

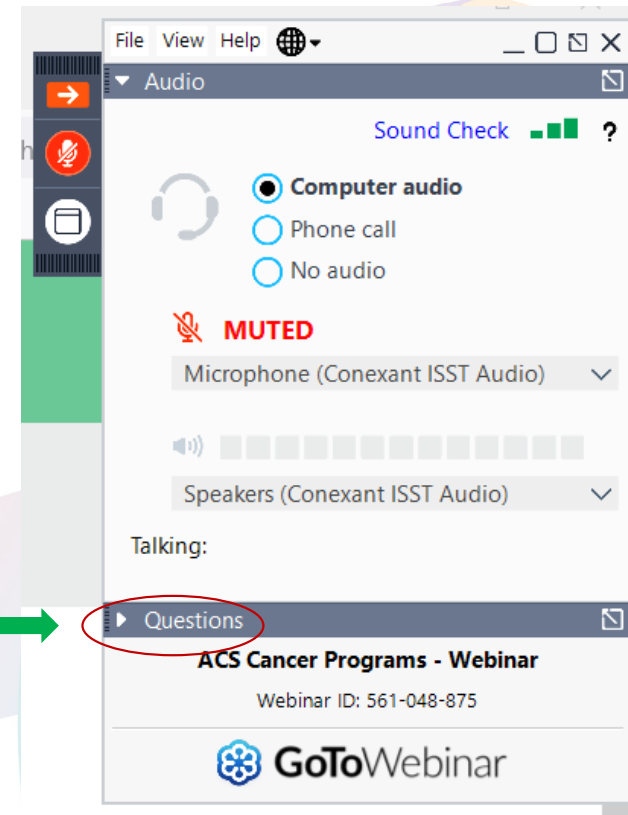


Beyond ASK: Techniques and Strategies for Advising and Assisting

July 21, 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



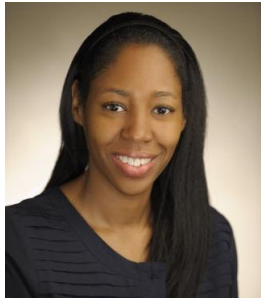
Introducing our Moderator and Panelists



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



Jamie Ostroff, PhD
Chief, Behavioral Sciences Services and Vice Chair
for Research
Director, Tobacco Treatment Programs
Department of Psychiatry & Behavioral Sciences
Memorial Sloan Kettering Cancer Center



Jessica Burris, PhD
Associate Professor & Director of Clinical Training
Director, Patient-Outcomes and Population Sciences
Director, Psychology Internship Consortium
University of Kentucky



Sharon Dobbins
Respiratory Therapist
Patrick Harlan
Director of Business Development
Maury Regional Health

Agenda

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

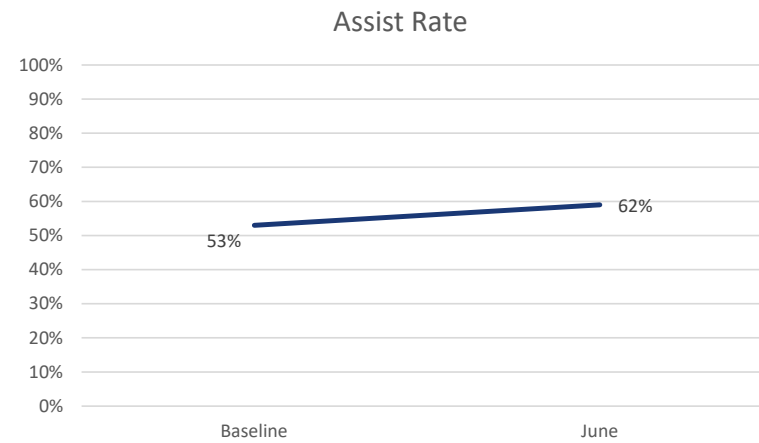
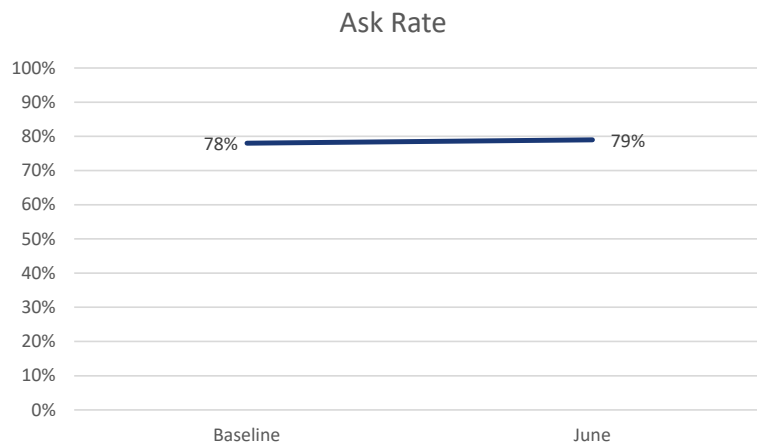
Baseline Data

Timothy Mullett



Ask and Assist (All)

Baseline to June



Ask and Assist by Program Category

Facility Type	Ask	Assist
Academic (n=24)	96.3%	28.4%
Community (n=59)	88%	71.1%
Comprehensive Community (n=96)	92.1%	76.3%
Integrated Network (n=104)	72.7%	57.7%
All other (n=38)	58.7%	47.6%

Strategies - Most Identified (nearly all or most)

Baseline	June
Referral to Quitline (31%)	Brief in office counseling (45%)
Brief in office counseling (20%)	Referral to Quitline (35%)
“In house” referral (15%)	“In house” referral (21%)
Community referral (12%)	Web based referral (16%)
Web based referral (12%)	Community referral (14%)
Cessation medication prescription (8%)	Behavioral counseling (11%)
Behavioral counseling (7%)	Cessation medication prescription (7%)

% does not represent number of programs that choose the option, but % that choose the specific option

Beyond Asking: Advising and Assisting

Jessica Burris



BEYOND ASKING = ADVISING + ASSISTING

JESSICA L BURRIS, PHD

Associate Professor
Department of Psychology | Markey Cancer Center



7/21/202
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ASK, ADVISE, & ASSIST (AND ARRANGE)



JAMA
Network | **Open**TM

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

JAMA Network Open. 2019;2(9):e1912264.



ASK, ADVISE, & ASSIST (AND ARRANGE)



1. Ask all patients about smoking status
2. Advise all patients who smoke to quit (or reduce to quit)
3. Assist all patients who are open to quitting (or reducing) in doing so
4. Arrange follow-up with all patients who smoke (those quitting or otherwise)

ASK, ADVISE, & ASSIST (AND ARRANGE)

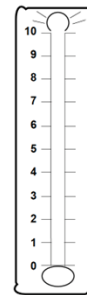
When do you ASK?

NCCN Guidelines Version 1.2022 Distress Management

Physical Concerns

- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical appearance

Extreme distress



No distress

With distress screening

At onset and transitions of care

At 1st encounter

(insensitive to behavior change)

Once a month

(maximize reach without undue burden)

At every encounter

(insensitive to practical demands)

ASK, ADVISE, & ASSIST (AND ARRANGE)

What do you ADVISE?

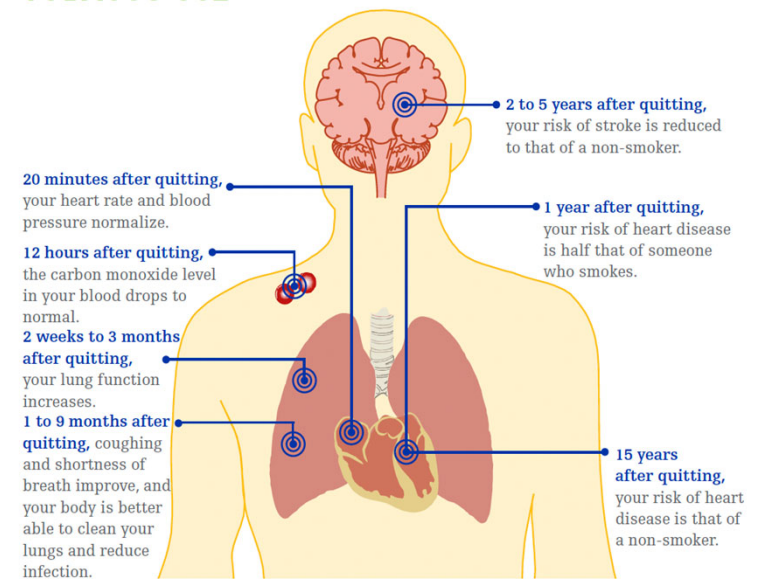
- Advise patients to quit in a clear, positive, and personal way
 - “At your last appointment, you said you smoke more when you’re stressed, and I know coping with cancer is stressful.
 - I also know you said you want to do whatever you can to fight your cancer.
 - Quitting smoking is one of the best things you can do for your health – even now as you prepare for surgery.
 - I recommend you try to quit smoking, and there’s people here who can help you do it.”
- Advise patients to use evidence-based smoking cessation treatment
 - “A lot of people who smoke want to quit on their own. I don’t recommend you take that approach.
 - The nicotine in cigarettes is addictive, and the chance of quitting successfully without the use of both medication and counseling is low.
 - I want you to succeed, so I’d like you to work with one of our TTS here.”
- Advising only takes 3-5 minutes and it can be incredibly powerful

ASK, ADVISE, & ASSIST (AND ARRANGE)

How do you ASSIST?

- Provide education about effective smoking cessation treatments, including benefits, risks, and typical course

BENEFITS YOU WILL NOTICE AFTER QUITTING TOBACCO USE



ASK, ADVISE, & ASSIST (AND ARRANGE)

How do you ASSIST?

- Address common misconceptions about smoking cessation treatment



Image from <https://www.target.com/p/nicorette-4mg-stop-smoking-aid-nicotinegum-white-ice-mint-100ct...>

Do you actually chew nicotine gum? ^

Nicotine gum is not like regular chewing gum.

To use it correctly, bite down slowly on the gum until you feel a tingling in your mouth. Then “park” the gum between the inside of your cheek and your gums. Hold it for about a minute to let the nicotine absorb into your body.



Centers for Disease Control and Prevention (.gov)

<https://www.cdc.gov/tips/quit-smoking-medications>

ASK, ADVISE, & ASSIST (AND ARRANGE)

How do you ASSIST?

- Provide resources to help address barriers to smoking cessation, both acute (e.g., financial cost of treatment) and chronic (e.g., depression, unstable housing)

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A Resource Guide
for Cancer Survivors in Kentucky

ASK, ADVISE, & ASSIST (AND ARRANGE)

How do you ASSIST?



- Assist the patient personally
- Provide medication (recommendations) and counseling yourself



- Connect the patient with another provider who will treat them
- Make the transfer of care seamless
- Patient is not the responsible party



- Refer the patient to another provider who will treat them
- Provide contact info, confirm availability and appropriateness
- Patient is the responsible party

Arrange follow-up and monitor outcome

THANK YOU

Stigma, Smoking and Cancer

Jamie Ostroff

What we say and How we say it: Words Matter!

PEC Innovation 1 (2022) 100025



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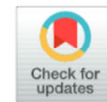
Contents lists available at [ScienceDirect](#)

PEC Innovation

journal homepage: www.elsevier.com/locate/pecinn



Reducing stigma triggered by assessing smoking status among patients diagnosed with lung cancer: De-stigmatizing do and don't lessons learned from qualitative interviews



Jamie S. Ostroff ^{a,*}, Smita C. Banerjee ^a, Kathleen Lynch ^a, Megan J. Shen ^{b,c}, Timothy J. Williamson ^a, Noshin Haque ^a, Kristen Riley ^d, Heidi A. Hamann ^e, Maureen Rigney ^f, Bernard Park ^g



Memorial Sloan Kettering
Cancer Center

Stigma, Smoking and Cancer

How does stigma interfere?

- Patient guilt, shame, blame, distress
- Avoidance
- Misreporting



You're not still smoking, are you?

Are you a smoker?

Do you smoke?



Memorial Sloan Kettering
Cancer Center

1. Don't

“...and us for a just, ‘W didn’t s themself

“And at one of the follow cold, I had a fever and a to me—and this is a foot had quit smoking nine a said to me, ‘Well, you’re some cigarettes. You’re I said, ‘No, I’m not.’ And come on.’ And I said, ‘No, over ten years.’

““ s; al s; al th w

“...but I’ve noticed that even healthcare professionals will, when they’re talking to someone with breast cancer will move towards them. When they talk to someone with lung cancer, I’ve noticed they step back.”

’ He ur ’ He hink d, ‘Not r poor it

2. Don't presume

5. Don't avoid the patient.

3. Don't

“Seriously, barely looked at me, and he said, ‘Yeah, no, I’m not going to operate on you because you have lung cancer because you smoked, and you’re going to die within six months’ - - and my husband, I told my husband I was going to pass out, and I just looked at him and went, ‘What?’

care d

Do's for OCPs to

actions around Smoking

“Saying, ‘This is a list of things we go over with all patients so that we can develop a treatment map or a plan that is significant to you and your needs’”

Do normalize

other resources (like support

Do **acknowledge** the causal relationship between smoking and lung cancer, as well as other known and unknown risk factors for lung cancer.

“And the medical professionals that are coming in contact with patients need to be educated about what it means to a patient that has lung cancer to be confronted with that, whether they were a smoker, whether they weren't a smoker, if they're currently a smoker, if they're a former smoker, they need education.”

Do **acknowledge** challenges (for patients with

challenges

with the

Do **respond** and provide information.

addressing

level with the patient.

Do ask more of

“The thing that I like, I told him how many years I had smoked [and] he said 'well, that's in the past.' You know, 'let's take it from now.’”

experience

oriented toward the

Do allow patient

about the consultation.

Do **provide a rationale** for asking smoking-related questions.

Do **provide more communication training.**

Do offer hope.

Do get educated about smoking status and lung cancer.

Some Suggested Talking Points

*OPENER/ICE BREAKER: Smoking cigarettes can greatly impact your cancer care and recovery. I do appreciate that discussing smoking can be a sensitive topic but I want you to know that we ask **all** of our patients about cigarette smoking so that we can provide the best possible cancer care, including providing smoking cessation support to help you quit smoking/be smoke-free.*

HOW TO MAKE A REFERRAL THAT STICKS: I don't have specific expertise in quitting smoking but we have staff on our team who do. Reducing smoking or quitting completely is important for the success of your cancer treatment and your recovery, so I will make a referral to our Treatment Tobacco Program. Many of my patient think that they can and will quit on their own. Other patients are overwhelmed and not quite ready to quit, but they can benefit from help in reducing their smoking in preparation for quitting. You should expect a phone call from our TTP staff who will tell you more about our helpful cessation support services and work with you to address your needs.



Empathic communication skills may improve patient engagement

TBM

BRIEF REPORT

Responding empathically to patients: a communication skills training module to reduce lung cancer stigma

Smita C. Banerjee,^{1,8} Noshin Haque,¹ Carma L. Bylund,² Megan J. Shen,³ Maureen Rigney,⁴ Heidi A. Hamann,⁵ Patricia A. Parker,⁶ Jamie S. Ostroff⁷

¹Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, NY 10022, USA
²Division of Hematology & Oncology, College of Medicine, University of Florida, Gainesville, FL 32611, USA
³Department of Medicine, Weill

Abstract

Most lung cancer patients report perceiving stigma surrounding their diagnosis, and routine clinical interactions with their health care providers (HCPs) are reported as a common source. The adverse effects of lung cancer stigma are associated with several adverse psychosocial and behavioral outcomes. One potential clinician-level intervention target is empathic communication because of its association with higher rates

Implications

Practice: Communication skills training module that teaches health care providers (HCPs) to respond empathically to patients is feasible and acceptable and can be applied/rolled out into clinical settings to ensure its translational potential.

[Thoracic Oncology Original Research]

CHEST

Oncology Care Provider Training in Empathic Communication Skills to Reduce Lung Cancer Stigma

Check for updates

Smita C. Banerjee, PhD; Noshin Haque, BA; Elizabeth A. Schofield, MPH; Timothy J. Williamson, PhD, MPH; Chloe M. Martin, PhD; Carma L. Bylund, PhD; Megan J. Shen, PhD; Maureen Rigney, LCSW; Heidi A. Hamann, PhD; Patricia A. Parker, PhD; Daniel C. McFarland, DO; Bernard J. Park, MD; Daniela Molena, MD; Aimee Moreno, BA; and Jamie S. Ostroff, PhD

- Well-intended and clinically indicated assessments of smoking history may activate feelings of guilt, regret and stigma.
- Empathic communication skills training designed to prevent and mitigate stigma during medical encounters.
- Feasible, acceptable and promising provider-level intervention
- National multi-site trial of ECS training with OCPs treating patients with lung cancer is underway (R01CA255522; MPI: Banerjee/Ostroff)



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Cancer Center

Smartphrases aka Cheatsheet for Empathic Discussions about Smoking and Cessation

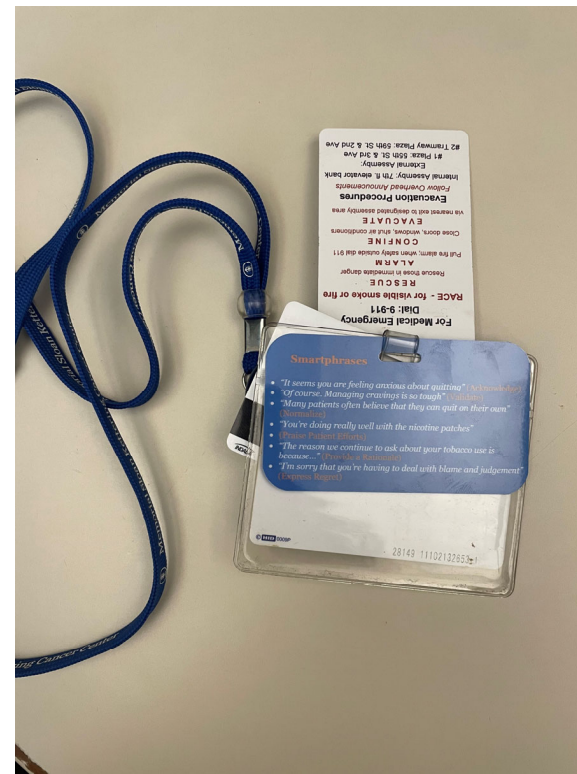
Empathic Communication Skills



1. Encourage expression of feelings
2. Acknowledge
3. Validate
4. Normalize
5. Praise patient efforts
6. Provide a rationale
7. Prepare patient for recurring smoking questions
8. Suggest counter arguments

Smartphrases

- *"It seems you are feeling anxious about quitting"* (Acknowledge)
- *"Of course. Managing cravings is so tough"* (Validate)
- *"Many patients often believe that they can quit on their own"* (Normalize)
- *"You're doing really well with the nicotine patches"* (Praise Patient Efforts)
- *"The reason we continue to ask about your tobacco use is because..."* (Provide a Rationale)
- *"I'm sorry that you're having to deal with blame and judgement"* (Express Regret)





Supported by NCI R25CA217693



Virtual Workshop
October 16-17 2023

Contact Noshin Haque haquen1@mskcc.org
646-888-0226



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Cancer Center



Practical Examples from the Field

Sharon Dobbins

Nicotine Cessation

Sharon Dobbins, Respiratory Therapist
Patrick Harlan, Director of Business Development



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Background

- **Presenter Background:** Sharon Dobbins was a Respiratory Therapist at MRMC for 39 years and a former smoker. She attended a Florida State University three-day tobacco treatment training on understanding dependence, science-based treatment tools to help tobacco users to achieve freedom from nicotine.
- **Class background:** We have learned that the best time to get good attendance is January for New Year resolutions and promote it as such.

Material used

- American Lung Association's "Freedom from Smoking"
- Krames "You can quit tobacco" for dippers
- *both use the same outline to help people quit*

Advertising & Promotion

- Social Media
- Local radio
- Flyers distributed at community and employer outreach events
- E-mails to community service agencies and employers
- We have people register using sign-up genius.

Duration

- 4-5 weeks usually (sometimes 6)
- Let the participants guide us if they want to extend the days.

Class 1 points covered:

- Deciding to Quit
- Reasons to quit
- Discuss forms of tobacco & vaping
- The dangers of tobacco
- Discussion about nicotine and its affects
- The benefits of quitting
- Discuss benefits of tobacco cessation and the changes that take place.
- We will add a MD to speak next class series in 2024.

Class 2 points covered:

- Preparing to quit
- Barriers to quitting
- Overcoming barriers to quitting
- Understanding addiction & your triggers
- Creating a personal plan to quit
- Using medications & Nicotine Replacement Therapy
- Getting support
- Planning ahead for situations that trigger tobacco use
- Distractions to use and practicing relaxation
- Focusing on how to reward yourself

Class 3 points covered:

- Planning and setting quit day
- give out Nicotine Replacement Therapy
- staying focused
- managing cravings
- Emphasize the importance of celebrating milestones & rewarding the change in behavior
- Getting through the first few weeks
- Bring in a panel of former smokers for Q&A

Class 4 (5 & 6 if added):

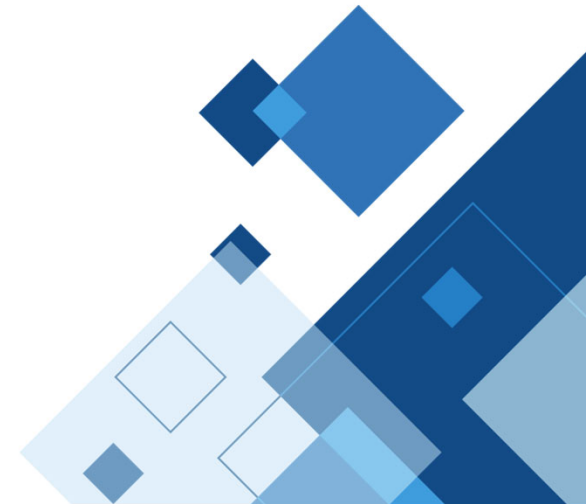
- Handling any slips or relapses
- Tips & dealing with relapses
- Support, celebrate and helping others
- Support, celebrate and helping others
- Keep the rewards coming
- Ask for help (apps, groups, quit lines)

Educational material used:

- American Lung Association's "Freedom from Smoking"
- Krames "You can quit tobacco" for dippers
- *both use the same outline to help people quit*



The Maury Regional Health Care Foundation provides funding for our workbooks and six weeks of Nicotine Replacement Therapy patches and gum.



Audiences

- One class on Maury Regional Medical Center campus: Broad community, employers, Maury regional employees
- Classes at some employers if they get 10 or more participants
- Class at a Female Halfway house for recovering from drug / alcohol addiction

Questions?

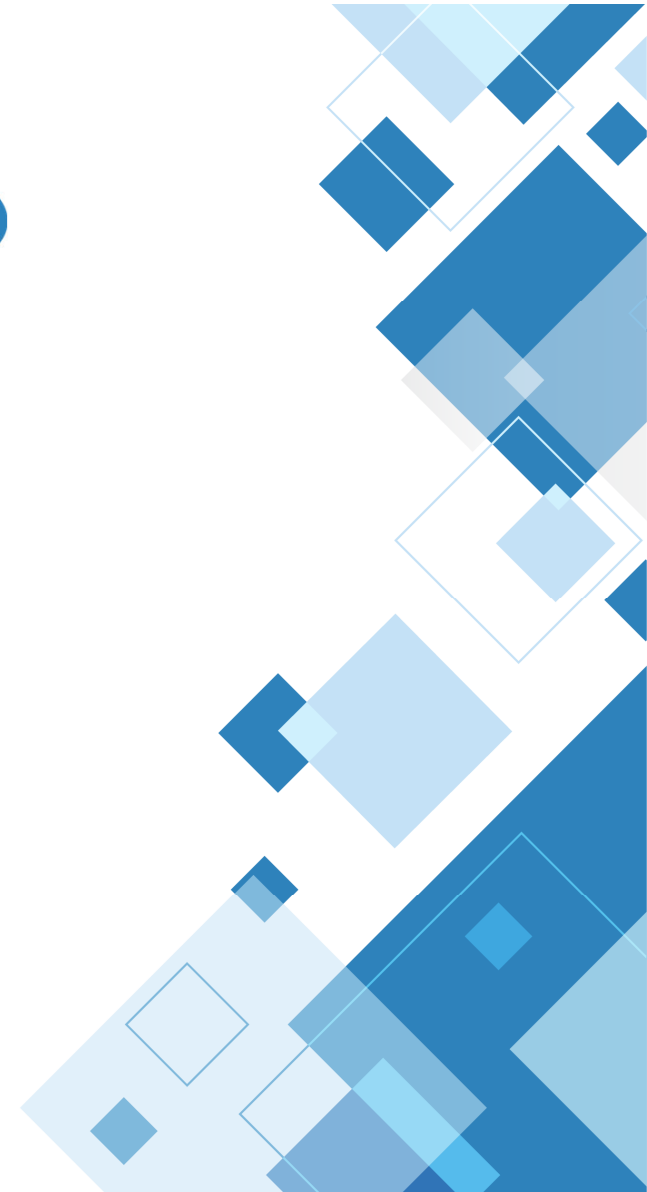
Sharon Dobbins, Respiratory Therapist

Patrick Harlan, Director of Business Development

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**MAURY REGIONAL
HEALTH**



ACS Cancer Conference 2024

February 22-24, 2024 | Austin, TX

Save the Date

facs.org/cancerconference

ACS Cancer Programs
American College of Surgeons

Reminders

- Next data collection “Opens” August 1 and is due August 15
 - Patients seen between June 1-July 31
 - Metric collection will be sent directly to the primary contact’s email by August 1
 - If you need to change the primary contact, please reach out to cancerqi@facs.org
- Next data collection
 - Metrics
 - What “Step” are you currently working on
 - What strategies are you undertaking

Mark Your Calendar for Future Webinars

All times 12pm CT

- October 13th
- December 15th



Questions?





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ACS Cancer Programs



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