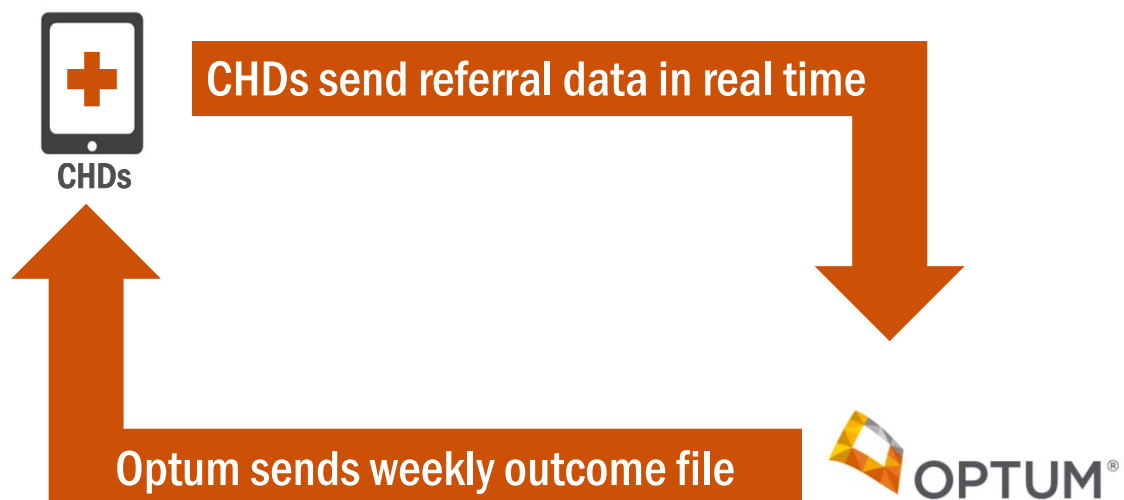
Roles in development process



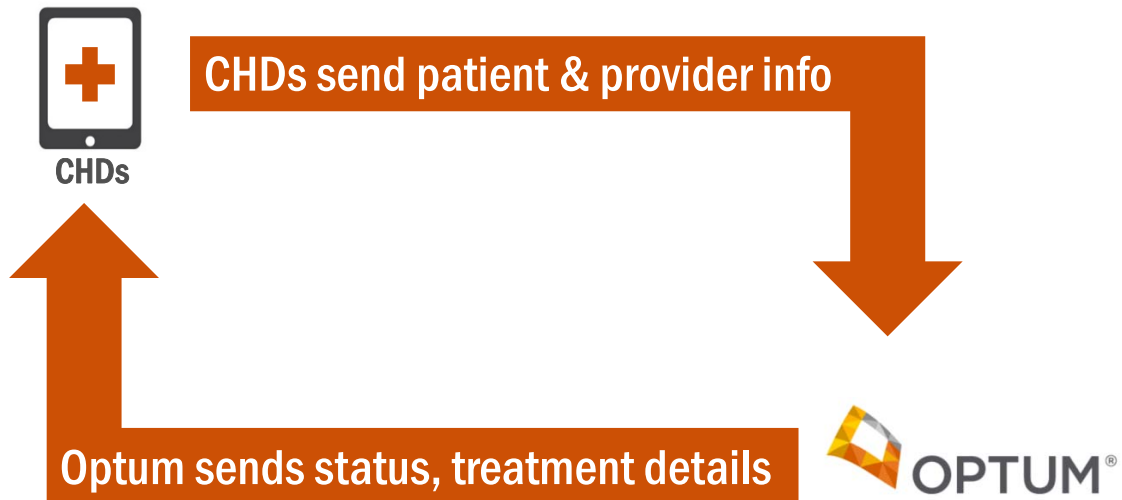
Testing



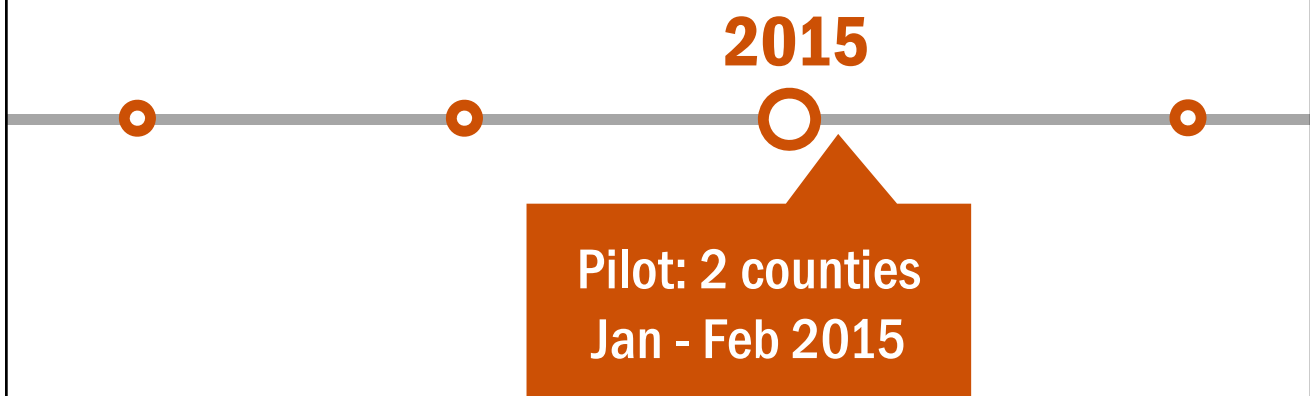
Data exchange schedule



Information exchanged



Develop eReferral: CHDs to Optum



Develop eReferral: CHDs to Optum

2015

Statewide rollout:
67 CHDs refer to Optum
February 2015



What contributed to success?

- BTFF priority, DOH support
- DOH selected performance measure for CHDs, including:
 - # patients screened for tobacco use
 - # referrals to tobacco cessation
- Optum had prior experience with eReferrals
- BTFF offers well-established cessation programs; providers are comfortable referring patients
- BTFF contributed funds for EHR development

**Jan-Dec
2015**

Develop TFFACT

Develop eReferral to TFFACT

2016

**TFFACT Launched
Jan 2016
AHECs using system**

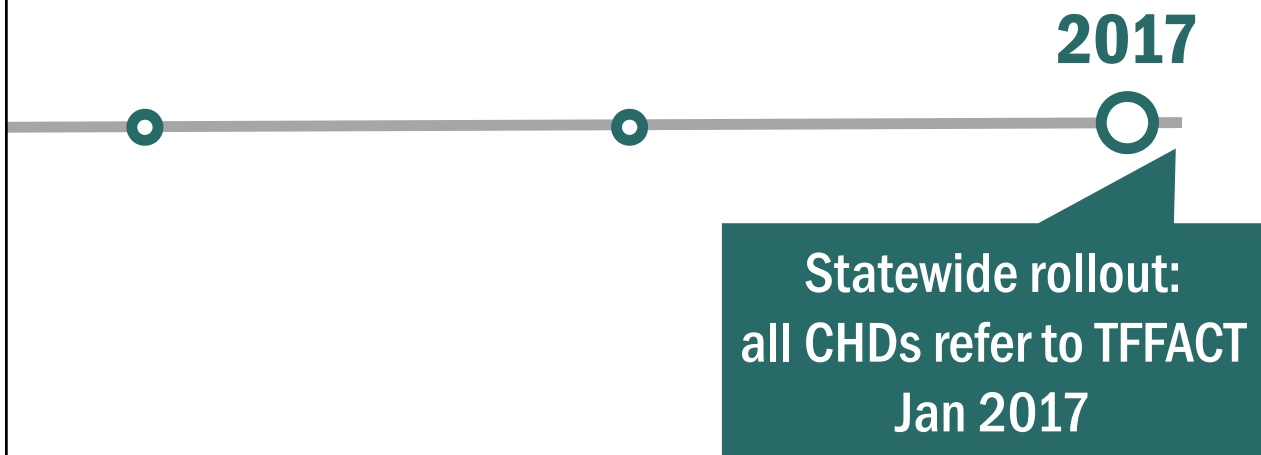
Develop eReferral to TFFACT



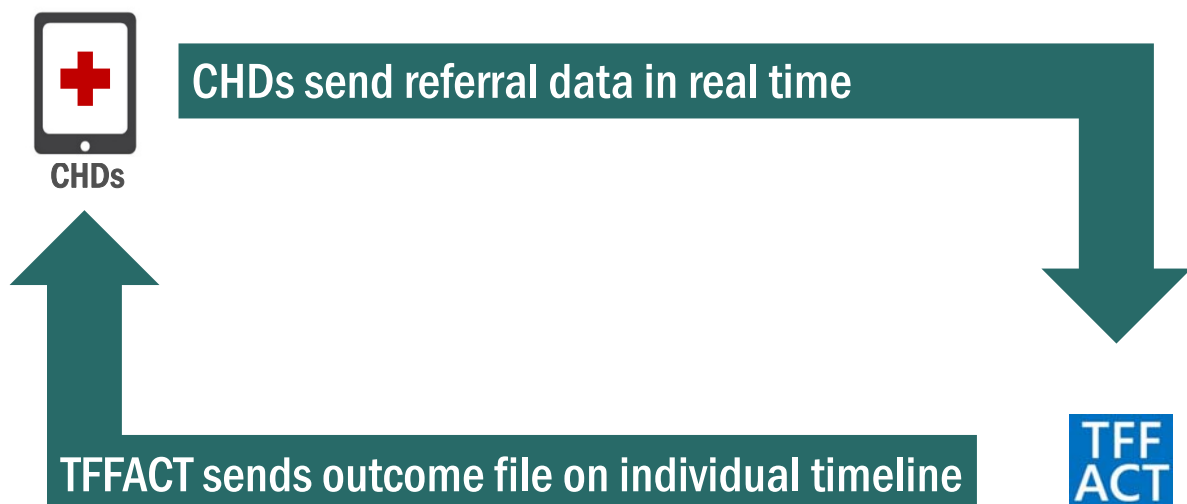
Develop eReferral to TFFACT



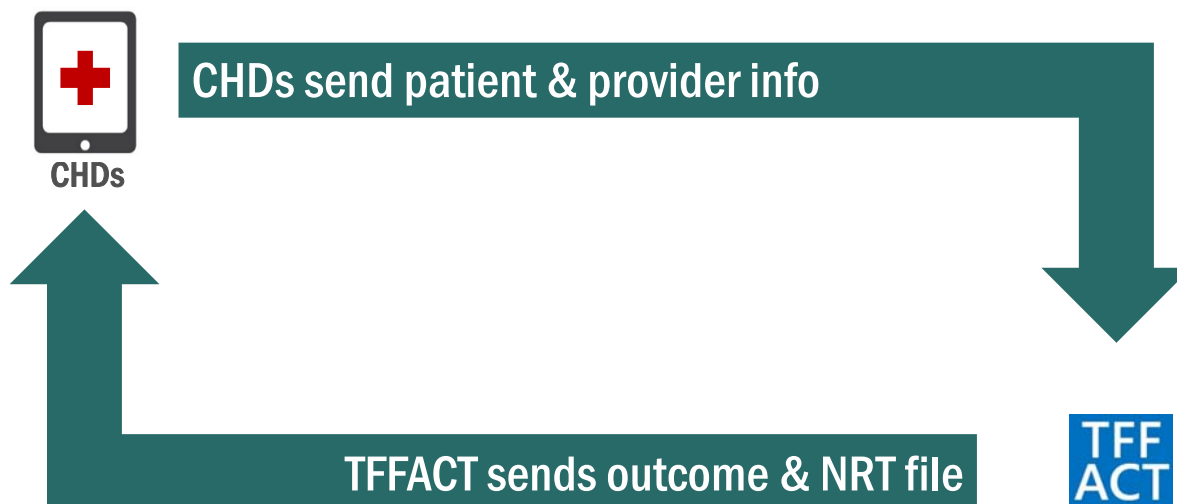
Develop eReferral to TFFACT



Data exchange schedule



Information exchanged



Challenges

Delay due to HIPAA determination



Solution

DOH attorneys determined TFF's cessation programs are community health education, not medical treatment

Once data leave health system, not classified as PHI

Anticipated that providers may not send referrals if TFFACT transmission is not HIPAA compliant – but this has not been a problem



Challenges

CHD file errors

- Some CHD files do not match specs (10+ times to date)
- AHEC has ongoing relationships with providers; Important not to drop any referrals due to file errors



Solution

TFFACT rejects files, sends error message

- CHD system does not review error files
- PDA sends email, works w/CHD to create resolution



Challenges

- BTFF and PDA desired more complete data exchange with providers
- PDA & DOH Informatics agreed on specs allowing multiple data transfers per patient
- Testing revealed files were being overwritten



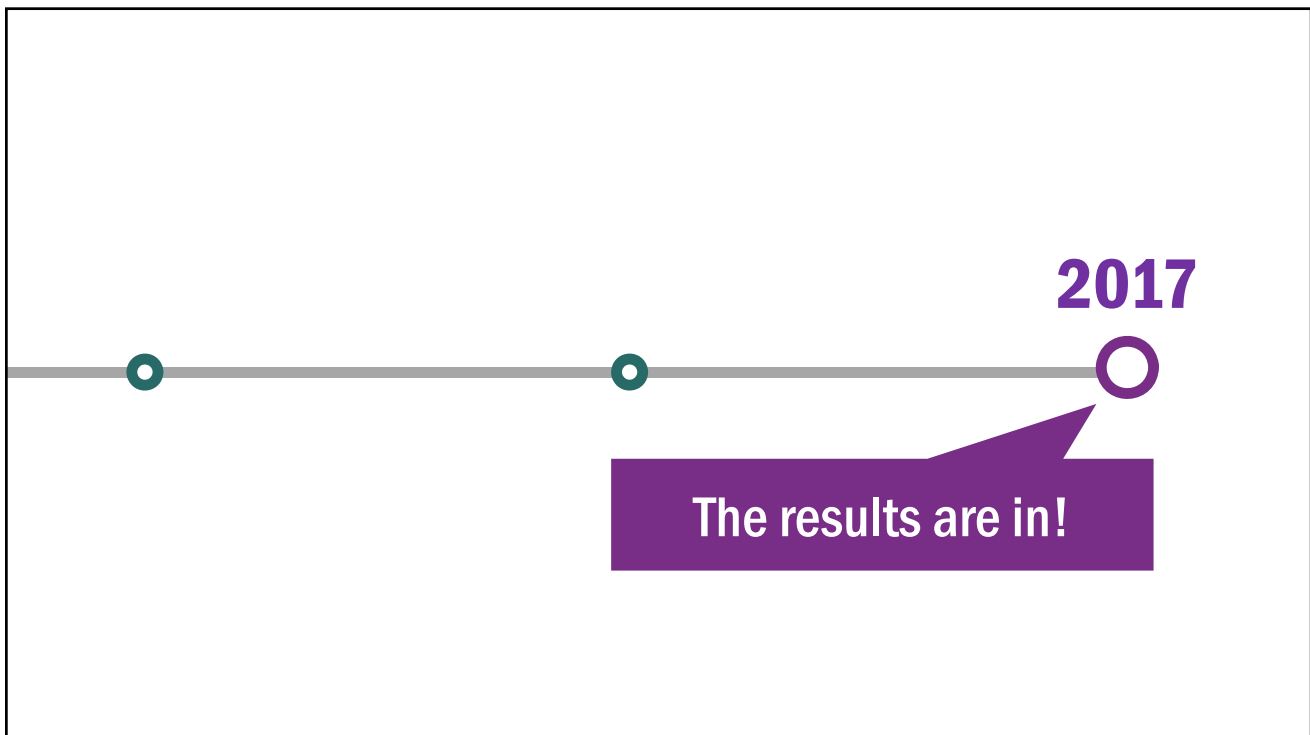
Solution

- Compromise: TFFACT sends data once after course ends
- Complete data more important than speed



What contributed to success?

- Diligent testing
- Create a plan for handling files that do not match specs (because this *will* happen)
- Set a reasonable launch date for all parties



Referrals to AHEC programs

Pilot phase:

2 counties, Oct 2016-Jan 2017

122 referrals

Statewide rollout:

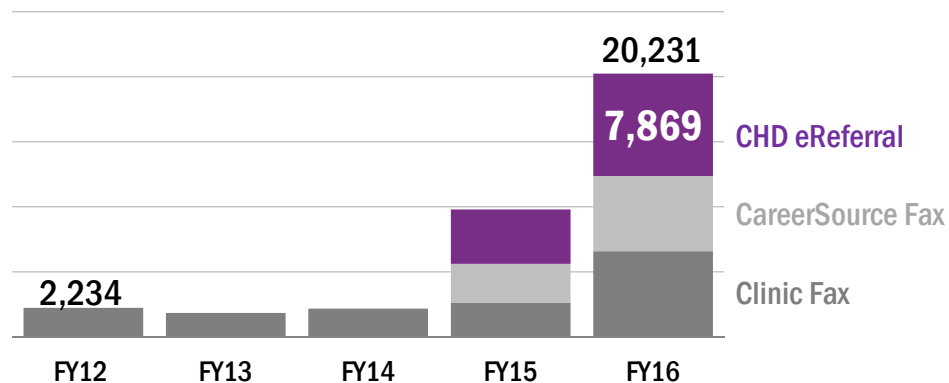
Jan-Mar 2017

To date, 33 of 67 counties have sent 1+ referral

387 referrals

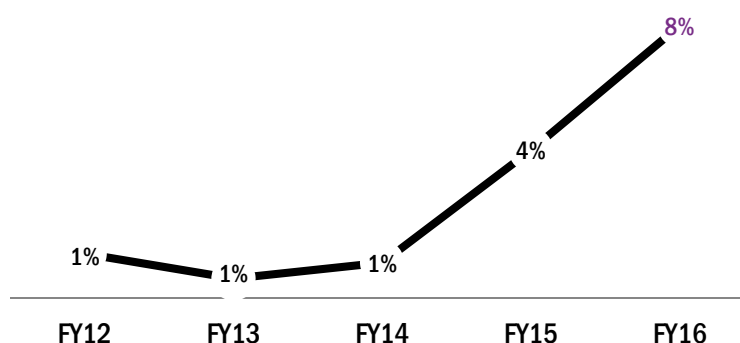
Referrals are increasing in number; CHD eReferral is largest of 3 referral sources

Referrals made to Optum programs, by type



Together, all three referral types contribute 8% of cessation program enrollments

Percent of all enrollments originating from referral

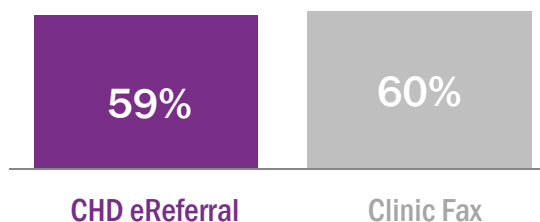


CHD enrollment rates are lower than clinic fax referral, treatment rates comparable

Percent of referrals resulting in enrollment (FY16)



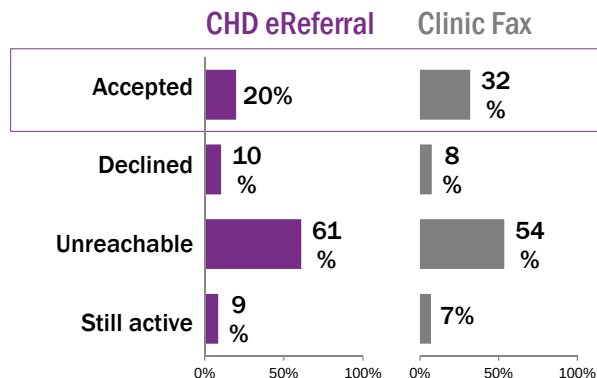
Percent of enrolled participants receiving evidence-based cessation treatment (FY16)



Result of enrollment attempts

CHD eReferral:

— lower acceptance rates

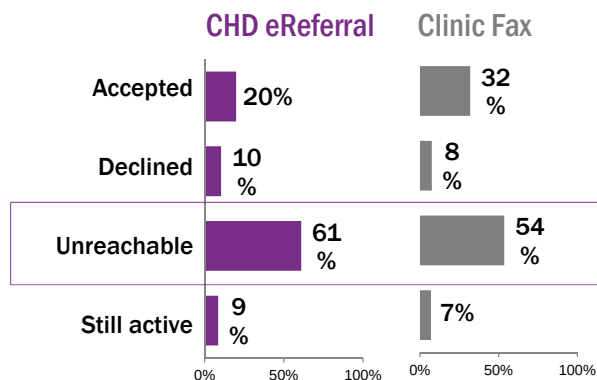


Result of enrollment attempts

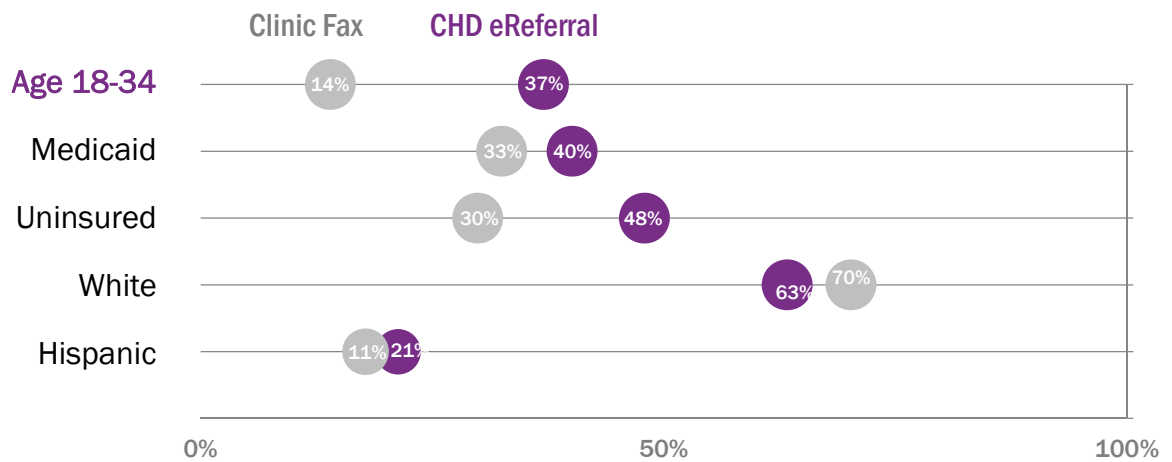
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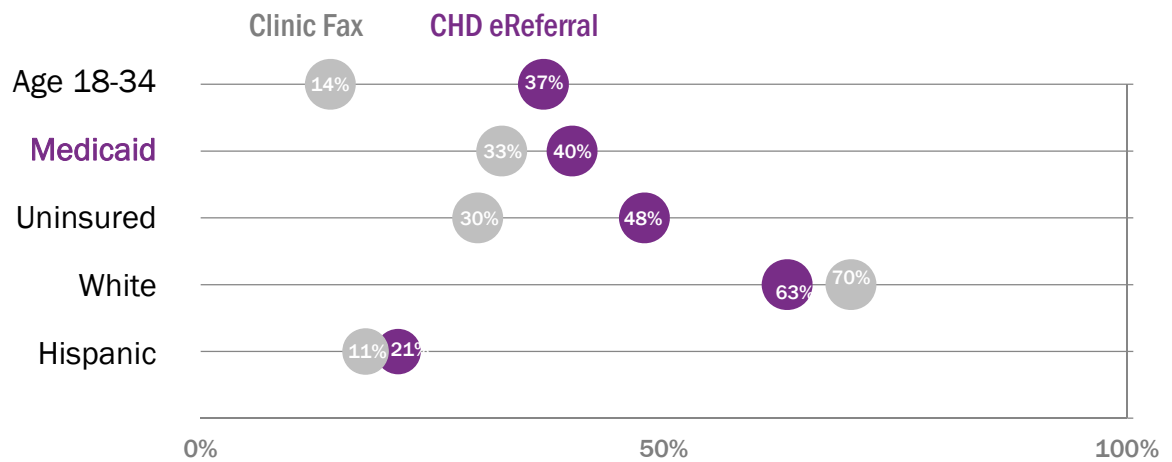
— due in part to a greater proportion unreachable



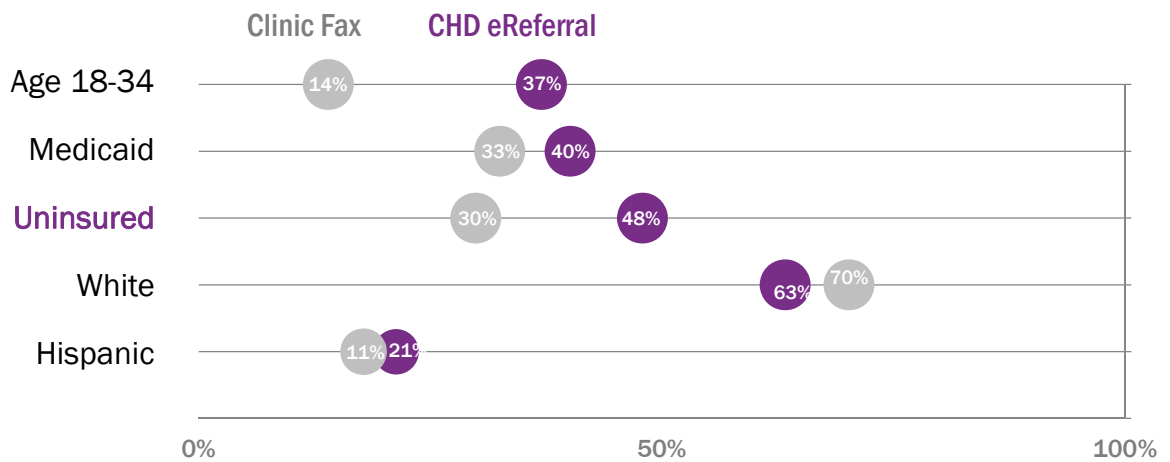
Differences in enrollment/treatment rates may be due to population differences



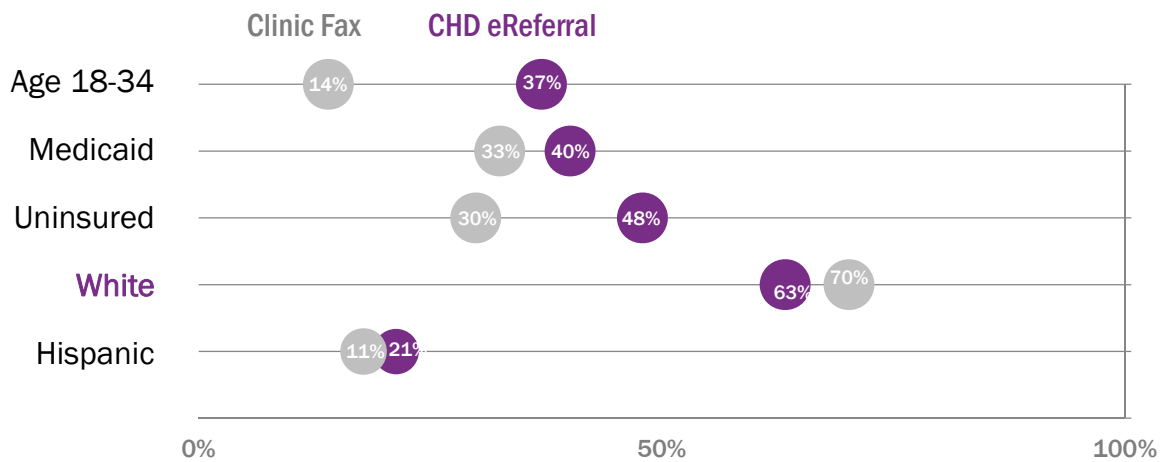
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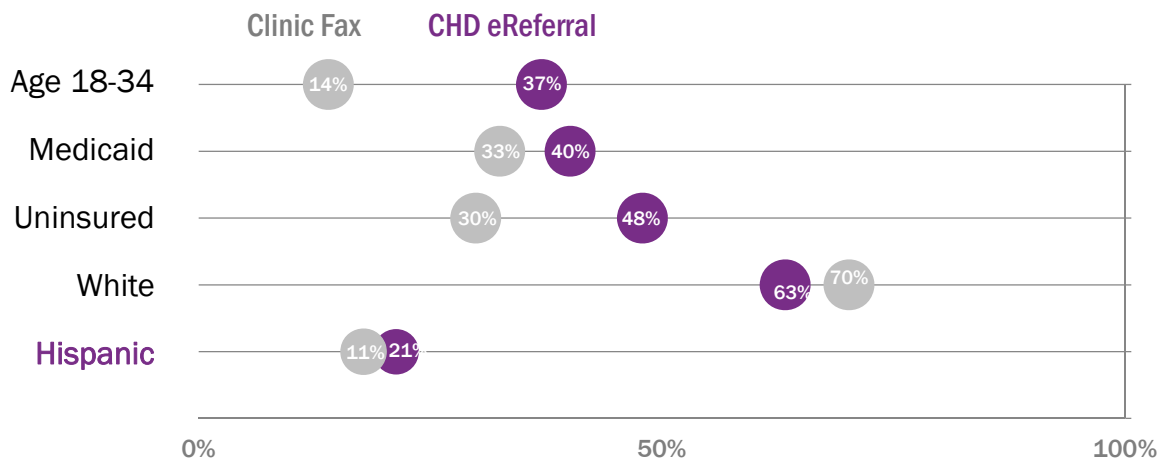
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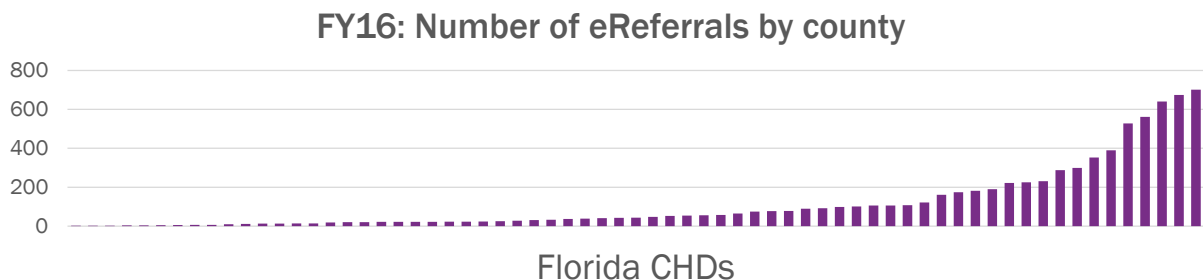
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Differences in enrollment/treatment rates may be due to population differences



If you build it, will referrals come? Answer: yes and no



Provider education is needed, about the cessation programs and the referral technology, in order to increase the # of referrals

Future plans

In progress: upgrade CareerSource fax referral system to eReferral

- Both Optum and TFFACT

Expand eReferral to hospital and clinic systems

- 2017 - Plan and pilot: University of Florida Health System

More hospital and clinic systems to follow

- TFF working with 34 FL hospitals that selected JCAHO tobacco core measures

Future plans

CareerSource
Poster #254
3/23

In progress: upgrade CareerSource fax referral system to eReferral

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TFFACT
Poster #1077
3/22