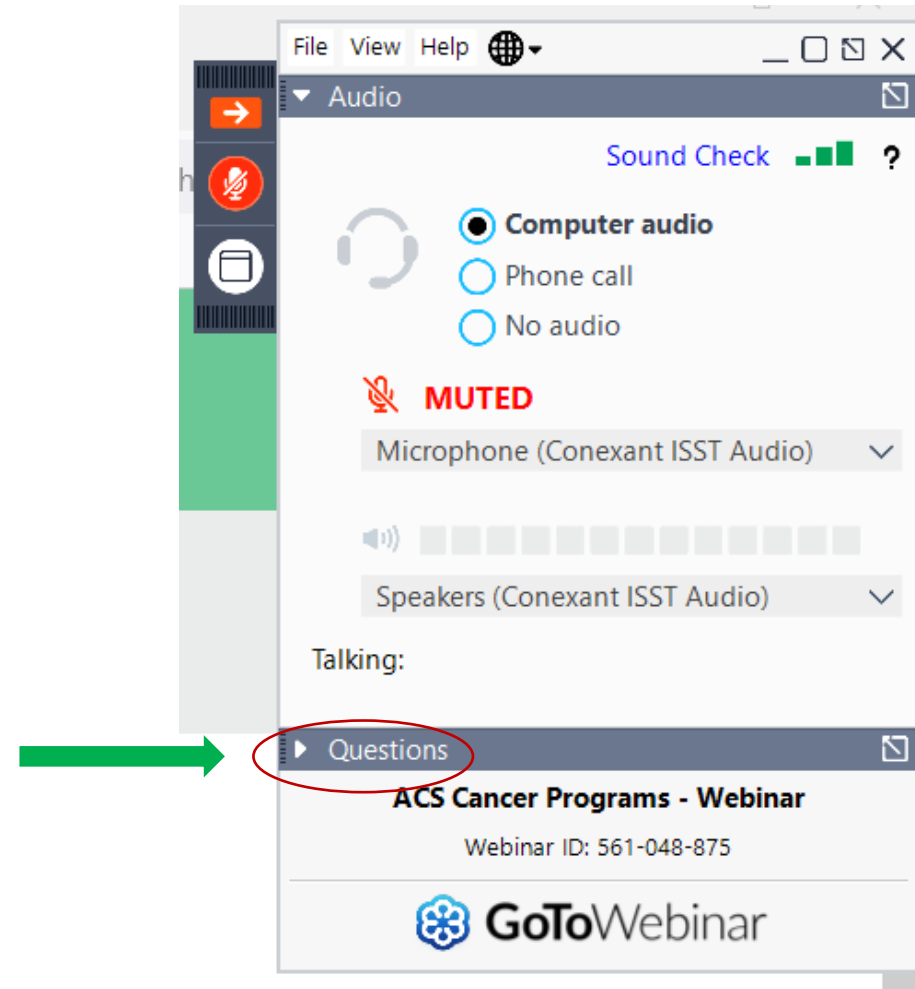


# Just ASK and Beyond ASK: Lessons Learned and A Look Forward

March 8, 2024

# 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 Speakers



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



**Michael C Fiore, MD, MPH, MBA**  
University of Wisconsin Hilldale Professor of  
Medicine  
Director, Center for Tobacco Research and  
Intervention (UW-CTRI)

# Agenda

- Welcome and panel introductions- Dr Mullett
- A review of findings, data, and innovations- Dr Mullett
- Sustainability Considerations- Dr Fiore
- Q&A
- Adjourn

# Just ASK Results- 2022








- Just ASK Top Strategies:
  - Gain support of program leadership
  - Improving documentation in EHR
  - Train staff and providers
- 93% program retention over the yearlong project

	Baseline	Final
Ask	88%	97%
Assist	43%	60%

ORIGINAL REPORTS | November 15, 2023



## Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons

Authors: [Jamie S. Ostroff, PhD](#)  , [Eileen M. Reilly, MSW](#) , [Jessica L. Burris, PhD](#) , [Graham W. Warren, MD, PhD](#) , [Rachel C. Shelton, ScD, MPH](#) , and [Timothy W. Mullett, MD](#)  the Just ASK Quality Improvement Task Force, and on behalf of the Just ASK Quality Improvement Task Force | [AUTHORS INFO & AFFILIATIONS](#)

Publication: JCO Oncology Practice • Volume 20, Number 2 • <https://doi.org/10.1200/OP.23.00393>

# Beyond ASK Initial Results-2023

## Top 3 Strategies for Assisting

- Goal: Reach absolute increase of 20% of baseline “assist” rate
- Wrapped in December 2023
- 326 CoC and NAPBC programs participated
  - 92% retention over year long project

	April (n=326)	June	August	October	December (n=299)
Referral to Quitline	31%	35%	43%	42%	49%
Brief In office Counseling	20%	45%	59%	61%	66%
“In house” referral	15%	21%	26%	30%	28%

	Baseline	Final
Ask	88%	91%
Assist	45%	68%

\*Data not yet validated

# National Resources Developed

Intervention	Change tools
Provide staff/clinician training	<ul style="list-style-type: none"> <li>• <a href="#">Smoking and Cancer Care: What Health Professionals Need to Know</a> -A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page focuses on cessation</li> <li>• <a href="#">5A's Tobacco Cessation Counseling Guidesheet</a> - The 5 A's comprehensive framework and Ask-Advise-Refer is the brief framework.</li> <li>• <a href="#">Implementing Ask-Advise-Refer</a> Clinical Resources – Tools for Clinicians</li> <li>• <a href="#">When Analyzing Meaningful Progress, We Can't Ignore the Obvious</a> IASLC Lectureship Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer</li> <li>• <a href="#">Tobacco Cessation Guide</a> 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 barriers</li> </ul>
Gained support of center/program leadership	<ul style="list-style-type: none"> <li>• <a href="#">The Emergency of a Sustainable Tobacco Cessation Program across the Cancer Care Continuum</a> <a href="#">Implementation at the University of California, San Francisco</a> Tom Fairman N, Chen MS Jr. Int J Environ Res Public Health May 6;17(9):3241. doi: 10.3390/ijerph17093241</li> </ul>
Enhance clinical workflow (add reminder, prompt for screening, billing and coding, etc)	<ul style="list-style-type: none"> <li>• <a href="#">Starting off Strong with Just ASK</a> - A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page focuses on cessation</li> <li>• <a href="#">Cancer Center Cessation Initiative</a> - 52 cancer centers who have worked to integrate smoking cessation treatment into cancer care. Useful articles and a "Build Guide for Smoking Cessation Health Record Functionalities" for EHR integration</li> <li>• <a href="#">NCCN CPG in Oncology Smoking Cessation</a> - NCCN Clinical Practice Guidelines Version 1.2022 Smoking Cessation</li> <li>• <a href="#">Implementing Ask-Advise-Refer</a> Clinical Resources – Tools for Clinicians</li> </ul>
Develop, distribute patient education materials or make existing materials more accessible	<ul style="list-style-type: none"> <li>• <a href="#">Smoking can cause cancer almost anywhere in your body</a> - 1-page flyer that visually shows how smoking causes 12 types of cancer. 1800-QUIT-NOW is the national quitline number that route to free counseling services and state quitlines. Consider posting in clinic or waiting rooms to raise patient awareness</li> <li>• <a href="#">Quick Smoking Before Your Operation</a>- American College of Surgeons 4-page Strong for Surgery handout with 2 pages about why it helps to quit before surgery and 2 pages about how to quit.</li> </ul>

**1 UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE**

- Smoking by cancer patients and survivors increases overall and cancer related mortality, risk for second cancer, and is associated with increased toxicity from cancer treatment.
- Smoking cessation after a cancer diagnosis is associated with a 45% median improved survival.
- Smoking cessation improves other non-cancer health conditions such as heart disease, stroke, pulmonary function, etc.
- Make sure your clinical setting understands why this is important.

**2 IDENTIFY PATIENTS WHO NEED ASSISTANCE**

- The Just ASK program was designed to identify patients and is an excellent resource for improving identification
- Engage patients in smoking cessation conversations in a strengths-based, non stigmatizing manner
- Build systems to identify these patients in a sustainable manner.

**3 DETERMINE WHAT RESOURCES ARE AVAILABLE TO ASSIST PATIENTS TO QUIT SMOKING**

- Can patients be assisted by clinical staff in clinic?
- Are there institutional (in house) smoking cessation programs that you can refer patients for treatment?
- Are community resources available to assist patients with quitting?
- Can referrals be placed to the state quitline?
- "One size does not fit all" and there are multiple ways to help people quit smoking.

**4 CHOOSE AN ASSIST PATHWAY THAT WILL WORK FOR YOUR PROGRAM**

- ASSISTING can include referring patients to an evidence-based treatment program or directly assisting (treating) patients in clinic or by phone
- Smaller centers frequently either treat patients in clinic or refer to community resources or quitlines
- Larger centers frequently have smoking cessation programs
- Identify a way to document that patients have received assistance or referral. Build reminders or flags to follow up with patients as needed
- Choose a method that that is feasible and fits into your clinical workflows and will be sustainable long term.

# Innovations from Programs

## Patient Education

Distributed "quit kits" which includes cessation resources and support items in breast center and radiation oncology for all new patients

Created a patient education packet on smoking cessation resources

Hired a lung cancer navigator who will also head our smoking cessation program for all cancer patients. Our navigator has been certified as a Tobacco Treatment Specialist. The lung navigation team and our CMO have established regular chart reviews for incidental findings on all patients receiving imaging for suspicious pulmonary findings

Educating interested patients on the "Why" and "How" to stop smoking. We have a clever slogan "Smoke No More In 24". We have aggressive marketing planned (radio, tv, signage, social media).

Created and posted a PSA poster in all exam rooms addressing that it is "never too late to quit" with reminder for patients to talk to their providers for support.

Order free QuitLine patient education materials to have available in our clinics.



# Innovations from Programs

## Staff and Physician Education

A new team member has gone through the certification process to lead a smoking cessation class. Classes are scheduled in January and we hope that some financial assistance will be available.

Hired a lung cancer navigator who will head our smoking cessation program for all cancer patients. Our navigator is a certified TTS.

Learned about the County Department of Public Health "Tobacco Free Facilitator Training"

During our Lung Cancer Screening Training to our medical residents, we discussed the available Smoking Cessation group and passed out the Patient Education Brochure.

Through grant funding, we were able to hire a Lung Screen Coordinator

A smoking cessation coordinator is now available in the cancer center to provide counseling, materials for cessation and pharmacy referrals for prescriptions.

# Innovations from Programs **Community and State Partnerships**

We learned of the Empowered to Quit program. We plan to work on adding this resource to our After Visit Summary.

We identified that a local partner has FREE Online Tobacco Cessation Support Groups in English, Spanish, and Chinese languages.

Renewed partnership with local Call It Quits program.

Coordinated with Quitline and gave smoking cessation education bags to patients that are currently smoking

Together with the ACS, we have developed a community outreach program for tobacco cessation programs within the county we serve.

Created monthly meetings with our state Quit Center, hospital based smoking cessation program, nurse navigator, radiation nurse, infusion nurse to track referrals for smoking cessation

Created a referral assistance program and networked with community programs and resources

# Innovations from Programs Workflow and System Changes

Refined a clinical care pathway in our EHR to assist clinicians in entering a referral to tobacco treatment specialists if the patient is identified as a "current smoker."

Required smoking status to be reported for all cases presented at tumor board. Instituted a direct email to providers for all current smokers newly diagnosed with cancer who aren't presented at tumor board.

Working on Ambulatory Cessation Order set and bidirectional Quitline interface with EMR.

Released an EPIC smartphrase that will print Smoking Cessation referral to local and national smoking cessation resources

Recommended 30 day follow-up of current smokers after they were provided cessation counseling resources or medication.

Redesigned nursing intake form and documentation in our EMR require smoking assessments by nursing staff and type of cessation offered to patients by the providers.

Working with Primary Care and IT, identified need to have clearer assessment parameters and elements to assess. Work group established and now in final stages of updating EHR Tobacco History/Assessment.

# Beyond ASK Satisfaction (N=114)

- **89%** believe they were successful or very successful in addressing assisting patients
- **94%** believe their program can sustain efforts for identifying and assisting patients
- Webinars and REDCap were top facilitators for success
- Collecting local data and changes to workflow were top challenges



## What types of interventions contributed more to your program's success?

Systems focused	40%
Patient focused	28%
Physician focused	23%
Community focused	9%



# Sustaining Tobacco Treatment Programs in Cancer Care Settings: Strategies from the Cancer Center Cessation Initiative (C3I)

Beyond ASK Webinar  
March 8, 2024

**Michael Fiore, MD MPH MBA**  
Founding Director  
Center for Tobacco Research & Intervention  
University of Wisconsin-Madison  
[mcf@ctri.wisc.edu](mailto:mcf@ctri.wisc.edu)

# Agenda

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- **Rationale**
- **C3I Background**
- **Scientific Impact: Reach, Effectiveness, Equity, & Reporting**
- **Sustainability Strategies from the Initiative**

# Agenda

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- **Rationale**
- C3I Background
- Scientific Impact: Reach, Effectiveness, Equity, & Reporting
- Sustainability Strategies from the Initiative

# Smoking Cessation: The Fourth Pillar of Cancer Care

JAMA  
Network | **Open**™

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



# Agenda

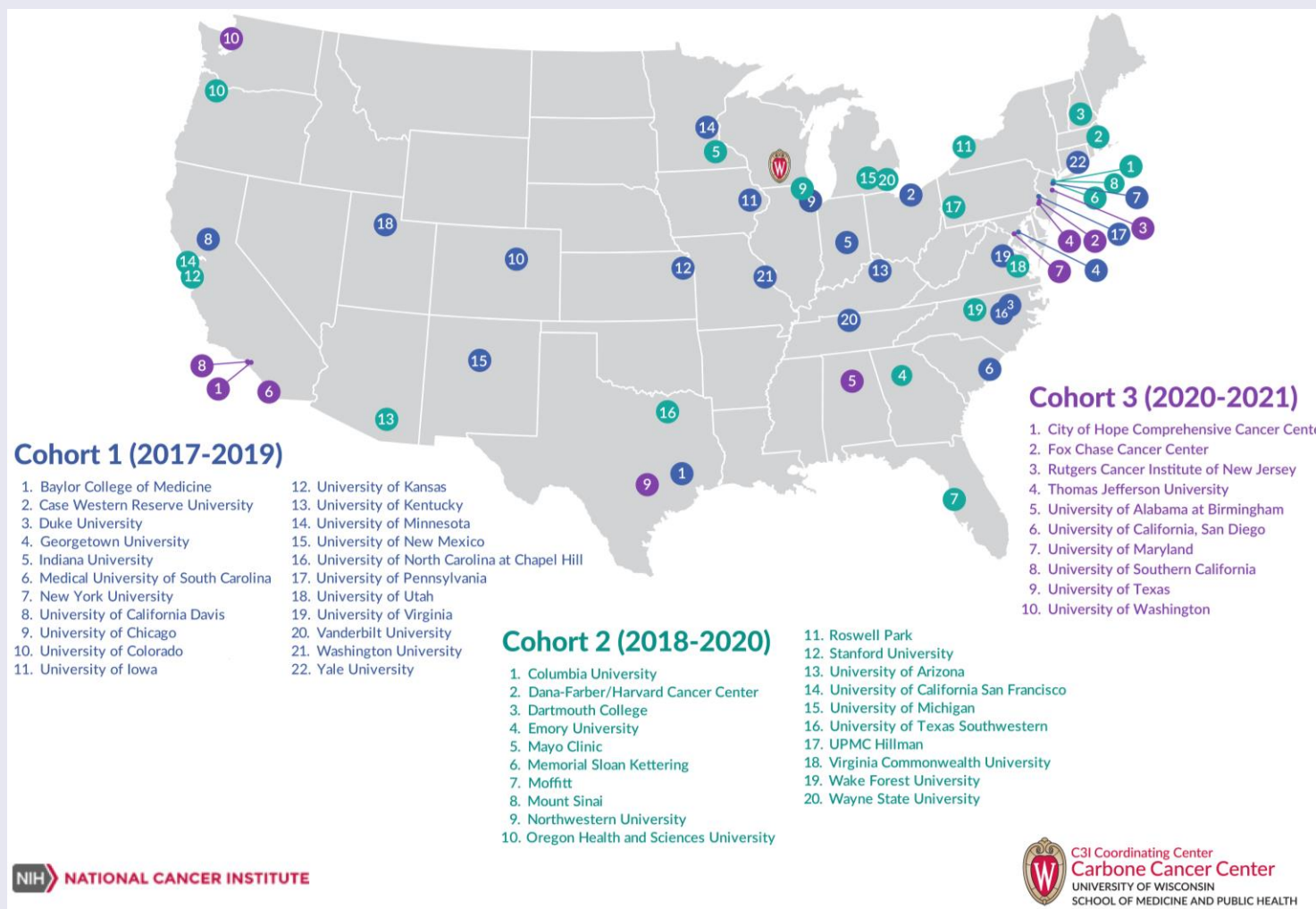
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- Rationale
- **C3I Background**
- Scientific Impact: Reach, Effectiveness, Equity, & Reporting
- Sustainability Strategies from the Initiative

# Cancer Center Cessation Initiative (C3I)

- In 2017, NCI announced the Cancer Center Cessation Initiative as part of the Cancer Moonshot
- 52 cancer centers (CCs) funded over 3 rounds (2017 to 2020) via P30 supplements
- Goal: Enhance capacity of CCs to treat tobacco use of all oncology patients who smoke. Funded center were charged with:
  - Taking a population-based approach
  - Increasing the proportion of patients who received cessation treatment and their cessation outcomes
- Coordinating Center (Univ of Wisconsin) collects reach and effectiveness data.
- Future Goal: Maintain resources and programs; sustain and grow consortium

# C3I Funded Centers



# C3I CC Team



**Betsy Rolland, PhD, MLIS, MPH**  
Principal Investigator, 2017–2023



**Michael Fiore, MD, MPH, MBA**  
Senior Scientist



**Danielle McCarthy, PhD**  
Principal Investigator, 2023



**Robert Adsit,**  
**MEd**



**Timothy Baker,**  
**PhD**



**Jennifer Bird,**  
**PhD**



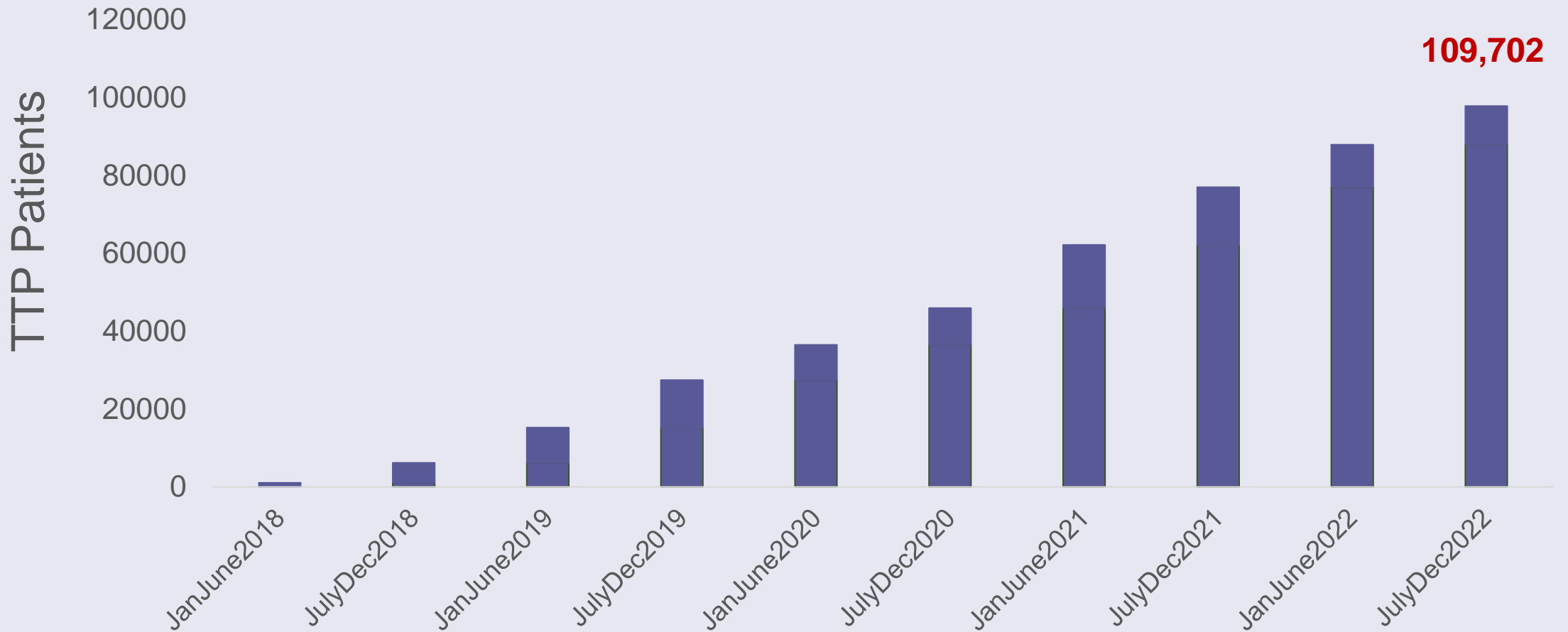
**Mara Minion,**  
**MA**

# Agenda

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- Rationale
- C3I Background
- **Scientific Impact: Reach, Effectiveness, Equity, & Reporting**
- Sustainability Strategies from the Initiative

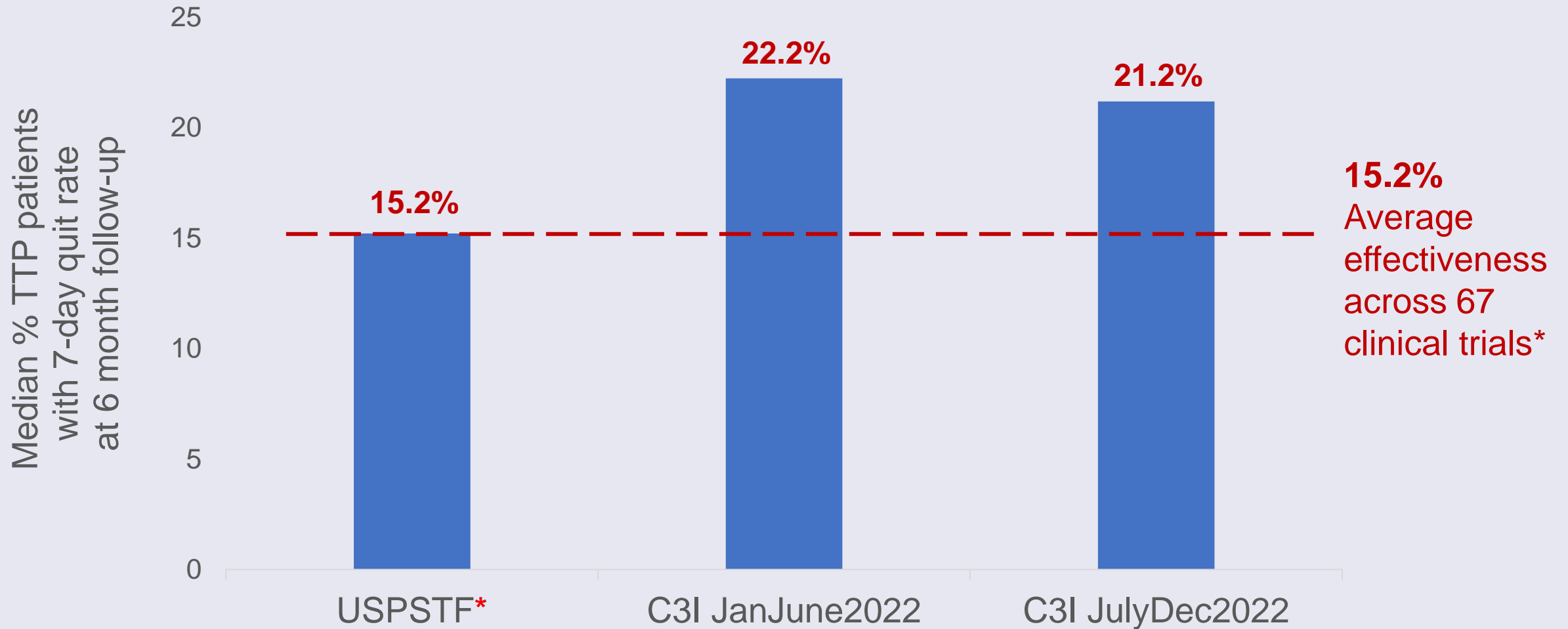
# Over **100,000** Oncology Patients Reached by a C3I Tobacco Treatment Program (TTP) since 2018



Includes data submitted to the Coordinating Center as of December 2023



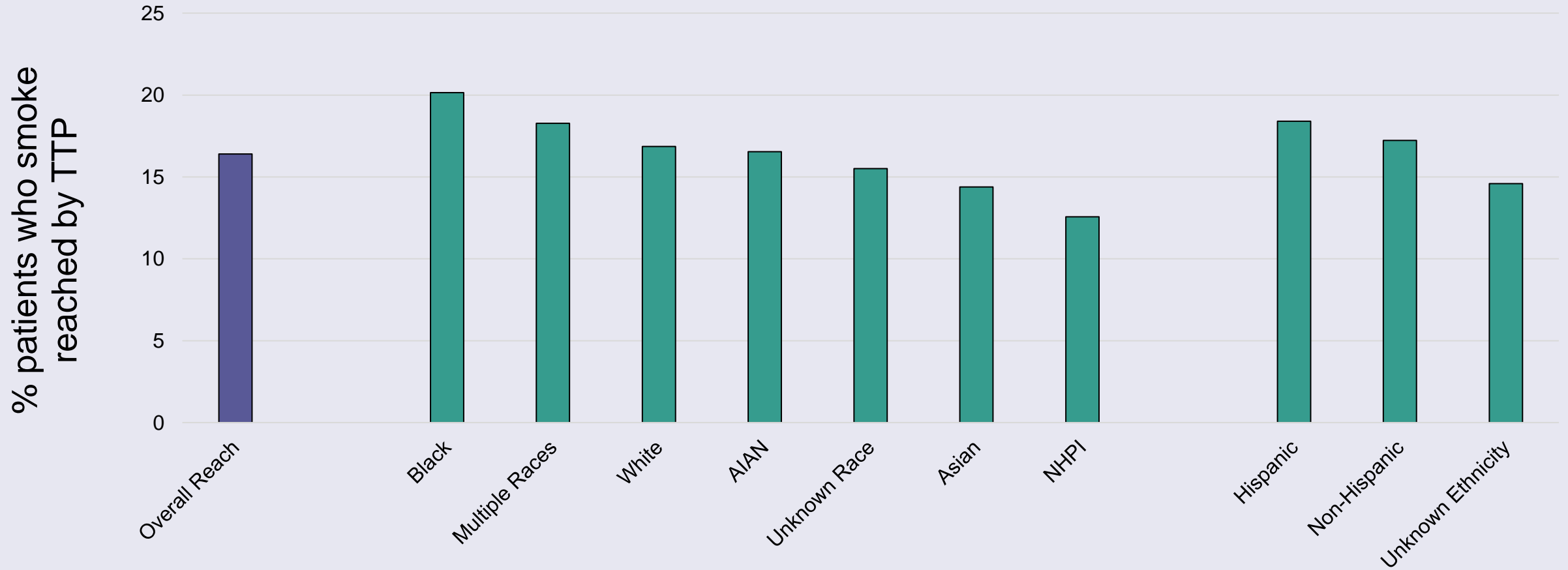
# C3I Program Effectiveness



Includes data submitted to the Coordinating Center as of September 9, 2023

\* Patnode, C. D., et al. (2021). Interventions for tobacco cessation in adults, including pregnant persons: updated evidence report and systematic review for the US Preventive Services Task Force. JAMA, 325(3), 280-298.

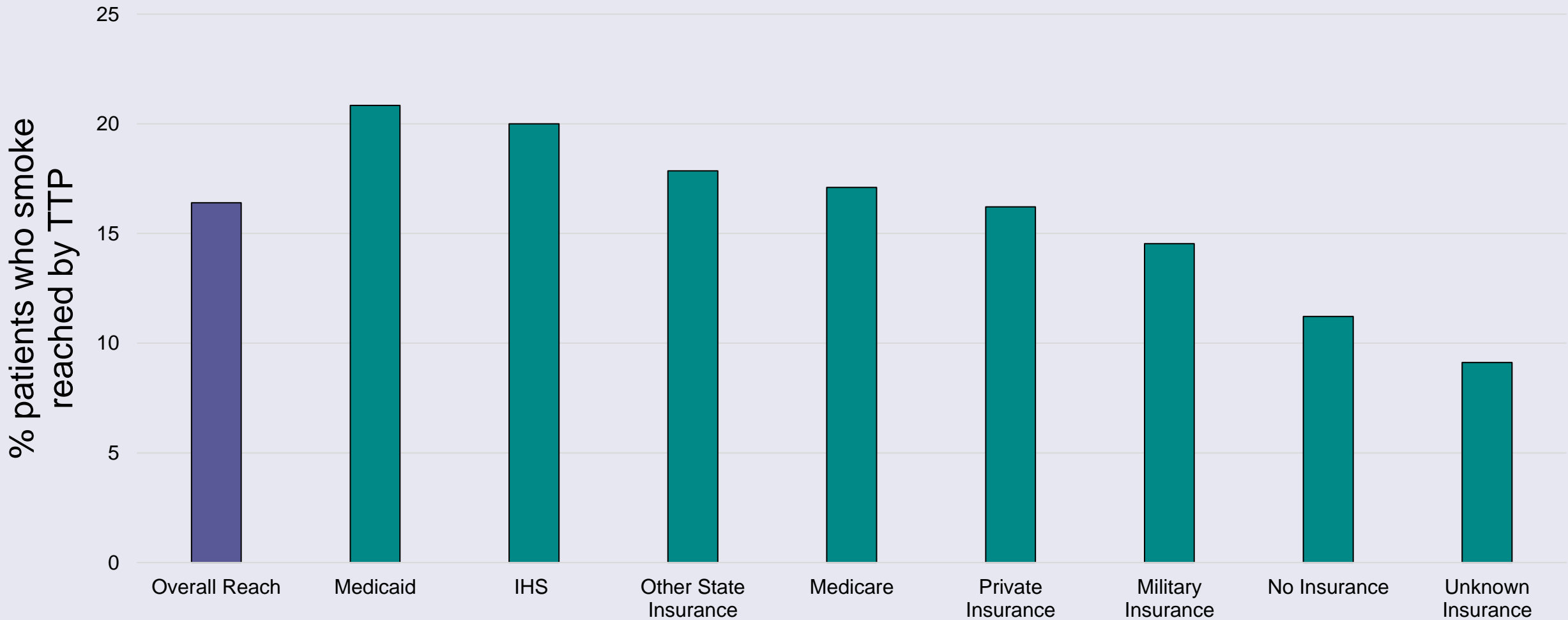
# Equity in C3I Tobacco Treatment Programs 2022: Race and Ethnicity



Includes data submitted to the Coordinating Center  
as of September 9, 2023

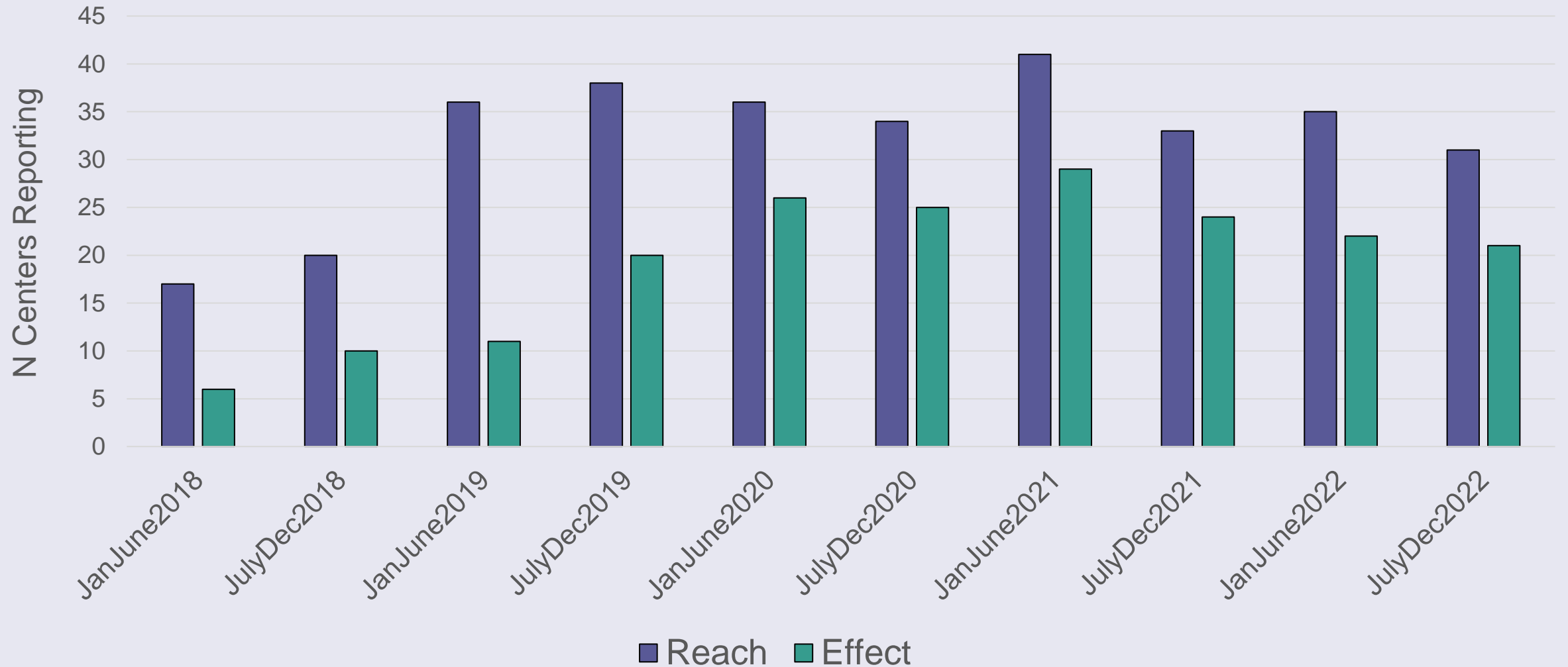


# Equity in C3I Tobacco Treatment Programs 2022: Insurance Status



Includes data submitted to the Coordinating Center  
as of September 9, 2023

# Data Reporting Over Time



# Agenda

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- Rationale
- C3I Background
- Scientific Impact: Reach, Effectiveness, Equity, & Reporting
- **Sustainability Strategies from the Initiative**

# C3I Tobacco Treatment Program Sustainability Plans

- NCI requirement
- Describes:
  - Resources committed
  - Monitoring TTP outcomes
  - Partnership engagement

Table 1. Human resources committed for tobacco treatment program sustainability

Human Resources Committed for TTP Sustainability	FTE committed	Estimated commitment end date (year)	Source of Support and/or Collaborator <i>See example list above; add others as are relevant for your site's context.</i>	Our program does not have plans to sustain this resource.
Project Lead				<input type="checkbox"/>
Project manager or coordinator				<input type="checkbox"/>
Tobacco Treatment Specialist				<input type="checkbox"/>
Clinical Collaborator				<input type="checkbox"/>
IT specialist				<input type="checkbox"/>
Other (specify): <a href="#">Click or tap here to enter</a>				<input type="checkbox"/>

*Section of C3I Sustainability Plan template*

# Key metrics for sustainability

Program Leads:

**What is the key metric you need to demonstrate to cancer center leadership for your program to be sustained?**

Cancer Center Directors:

**What type of justification would you need to see to keep this program going over the long term?**

# Key metrics for sustainability: Results

**SUSTAINABILITY**

## Economics

Cost benefit & cost effectiveness  
Revenue generation

## Implementation outcomes

Patient reach/referral/utilization  
Program effectiveness & quit rates

## Buy-In

Health system  
Providers & staff

## Strategies

- Engage key partners and secure leadership buy-in
- Monitor and report key outcomes, aligned with health system goals
- Participate in initiatives and ancillary studies to advance the science & practice of TTP sustainability & efficiency

# Ancillary Grant: R01CA279890

## Sustainability of Tobacco Cessation Programs at NCI-Designated Cancer Centers

- **Principal Investigator:** Ramzi Salloum, PhD (University of Florida)
  - **Aim 1:** Characterize the sustainment of tobacco treatment programs within cancer centers.
  - **Aim 2:** Specify the relationships between multilevel determinants, strategies, and outcomes of sustainability for tobacco treatment programs within cancer centers.
  - **Aim 3:** Develop and test a toolkit to guide the selection of sustainment strategies for tobacco treatment programs in cancer care.

# Clinical Sustainability Assessment Tool (CSAT)

Engaged Staff  
& Leadership

Engaged  
Stakeholders

Organizational  
Readiness

Workflow  
Integration

Implementation  
& Training

Monitoring &  
Evaluation

Outcomes &  
Effectiveness



# Engaged Staff & Leadership

- Secure leadership buy-in for the program.
- Engage multidisciplinary teams, including HIT staff and clinic champions.
- Involve TTP leadership and staff in various multidisciplinary meetings (e.g., huddles, rounds, case conferences, tumor boards).
- Use internal marketing and communication to engage at the clinic or health system-level (e.g., staff newsletters, education materials).
- Share high impact articles and monographs on TTPs and tobacco cessation with leadership and staff.
- Report program outcomes to leadership and staff.
- Conduct staff surveys for input on future directions.

# Engaged Stakeholders

- Develop strategic external partnerships. For example:
  - American Society of Clinical Oncology
  - Centers for Disease Control and Prevention
  - Commission on Cancer
  - National Comprehensive Cancer Network
  - National Tobacco Treatment Specialist Programs
  - Association for the Treatment of Tobacco Use and Dependence
  - Lung cancer and cancer screening programs
  - National and state quitlines
  - Patient, survivor, and family advisory boards
  - Office of Community, Outreach, and Engagement (COE)
  - Local community groups

# Organizational Readiness

- Conduct a needs assessment to define readiness (e.g., how much funding is needed, how much staff effort is needed).
- Secure leadership commitment for necessary funding and resources.
- Develop a TTP manual to ensure continuity through staff turnover. Include programmatic standards, reporting procedures, key performance indicators.
- Foster partnerships with complementary initiatives (e.g., other cancer prevention programs; Community, Outreach, & Engagement; etc.).

# Workflow Integration

- Visit clinics to better understand the current workflow.
- Adopt a team-based model of care to engage clinic staff.
- Automate processes in the electronic health records to screen, refer, and follow up with patients.

# Implementation & Training

- Create a library of provider- and patient-facing educational resources.
- Create tailored, asynchronous digital learning modules for staff.
- Provide multiple opportunities for training and retraining.
- Develop evidence-based clinical guidelines, standard operating procedures, and scripts.
- Sponsor TTS training for clinical champions and providers.
- Work with HIT team to develop tip sheets for providers.
- Provide continued education and encouragement of participation through regular newsletters.

# Monitoring & Evaluation

- Budget the staffing and resources necessary to monitor and evaluate the TTP.
- Build partnerships with the reporting team.
- Develop EHR-based program metrics reporting on key performance indicators.
- Develop EHR-based tobacco registry.
- Track implementation and maintenance costs.
- Share regular monitoring and evaluation reports based on the metrics that matter to leaders and clinic champions.
- Document processes for replication.

# Outcomes & Effectiveness

- Use metrics and reporting requirements that align with leadership, clinical, research, and health system priorities.
- Measure impact valued by external stakeholders, including patients, policy makers, and funders.
- Link cessation to clinical outcomes.

# Resources Available: [www.OncologyTobaccoTreatment.org](http://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.

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





# Q&A



# Q and A

