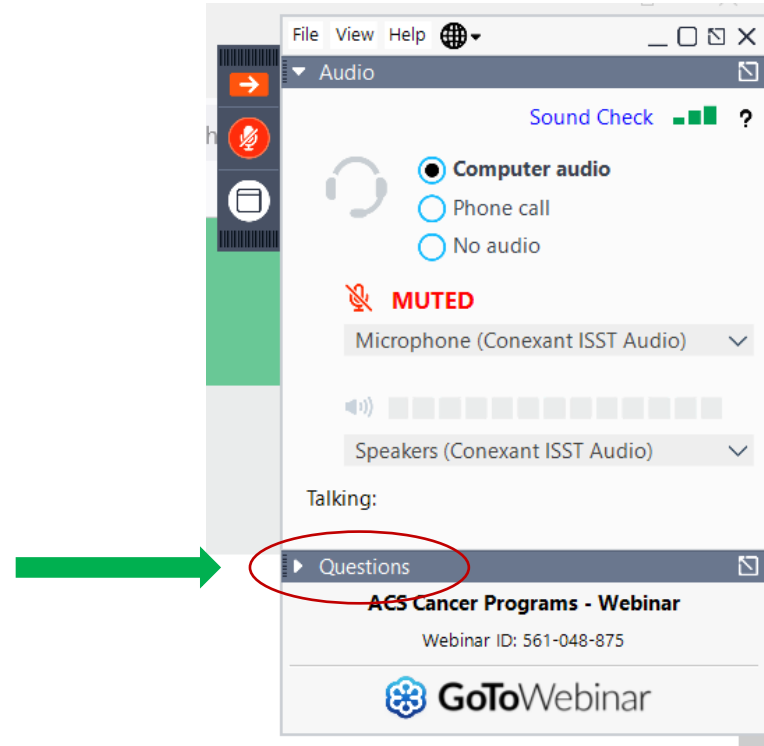




The Ins and Outs of Just ASK

June 9, 2022

- 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



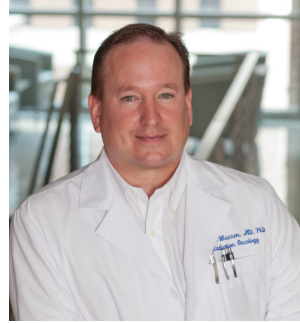
Timothy Mullett, MD, MBA, FACS

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



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



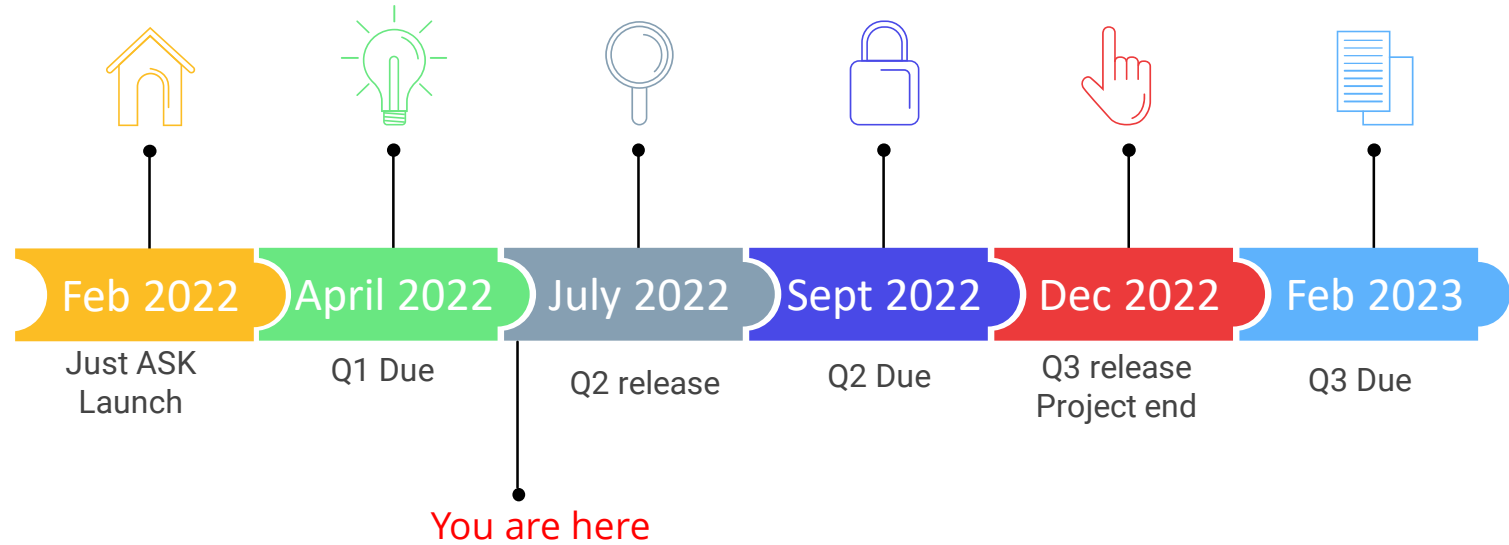
Amy Boudreaux, RN
Director of Cancer Program
Terrebonne General Health System
Houma, Louisiana



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

- 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



Questionnaire 2

- Will be released in early July
- Due September 1, 2022
- Content
 - Smoking assessment and cessation practices
 - Interventions
 - Metrics

<p>What smoking cessation resources are currently available for your patients?</p> <p>* must provide value</p>	<p><input type="checkbox"/> Treatment in clinic by physician or clinic staff</p> <p><input type="checkbox"/> Smoking cessation program embedded in the cancer center</p> <p><input type="checkbox"/> Smoking cessation program through a local hospital resource</p> <p><input type="checkbox"/> Referral to other local facility-based smoking cessation program</p> <p><input type="checkbox"/> Referral to other community-based smoking cessation program</p> <p><input type="checkbox"/> Unknown or Not available</p>
<p>Does your facility have a system for screening all newly diagnosed cancer patients for smoking history and current use?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>reset</p>
<p>Do you have a smoking cessation specialist or counselor embedded in your cancer care setting who is available to see patients who report they are currently smoking?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>reset</p>

2022 Tobacco Cessation Just ASK Questionnaire

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

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?

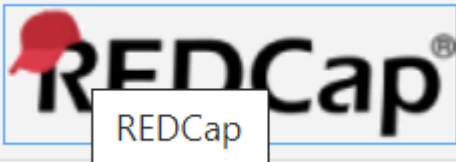
* must provide value

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



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

Print Share

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[Just ASK Project and Clinical Study](#)

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Intervention	Change tools
Provide staff/clinician training	<ul style="list-style-type: none">• Smoking and Cancer Care: What Health Professionals Need to Know - A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page 2 focuses on cessation• 5 A's Tobacco Cessation Counseling Guidesheet - The 5 A's is the comprehensive framework and Ask-Advise-Refer is the brief framework.• Implementing Ask-Advise-Refer Clinical Resources – Tools for Clinicians• When Analyzing Meaningful Progress, We Can't Ignore the Obvious IASLC Lectureship Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer• Tobacco Cessation Guide for oncology providers to implement the 5A's of smoking cessation in cancer care, including resources for patient assessment and guidance on strategies to address smoking in cancer care• Tobacco and Cancer Treatment Outcomes- World Health Organization A resource discussing the clinical effects of smoking on cancer treatment outcomes
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Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

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





AMERICAN COLLEGE OF SURGEONS

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**



Terrebonne
GENERAL HEALTH SYSTEM

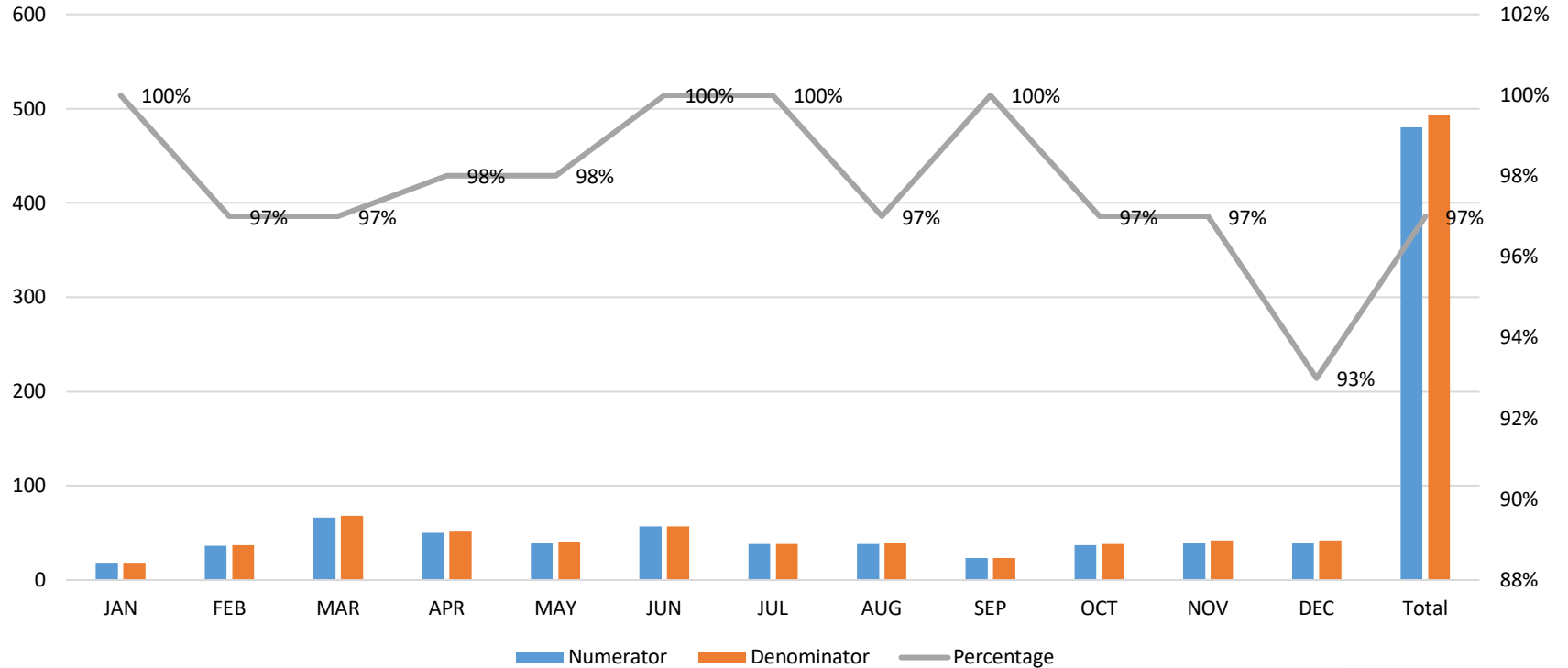
BARRIERS

- **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**



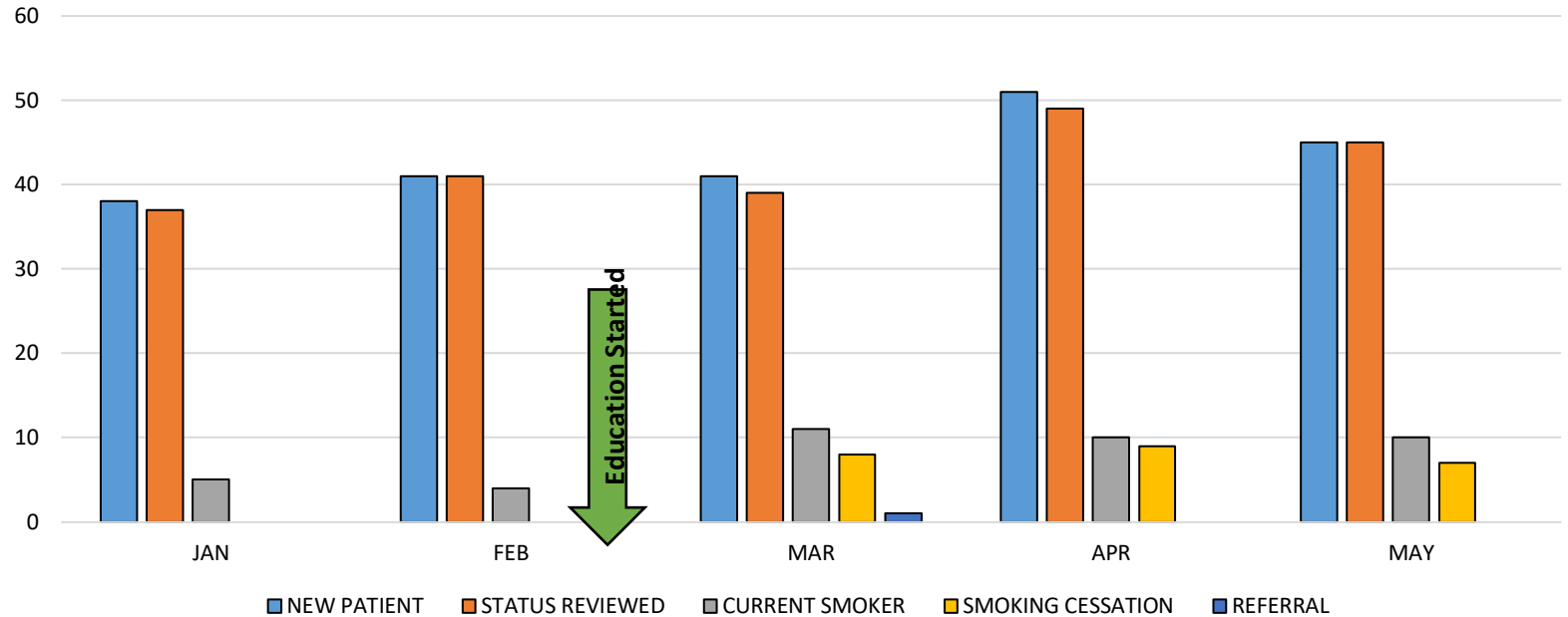
Terrebonne
GENERAL HEALTH SYSTEM

SMOKING CESSATION 2021



SMOKING CESSATION STATS

2022



NEXT STEPS

Develop work group:

- patient education pamphlet
- deeper dive into data collection
- track referrals
- workflow to ask all patients
- pend referrals to providers



Terrebonne
GENERAL HEALTH SYSTEM

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

Patient Name	Diagnosis	Smoking Status	Smoking Cessation
Willy Wonka	Breast Cancer	Former Smoker	N/A
Princess Buttercup	Breast Cancer	Current Every Day Smoker	NRT, Counseling > 10 min
Elizabeth Swan	Breast Cancer	Current Some Day Smoker	Counseling 3-10 min

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

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

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

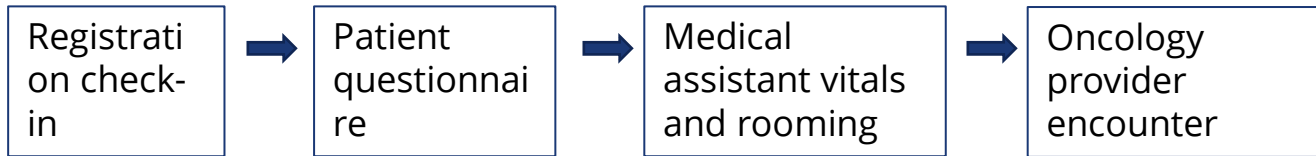
Community-based organizations

Local or state public health programs

Other cancer programs

Refresh: PLAN–DO–STUDY–ACT

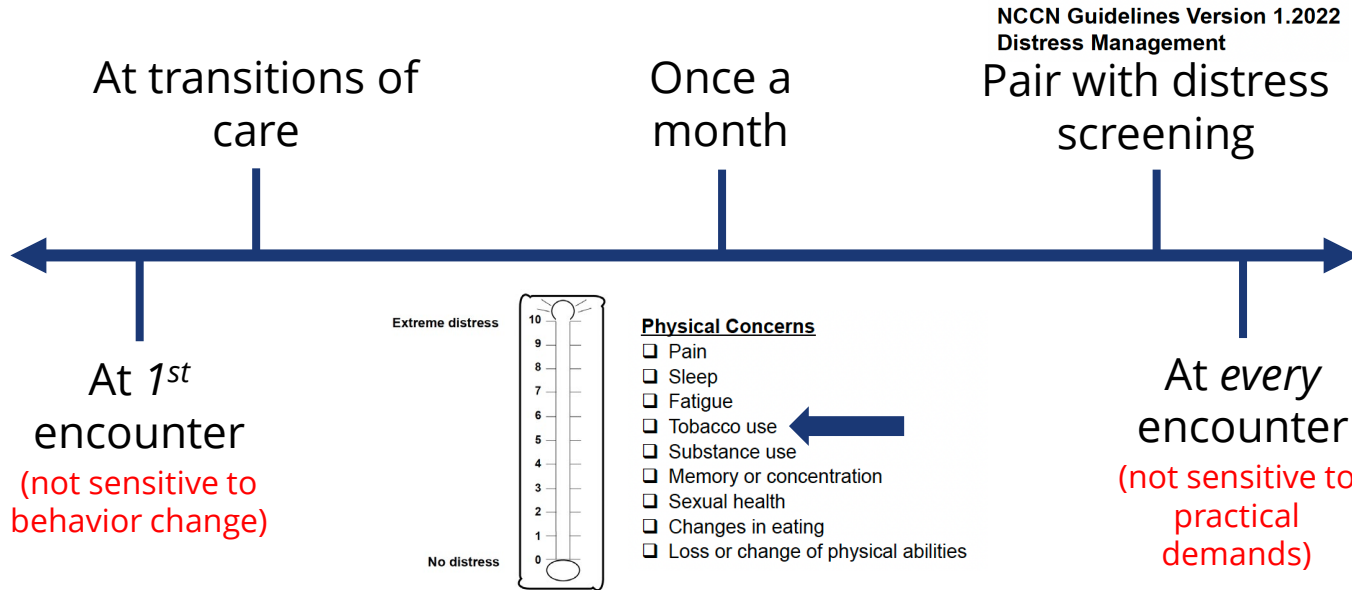
Discuss specific and achievable goals for your cancer program.
Assess current workflow. Define how your cancer program will complete ASK reporting.



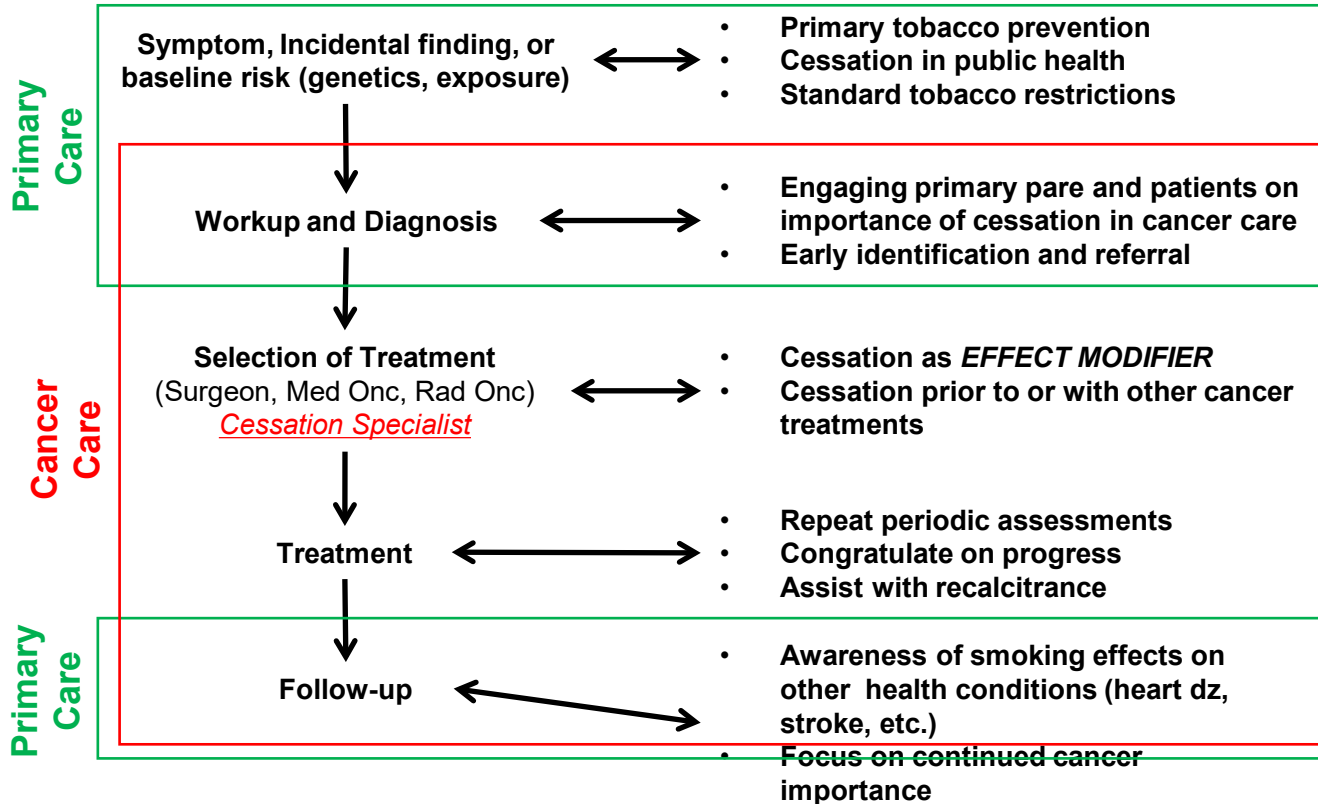
Where is smoking status assessed and documented?
What data will be extracted?

Create a plan to improve ASKing for all new cancer patients

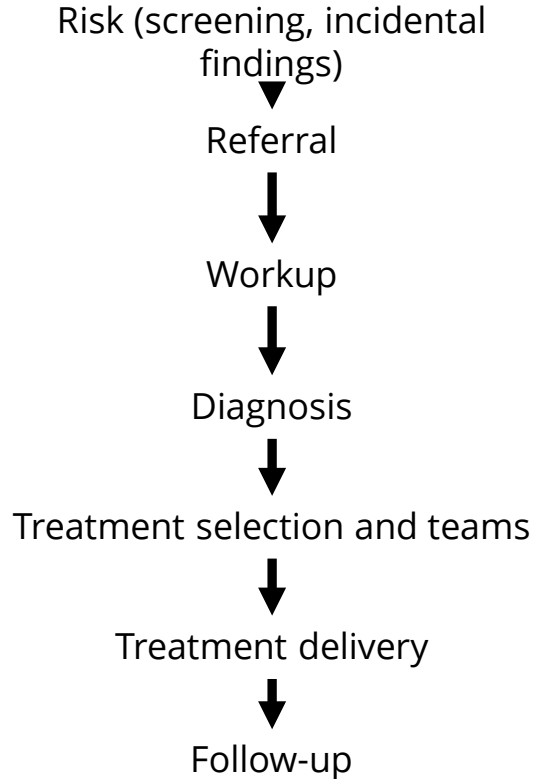
Refresh: When do you ASK?

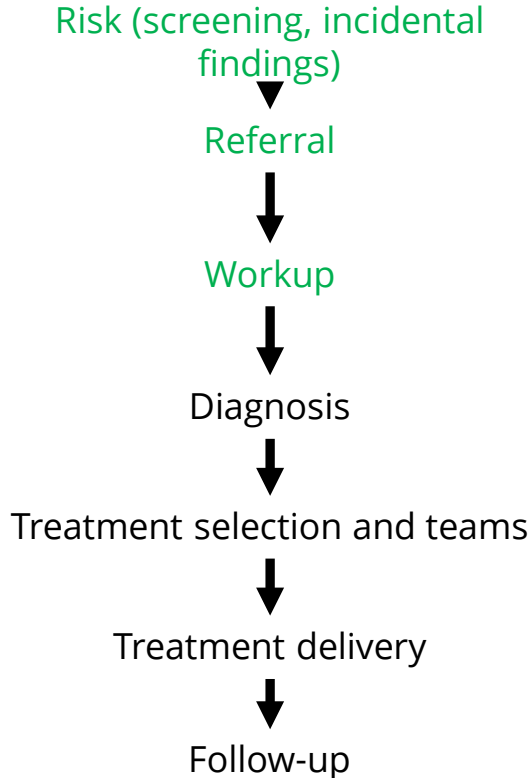


Smoking: the Continuum of Cancer Care



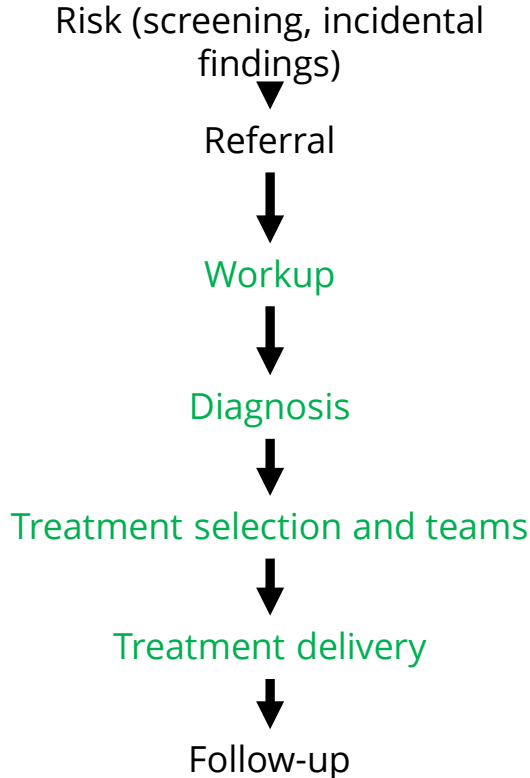
The Clinical Flow for Cancer





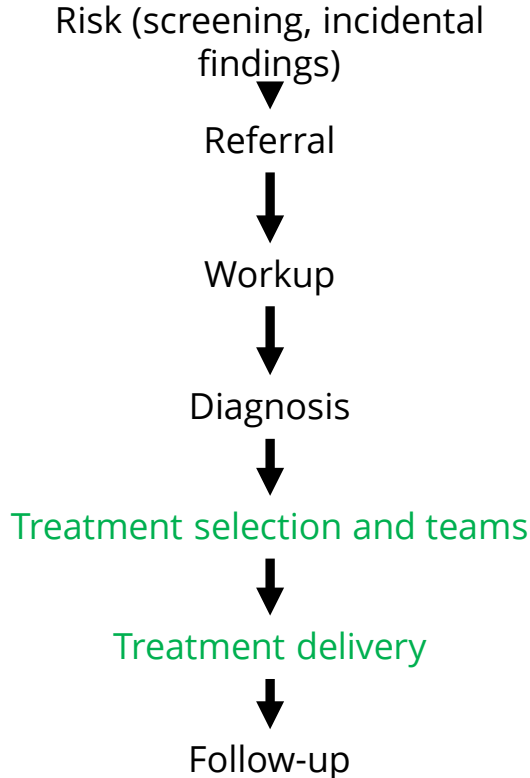
Large Matrixed Center

- 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



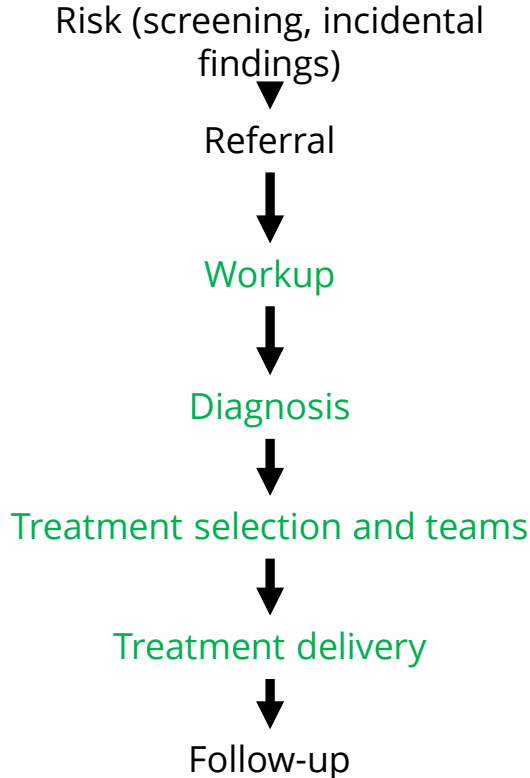
Stand Alone Cancer Center

- 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



Specialty Medical Clinic

- Surgery, medical oncology, or radiation oncology
- Smoking may be assessed through an oncology specific EMR (Aria, Mosaik, 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



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

Refresh: Going Beyond ASK (if ready)

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

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Questions



Save the Date

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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