

**Roswell Park Cessation Services (RPCS)** 

## Today's Presenters

**Samantha Killion**Web Editor

**Tony Astran**, *MPA*, *APR*Public Information Specialist

Pat Bax, RN, MS, NCTTP, ACB
Marketing and Outreach Coordinator

## **Objectives**

A demonstration of the enhanced *nysmokefree.com*, including the new Online News Room, which launched in August 2018

Results of the Quitline's 2018 Healthcare Provider Communication Preferences Survey

A brief overview of the Quitline's **Patient Referral Programs**, including the benefits of including patient referrals as a continuum of care



## nysmokefree.com

### Samantha Killion

Web Editor, *Design & Digital Communications* (716) 845-4021 | Samantha.Killion@RoswellPark.org



samanthamkillion



skilli

## How did we get here?

### **ANALYTICS REVIEW/ANALYSIS**



### **USER FEEDBACK & SURVEYING**



### ESTABLISHED GOALS & MESSAGING







TALK WITH YOUR HCP HEALTH PLAN BENEFITS

**COMBINATION THERAPY** 

WELLNESS









DOWNLOADABLE LITERATURE



NEW LOOK, LOCAL RESOURCES



ONLINE NEWS ROOM



HOW TO: TALK WITH YOUR HCP



### HEALTHCARE PLAN BENEFITS



### **COMBINATION THERAPY**



### **WELLNESS**



### DOWNLOADABLE LITERATURE



NEW LOOK, LOCAL RESOURCES



### **ONLINE NEWS ROOM**



## Check it out.

#### nysmokefree.com







## Thank you!

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Samantha.Killion@RoswellPark.org





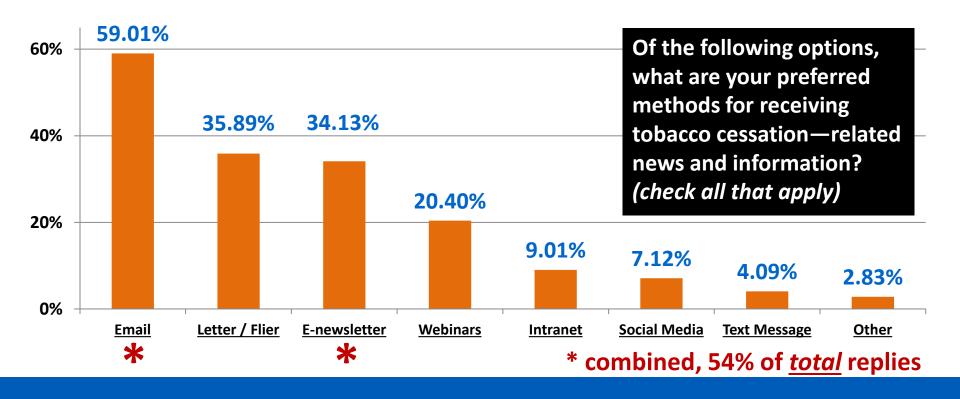
Tony Astran, MPA, APR

## **Healthcare Provider 2018**

## **Communication Preferences Survey**



- 85,000+ emails to licensed providers
- 1,588 fully completed surveys
- Late-January through Mid-March 2018
- 15 questions; four minutes



	<u>Western</u>	<u>Central</u>	<u>Capital</u>	<u>Metro</u>	<u>OVERALL</u>
Email	56.88%	47.44%	64.42%	60.49%	59.01%
Letter or Flier	41.56%	36.54%	36.20%	34.08%	35.89%



- The Western Region had a stronger preference for letters or fliers.
- The Capital Region and New York City had a stronger preference for email.
- The **Central Region** had *far less* of a preference for **email** compared to other regions. They also, however, tended to check fewer boxes in response to this question.



HCPs at **Academic Medical Centers** and **Hospitals** reported greater preference to receiving **electronic communication**. Conversely, HCPs at **Dental Practices** and **Private Practices** reported greater preference to receiving **printed materials**.

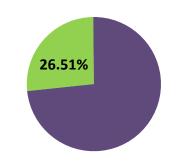
#### Those who reported the most referrals:

- Nurses
- Respiratory Therapists
- Administrators
- HCPs at Primary Care Clinics

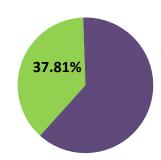
#### Those who reported the <u>least</u> referrals:

- HCPs at Private Practices
- HCPs located in the Metro Region
- HCPs at very small organizations (10 or fewer employees)

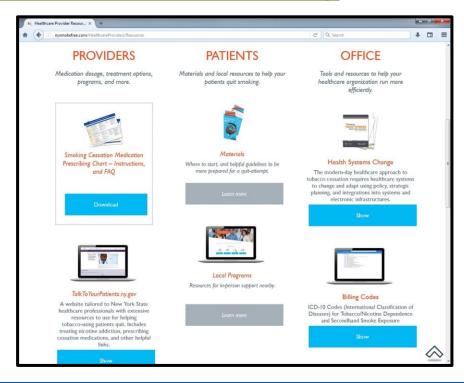
**Direct Referrals to the NYSSQL** 



**Indirect Referrals to the NYSSQL** (verbal mention / offer a brochure)



Most respondents across all healthcare disciplines who visit nysmokefree.com find patient referral information and forms (#1) or brochures and fact sheets for patients (#2) to be most useful.



Top three barriers to discussing Medicaid-covered tobacco-use treatment benefits with Medicaid beneficiaries who use tobacco:

- Patients reject information about cessation assistance (37.59%)
- Other patient issues take priority (30.42%)
- I am not aware of the benefits or what is covered (29.91%)





Top three tobacco- and cessationrelated topics of most interest to HCPs:

- Effective counseling for your patients to quit smoking (66.56%)
- Pharmacotherapy and other evidencebased treatments for tobacco addiction (55.54%)
- The Quitline's Opt-to-Quit<sup>™</sup> patient referral program (50.57%)

WHO	WHAT	WHERE
Nurses; respiratory therapists	Insurance; Medicaid benefits	Metro and Western Regions; hospitals and academic medical centers
Social workers; mental health professionals	NYSSQL materials; education on e-cigarettes and pharmacotherapy	Central and Capital Regions; behavioral health organizations and academic medical centers
Physicians; social workers	Opt-to-Quit™	Metro Region (especially Long Island) and Capital Region; primary care clinics
All – but especially mental health professionals	NYSSQL materials; education on side effects of NRT and the science of addiction	Small private practices and behavioral health organizations throughout New York State <i>except</i> the Metro Region

# Assisting Tobacco-Using Patients or Clients



Patricia Bax, RN, MS, NCTTP, ACB



## The NYSSQL supports health systems change by:

- Providing quality cessation services, especially to priority populations
- Informing callers about and assisting with access to available insurance benefits
- Encouraging callers to talk to their regular healthcare provider about cessation
- "Closing the loop" with healthcare providers who refer patients to the Quitline
- Educating providers about guideline-concordant tobacco dependence treatment

# Patient Referral Program (formerly known as Provider Referral Program)

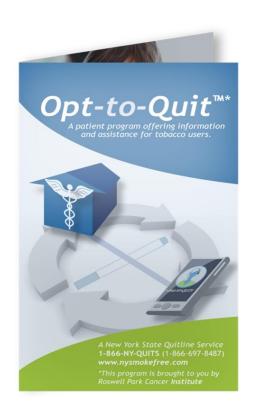


REFERRAL **PROCESS Quitline Contact Information** Fax **Secure Online Referral** Opt-to-Quit™

### New York State Smokers' Quitline NYS Quitline Refer-to-Quit Online Welcome MS, LMHC, CASAC Group Members If any of these information is incorrect, please notify NYS Quitline as soon as possible. Enter a new referral to NYS Quitline New Change or Delete or Print a referral that has not been processed yet. Change View status / progress in Quitline to contact your client. Progress View Historical Referral Counts and Statistics. Stats Modify / Update Provider Information Profile Log out of Quitline Fax-to-Quit Online system Log Out

Fax:(000) 000-0000  If any of these information is incorrect, please call NYS Quitline to correct it or change it in your profile page.  Reference Code (OPTIONAL)  Tobacco User Information  First Name:	Referring Provider					
Tobacco User Information  First Name:	Referral No:	Fax:(000) 000-0000 If any of these information		please call NYS Quitline to correct it or change it		
First Name:  Address 1:  Address 2:  City:  State:  (Only New York State residents are eligible for Quitline services)  Phone:  Enter Phone with Area Code + 7 Digit Number.  When should week:  Week:  Duning the Week  Language:  Enter in mm/dd/yyyy format or pick from the pop-up calender.  SEND PROGRESS REPORT:  Secured Site Access (online)  Fax (provider secured)  Do NOT SEND PROGRESS REPORT   Additional Provider to Receive Quitline Reports:  Mark and complete this section, ONLY if you wish the follow-up report to be sent ALSO to another person.  REFERRERS AUTOMATICALLY WILL GET THE REPORTS.  (Please provide complete address including phone and fax numbers)  Provider First Name:  Group/Agency/ Hospital/Organization:  Address: City:  Zipcode:  Phone:  Fax:	Reference Cod	le (OPTIONAL)				
Address 1: Address 2: City: State: (Only New York State residents are eligible for Quitline services) Phone: eMail: Enter Phone with Area Code + 7 Digit Number.  When should we call?  Gender:	Tobacco Us	ser Information				
Phone: eMail:  Enter Phone with Area Code + 7 Digit Number.  When should we call?  Gender:	Address 1: Address 2: City:	(Only New York State residents are eligible				
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Date of Birth: Enter in mm/dd/yyyy format or pick from the pop-up calender.  SEND PROGRESS REPORT:  Secured Site Access (online) Fax (provider secured) DO NOT SEND PROGRESS REPORT  If a selection is not indicated, no progress report will be made available.  Additional Provider to Receive Quitline Reports:  Mark and complete this section, ONLY if you wish the follow-up report to be sent ALSO to another person.  REFERRERS AUTOMATICALLY WILL GET THE REPORTS.  (Please provide complete address including phone and fax numbers) Provider First Name: Provider Last Name: Group/Agency/ Hospital/Organization: Address: City: State: Lipcode: Phone: Fax:		Week: □During the Week ▼		Time: Morning 9s-12p ▼		
SEND PROGRESS REPORT:  Secured Site Access (online) Fax (provider secured) DO NOT SEND PROGRESS REPORT   Additional Provider to Receive Quitline Reports:  Mark and complete this section, ONLY if you wish the follow-up report to be sent ALSO to another person.  REFERRERS AUTOMATICALLY WILL GET THE REPORTS.  (Please provide complete address including phone and fax numbers) Provider First Name:  Group/Agency/ Hospital/Organization: Address: City: Zipcode: Phone:  Fax:	Gender:	▼	Language:	English ▼		
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Provider First Name:         Provider Last Name:           Group/Agency/	Mark and complete this section, ONLY if you wish the follow-up report to be sent ALSO to another person. REFERRERS AUTOMATICALLY WILL GET THE REPORTS.					
	Provider First I Group/Agency Hospital/Organ Address: City: Zipcode:	Name:	Provider State:	Last Name:		
		and Fav numbers with Area Code ± 7 Digit N				

REFERRAL **PROCESS Quitline Contact Information** Fax **Secure Online Referral** Opt-to-Quit™



Adoption of a policy that systematically identifies all tobacco using patients.

As an *adjunct* to the Health Site's intervention, patients are referred to the NYSSQL (unless they opt out), then contacted and offered NYSSQL services.

### **Content:**

- Reached/not reached
- Outcome and quit status
- NRT eligibility/status

### **Report Data:**

Individual and aggregated patient activity data available

New York State Smokers' Quitline

1-866-NY-OUITS (1-866-697-8487)

#### Refer-to-Quit

Patient stamp, label, OR info (name, record number, DOB, date)

#### Progress Report

1-866-QUIT-FAX (1-866-784-8329

The Quitline has a secure Online Referral Service, allowing providers to refer tobacco users electronically with a valid provider e-mail address and to also access downloadable progress reports.

For more information, or to register for the **Online Referral Service**, please contact the Quitline at 1-866-NY-QUITS (1-866-697-8487).

#### Reaching Referred Clients:

- · A minimum of five telephonic attempts are made to reach a tobacco user.
- When contact is made, the tobacco user is offered free Quitline cessation services.
- . If no contact, a letter is sent encouraging the tobacco user to contact the Quitline for help to quit.
- The outcome of the intervention or attempt to reach the tobacco user is documented below.

#### **Call Outcomes**

#### Date Progress Report Generated:

#### Status:

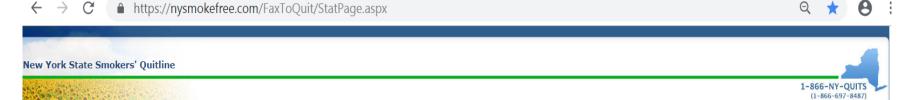
- Reached/ Completed
- o Declined services at this time
- A minimum of 5 attempts were made with no response from client
- Wrong number or client no longer lives there
- Phone disconnected

#### Quit Status

- Already quit
- Client wants to quit
- Client has chosen a quit date
- Client has not determined a quit date but plans to quit with in 30 days
- Not ready to quit at this time

#### NRT Eligibility/Status

- Eligible- sent a 2 week supply of:
- Ineligible for a 2 week supply of NRT
  - Reason
- Already received NRT and is using NRT
- Already received NRT and not using NRT yet
- Sent NRT but has discontinued use of NRT Reason:



#### **Referral History and Counts**

From: 09/02/2018 To: 09/17/2018 Refresh

#### Total Number of Referrals Received for the group

Code	Count
Total	0

#### **Total Closed Referrals**

Reflects activity in the specified period and may include referrals made before 09/02/2018

 Agreed to Interview
 0

 Refused Interview
 0

 Moral Support only
 0

 Wrong Number
 0

 Number not in Service
 0

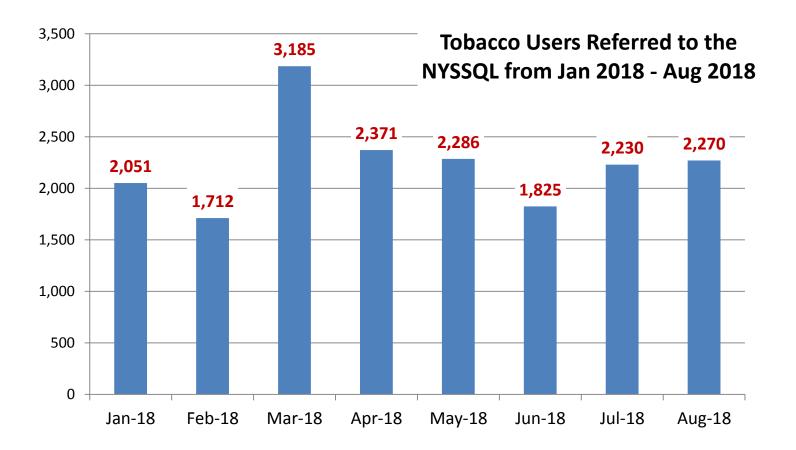
 Closed after five unsuccessful attempts
 0

 Total Closed Referrals
 0

#### Client Specific Information in downloadable format

List of clients referred in the period set above and the status of their callbacks in Comma separated Values (CSV) format. This file can be opened in Microsoft Excel or Notepad.

DOWNLOAD



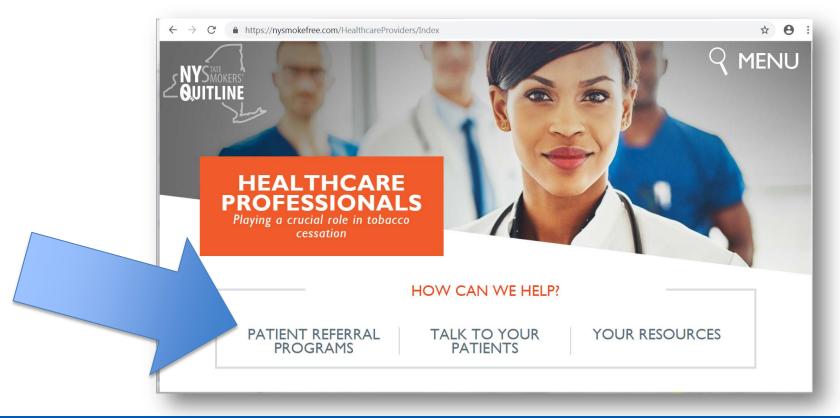
## **Provider Tools**







## Interested in Starting a Referral Program....



## **Discussion**



# Contact us anytime!

Samantha Killion

716-845-4021

samantha.killion@roswellpark.org

Tony Astran, MPA, APR

716-845-8239

anthony.astran@roswellpark.org

Pat Bax, RN, MS, NCTTP, ACB

716-845-4365

patricia.bax@roswellpark.org

