Just ASK and Beyond ASK: Lessons Learned and A Look Forward

March 8, 2024
Logistics

• All participants are muted during the webinar

• Questions – including technical issues you may be experiencing – should be submitted through the question pane

• Questions will be answered as time permits; additional questions and answers will be posted on the website

• Please complete the post-webinar evaluation you will receive via email
Introducing Our Speakers

Timothy Mullett, MD, MBA, FACS
Thoracic Surgery, University of Kentucky
Markey Cancer Center, Kentucky
Chair, Commission on Cancer
Kentucky

Michael C Fiore, MD, MPH, MBA
University of Wisconsin Hilldale Professor of Medicine
Director, Center for Tobacco Research and Intervention (UW-CTRI)
Agenda

• Welcome and panel introductions- Dr Mullett
• A review of findings, data, and innovations- Dr Mullett
• Sustainability Considerations- Dr Fiore
• Q&A
• Adjourn
Just ASK Results- 2022

• Just ASK Top Strategies:
  • Gain support of program leadership
  • Improving documentation in EHR
  • Train staff and providers
• 93% program retention over the yearlong project

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Final</th>
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<tbody>
<tr>
<td>Ask</td>
<td>88%</td>
<td>97%</td>
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<tr>
<td>Assist</td>
<td>43%</td>
<td>60%</td>
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Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons

Authors: Jamie S. Ostroff, PhD, Eileen M. Reilly, MSW, Jessica L. Burns, PhD, Graham W. Warren, MD, PhD, Rachel C. Shelton, ScD, MPH, and Timothy W. Mullett, MD, the ASK Quality Improvement Task Force, and on behalf of the Just ASK Quality Improvement Task Force

Publication: JCO Oncology Practice • Volume 20, Number 2 • https://doi.org/10.1200/OP.23.00393
Beyond ASK Initial Results-2023

• Goal: Reach absolute increase of 20% of baseline “assist” rate
• Wrapped in December 2023
• 326 CoC and NAPBC programs participated
  • 92% retention over year long project

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<thead>
<tr>
<th>Baseline</th>
<th>Final</th>
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<tbody>
<tr>
<td>Ask</td>
<td>88%</td>
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<tr>
<td>Assist</td>
<td>45%</td>
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<table>
<thead>
<tr>
<th>Top 3 Strategies for Assisting</th>
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<tbody>
<tr>
<td>Referral to Quitline</td>
</tr>
<tr>
<td>April (n=326)</td>
</tr>
<tr>
<td>31%</td>
</tr>
<tr>
<td>Brief In Office Counseling</td>
</tr>
<tr>
<td>April (n=326)</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>“In house” referral</td>
</tr>
<tr>
<td>April (n=326)</td>
</tr>
<tr>
<td>15%</td>
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*Data not yet validated

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# National Resources Developed

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Change tools</th>
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</table>
| Provide staff/clinician training | • Smoking and Cancer Care: What Health Professionals Need to Know - A 2-page flyer that summarizes key points about the importance of asking about smoking in cancer care. Page focuses on cessation.  
• 5 A’s Tobacco Cessation Counseling Guidance Sheet - The 5 A’s comprehensive framework and Ask-Advise-Refer is the basic framework.  
• Implementing Ask-Advise-Refer: Clinical Resources – Tools for Clinicians.  
• When Analyzing Meaningful Progress, We Can’t Ignore the Obvious:IASLC Lectureship Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer.  
• Tobacco Cessation Guide for oncology providers to implement the 5A’s of smoking cessation in cancer care, including resources for patient assessment and guidance on strategies to address smoking issues.  |
| Enhance clinical workflow (add reminder, prompt for screening, billing and coding, etc.) | • Starting off Strong with Just ASK: A Prostate Cancer Cessation Initiative.  
• Cancer Center Cessation Initiative: 52 cancer centers who have worked to integrate smoking cessation treatment into cancer care. Useful resources and articles and a "Build Guide for Smoking Cessation in the Cancer Clinic".  
• NCCN PropTypes of Oncology Smoking Cessation Guidelines Version 1.2022 Smoking Cessation.  |
| Develop, distribute patient education materials or make existing materials more accessible | • Implementing Ask-Advise-Refer: Clinical Resources – Tools for Patients.  
• Smoking can cause cancer almost immediately - it's a picture that visually shows how smoking causes 12 types of cancer.  
• 1800-QUIT-NOW is the national quitline number that route to free counseling services and state quitlines. Consider posting in clinic or waiting rooms to raise patient awareness  
• Quick Smoking Before Your Operation: American College of Surgeons 4-page Strong for Surgery handout with 2 pages about why it helps to quit before surgery and 2 pages about how to quit.  |
Innovations from Programs

Patient Education

Distributed "quit kits" which includes cessation resources and support items in breast center and radiation oncology for all new patients.

Created a patient education packet on smoking cessation resources.

Hired a lung cancer navigator who will also head our smoking cessation program for all cancer patients. Our navigator has been certified as a Tobacco Treatment Specialist. The lung navigation team and our CMO have established regular chart reviews for incidental findings on all patients receiving imaging for suspicious pulmonary findings.

Educating interested patients on the" Why" and "How" to stop smoking. We have a clever slogan "Smoke No More In 24". We have aggressive marketing planned (radio, tv, signage, social media).

Created and posted a PSA poster in all exam rooms addressing that it is "never too late to quit" with reminder for patients to talk to their providers for support.

Order free QuitLine patient education materials to have available in our clinics.
A new team member has gone through the certification process to lead a smoking cessation class. Classes are scheduled in January and we hope that some financial assistance will be available.

Learned about the County Department of Public Health “Tobacco Free Facilitator Training”

Through grant funding, we were able to hire a Lung Screen Coordinator

Hired a lung cancer navigator who will head our smoking cessation program for all cancer patients. Our navigator is a certified TTS.

During our Lung Cancer Screening Training to our medical residents, we discussed the available Smoking Cessation group and passed out the Patient Education Brochure.

A smoking cessation coordinator is now available in the cancer center to provide counseling, materials for cessation and pharmacy referrals for prescriptions.
Together with the ACS, we have developed a community outreach program for tobacco cessation programs within the county we serve.

Created monthly meetings with our state Quit Center, hospital based smoking cessation program, nurse navigator, radiation nurse, infusion nurse to track referrals for smoking cessation.

Created a referral assistance program and networked with community programs and resources.

We identified that a local partner has FREE Online Tobacco Cessation Support Groups in English, Spanish, and Chinese languages.

Coordinated with Quitline and gave smoking cessation education bags to patients that are currently smoking.

Renewed partnership with local Call It Quits program.

We learned of the Empowered to Quit program. We plan to work on adding this resource to our After Visit Summary.

Innovations from Programs
Community and State Partnerships
Innovations from Programs
Workflow and System Changes

- Refined a clinical care pathway in our EHR to assist clinicians in entering a referral to tobacco treatment specialists if the patient is identified as a "current smoker."
- Redesigned nursing intake form and documentation in our EMR to require smoking assessments by nursing staff and type of cessation offered to patients by the providers.
- Recommended 30 day follow-up of current smokers after they were provided cessation counseling resources or medication.
- Required smoking status to be reported for all cases presented at tumor board. Instituted a direct email to providers for all current smokers newly diagnosed with cancer who aren't presented at tumor board.
- Released an EPIC smartphrase that will print Smoking Cessation referral to local and national smoking cessation resources.
- Working with Primary Care and IT, identified need to have clearer assessment parameters and elements to assess. Work group established and now in final stages of updating EHR Tobacco History/Assessment.
- Working on Ambulatory Cessation Order set and bidirectional Quitline interface with EMR.
Beyond ASK Satisfaction (N=114)

- **89%** believe they were successful or very successful in addressing assisting patients
- **94%** believe their program can sustain efforts for identifying and assisting patients
- Webinars and REDCap were top facilitators for success
- Collecting local data and changes to workflow were top challenges

### What types of interventions contributed more to your program's success?

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Systems focused</td>
<td>40%</td>
</tr>
<tr>
<td>Patient focused</td>
<td>28%</td>
</tr>
<tr>
<td>Physician focused</td>
<td>23%</td>
</tr>
<tr>
<td>Community focused</td>
<td>9%</td>
</tr>
</tbody>
</table>
Sustaining Tobacco Treatment Programs in Cancer Care Settings: Strategies from the Cancer Center Cessation Initiative (C3I)

Beyond ASK Webinar
March 8, 2024

Michael Fiore, MD MPH MBA
Founding Director
Center for Tobacco Research & Intervention
University of Wisconsin-Madison
mcf@ctri.wisc.edu
Agenda

▪ Rationale

▪ C3I Background

▪ Scientific Impact: Reach, Effectiveness, Equity, & Reporting

▪ Sustainability Strategies from the Initiative
Agenda

- **Rationale**
- **C3I Background**
- **Scientific Impact: Reach, Effectiveness, Equity, & Reporting**
- **Sustainability Strategies from the Initiative**
Invited Commentary | Oncology

Effective Cessation Treatment for Patients With Cancer Who Smoke—The Fourth Pillar of Cancer Care

Michael C. Fiore, MD, MPH, MBA; Heather D'Angelo, MHS, PhD; Timothy Baker, PhD
Agenda

- Rationale

- C3I Background

- Scientific Impact: Reach, Effectiveness, Equity, & Reporting

- Sustainability Strategies from the Initiative
Cancer Center Cessation Initiative (C3I)

- In 2017, NCI announced the Cancer Center Cessation Initiative as part of the Cancer Moonshot
- 52 cancer centers (CCs) funded over 3 rounds (2017 to 2020) via P30 supplements
- Goal: Enhance capacity of CCs to treat tobacco use of all oncology patients who smoke. Funded center were charged with:
  - Taking a population-based approach
  - Increasing the proportion of patients who received cessation treatment and their cessation outcomes
- Coordinating Center (Univ of Wisconsin) collects reach and effectiveness data.
- Future Goal: Maintain resources and programs; sustain and grow consortium
C3I Funded Centers

Cohort 1 (2017-2019)
1. Baylor College of Medicine
2. Case Western Reserve University
3. Duke University
4. Georgetown University
5. Indiana University
6. Medical University of South Carolina
7. New York University
8. University of California Davis
9. University of Chicago
10. University of Colorado
11. University of Iowa
12. University of Kansas
13. University of Kentucky
14. University of Minnesota
15. University of New Mexico
16. University of North Carolina at Chapel Hill
17. University of Pennsylvania
18. University of Utah
19. University of Virginia
20. Vanderbilt University
21. Washington University
22. Yale University

Cohort 2 (2018-2020)
1. Columbia University
2. Dana-Farber/Harvard Cancer Center
3. Dartmouth College
4. Emory University
5. Mayo Clinic
6. Memorial Sloan Kettering
7. Moffitt
8. Mount Sinai
9. Northwestern University
10. Oregon Health and Sciences University
11. Roswell Park
12. Stanford University
13. University of Arizona
14. University of California San Francisco
15. University of Michigan
16. University of Texas Southwestern
17. UPMC Hillman
18. Virginia Commonwealth University
19. Wake Forest University
20. Wayne State University

Cohort 3 (2020-2021)
1. City of Hope Comprehensive Cancer Center
2. Fox Chase Cancer Center
3. Rutgers Cancer Institute of New Jersey
4. Thomas Jefferson University
5. University of Alabama at Birmingham
6. University of California, San Diego
7. University of Maryland
8. University of Southern California
9. University of Texas
10. University of Washington
C3I CC Team

Betsy Rolland, PhD, MLIS, MPH
Principal Investigator, 2017–2023

Robert Adsit, MEd

Michael Fiore, MD, MPH, MBA
Senior Scientist

Timothy Baker, PhD

Danielle McCarthy, PhD
Principal Investigator, 2023

Jennifer Bird, PhD

Mara Minion, MA
Agenda

- Rationale
- C3I Background
- Scientific Impact: Reach, Effectiveness, Equity, & Reporting
- Sustainability Strategies from the Initiative
Over **100,000** Oncology Patients Reached by a C3I Tobacco Treatment Program (TTP) since 2018

Includes data submitted to the Coordinating Center as of December 2023
C3I Program Effectiveness

Median % TTP patients with 7-day quit rate at 6 month follow-up

USPSTF* 15.2%
C3I JanJune2022 22.2%
C3I JulyDec2022 21.2%

Includes data submitted to the Coordinating Center as of September 9, 2023

Equity in C3I Tobacco Treatment Programs 2022: Race and Ethnicity

Includes data submitted to the Coordinating Center as of September 9, 2023
Equity in C3I Tobacco Treatment Programs 2022: Insurance Status

Includes data submitted to the Coordinating Center as of September 9, 2023
Data Reporting Over Time

There is a bar chart showing the number of centers reporting over time. The x-axis represents different time periods: JanJune2018, JulyDec2018, JanJune2019, JulyDec2019, JanJune2020, JulyDec2020, JanJune2021, JulyDec2021, JanJune2022, and JulyDec2022. The y-axis represents the number of centers reporting, ranging from 0 to 45.

The chart uses two different colors to represent different categories: blue for Reach and green for Effect. Each time period has bars indicating the number of centers reporting for both categories.
Agenda

- Rationale
- C3I Background
- Scientific Impact: Reach, Effectiveness, Equity, & Reporting
- Sustainability Strategies from the Initiative
C3I Tobacco Treatment Program Sustainability Plans

- NCI requirement
- Describes:
  - Resources committed
  - Monitoring TTP outcomes
  - Partnership engagement

Table 1. Human resources committed for tobacco treatment program sustainability

<table>
<thead>
<tr>
<th>Human Resources Committed for TTP Sustainability</th>
<th>FTE committed</th>
<th>Estimated commitment end date (year)</th>
<th>Source of Support and/or Collaborator</th>
<th>Our program does not have plans to sustain this resource</th>
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<tbody>
<tr>
<td>Project Lead</td>
<td></td>
<td></td>
<td>See example list above; add others as are relevant for your site’s context.</td>
<td></td>
</tr>
<tr>
<td>Project manager or coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tobacco Treatment Specialist</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Clinical Collaborator</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>IT specialist</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify): Click or tap here to enter</td>
<td></td>
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</tbody>
</table>

Section of C3I Sustainability Plan template
<table>
<thead>
<tr>
<th>Key metrics for sustainability</th>
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<tbody>
<tr>
<td><strong>Program Leads:</strong></td>
</tr>
<tr>
<td>What is the key metric you</td>
</tr>
<tr>
<td>need to demonstrate to</td>
</tr>
<tr>
<td>cancer center leadership for</td>
</tr>
<tr>
<td>your program to be sustained?</td>
</tr>
<tr>
<td><strong>Cancer Center Directors:</strong></td>
</tr>
<tr>
<td>What type of justification</td>
</tr>
<tr>
<td>would you need to see to keep</td>
</tr>
<tr>
<td>this program going over the</td>
</tr>
<tr>
<td>long term?</td>
</tr>
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</table>
Key metrics for sustainability: Results

**Economics**
- Cost benefit & cost effectiveness
- Revenue generation

**Implementation outcomes**
- Patient reach/referral/utilization
- Program effectiveness & quit rates

**Buy-In**
- Health system
- Providers & staff

**Strategies**
- Engage key partners and secure leadership buy-in
- Monitor and report key outcomes, aligned with health system goals
- Participate in initiatives and ancillary studies to advance the science & practice of TTP sustainability & efficiency
Sustainability of Tobacco Cessation Programs at NCI-Designated Cancer Centers

• **Principal Investigator:** Ramzi Salloum, PhD (University of Florida)
  
  ▪ **Aim 1:** Characterize the sustainment of tobacco treatment programs within cancer centers.
  
  ▪ **Aim 2:** Specify the relationships between multilevel determinants, strategies, and outcomes of sustainability for tobacco treatment programs within cancer centers.
  
  ▪ **Aim 3:** Develop and test a toolkit to guide the selection of sustainment strategies for tobacco treatment programs in cancer care.
Engaged Staff & Leadership

• Secure leadership buy-in for the program.
• Engage multidisciplinary teams, including HIT staff and clinic champions.
• Involve TTP leadership and staff in various multidisciplinary meetings (e.g., huddles, rounds, case conferences, tumor boards).
• Use internal marketing and communication to engage at the clinic or health system-level (e.g., staff newsletters, education materials).
• Share high impact articles and monographs on TTPs and tobacco cessation with leadership and staff.
• Report program outcomes to leadership and staff.
• Conduct staff surveys for input on future directions.
Engaged Stakeholders

- Develop strategic external partnerships. For example:
  - American Society of Clinical Oncology
  - Centers for Disease Control and Prevention
  - Commission on Cancer
  - National Comprehensive Cancer Network
  - National Tobacco Treatment Specialist Programs
  - Association for the Treatment of Tobacco Use and Dependence
  - Lung cancer and cancer screening programs
  - National and state quitlines
  - Patient, survivor, and family advisory boards
  - Office of Community, Outreach, and Engagement (COE)
  - Local community groups
Organizational Readiness

• Conduct a needs assessment to define readiness (e.g., how much funding is needed, how much staff effort is needed).
• Secure leadership commitment for necessary funding and resources.
• Develop a TTP manual to ensure continuity through staff turnover. Include programmatic standards, reporting procedures, key performance indicators.
• Foster partnerships with complementary initiatives (e.g., other cancer prevention programs; Community, Outreach, & Engagement; etc.).
Workflow Integration

• Visit clinics to better understand the current workflow.
• Adopt a team-based model of care to engage clinic staff.
• Automate processes in the electronic health records to screen, refer, and follow up with patients.
Implementation & Training

• Create a library of provider- and patient-facing educational resources.
• Create tailored, asynchronous digital learning modules for staff.
• Provide multiple opportunities for training and retraining.
• Develop evidence-based clinical guidelines, standard operating procedures, and scripts.
• Sponsor TTS training for clinical champions and providers.
• Work with HIT team to develop tip sheets for providers.
• Provide continued education and encouragement of participation through regular newsletters.
Monitoring & Evaluation

- Budget the staffing and resources necessary to monitor and evaluate the TTP.
- Build partnerships with the reporting team.
- Develop EHR-based program metrics reporting on key performance indicators.
- Develop EHR-based tobacco registry.
- Track implementation and maintenance costs.
- Share regular monitoring and evaluation reports based on the metrics that matter to leaders and clinic champions.
- Document processes for replication.
Outcomes & Effectiveness

• Use metrics and reporting requirements that align with leadership, clinical, research, and health system priorities.
• Measure impact valued by external stakeholders, including patients, policy makers, and funders.
• Link cessation to clinical outcomes.
Welcome to the C3I Roadmap for Tobacco Treatment in Cancer Care. This resource was developed by the Cancer Center Cessation Initiative (C3I), funded by the National Cancer Institute. The national C3I program is designed to help patients with cancer quit using tobacco. The organization of the Roadmap was adapted from the Goodrich et al., 2020 U.S. Department of Veterans Affairs Quality Enhancement Research Initiative Roadmap, and its content reflects lessons learned during the C3I effort to incorporate tobacco treatment as a pillar of cancer care and utilizes other existing resources and toolkits. This Roadmap is designed for diverse clinical cancer care settings, including community cancer programs.

Register or Login to Access the Roadmap here. Free registration is required to help us track utilization of this Roadmap.
Q and A