

C3I Data Report Jan 1, 2019 to June 30, 2019

Start of Block: Cancer Center Information

Q1.1 INSTRUCTIONS This questionnaire will collect information from all C3I grantees for the funding period of Jan 1, 2019 through June 30, 2019. The completed questionnaire (including the data report) is due July 31, 2019. Please answer all questions about your Cancer Center setting(s) and Tobacco Treatment Program (TTP) / cessation services for this reporting period. You will enter the reach and effectiveness data into this online survey, working from the Data Report Worksheet (posted on the portal). The protocol for data reporting is also posted on the portal. You may stop and continue the survey later without losing any responses if you open the link from the same IP address.

Q1.2 Please enter your contact information:

- First name _____
- Last name _____
- Email address _____

Q1.3 Select whether you are part of C3I Cohort 1 or Cohort 2

- ☐ Cohort 1
- ☐ Cohort 2

Q1.4 Cohort 1: Please select your NCI Cancer Center/affiliated University from the list:

- ☐ Baylor University
- ☐ Case Western Reserve University
- ☐ Duke University
- ☐ Georgetown University
- ☐ Indiana University
- ☐ Medical University of South Carolina
- ☐ New York University
- ☐ University of California Davis
- ☐ University of Chicago
- ☐ University of Colorado Denver
- ☐ University of Iowa
- ☐ University of Kansas
- ☐ University of Kentucky
- ☐ University of Minnesota
- ☐ University of New Mexico
- ☐ University of North Carolina at Chapel Hill
- ☐ University of Pennsylvania
- ☐ University of Utah
- ☐ University of Virginia
- ☐ Vanderbilt University
- ☐ Washington University
- ☐ Yale University

Q1.5 Cohort 2: Please select your NCI Cancer Center/affiliated University from the list:

- ☐ Columbia University
- ☐ Dana-Farber/Harvard University
- ☐ Dartmouth College
- ☐ Emory University
- ☐ Mayo Clinic
- ☐ Memorial Sloan-Kettering
- ☐ Moffitt Cancer Center
- ☐ Mount Sinai/Tisch
- ☐ Northwestern University
- ☐ Oregon Health and Sciences University
- ☐ Roswell Park
- ☐ Stanford University
- ☐ University of Arizona
- ☐ University of California San Francisco
- ☐ University of Michigan
- ☐ University of Pittsburgh Medical Center
- ☐ University of Texas Southwestern
- ☐ Virginia Commonwealth University
- ☐ Wake Forest University
- ☐ Wayne State University

End of Block: Cancer Center Information

Start of Block: EHR and TTP Characteristics

Q2.1 How often is smoking status updated/recorded in the EHR?

- ☐ At new patient visits only
- ☐ More frequently than new patient visits, but not at every visit
- ☐ At every patient visit
- ☐ Other (please describe): _____
- ☐ Don't know/Not sure

Q2.2 Enter the text of the question and the response categories used to assess smoking status in the EHR:

Q2.3 Is patient use of electronic cigarettes/electronic nicotine delivery systems (ENDS; including any type of “vaping” device such as JUUL) assessed in the EHR?

- ☐ Yes. Enter the text of the question and the response categories used to assess e-cigarette/ENDS use in the EHR: _____
- ☐ No
- ☐ Don't know/not sure

Q2.4 How often is use of electronic cigarettes/electronic nicotine delivery systems (ENDS; including any type of “vaping” device such as JUUL) updated/recorded in the EHR?

- ☐ Recorded at new patient visits only
- ☐ Recorded more frequently than new patient visits, but not at every visit
- ☐ Recorded at every patient visit
- ☐ Other (please describe): _____
- ☐ Don't know/Not sure

Q2.5 Is the question regarding patient use of electronic cigarettes/electronic nicotine delivery systems required to be assessed ("hard stop")?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure. Please explain: _____

Q2.6 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
- ☐ Brief counseling delivered at the point of care (during patient visit)
- ☐ Cessation medication
- ☐ In-house telephone-based program (non-automated)
- ☐ 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

Q2.7 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) _____

Q2.8 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

Q2.9 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

Q2.10 Please indicate the status of each of these activities during this reporting period. Indicate "Not applicable" if the activity is not relevant to the type of program you are implementing.

Secure health care system administrative leadership buy-in and support. ▼ Not yet started ...
Not applicable

Secure health care system clinical leadership buy-in and support. ▼ Not yet started ... Not
applicable

Secure health care system IT leadership buy-in and support. ▼ Not yet started ... Not applicable

Define the new clinical workflow for screening and referring smokers to treatment. ▼ Not yet
started ... Not applicable

Work with IT to modify the EHR to screen and identify current smokers for treatment. ▼ Not yet
started ... Not applicable

Work with IT to modify the EHR to refer current smokers to treatment. ▼ Not yet started ... Not
applicable

Train clinicians and staff in the new clinical workflow. ▼ Not yet started ... Not applicable

Pilot the new clinical workflow. ▼ Not yet started ... Not applicable

Implement the new clinical workflow ("Go live"). ▼ Not yet started ... Not applicable

Develop an evidence-based TTP. ▼ Not yet started ... Not applicable

Acquire space for the TTP. ▼ Not yet started ... Not applicable

Hire staff for the TTP. ▼ Not yet started ... Not applicable

Train clinicians and staff to implement the TTP. ▼ Not yet started ... Not applicable

Pilot the TTP. ▼ Not yet started ... Not applicable

Implement the TTP ("Go live"). ▼ Not yet started ... Not applicable

Other major activity (please describe): ▼ Not yet started ... Not applicable

Q2.11 Please select the tobacco treatment services that your program billed through insurance for during this reporting period:

- ☐ Medication
- ☐ Counseling
- ☐ Both medication and counseling
- ☐ Did not bill for any tobacco treatment services

Q2.12 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

Q2.13 Were clinicians or other health care staff trained in referring to and/or delivering any type of tobacco cessation treatment during this reporting period?

- ☐ Yes. Enter the number of clinicians/staff who were trained:

- ☐ No

Q2.14 Enter the number of dedicated tobacco treatment specialists on staff during this reporting period. Enter "0" if there were no dedicated tobacco treatment specialists on staff.

- ☐ Part time TTS. Enter the number: _____
- ☐ Full time TTS. Enter the number: _____

End of Block: EHR and TTP Characteristics

Start of Block: Data Reporting (see the Data Worksheet for the questions required for the rest of the data report).