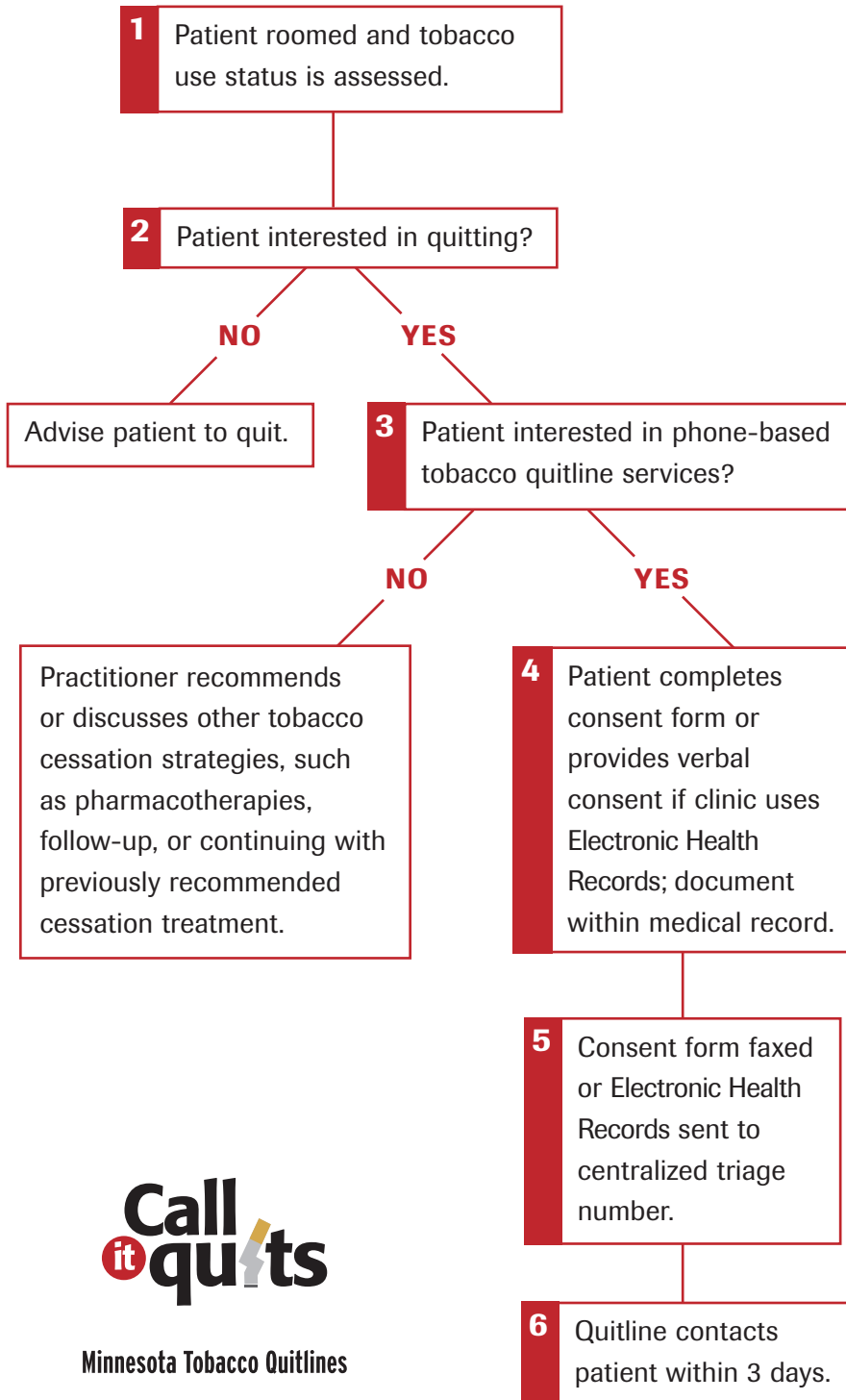


# Clinic Fax Referral Process



## Minnesota Tobacco Quitlines

UCare Minnesota • ClearWay Minnesota • HealthPartners  
 Metropolitan Health Plan • Medica • PreferredOne • MMSI  
 Blue Cross and Blue Shield of Minnesota

## Step-by-Step Process

- 1 Patient visits clinic. Ask patient if he or she uses tobacco.
- 2 If yes, advise the patient to quit and assess his or her willingness to try.
- 3 If patient is interested in quitting, briefly explain about the tobacco quitline (free, professionals give practical tips and strategies for quitting, follow-up calls, much better chance of quitting vs. on your own).
- 4 If the patient is interested in using quitline services, sign him or her up for the program by having the patient complete the middle section of the form. NOTE: Be sure to have the patient sign and initial, giving permission for the quitline coach to call. If your clinic uses Electronic Health Records, create an order for tobacco cessation and obtain verbal consent from the patient; document within medical record.
- 5 Give the signed form to the designated contact person in your clinic. The contact person will fax the form to the centralized triage number.
- 6 After the quitline contacts the patient, your clinic will receive a follow up fax providing information on the outcome.

**Phone-based tobacco quitline services are available to ALL Minnesotans**

# Frequently Asked Questions

## Q. What is the MN Clinic Fax Referral Program?

**A.** The MN Clinic Fax Referral Program allows you to easily refer any of your patients to appropriate tobacco quitline services via a single form. When you advise patients to quit smoking or using tobacco, you can connect them to practical, effective help with this program. A quitline coach proactively contacts your patient who is interested in quitting after you receive the patient's consent to refer him or her to the quitline. The MN Clinic Fax Referral Program is supported by the collaborative, Call it Quits.

## Q. What is Call it Quits?

**A.** Call it Quits is a collaboration among seven of Minnesota's major health plans (UCare Minnesota, HealthPartners, Metropolitan Health Plan, Medica, PreferredOne, MMSI, Blue Cross and Blue Shield of Minnesota) and ClearWay Minnesota (the state-funded quitline for uninsured and underinsured). The goal of this collaboration is to make it easier for you to connect your patients to appropriate tobacco quitline services.

## Q. How does the referral program work?

**A.** As you talk about tobacco use during a clinic visit, you can offer your patient the option of having a quitline coach call as a resource to support quitting. If your patient agrees and signs a consent form, the clinic faxes the information to a centralized triage number. (If your site uses Electronic Health Records you will create an order for tobacco cessation instead of filling out a consent form.) A trained coach from the quitline, appropriate to that patient's health care coverage, will then contact the tobacco user.

## Q. Does the patient's health plan affect whether or not I can refer? What if the patient is uninsured?

**A.** Everyone in Minnesota can take advantage of a quitline that offers personal support – whether or not they are covered by a health plan. The MN Clinic Fax Referral Program connects each referred patient to the appropriate quitline services.

## Q. What about confidentiality?

**A.** Your patient is signing a consent form (verbal okay if your site uses Electronic Health Records) that allows the quitline to contact him or her and to share the intervention results with the clinic. The consent does not authorize release to any other parties. The consent form complies with all HIPAA regulations.

## Q. What is the cost?

**A.** All of the tobacco quitline phone support services are FREE.

## Q. Who do I contact if I have questions?

**A.** Contact your clinic administrator.

# MN CLINIC FAX REFERRAL PROGRAM REGISTRATION/ORDER FORM

**Starter Kit** includes all items below (provided at no charge).

MINNESOTA TOBACCO QUITLINES FAX FORM

Form with fields for Patient Information, Clinic Information, and Patient Signature.

### Consent Form (8 1/2" x 11")

Personalized with your clinic name, address & unique Clinic ID#.

Call it quits  
Minnesota Tobacco Quitlines

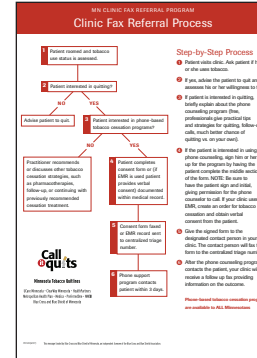
MN Clinic Fax Referral Program  
Tobacco Cessation Referrals in Clinics  
Brought to you by Call it Quits - Minnesota Tobacco Quitlines

FAX REQUEST

Form with fields for To: (Clinic Name), Fax Number, From: (Clinic Name), and Message.

### Fax Cover Sheet (8 1/2" x 11")

HIPAA Requirement  
(Clinic may use own Fax cover sheet)



### Clinician Fact Sheet (double-sided, 8 1/2" x 11")

Shows workflow process and answers to frequently asked questions.



### Patient Take Away (double-sided, 3 1/2" x 8 1/2")



### Poster (11" x 14")

### Reorders: Clinic ID# \_\_\_\_\_

- Consent Form (.pdf file)
- Fax Cover Sheet (.pdf file)
- Patient Takeaway (F8662) Qty: \_\_\_\_\_
- Poster (F8563) Qty: \_\_\_\_\_

### Clinic Information:

Clinic Name and Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name (Clinic Admin): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Clinic Type:  Medical  Dental  Behavioral Health  Public Health  Other

### Send to:

Fax form to: (651) 662-2375

Mail form to: Blue Cross and Blue Shield of Minnesota  
S113  
P.O. Box 64560  
Eagan, MN 55164-0560

For more information, contact Kim Winter at (651) 662-6879, kim\_winter@bluecrossmn.com.



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**MN CLINIC FAX REFERRAL PROGRAM  
MINNESOTA TOBACCO QUITLINES FAX FORM**

**Clinic Information:**

Date: \_\_\_/\_\_\_/\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Type: \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**Some health plans offer telephone counseling, please indicate which medical insurance you have so we can connect you with the correct service:**

- I do not have medical insurance (you will still receive a call)
- Blue Cross and Blue Shield of MN     HealthPartners     MMSI     Medica
- Metropolitan Health Plan (MHP)     PreferredOne     UCare    Other \_\_\_\_\_

**One of Minnesota's tobacco quitlines will call you. Please check the BEST 3-hour call window for them to reach you:**

- 7am - 11am     11am - 2pm     2pm - 5pm     5pm - 8pm     8pm - 11pm

May we leave a message?     Yes     No

Language Preference (check one):     English     Spanish     Other \_\_\_\_\_

**(initial)** I am ready to quit tobacco and request my contact information be given to my health plan telephone quitline so they may contact me OR for uninsured patients or those with health plans other than those listed above, I am ready to quit tobacco and request the QUITPLAN Helpline contact me to help me quit tobacco.

**(initial)** I agree to have one of Minnesota's Quitlines tell my health care provider(s) that I enrolled in quitline services and provide them with the results of my participation.

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(or parent/personal representative optional)

**FOR QUITLINE USE ONLY:**

**THIS INFORMATION WILL BE PROVIDED BACK TO THE CLINIC**

Contact date: \_\_\_/\_\_\_/\_\_\_ or \_\_\_ Did not reach after three attempts.

Outcome:     Enrolled in telephone counseling program     Declined     Not Reached

Stage of readiness: \_\_\_\_\_

Planned Quit Date: \_\_\_/\_\_\_/\_\_\_

Comments:



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