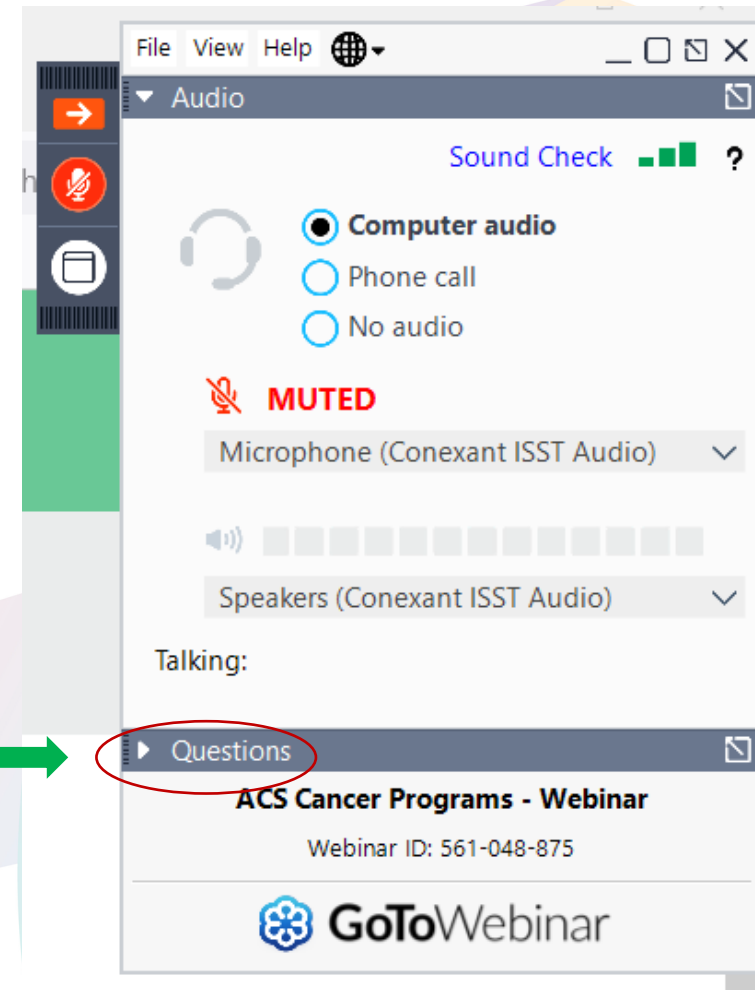


# Beyond ASK: Advising and Assisting Using a Multi-layer Approach

May 19, 2023

## 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

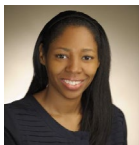




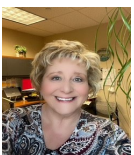
Rob Adsit



Karen Arthur



Jessica Burris



Cynthia Burton



Asa Carter



Audrey Darville



Vicki Chiappetta



Chantel Ellis



Michael Fiore



James Harris



Kendra Johnson



Laurie Kirstein



Stephanie Land



Danielle McCarthy



Timothy Mullett



Heidi Nelson



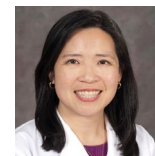
Jamie Ostroff



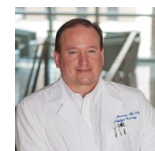
Eileen Reilly



Rachel Shelton



Eliza Tong



Graham Warren



Anthony Yang

# Introducing our Moderator and Panelists



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



**Audrey Darville, PhD, APRN, NCTTP, FAANP**  
Associate Professor, University of Kentucky College  
of Nursing  
Family Nurse Practitioner, Certified Tobacco  
Treatment Specialist



**Danielle McCarthy, PhD**  
Director for Implementation and Health Services  
Research  
University of Wisconsin Center for Tobacco  
Research and Intervention



**Patsy Astarita, LCSW-C, OSW-C, APHSW-C**  
Director, Oncology Integrated Health  
UM Upper Chesapeake Medical Center;  
Kaufman Cancer Center  
University of Maryland Medical Systems

# Agenda

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

# Baseline Data

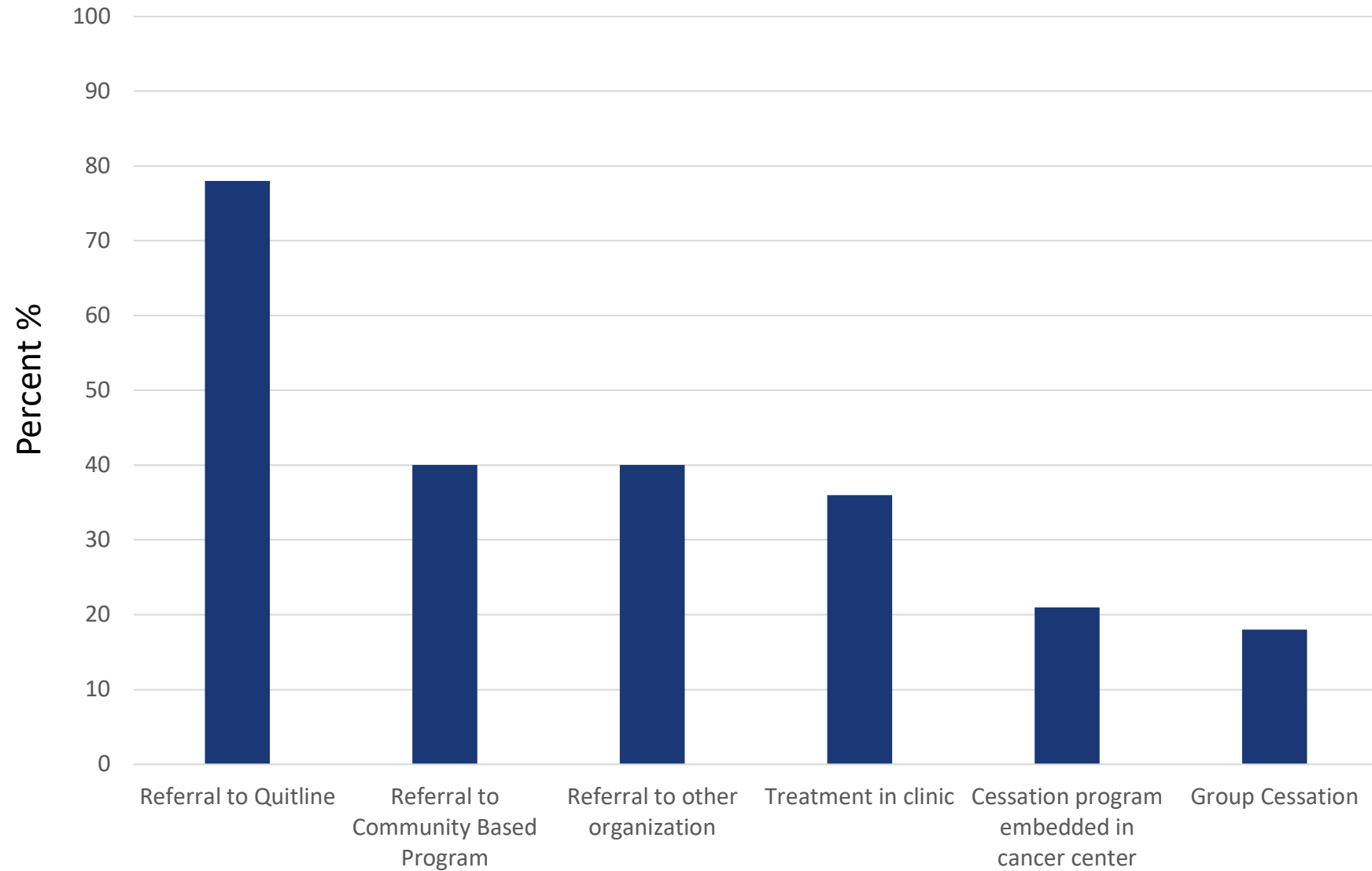
Timothy Mullett



# Key Takeaways

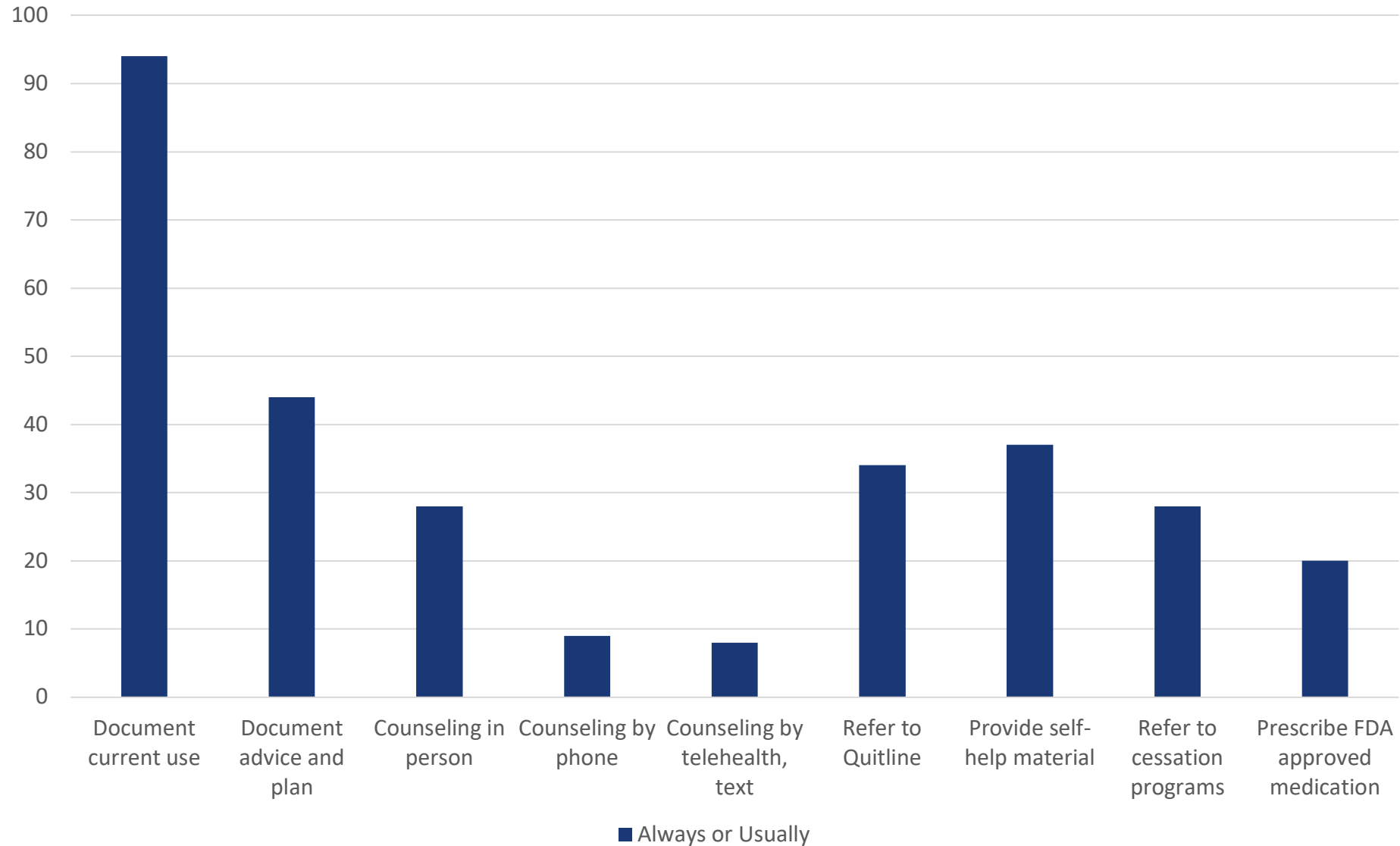
- 87% previously participated in Just ASK
- 96% of programs have a system for screening for smoking history and current use
  - 84% ALWAYS **ask** about smoking
  - 44% ALWAYS **advise** patients about smoking
  - 22% ALWAYS **assist** patients who are currently smoking to quit

# Available Resources

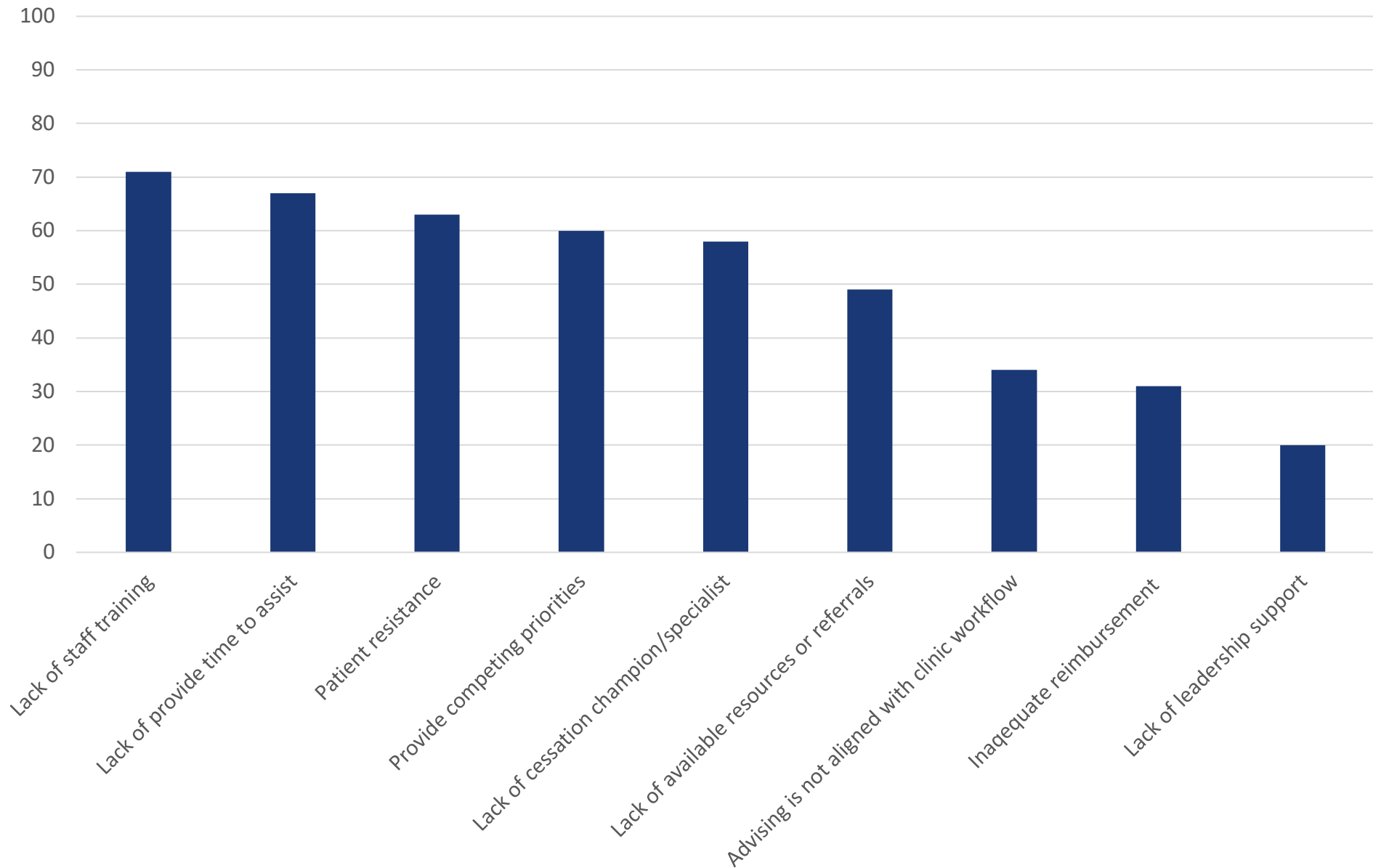




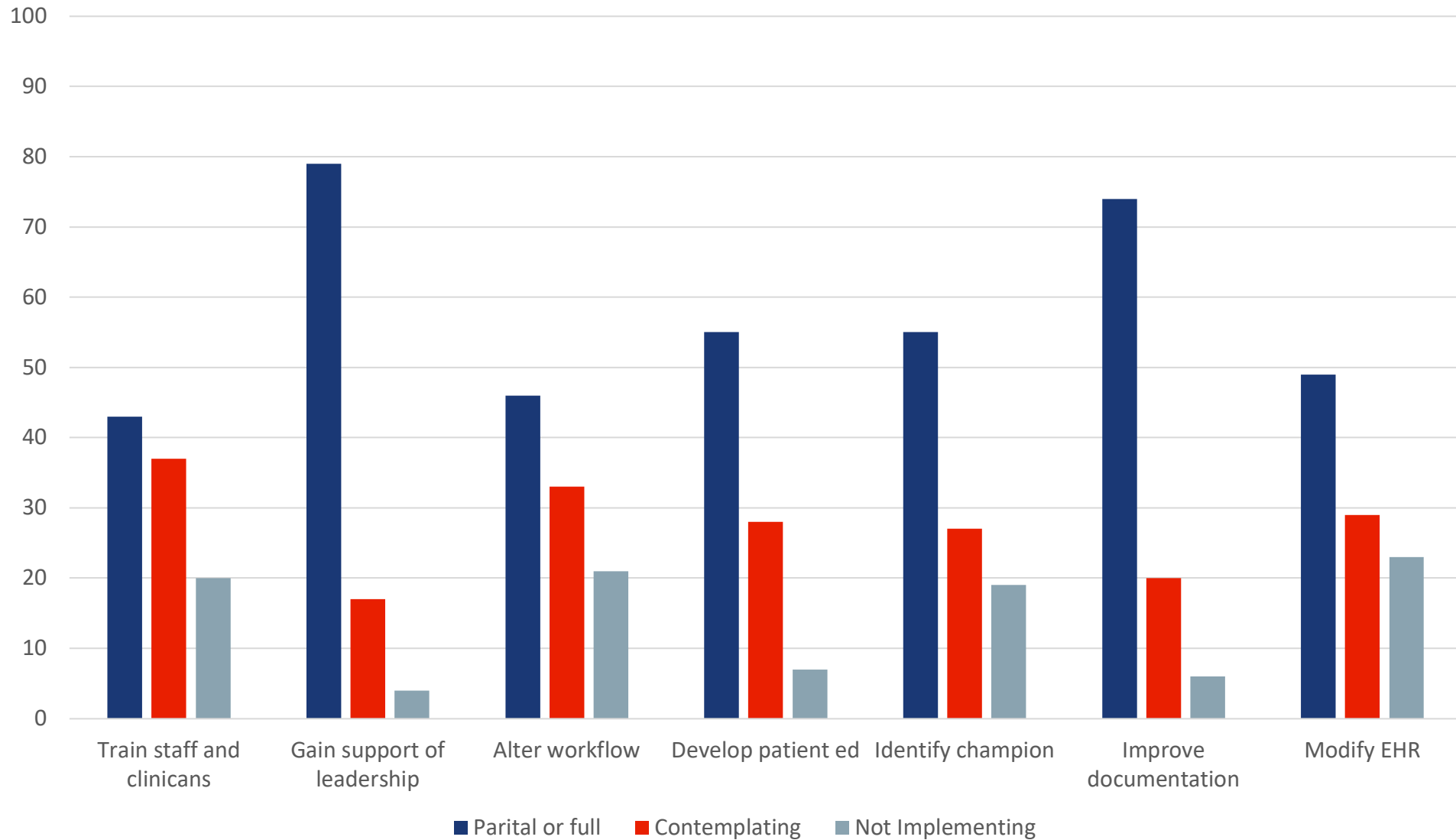
# Current Practices



# Perceived Barriers



What interventions are you considering?



# 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?

Assist type	Most or nearly all
In office brief counseling	41%
Referral to Quitline	27%
“In house” referral	14%
Community referral	13%
Web based referral	10%
Medication prescription	8%
In office behavioral counseling	8%

# Assisting and Referrals

Audrey Darville and Danielle McCarthy

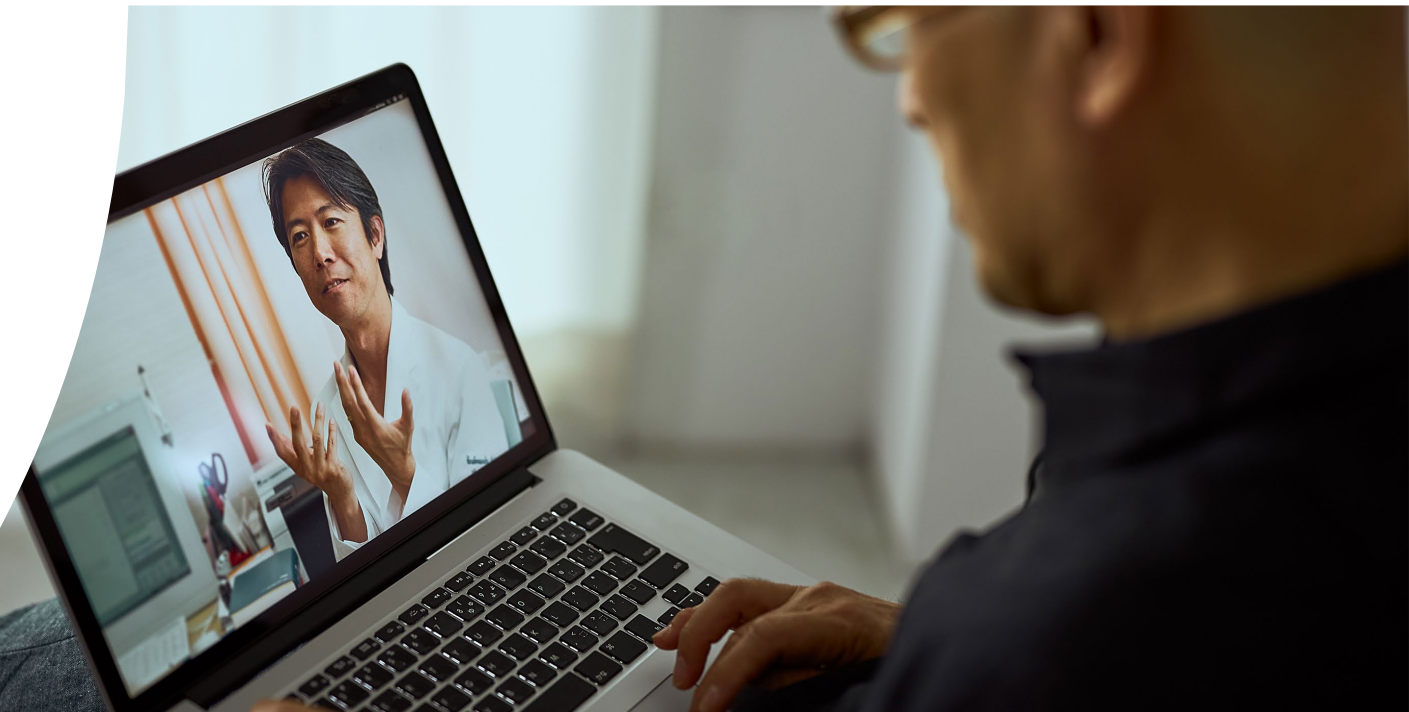


# Beyond Ask: Assisting and Referrals



# Fundamental Tenets

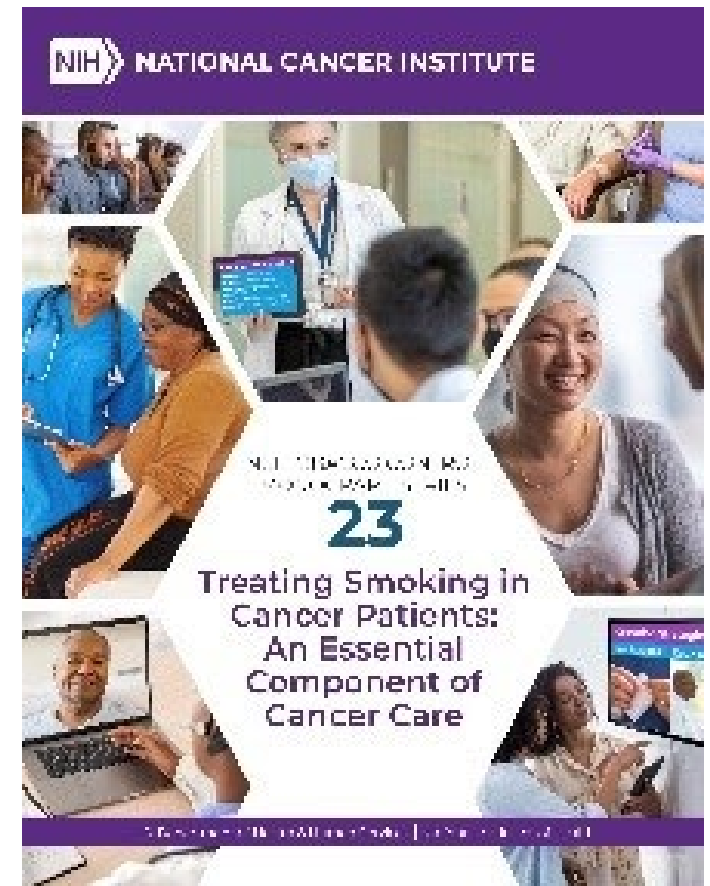
- Every patient should be encouraged to reduce smoking and/or make a quit attempt using counseling and medications
- Brief cessation advice and counseling is effective, and should be offered to every patient, whether or not they express interest in quitting



# 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**

(see Rigotti, N. A., Kruse, G. R., Livingstone-Banks, J., & Hartmann-Boyce, J. (2022). Treatment of Tobacco Smoking: A Review. JAMA, 327(6), 566-577. doi:10.1001/jama.2022.0395)





# 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.

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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.

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Individual, group, and telephone counseling effectiveness increases with treatment intensity



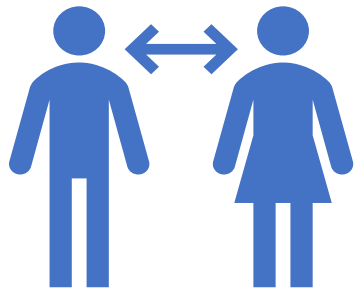
At least 4 or more behavioral counseling sessions are billable



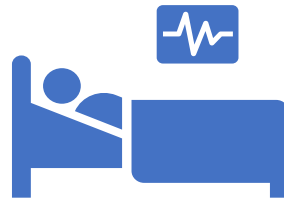
Evidence is growing for e-Health intervention effectiveness, but sparse for persons with cancer

# 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





# www.OncologyTobaccoTreatment.org

## 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](#)

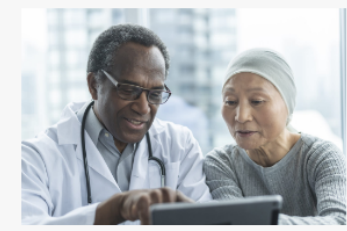
[Research Initiative Roadmap](#), and its content reflects lessons learned during the C3I effort to incorporate tobacco treatment as a pillar of cancer care and utilizes other existing resources and toolkits. This Roadmap is designed for diverse clinical cancer care settings, including community cancer 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.



[Register or Login to Access the Roadmap here.](#) Free registration is required to help us track utilization of this Roadmap.



# www.OncologyTobaccoTreatment.org

## 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)*

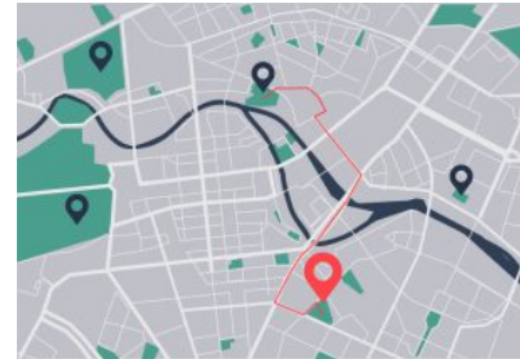
# www.OncologyTobaccoTreatment.org

Home / Oncology Tobacco Treatment Implementation Roadmap

## 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.

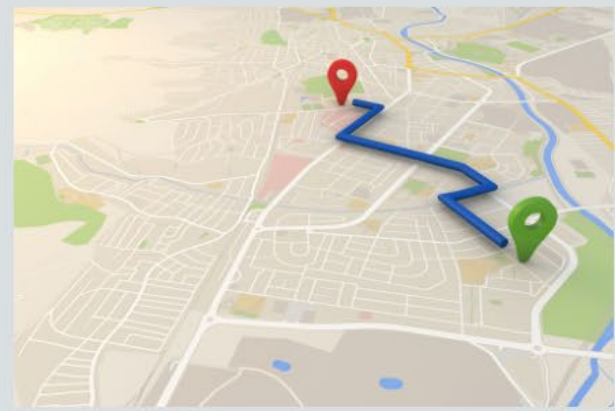


Roadmap



# 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

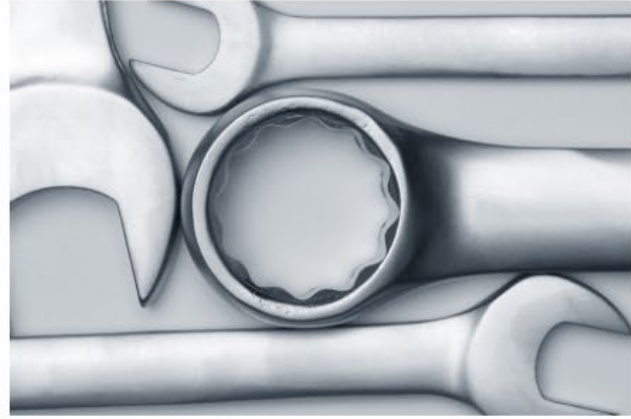
Sustainability roadmap to sustain the tobacco treatment program and its benefits. Coming soon.

# www.OncologyTobaccoTreatment.org



## 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.

# www.OncologyTobaccoTreatment.org

Home / Oncology Tobacco Treatment Implementation Roadmap / Pre-Implementation Module

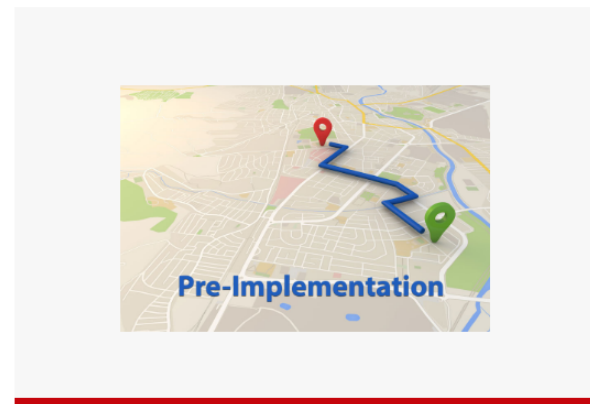
## Pre-Implementation Module

### 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

Implementation Module

# www.OncologyTobaccoTreatment.org

## 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.

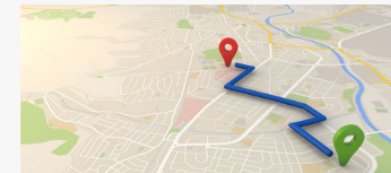
See our Case Studies for examples of successful programs.

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

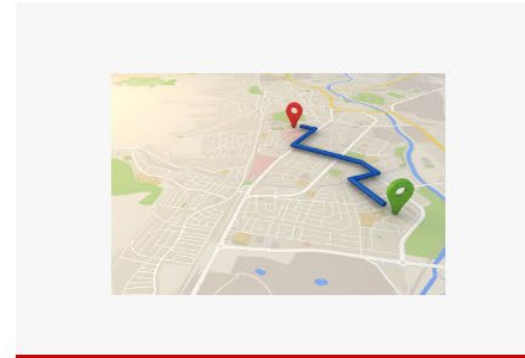
[Expand all](#) | [Collapse all](#)

- + Case Study A
- + Case Study B
- + Case Study C
- + Case Study D
- + Case Study E

# Program Planning Tool

Home / Oncology Tobacco Treatment Implementation Roadmap / Pre-Implementation Module / Tobacco Treatment Program Planning Tool

## Tobacco Treatment Program Planning Tool



Pre-Implementation Module

Implementation Module

Sustainability Module

# Program Planning Tool

## Target Population: Who are you trying to reach?

Expand all | Collapse all

+ 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



# Treatment Resources

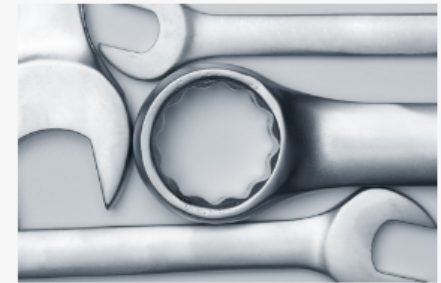
[Home](#) / [Oncology Tobacco Treatment Implementation Roadmap](#) / [Pre-Implementation Module](#) / [Tobacco Treatment Tools and Workflows](#)

## 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](http://www.smokefree.gov)), and interactive voice response (IVR) systems are also evidence-based and can provide psychosocial support in settings with limited



### Tip

One size does not fit all.  
Adapt a tobacco treatment program to work in your setting.



# Treatment Resources


## *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](#)

### CONTACT US

1930 Monroe St. #200, Madison, WI 53711

Map 

Email: [infoctri@ctri.wisc.edu](mailto:infoctri@ctri.wisc.edu)

Phone: 608-262-8673

### *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](#)

# Working with Patients at a Difficult Time

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.



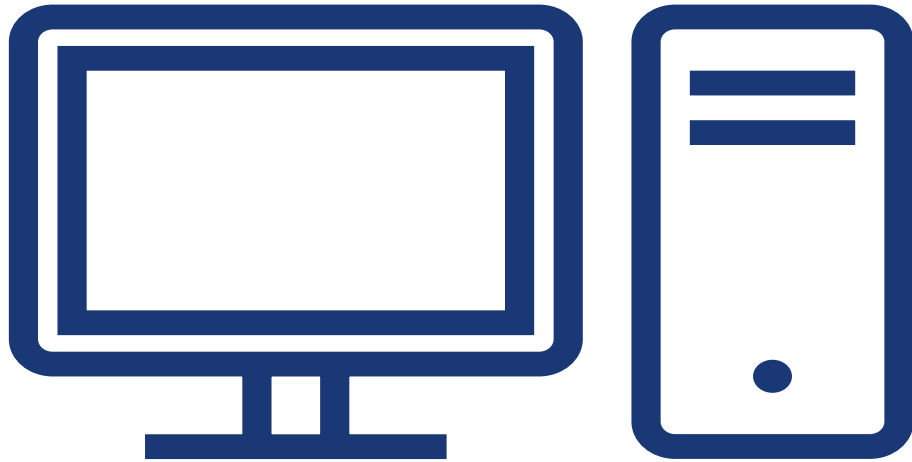
**Proactive** (cessation specialist makes initial contact) **or**

**Reactive** (tobacco user or recent quitter initiates contacts)

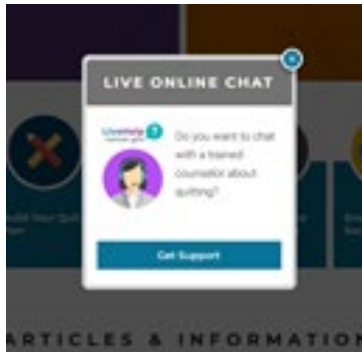
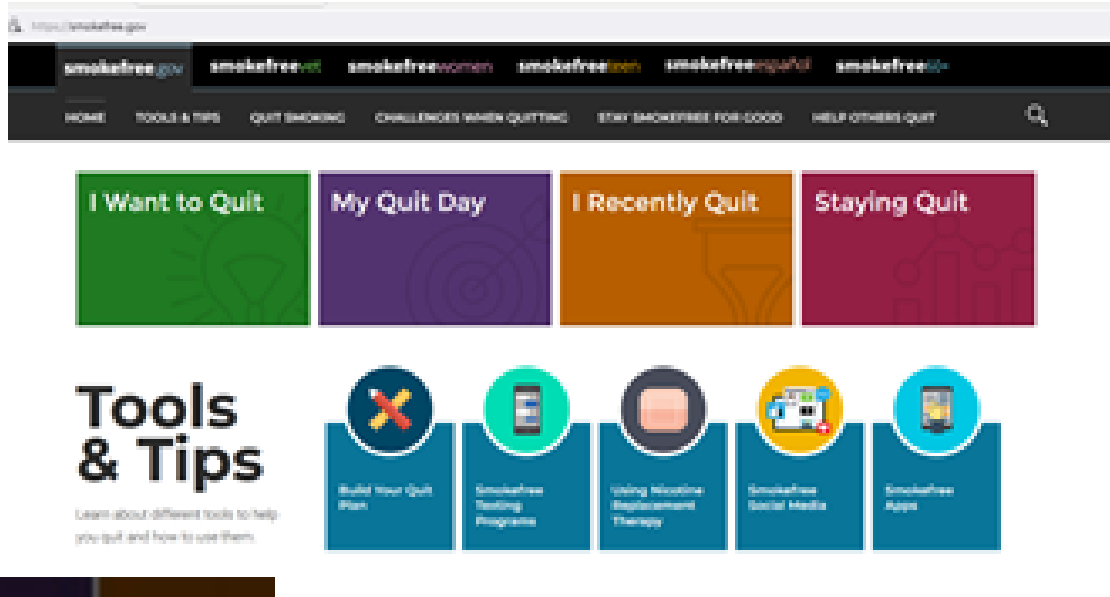
To find information on your state quitline, see:

<https://www.naquitline.org/page/mapus>

# 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



ARTICLES & INFORMATION

[www.smokefree.gov](http://www.smokefree.gov)



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

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>

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!

# 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](http://www.ctttp.org)



# Practical Examples from the Field

Patsy Astarita

SAVE THE DATE

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0  
2  
3

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](mailto:cancerqi@facs.org)

# Mark Your Calendar

All times 12pm CT

- July 21<sup>st</sup>
- October 13<sup>th</sup>
- December 15<sup>th</sup>



Questions?

An abstract graphic consisting of several overlapping, curved, ribbon-like shapes in various shades of blue and teal, positioned on the right side of the slide.



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