**Background**

- Healthcare clinic sites are ideal intervention sites to refer tobacco users to cessation services.
- Healthcare providers screen and counsel patients at every visit.
- Quitlines are evidence-based strategies available to help tobacco users quit.

**Project Objectives**

- Develop an automated system for referring patients to cessation services.
- Create a process to initiate clinic system and provider buy-in to an electronic referral process.
- Develop and disseminate a systems change solution for healthcare systems to provide cessation services.

**Process**

- The process is based on the ask, advise, refer model to assist providers assist patients in helping patients quit tobacco.

**Process Evaluation Metrics**

- Cultural Diversity Inclusion
- Inputs
- E-protocol characteristics
- TX Association of Community Health Centers
- Opinion Leaders
- CEO/CMO, Director of Nursing, Executive Assistant
- Internal Leaders
- IT staff
- Champions
- UT Austin IT Consulting Co.
- External Change
- Agora DHIE, Quitline Health Info Exchange (QHE)
- alters, content, process

- Activities
- Ensure EMR upgrade requirements are met and that integration of e-protocol is sound
- Disseminate e-protocol training, including information pertinent to the clinic environment
- Trial implementation and feedback from relevant sources (i.e., Quitline)
- Conduct ongoing quality improvement

- Outcomes
- Short Term: Increase number of healthcare professionals who meet priority metrics
- Increase Quitline referrals
- Intermediate: Increase number of tobacco user patients who enroll in the Quitline
- Increase overall skills of healthcare professionals as well as patients' satisfaction
- Long Term: Increase tobacco cessation rates among patients
- Reduce medical cost
- Reduce overall tobacco burden on society

**Lessons Learned**

- The process involved a number of lessons learnt regarding integration into EMR's, these include:
  - EMR vendors are important to involve in the process from the beginning.
  - Understanding the existing EMR platform and version is helpful before beginning the integration process.
  - Every clinic system has a different workflow to consider.
  - Training staff is important to build awareness of the tool’s availability.
  - Generating regular Quitline reports and monitoring usage of the tool helps determine training needs after integration.

**Implications and Conclusions**

- Generating buy in from the clinic system supports successful integration.
- Without provider buy in, the process will not be successful.
- Working concurrently with the clinic system, the Electronic Medical Record software vendor as well as the Quitline service provider improves the rate of success for the integration.
- After integration, monitoring of Quitline referrals is critical to making sure the connection is working and providing additional training as needed.
- Integrating an EMR change takes a considerable amount of time, however the results once integrated as a standard EMR change has shown significant results through a large scale integration.