

C3I Data Report July 1 to Dec 31 2019

Q1.1 INSTRUCTIONS This questionnaire will collect information from all C3I grantees for the funding period of July 1, 2019 through Dec 31, 2019. The completed questionnaire (including the data report) is due Jan 31, 2020. 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 College of Medicine
- ☐ 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

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

- ☐ E-cigarette/ENDS use is not assessed 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

Q2.3 Please select all of the tobacco treatment services/programs offered to patients within this reporting period:

- ☐ Individually delivered in-person counseling
- ☐ Group delivered in-person counseling
- ☐ Brief counseling delivered at the point of care (during patient visit)
- ☐ Cessation medications prescribed/provided
- ☐ In-house telephone-based counseling program (non-automated)
- ☐ TelASK or 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) _____
- ☐ No tobacco treatment services offered

	Q2.4 How long have each of the following programs/services been offered at your Center? (select from the drop-down list) NOTE the fields for program type will populate with the selections from Q2.3			
	< 6 months	6 months to < 1 year	1 year to < 2 years	2 years or more
Program selections from Q2.3	0	0	0	0

	Q2.5 Thinking about the settings where you have implemented your programs, how widely have each of the following programs/services been adopted at your Center? (select from the drop-down list) NOTE the fields for program type will populate with the selections from Q2.3				
	Cancer Center Wide	Cancer Center Wide plus affiliated settings (e.g. affiliated regional hospitals, care centers)	Part of Cancer Center (e.g. specific clinics)	Part of Cancer Center plus affiliated settings (e.g. affiliated regional hospitals, care centers)	Something else
Program selections from Q2.3	0	0	0	0	0

Q2.6 You indicated "Something else" for the previous question. Please explain this choice. _____

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 using the following definitions:

Not yet started: Work towards the activity has not been started.

In progress: Currently working/devoting significant personnel/resources towards the activity.

Completed: Goals of the activity have been met; no longer working towards the activity or devoting significant personnel/resources towards the activity.

Maintenance: Currently devote some time/resources to maintaining a previously completed activity (if applicable).

Not applicable: The activity is not relevant to the type of program being implemented.

	Not yet started	In progress	Completed	Maintenance	Not applicable
⊗ Secure health care system administrative leadership buy-in and support.	0	0	0	0	0
⊗ Secure health care system clinical leadership buy-in and support.	0	0	0	0	0
⊗ Secure health care system IT leadership buy-in and support.	0	0	0	0	0
⊗ Define the new clinical workflow for screening and referring smokers to treatment.	0	0	0	0	0
⊗ Work with IT to modify the EHR to screen and identify current smokers for treatment.	0	0	0	0	0

⊗ Work with IT to modify the EHR to refer current smokers to treatment.	0	0	0	0	0
⊗ Train clinicians and staff in the new clinical workflow.	0	0	0	0	0
⊗ Pilot the new clinical workflow.	0	0	0	0	0
⊗ Implement the new clinical workflow ("Go live").	0	0	0	0	0
⊗ Develop an evidence-based TTP.	0	0	0	0	0
⊗ Acquire space for the TTP.	0	0	0	0	0
⊗ Hire staff for the TTP.	0	0	0	0	0
⊗ Train clinicians and staff to implement the TTP.	0	0	0	0	0
⊗ Pilot the TTP.	0	0	0	0	0
⊗ Implement the TTP ("Go live").	0	0	0	0	0
⊗ Other major activity (please describe):	0	0	0	0	0

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

- ☐ Medication
- ☐ Counseling
- ☐ Other _____

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 (BPA alerts, 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
- ☐ 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: _____

Q2.15 The next set of questions assess sustainability for your tobacco treatment program. This assessment has been designed for use with a wide variety of practices across different clinical settings. Given this flexibility, it is important for you to think through how you are defining your practice and organization before starting the assessment.

Below are a few definitions of terms that are frequently used throughout the assessment. Take a moment to define them for your situation. Keep in mind that this tool is designed to assess your specific practice within the context of its organization and community, and not the organization as a whole.

Practice refers to the set of formal organized activities that you want to sustain over time. Such activities could occur in a variety of clinical settings. In C3I, the practice would be defined as the set of formal, organized activities within your tobacco treatment program that you want to sustain over time.

Organization encompasses all the parent organizations or agencies in which the practice is housed. Depending on the practice, the organization may refer to a health center, a hospital, etc.

Community refers to the stakeholders who may benefit from or who may guide the practice. This could include clinical staff, leadership, care recipients and their families, etc. Community does not refer to a specific town or neighborhood. In the following questions, you will rate your practice across a range of specific factors that affect sustainability. Please respond to as many items as possible. If you truly feel you are not able to answer an item, you may select "Not able to answer."

Q2.16 Engaged Staff & Leadership

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice engages leadership and staff throughout the process.	0	0	0	0	0	0	0	0
2. Clinical champions of the practice are recognized and respected.	0	0	0	0	0	0	0	0
3. The practice has engaged, ongoing champions.	0	0	0	0	0	0	0	0
4. The practice has a leadership team made of multiprofessional partnerships.	0	0	0	0	0	0	0	0
5. The practice has team-based collaboration and infrastructure.	0	0	0	0	0	0	0	0

Q2.17 Engaged Stakeholders

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice engages the patient and family members as stakeholders.	0	0	0	0	0	0	0	0
2. There is respect for all stakeholders involved in the practice.	0	0	0	0	0	0	0	0
3. The practice is valued by a diverse set of stakeholders.	0	0	0	0	0	0	0	0
4. The practice engages other medical teams and community partnerships as appropriate.	0	0	0	0	0	0	0	0
5. The practice team has the ability to respond to stakeholder feedback about the practice.	0	0	0	0	0	0	0	0

Q2.18 Monitoring & Evaluation

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice has measurable process components, outcomes, and metrics.	0	0	0	0	0	0	0	0
2. Evaluation and monitoring of the practice are reviewed on a consistent basis.	0	0	0	0	0	0	0	0
3. The practice has clear documentation to guide process and outcome evaluation.	0	0	0	0	0	0	0	0
4. Practice monitoring, evaluation, and outcomes data are routinely reported to the clinical care team.	0	0	0	0	0	0	0	0
5. The practice process components, outcomes, and metrics are easily assessed and audited.	0	0	0	0	0	0	0	0

Q2.19 Implementation & Training

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice clearly outlines roles and responsibilities for all staff.	0	0	0	0	0	0	0	0
2. The reason for the practice is clearly communicated to and understood by all staff.	0	0	0	0	0	0	0	0
3. Staff receive ongoing coaching, feedback, and training.	0	0	0	0	0	0	0	0
4. Practice implementation is guided by feedback from stakeholders.	0	0	0	0	0	0	0	0
5. The practice has ongoing education across professions.	0	0	0	0	0	0	0	0

Q2.20 Outcomes & Effectiveness

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice has evidence of beneficial outcomes.	0	0	0	0	0	0	0	0
2. The practice is associated with improvement in patient outcomes that are clinically meaningful.	0	0	0	0	0	0	0	0
3. The practice is clearly linked to positive health or clinical outcomes.	0	0	0	0	0	0	0	0
4. The practice is cost-effective.	0	0	0	0	0	0	0	0
5. The practice has clear advantages over alternatives.	0	0	0	0	0	0	0	0

Q2.21 Workflow Integration

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice is built into the clinical workflow.	0	0	0	0	0	0	0	0
2. The practice is easy for clinicians to use.	0	0	0	0	0	0	0	0
3. The practice integrates well with established clinical practices.	0	0	0	0	0	0	0	0
4. The practice aligns well with other clinical systems (e.g., EMR).	0	0	0	0	0	0	0	0
5. The practice is designed to be used consistently.	0	0	0	0	0	0	0	0

Q2.22 Organizational Readiness

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. Organizational systems are in place to support the various practice needs.	0	0	0	0	0	0	0	0
2. The practice fits in well with the culture of the team.	0	0	0	0	0	0	0	0
3. The practice has feasible and sufficient resources (e.g., time, space, funding) to achieve its goals.	0	0	0	0	0	0	0	0
4. The practice has adequate staff to achieve its goals.	0	0	0	0	0	0	0	0
5. The practice is well integrated into the operations of the organization.	0	0	0	0	0	0	0	0

End of Block: EHR and TTP Characteristics

Start of Block: Data Reporting
Reach and Effectiveness Data Entry Begins