



Title: New York State Smokers' Quitline Provider Referral Program

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Policy# CGC-CG-39

New York State Smokers' Quitline Provider Referral Program ¹

1-866-NY-QUITS (1-866-697-8487) nysmokefree.com

Purpose: To provide clinicians, employers, providers and other professionals with a free and confidential process by which to refer tobacco users to the Quitline services.

Procedure:

1. Tobacco using patients are referred to the New York State Smokers' Quitline using a secure online site or a Refer-to-Quit referral form.
2. Referrer completes form with information on tobacco user and verification of consent for the Quitline to contact. (See referral form)
3. Once referral is received at the Quitline, clients receive a call from a Quitline Quit Coach who will provide tailored stop-smoking or stop-smokeless-tobacco coaching session and screen for NRT eligibility.
4. If the Quit Coach is unable to reach the client by telephone after 5 attempts, a letter is sent encouraging the individual to contact the Quitline for assistance.
5. Eligible clients (regardless of their insurance coverage) are sent a 2-week supply of NRT (patches) in the mail.
6. Clients reached by the Quitline receive an informational kit that includes cessation guides and tailored information.
7. Progress reports on each referred client are processed after the client's case is closed, indicating the Quitline's intervention or attempts to reach the client are completed. Progress reports for all closed clients will be disseminated on the 1st and 15th of each month via online access, secured e-mail, or returned fax.
8. The referrer needs to select their preferred method for receiving the progress report on the referral form. If a selection is not indicated, no progress reports will be made available.

¹ Procedure directly taken from official Refer-to-Quit Procedures found at <https://www.nysmokefree.com/Fax/NYSSQLReferralProcedure2-11.pdf>.

9. Progress reports provide information on the referred client's call outcomes, quit status and NRT eligibility & status.
10. Online progress reports will be posted at the time the client's case is closed.
11. Referrers can opt-out of receiving progress reports by indicating this on the referral form.

Refer-To-Quit Online

*The New York State Smokers' Quitline Provider Referral Program*²

Step 1 - Register for the program

The Refer-To-Quit Online program is secure and easy

To register, please contact the New York State Smokers' Quitline by clicking here: <https://www.nysmokefree.com/SpecialPages/Contactus.aspx>.

Step 2 - Refer your patients

Sample Refer-To-Quit login



1. Once registered, you will receive log-in information and link to a secure referral portal where you will refer your tobacco-using patients into New York State Smokers' Quitline services.

Sample Refer-To-Quit Online Screen



2. Referrer completes form with information on tobacco user and verification of consent for the Quitline to contact. (See referral form)
3. Once referral is made, the client receives a call from a Quitline Quit Coach who will provide tailored coaching and screen for NRT eligibility.
4. If the Quit Coach is unable to reach the client by telephone after 5 attempts, a letter is sent encouraging the individual to contact the Quitline for assistance.

² Procedure directly taken from official Refer-to-Quit Online instructions found at <https://www.nysmokefree.com/HCP/HCPSubpage.aspx?P=70&P1=70220>.

5. Eligible clients are sent a 2-week supply of NRT (patches) in the mail.

Note: For the purposes of DSRIP, the above methods of referral are considered “warm” in compliance with the definition under CGC-CG-28 since it constitutes provider (referrer) to provider (referral recipient) contact with the client’s involvement/consent. Other methods of referring to the Quitline (e.g., distributing Quitline information) may not be considered “warm”. Furthermore, “warm” transfers to other tobacco cessation programs may qualify as long as they meet the definition of “warm” outlined in CGC-CG-28.

Policy Revisions:

Date	Revision Log	Updated by
03/01/2017	Initial	R. Haller

This Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.

Refer-to-Quit Referral Form

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

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New York State residents regardless of insurance status.

Code:
Special Programs Only

Tobacco Users: Complete This Section

(Please print)

_____ Date of Birth
First Name Last Name _____ / _____ / _____

_____ City State Zip Code
Mailing Address _____

Male Female Gender () _____ - _____ Primary Phone (area code + number) () _____ - _____ Secondary Phone (Area code + number)

E-mail Address: _____

When should we call? Morning Afternoon Evening No preference May we leave a message? Yes No

Language Preference: English Spanish Other (specify) _____

I (undersigned) give permission for the support staff of the New York State Smokers' Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the health care provider listed below and permission for that provider to forward the information to other relevant health care providers.

Required Tobacco User's Signature (or agent if authorization was verbal) Date

Health Providers/Employer/Other: Complete This Section

Referrer: () _____ - _____ Phone number

Facility: () _____ - _____ Fax number

Address: City State Zip

E-mail address: _____

SEND PROGRESS REPORT VIA SECURED: Secured Site Access E-mail (Secured Attachment)
 Fax (Provider Secured) DO NOT SEND PROGRESS REPORT

If a selection is not indicated, no progress reports will be made available.

Send feedback report to:

Same as above or _____ () _____ - _____
Name Phone number

Facility () _____ - _____
Fax number

E-mail address: _____

PEDIATRICS ONLY: Tobacco Users' relationship to child: Mother Father Other (specify) _____
Child/Children's name: (to help with recordkeeping) _____

Refer-to-Quit **Progress Report**

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

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
- 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 within 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: