**How this Framework can help you:**

This framework is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The framework has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

1. **Infrastructure:** this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;
2. **Competencies:** this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.
3. **Additional Resources:** We recognize that healthcare alone may not meet all of a patient’s needs so this section includes medication and health care coverage as well as related community resources when applicable.

**Need help implementing this Framework?**

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives. To learn more about what frameworks are available or for improvement support please contact Michele Gilliam, Director, Performance Improvement, at MGillian@mmc.org

or (207) 661-3804.
1. **Infrastructure**: Tobacco Screening, Counseling & Referral to Maine Tobacco Helpline

- **Pre-Visit Planning/Huddle**
  - ☑️ Pre-visit check list
  - ☑️ Example of huddle tool

- **Define Care Team Roles**
  - ☑️ Documented rooming workflow (Roles and Responsibilities)
  - ☑️ Talking points –
    - ☑️ The Maine Tobacco Helpline: What you need to know
    - ☑️ Ideas for responding to patient indicating desire to quit by decline referral to MTHL

- **EMR Capture**
  - ☑️ EPIC smart sets available
  - ☑️ EPIC CQM Guide – Tobacco Use Screening & Intervention
  - ☑️ EPIC Tobacco Tip Sheet

- **Regularly Measure Results (Sustainability)**
  - ☑️ Gaps in care report
    - 🗓️ MHACO Heat Map & Gap Reports
    - ☑️ Other (region/community/payor/practice specific)
    - ☑️ KPI examples for performance improvement
**Pre-Visit Planning Checklist**

**Adult Preventative:**  *Gap(s) in Care or Due Soon:*
- BMI (ht & wt)
- Blood Pressure (if >140/90) pull last 3 BP
- Falls Risk (65+)
- Pneumococcal
- Flu Shot
- TDaP
- **Tobacco Use/Counsel/Referral to MTHL**
- Depression Screen
- Pap Smear
- DEXA Scan
- Colon Cancer Screen (50-75)
- Breast Cancer Screen (50-75)
- Outside Reports / Tests
- Advance Directive
- Outstanding Testing

**Diabetic:**  *Gap(s) in Care or Due Soon:*
- HgbA1c
- **Tobacco Use/Counsel/Referral to MTHL**
- Microalbumin
- Outside Reports / Tests
- Eye Exam
- Foot Exam
- Depression Screen
- LDL
- Outstanding Testing

**Cardiovascular Disease:**  *Gap(s) in Care or Due Soon:*
- Blood Pressure
- IVD / Aspirin
- HF / Beta Blocker
- LDL
- Outstanding Testing

**Controlled Substance:**  *Gap(s) in Care or Due Soon:*
- Controlled Substance Agreement
- UTOX
- PMP
- Outstanding Testing

**Pediatric Prevention:**  *Gap(s) in Care or Due Soon:*
- BMI (ht & wt)
- 5-2-1-0
- Immunizations
- **Tobacco Use/Exposure/Referral to MTHL**
- Blood Pressure
- Depression Screening
- MCHAT/ASQ
- Outside Reports / Tests
- Outstanding Testing

**Pediatric Asthma:**  *Gap(s) in Care or Due Soon:*
- Severity
- Controller Med
- Action Plan
- Lung Function Test
- **Tobacco Use/Counsel/Referral to MTHL**
- ACT
- Outside Reports / Tests
- BMI (ht & wt)
- Outstanding Testing

**Room Set Up Needs/General Notes:**

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Rev 5/8/18 rkq
- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

<table>
<thead>
<tr>
<th>Huddle Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice:</strong></td>
</tr>
</tbody>
</table>

**Aim:** Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

<table>
<thead>
<tr>
<th>Follow-ups from Yesterday</th>
</tr>
</thead>
</table>

| “Heads up” for Today: (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans) |

| Meetings: |

<table>
<thead>
<tr>
<th>Review of Tomorrow and Proactive Planning</th>
</tr>
</thead>
</table>

| Meetings: |
The Maine Tobacco Helpline: WHAT YOU NEED TO KNOW

DID YOU KNOW?

- <60 Seconds
  You can help your patients to quit

- 5,000+
  referrals from eHR/Practices

- 12,000+
  calls received in 2016

- All participants receive free counseling

- Eligible participants can receive up to 8 weeks of NRT

94%

People like it!
Satisfied with the service and would recommend it to others

It Works!!!

- 3%
  Quit Rate without evidence-based treatment

- 43%
  Quit Rate after completing 4 or more Helpline calls and using NRT

LEARN MORE
For More Information Contact the Center for Tobacco Independence:
(207)662-7154
CTI_Admin@mainehealth.org
https://mainehealth.org/services/pulmonology/maine-tobacco-helpline
Ideas for responding to patient indicating desire to quit but declining referral to the Maine Tobacco HelpLine

GREAT!

First, acknowledge and congratulate the patient on expressing interest in quitting.

That’s great that you’re thinking about quitting tobacco! It’s one of the best things you can do for your health.

WHY NOT THE HELPLINE?

Ask -- don’t assume or guess. The issue could be timing, confidence, prior personal experience or hearsay, misconception about what the program entails and provides . . .

What are your concerns about a referral to the HelpLine?

COST

The counseling is free, and Nicotine Replacement Therapy (NRT) medication is free. Eligible participants* can get up to 8 weeks of NRT every six months, absolutely free, no prescription necessary; they pick it up right at their pharmacy.

*The only people the HelpLine does not give medication to are people covered by MaineCare – but MaineCare provides more choices and there is no limit to the number of weeks of medication. And, it is all free. The patient with MaineCare just needs a prescription from the PCP.

If your concern is cost, I can assure you the program is free. Would you like to talk with them and hear more about what kind of support is available and how it works?

NOT READY

If the patient is even thinking about quitting, the HelpLine can be a useful resource. Everyone who is referred gets print materials – a quit guide with info appropriate for people thinking of quitting, planning to quit, or already quit and trying to stay tobacco-free. The HelpLine is a multi-call program providing as many as 4 counseling calls, but people can take advantage of just one, two, or three counseling calls and still get NRT medication for free.

You don’t have to be ready to quit.

DOESN’T LIKE COUNSELING

The Tobacco Treatment Specialists on the HelpLine have current information about strategies and medications that are effective and can help the patient develop an individual plan, or just answer questions he or she might have. It is friendly, low pressure, and completely confidential.

Talking with a Tobacco Treatment Specialist is not like going to a psychiatrist. Tobacco Treatment Specialists have specific training in tobacco addiction and treatment and talk with you about what you want to do to quit.

HELPLINE CALLS TOO MUCH

When the HelpLine receives a referral, staff will make as many as three attempts to reach the patient over the course of about a week. If the HelpLine does not reach the patient, staff makes no more calls and sends print materials along with a cover letter inviting the patient to call in if interested in learning how the HelpLine works and considering enrolling.
If the patient decides to enroll in the program, the HelpLine specialists will call to do the counseling over the phone. Participants can participate in up to 4 counseling calls. For each call, the HelpLine staff will make up to 3 attempts, and if they ever fail to reach the patient the calls stop and a letter goes out inviting the patient to call if in interested in for further counseling if desired.

It sounds like you’re concerned about being bothered too much. If we send the HelpLine a referral, they will call you but they won’t keep calling and calling. They will try up to three times to try and reach you, and after that they will stop and send a letter.

**CONCERN ABOUT EFFECT OF MEDICATION**

If the patient is concerned about using NRT, e.g. having a reaction to the medication: as the term states, “Nicotine Replacement Therapy” is nicotine, and the nicotine in patches, gum, and lozenges effects the body the same way nicotine in a cigarette does, only without the harm that comes with smoking or chewing tobacco products and taking in all the other chemical compounds associated with smoking and chewing. It is a safe way to gradually reduce the amount of nicotine the body gets to end the dependence.

Additionally, the Tobacco Treatment Specialists ask questions to identify health issues where NRT is contraindicated, reviewed with Medical Director

NRT is nicotine, just like the nicotine in tobacco only without the other harmful substances that come with combusted tobacco products.

*The HelpLine only provides medication the FDA has found to be safe and effective. There is a long record of people using nicotine patches, gum, and lozenges safely to quit.*

**WANTS TO USE ELECTRONIC CIGARETTES TO QUIT TOBACCO, NOT PATCHES OR COUNSELING**

If the patient is thinking of using Electronic Nicotine Delivery Systems (ENDS): Some people think substituting vaping for smoking is a good strategy for quitting smoking tobacco, and in a way it is easy to understand why. Still, the FDA has not approved ENDS as a safe, effective treatment for tobacco addition, and there is still a lot we do not know about vaping so the HelpLine does not recommend it. NRT, on the other hand, has a long, established record for being safe and effective. The Tobacco Treatment Specialists at the Maine Tobacco HelpLine can talk with you about different quit strategies and support your planning.

*I’m glad you are starting to plan how to quit. The people at the HelpLine can provide helpful information as you plan so you can make informed decisions with the most current information. Would you like to talk with them?*

**PATIENT DOESN’T SMOKE, ONLY USES ELECTRONIC CIGARETTES/VAPE PENS/HOOKAH PENS**

Can I refer the patient who does not use combustible or chew tobacco to the HelpLine? Yes! The Maine Tobacco HelpLine does support people who want to quit using ENDS and can help develop a plan including NRT.

**BOTTOM LINE**

The Maine Tobacco HelpLine has as a consistent record of providing effective tobacco treatment and participants have a much better chance of quitting successfully with the counseling and medication support from the HelpLine. The HelpLine is not for everyone, but since it started in 2001 the HelpLine has continually earned high marks for satisfaction, with 95% of participants’ surveyed saying they liked the service and would use it again or recommend it to family and friends.
Tobacco Cessation

Using the Tobacco Referral SmartSet

Screening patients at every visit for tobacco use and providing tobacco users with interventions is a quality measure for both the Medicare Shared Savings Program (MSSP ACO17) and Meaningful Use (MU eCQM138). It is also included in MaineHealth’s COPD initiative and is considered a best practice guideline for patients who use tobacco. See below for the recommended workflow for clinical staff and providers to support these quality measures.

Clinical Staff - Reviewing Tobacco Use and Placing a AMB Referral to the Tobacco Helpline

1. After entering the patient’s vitals, review Tobacco Use, including Smokeless, with the patient. Depending on your office workflow, this may include asking the patient if they are ready to quit. When the review is complete, click **Mark as Reviewed**.

![Tobacco Use Review](Image)

2. If the patient is a current smoker who has not been recently referred to the tobacco helpline, moving to another section will trigger a Best Practice Alert (BPA).

![Best Practice Alert](Image)
3. If the patient is interested in receiving a call from the Maine Tobacco Helpline, click the **Accept** button. If they are not interested, click **Pt declines**. Clicking the Accept button will open up the MH AMB TOBACCO SmartSet with the tobacco referral pre-selected and associated.

![MH AMB TOBACCO SmartSet](image)

4. Click the blue summary sentence in the helpline referral if you wish to add the preferred phone number and contact time.

   *Note: Responses to questions 3-6 are auto-populated by special needs information entered in the patient’s chart during registration. The responses do not need to be input manually.*
5. If your office has a protocol order for the referral, sign the order. If it does not, you can pend the order for the provider to sign.

**AMB Referral to Tobacco Helpline-Provider**

Depending on your office protocols, clinical staff may pend or sign the referral order to the Maine Tobacco Helpline (MTH). If so, the pended or previously signed order can be viewed in the Meds & Orders section of the Plan activity. If your office does not have these protocols, follow the below workflow to place a referral to the Tobacco Helpline.

1. After clinical staff reviewed the smoking status of the patient, a BPA would have fired asking them if they would like to open the MH AMB TOBACCO SmartSet. Since they are not placing orders, they would hit the cancel button to dismiss the BPA.
2. Navigate to the Best Practice section of the Plan activity.
3. If the patient is interested in receiving a call from the Maine Tobacco Helpline, click **Apply Selected** to open the SmartSet.
4. Click **Sign** to place the referral order.

**You Can Also...**

- Nicotine Medications are available in the MH AMB Tobacco SmartSet.
- Expand the Nicotine Medications section, and select desired meds before signing the referral order.
Tobacco Use Screening and Intervention

Document screening for tobacco use and an Intervention at every visit.

**Medicare Shared Savings Program (MSSP ACO17)** – Patients age 18 and older, **at least every 6 months**

**Meaningful Use (MU eCQM138)**

**C** Tobacco Use Screening and Intervention – Clinical Support

Step 1: Go to the **Rooming activity** and select the **Vital Signs** section.

Step 2: Review tobacco use with patients. If tobacco use was never assessed or needs updating, click the **Edit Tobacco Use** button to go to History activity. Update status.

**NOTE:** To document the use of vaporizers, use the Smokeless tobacco section and add a comment to specify the type.

Step 3: If the patient is a smoker, ask if they are ready to quit. Click **yes or no** for patient response.

Step 4: Click the **Mark as Reviewed** button to indicate that tobacco use was reviewed with the patient.

**Notify provider if the patient is ready to quit.**

Step 5: Depending on your office protocols, rooming staff may pend or sign the referral order to the Maine Tobacco Helpline (MTH). If the Maine Tobacco Helpline BPA fires, add the pre-selected **Referral to Amb Tobacco Helpline**
by clicking Accept. (pend or sign)

Step 6: Go to Order Entry or Plan Activity and select the Order mode of ‘Per protocol: no cosign required’.

Step 7: Complete prompts 1 and 2 of the Referral to Amb Tobacco Helpline. Click Accept and sign.

Note: It is recommended that you enter the patient’s preferred phone number and contact time to facilitate outreach by MTH. As indicated by the icon, responses to the questions are not required.

Option 1: Tobacco Use Intervention—Provider

INTERVENTION: If patient is a tobacco User, take the following actions:

Counseling Intervention

Step 1: Review tobacco status entered by rooming staff in the Vital Signs section, AMB Sidebar Report (Social History), or Snapshot (Significant History Details)

Step 2: Review Meds and Orders for AMB Referral to Tobacco Help Line. If a referral has not been placed by clinical staff, the referral order can be placed from the Smartset (MH AMB Tobacco Smartset). OR Use .cqm to document a exception in your note.

Step 3: Click the Yes button to document Counseling given

Step 4: If the patient is a tobacco user, check in Order Entry to see if clinical staff has already placed a referral order to the Maine
Tobacco Helpline. (seen above in Step 6).

If clinical staff did not place the order, the referral order can be placed from the SmartSet (MH AMB Tobacco SmartSet).

Step 4: Go to SmartSets section in Plan activity and search for tobacco.

In addition to the referral order, the SmartSet includes medications for tobacco cessation as well as specific levels of service that include the counseling.

Option 2: Tobacco Cessation Medication on Medication List – Clinical Support

Step 1: Go to the Rooming activity

Step 2: Select Home Medications section

Step 3: Record the use of any patient reported tobacco cessation medications.

Medical Reason for Not Screening- Provider

Insert the COMEXCEPTIONS SmartPhrase in your note to document a medical reason for not screening the patient’s tobacco use.

For information about a standard of care for treating tobacco dependence http://www.mainhealth.org/TobaccoTreatment
For information about referral to Maine Tobacco Helpline
http://www.tobaccofreemaine.org/channels/providers/why_refer_to_helpline.php
Tobacco Cessation – Provider Workflow

Screening patients at every visit for tobacco use and providing tobacco users with interventions is a quality measure for both the Medicare Shared Savings Program (MSSP ACO17) and Meaningful Use (MU eCQM138). It is also included in MaineHealth’s COPD initiative and is considered a best practice guideline for patients who use tobacco. See below for the provider workflow to support these quality measures (see the reverse side for the rooming staff workflow).

Review Tobacco Status Entered by Rooming Staff

Choose from the following options to view your patient’s tobacco status:

- Option 1: Vitals section of Rooming (right)
- Option 2: AMB Sidebar report view (below)
- Option 3: SnapShot report: (below)

AMB Referral to Tobacco Helpline

Depending on your office protocols, rooming staff may pend or sign the referral order to the Maine Tobacco Helpline (MTH). If so, the unsigned or previously signed order can be viewed in the Meds & Orders section of the Plan activity.

If the referral is not displayed in Meds & Orders, you can order REF116 AMB Referral to Tobacco Helpline yourself.

**Note:** It is recommended that you enter the patient’s preferred phone number and contact time to facilitate outreach by MTH. As indicated by the icon, responses to the questions are not required.

You can also place the referral from the MH AMB Tobacco SmartSet. The SmartSet contains not only REF116 but medications for tobacco cessation and related levels of service.
**Tobacco Cessation – Rooming Staff Workflow**

Screening patients at every visit for tobacco use and providing tobacco users with interventions is a quality measure for both the Medicare Shared Savings Program (MSSP ACO17) and Meaningful Use (MU eCQM138). It is also included in MaineHealth’s COPD initiative and is considered a best practice guideline for patients who use tobacco. See below for the rooming staff workflow to support these quality measures. (see the reverse side for the provider workflow).

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**Review Patient’s Tobacco Use**

1. After entering the patient’s vitals, review Tobacco Use with the patient. Depending on your office workflow, this may include asking the patient if they are ready to quit. When the review is complete, click Mark as Reviewed.

2. If the patient is a current smoker, moving to another section will trigger a Best Practice Alert (BPA) (right).

3. If during the previous tobacco use review, the patient indicated readiness to quit, ask “Are you interested in being contacted by the Maine Tobacco Helpline?”

4. If the patient expresses interest, click Accept. If they do not, click Cancel.

5. Clicking Accept takes you to the Order Entry activity.

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**AMB Referral to Tobacco Helpline**

6. It helps the Maine Tobacco Helpline to have the patient’s preferred phone number and best time to contact, however, these items are recommended, as indicated as indicated by the icon and not required. If the patient supplies this information when asked, click on the blue Routine, 3 Visits hyperlink in the order and select the appropriate responses for questions 1 and 2.

   **Note:** The referral also populates the patient’s special needs information automatically. You do not need to supply these responses, they are pulled from the patient’s chart.

7. If your office has a protocol order for the referral, sign the order. If it does not, you can pend the order for the provider to sign.
2. Clinical Competencies: Tobacco Screening, Counseling & Referral to MTHL

- **MA/RN** - MH_Training@mmc.org
  - MH Medical Assistant Training- Fundamental
    - [http://www.mh-edu.org/d/xvq7vf/1Q](http://www.mh-edu.org/d/xvq7vf/1Q)
  - MH Medical Assistant Training – Advanced
    - [http://www.mh-edu.org/d/4vqth5/1Q](http://www.mh-edu.org/d/4vqth5/1Q)
  - MH Care Manager Training

- **Provider Training**
  - On-site training – Center for Tobacco Independence
  - On-line Toolkit for Providers - [https://preventionforme.org/healthcare-professional](https://preventionforme.org/healthcare-professional)

- **Staff & Patient Comprehension**
  - Tobacco Treatment & Education – [https://thequitlink.com](https://thequitlink.com)

- **Build Staff Training Into Competencies and Staff Orientation**

3. Additional Resources

- Prevention for ME - [https://preventionforme.org](https://preventionforme.org)
- Med Access Brochure - [https://customerlogin.mpxonline.com/mainehealth](https://customerlogin.mpxonline.com/mainehealth)
Having Trouble Paying for Your Medication?

Learn more about:
- Low-cost generic medicine
- Free medicine from drug companies
- Help with other state and local programs

Call Toll-Free for More Information on this Free Program

medaccess
1-877-275-1787
Who Do I call?

You (or your doctor) can call the program at (207) 662-7968 or toll-free at 1-877-275-1787.
We will explain the process, discuss available options and let you know what information we need to help you.

medaccess

www.medaccesshelp.com
www.mainehealth.org

MaineHealth

241 Oxford Street • Portland, Maine 04101
(207) 662-7968 • Toll Free: (877) 275-1787
Fax: (207) 879-8948
www.medaccesshelp.com

MedAccess is a program of MaineHealth