

Cancer

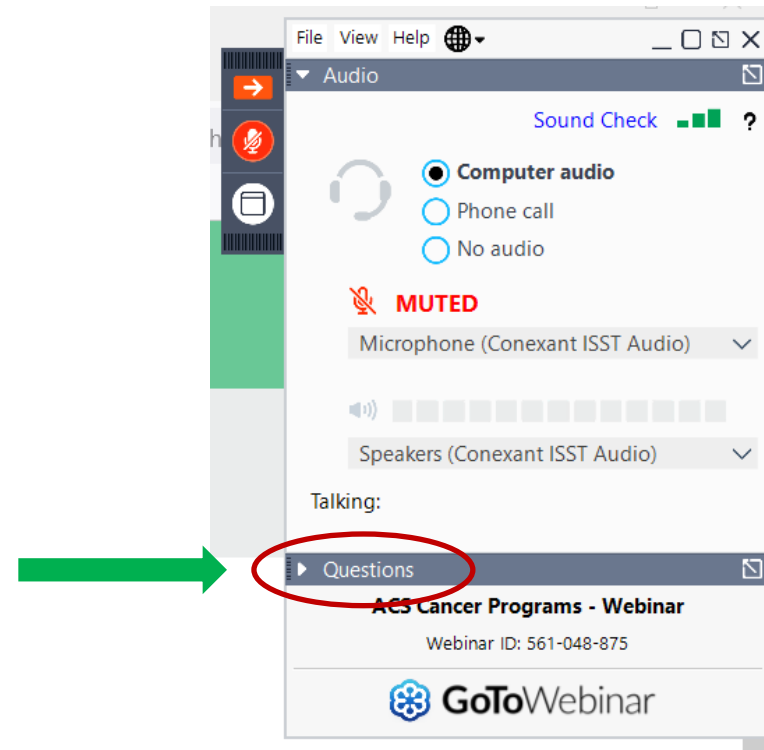
PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Start Strong with Just ASK: Practical Tools and Clinical Advice

April 29, 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



Jamie S. Ostroff, PhD

Chief, Behavioral Science Service
Director, Tobacco Treatment Program
Department of Psychiatry & Behavioral Sciences
Memorial Sloan Kettering Cancer Center
New York

Introducing Our Panelists

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Director of Education and Outreach Programs,
University of Wisconsin Center for Tobacco Research and
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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

- 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

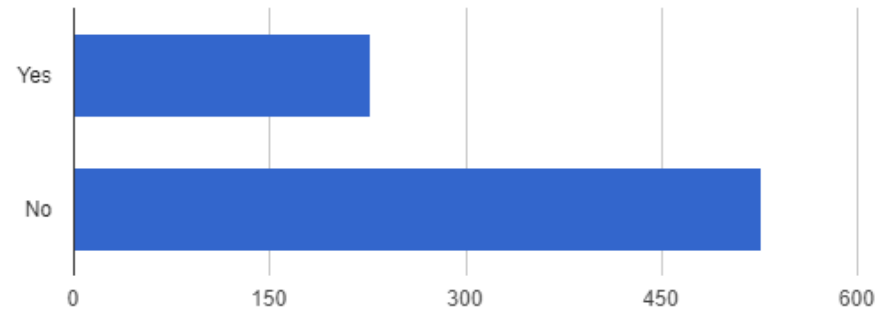
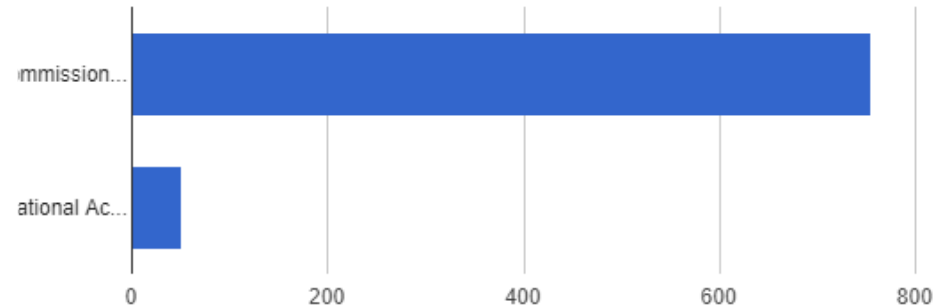
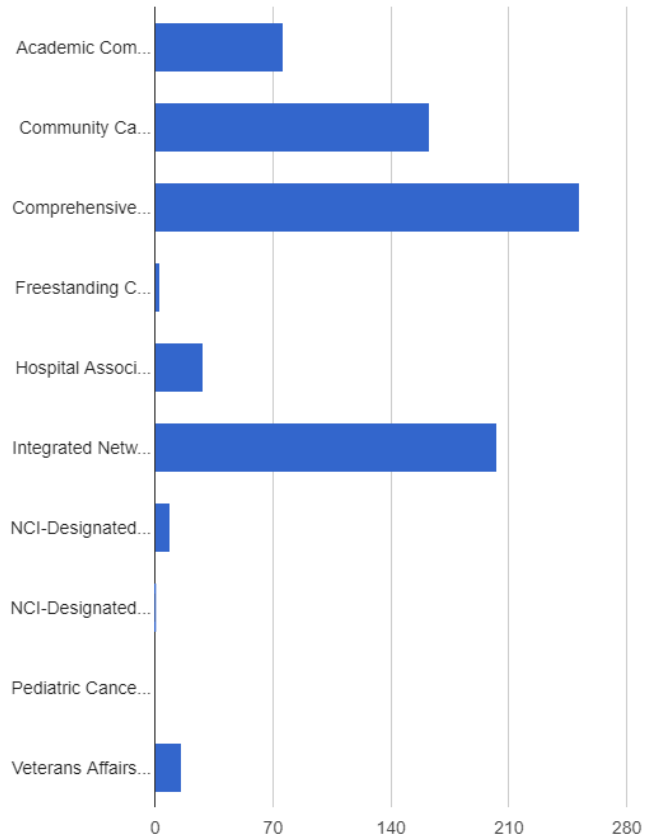
Timothy Mullett, MD, MBA, FACS
Thoracic Surgery, University of Kentucky
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Chair, Commission on Cancer
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ACS / AMERICAN COLLEGE
OF SURGEONS

Tobacco and Cancer Task Force Members

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

Participant snapshot



2022 Just ASK - Baseline Overview: UNVALIDATED DATA

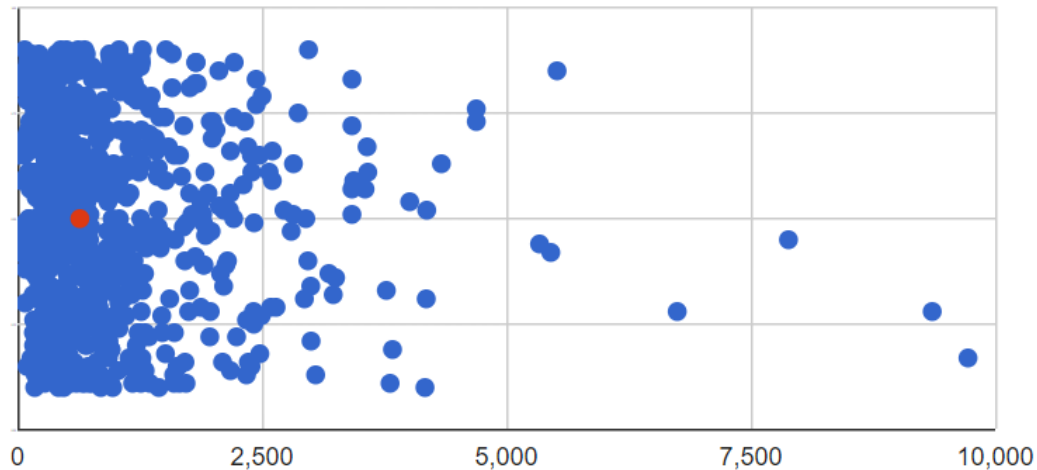
Participant snapshot

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

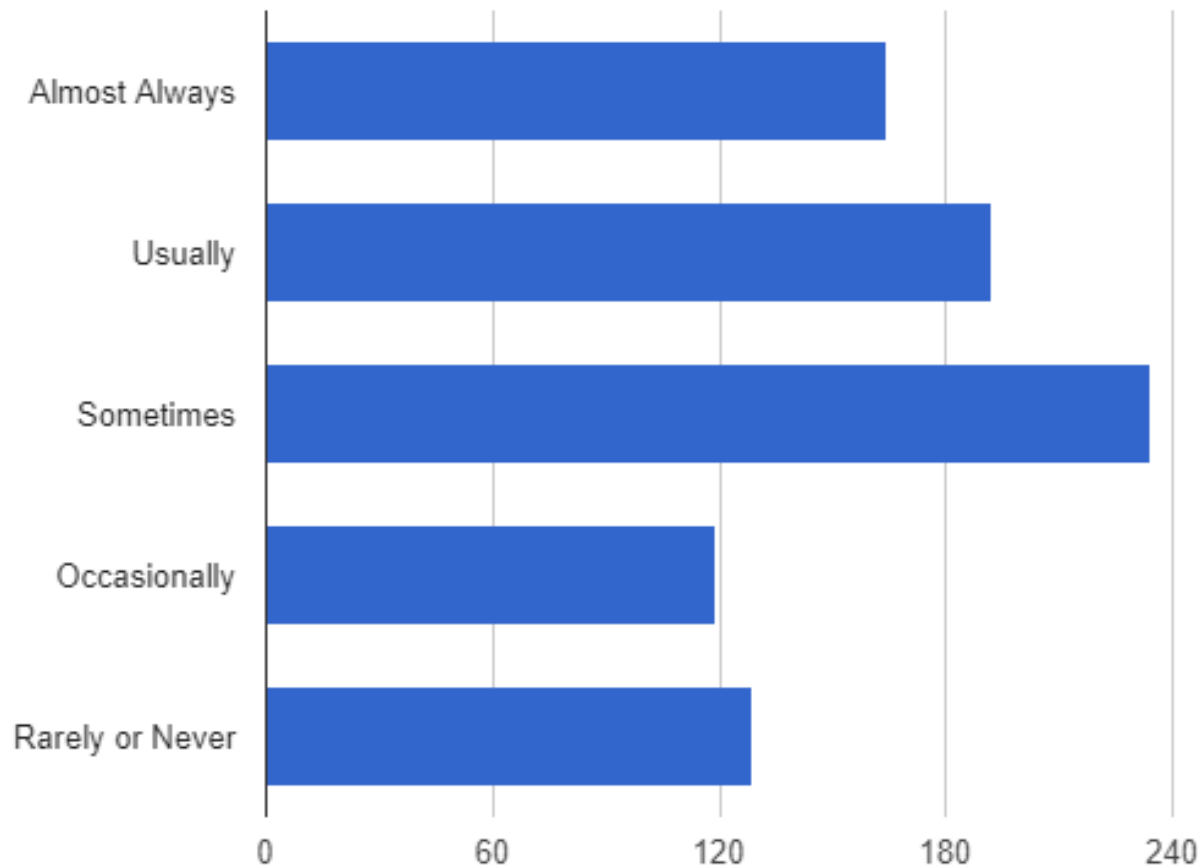


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2022 Just ASK - Baseline Overview: UNVALIDATED DATA

Participant snapshot

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

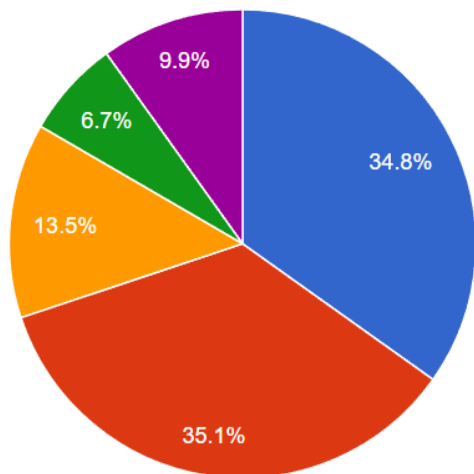


2022 Just ASK - Baseline Overview: UNVALIDATED DATA

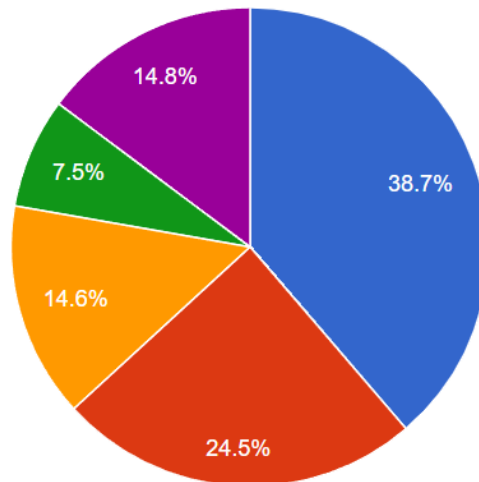
Participant snapshot

TOP IDENTIFIED BARRIERS (Agree/Somewhat Agree)

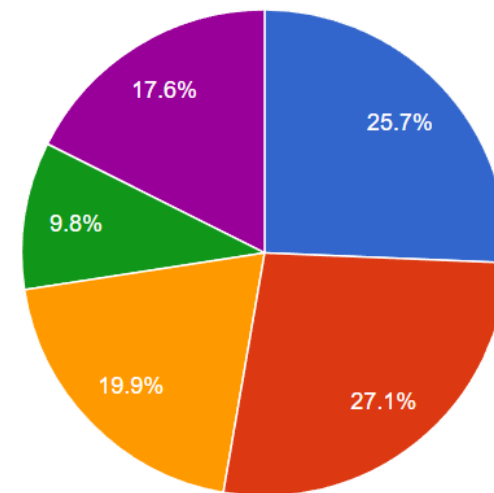
Blue/Red



Lack of Staff Training – 69.9%



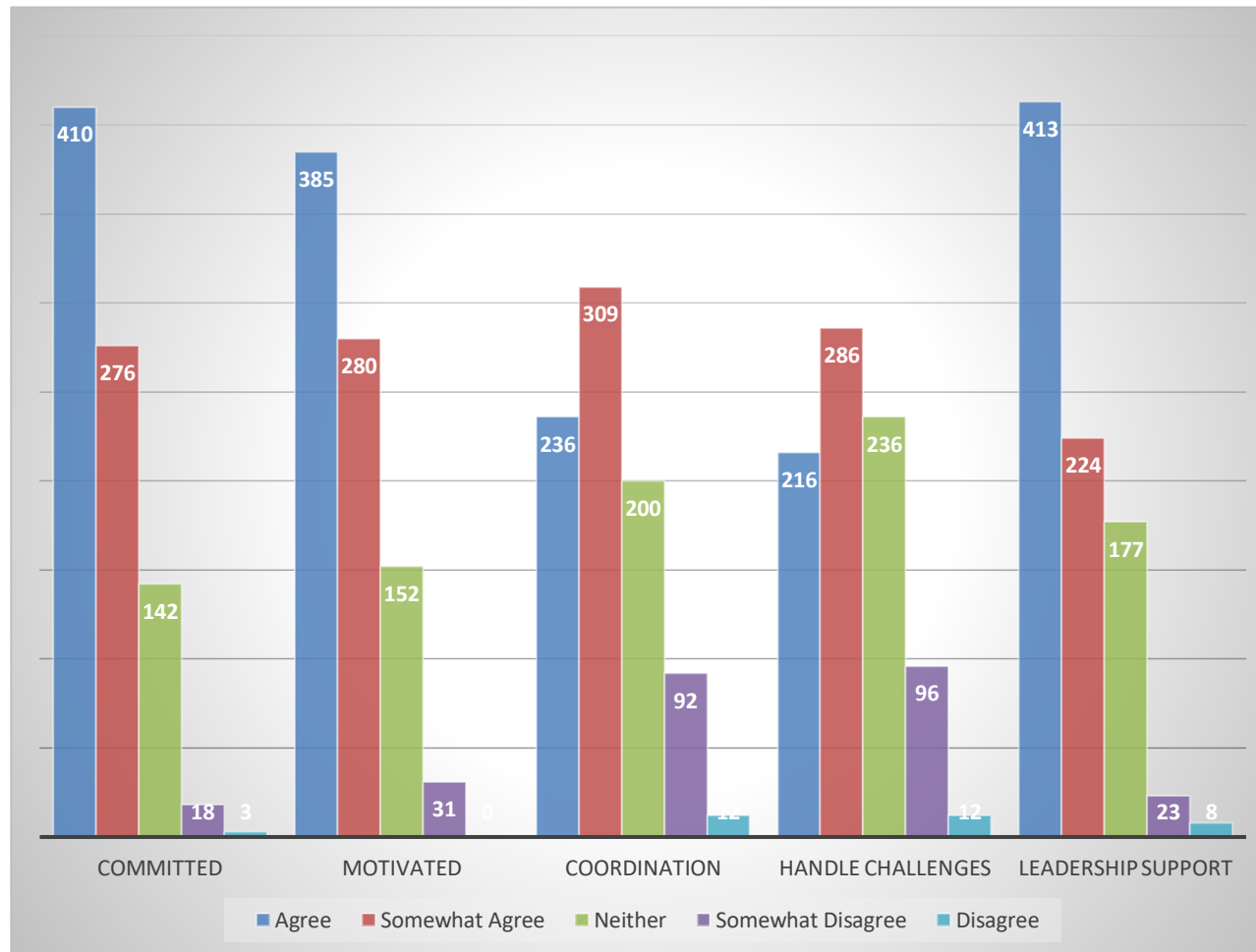
Lack of Designated Champion – 63.2%



Competing Clinical Priorities – 52.8%

2022 Just ASK - Baseline Overview: UNVALIDATED DATA

Readiness & Priority



2022 Just ASK - Baseline Overview: UNVALIDATED DATA

Cancer

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How to Build Your Team

Plan-Do-Study-Act

Elisa Tong, MD, MA

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



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



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



ASK 52 Peers: NCI Cancer Center Cessation Initiative



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

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 (below) help improve success.

- **Behavioral Counseling:** Counseling can be in person (one-on-one or in a group) or over telephone, texting, or messaging and with brief interventions also help people quit smoking.
- **Medication:** Lower medications are approved by the U.S. Food and Drug Administration (FDA) for smoking cessation (see text box).
- **Combining Treatments:** Counseling and medications are effective on their own, but using them together can ease their 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, 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 nicotine 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 medication.
- ▶ **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's heart's food, 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

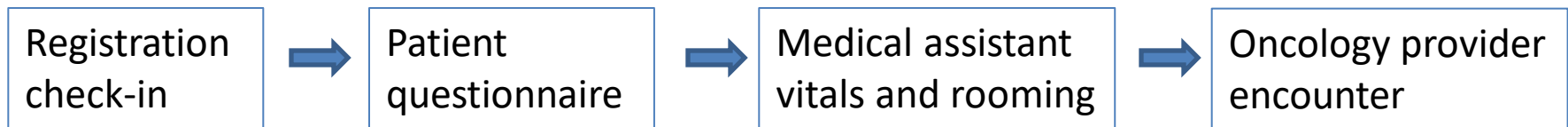
- ▶ **CDC resources:** www.cdc.gov/ChronicDisease/CaringforCancerSurvivorsWhoUseTobacco, available at www.cdc.gov/cancer/survivors/health-care-professionals/tobacco-use.htm
- ▶ **ASCO health resources:** [Tobacco Treatment Protocol: Action Guide](http://www.asco.org/health-care-professionals/tobacco-use), available at www.asco.org
- ▶ **Practicing Tobacco Use and Dependence, Clinical Practice Guidelines, 2016 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 Cancer Research Center: Research Guidelines for Smoking Cessation**, available at www.nccrs.org

01/17/2022

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

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?

PLAN – DO – STUDY – ACT

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



PATIENTS



PROVIDERS



SYSTEM

What do your patients need?

Quit Smoking Before Your Operation

SURGICAL PATIENT EDUCATION PROGRAM
Prepare for the Best Recovery



Did you know that before surgery is the best time to quit smoking?

- ✓ You will decrease your risk of complications.
- ✓ Hospitals are a smoke-free environment, so you won't be tempted.
- ✓ The quit rate is much higher when you quit before your operation.

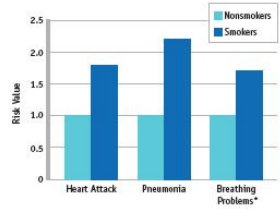
Do your part and quit now! Your surgical team is here to help.

Smoking Increases Your Risk of Heart and Breathing Problems*

Smoking increases the mucus in the airways and decreases your ability to fight infection. It also increases the risk of pneumonia and other breathing problems. Airway function improves if you quit 8 weeks before your procedure.

The nicotine from cigarettes can increase your blood pressure, heart rate, and risk of arrhythmias (irregular heart beat). The carbon monoxide in cigarettes decreases the amount of oxygen in your blood. Quitting at least 1 day before your operation can reduce your blood pressure and irregular heart beats.

Smokers have an increased risk of blood clots and almost twice the risk of a heart attack as nonsmokers.



*Breathing problems such as coughing, wheezing, and low oxygen levels are increased in smokers.

A smoker is 2.2 times more likely to get pneumonia than a nonsmoker. So if a nonsmoker has a 10 percent risk, a smoker has a 22 percent risk.†



Quit Smoking Before Your Operation

Smoking Increases Your Risk of Wound Complications*

Complication	Nonsmokers	Smokers
Delayed Wound Healing	1.0	2.0
Cell and Tissue Death	1.0	3.5
Wound Infection	1.0	2.3
Hernia at Wound Site	1.0	2.1

Oxygen is needed for your tissues to heal. Smoking can decrease the amount of blood, oxygen, and nutrients that go to your surgical site. A smoker has almost 4 times the risk of tissue damage at the surgical site.†

Smoking interferes with all phases of wound healing. It also decreases the ability of the cells to kill bacteria and fight infection. Having a wound infection increases the average length of stay by 2 to 4 days. Quitting 4 weeks before a surgical procedure reduces postoperative complications by 20 to 30 percent.

- Studies Identify that patients who smoke have:**
- Increased wound infection and splitting open of the wound in patients having general surgery or hip and knee replacements.
 - Increased sternal (chest bone) wound infection after coronary bypass surgery.
 - Increased wound necrosis (tissue death) after mastectomy and breast reconstruction.
 - Increased incisional and recurrent inguinal hernias.
 - Lack of bone healing after orthopaedic surgery.
 - Significantly higher rates of deep surgical site infections and re-operation following plastic surgery.†
 - Greater pain intensity and higher amounts of narcotics needed for pain control.

- ### Smoking Cessation at the Time of Surgery May Be the Best Time to Quit
- Smoking cessation counseling before a surgical procedure increases the quit rate.
 - Multiple approaches (counseling plus medication and quit lines) work best to help you stay quit for life.
 - You will most likely be receiving pain medication after surgery, which will decrease your withdrawal effects.



Smoking Increases Your Risk of Cancer Recurrence*

Outcome	Nonsmokers	Smokers
Death	1.0	1.8
Recurrence Rate	1.0	1.4
Secondary Cancers	1.0	1.7

Smoking is known to cause 12 different types of cancer. Cigarette smoking is the number one cause of lung cancer.†

Secondhand smoke causes lung cancer in both children and adults who don't smoke.†

Quit Smoking Before Your Operation

SURGICAL PATIENT EDUCATION PROGRAM
Prepare for the Best Recovery

Treatment

- The following treatments are proven to be effective for smokers who want help to quit. Be sure to discuss with your doctor what is right for you.
- **Quit smoking:** Quitting on your own because you are motivated to have a successful surgery.
- **Smoking cessation counseling with your doctor or professional.**
- **Telephone counseling:** Call the Quit Line at 1-800-QUIT-NOW or 1-800-368-6868. Help is free and all information is confidential.
- **Behavior therapy:** Training to help you quit when you want a smoke.
- **Medications, including:**
 - **Varenicline (Chantrel) and bupropion SR (Zyban):** Both require a prescription and are started 1 to 2 weeks before quitting.
 - **Nicotine replacement therapy (NRT):** delivers a color dose of nicotine that eases withdrawal symptoms, decreases the withdrawal effect, and may help prevent relapsing.
- **E-cigarettes are safer:** relative and their use at all services. For CFC products for smoking harm in adults, teens, and young adults.

Helpful Resources

- Call the Quit Line at 1-800-QUIT-NOW or 1-800-368-6868
- American Cancer Society: 1-800-422-6237
- National Cancer Institute Tobacco Line: 1-800-422-6237
- American Lung Association: 1-800-558-8543
- Government Quit Smoking Resources: 1-800-485-3889
- Center for Disease Control: 1-800-232-4636
- American Society of Anesthesiologists: 1-800-545-3333

References

1. Taylor A, Bhatia S, Robinson S, Green M, et al. Smoking and preoperative...

Your Action Plan. Doing Your Part for the Best Surgical Recovery.

My quit day to: _____ Pick the day and mark your calendar.

Getting Help	My Action (write in brown ink)
Call the quit line.	1-800-QUIT-NOW or 1-800-368-6868
Discuss with a plan. Use using nicotine replacement or going to smoking cessation class.	My plan instead of smoking
If you are on varenicline or bupropion, take your dose each day leading up to your quit day as instructed.	Start date for medication
Ask your friends and family to support you.	Who will help
Remove all tobacco products from your home, car, and work.	I got rid of tobacco on _____
Stock up on oral substitutes like gum or hard candy, carrot sticks, or straws.	What I like to chew on
Think about any previous quit attempts and what worked and what did not.	What worked What did not work
On Your Quit Day	My Action (write in brown ink)
Keep busy and active. Drink lots of water or fruit juice.	What I am doing instead
Be with your friends and family for encouragement.	Who is helping
Avoid being around other smokers as long as you can.	I feel comfortable around
Avoid alcohol or coffee if you associated them with smoking.	I need to avoid
Change your routine and avoid situations where there is an urge to smoke.	What do I like to do when there is no smoking?

*Can Quit! Plans

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AMERICAN COLLEGE OF SURGEONS - SURGICAL PATIENT EDUCATION - www.facs.org/patienteducation

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

What do your providers need?



TRAINING



FEEDBACK



NEW IDEAS

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



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

“Are you exposed to smoke at home/work?”

PLAN – DO – STUDY – ACT

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



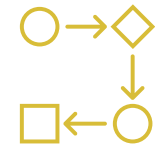
PLAN – DO – **STUDY** – ACT

- 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.).



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.



Cancer

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

Rob Adsit, MEd, University of Wisconsin

Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

- 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

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

Smoking/Tobacco Use Status Documentation - Epic Example 1

Smoking status and quit date documentation – Epic

History

- Medical
- Surgical
- Family
 - Medical History
 - Status
- Social
 - Substance and Se...**
 - ADL and other Co...
 - Social Documenta...
 - Socioeconomic
- Specialty
 - Birth History

Tobacco Use

Smoking status: Types:

Start date: Packs/day: Pack years

Quit date:

Years: Pack years

Smokeless tobacco: Types: Snuff Chew

Quit date:

Comment:

Smoking/Tobacco Use Status Documentation - Epic Example 3

Social History ✓ Mark as Reviewed 7/18/2018

Tobacco Use: Current Some Day Smoker Smokeless Tobacco: Never Used

Quit Date:

Packs/day:

Years:

Ready to Quit:

Counseling Given:

Comments:

Smokeless Tobacco Frequency ✓ Mark as Reviewed 7/18/2018

Snuff: How many pouches a day?

Chew: How many pouches a day?

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

△ Title
Current Every Day Smoker
Current Some Day Smoker
Former Smoker
Heavy Tobacco Smoker
Light Tobacco Smoker
Never Assessed
Never Smoker
Passive Smoke Exposure - Never Smoker
Smoker, Current Status Unknown
Unknown If Ever Smoked

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

The screenshot shows the 'Date Entry' dialog box in Epic. At the top, the date '2/16/2016' is displayed. Below this is a calendar grid for February 2016. The date '16' is highlighted with a red border. To the right of the calendar is a vertical list of months from January to December, with 'February' selected. To the right of the months is a vertical list of years from 2007 to 2016, with '2016' selected. At the bottom of the dialog are 'Accept' and 'Cancel' buttons.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	1	2	3	4	5
6	7	8	9	10	11	12

Smoking/Tobacco Use Status Documentation - Cerner

Example 1

- Language/Interpretation Needs
- Intake
- Pain Assessment
- Reproductive Life Questions
- Allergies
- Medication History & Compliance
- Immunization Screening - Adult
- Inactivated Injectable Influenza Vaccin
- Live Attenuated Influenza Vaccine
- Family History
- Procedure History
- Social History**
- Ambulatory Smoking Cessation

Social History

Mark all as Reviewed

Social

+ Add Modify Display: All Unable to Obtain

Category	Details	Last Reviewed
Tobacco		
Alcohol		
Substance Abuse		
Sexual		

Smoking/Tobacco Use Status Documentation - Cerner Example 1 continued

The screenshot shows the 'Social History' section of a Cerner EHR form, specifically the 'Tobacco' tab. The form includes the following fields and options:

- Use:** A dropdown menu currently set to 'Current some day smoker'. A callout box points to this dropdown with the text: 'Click on `Use` and select the appropriate answer. Then, select `Type`.'
- Type:** A list of checkboxes: Cigarettes (checked), Cigars, Oral, Pipe, and Other:.
- Number (cigarettes, cigars, etc.) per day:** A text input field containing the number '5'.
- Number of years:** A text input field containing the number '20'.
- Total pack years:** A text input field containing the number '200'.
- Comment:** A text area for free-text notes. A callout box points to this area with the text: 'You may add or free-text any pertinent information inside this `Comment` field.'
- More:** A button with a right-pointing arrow and the text 'More'. A callout box points to this button with the text: 'Click on `More` to see more information to capture/document'.
- Dropdown Menu:** A separate callout box shows a dropdown menu with the following options: 'Current some day smoker', 'Never smoker', 'Former smoker', 'Current some day smoker' (highlighted), 'Current every day smoker', 'Light tobacco smoker', 'Heavy tobacco Smoker', 'Smoker, current status unknown', and 'Unknown if ever smoked'. A red arrow points downwards from the bottom of this menu.
- Buttons:** 'OK' and 'Cancel' buttons are located at the bottom right of the form.

Smoking/Tobacco Use Status Documentation - Cerner Example 1 continued

The screenshot shows a 'Social History' form with the following fields and options:

- Started at age:** Age Year(s)
- Stopped at age:** Age Year(s)
- Previous treatment:**
 - None
 - Counseling
 - Hypnosis
 - Medications
 - Nicotine replacement
 - Other:
- Ready to change:** Yes No
- Concerns about tobacco use in household:** Yes No

Annotations on the form include:

- A red bracket on the right side of the form, spanning from the 'Started at age' field down to the 'Concerns about tobacco use in household' field.
- A blue box labeled 'Click' with an arrow pointing to the 'OK' button.
- The 'OK' button is highlighted with a red border.

Smoking/Tobacco Use Status Documentation - Cerner Example 2

Tobacco Status

When was your last cigarette?

How many cigarettes have you
smoked in the last week?

How many cigarettes have you
smoked in the last 30 days?

Tobacco Status Notes

Other tobacco products used in the
last 30 days

- None
- Bids
- Cigars, cigarillos or filtered cigars
- Clove cigarettes or kreteks
- Hookah
- Paan with tobacco, gutka, zarda, khairi
- Pipes
- Smokeless tobacco (i.e. dip, chew, or snuff)
- Snus
- Vape/E-Cigarette
- Other:

Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: 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

Tobacco Registry Example – Epic (Healthy Planet)

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

Cerner EHR registry example – smoking cessation

The screenshot displays the Cerner EHR registry interface. On the left, a sidebar contains various filters, with 'Smoking Cessation' selected under the 'Health Maintenance' section. The main area shows a table of patient records with columns for Patient, Primary Care Provider, Conditions, Payor/Health Plan/Class, and Admissions/Outpatient. A blue arrow points from the 'Smoking Cessation' filter in the sidebar to the patient list.

Patient	Primary Care Provider	Conditions	Payor/Health Plan/Class	Admissions/Outpatient
ABAL, DENIS DOB: 06/01/1953 (62 years) Sex: Male MHI: 952	Breen MD, Denise Feldman MD, Cameron Feldman MD, Mark Guss MD, Kristin		Health/Commercial/Commer...	1/1 - Inpatient 2/1 - Outpatient
ABAL, GEORGE DOB: 08/01/1958 (67 years) Sex: Male MHI: 1243	Latham MD, Phil Vellano, George Webbmayr MD, Phyllis		Medicaid Florida/Medicaid/Me...	
ABBOT, ABIGAIL DOB: 12/21/1939 (79 years) Sex: Female MHI: 1312	Adams MD, Andrew Alford MD, James Buck MD, Rob Callahan MD, Phyllis	Hyperlipidemia Diabetes	Aetna/Commercial/Commer...	
ABBOTT, ROMAN DOB: 03/06/1950 (64 years) Sex: Male MHI: 3404	Relling MD, Sara Vellano, George	Diabetes Hypertension Hyperlipidemia	Medicare/Medicare/Medicare	
ADAMS, AMER DOB: 03/17/1955 (69 years) Sex: Male MHI: 787	Cox MD, Phyllis		Health/Commercial/Commer... Medicare Part B/Medicare/Med...	
ADAMS, ABBEY DOB: 12/21/2000 (14 years) Sex: Female MHI: 2752	Relling MD, Sara Thompson MD, Donald Trotter MD, Yana Vellano, George		Medicaid New York/Medicaid/...	1/1 - Outpatient

Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: Data Extraction Report Writing (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."

- 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.

Building Smoking Cessation Electronic Health Record Functionalities and Workflows for the Oncology Setting: A Build Guide for Project Leaders, Clinicians, and Information Technology Personnel (Epic Version)



Cancer Center Cessation Initiative (C3I)
Coordinating Center
Fall 2019

University of Wisconsin Carbone Cancer Center

Building Smoking Cessation Electronic Health Record Functionalities and Workflows for the Oncology Setting: A Build Guide for Project Leaders, Clinicians, and Information Technology Personnel (Cerner Version)



Cancer Center Cessation Initiative (C3I)
Coordinating Center
Fall 2019

University of Wisconsin Carbone Cancer Center

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

The “Who,” “Why,” “When” *and* “How” of **Just ASK**

Jessica L. Burris, PhD

Jamie S. Ostroff, PhD

Who is asking you to Just ASK?



National Comprehensive
Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Smoking Cessation

Version 1.2022 — April 4, 2022



American Society of Clinical Oncology

Making a world of difference in cancer care

Tobacco Cessation Guide

For Oncology Providers



NATIONAL CANCER INSTITUTE

Division of Cancer Control & Population Sciences

Behavioral Research Program



Why should you ASK?

1

Population-based screening can **reduce bias** in care delivery

2

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





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

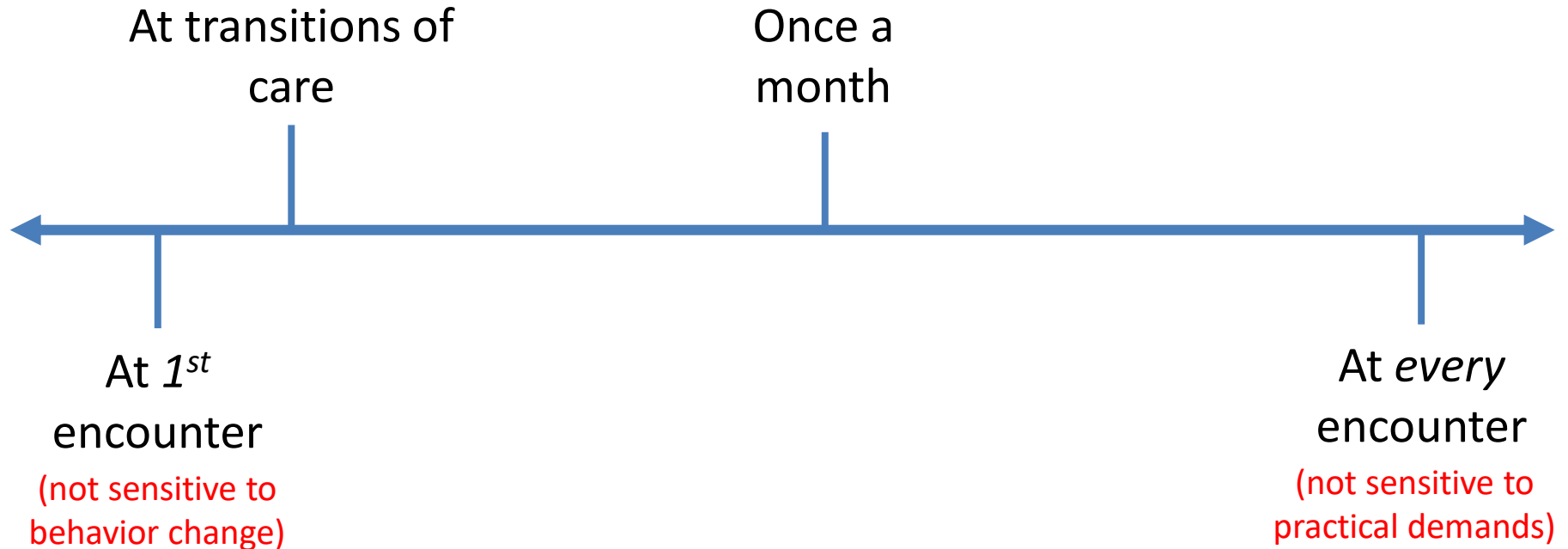
JAMA Network Open. 2019;2(9):e1912264.

Why should you ASK?

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

- 1 Ask about smoking status ←
- 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

When do you ASK?



When do you ASK?

NCCN Guidelines Version 1.2022
Distress Management

Pair with distress
screening

At transitions of
care

Once a
month

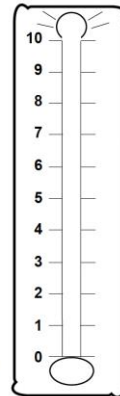
At 1st
encounter

(not sensitive to
behavior change)

At every
encounter

(not sensitive to
practical demands)

Extreme distress



No distress

Physical Concerns

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



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!

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).

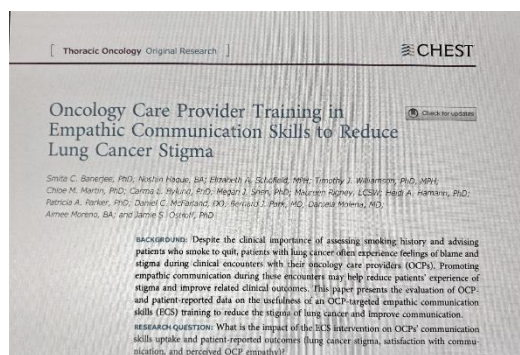
Medical encounters with physicians and other health care providers

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



EMPATHIC COMMUNICATION SKILLS TRAINING

A Trial to Reduce Lung Cancer Stigma



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,¹ Maureen Rigney,⁴ Heidi A. Hamann,¹ Patricia A. Parker,¹ James S. Ostroff¹

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⁴Department of Health Care Studies

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 to empathic communication is the use of its association with better outcomes.

Implications

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

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>

How do you ASK?

Suggested Blueprint for Getting Started

Strategies	Skills	Process Tasks
1. Agenda setting	<ul style="list-style-type: none"> - Declare agenda - Normalize - Provide clinical rationale (for asking about smoking history) - Invite agenda - Negotiate agenda, if appropriate 	<ul style="list-style-type: none"> - Greet patient appropriately - Make introductions - Ensure patient is clothed - Sit at eye-level
2. Questioning and history taking	<ul style="list-style-type: none"> - Ask open questions - Clarify - Restate 	<ul style="list-style-type: none"> - Follow the list of questions for taking smoking history
3. Recognize or elicit a patient's empathic opportunity	<ul style="list-style-type: none"> - Ask open questions (about smoking) - Acknowledge - Encourage expression of feelings 	<ul style="list-style-type: none"> - Notice patient's nonverbal communication
4. Work towards a shared understanding of the patient's emotion/experience	<ul style="list-style-type: none"> - Ask open questions - Check patient understanding - Clarify - Restate 	<ul style="list-style-type: none"> - Avoid leading questions/blaming statements - Avoid giving premature reassurance
5. Empathically respond to the emotion or experience	<ul style="list-style-type: none"> - Acknowledge - Validate - Normalize - Praise patient efforts 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Prepare patient for recurring smoking assessment - Suggest counterarguments (will vary by smoking status) - Invite questions 	<ul style="list-style-type: none"> - Make referrals - Express a willingness to help - Make partnership statements
7. Close the conversation	<ul style="list-style-type: none"> - Praise patient efforts - Endorse question asking - Review next steps 	<ul style="list-style-type: none"> - Reinforce joint decision making

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

How do you ASK?

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

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>



Conferences:

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VIRTUAL

Content released on July 5, 2022

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