The Ins and Outs of Just ASK

June 9, 2022
Webinar 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 Moderator

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

Carol M. Bier-Laning, MD, MBA, FACS
Professor
Loyola Transfer Center Medical Director
Department Quality Medical Director
Department of Otolaryngology
Loyola University Medical Center
Maywood, IL

Amy Boudreaux, RN
Director of Cancer Program
Terrebonne General Health System
Houma, Louisiana

Graham Warren, MD, PhD, FASCO
Vice Chairman for Research,
Department of Radiation Oncology
Hollings Cancer Center
Medical University of South Carolina,
Charleston, South Carolina

Vickie Keeler, BSN, RN
Executive Director, Oncology Service Line
Grand View Health
Sellerville, PA
Agenda

- Welcome and Introduction
- Review rationale and metric reporting expectations- Dr. Timothy Mullett
- Intervention reminder
- Data and Interventions- Strategies and Successes
  - Dr Carol Bier-Laning, MD, MBA, FACS
  - Amy Boudreaux, RN
  - Vickie Keeler, BSN, RN
- Just ASKING- Dr. Graham Warren, MD, PhD, FASCO
- Intervention reminder
- Questions
- Adjourn
Just ASK Timeline

- **Feb 2022**: Just ASK Launch
- **April 2022**: Q1 Due
- **July 2022**: Q2 release
- **Sept 2022**: Q2 Due
- **Dec 2022**: Q3 release, Project end
- **Feb 2023**: Q3 Due

You are here
Questionnaire 2

- Will be released in early July
- Due September 1, 2022
- Content
  - Smoking assessment and cessation practices
  - Interventions
  - Metrics
## 2022 Tobacco Cessation Just ASK Questionnaire

**Assessment Period:** January 1-June 30, 2022

<table>
<thead>
<tr>
<th>Question</th>
<th>Required Value</th>
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<tbody>
<tr>
<td>During this assessment period, how many newly diagnosed patients were seen in your program?</td>
<td>* must provide value</td>
</tr>
<tr>
<td>During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use in your program?</td>
<td>* must provide value</td>
</tr>
<tr>
<td>During this assessment period, how many newly diagnosed patients reported that they were currently smoking?</td>
<td>* must provide value</td>
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<td>During this assessment period, how many newly diagnosed patients were provided with smoking cessation resources, or referred to a smoking cessation specialist?</td>
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Rationale and Requirements

This is required

We cannot answer Q. 2-4

We cannot get to the data

OR

We are not doing this

During this assessment period, how many newly diagnosed patients were seen in your program?

* must provide value

During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use in your program?

* must provide value

During this assessment period, how many newly diagnosed patients reported that they were currently smoking?

* must provide value

During this assessment period, how many newly diagnosed patients were provided with smoking cessation resources, or referred to a smoking cessation specialist?

* must provide value
## Just ASK Quality Improvement Project & Clinical Study

The 2022 CoC and NAPBC Assessment of Smoking in New Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK is an elective quality improvement project focused on strengthening evidence-based care across participating programs by leveraging existing resources to address smoking by ASKing all newly diagnosed cancer patients about their smoking status.

The goal of this PDSA to increase and improve the integration of smoking assessment as a standard of care. Participation will require completion of three questionnaires to track progress during the project. This opportunity is being provided to all currently accredited Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) programs, as well as those that have applied for CoC or NAPBC accreditation.

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Data and Interventions- Strategies and Successes

Carol M. Bier-Laning, MD MBA, FACS
Professor
Loyola Transfer Center Medical Director
Department Quality Medical Director
Department of Otolaryngology
Loyola University Medical Center
Data and Interventions- Strategies and Successes

Amy Boudreaux, RN
INTERVENTIONS

- Collect data
- Obtain buy-in from staff and providers
- Develop smart phrase and mark as favorite for providers for ease with documentation and reporting
- Educate staff on questions to ask in Epic
- Work with IT to develop monthly reports to include smoking status, start date, quit date, ready to quit, smoking cessation referral
BARRIERS

- Obtaining accurate reports from IT
- No smoking cessation program in the cancer center
- Lack of patient education
- Buy-in from staff – not enough time in appointment to address
SMOKING CESSATION 2021

Numerator
Denominator
Percentage
NEXT STEPS

Develop work group:
• patient education pamphlet
• deeper dive into data collection
• track referrals
• workflow to ask all patients
• pend referrals to providers
Grand View Health
Sellersville, PA
Vickie Keeler, Executive Director, Oncology Service Line
Initial Plan

• Assemble a team
  • Medical Assistant
  • Breast Care Navigator
  • IT Analyst
  • Leadership
  • Breast Program Medical Director

• Assess the current workflow

• Create a plan to Improve Asking

• Create a plan to collect data
  • Breast only related to multiple EMR’s
Interventions

• Initial Implementation Strategies:
  • Educate the cancer committee and team about the QI project
  • Communicate about the workflow plan including educational materials
  • Identify where in Meditech assessment is located and how it is identified
  • Identify who is asking patients
  • Create a policy and procedure
  • Make educational materials easily available
  • Work with IT to create a registry
Challenges

• Small community hospital without a brick-and-mortar cancer center
• Multiple EMR’s
  • Meditech – Hospital
  • MOSAIQ - Radiation Oncology
  • ONCOEMR – Medical Oncology
• Inability to run reports
  • How do we access data?
• Need to build a registry
  • Unable to define a date range
• Cancer Registrar does not collect smoking history
• Need to add smoking cessation for provider
• Limited staff
Current every day smoker - Current some day smoker - Former Smoker - Never smoker - Smoker, status unknown

Tobacco Type: Cigarettes  Pipe  Cigars  E-Cigarettes  Smokeless tobacco
Frequency: ____

Unknown if ever smoked       Heavy tobacco smoker       Light tobacco smoker

Smoking Cessation: Counseling     Nicotine replacement     Prescription     Other

Smoking Cessation Time Spent Counseling: ___
## Registry Report

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Diagnosis</th>
<th>Smoking Status</th>
<th>Smoking Cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willy Wonka</td>
<td>Breast Cancer</td>
<td>Former Smoker</td>
<td>N/A</td>
</tr>
<tr>
<td>Princess Buttercup</td>
<td>Breast Cancer</td>
<td>Current Every Day Smoker</td>
<td>NRT, Counseling &gt; 10 min</td>
</tr>
<tr>
<td>Elizabeth Swan</td>
<td>Breast Cancer</td>
<td>Current Some Day Smoker</td>
<td>Counseling 3-10 min</td>
</tr>
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Successes

- Assembled a team
- Access to Krames and OncoLink patient education.
- Smoking Cessation Implementation Plan
  - Physician Counseling
  - Patch / Medication ordered by provider
  - Referral to BCHIP for a free 5-week smoking cessation program
  - Krames and Oncolink educational handouts
- IT built a registry
Lessons Learned

• EMR reporting limitations
  • Meditech limitations
• Registry still had limitations
  • Inability to sort by date
Where and How to Collect Data- Examples and Touchpoints

Graham Warren, MD, PhD, FASCO
Assemble a team

CORE TEAM
Project lead
Clinical champion(s)
  • Physician
  • Nursing
  • Medical assistant supervisor
Evaluation
  • IT analyst
  • Cancer registrar
Administrative staff
  • Registration or scheduling

Other Internal Members
Multidisciplinary clinical team
  • Pharmacy
  • Social work
Clinical Leadership
  • Cancer Committee
  • Ambulatory or Hospital
Marketing or communications

EXTERNAL STAKEHOLDERS
Patients who are current or former smokers
Community-based organizations
Local or state public health programs
Other cancer programs
Discuss specific and achievable goals for your cancer program. Assess current workflow. Define how your cancer program will complete ASK reporting.

Registeration check-in → Patient questionnaire → Medical assistant vitals and rooming → Oncology provider encounter

Where is smoking status assessed and documented? What data will be extracted?

Create a plan to improve ASKing for all new cancer patients
Refresh: When do you ASK?

At transitions of care

At 1st encounter
(not sensitive to behavior change)

Once a month

Pair with distress screening

At every encounter
(not sensitive to practical demands)

Physical Concerns
- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical abilities
Smoking: the Continuum of Cancer Care

Primary Care
- Symptom, Incidental finding, or baseline risk (genetics, exposure)
  - Primary tobacco prevention
  - Cessation in public health
  - Standard tobacco restrictions

Workup and Diagnosis
- Selection of Treatment (Surgeon, Med Onc, Rad Onc)
  - Engagement primary care patients importance cessation cancer care
  - Early identification referral

Selection of Treatment
- Cessation Specialist
  - Cessation as EFFECT MODIFIER
  - Cessation prior to with other cancer treatments

Treatment
- Repeat periodic assessments
- Congratulate on progress
- Assist with recalcitrance

Follow-up
- Awareness smoking effects other health conditions (heart dz, stroke, etc.)
- Focus on continued cancer importance

Primary Care
The Clinical Flow for Cancer

Risk (screening, incidental findings)

→ Referral

→ Workup

→ Diagnosis

→ Treatment selection and teams

→ Treatment delivery

→ Follow-up
Clinical Flow Opportunities

**Risk (screening, incidental findings)**
- Referral
- Workup
- Diagnosis
- Treatment selection and teams
  - Treatment delivery
  - Follow-up

**Large Matrixed Center**
- Cancer embedded as one of many medical specialties
- Smoking likely assessed early in pathway
  - Smoking likely required as a core component of the institution
  - Key task may be to find it and improve
- ASK likely encountered in risk, referral, and workup
- Consider engaging primary care, referring physicians, registration and scheduling to improve ASKing
- Significant progress may be made just by finding when and where smoking is ASKed

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**Stand Alone Cancer Center**

- Cancer as the only medical specialty
- Smoking not assessed prior to first contact with center
  - Smoking may NOT be a core component
  - Likely assessed through EMR
- ASK likely encountered in workup, diagnosis, treatment selection, or treatment delivery
- Consider engaging registration and scheduling, triage, nursing, and clinicians to improve ASKING
- Can start within a single clinic and grow within the cancer center
Clinical Flow Opportunities

Risk (screening, incidental findings) → Referral → Workup → Diagnosis → Treatment selection and teams → Treatment delivery → Follow-up

**Specialty Medical Clinic**
- Surgery, medical oncology, or radiation oncology
- Smoking may be assessed through an oncology specific EMR (Aria, Mosaiq, other) or on paper
  - Smoking may not be assessed at all
- ASK likely encountered in in treatment teams and treatment delivery
- Clinical flow may be very specific
- Consider engaging nursing and clinicians to improve ASKing
- Significant progress can be made within an individual clinic over a short time

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Clinical Flow Opportunities

Risk (screening, incidental findings)
  ▼
  Referral
  ▼
  Workup
  ▼
  Diagnosis
  ▼
  Treatment selection and teams
  ▼
  Treatment delivery
  ▼
  Follow-up

**Multiple Cancer Clinics/Sites**
- Specific clinical flows can be difficult to tackle
- Potentially different smoking assessment procedures, EMRs, etc.
- ASK likely differs across varied settings
- DON’T lose hope or take on too much
- Focus on one or more clinics with vested interest
  - Engage nursing and clinicians
  - Find out where smoking is assessed and how it can be improved
  - Start small and grow
Common Themes

• Remember, most clinical teams are stretched thin, HOWEVER, what we are doing will improve patient outcomes
  • ASKing is the first step to significantly improving cancer and non-cancer outcomes for patients
  • EVERY PATIENT WHO QUILTS SMOKING WILL HAVE A SIGNIFICANT CANCER OR NON-CANCER HEALTH BENEFIT
  • **The people who ASK are the people who give our patients a chance**
• Many teams have never conceptualized flow of a patient through their individual cancer treatment journey and don’t know what touchpoints exist
• Identifying **key touchpoints specific to your setting** can help focus on where improvements can happen
• COMMUNICATE to key groups that they are making the difference to help our cancer patients
• COMMUNICATE progress as they improve ASKing
• LISTEN to feedback from key groups
• ADAPT to what they need
• IMPLEMENT informed change to improve ASKing
To provide effective tobacco cessation treatment, you must **ASK** about smoking status. **It’s the first step.**

1. **Ask** about smoking status *Only Criteria for Credit*
2. **Advise** patients who smoke to quit
3. **Refer** patients who smoke to a treatment program, or
   **Connect** patients who smoke with a treatment program
# Just ASK Quality Improvement Project & Clinical Study

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| Gained support of center/program leadership |

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Next Just ASK Webinar:
July 21st at 12pm CDT
Upcoming Coming Conferences and Webinars

Conferences:
ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care - Virtual
July 5, 2022

ACS Quality and Safety Conference – In Person
July 15 – 18, 2022
Chicago, IL

Webinars:
PROMPT: Next Steps After Enrollment and Answers to FAQs
Wednesday, June 15, 2022, at 12 pm CDT

CAnswer Forum LIVE – October 2022
Wednesday, October 12, 2022, at 12 PM CDT

https://www.facs.org/quality-programs/cancer-programs/education/
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