# Just ASK: Beyond ASK

December 9, 2022

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
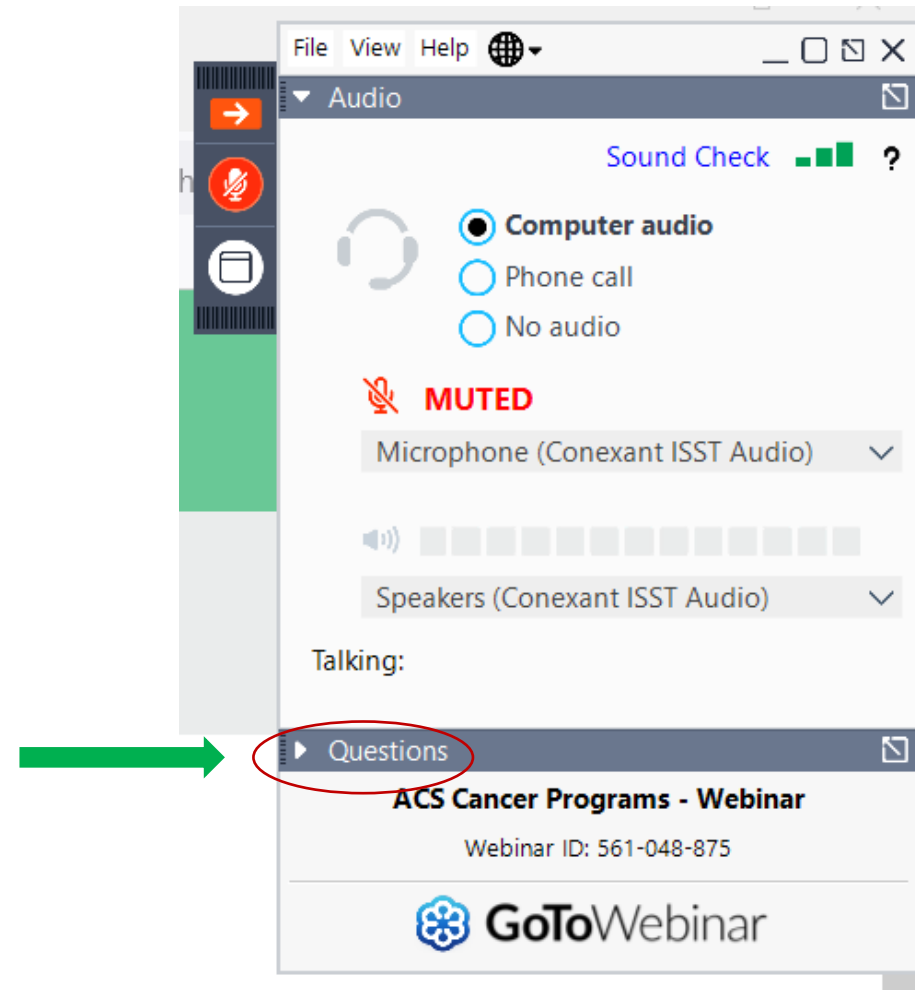
Introducing Our Moderator

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

Introducing our Panelists

Jamie S. Ostroff, PhD
Chief, Behavioral Science Service
Director, Tobacco Treatment Program
Department of Psychiatry & Behavioral
Sciences
Memorial Sloan Kettering Cancer Center
New York
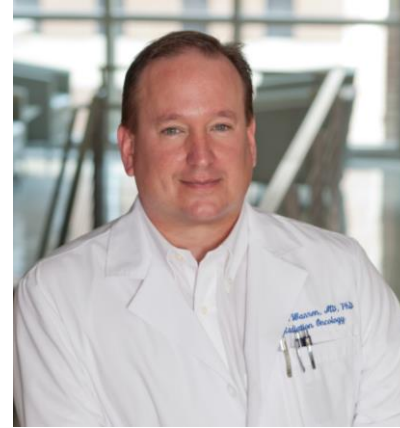
Graham Warren, MD, PhD, FASCO
Vice Chairman for Research,
Department of Radiation Oncology
Hollings Cancer Center
Medical University of South Carolina,
Charleston, South Carolina

Rachel C. Shelton, ScD, MPH
Associate Professor, Columbia University
Deputy Chair for Faculty Development and
Research Strategy
Mailman School of Public Health, Dept. of
Sociomedical Sciences
Co-Director of Community Engagement Core
Resource
Director, Implementation Science Initiative
Columbia's Irving Institute for Clinical and
Translational Research

Cynthia Burton, MS, RN, CHPQ
Accreditation, Quality & Community Outreach
The Cancer Institute, UM St Joseph Medical
Center
UM-Cancer Network
University of Maryland Medical System

Agenda

- Welcome and panel introductions- Dr Mullett
- Final Survey and attestation instructions- Eileen Reilly
- Sustainability Considerations- Dr Shelton
    - From the field- Cynthia Burton
- Beyond ASK- a new QI opportunity—Dr Mullett
    - Benefits of quitting, safe and effective treatments- Dr Warren
    - What to expect from the smoking cessation journey- Dr Ostroff
- Q&A
- Adjourn
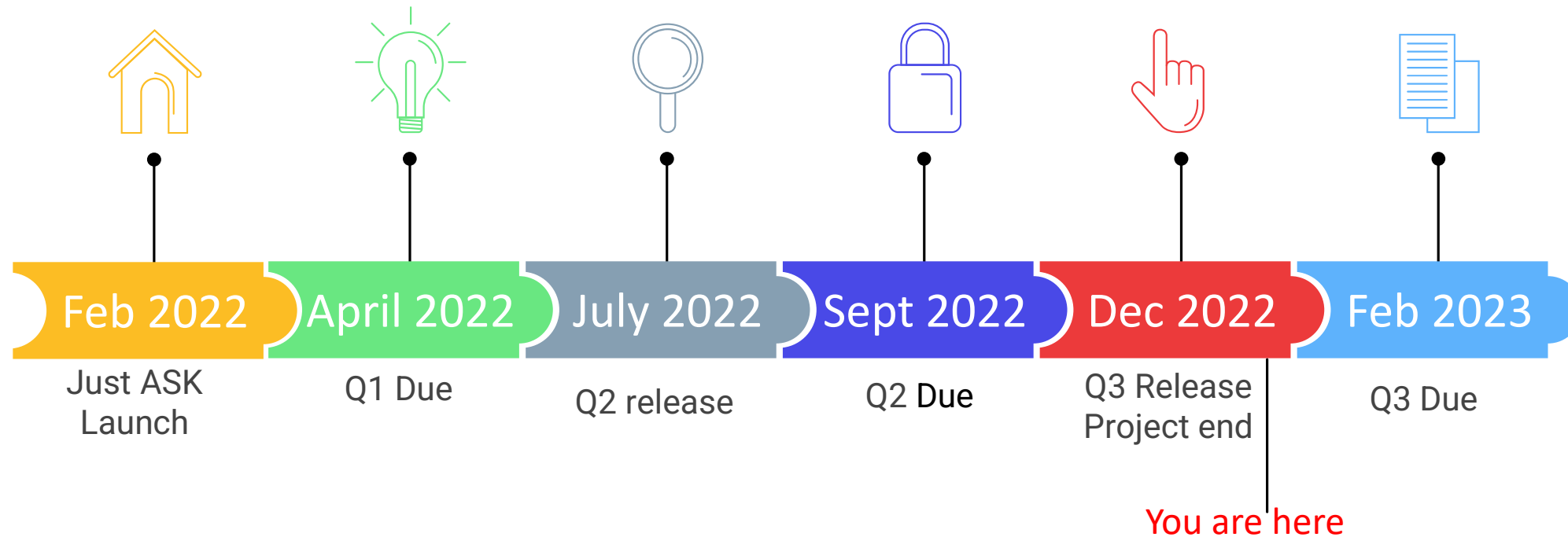
Just ASK Year End Reminders

Final Questionnaire Due February 1, 2023

- Will be released the week of December 26
- Sent directly to the primary contact's email from redcap@facs.org
  Check spam
- An email will go out to both primary and secondary contacts alerting them that the survey has been released
- If the primary contact has changed or left the organization:
  Email acscancerprograms@facs.org BEFORE DECEMBER 22
  Leave your hospital name and FIN or Company ID
  Include who should be primary contact
  Include who should be secondary contact

CoC Standard Fulfillment

- Participation in Just ASK fulfills the following:
  - Quality Improvement Initiative 7.3
  - Cancer Prevention Event 8.2
  - Clinical Research Accrual 9.1 (TEMPLATE MUST BE COMPLETED)

- For Network Accreditations (INCP/NCIN) to receive credit, BOTH of the following criteria must be met:
  - Participating sites within the network will each submit their own questionnaire series;

  AND

  - At least 20% of the total new patient population (20% of network analytic case load) must be represented by the responses captured by participating sites.
    - *This requires that network organizations must coordinate with each other to ensure that at least 20% of the total network population is represented by participating programs.*

Programs can claim either CoC credit OR NAPBC credit, but not both.

NAPBC Standard Fulfillment

- Completing the PDSA QI project will fulfill the following NAPBC Standards for 2022:
  - Clinical Trial Accrual 3.2 (TEMPLATE MUST BE COMPLETED)
  - Cancer Prevention, Education, and Early Detection Programs 4.1
  - Quality and Outcomes 6.1 (counts toward one of two studies)

Programs can claim either CoC credit OR NAPBC credit, but not both.

Participation Compliance

✓ Completed three Questionnaires in REDCap® representing information and data from:

- Baseline: January – December, 2021 (analytic case load was accepted from 2020 if this was most recent completed year) – Due April 15
- Mid-Year: January 1-June 30, 2022- Due Sept 1
- Post-Intervention (Final): July 1-Dec 31, 2022- Due Feb 1, 2023

✓ Implementation of at least ONE intervention related to improving assessment of tobacco history and current use in newly diagnosed cancer patients

Final Attestation

Each program will be provided with a PDF of the Reporting Metrics & Attestation of Participation upon completion of the Post-Intervention Questionnaire to upload to the PRQ.

Once you complete the survey, you will be prompted to download this document.

DOWNLOAD AND SAVE THIS DOCUMENT

7) I attest that Sample Program B has completed all three questionnaires and at least one intervention as outlined in the Project & Clinical Study document on the project web page.

(click link to sign)

8) I attest that Sample Program B is applying credit of participation towards Commission on Cancer (CoC) Standards for 2022 as outlined in the Project & Clinical Study document on the project web page.

(click link to sign)

9) This field calculates your program's ASK rate (in decimal). This number x 100 is your program's ASK rate in percent.

For example: 0.86 x 100 = 86%

0.5256410256410257

10) Type the full name and title of individual completing this form.

Lisa Allison - CycleLife.Health

11) Verify email of the person completing this form.

CycleLifeCOS@CycleLife.Health

12) I acknowledge that once I click 'Submit' below, a PDF of the Reporting Metrics and Attestation of Participation will be available to download before closing my browser window. No other sections of my questionnaire are available.
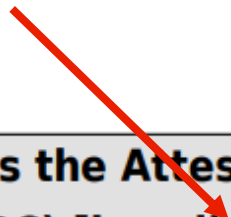
This document serves as confirmation of completion and proof of full participation in the 2022 Tobacco Cessation Just ASK Quality Improvement Project & Clinical Study.

This PDF is required to be uploaded to the Pre-Review Questionnaire (PRQ) prior to the next accreditation site visit, and a hard copy must be made available to the site reviewer upon request.

⊗ Acknowledge

CoC Programs will have their FIN populated next to their name;

This will be the opposite for NAPBC programs, with [CoC brackets] appearing before the Company ID.

This section serves as the Attestation of Participation for Sample Program B FIN (CoC) 123456 or Company ID (NAPBC) [baseline_data_peri_arm_1][cin] for participation in the 2022 Tobacco Cessation Just ASK Quality Improvement Project & Clinical Study for credit to be applied towards Commission on Cancer (CoC) 2022 Standards as outlined in the Project & Clinical study document on the project web page.

https://www.facs.org/quality-programs/cancer-programs/pdsa-just-ask/
- FAQ
-Compliance Checklist
-Q3 User Guide

Email acscancerprograms@facs.org

Planning for Sustainability: Overview of Recent Advances & Resources

Rachel C. Shelton, ScD, MPH

Associate Professor, Department of Sociomedical Sciences

Columbia University, Mailman School of Public Health

Co-Director, Community Engagement Core Resource, CTSA

Director, Implementation Science Initiative, Columbia's Irving Institute/CTSA
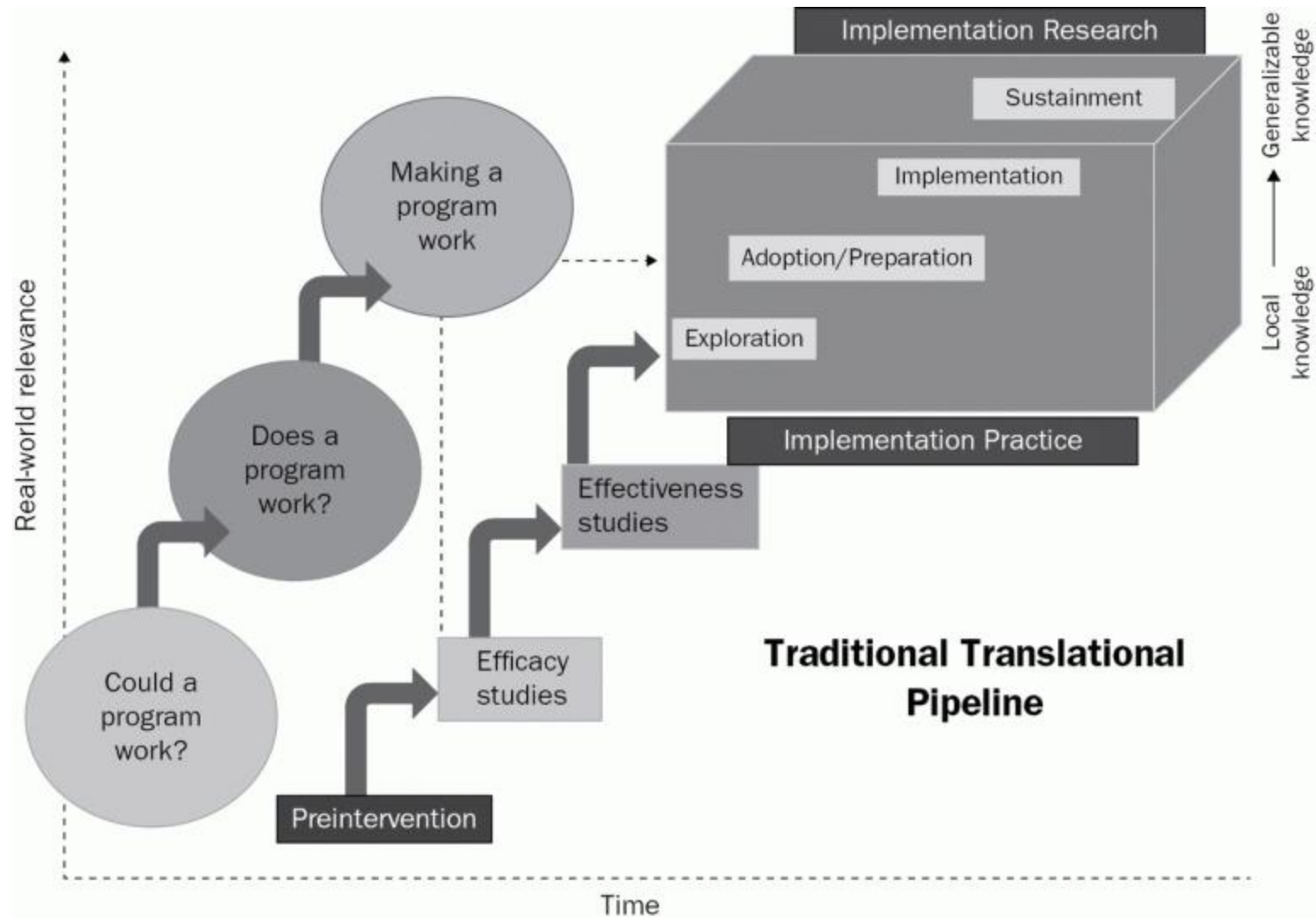
Twitter: @DrRachelShelton

Figure 13.1 **Stages of research** and phases of dissemination and implementation.

Brownson, R. C., G. A. Colditz, and E. K. Proctor. 2018. *Dissemination and implementation research in health: Translating science to practice.*

Why is Sustainability Important?

- **Common challenge** in sustaining programs and benefits across range of settings & intervention types
  - **40% - 60%** of health programs sustain intervention
  - Can lead to lost investment of resources, wariness, mistrust

- **Key Aspects of Sustainability:**
  - Continuation of program components/core elements of intervention/strategies; adaptations over time
  - Continuation of health benefits/health outcomes
  - Maintaining partnerships, infrastructure, networks
  - Institutionalization

Static ➡ Dynamic

Scheirer MA, Dearing JW. 2011. An agenda for research on the sustainability of public health programs. *Am. J. Public Health* 101:2059

Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. *Annual Review of Public Health, 39(1),* null. doi:10.1146/annurev-publhealth-040617-014731

What is sustainability?

"(1) After a defined period of time, (2) the program, clinical intervention, and/or implementation strategies continue to be delivered and/or (3) individual behavior change (i.e., clinician, patient) is maintained; (4) the program and individual behavior change may evolve or adapt while (5) continuing to produce benefits for individuals/systems." (Moore et al 2017)

Chambers, D. A., Glasgow, R. E., & Stange, K. C. (2013). The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science, 8(1), 117.; Moore JE, Mascarenhas A, Bain J, Straus SE. 2017. Developing a comprehensive definition of sustainability. Implementation Science.12(1).*

Sustainability is Dynamic
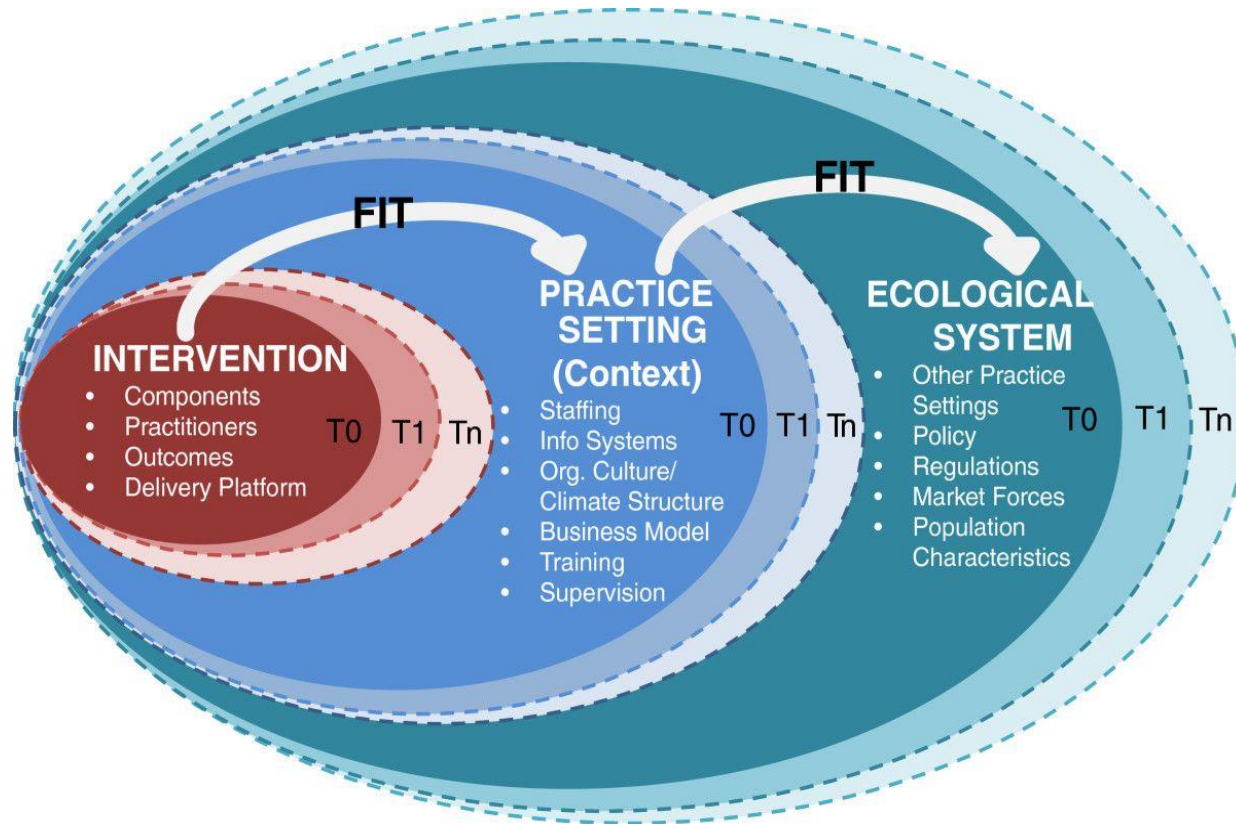
Sustainability is about understanding and _addressing context_

**"To sustain, need to change"**

The Dynamic Sustainability Framework (DSF) Focuses on continued learning and evaluation, problem-solving, and ongoing adaptations of interventions to enhance their fit with different populations and within differing contexts over time, and as new evidence emerges

Chambers, D. A., Glasgow, R. E., & Stange, K. C. (2013). The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. _Implementation Science, 8_(1), 117.

What Influences Intervention Delivery & Sustainability?

- **Outer context:** integration/alignment with policies, systems, regulations, financing/reimbursement, external partnerships

- **Inner context:** organizational infrastructure, support & readiness (financial resources, administrative support, leadership, champions, workflow/staffing, tracking)

- **Characteristics of intervention**; fit with context (evidence, adaptable, costly, address patient & community needs)

- **Practitioner/implementer/population characteristics:** self-efficacy, attitudes, competing demands, benefits/value

Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. *Annual Review of Public Health, 39(1)*, null. doi:10.1146/annurev-publhealth-040617-014731

Perceived Barriers for Implementing Assessment and Treatment of Tobacco (Just ASK PDSA)

- Lack of staff training
- Competing priorities at institution
- Lack of available resources
- Limited time and staff
- Inadequate funding to support smoking cessation
- Lack of reimbursement
- Limited patient interest

Barriers & Determinants Specific to Sustainability?

- Dynamic policy and system landscape, shifting/competing organizational, leadership, & system priorities

- Short-term funding/organizational resources limit long-term continuity without additional investment & support

- Challenges to documenting long-term impact, value, & ROI of sustaining a program with limited resources

- Provider, practitioner, & leadership turnover & attrition

Shelton RC & Nathan N. (2022) Chapter 12, 'Sustaining Evidence-based Interventions' in Textbook on *Practical Implementation Science: Moving Evidence into Action (1st Edition)*. Springer Publisher, Editors Scherr, Weiner, Lewis.

How can we plan for and track sustainability from the start among key stakeholders or thinking about sustainability during earlier stages of implementation?

1. Conduct Sustainability Assessment

Domain	Questions to Consider among Stakeholders in your Setting to understand barriers/facilitators to sustainability
Outer/Policy Context	- What **policies, regulations, and social norms** are in place that influence sustainability? - What's the **broader funding environment** like? Are there funds to help sustain? - Are there **external partnerships (with government agencies, healthcare systems, community-based organizations)** that can bring resources, support, and commitment? - How does intervention align with **national, state, local priorities, licensing, accreditation**?
Inner/Organizational Context	- Are there **program champions** who can help influence sustainability? - Does the EBI have **support from organizational leadership**? - Within the organization, is there **organizational infrastructure** (time, financial resources, space) to support the EBI? How 'ready' is the organization and how can we build capacity? - How are **stakeholders continually engaged** related to intervention delivery? - How can we **integrate and institutionalize** the intervention past initial implementation?
Implementation Processes	- Are there processes to support the **recruitment and retention** of staff involved with delivery? - Do we have an implementation team to account for attrition? - Are there **supervision and training** processes in place to support delivery over time? - Are there processes in place or could be added to **track or monitor** data on impact or delivery? - Is there **strategic planning** about sustaining the intervention? - How well does the **intervention fit** within organizational context?

Sustainability Assessment Continued

Domain	Questions to Consider among Stakeholders in your Setting to understand barriers/facilitators to sustainability
Implementer and Population Characteristics	- Do the implementers have the **self-efficacy** to deliver the intervention over time? - What are some of the **benefits and challenges (e.g. competing demands)** that implementers might experience in delivering the program over time? - What are the **attitudes** of the implementers towards the intervention? - What **characteristics or experiences of the population** served might impede sustainability (e.g. stigma, mistrust, literacy, financial hardship)?
Characteristics of Intervention	- How **adaptable** is the intervention? - How **costly** is the intervention? Is there a return on investment? - How well does the **intervention 'fit'** within the organizational context? - Does the intervention continue to **address a priority or need** in community/patients? - How **acceptable, feasible, appropriate** is the intervention?

Questions to consider in thinking about sustaining Just Ask & in guiding selection of Beyond Ask Interventions

Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. *Annual Review of Public Health, 39(1)*, null. doi:10.1146/annurev-publhealth-040617-014731 (see guiding questions in Practical Implementation Science textbook); Shelton RC & Nathan N. (2022) Chapter 12, 'Sustaining Evidence-based Interventions' in Textbook on *Practical Implementation Science: Moving Evidence into Action (1st Edition)*. Springer Publisher, Editors Scherr, Weiner, Lewis.

Tools/Frameworks: Planning for Sustainability

Engaged Staff & Leadership

Engaged Stakeholders

Monitoring & Evaluation

Outcomes & Effectiveness

Organizational Readiness

Implementation & Training

Workflow Integration

Tool & Measure: Clinical Sustainability Assessment Tool (CSAT)

Program Sustainability Assessment Tool (PSAT)

Sustaintool.org

Clinical Sustainability Assessment Tool

What is clinical sustainability capacity?

We define clinical sustainability capacity as the ability of an organization to maintain structured clinical care practices over time and to evolve and adapt these practices in response to new information.

Clinical Sustainability Assessment Tool

What is clinical sustainability capacity?

We define clinical sustainability capacity as the ability of an organization to maintain structured clinical care practices over time and to evolve and adapt these practices in response to new information.

1. Understand

Understand the factors that influence a clinical practice's capacity for sustainability.

2. Assess

Use the Clinical Sustainability Assessment Tool to assess your practice's capacity for sustainability.

3. Review

View results from your assessment as a Sustainability report.

4. Plan

Develop an Action Plan to increase the likelihood of sustainability.

Identify Barriers & Gaps in Sustainability Capacity to Inform Sustainability Strategies

CAPACITY FOR SUSTAINABILITY
All items scored from
1 (lower capacity for sustainability) to
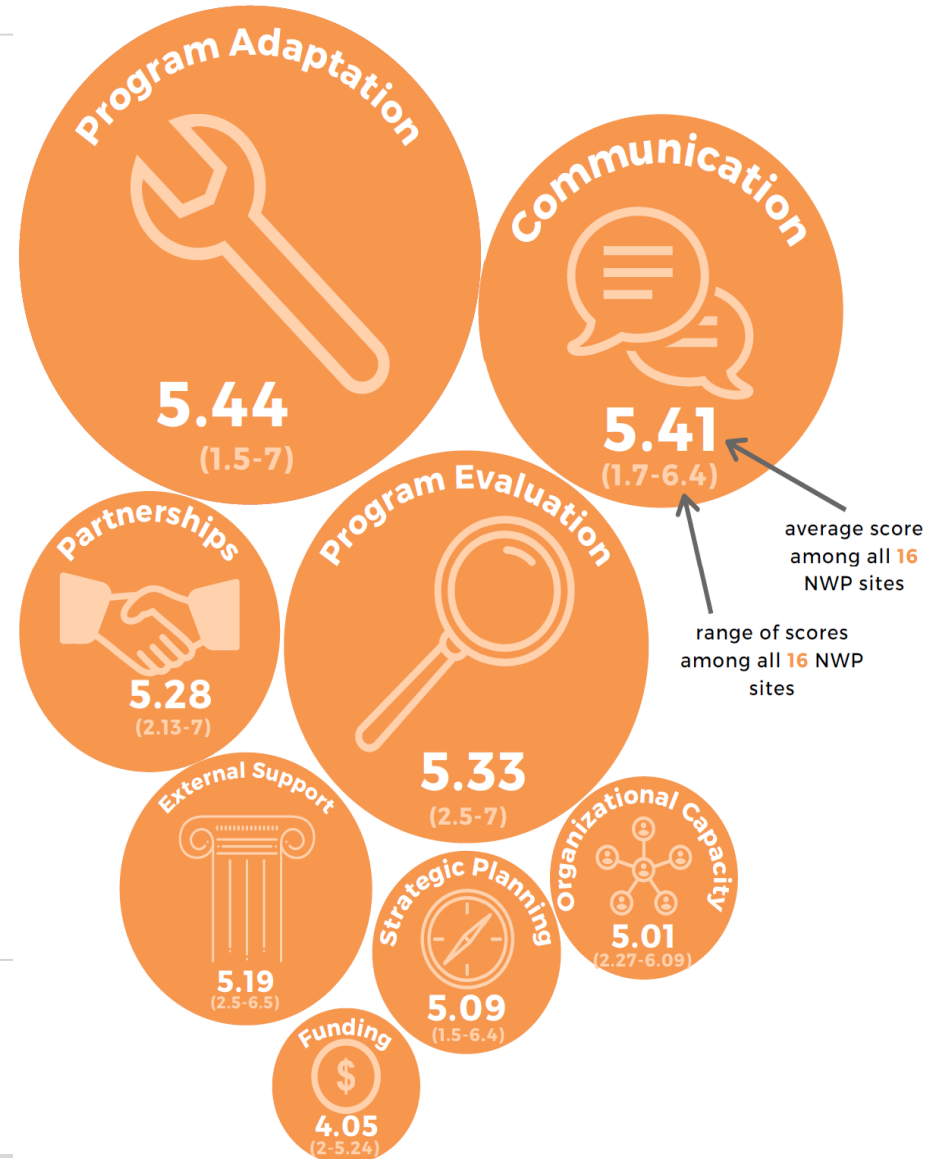7 (stronger capacity for sustainability)

Overall, across the domains, the sites report high levels of capacity for sustainability. Particularly, the sites are strongest in **program adaptation**. The greatest need identified was to improve on their **funding**.

AVERAGE OVERALL SCORE FOR SUSTAINABILITY CAPACITY:

5.10

Program Adaptation
5.44
(1.5-7)

Communication
5.41
(1.7-6.4)

Partnerships
5.28
(2.13-7)

Program Evaluation
5.33
(2.5-7)

External Support
5.19
(2.5-6.5)

Strategic Planning
5.09
(1.5-6.4)

Organizational Capacity
5.01
(2.27-6.09)

Funding
4.05
(2-5.24)

average score among all **16** NWP sites

range of scores among all **16** NWP sites

2) Identify & Assess Strategies to Promote Sustainability

Systematic review | Open Access | Published: 06 June 2019

Evidence-based intervention sustainability strategies: a systematic review

Maji Hailemariam ✉, Tatiana Bustos, Barrett Montgomery, Rolando Barajas, Luther B. Evans & Amy Drahota

Implementation Science 14, Article number: 57 (2019) | Cite this article

5642 Accesses | 9 Citations | 28 Altmetric | Metrics

Do the Expert Recommendations for Implementing Change (ERIC) strategies adequately address sustainment?

Nicole Nathan[1,2,3,4*], Byron J. Powell[5,6,7], Rachel C. Shelton[8], Celia V. Laur[9], Luke Wolfenden[2,1,3,4], Maji Hailemariam[10], Sze Lin Yoong[11,1], Rachel Sutherland[1,2,3,4], Melanie Kingsland[1,2,3,4], Thomas J. Waltz[12], Alix Hall[2,3,4]

- Funding/organizational resources to support continued use
- Maintenance of skills (ongoing training/feedback, updated materials)
- System adaptation/policy alignment: promote organizational fit
- Continued support of leadership & reaffirm champions commitment
- Institutionalization into clinical workflow
- Integration of tools for monitoring/tracking delivery over time
- Build implementation teams to plan for staff attrition/turnover
- Continued communication of program impact & benefits

Build a Sustainability Plan

To Enhance Sustainment, Consider Strategies:

- **R**elevant – to multiple implementers & system

- **R**apid & **I**teratively evaluated

- **R**esource sensitive (reasonable cost/staffing)

- **R**easonably scalable

Evaluate Impact of Strategies Over Time:

- Conduct cyclical small tests of change
- Use quality improvement processes
- Assess how well are they working?
    - ❖ Are they feasible, acceptable, effective?
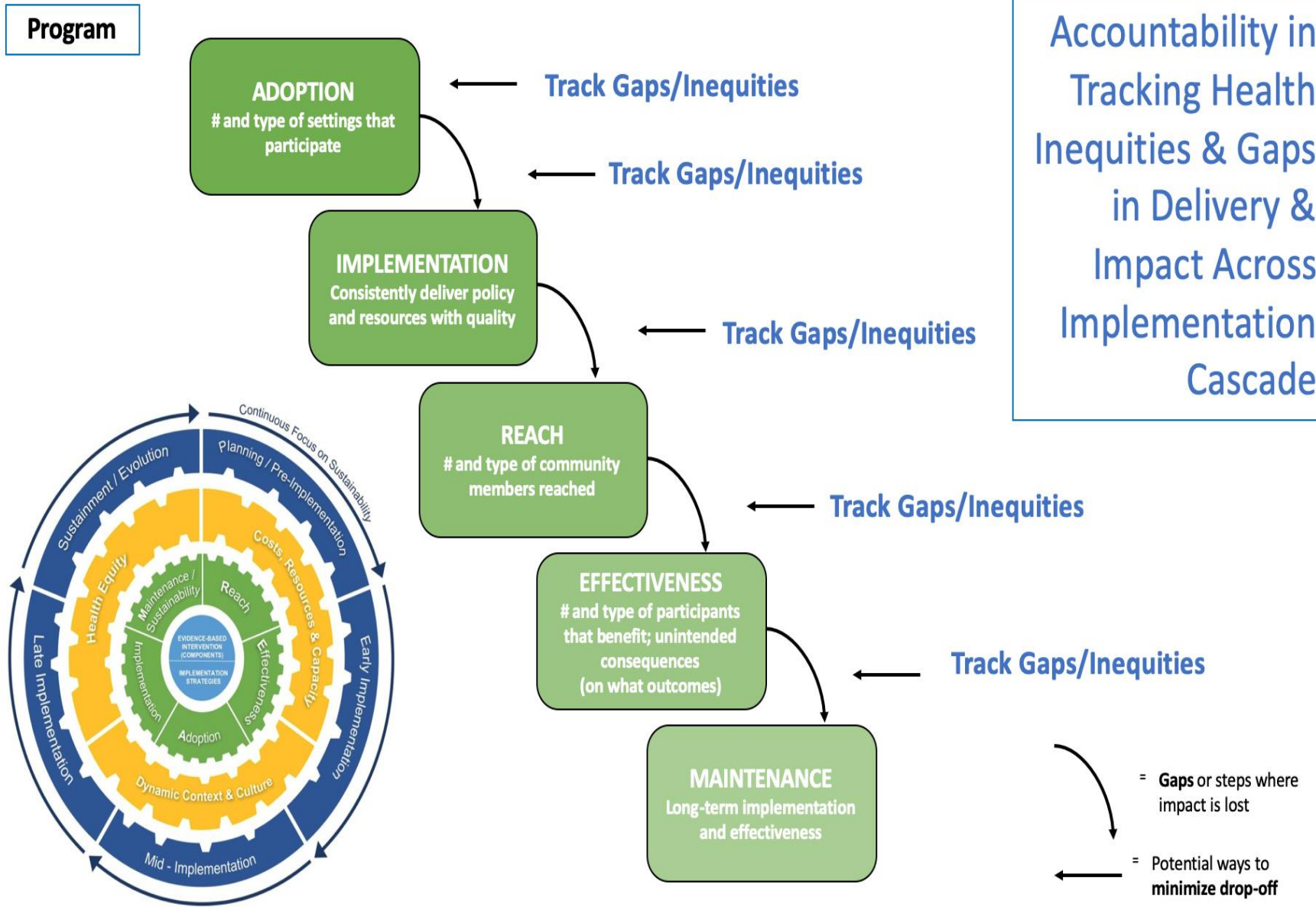   - ❖ How might they be adapted/refined?

3. Track and monitor indicators of sustainability over time

- Iterative use of RE-AIM framework to identify gaps/challenges sustainability & inform adaptations to address

- Guiding questions/metrics for practitioners to consider & assess as move from initial implementation to sustainability

- Ideally practical/existing data & metrics that leverage existing resources (e.g., claims data, electronic health record [EHR] data)
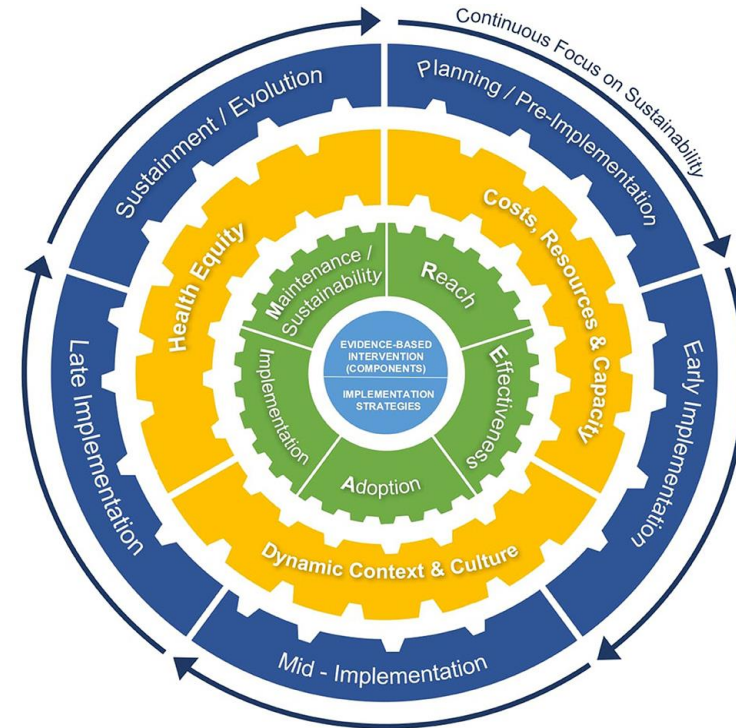
Extension of RE-AIM Framework to Enhance Sustainability with a Focus on Equity (re-aim.org)

Shelton, Chambers, Glasgow, Front Pub Health, 2020; Extension of RE-AIM framework with a focus on equity & dynamic sustainability

Program

ADOPTION
and type of settings that participate

← **Track Gaps/Inequities**

← **Track Gaps/Inequities**

IMPLEMENTATION
Consistently deliver policy and resources with quality

← **Track Gaps/Inequities**

REACH
and type of community members reached

← **Track Gaps/Inequities**

EFFECTIVENESS
and type of participants that benefit; unintended consequences (on what outcomes)

← **Track Gaps/Inequities**

MAINTENANCE
Long-term implementation and effectiveness

Accountability in Tracking Health Inequities & Gaps in Delivery & Impact Across Implementation Cascade

= **Gaps** or steps where impact is lost

= Potential ways to **minimize drop-off**

Continuous Focus on Sustainability

Sustainment / Evolution · Planning / Pre-Implementation

Health Equity · Costs, Resources & Capacity

Late Implementation · Early Implementation

Dynamic Context & Culture

Mid - Implementation

Maintenance / Sustainability · Reach

Implementation · Effectiveness

EVIDENCE-BASED INTERVENTION (COMPONENTS)

IMPLEMENTATION STRATEGIES

Adoption

4. Engage Early & Often with Stakeholders to Plan For & Promote Sustainability

- Engagement at multiple levels to enhance fit, feasibility, appropriateness, acceptability, effectiveness

- Provide opportunities for input on what is and is not working over time to inform adaptations, remove ineffective strategies, & identify relevant solutions
  - Staff feedback; Build taskforce; Engage patients & leadership

- Grounding intervention roll-out with input from stakeholders will enhance equitable uptake and delivery & identify resources needed over time

Policymakers and Funders

Community Leaders & Organizations

Implementers and Practice Leaders

Community members

Overview: Key Considerations

- Determine what you are trying to sustain & what really constitutes sustainability of an intervention in your setting
  - Sustained use of intervention/strategy? Use as evolved over time? Institutionalization? Continued health benefits/equity?
- Establish Timeframes & How Sustainability Being Tracked
  - When/how are you assessing sustainability? 1 yr? 2+ yrs? Iterative?
  - Pragmatic indicators; work with stakeholders (feasible, priorities)
- How can you plan for sustainability and build-in strategies to support sustainability
  - Assess context over time: map barriers to specific strategies to address & actively support or booster sustainability
  - Evaluate and track sustainability metrics over time

Practical Implementation Science
Moving Evidence into Action

Bryan J. Weiner
Cara C. Lewis
Kenneth Sherr
Editors

Implementation Science Communications

RESEARCH   Open Access

Advancing the pragmatic measurement of sustainment: a narrative review of measures

Joanna C. Moullin[1,2], Marisa Sklar[2,3,4], Amy Green[2,5], Kelsey S. Dickson[2,6], Nicole A. Stadnick[2,3,4], Kendal Reeder[2,3] and Gregory A. Aarons[2,3,4]

Annual Review of Public Health

The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care

Rachel C. Shelton,[1] Brittany Rhoades Cooper,[2] and Shannon Wiltsey Stirman[3]

12
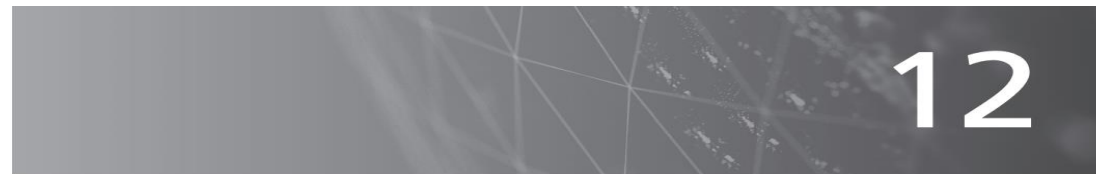
Sustaining Evidence-Based Interventions

Rachel C. Shelton and Nicole Nathan

AJPH
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

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Home » American Journal of Public Health (AJPH) » February 2019

Sustaining Evidence-Based Interventions and Policies: Recent Innovations and Future Directions in Implementation Science

Rachel C. Shelton ScD, MPH, and Matthew Lee MPH

**Reflections from the field:
Cynthia Burton**

Health Consequences of Smoking for Cancer Patients/Survivors

The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General

Executive Summary

U.S. Department of Health and Human Services

- Summarizes compelling evidence for adverse health outcomes of cigarette smoking in cancer patients and survivors
    - Cigarette smoking increases all-cause mortality
    - Cigarette smoking increases cancer-specific mortality
    - Cigarette smoking increases risk for second primary cancers.
    - Cigarette smoking increases risk for disease recurrence .
- Adverse health outcomes provide strong justification for the integration of evidence-based tobacco treatment in cancer care settings

Source: Surgeon General's Report, 2014

- **<u>Gaps in Care</u>**

- Most institutions don't incorporate smoking into cancer care

- Most oncologists don't assist patients

- Most patients don't receive help

- Most patients continue to smoke after diagnosis

NATIONAL CANCER INSTITUTE

NCI TOBACCO CONTROL MONOGRAPH SERIES

23

Treating Smoking in Cancer Patients: An Essential Component of Cancer Care

U.S. Department of Health & Human Services | National Institutes of Health

Why Beyond ASK

- Asking: 95% report a system in place for asking

- Assisting: 38% reported providing patients with smoking cessation resources or referral to a smoking cessation specialist

- Goal: Increase the number of patients who were offered smoking cessation assistance

Project Structure

- Year long QI project
  - April-December
  - Baseline data to be captured

  Provisional approval for:
  - CoC Standard 7.3
  - NAPBC Standard 6.1 (one of two studies required)

- Streamlined data collection utilizing REDCap
- Recommended Webinars

Project Overview

Plan

Goal-setting

Resource sharing

Webinars

Do

Collect data

Provide coaching,
technical assistance

Study

Continuously review data
to inform actions

Act

Adapt, adopt, abandon
interventions and build
sustainable systems

Beyond ASK: ADVISING and ASSISTING Patients
The Benefits of Quitting
using Safe and Effective Treatments

Graham Warren MD, PhD, FASCO

2014 SGR: >400 studies, 500K patients 1990-2012

Effect	Associations	Median RR
Overall Mortality (159 studies)	87%	**Current: 1.51** Former: 1.22
Cancer Mortality (58 studies	79%	**Current: 1.61** Former: 1.03

■ Significant ■ Non-significant

Hematologic (n=17)
Breast (n=31)
Gynecologic (n=21)
Genitourinary non-prostate (n=23)
Prostate (n=17)
Gastrointestinal (n=37)
Lung (n=157)
Head/Neck (n=60)
Multiple (n=10)

0% 20% 40% 60% 80% 100%
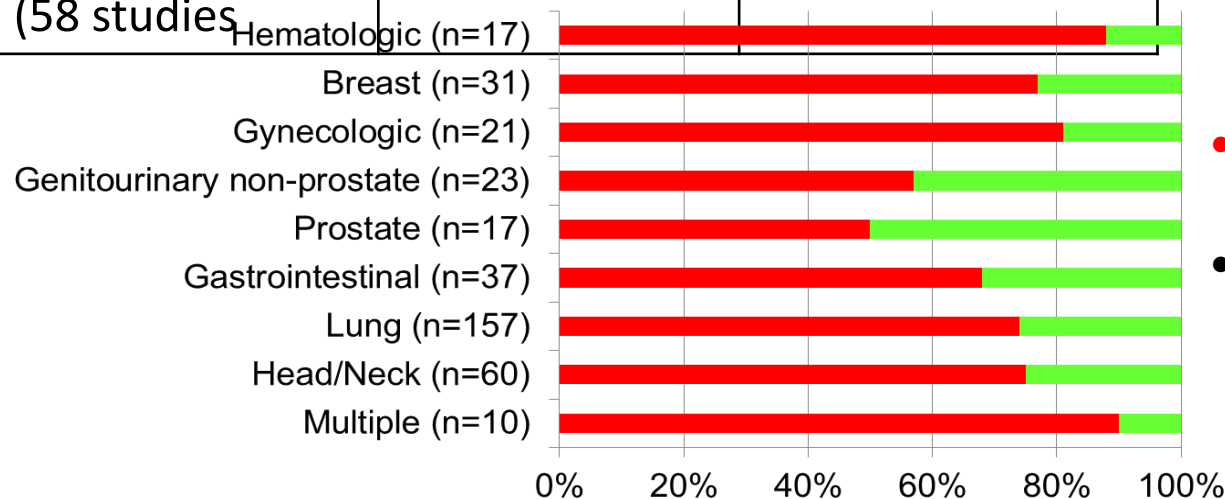
Overall Mortality Among 129 studies, 2013-17

- Smoking at diagnosis with 61% increased risk
- Smoking at follow-up with 113% increased risk

Financial Effects of Smoking at Diagnosis

- Smoking after diagnosis adds ~$3.4 billion in cancer treatment costs annually (2019 estimates)

Benefits of Smoking Cessation

- **Smoking cessation AFTER diagnosis associated with 45% median reduction in mortality**
- Smoking cessation AT ANY TIME reduces non-cancer mortality (heart disease, pulmonary disease, etc.)

2014 Surgeon General's Report
2020 Surgeon General's Report
GW Warren, C3I Spring Meeting 2021

- **Key components of ADVISING**
  1. Smoking is BAD
  2. Smoking cessation is GOOD
  3. WE CAN HELP

- **Key components of ASSISTING**
  - Know how to provide assistance
    - Training is available
  - Counseling
    - Even brief counseling can be effective
  - Pharmacotherapy
    - Doubles chances of quitting

- **BENEFITS of quitting after diagnosis**
  - Associated with improved survival
  - Improved non-cancer survival
  - Improved cancer control
  - Improved cancer treatment toxicity
  - Reduced risk of getting a second cancer
- **ALSO**
  - Better breath
  - Better skin
  - Better breathing
  - Saving ~$5-15 per pack-day
  - Etc.
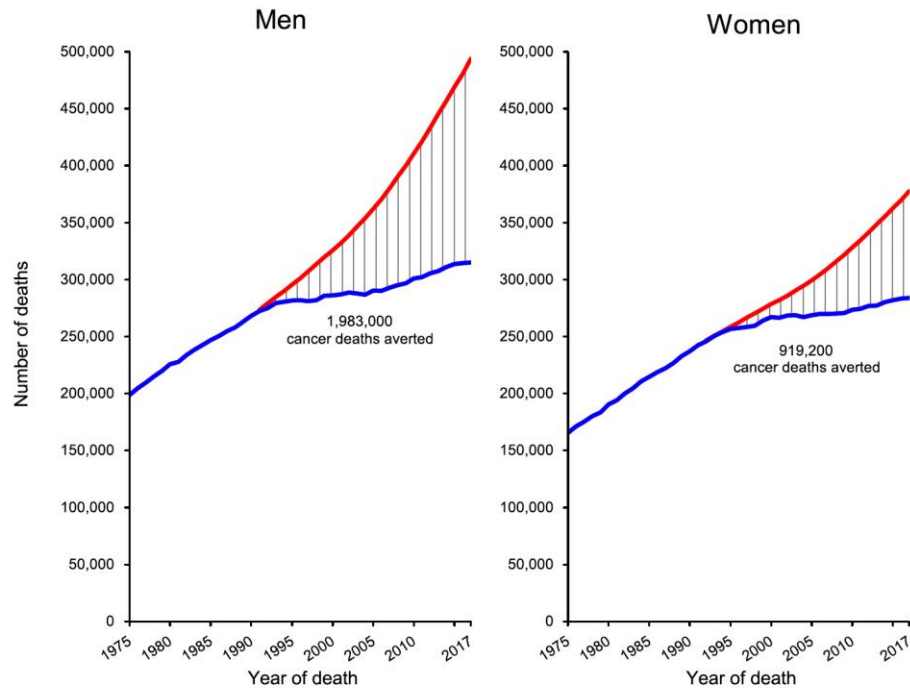
FIGURE 6. Total Number of Cancer Deaths Averted From 1991 to 2017 in Men and From 1992 to 2017 in Women, United States. The blue line represents the actual number of cancer deaths recorded in each year, and the red line represents the number of cancer deaths that would have been expected if cancer death rates had remained at their peak.

- Cancer patients 1991-2017
- 29% decline in cancer deaths
- 2.9 million lives saved

*Siegel et al. 2020 CA J Clin

Potential Magnitude:

- What if we eliminated the effects of smoking over the next 26 years?
- 1.8 million new cancer patients annually*
- ~600,000 cancer deaths annually*
  - Smoking: 50% higher mortality (2014 SGR)
  - ~72% survival for non-smoking (GW)
  - ~58% survival for smoking (GW)
- ~85,600 excess annual deaths due to continued smoking
- 2.2 million excess deaths that could be saved if we eliminated the effects of current smoking

- **Find an EFFECTIVE SOLUTION for your clinics**
  - Brief advice
  - Behavioral Counseling
  - Medications
  - Referral
    - On site tobacco treatment
    - Off site tobacco treatment
    - State Quitline
  - Patient education materials
  - EMR based resources (treatment, referral, education)

- Smoking cessation is a partnership
    - Patients should commit to quit smoking
    - Health systems should commit to providing clear evidence-based support
- Provide consistent advice throughout the continuum of cancer care
    - EVERYONE can provide this advice
    - Everyone can know smoking is bad and cessation is good
    - Everyone can also know there is a program to help patients quit
- Many will reduce smoking, and this is good
    - Don't give up on encouraging patients to reduce further and ultimately quit
    - Don't criticize or stigmatize
- Statements can make great posters, brochures, recordings, and videos

Beyond ASK:
Building a strong roadway for supporting your patients in their smoking cessation journey

Jamie Ostroff, PhD

Memorial Sloan Kettering Cancer Center

How to Get from Here to There?

Invite Individuals to Come Along

- Build Your Beyond Ask Team
- Multidisciplinary Clinicians (MD, NP, RN, Pharm, SW, etc)
- Staff with Broad expertise
  - Patient education, IT, community liaison, medical assistants, security, billing and compliance, QI, etc
- Identify clinical and administrative champions

Know Your Local Terrain

- Landscape Assessment
- Culture and Climate
- Reflect Prior QI Initiatives

Plan Your Route: Consider Various Models of Cessation Support
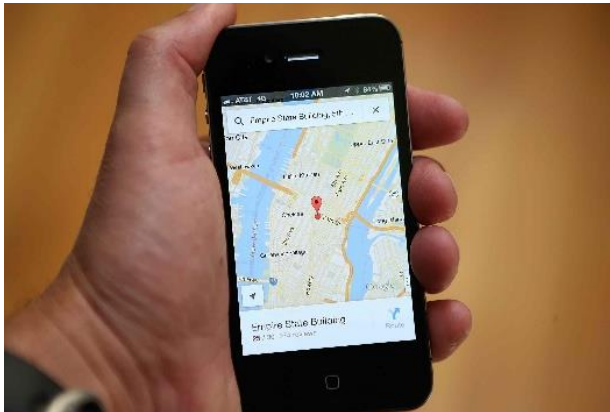
Ask about current tobacco use

Advise all patients who currently smoke to quit

Oncology care team selects model of smoking cessation treatment delivery

Provide cessation counseling and prescribe cessation medications

Referral to an Integrated Tobacco Treatment Program

Referral to community-based cessation support (Quitline; Smokefree.gov; support groups)

Find/Train a Local Guide/Champion

- Nurse Navigator/Community Navigator
- Certified Tobacco Treatment Specialist

https://ctttp.org/accredited-programs/
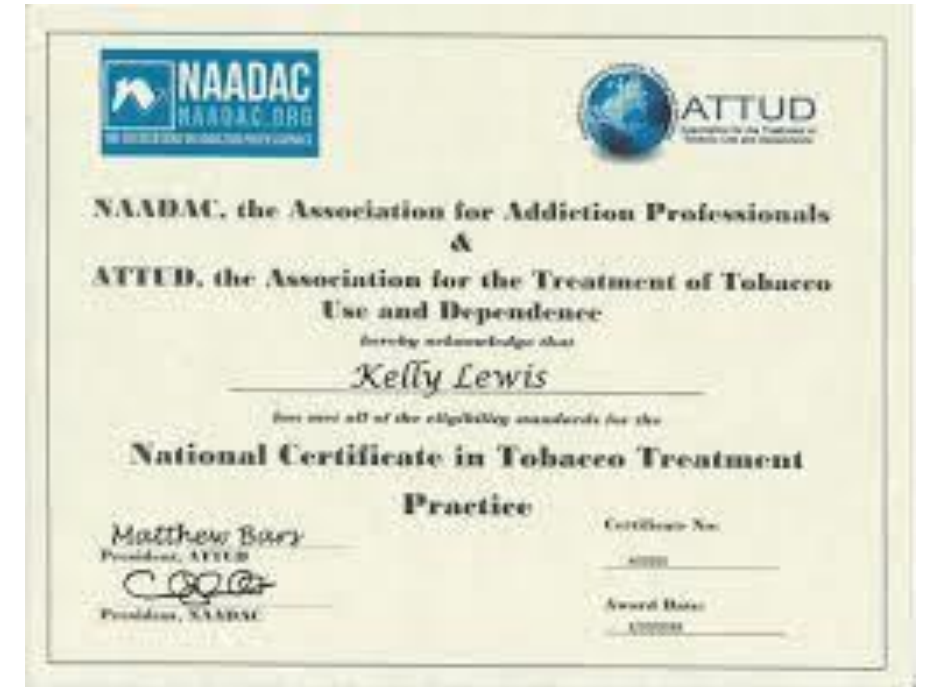
Pack What You Need

- Patient-Facing Tools
- Provider-Facing Tools
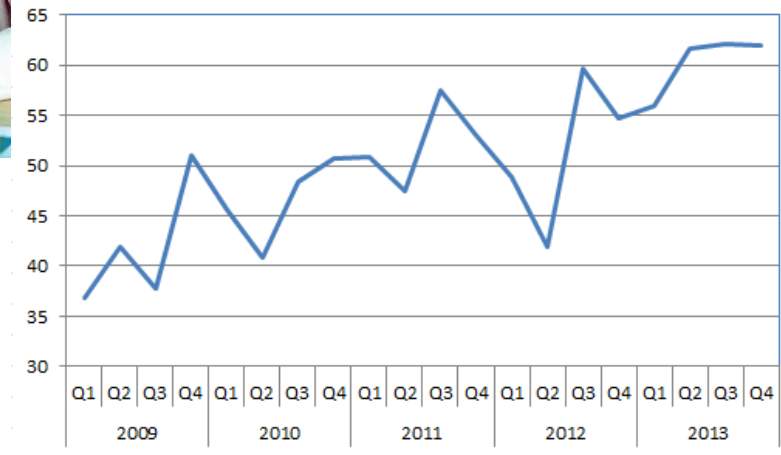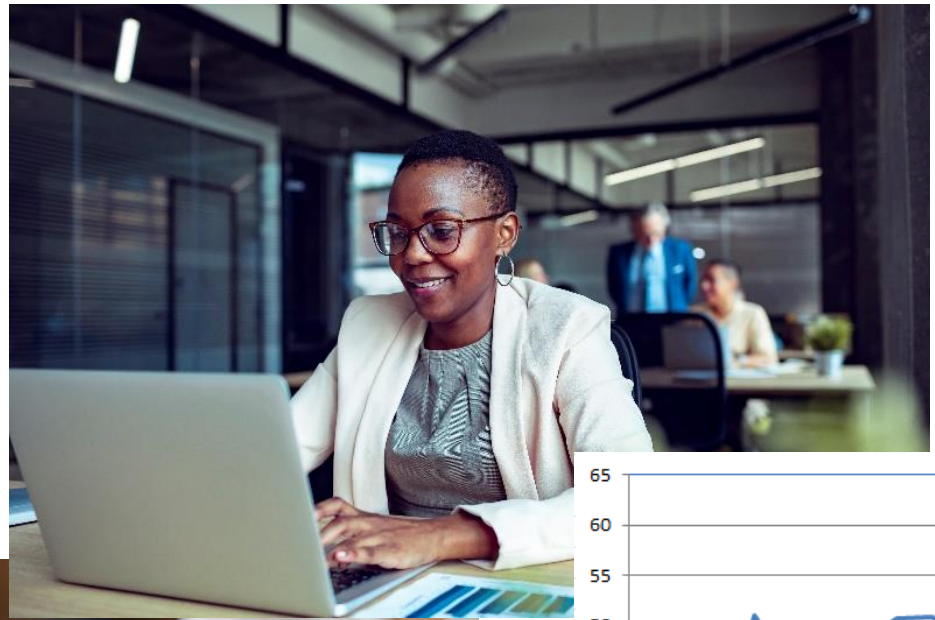- Clinical Data Tools
- Planning Tools

Be Prepared for Roadblocks, Delays and Detours

- Tobacco dependence is a chronic relapsing condition

- Long-term smoking abstinence often requires multiple prior quit attempts

- Identify and address barriers

- Seek (roadside) assistance , when needed

Keep a (Travel) Journal and Share Your Successes with Others

Summary

Safe and effective smoking cessation treatments exist

Patients need access to high quality, compassionate cessation support

Teamwork, planning, gathering resources, problem-solving, and seeking guidance are KEY DRIVERS of programmatic success

Q and A

Final Reminders

- December 27, 2022- Questionnaire released

- January date TBD- Beyond ASK Informational Webinar
    - Subscribe to the Cancer Programs newsletter for announcements

- February 1, 2023- Questionnaire 3 due