

Cancer Centers Cessation Initiative (C3I) Cohort 1 Report 2: July 1, 2018 to Dec 31, 2018

Q1 INSTRUCTIONS

The purpose of this survey is to collect information for the C3I funding period of **July 1, 2018 through Dec 31, 2018**.

The completed survey including the data report is due Jan 31, 2019.

Please answer all questions about your Cancer Center and Tobacco Treatment Program (TTP) for this time period.

You will enter your reach and effectiveness data into this online survey, from the Data Report Worksheet (posted on the portal). General instructions for data reporting are also posted on the portal.

Q2 Please enter your contact information:

☐ First name _____

☐ Last name _____

☐ Email address _____

Q3 Please select your NCI Cancer Center/affiliated University from the list:

▼ Baylor University ... Yale University

Q4 How often is smoking status **required** to be updated/recorded in the EHR?

☐ At new patient visits only

☐ More frequently than new patient visits, but not required at every visit

☐ At every patient visit

☐ Don't know/Not sure

Q5 Please select all of the tobacco treatment services/programs offered to patients within this reporting period:

- ☐ Individually delivered in-person services/program
- ☐ Group delivered in-person services/program
- ☐ Cessation medication
- ☐ In house telephone based program
- ☐ TelASK
- ☐ Other IVR
- ☐ Quitline via fax referral
- ☐ Quitline via eReferral
- ☐ SmokefreeTXT without eReferral
- ☐ SmokefreeTXT via eReferral
- ☐ Other text/mobile program
- ☐ Web resource (e.g. Smokefree.gov)
- ☐ Other (please describe) _____
- ☐ None active during this time period

Q6 How were patients connected with or referred to a tobacco treatment program or resource during this reporting period? Choose all that apply.

- ☐ No referrals offered/given
- ☐ Information given and patient initiates
- ☐ Clinician initiated referral (not via EHR)
- ☐ EHR referral is optional for smokers
- ☐ EHR referral is automatic for smokers ("opt-out method")
- ☐ Other (please describe) _____

Q7 Did your program use an EHR based, closed-loop referral system (e.g. EHR-generated referral; EHR is populated with treatment outcomes from an outside tobacco cessation service vendor)?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

Q8 Which of the following populations were referred to tobacco treatment? Choose all that apply.

- ☐ Inpatients
- ☐ Outpatients
- ☐ Family members of patients
- ☐ Community members
- ☐ Other (specify) _____
- ☐ No referrals offered/given

Q9 Please indicate whether you have undertaken any of these activities, even if they are still in progress:				
	Not yet started	In progress	Completed	Not applicable
Secure health care system administrative leadership buy-in and support.	☐	☐	☐	☐
Secure health care system clinical leadership buy-in and support.	☐	☐	☐	☐
Secure health care system IT leadership buy-in and support.	☐	☐	☐	☐
Define the new clinical workflow for screening and referring smokers to treatment.	☐	☐	☐	☐
Work with IT to modify the EHR to screen and identify current smokers for treatment.	☐	☐	☐	☐
Work with IT to modify the EHR to refer current smokers to treatment.	☐	☐	☐	☐
Train clinicians and staff in the new clinical workflow.	☐	☐	☐	☐
Pilot the new clinical workflow.	☐	☐	☐	☐
Implement the new clinical workflow ("Go live").	☐	☐	☐	☐
Develop an evidence based TTP.	☐	☐	☐	☐
Acquire space for the TTP.	☐	☐	☐	☐
Hire staff for the TTP.	☐	☐	☐	☐
Train clinicians and staff to implement the TTP.	☐	☐	☐	☐
Pilot the TTP.	☐	☐	☐	☐
Implement the TTP ("Go live").	☐	☐	☐	☐
Other major activity (please describe):	☐	☐	☐	☐

Q10 Please select all of the tobacco treatment services that your program billed for during this reporting period:

- ☐ Medication
- ☐ Counseling
- ☐ Other service (specify): _____
- ☐ Did not bill for any tobacco treatment services

Q11 Please select all of the materials you have created within your program:

- ☐ Marketing/promotional materials for the TTP
- ☐ General cessation materials
- ☐ Tailored cessation materials (i.e. for special populations)
- ☐ Training materials for staff
- ☐ EHR scripting (orders, smarttext, smartphrases, etc.)
- ☐ Other type (specify) _____
- ☐ No materials created

Q12 Select the number of clinicians or other health care staff that were **trained** in referring to and/or delivering any type of tobacco cessation treatment during this reporting period. Please select 0 if there were no staff trained during this period.

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5+

Q13 Select the number of dedicated tobacco treatment specialists on staff during this reporting period. Please select 0 if you don't have any full/part time tobacco treatment specialists on staff.

	0	1	2	3	4+
Number of part time TTS	☐	☐	☐	☐	☐
Number of full time TTS	☐	☐	☐	☐	☐

**Reach and effectiveness questions follow. Refer to the Data Report Worksheet for specific questions.