

Kansas Tobacco Quitline Fax Referral Program

Kansas Tobacco Quitline Fax Referral Program links the services of the KSQL to providers and participants who are ready to quit tobacco. Through the fax referral program, the Quitline initiates the first contact with the participant, which can greatly increase the chances of successful follow-up, especially for those who might be hesitant to begin treatment on their own.

How the Program Works:

Step 1:

- The provider determines that the participant should be referred to the Quitline. The provider and the participant discuss the fax referral program and process.

Step 2:

- The provider and the participant fill out the easy to use fax referral form and consent is obtained.

Step 3:

- The provider or the provider's clinic/medical facility faxes the form to the Kansas Tobacco Quitline at 1-800-483-3114. Below you will find a copy of the current fax referral form.

Step 4:

- Fax Referrals are reviewed & entered into database within 24 hours
- First outbound call within 48 hours of receiving the referral
- Additional attempts (minimum of three calls) made over next 5 days
- Encouraging voicemail left if no answer
- Letter sent if not reached

Step 5:

- Within two weeks the Kansas Tobacco Quitline will fax HIPAA covered clinic/medical facility an outcomes report (below you will find a copy of the outcomes report) detailing one of three outcomes from the outreach:
 - a) Tobacco user reached – service accepted (will detail service user will receive)
 - b) Tobacco user reached – declined services
 - c) Tobacco user not reached

Step 6:

- Monthly fax referral activity reports are submitted to the Kansas Tobacco Quitline with the numbers of referrals received and current status of the referrals processed.

Benefits of the Fax Referral Program:

- Eliminates barrier of the participant having to initiate the first call to the Quitline
- Allows the provider/clinic to ensure a proactive follow-up step
- Allows the provider to receive a report on the services the participant may have received
- Creates an easy opportunity for the provider to take action with the tobacco user at the time of the visit

Copy of the current Fax Referral form:



KANSAS TOBACCO QUITLINE FAX REFERRAL FORM
Fax Number: 1-800-483-3114

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES NO DON'T KNOW

Patient Information:

PATIENT NAME DATE OF BIRTH GENDER MALE FEMALE

ADDRESS CITY ZIP CODE

PRIMARY PHONE NUMBER HM WK CELL SECONDARY PHONE NUMBER HM WK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER

(Initial) I am ready to quit tobacco and request the <NAME> Quitline contact me to help me with my quit plan.

(Initial) I DO NOT give my permission to the <NAME> Quitline to leave a message when contacting me.
**By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: _____ DATE: ____/____/____

The <NAME> Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

6AM - 9AM 9AM - 12PM 12PM - 3PM 3PM - 6PM 6PM - 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # Secondary #

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Copy of the current Outcomes Report sent to HIPAA covered entities:



Participant Outcome Report

Your Clinic recently referred a patient via the Kansas Tobacco Quitline Fax Referral Program. This form describes the type of service the patient received through the Kansas Tobacco Quitline. Please place this in the patient's file.

Clinic Information:

Clinic Name:

Clinic Phone Number:

Clinic Fax Number:

Patient Information:

Participant Name:

Participant Address:

Participant Primary Phone Number:

Outcomes:

Participant Date of Birth:

Status:

Program:

NRT:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

Definitions of Outcomes Listed Above

Status

- **Accepted Services:** Participant was reached and accepted service.
- **Declined Services:** Participant was reached and declined service.
- **Unreachable:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

Program

- **General Questions:** Participant inquired about the quitline and its services, but did not opt for an intervention or materials.
- **Materials Only:** Participant requested printed materials only.
- **One-Call:** Participant received a single call intervention with a Quit Coach.
- **Multi-Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls.
- **Web Only:** Participant enrolled in web-based cessation services.

NRT

- Participant was screened and dosed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

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