Cancer PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Start Strong with Just ASK: Practical Tools and Clinical Advice

April 29, 2022

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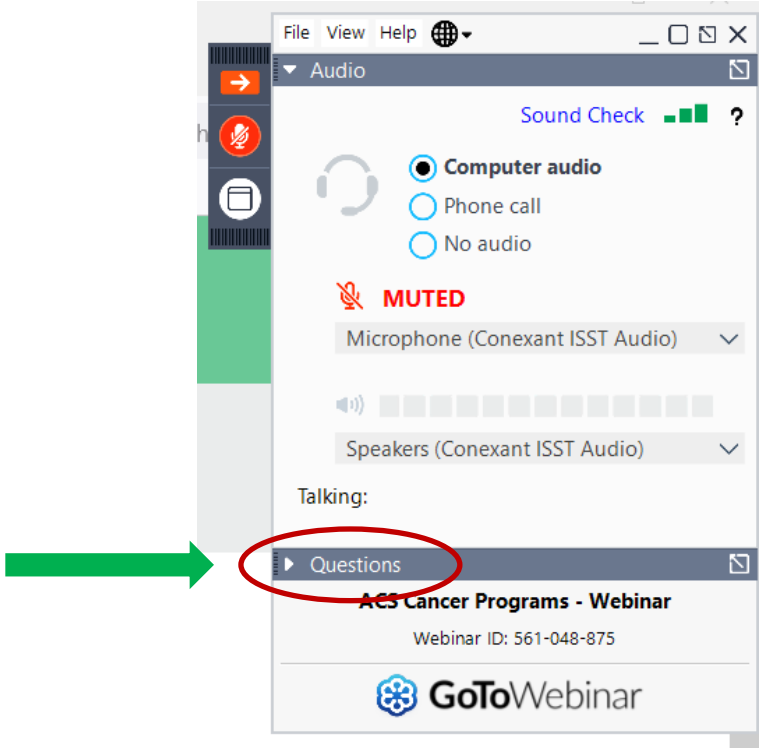
Logistics

- 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



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Introducing Our Moderator

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Jamie S. Ostroff, PhD
Chief, Behavioral Science Service
Director, Tobacco Treatment Program
Department of Psychiatry & Behavioral Sciences
Memorial Sloan Kettering Cancer Center
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Introducing Our Panelists

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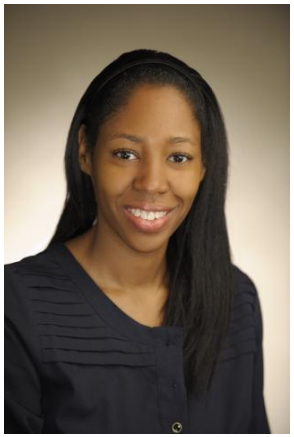
Rob Adsit, MEd
Director of Education and Outreach Programs,
University of Wisconsin Center for Tobacco Research and Intervention, Wisconsin

Elisa Tong, M.D. M.A.
Professor of Medicine
Division of General Internal Medicine
UC Davis Health, California



Jessica L. Burris, PhD
Associate Professor of Psychology
Member of Markey Cancer Center
University of Kentucky

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Agenda

- Introduction - 2022 Tobacco Cessation Project & Clinical Study
- How to Build Your Team
- Finding, Documenting, and Reporting Smoking/Tobacco Use Status in the Electronic Health Record
- The “Who,” “Why,” “When” and “How” of Just **ASK**

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2022 Tobacco Cessation Project & Clinical Study

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

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Tobacco and Cancer Task Force Members

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Graham Warren, MD, PhD	Medical University of South Carolina
James Harris, MD	Western Surgical Group CoC Accreditation Committee Chair
Daniel Boffa, MD	Yale School of Medicine CoC Quality Integration Committee Chair
Ellen Hahn, PhD	University of Kentucky College of Nursing
Audrey Darville, APRN, PhD	University of Kentucky College of Nursing
Laurie Kirstein, MD	Memorial Sloan Kettering CoC Education Committee Chair
Jamie Ostroff, PhD	Memorial Sloan Kettering
Jessica Burris, PhD	University of Kentucky College of Public Health
Sarah Shafir, MPH	American Cancer Society
Tim Mullett, MD	University of Kentucky Thoracic Surgery CoC Chair
Elisa Tong, MD, MA	UC Davis Health
Rachel Shelton, ScD, MPH	Columbia University

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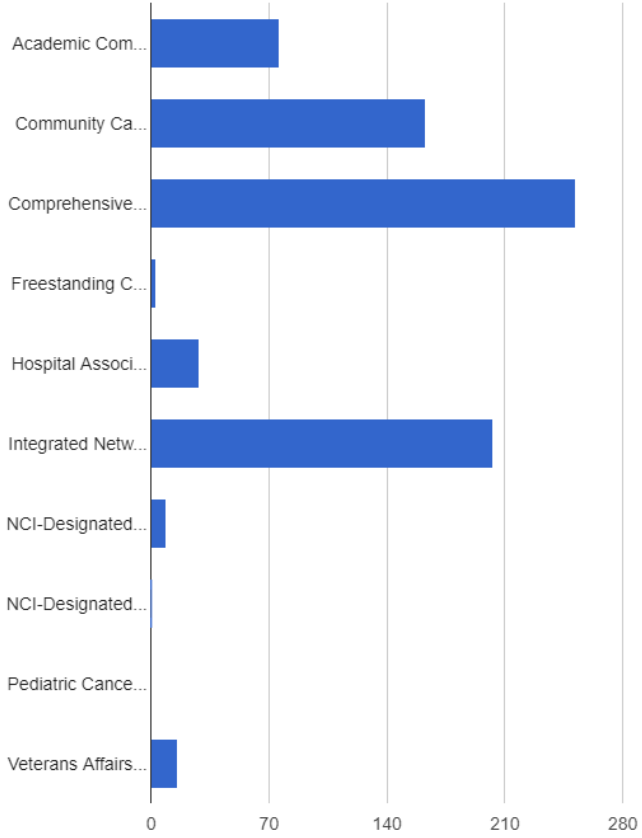
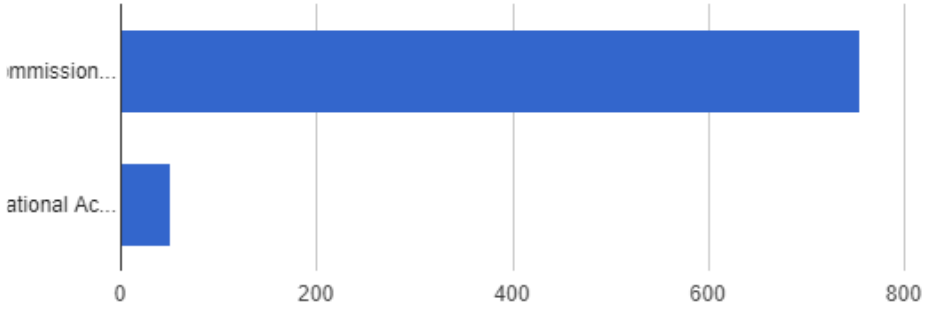
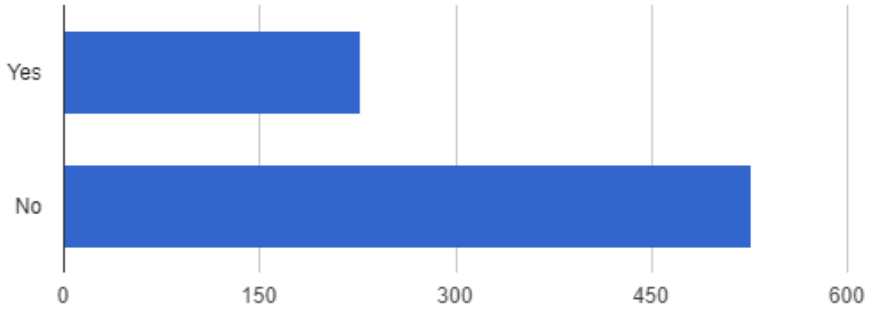
Participant snapshot







2022 Just ASK - Baseline Overview: UNVALIDATED DATA

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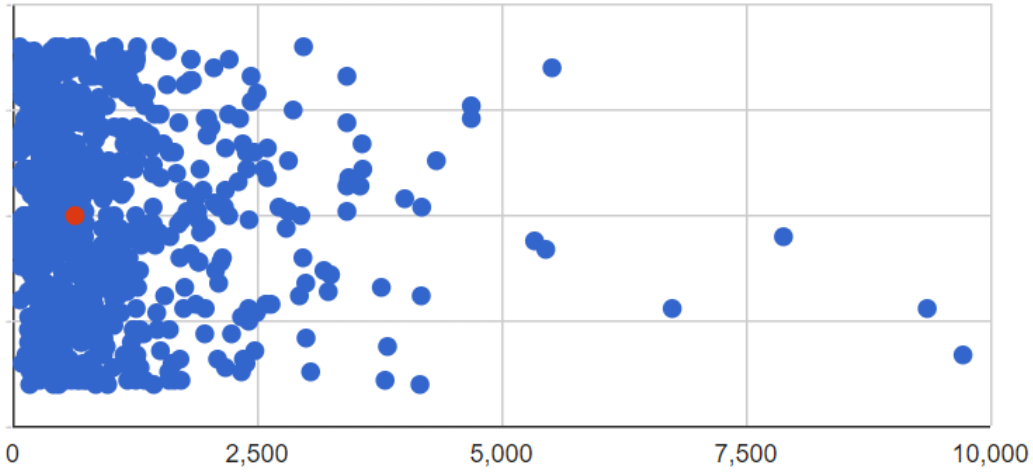
Annual new patient volume (analytic cases from last complete year) *(analytic_volume)*

Total Count (N)	Missing*	Unique	Min	Max	Mean	StDev	Sum	Percentile						
								0.05	0.10	0.25	0.50 Median	0.75	0.90	0.95
800	1 (0.1%)	625	0	9711	927.25	1002.3	741802	132.70	188.90	327.75	627.50	1136.3	2068.1	2790.0

Lowest values: 0, 0, 25, 29, 32

Highest values: 5508, 6737, 7875, 9345, 9711



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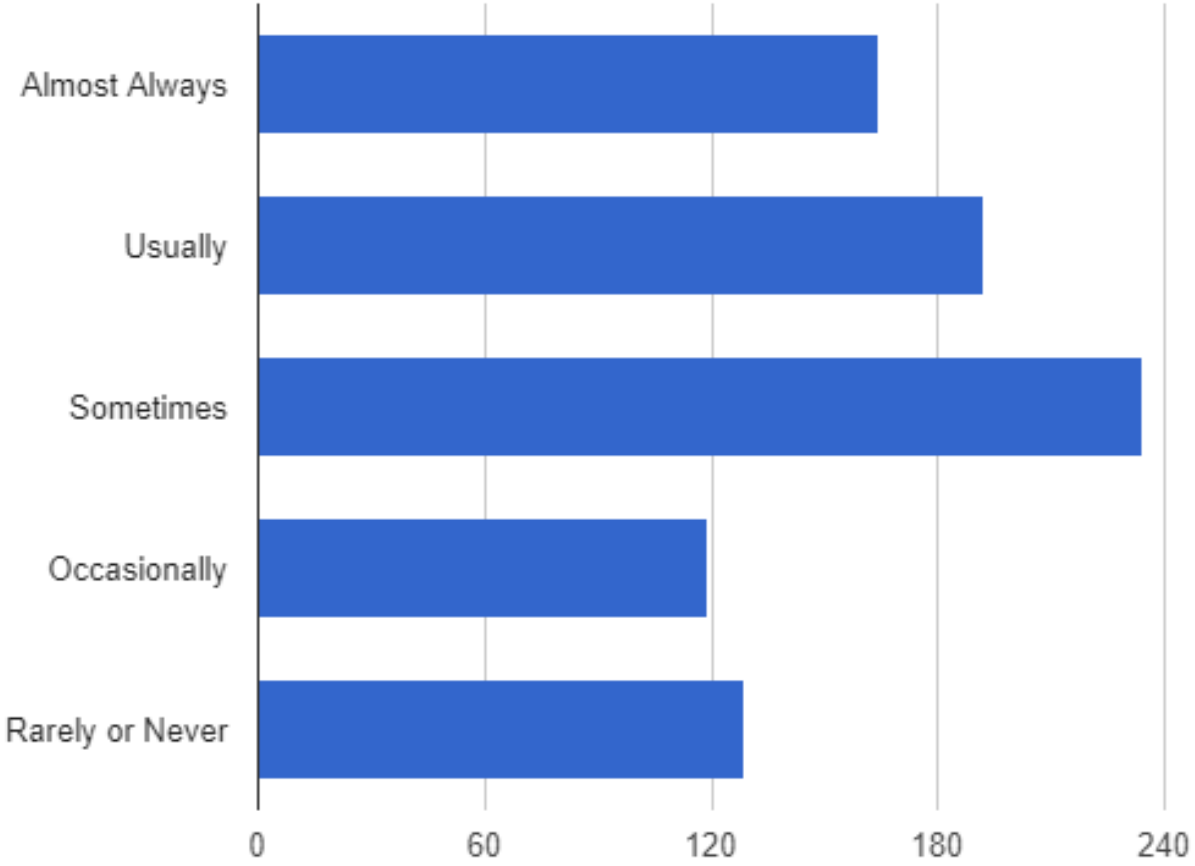
Document smoking cessation advice and tobacco treatment plan in electronic health record.



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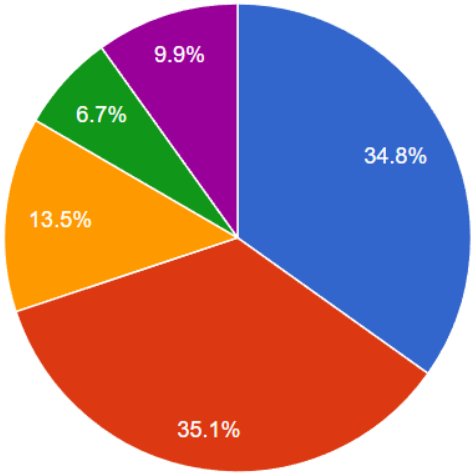
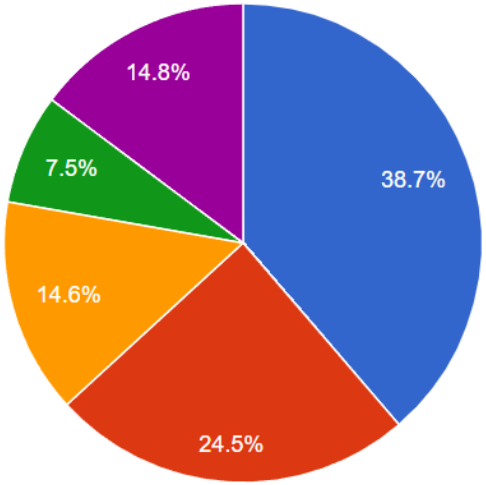
TOP IDENTIFIED BARRIERS (Agree/Somewhat Agree)

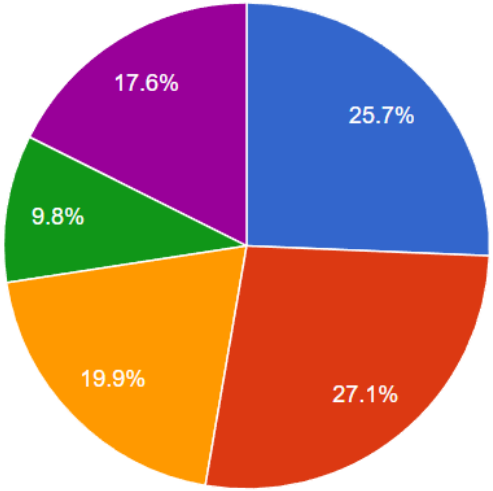
Blue/Red



Lack of Staff Training – 69.9%



Lack of Designated Champion – 63.2%



Competing Clinical Priorities – 52.8%

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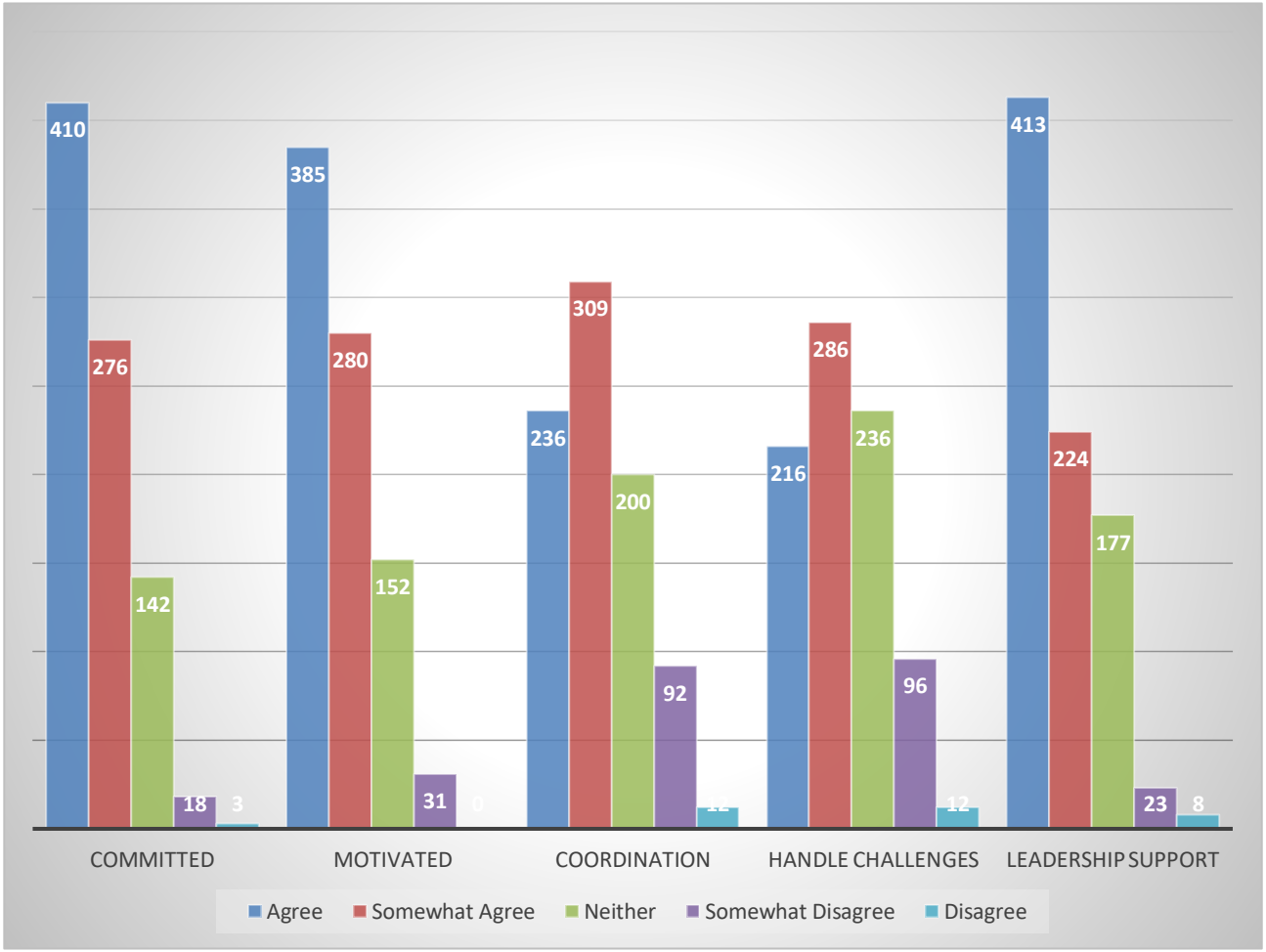
Readiness & Priority



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How to Build Your Team

Plan-Do-Study-Act

Elisa Tong, MD, MA

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PLAN – DO – STUDY – ACT

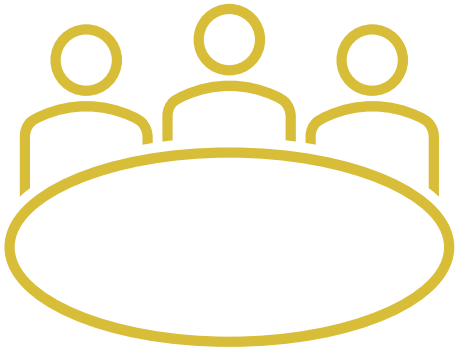
Step 1a: Assemble a team to discuss how to assess smoking

CORE TEAM

Project lead

Clinical champion(s)

- Physician
- Nursing
- Medical assistant supervisor



Evaluation

- IT analyst
- Cancer registrar

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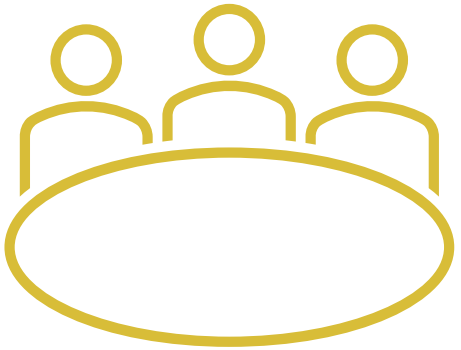
PLAN – DO – STUDY – ACT

Step 1a: Assemble a team to discuss how to assess smoking

INTERNAL STAKEHOLDERS

Administrative staff

- Registration or scheduling



Multidisciplinary clinical team

- Pharmacy
- Social work

Clinical Leadership

- Cancer Committee
- Ambulatory or Hospital

Marketing or communications

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PLAN – DO – STUDY – ACT

Step 1a: Assemble a team to discuss how to assess smoking

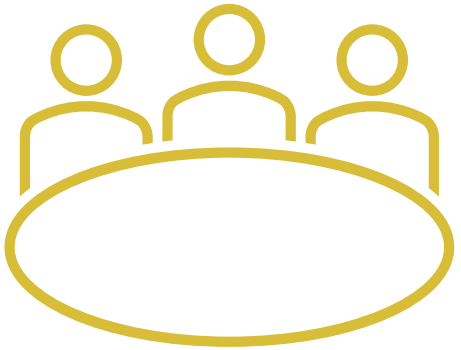
EXTERNAL STAKEHOLDERS

Patients who are current or former smokers

Community-based organizations

Local or state public health programs

Other cancer programs



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ASK 52 Peers: NCI Cancer Center Cessation Initiative

https://cancercontrol.cancer.gov/brp/tcrb/cancer-center-cessation-initiative

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PLAN – DO – STUDY – ACT

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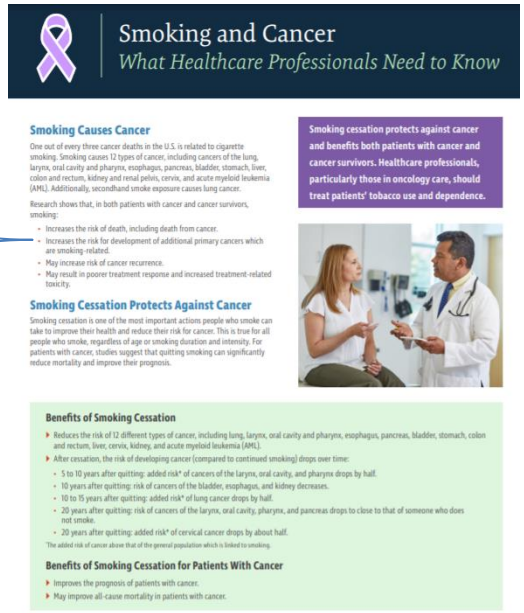
Step 1b: Discuss specific and achievable goals for your cancer program.

Share about the importance of addressing smoking in cancer care. Just ASK is a first step.

"Smoking increases the risk of death or cancer… and may result in poorer treatment response and increased treatment-related toxicity"



Smoking and Cancer
What Healthcare Professionals Need to Know

Smoking Causes Cancer

One out of every three cancer deaths in the U.S. is related to cigarette smoking. Smoking causes 12 types of cancer, including cancers of the lung, larynx, oral cavity and pharynx, esophagus, pancreas, bladder, stomach, liver, colon and rectum, kidney and renal pelvis, cervix, and acute myeloid leukemia (AML). Additionally, secondhand smoke exposure causes lung cancer.

Research shows that, in both patients with cancer and cancer survivors, smoking:

- Increases the risk of death, including death from cancer.
- Increases the risk for development of additional primary cancers which are smoking-related.
- May increase risk of cancer recurrence.
- May result in poorer treatment response and increased treatment-related toxicity.

Smoking Cessation Protects Against Cancer

Smoking cessation is one of the most important actions people who smoke can take to improve their health and reduce their risk for cancer. This is true for all people who smoke, regardless of age or smoking duration and intensity. For patients with cancer, studies suggest that quitting smoking can significantly reduce mortality and improve their prognosis.

Smoking cessation protects against cancer and benefits both patients with cancer and cancer survivors. Healthcare professionals, particularly those in oncology care, should treat patients' tobacco use and dependence.

Benefits of Smoking Cessation

- Reduces the risk of 12 different types of cancer, including lung, larynx, oral cavity and pharynx, esophagus, pancreas, bladder, stomach, colon and rectum, liver, cervix, kidney, and acute myeloid leukemia (AML).
- After cessation, the risk of developing cancer (compared to continued smoking) drops over time:
  - 5 to 10 years after quitting: added risk* of cancers of the larynx, oral cavity, and pharynx drops by half.
  - 10 years after quitting: risk of cancers of the bladder, esophagus, and kidney decreases.
  - 10 to 15 years after quitting: added risk* of lung cancer drops by half.
  - 20 years after quitting: risk of cancers of the larynx, oral cavity, pharynx, and pancreas drops to close to that of someone who does not smoke.
  - 20 years after quitting: added risk* of cervical cancer drops by about half.

*The added risk of cancer above that of the general population which is linked to smoking.

Benefits of Smoking Cessation for Patients With Cancer

- Improves the prognosis of patients with cancer.
- May improve all-cause mortality in patients with cancer.

Clinical Interventions Work

Tobacco use and dependence is a chronic, relapsing condition that often requires repeated intervention and long-term support. Quitting can be hard, but evidence-based treatments (listed below) improve success.

- **Behavioral Counseling:** Counseling can be in person (one-on-one or in a group) or over a telephone quitline. Text messaging and web-based interventions also help people quit smoking.
- **Medication:** Seven medications are approved by the U.S. Food and Drug Administration (FDA) for smoking cessation (see text box).
- **Combining Treatments:** Counseling and medication are effective on their own, but using them together can more than double the chances of quitting. Combining long-acting NRT (patch) with short-acting NRT (e.g., gum, lozenge) also increases the chances of quitting.

FDA-Approved Medications

- **Nicotine Replacement Therapy (NRT)** reduces nicotine withdrawal symptoms and is available over the counter (patch, gum, and lozenge) and by prescription (inhaler and nasal spray).
- **Varenicline** is a nicotine receptor partial agonist available only by prescription. It reduces nicotine withdrawal symptoms (including craving) and reduces the rewarding effects of cigarettes by blocking nicotinic receptors.
- **Bupropion** is a dopamine and norepinephrine reuptake inhibitor with nicotine receptor antagonist properties. It reduces craving and other withdrawal symptoms and is available by prescription only.

The Entire Clinical Care Team Can Help

A team approach is the best way to treat tobacco use and dependence. Integrating treatment into the routine clinical workflow and engaging the entire healthcare team in treatment delivery can make a difference.

Advise Patients to Quit

- Talk to patients at every visit about their tobacco use. Even brief advice can influence a patient's decision to quit smoking.
- Advise patients that quitting is one of the most important things they can do to improve their health and prognosis.
- Remind patients that it is never too late to quit smoking. Quitting is beneficial at any age.
- Provide patients support, regardless of their readiness to quit.

Offer Patients Treatment

- Offer patients a combination of counseling and medications.

Refer Patients to Additional Support

- Refer patients to cessation resources and programs in your health system and community. You can also refer them to telephone quitlines (1-800-QUIT-NOW) and web- and text-based programs.

Follow Up With Patients

- Assess your patients' progress over time and provide additional support. It may take several attempts for them to quit smoking.
- Try new strategies, like new medications the patient hasn't tried, medication combinations, or new approaches to handling triggers.
- Provide ongoing support and encourage patients to keep trying and not give up.

Smoking Cessation Resources *for Clinicians*

- CDC resources: www.cdc.gov/TobaccoHCP, Caring for Cancer Survivors Who Use Tobacco, available at www.cdc.gov/cancer/survivors/health-care-providers/tobacco-use.htm
- Million Hearts resources: Tobacco Treatment Protocol, Action Guide, and Change Package, available at millionhearts.hhs.gov
- Treating Tobacco Use and Dependence, Clinical Practice Guideline: 2008 Update, available at www.ahrq.gov
- U.S. Preventive Services Task Force: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions, available at www.uspreventiveservicestaskforce.org
- National Comprehensive Cancer Network Guidelines for Smoking Cessation, available at www.nccn.org

CDC

https://www.cdc.gov/tobacco/patient-care/care-settings/pdfs/cdc-osh-hcp-oncology-factsheet-508.pdf

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PLAN – DO – STUDY – ACT

Step 1b: 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?

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PLAN – DO – STUDY – ACT

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Step 1c: Create a plan to improve ASKing for all new cancer patients.
Select intervention strategies to improve ASKing about smoking.

PATIENTS

PROVIDERS

SYSTEM

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What do your patients need?

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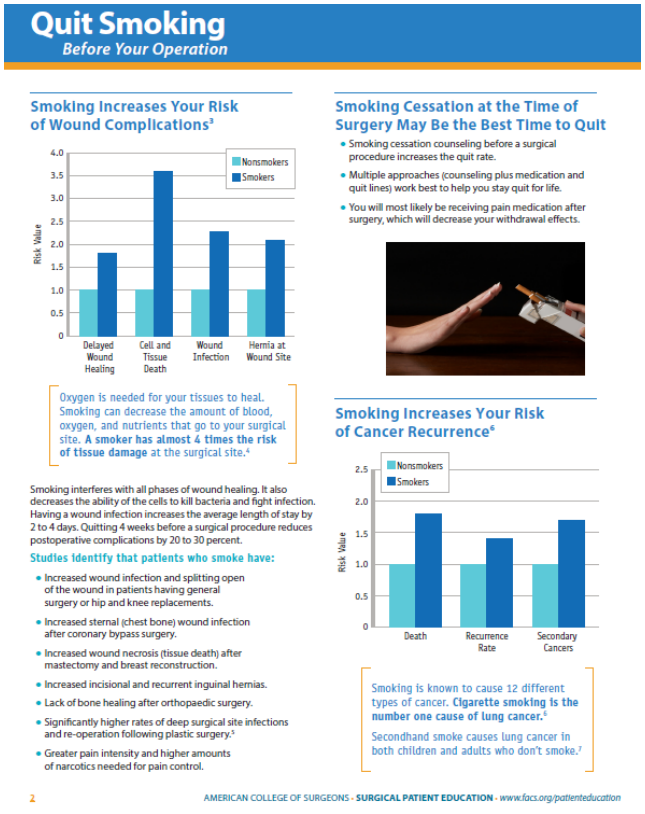

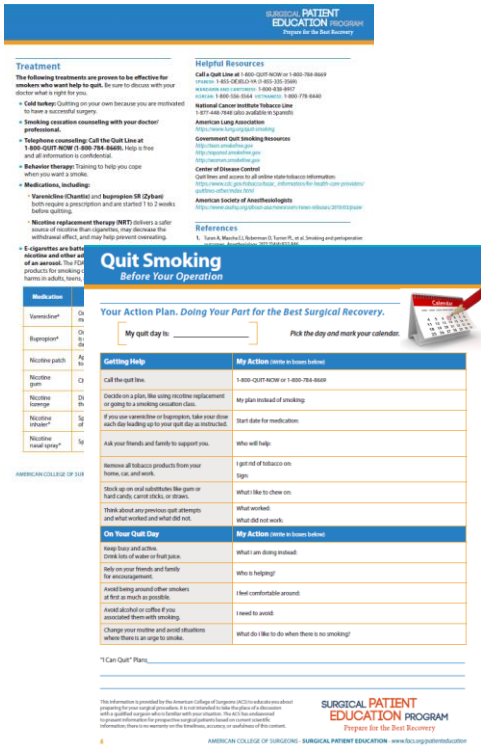

https://www.facs.org/-/media/files/education/patient-ed/quit_smoking.ashx

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What do your providers need?

TRAINING

FEEDBACK

NEW IDEAS

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Smoking Status in the Electronic Health Record

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Social History: Tobacco Use

- Current every day smoker
- Current some day smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked
- Heavy tobacco smoker
- Light tobacco smoker

- Passive smoke exposure –never smoker ⟺ "Are you exposed to smoke at home/work?"

Suggested script & definitions:

"Have you ever smoked in your life?"
NO = Never smoker

"When did you last smoke?"
≥ 30 days = Former smoker

"How much do you smoke?"
Daily = Current every day smoker
>10 cigarettes/day = Heavy smoker

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PLAN – DO – STUDY – ACT

- Attend educational webinars with team members and providers.
- Implement selected intervention strategies
- Complete follow-up assessments

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PLAN – DO – STUDY – ACT

- Monitor progress in ASKing about smoking status. Extract assessment data on a regular basis, preferably monthly from the electronic health record (EHR), to see if more patients are being ASKed about smoking.

- Meet with team members on a regular basis to discuss assessment data. Work to identify gaps, barriers, and systemic deficits related to ASKing (e.g., by patient characteristics, provider department, workflow, etc.).

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PLAN – DO – STUDY – ACT

- Reflect on the success and challenges of the project.
- Refine intervention strategies with stakeholders and sustain the quality improvement.
- Present final results to the cancer committee.
- Consider future interventions to ASSIST patients with smoking cessation. Any site that wants to provide assistance to patients can refer patients to free state quit lines (1-800-QUIT-NOW), identify existing local smoking cessation programs, or assist patients directly with counseling and medications in clinic.

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Finding, Documenting, and Reporting Smoking/Tobacco Use Status in the Electronic Health Record

Rob Adsit, MEd, University of Wisconsin

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AGENDA

Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

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AGENDA

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Finding and Documenting Smoking/Tobacco Use Status in the EHR

- **Epic**
- **Cerner**
- **eClinicalWorks**

Extracting EHR Data for Reporting

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Smoking/Tobacco Use Status in the EHR

- Promoting Interoperability (formerly Meaningful Use) has made “Smoking Status Documentation” nearly universal in every EHR software (Epic, Cerner, Allscripts, etc.)

- Smoking/Tobacco Use Status functionality in EHR base software

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Smoking/Tobacco Use EHR Standards

Standards Criteria	
§ 170.207(h) Smoking Status	Smoking status must be coded in one of the following SNOMED codes: (1) Current every day smoker. 449868002 (2) Current some day smoker. 428041000124106 (3) Former smoker. 8517006 (4) Never smoker. 266919005 (5) Smoker, current status unknown. 77176002 (6) Unknown if ever smoked. 266927001 (7) Heavy tobacco smoker. 428071000124103 (8) Light tobacco smoker. 428061000124105

SNOMED-CT = Systemized Nomenclature of Medicine – Clinical Terms

Designated standards for medical terms, codes, and definitions for the documentation and exchange of clinical health information in the electronic health record

https://www.healthit.gov/isa/representing-patient-tobacco-use-smoking-status

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Smoking/Tobacco Use Status Documentation - Epic Example 1

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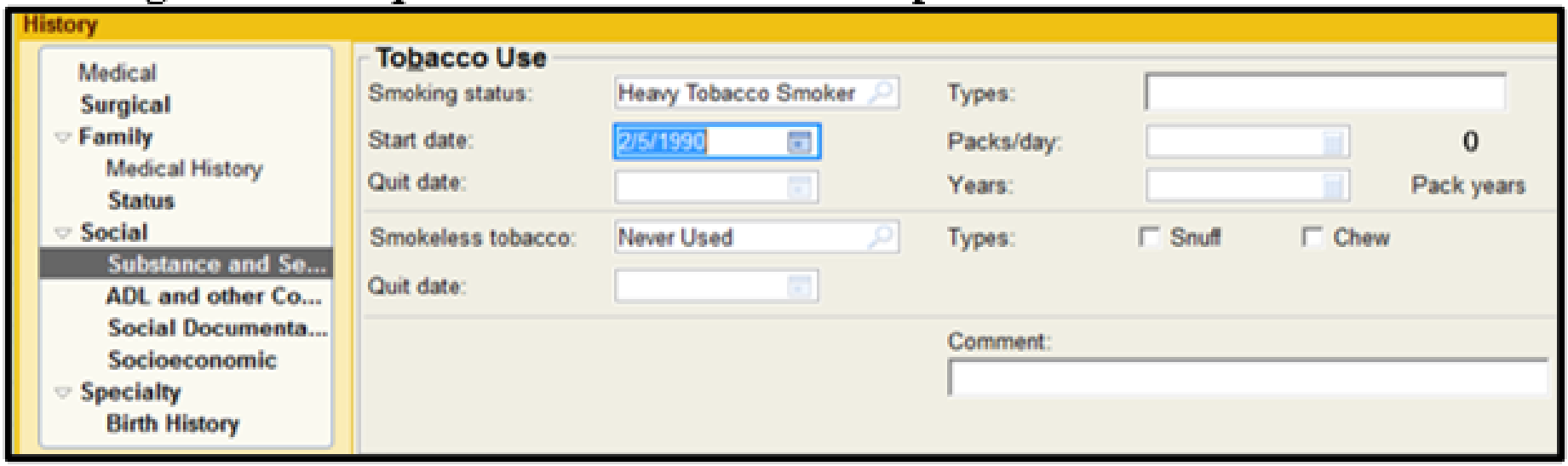
Smoking status and quit date documentation – Epic



https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsTAGMeetingDocuments/Tobacco%20Prevalence%20using%20EHRs%20Summary.pdf

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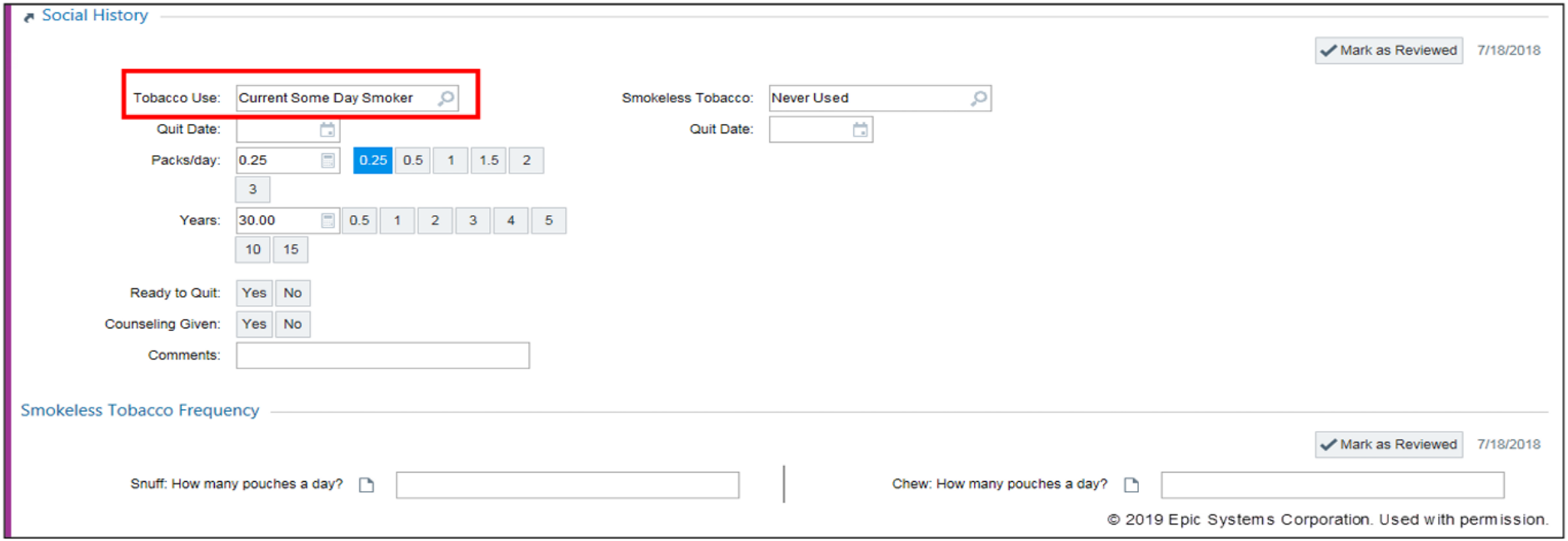
Smoking/Tobacco Use Status Documentation - Epic Example 3



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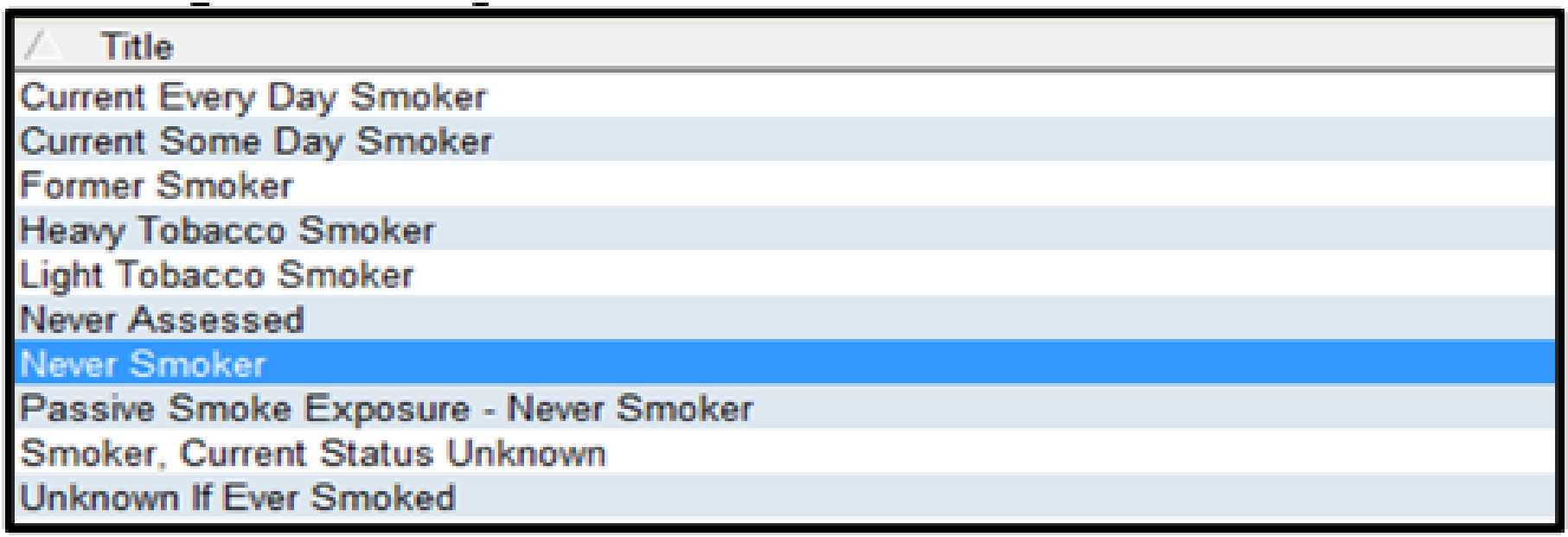
Smoking Status drop-down menu from tobacco use documentation field - Epic



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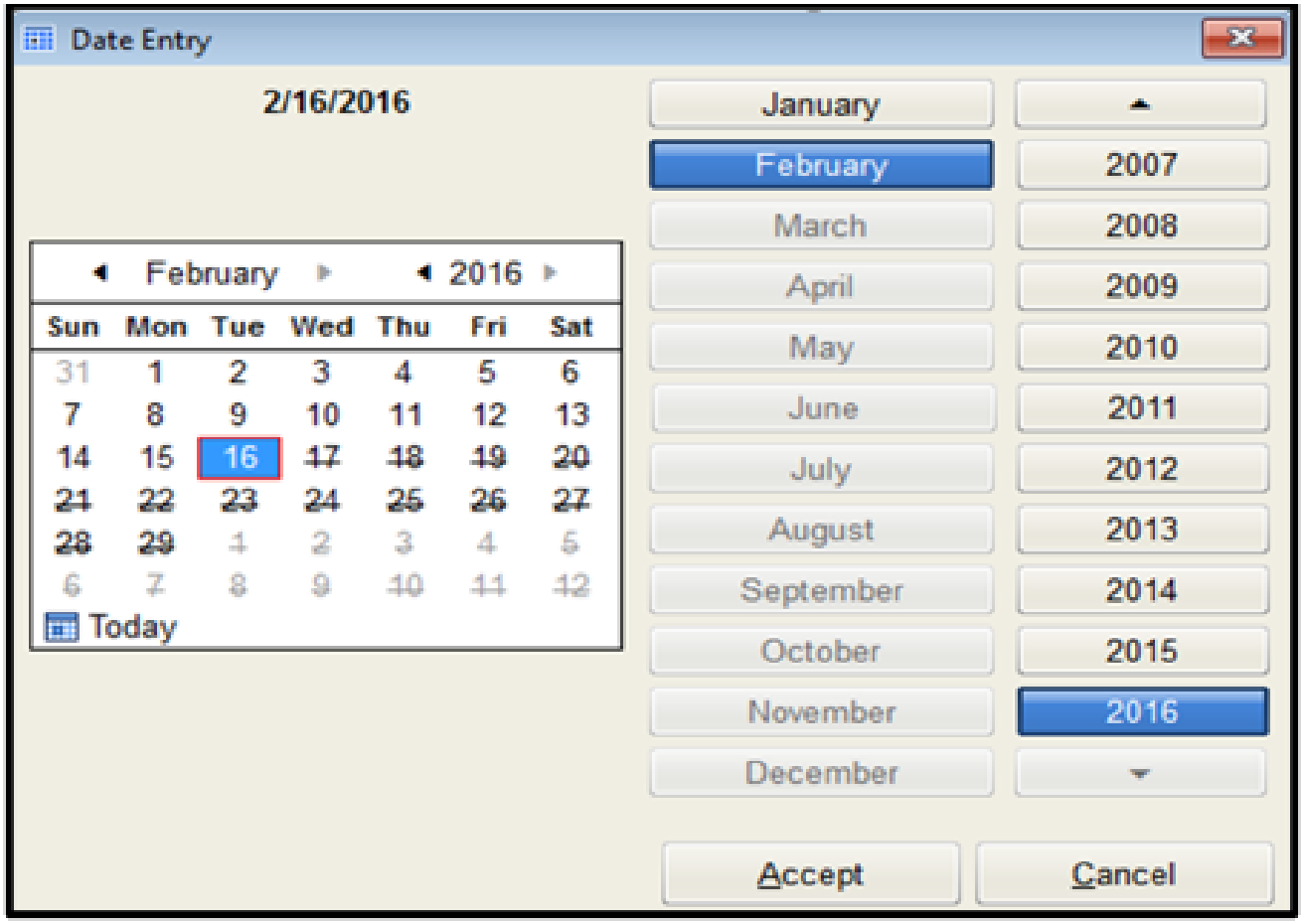
Smoking start/quit date from tobacco use documentation field - Epic



http://www.integration.samhsa.gov/pbhci-learning-community/07.11.13_Tobacco_Webinar_Series_Park%204%20-%20EHRs_Final.pdf

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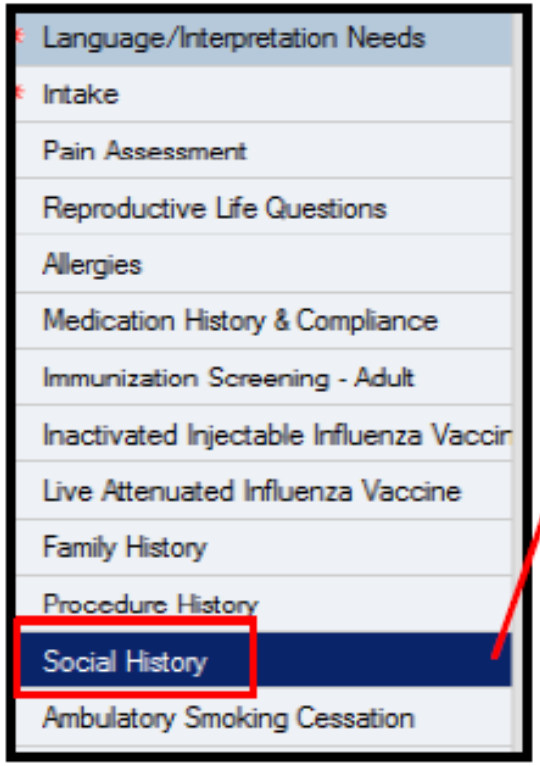
Smoking/Tobacco Use Status Documentation - Cerner Example 1



https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf

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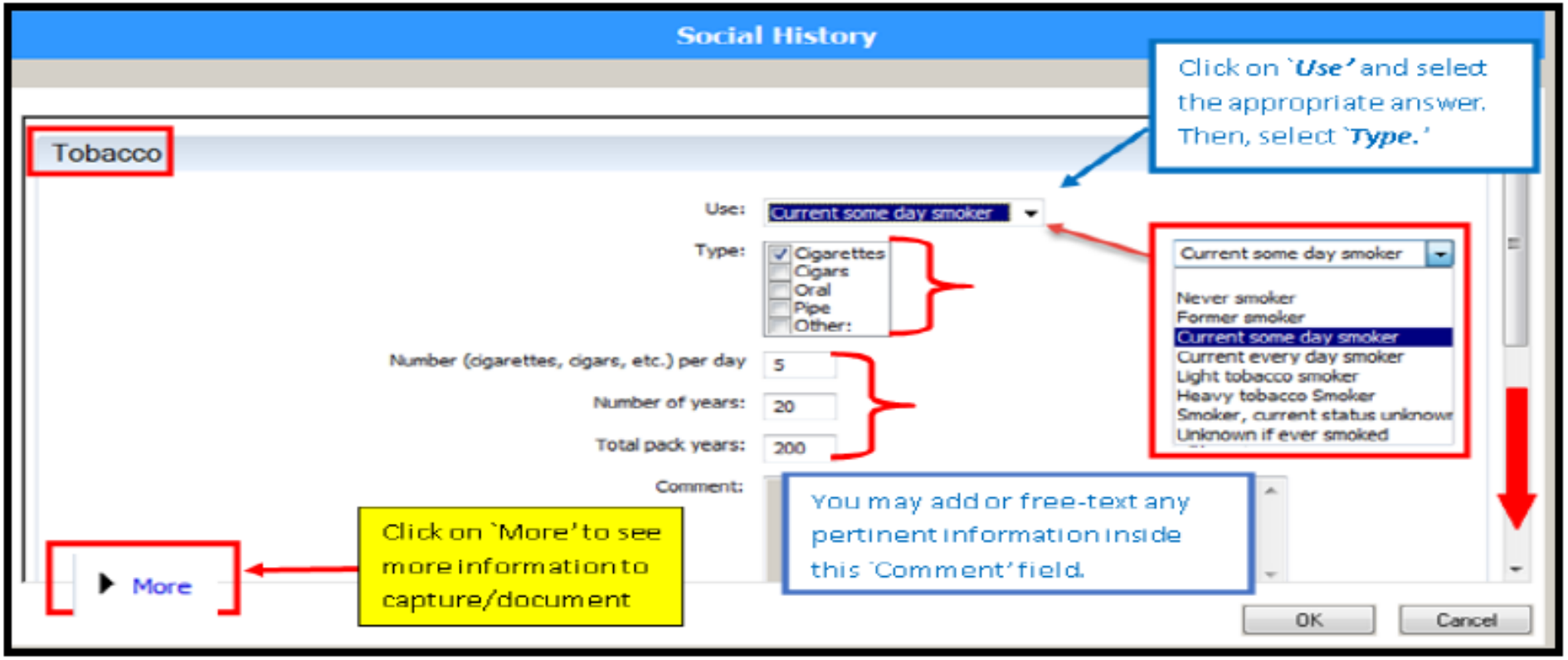
Smoking/Tobacco Use Status Documentation - Cerner Example 1 continued



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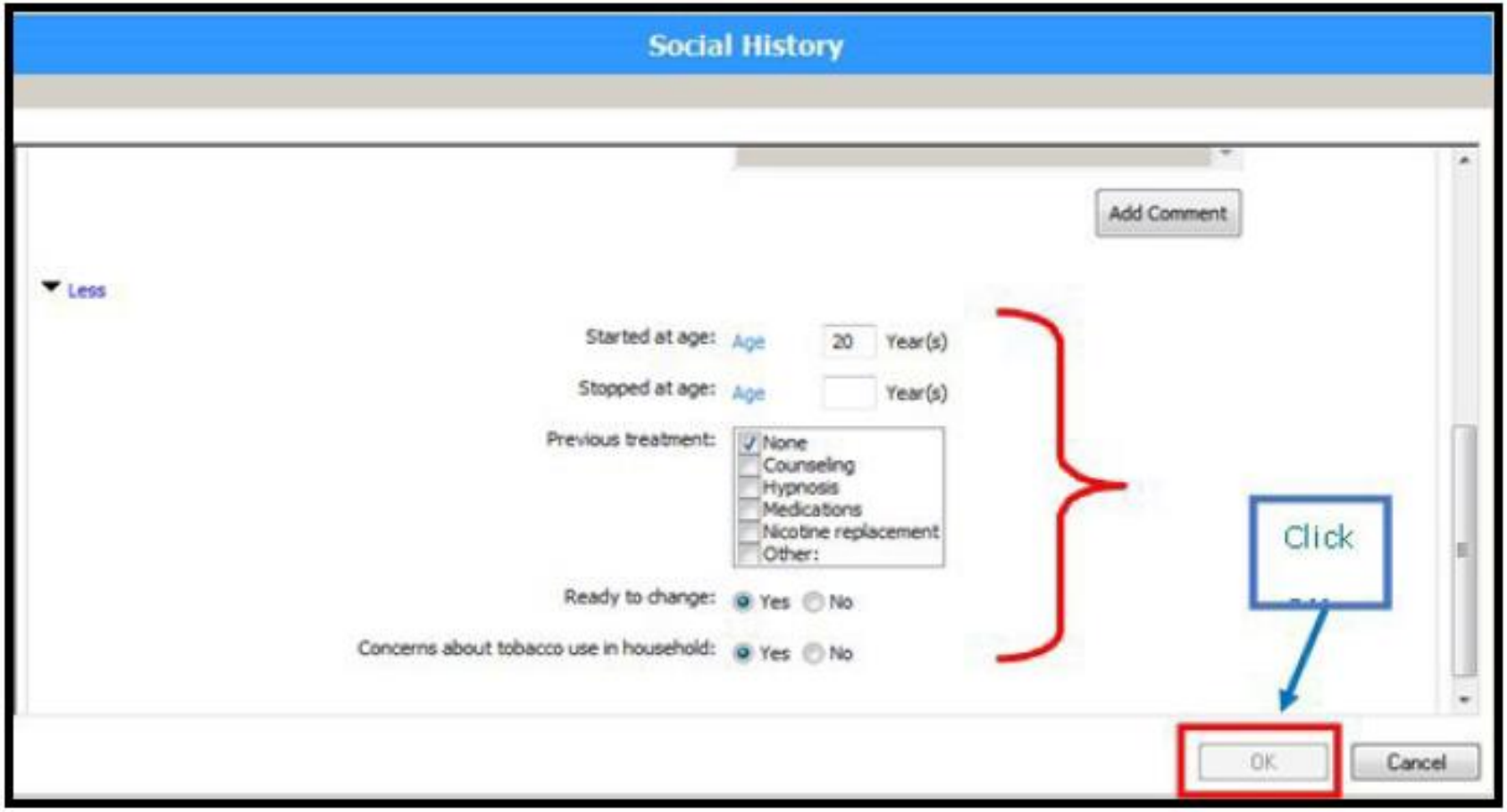
Smoking/Tobacco Use Status Documentation - Cerner Example 1 continued



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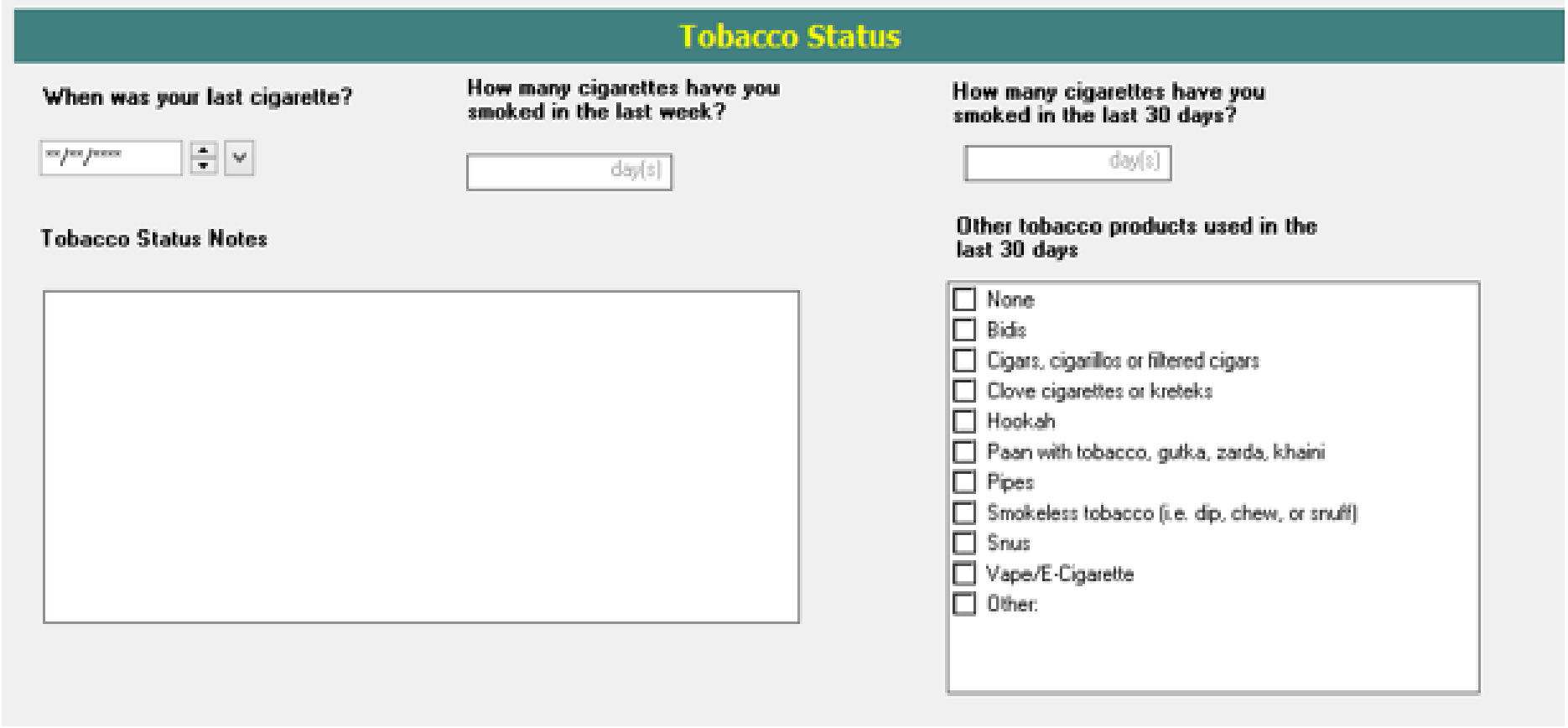
Smoking/Tobacco Use Status Documentation - Cerner Example 2



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AGENDA

Finding and Documenting
Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

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Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: EHR Registry

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What is an EHR Registry?

Tool to identify, manage, track, and report patients with a particular diagnosis or condition

Infinitely customizable – you define the inclusion criteria

Tobacco Registry built into Epic's base software

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Tobacco Registry Example – Epic (Healthy Planet)

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Registry

- Population of patients (registry members)
- Data elements (rules) relevant to the population registry metrics.

Inclusion Rule

- Patient is alive
- Patient is 18 years old or older
- Diagnosed with Nicotine Dependence (ICD-10 codes F17.200-F17.219)
    - Diagnosis is on Problem List;
    - Diagnosis used at least once in an Encounter Diagnosis or Invoice Diagnosis in last 365 days
- One Smoking Status in Social History in the last 1095 days (3 years):
    - Current Every Day Smoker
    - Current Some Day Smoker
    - Smoker, Current Status Unknown
    - Heavy Tobacco Smoker
    - Light Tobacco Smoker
- Had an order placed in the last 365 days for nicotine replacement therapy or Varenicline

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Tobacco Registry - Cerner

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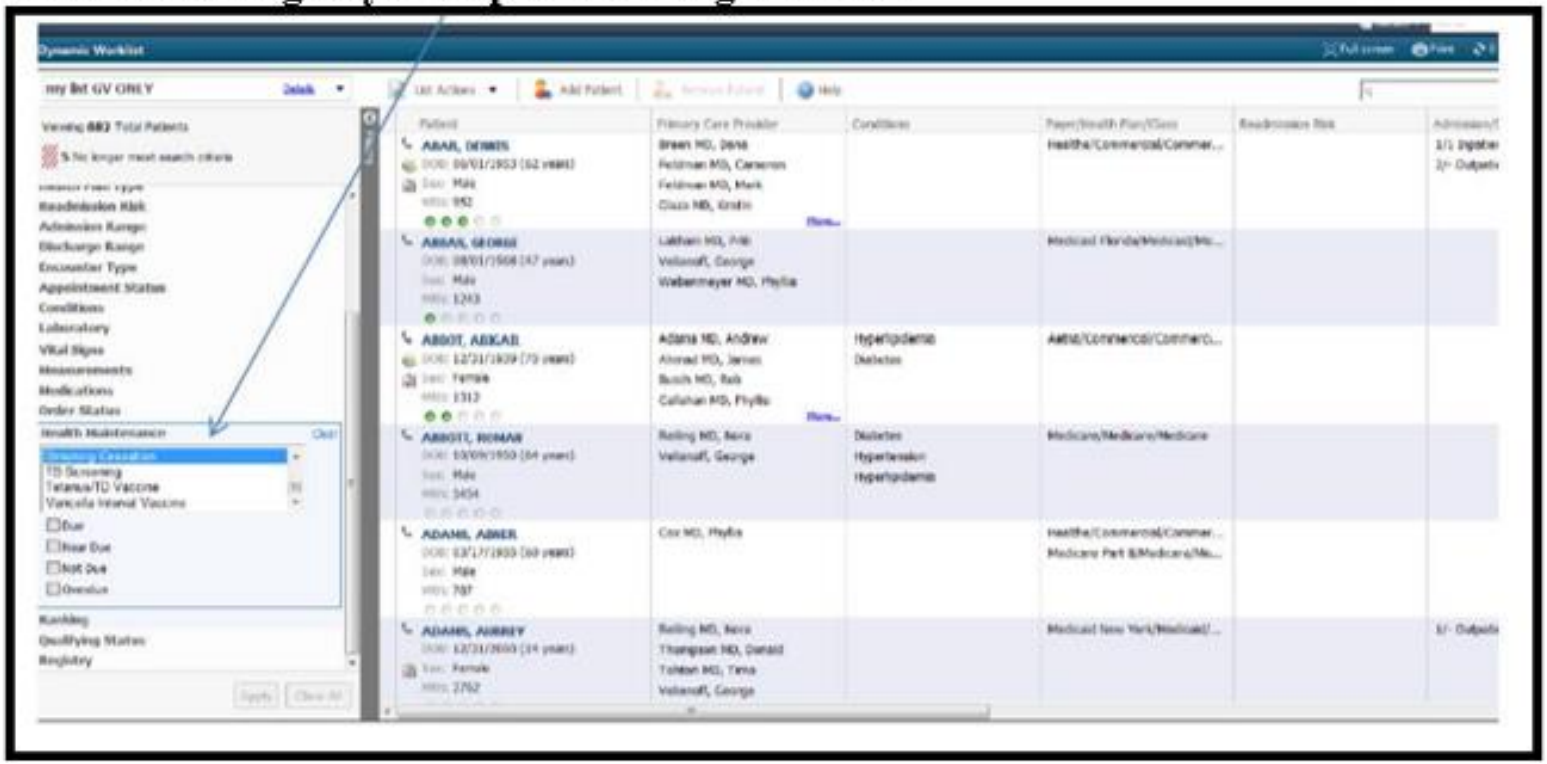
Cerner EHR registry example – smoking cessation



https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf

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Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: Data Extraction Report Writing (Epic)

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Report Writing in Epic

Epic's Database to store EHR data: Clarity

(Sequel Server or Oracle)

To build a report to extract specific data, work with your health system's Information Technology Report Writers.

Because of Promoting Interoperability (formerly Meaningful Use), your health system likely has a Report already built to report "Smoking/Tobacco Use Status."

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Report Writing (Ask for your IT Report Writer)

- Define date range (past month, past six months, etc.)
- Define patient denominator (All adult patients seen. All adolescent patients seen.)
- Define patient numerator (All adult patients seen who had their smoking/tobacco use status documented in the EHR.)
- Number/percentage of adult patients seen who currently smoke/use tobacco
- Future (next phase of “Just Ask”). Number/percentage of adult patients seen who currently smoke/use tobacco and who were provided cessation medication and cessation counseling or who were referred to cessation services.

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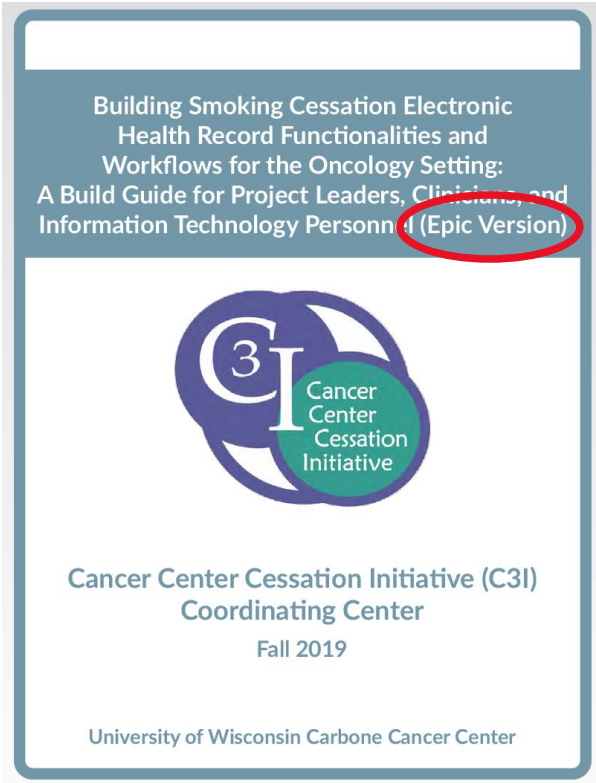
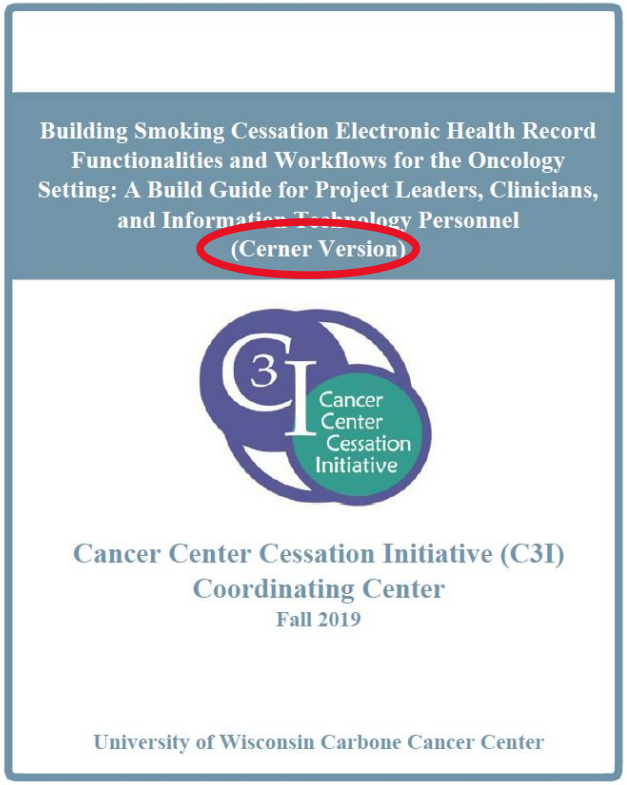
Resources





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Cancer

PROGRAMS

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The "Who," "Why," "When" *and* "How" of **Just ASK**

Jessica L. Burris, PhD
Jamie S. Ostroff, PhD

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Who is asking you to Just ASK?

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NCCN National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Smoking Cessation

Version 1.2022 — April 4, 2022

ASCO
American Society of Clinical Oncology
Making a world of difference in cancer care

Tobacco Cessation Guide

For Oncology Providers

ONS Oncology Nursing Society

NIH NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences
Behavioral Research Program

AACR American Association for Cancer Research

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Why should you ASK?

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1. Population-based screening can reduce bias in care delivery

2. Create a culture where tobacco use is like any other drug/substance use

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Why should you ASK?

Cancer PROGRAMS
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JAMA Network | Open™

3 Align with best practices and quality standards

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.

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Why should you ASK?

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To provide effective tobacco cessation treatment, you must **ASK** about smoking status. **It's the first step.**

1. **A**sk about smoking status ⟵
2. **A**dvise patients who smoke to quit
3. **R**efer patients who smoke to a treatment program, or **C**onnect patients who smoke with a treatment program

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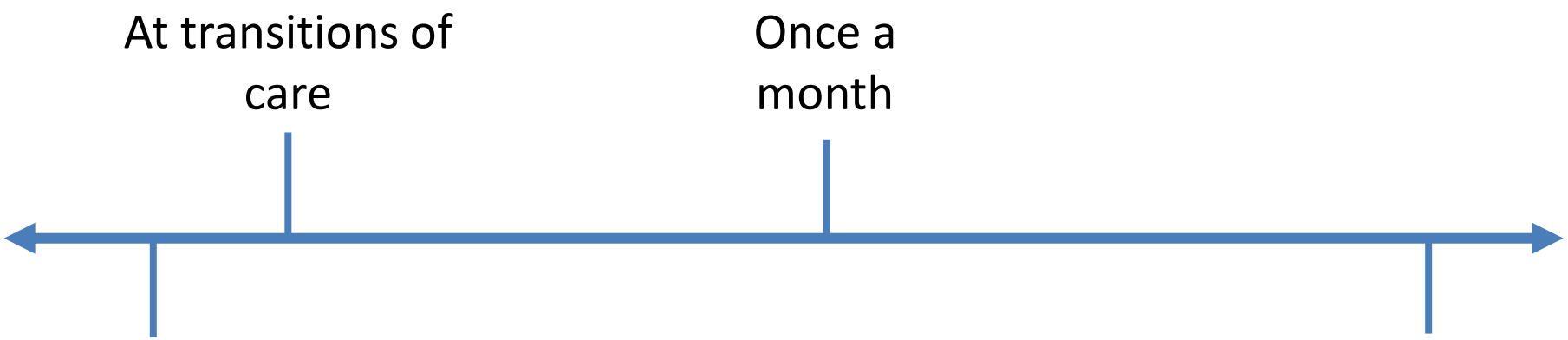
When do you ASK?



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When do you ASK?

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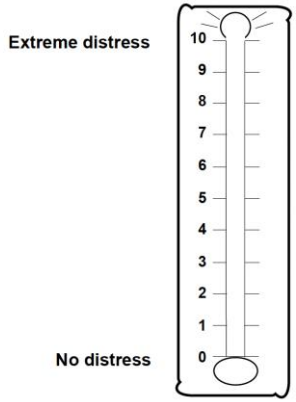
NCCN Guidelines Version 1.2022
Distress Management

At transitions of care

Once a month

Pair with distress screening

At *1st* encounter
(not sensitive to behavior change)



Physical Concerns
- ❑ Pain
- ❑ Sleep
- ❑ Fatigue
- ❑ Tobacco use
- ❑ Substance use
- ❑ Memory or concentration
- ❑ Sexual health
- ❑ Changes in eating
- ❑ Loss or change of physical abilities

At *every* encounter
(not sensitive to practical demands)

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How do you ASK?

You're not still smoking, are you?

Do you smoke?

Are you a smoker?

Published in final edited form as:
AMA J Ethics. ; 19(5): 475–485. doi:10.1001/journalofethics.2017.19.5.msoc1-1705.

Decreasing Smoking but Increasing Stigma? Anti-tobacco Campaigns, Public Health, and Cancer Care

Kristen E. Riley, PhD, Michael R. Ulrich, JD, MPH, Heidi A. Hamann, PhD, and Jamie S. Ostroff, PhD

Words Matter!

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Stigma and Smoking

Definition: *Experience and internalization of negative appraisal and devaluation*

- Common (reported by as many as 95% of lung cancer patients).
- Commonly experienced (48% of lung cancer patients) during interactions with health care providers.
- Perceived stigma (blame), internalized stigma (self-blame, guilt), constrained disclosure.
- Associated with negative psychosocial (depression) and cancer care delivery outcomes (avoidance, poor treatment adherence, misreporting of smoking and poor utilization of cessation support services).

Medical encounters with physicians and other health care providers

- Well-intended and justified assessments of smoking history may activate feelings of guilt, regret and stigma.
- Missed opportunities to respond empathically.

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Cancer PROGRAMS
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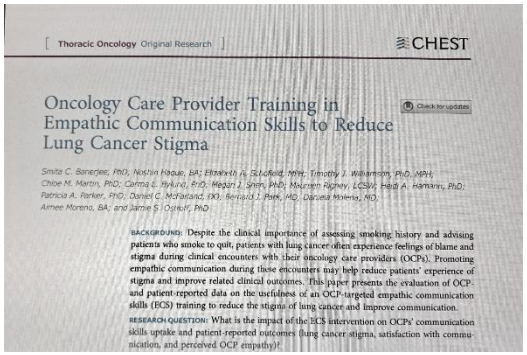
EMPATHIC COMMUNICATION SKILLS TRAINING

A Trial to Reduce Lung Cancer Stigma



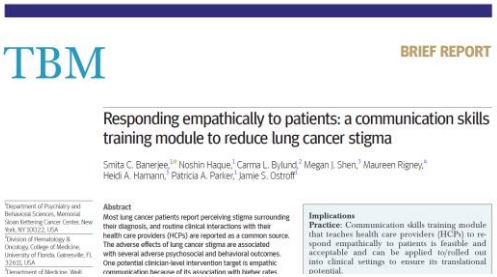
[Thoracic Oncology Original Research] CHEST

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

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; Darlene Moreno, MD; Aimee Moreno, BA; and Jamie S. Ostroff, PhD

BACKGROUND: Despite the clinical importance of assessing smoking history and advising patients who smoke to quit, patients with lung cancer often experience feelings of blame and stigma during clinical encounters with their oncology care providers (OCPs). Promoting empathic communication during these encounters may help reduce patients' experience of stigma and improve related clinical outcomes. This paper presents the evaluation of OCP- and patient-reported data on the usefulness of an OCP-targeted empathic communication skills (ECS) training to reduce the stigma of lung cancer and improve communication.

RESEARCH QUESTION: What is the impact of the ECS intervention on OCPs' communication skills uptake and patient-reported outcomes (lung cancer stigma, satisfaction with communication, and perceived OCP empathy)?



TBM BRIEF REPORT

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

Smita C. Banerjee,[1,2] Noshin Haque,[1] Carma L. Bylund,[2] Megan J. Shen,[3] Maureen Rigney,[4] Heidi A. Hamann,[5] Patricia A. Parker,[1] Jamie S. Ostroff[1]

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 to/rolled out into clinical settings to ensure its translational potential.

Banerjee, SC, Haque, N, Schofield, EA, Williamson, TJ, Martin, CM, Bylund, CL, Shen, MJ, Rigney M, Hamann, HA, Parker, PA, McFarland DC, Park BJ, Molena D, Moreno A, & Ostroff JS. (2021). Oncology care provider training in empathic communication skills to reduce lung cancer stigma. *Chest*, *159*(5), 2040–2049. https://doi.org/10.1016/j.chest.2020.11.024

Banerjee, SC, Haque N, Bylund C L, Shen M J, Rigney M. Hamann HA, Parker PA & Ostroff JS. (2021). Responding empathically to patients: A communication skills training module to reduce lung cancer stigma. *Translational Behavioral Medicine*, *11*(2), 613–618. https://doi.org/10.1093/tbm/ibaa011

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How do you ASK?

Suggested Blueprint for Getting Started

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Strategies	Skills	Process Tasks
1. Agenda setting	- Declare agenda - Normalize - Provide clinical rationale (for asking about smoking history) - Invite agenda - Negotiate agenda, if appropriate	- Greet patient appropriately - Make introductions - Ensure patient is clothed - Sit at eye-level
2. Questioning and history taking	- Ask open questions - Clarify - Restate	- Follow the list of questions for taking smoking history
3. Recognize or elicit a patient's empathic opportunity	- Ask open questions (about smoking) - Acknowledge - Encourage expression of feelings	- Notice patient's nonverbal communication
4. Work towards a shared understanding of the patient's emotion/experience	- Ask open questions - Check patient understanding - Clarify - Restate	- Avoid leading questions/blaming statements - Avoid giving premature reassurance
5. Empathically respond to the emotion or experience	- Acknowledge - Validate - Normalize - Praise patient efforts	- Identify patient's strengths and sources of support - Provide clear physician recommendation for quitting - Emphasize benefits of quitting
6. Facilitate coping and connect to social support	- Prepare patient for recurring smoking assessment - Suggest counterarguments (will vary by smoking status) - Invite questions	- Make referrals - Express a willingness to help - Make partnership statements
7. Close the conversation	- Praise patient efforts - Endorse question asking - Review next steps	- Reinforce joint decision making

Taking a Smoking History Need NOT be a Painful Medical Procedure!

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How do you ASK?

DON'T	DO
Ask loaded questions https://youtu.be/787htp1XVdQ	**Provide rationale for asking questions about smoking** **Ask open-ended questions** https://youtu.be/HHpUqzU_S3k
Make blaming statements https://youtu.be/bmHf8b4HCWM	**Normalize/validate concerns** **Express support and make partnership statements** https://youtu.be/XSayMgvF_J4
Make blaming statements https://youtu.be/BLgQzKmK1gE	**Praise patient efforts** **Make partnership statements** https://youtu.be/-xGh962r4uc
Make judgement/Ask loaded questions https://youtu.be/4kO8choMpXQ	**Ask open-ended questions** https://youtu.be/8xXFu7iXFms

Ostroff JS, Banerjee SC, Lynch K, Shen MJ, Williamson TJ, Haque N, Riley K, Hamann HA, Rigney M, & Park B. (2022). Reducing stigma triggered by assessing smoking status among patients diagnosed with lung cancer: De-stigmatizing do and don't lessons learned from qualitative interviews. *PEC Innovation*, *1*, 100025. https://doi.org/10.1016/j.pecinn.2022.100025

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Questions

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Upcoming Coming Conferences and Webinars

Conferences:
ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care
VIRTUAL
Content released on July 5, 2022

Webinars:

CAnswer Forum LIVE – May 2022
Wednesday, May 11, 2022, at 12 PM CDT

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

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