Beyond ASK: Advising and Assisting Using a Multi-layer Approach
• 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
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Introducing our Moderator and Panelists

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Chair, Commission on Cancer

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Agenda

- Welcome
- Data review: A brief overview
- Beyond ASK: Assisting and Referrals
- Examples from the Field
- What to expect next
- Q & A
Baseline Data

Timothy Mullett
Key Takeaways

• 87% previously participated in Just ASK
• 96% of programs have a system for screening for smoking history and current use
  • 84% ALWAYS ask about smoking
  • 44% ALWAYS advise patients about smoking
  • 22% ALWAYS assist patients who are currently smoking to quit
Available Resources

- Referral to Quitline: 80%
- Referral to Community Based Program: 40%
- Referral to other organization: 40%
- Treatment in clinic: 30%
- Cessation program embedded in cancer center: 20%
- Group Cessation: 10%
Current Practices

Document current use
Document advice and plan
Counseling in person
Counseling by phone
Counseling by telehealth, text
Refer to Quitline
Provide self-help material
Refer to cessation programs
Prescribe FDA approved medication

Always or Usually
Implementation strategies

What interventions are you considering?

- Train staff and clinicians
- Gain support of leadership
- Alter workflow
- Develop patient ed
- Identify champion
- Improve documentation
- Modify EHR

- Partial or full
- Contemplating
- Not Implementing
Data Metrics

• 84% of respondents included only *newly* diagnosed patients
• 90% of patients seen during this time were ASKED about current smoking use and history
  • Of those patients, 35% reported they currently smoke
  • Of those patients, 19% were provided with cessation assistance

• How are you assisting?

<table>
<thead>
<tr>
<th>Assist type</th>
<th>Most or nearly all</th>
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<tbody>
<tr>
<td>In office brief counseling</td>
<td>41%</td>
</tr>
<tr>
<td>Referral to Quitline</td>
<td>27%</td>
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<tr>
<td>“In house” referral</td>
<td>14%</td>
</tr>
<tr>
<td>Community referral</td>
<td>13%</td>
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<tr>
<td>Web based referral</td>
<td>10%</td>
</tr>
<tr>
<td>Medication prescription</td>
<td>8%</td>
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<tr>
<td>In office behavioral counseling</td>
<td>8%</td>
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Assisting and Referrals

Audrey Darville and Danielle McCarthy
Beyond Ask: Assisting and Referrals
Fundamental Tenets

• Every patient should be encouraged to reduce smoking and/or make a quit attempt using counseling and medications

• Brief cessation advice and counseling is effective, and should be offered to every patient, whether or not they express interest in quitting
Ask, Advise, Assist/Refer/Connect to Treatment

• Offer counseling/medication to all tobacco users (Opt-out model)
• Connect tobacco users to existing behavioral supports (tobacco treatment services, quitline, online, community cessation groups) using proactive referral process

Barriers and Concerns

• Healthcare Professionals (HCPs) may lack the time & training to help patients quit smoking.

• “Ask” & “Advise” is improving but “Assist” & “Arrange” remain a struggle for many.

• Most people try to quit multiple times before achieving abstinence, which can be discouraging.

• Inadequate or confusing cessation insurance coverage may further frustrate HCPs.

• In the absence of well-designed systems, HCPs may be inconsistent in delivering cessation treatment.

• Patients don’t think they receive good care if their tobacco use is not addressed.
We encourage all our patients to use tobacco treatment because we know that helping our patients reduce or quit using tobacco helps us treat their cancer.

I want to work with you to reduce your tobacco use so your cancer treatment works better. Let’s look at this list of resources that we know help. Which appeal to you?

ASSIST with the quit attempt

I know quitting can be hard. I have treatments that can help you get started. Why don’t you think about trying it.

Quitting tobacco is one of the most important things you can do to help your cancer treatment. I’m going to ask our quitline to call you.
Individual, group, and telephone counseling effectiveness increases with treatment intensity

At least 4 or more behavioral counseling sessions are billable

Evidence is growing for e-Health intervention effectiveness, but sparse for persons with cancer
Treatment Models to Consider

**Point of care:** Train persons already interacting with patients to offer brief counseling and referral/follow-up

**Internal Referral** to an in-house tobacco treatment program, generally staffed as trained Tobacco Treatment Specialists

**External Referrals** to quitline, community cessation programs, or other e-Health options
C3I Resources Presentation
C3I Roadmap Welcome

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.

Objective:

Help cancer clinics identify, adapt, and implement electronic health record (EHR) and other tools to deliver evidence-based smoking cessation treatment strategies to patients who use tobacco.
Oncology – Quit Smoking Roadmap

The Roadmap for Tobacco Treatment in Oncology is free and available to the public, but we ask that you sign up so that we can evaluate utilization.

Please submit your name, email address and institution. You will receive an automated email with a link to the Roadmap!

Sign up below

Name (Required)

First

Last

Email (Required)

Organization Name (Required)
Oncology Tobacco Treatment Implementation Roadmap

We recommend starting with the Pre-Implementation module.

This will describe the key functions of tobacco treatment programs in oncology settings and provide a program planning tool, workflows, EHR tools, and case studies that can help you design or modify a program for your setting.
www.OncologyTobaccoTreatment.org

Roadmap

Pre-Implementation

Pre-implementation roadmap with a program planning tool, workflows, EHR tools, and case studies to help champions and teams design a sustainable tobacco treatment program for their clinical settings.

Implementation

Implementation roadmap to foster translation of design into a functional program to help patients quit using tobacco. Coming soon.

Sustainability

Sustainability roadmap to sustain the tobacco treatment program and its benefits. Coming soon.
Health Equity
Health equity roadmap to highlight tools and strategies that may help underserved patients benefit from tobacco treatment and enhance health equity.

Tools
See resources for program planning, example case studies, screening and treatment workflows, EHR build guides, stakeholder engagement resources, information on billing and funding, and data measurement tips.

References
View references for this Roadmap’s content.
Pre-Implementation Module

Background

- Challenges: Tobacco Use During Cancer Care
- Solutions: Integrating Tobacco Treatment in Cancer Care
- Case Studies: Successful Tobacco Treatment Programs in Cancer Care
- Program Planning Tool

How-to Resources

- Screening Tools & Workflows
- Treatment Tools & Workflows
- Engaging Stakeholders
- Developing quality improvement plans
Pre-Implementation Module – Solutions

Solutions: Integrating Tobacco Treatment in Cancer Care

Cancer treatment programs can help patients quit using tobacco. Tobacco treatment for cancer patients can be delivered at the clinic, at ‘the point of care,’ and through referrals to external treatment programs. This Roadmap provides sample screening, treatment, and referral workflows and tools that you can adapt for your cancer clinic.

See our Case Studies for examples of successful programs.

Successful programs that address tobacco use share the following key features:

- They SCREEN all cancer patients and survivors for tobacco use at regular intervals. They ask patients about tobacco use in an empathic and non-stigmatizing manner (Riley et al., 2017; Ostroff et al., 2022).

- They TREAT all patients who use tobacco with both pharmacotherapy and psychosocial support or counseling (Fiore et al., 2008; Leone et al., 2020; National Comprehensive Cancer Network, 2022; NCI, 2022). They design programs to minimize barriers to

Tip

Engage a multidisciplinary team to identify who (e.g., nurses, oncologists, pharmacists, medical assistants, tobacco treatment specialists) has the best access to patients and capacity to offer tobacco treatment or referral in your system.
Pre-Implementation Module – Case Studies

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Target Population: Who are you trying to reach?

- New cancer patients

- Established cancer patients

  For established patients, think about how often you want to screen for tobacco use and offer treatment. Prompting these actions at every visit may be too often for some patients (e.g., those receiving daily radiation). However, addressing tobacco use only once at an initial visit will miss opportunities to engage with patients about their tobacco use.

  Programming suppression rules in the EHR for program-related alerts can help you set the periodicity for treatment activities (e.g., suppressing an alert for 90 days after a referral to treatment is placed, or 30 days after treatment is declined). See sample EHR alerts for routine clinical encounters.

- Cancer survivors

- Inpatients

- Patient family members
Tobacco Treatment Tools and Workflows

Extensive evidence supports the effectiveness of tobacco cessation interventions, and guidelines and decision aids have been developed to guide treatment [Centers for Disease Control and Prevention, 2016; Fiore et al., 2008; Leone et al., 2020], including in cancer care (National Comprehensive Cancer Network, 2022; login required).

Whether the care is delivered remotely, in clinic, or in the hospital, evidence-based tobacco treatment goes beyond simple advice and patient education. An evidence-based tobacco treatment program includes a minimum of brief counseling (face-to-face or remote, individual or group) and pharmacotherapy.

Treatment extenders such as state tobacco quitlines, the SmokefreeTXT texting program (National Cancer Institute; www.smokefree.gov), and interactive voice response (IVR) systems are also evidence-based and can provide psychosocial support in settings with limited
Practical Guides to Developing EHR Tools for Tobacco Treatment in Oncology

These practical guides provide comprehensive information to help you adapt existing EHR tools to support your tobacco treatment services.

- C3I general guide to Using the EHR to Support Tobacco Treatment in Oncology (not specific to a particular EHR vendor)
- Cerner-specific guide
- Epic-specific guide
- CDC Million Hearts Change Package

Next: Sample Treatment Workflows

- Resources to Integrate Tobacco Treatment at the Point of Care
- Resources to Connect Patients with Tobacco Cessation Specialty Care
- Resources to Connect Patients with External Tobacco Treatment
- Billing and Funding Considerations
- Engaging Stakeholders
- Developing Quality Improvement Plans
Motivational Interviewing (MI) is particularly useful to help people examine their situation and options when any of the following are present:

- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear
- **Confidence is low** and people doubt their abilities to change
- **Ambivalence is high** and people are stuck in mixed feelings about change
Increasing Importance

“One of the most important things you can do to help your cancer treatment is to stop using tobacco, and I can help you. We can start by using medication and counseling to change your tobacco use.”

Increasing Confidence

“We know changing smoking is hard, that’s why we’re talking to you today. We have treatments that can help.”

Addressing Ambivalence

“Quitting can improve your cancer care and may help your family, too. We can help you change your tobacco use by recommending some resources to support you.”
Quitlines (QL)

- Provide evidence-based behavioral counseling and support over the phone to help people quit using tobacco
- Are effective and reduce barriers
- Accessible to populations with limited treatment options (e.g., those living in poverty, those who have psychiatric diagnoses, and those who are uninsured)
- Offer follow-up counseling calls; are generally free and widely available; some offer free NRT
- Can receive proactive referrals
QL counseling is provided by trained cessation specialists; uses standardized protocols, and may include several sessions delivered over one or more months.

QL content may be adapted for specific populations and tailored for individual clients. Multiple languages are available.

**Proactive** (cessation specialist makes initial contact) or **Reactive** (tobacco user or recent quitter initiates contacts)

To find information on your state quitline, see: [https://www.naquitline.org/page/mapus](https://www.naquitline.org/page/mapus)
E-Health/Digital Interventions for Cessation

- Use is expanding and evidence is evolving
- Multiple formats
  - Internet/website
  - Text to quit/mHealth
  - Chat-based instant messaging
  - Apps
  - Social Media
  - Interactive Voice Response (IVR)
  - Telehealth/telemedicine/video conferencing: Reduces disparities in treatment access
- Evidence of effectiveness can vary by population/motivation

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Quit2Heal is a research study conducted by scientists at Seattle's Fred Hutchinson Cancer Center in collaboration with the American Cancer Society and Memorial Sloan Kettering Cancer Center. 
https://quit2heal.org/join

"Very useful to those of us with cancer and wanting to quit smoking!"
—Chris

Specific, tailored, evidence-based recommendations are best. See the resources recommended in Beyond Ask and take a moment to explore and show them to your patients!

www.smokefree.gov
Thinking about Tobacco Treatment Specialists?

• Have various professional backgrounds
• Possess the skills, knowledge and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities
• Provide treatment and educate others (healthcare team, administration, tobacco and non-tobacco users) about tobacco dependence treatments
• Training program information available at www.ctttp.org
Practical Examples from the Field

Patsy Astarita
SAVE THE DATE

QSC 2023

Quality and Safety Conference
July 10-13, 2023 | Minneapolis, MN

#ACSQSC23
Reminders

• Next data collection “Opens” June 1 and is due June 15
  • Patients seen between April 1-May 31
  • Metric collection will be sent directly to the primary contact’s email by June 1
  • If you need to change the primary contact, please reach out to cancerqi@facs.org
Mark Your Calendar
All times 12pm CT

• July 21st
• October 13th
• December 15th
Questions?