

Cancer Center Information

Q1.1. This questionnaire will collect information from all C3I grantees for the period of July 1- December 31, 2020.

The completed questionnaire, including the completed Excel Data Report Worksheet, is due February 19, 2021.

Please answer all questions about your Cancer Center setting(s) and Tobacco Treatment Program (TTP) / cessation services for this reporting period.

Program characteristics and activities. In an effort to reduce survey burden, the sections of this survey about your program characteristics and activities have been pre-populated with your responses from the January-June 2020 reporting period. For each question in this section, you will be asked to confirm that you have reviewed and made any needed changes so your responses reflect program characteristics and activities for the July 1- December 31, 2020 reporting period.

Reach and effectiveness reporting. Please work from the Data Report Worksheet to enter the reach and effectiveness data into this online survey, and refer to the Reporting Protocol. A pdf of the full survey, the Data Report Worksheet, and the Data Reporting Protocol are all posted on the C3I portal (<https://ncihub.org/groups/c3i>). You will be asked to upload the completed Data Report Worksheet at the end of the survey.

You may stop and continue the survey at any time without losing your responses by using your center's unique link sent in this email. If you have trouble continuing the survey, please email me at [sdhohl \(at\) wisc.edu](mailto:sdhohl@wisc.edu).

Q1.2. Please confirm that your contact information is correct.

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 confirm that your NCI Cancer Center/affiliated University is highlighted in the list below:

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

Q1.5.

Cohort 2 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the list below:

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

Cancer Center Information confirmation

Q1.4.0. Cohort 1: Please confirm that you are responding on behalf of
\${q://QID1/ChoiceGroup/SelectedChoices}

- ☐ Yes, this is the institution for which I am responding
- ☐ No, this is not the correct institution

Q1.5.0. Cohort 2: Please confirm that you are responding on behalf of
\${q://QID185/ChoiceGroup/SelectedChoices}

- ☐ Yes, this is the institution for which I am responding
- ☐ No, this is not the correct institution

Contact. Please contact Sarah Hohl at sarahdhohl (at) wisc.edu to request the appropriate link for your institution's pre-populated survey.

EHR and TTP Characteristics

Q2.0.

In an effort to reduce survey burden, the sections of this survey about your program characteristics and activities have been pre-populated with your responses from the January-June 2020 reporting period, if that question was answered in that report.

For each question, you will be asked to confirm that you have reviewed and made any needed changes so your responses reflect program characteristics and activities for the July 1- Dec 31, 2020 reporting period.

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

Q2.1.0. Please confirm that you have reviewed and made any needed changes to Q2.1 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

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

Q2.2.0. Please confirm that you have reviewed and made any needed changes to Q2.2 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q2.3.0. Please confirm that you have reviewed and made any needed changes to Q2.3 below.

☐ Yes. I have reviewed the data and made changes, if needed. My responses (below) reflect our activities for the July 1-Dec 31, 2020 reporting period.

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. Thinking about the settings where you have implemented your programs, how widely have they been adopted? (select all that apply).

- ☐ Cancer Center wide
- ☐ Part of the Cancer Center (e.g. specific clinics)

- ☐ Affiliated settings, e.g. regional hospitals, outpatient cancer care centers
- ☐ Primary care settings
- ☐ Other (please describe)

Q2.4.0. Please confirm that you have reviewed and made any needed changes to Q2.4 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q2.5.

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")
- ☐ Program initiated referral (proactive outreach, list of eligible patients generated via EHR/registry and contacted by program staff)
- ☐ Other (please describe)

Q2.5.0. Please confirm that you have reviewed and made any needed changes to Q2.5 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q2.6.

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

Q2.6.0. Please confirm that you have reviewed and made any needed changes to Q2.6 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q2.7. 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

Q2.7.0. Please confirm that you have reviewed and made any needed changes to Q2.7 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q2.7.1. What was your program's practice for addressing family members or support persons during the reporting period? If you are not sure of the practice during the reporting period, you may select responses that apply to your program's current practice. Choose all that apply.

- ☐ Our program routinely asked family members or support persons of cancer patients that smoke if they would like to become involved with the cancer patient's tobacco use treatment plan.
- ☐ Our program routinely offered tobacco use treatment to family members or support persons of cancer patients to help the support person quit smoking.
- ☐ Our program offered resources to help support persons or family members who smoke of a cancer patient to quit, such as educational pamphlets.
- ☐ Our program does not routinely address family members or support systems.

Q2.7.2.

Does your program routinely assess exposure to secondhand smoke in patients who smoke who are attempting to quit?

☐ Yes

☐ No

Q2.8.

Reminder: In an effort to reduce survey burden, the sections of this survey about your program characteristics have been pre-populated with your responses from the January-June 2020 reporting period.

For each question, you will be asked to confirm that you have reviewed your responses and made any needed changes so your responses reflect program characteristics and activities for the July 1-Dec 31, 2020 reporting period.

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.

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):

Q2.8.0. Please confirm that you have reviewed and made any needed changes to Q2.8 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect the status of our activities for the July 1-Dec 31, 2020 reporting period.

Q2.9. Please select the tobacco treatment services that your program billed for through insurance for during this reporting period:

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

Q2.10. 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

Q2.10.0. Please confirm that you have reviewed and made any needed changes to Q2.9 AND Q2.10 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

2.10.1. Which special populations do your tailored cessation materials aim to reach? Select all that apply.

- ☐ American Indian/Alaska Native patients
- ☐ Asian/Asian American patients
- ☐ Black/African American patients

- ☐ Native Hawaiaan or other Pacific Islander patients
- ☐ Patients with limited English proficiency (list languages):
- ☐ Patients with limited health and/or reading literacy
- ☐ Female-identifying patients
- ☐ Patients with mental health and/or substance use disorders
- ☐ Sexual and/or gender minority patients
- ☐ Other, please describe:

Q2.11. 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

Q2.12. Enter the the number of FTEs for tobacco treatment specialists that were on staff during this reporting period. Enter "0" if there were no dedicated tobacco treatment specialists on staff.

Number of tobacco treatment specialists (FTE)

Q2.12.0. Please confirm that you have reviewed and made any needed changes to Q2.11 AND Q2.12 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

TTP Program Sustainability

Q2.13.

The next set of questions assess sustainability of 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."

To mitigate response bias, this section has not been pre-populated from the previous survey.

Q2.14. Engaged Staff & Leadership

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	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.	☐	☐	☐	☐	☐	☐	☐	☐
2. Clinical champions of the practice are recognized and respected.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has engaged, ongoing champions.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has a leadership team made of multiprofessional partnerships.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has team-based collaboration and infrastructure.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.15. Engaged Stakeholders

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	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.	☐	☐	☐	☐	☐	☐	☐	☐
2. There is respect for all stakeholders involved in the practice.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice is valued by a diverse set of stakeholders.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice engages other medical teams and community partnerships as appropriate.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice team has the ability to respond to stakeholder feedback about the practice.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.16. Monitoring & Evaluation

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	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.	☐	☐	☐	☐	☐	☐	☐	☐
2. Evaluation and monitoring of the practice are reviewed on a consistent basis.	☐	☐	☐	☐	☐	☐	☐	☐

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

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

Q2.17. Implementation & Training

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	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.	☐	☐	☐	☐	☐	☐	☐	☐
2. The reason for the practice is clearly communicated to and understood by all staff.	☐	☐	☐	☐	☐	☐	☐	☐
3. Staff receive ongoing coaching, feedback, and training.	☐	☐	☐	☐	☐	☐	☐	☐
4. Practice implementation is guided by feedback from stakeholders.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has ongoing education across professions.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.18. Outcomes & Effectiveness

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

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

Q2.19. Workflow Integration

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

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

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
5. The practice is designed to be used consistently.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.20. Organizational Readiness

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	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.	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice fits in well with the culture of the team.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has feasible and sufficient resources (e.g., time, space, funding) to achieve its goals.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has adequate staff to achieve its goals.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice is well integrated into the operations of the organization.	☐	☐	☐	☐	☐	☐	☐	☐

COVID-19

Q3.1.

Did your program use telehealth or telephone counseling **due to COVID-19** between July 1 and December 31, 2020?

☐ Yes

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

Q3.2. Were any tobacco treatment program staff furloughed or laid off due to COVID-19?

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

Q3.2.0. Please confirm that you have reviewed and made any needed changes to Q3.1 AND Q3.2 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q3.3.

How has the COVID-19 pandemic changed your program's or your Cancer Center's ability to engage in the following activities. Note that reduced ability might mean that the functions below might have dropped in occurrence (e.g., fewer patients were screened) or quality of execution (e.g., counseling quality or content suffered).

	Not at all	A little	A moderate amount	A lot	A great deal
Screen and identify tobacco users for treatment.	☐	☐	☐	☐	☐
Recruit tobacco users into treatment	☐	☐	☐	☐	☐
Provide pharmacotherapy.	☐	☐	☐	☐	☐
Provide/deliver cessation counseling.	☐	☐	☐	☐	☐
Refer to external services (e.g. quitline, smokefree text).	☐	☐	☐	☐	☐
Modify the electronic health record.	☐	☐	☐	☐	☐
Modify the clinical workflow.	☐	☐	☐	☐	☐
Train clinicians/staff.	☐	☐	☐	☐	☐
Conduct follow-up with participants.	☐	☐	☐	☐	☐

	Not at all	A little	A moderate amount	A lot	A great deal
Expand to additional clinics/sites.	☐	☐	☐	☐	☐
Generate EHR reports for program evaluation.	☐	☐	☐	☐	☐
Hire new program staff.	☐	☐	☐	☐	☐
Maintain current program staff.	☐	☐	☐	☐	☐
Maintain staff and clinician morale and enthusiasm.	☐	☐	☐	☐	☐

Q3.3.0. Please confirm that you have reviewed and made any needed changes to Q3.13 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Pre-population evaluation

Q12.4.1. You have completed the Program Characteristics and Activities section of the survey. In the next sections you will be asked to use your site's Data Report Worksheet to enter the required Reach and Effectiveness data for July-Dec 2020.

Overall, this format of reviewing responses from the previous survey for Program Characteristics and Activities was:

- ☐ Easier than providing responses on a blank survey/answering all questions again.
- ☐ Neither easier nor more difficult than providing responses on a blank survey/answering all questions again.
- ☐ More difficult than providing responses on a blank survey/answering all questions again.
- ☐ Other (please elaborate)

Q12.4.2. For the next reporting period, would you prefer to:

- ☐ Review responses about program activities and characteristics from this survey and make updates as needed, as done here.
- ☐ Complete a clean survey about program activities and characteristics.
- ☐ Other (please describe)

Data Reporting

Q4.1_JD20.

Do you have reach data to submit for July 1, 2020 through Dec 31, 2020?

If you select "No", the survey will be submitted with the answers that are completed now. Please only select "No" if you are sure you want to end the survey now and not return to the previous questions.

☐ Yes

☐ No. Please enter any comments here for the Coordinating Center regarding your Reach data:

Reach Data Report

Q5.1. Please review and make any needed changes to the settings for which you have reach and/or effectiveness data to report. You must enter at least one setting, even if it is the whole Cancer Center. Leave the other fields blank if you do not have more than 1 setting.

Setting 1 (REQUIRED)

Setting 2

Setting 3

Q5.2. Please review and make any needed changes to describe each setting (e.g. more detailed description of the setting and/or patients included in the report). Leave the other fields blank if you do not have more than one setting.

Setting 1 (REQUIRED)

Setting 2

Setting 3

Q5.3. For each setting, please estimate what percentage of patients seen in this setting are cancer patients:

\${q://QID60/ChoiceTextEntryValue/1}

\${q://QID60/ChoiceTextEntryValue/2}

\${q://QID60/ChoiceTextEntryValue/3}

Q5.4. When did you begin referring patients to any type of tobacco treatment program (TTP)?

#{q://QID60/ChoiceTextEntryValue/1}

#{q://QID60/ChoiceTextEntryValue/2}

#{q://QID60/ChoiceTextEntryValue/3}

Q5.5. You indicated that you began referring patients after July 1, 2020. Please enter the date when you began referring patients to a TTP (mm/dd/yyyy).

#{q://QID60/ChoiceTextEntryValue/1}

#{q://QID60/ChoiceTextEntryValue/2}

#{q://QID60/ChoiceTextEntryValue/3}

Q5.6.

REACH DATA REPORT

Please provide data for the reporting period from Jul 1, 2020 through Dec 31, 2020.

Enter the number of unique patients, not the number of visits. As a reminder, you should report on all patients seen in the setting indicated. This includes patients diagnosed with cancer as well as other types of patients (e.g. screening patients).

You may have separate data for different health care settings (for example, if the reports are generated from different health care organizations or EHR systems). There is space to enter data for up to 3 settings.

You may not have data to report for every field. Please enter NA for the fields that you do not have data to report. **Please be sure to distinguish between 0 (zero) patients and missing or not applicable/NA data.**

Q5.7. Enter the number of:

#{q://QID60/ChoiceTextEntryVa

Adult patients (18 and older) with a visit to this setting in the reporting period

Patients who were screened for tobacco use in this reporting period and have a documented smoking status. Do not include those who refuse/decline to report smoking status.

Current cigarette smokers with a visit to this setting in the reporting period

Q5.8. Engagement

Enter the number of smokers who engaged/participated in:

\$_{q://QID60/ChoiceTextEntryVal}

Any type of TTP (This is the total number of unique smokers who engaged in at least one of the TTP types listed below)

In-house/in-person TTP (group or individual, including point of care)

Telephone-based TTP (non-automated)

TelASK or other IVR

Quitline (referred by fax or EHR)

Text/mobile resource (e.g., smokefree TXT)

Web resource (e.g., Smokefree.gov)

Cessation medication (prescribed or given medication)

Other type. Please describe:

Q5.8.1. Enter the number of smokers who were **offered** participation in a tobacco treatment program, if your program documents this information. This could be the number who were offered enrollment in an in-

NOTE: This is distinct from engagement/participation reported above.

\$_{q://QID60/ChoiceTextEntryValue/1} \\$_{q://QID60/Choi}

Any type of TTP

In-house/in-person TTP (group or individual, including point of care)

Telephone-based TTP (non-automated)

TelASK or other IVR program

Quitline (referred by fax or EHR)

Text/mobile resource (e.g. smokefree TXT)

Web resource (e.g. Smokefree.gov)

Cessation medication (prescribed or given medication)

Other type. Please describe:

\${q://QID60/ChoiceTextEntryValue/1}

 \${q://QID60/ChoiceTextEntryValue/2}

Demographics for current smokers

Q6.1. The next questions ask about demographic information for all current smokers. The total within each demographic group should add up to the total number of current smokers.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

Q6.2. Please enter "NA" if gender data are not documented and "0" if no patients of that gender are documented as smokers. Enter the number of current smokers who are:

\${q://QID60/ChoiceTextEntryValue/1}

 \${q://QID60/ChoiceTextEntryValue/2}

 \${q://QID60/ChoiceTextEntryValue/3}

Male

Female

Other/Not specified

Q6.3. Please enter "NA" if race data are not documented and "0" if no patients of that race are documented as smokers.

Enter the number of current smokers who are:

\${q://QID60/ChoiceTextEntryValue/1}

 \${q://QID60/ChoiceTextEntryValue/2}

 \${q://QID60/ChoiceTextEntryValue/3}

 \${q://QID60/ChoiceTextEntryValue/4}

American

Indian or

Alaska Native

Asian

Black or

African

American

Native

Hawaiian or

Other Pacific

Islander	\${q://QID60/ChoiceTextEntryValue/1}	\${q://QID60/ChoiceTextEntryValue/2}	\${q://Q
White			
More than one race			
Unknown/Other race			

Q6.4. Please enter "NA" if ethnicity data are not documented and "0" if no patients of that ethnicity are documented as smokers.

Enter the number of current smokers who are:

	\${q://QID60/ChoiceTextEntryValue/1}	\${q://QID60/ChoiceTextEntryValue/2}	\${q://QID60/
Hispanic			
Non-Hispanic			
Unknown			

Q6.5. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as smokers.

Enter the number of current smokers who are aged:

	\${q://QID60/ChoiceTextEntryValue/1}	\${q://QID60/ChoiceTextEntryValue/2}	\${q://QID60/
18-24			
25-44			
45-64			
65 and older			
Unknown			

Q6.6. Reporting on insurance is no longer optional, if your site collects these data. Please enter "NA" if insurance data are not documented and "0" if no patients with that insurance type are documented as smokers.

Enter the number of current smokers who have each of the following insurance types as their primary insurance:

	\${q://QID60/ChoiceTextEntryValue/1}	\${q://QID60/ChoiceTextEntryValue/2}	\${q://
Private insurance			
Medicare			

Medicaid		
Military plan (e.g. Tricare/VA)		
Indian Health Service		
Other state/government sponsored insurance		
No insurance coverage		
Unknown		

Demographics for TTP participants

Q7.1. The next questions ask about demographic information for TTP participants. The total within each demographic group should add up to the total number of TTP participants.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

Q7.2. Please enter "NA" if gender data are not documented and "0" if no patients of that gender are documented as TTP participants.

Enter the number of TTP participants who are:

Male		
Female		
Other/Not specified		

Q7.3. Please enter "NA" if race data are not documented and "0" if no patients of that race are documented as TTP participants.

Enter the number of TTP participants who are:

American Indian or Alaska Native		

Alaska Native

\${q://QID60/ChoiceTextEntryValue/1}
 \${q://QID60/ChoiceTextEntryValue/2}
 \${q://Q

Asian

Black or

African

American

Native

Hawaiian or

Other Pacific

Islander

White

More than one

race

Unknown/Other

race

Q7.4. Please enter "NA" if ethnicity data are not documented and "0" if no patients of that ethnicity are documented as TTP participants.

Enter the number of TTP participants who are:

\${q://QID60/ChoiceTextEntryValue/1}
 \${q://QID60/ChoiceTextEntryValue/2}
 \${q://QID60/

Hispanic

Non-

Hispanic

Unknown

Q7.5. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as TTP participants.

Enter the number of TTP participants who are aged:

\${q://QID60/ChoiceTextEntryValue/1}
 \${q://QID60/ChoiceTextEntryValue/2}
 \${q://QID60/

18-24

25-44

45-64

65 and

older

Unknown

Q7.6. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as TTP participants.

Enter the number of TTP participants who are aged:

\${q://QID60/ChoiceTextEntryValue/1}
 \${q://QID60/ChoiceTextEntryValue/2}
 \${q://QID60/ChoiceTextEntryValue/3}

Private Insurance		
Medicare		
Medicaid		
Military plan (e.g., Tricare/VA)		
Indian Health Service		
Other state/government sponsored insurance		
No insurance coverage		
Unknown		

Reach Measures

Q8.1. Please enter "NA" if these data are not documented and "0" if no patients do not fall into any of these categories.

Enter the number of:

\${q://QID60/ChoiceTextEntryValue/1}
 \${q://QID60/ChoiceTextEntryValue/2}
 \${q://QID60/ChoiceTextEntryValue/3}

Patients who were not screened for smoking/tobacco use	
Patients who refused/declined to report smoking/tobacco use	
Non-cigarette tobacco users	
Non-cigarette tobacco users that engaged/participated in a TTP	
Patients reporting a household member uses any tobacco products	
Household/family members that engaged/participated in a TTP	

Effectiveness Part 1

Q10.1.

In the following sections, you will be asked to report **effectiveness** measures for July 1, 2020 through December 31, 2020 reporting period. If you are unable to report these measures at this time, please select "No" and provide details about your site's effectiveness data.

If you select "No", the survey will be submitted with the answers that are completed now. Please only select "No" if you are sure you want to end the survey now without returning to the previous questions.

- ☐ I am ready to enter effectiveness data
- ☐ No, I cannot enter effectiveness data now. Please enter any comments for the Coordinating Center regarding your effectiveness data:

Q10.2. EFFECTIVENESS DATA REPORT

Effectiveness measures should be reported only among those smokers who have engaged/participated in a tobacco treatment program.

"Enrollment" reflects the number of participants who enrolled /first engaged in tobacco treatment during the reporting period January 1, 2020 through June 30, 2020. This is collected as a comparison to the 6-month follow-up data.

"6-month follow-up" reflects the number of participants whose 6 month follow-up data were recorded during the reporting period July 1, 2020 through December 31, 2020. The follow-up data should reflect participants who enrolled/first engaged in tobacco treatment in the previous reporting period (January 1, 2020 to June 30, 2020).

Please refer to the Data Reporting Protocol on the C3I portal for more information about entering these data:

Q10.3.

ENROLLMENT

Among the TTP participants who enrolled/engaged in tobacco treatment during this reporting period (between 7/1/20 and 12/31/20) enter the number that reported the following categories when asked, "When did you last smoke a cigarette (even one or two puffs)?" Also indicate how many participants were missing data for this item or were not assessed at enrollment.

I smoked a cigarette today (at least one puff)

#{q://QID60/Ch[]xtEntryValue/1} #{q://QID6

1 to 7 days ago

8 days to 1 month ago

More than 1 month ago to 1 year ago

More than 1 year ago

Don't know/don't remember

Missing/not assessed

Q10.4. FOLLOW_UP

Please indicate the methods used to collect the 6-month follow-up effectiveness data :

- ☐ In-person survey
- ☐ Quitline reports
- ☐ EHR reports
- ☐ Telephone-based survey (non-automated)
- ☐ TelASK or other automated phone /IVR system
- ☐ Manual chart audit
- ☐ Other way:

Q10.4.1. Please confirm that you have reviewed and made any needed changes to Q10.4 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q10.5.

Please describe how your site collects 6-month follow-up data. This information should describe who conducts follow-up assessments, when/at what type of visit surveys are administered, how many follow-up calls are attempted, or any other relevant details.

If you reported this information in the previous survey, your response is populated below.
Make changes as you see fit so it accurately reflects the reporting period July 1-December 31, 2020.

Q10.5.0. Please confirm that you have reviewed and made any needed changes to Q10.5 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period.

Q10.6. FOLLOW_UP

Please enter the total number of TTP participants that have 6-month follow-up data recorded between 7/1/20 and 12/31/20. Also enter how many declined to report or were not reached at 6-month follow-up.

`\${q://QID60/ChoiceTextEntryVal`

Participants with follow-up data recorded between 7/1/20 and 12/31/20

Patients with missing follow-up data: lost to follow-up, or declined to report

Q10.7.

FOLLOW_UP

Among the total number of TTP participants **with 6-month follow-up data**, (as entered in the previous question), enter the number that reported the following categories when asked, "When did you last smoke a cigarette (even one or two puffs)?"

`\${q://QID60/ChoiceTextEntryValue/1} `\${q://Q

I smoked a cigarette today (at least one puff)

1 to 7 days ago

8 days to 1 month ago

More than 1 month ago to 1 year ago

More than 1 year ago

Don't know/don't remember

Effectiveness Part 2

Q11.1.

SETTING 1

For your first setting, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						
Age unknown						
Private insurance						
Medicare						

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Medicaid						
Military plan (e.g. Tricare/VA)						
Indian Health Service						
Other state/government sponsored insurance						
No insurance coverage						
Insurance Unknown						

Q11.2. Do you have follow-up data by demographics to report for another setting?

☐ Yes

☐ No

Q11.3.

SETTING 2

For setting 2, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						
Age unknown						
Private insurance						
Medicare						
Medicaid						
Military plan (e.g. Tricare/VA)						
Indian Health Service						
Other state/government sponsored insurance						
No insurance coverage						
Insurance Unknown						

Q11.4. Do you have follow-up data by demographics to report for another setting?

☐ Yes

☐ No

Q11.5.

SETTING 3

For setting 3, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						
Age unknown						
Private insurance						
Medicare						
Medicaid						
Military plan (e.g. Tricare/VA)						
Indian Health Service						
Other state/government sponsored insurance						

#{q://QID60/ChoiceTextEntryValue/1}

6-mo follow up (July 1-Dec 31,
2020)

6-mo follow up (July 1-Dec 31,
2020)

1-4 cigarettes

5-9 cigarettes

10-14 cigarettes

15-19 cigarettes

20 (1 pack) or more

Don't know/don't
remember

Data Report Upload

Report upload. Please upload your data report worksheet or other supporting documentation for your data report.

Report comment. Enter any comments/notes for the Coordinating Center here:

Submit Survey

Submit survey.

Thank you for your responses. This is the end of the survey. You can go back and edit your responses if you need to now. Clicking through this question will submit the survey.

Please use this space to enter any comments about the survey and data report that you would like to report to the Coordinating Center.

If you have any questions, please send an email to: sdhohl (at) wisc.edu.

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