

NQP Hubs Collaborating on Tobacco Cessation EHR Modules

NQP is rising to the challenge of including the “5-As” of tobacco cessation in primary care providers’ Electronic Health Record (EHR) systems by March 2018.

Under DSRIP, participating primary care providers (PCPs) must have an EHR that includes support for a national clinical guideline for tobacco intervention known as the 5-As of Tobacco Cessation:

1. Ask the patient about tobacco use
2. Advise the patient about cessation
3. Assess the patient’s willingness to quit
4. Assist the patient with creating a cessation plan
5. Arrange follow-up care through a referral

That’s easier said than done, given the number and variety of EHRs in use by NQP providers. To start, the three hubs of NQP – NUMC, CHS and LIJ – each use different EHR systems.

Complicating matters further, each hub has a network of employed, affiliate, and community providers, who in turn use a variety of different systems themselves.

“In some cases, we’re trying to get providers to a baseline level of technology utilization where they can even use a 5-As tobacco cessation module,” says Nathaniel Brown, DSRIP Information Technology Director for Northwell Health.

In fact, DSRIP funding is used in some cases to help providers upgrade or replace their EHRs to a better system that will include the tobacco cessation module.

“That’s what DSRIP is meant for: to bring community care up to the level that hospitals have been at for years,” Brown says. “Historically, funding has tended to be concentrated in the hospitals, not among the smaller community providers and organizations, even though we know that working within our community is great for our patients and for our wallets.”

When it comes to providers who already use EHRs, NQP is a member of Super-User Workgroups for eClinicalWorks and Allscripts, two of the most common EHRs in use in the state. Their teams are building customized tobacco cessation modules to meet DSRIP requirements, in consultation with these workgroups.

The 5-As themselves do not vary between tools, but design, implementation and referrals do.

“For instance, at Northwell, we custom-built a 5-As form in our employed provider EHR,” Brown explains. “We have a Center of Excellence for Tobacco Control, which is a five-week, in-person tobacco cessation program, and we are connecting our 5-As referrals to the clinicians at that program so that we can optimize services to our patients.”

Other NQP providers’ tobacco cessation modules refer patients to the New York State Quitline, an organization funded by the Department of Health. The Quitline receives referrals from

providers throughout the state and can connect patients with free information, medication and tobacco cessation services.

“We’re working on developing different solutions for different providers,” Brown says. “There are many different types of users, and some will receive these tools sooner than others, but eventually we will ensure everyone has a standard way to use technology to assist with tobacco cessation.”

Northwell providers and some community providers already have access to these modules, Brown notes, but it will take more time for providers who are just now getting EHRs or upgrading to new systems.