

Cancer Center Information

Q1.1. This questionnaire will collect information from all C3I grantees for the period of **January 1 through June 30, 2021.**

The completed questionnaire, including the completed Excel Data Report Worksheet, is due August 6, 2021.

Please answer all questions about your Cancer Center setting(s) and Tobacco Treatment Program (TTP) and cessation services for this reporting period, **January 1-June 30, 2021.**

Program characteristics and activities. In an effort to reduce survey burden, with some exceptions, the sections of this survey about your program characteristics and activities have been pre-populated with your responses from your site's previous report. For each question in that has been pre-populated, 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 current 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.

TO STOP AND CONTINUE THE SURVEY LATER WITHOUT LOSING YOUR RESPONSES:

- Use your center's unique link sent to you via email.
- Click the arrow at the bottom of each page on which you have entered data.
- Use the same browser and computer each time you access the survey.
- Do not view the survey in "incognito mode".
- Do not clear your cache until you have fully submitted the survey.

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. Please indicate your Cohort

- ☐ Cohort 1
- ☐ Cohort 2
- ☐ Cohort 3

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

Q1.5.1.

Cohort 3 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the list below:

City of Hope
Rutgers University
Fox Chase Cancer Center
Thomas Jefferson University
University of Alabama at Birmingham
University of California, San Diego
University of Maryland
University of Southern California
University of Texas-MD Anderson
University of Washington/Fred Hutchinson Cancer Research Center

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

Q220. Cohort 3: 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 previous 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 current 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 current 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 current 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 current reporting period.

Q2.3.

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

- ☐ Cancer center or health system-affiliated counseling delivered to individuals (including non-automated telephone, video, or face-to-face)
- ☐ Cancer center or health system-affiliated counseling delivered to groups (including non-automated telephone, video, or face-to-face)
- ☐ Cessation medications prescribed/provided
- ☐ 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

Q2.3.1. Please indicate the nature of the cancer center or health-system affiliated counseling offered to **individuals** during the reporting period.

- ☐ In-person face-to-face
- ☐ By telephone (non-automated, not Quitline)
- ☐ By video (e.g., Zoom, Webex)

Q2.3.2. Please indicate the nature of the cancer center or health-system affiliated counseling offered to **groups** during the reporting period.

- ☐ In-person face-to-face
- ☐ By telephone
- ☐ By video (e.g., Zoom, Webex)

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 current 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 current 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 current 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 current reporting period.

Q2.8.

Reminder: In an effort to reduce survey burden, with some exceptions, the sections of this survey about your program characteristics have been pre-populated with your responses from your site's last completed bi-annual report.

For each pre-populated 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 current reporting period: January 1-June 30, 2021.

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.

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 current reporting period.

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

- ☐ Medication
- ☐ Counseling (in-person face-to-face)
- ☐ Counseling (telephone-based)
- ☐ Counseling (video-based)
- ☐ 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 current reporting period.

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 current 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.	☐	☐	☐	☐	☐	☐	☐	☐
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).	☐	☐	☐	☐	☐	☐	☐	☐
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

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

☐ Yes

☐ No

☐ Don't know/not sure

☐ Other

Q3.3.

How has the COVID-19 pandemic changed your program's or your Cancer Center's ability to engage in the following activities during the reporting period? 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.	☐	☐	☐	☐	☐
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. Cohorts 1 and 2: 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 current reporting period.

Working Group Questions

WG_DEI_1.1. Which of the following patient characteristics are recorded in your cancer center's EHR as part of standard care? For this question, "standard care" means the information is asked and documented for nearly every patient, not subject to wide variability across patients, providers, or clinics.

	Recorded in EHR for all patients	Recorded in EHR for TTP patients only	Don't know
Insurance status	☐	☐	☐
Employment status	☐	☐	☐
Education level	☐	☐	☐
Literacy level	☐	☐	☐
Financial hardship or toxicity	☐	☐	☐
Food security	☐	☐	☐
EHR patient portal (e.g., MyChart) account access	☐	☐	☐
Race	☐	☐	☐
Ethnicity	☐	☐	☐
Gender identity beyond male or female	☐	☐	☐
Sexual orientation	☐	☐	☐
Language preference	☐	☐	☐
Citizenship or immigration status	☐	☐	☐
Geographic residence (county)	☐	☐	☐
Psychological, behavioral health, or substance use conditions	☐	☐	☐
Relationship status (e.g., never married, married or in marriage-like	☐	☐	☐

WG_DEI_1.2. To which of the following special populations does your cancer center's TTP offer targeted services or outreach? Check all that apply.

- ☐ Low income or persistent poverty
- ☐ Uninsured
- ☐ Rural
- ☐ African American or Black
- ☐ Indigenous (American Indian and Alaska Native)
- ☐ Asian American
- ☐ Hispanic or Latino/a/x
- ☐ Native Hawaiian or Pacific Islander
- ☐ Sexual and gender minorities
- ☐ Patients with mental health or substance use disorder
- ☐ Deaf or hard of hearing
- ☐ Limited English proficient or non-English speakers, specify language group:
- ☐ Other populations not identified, please describe:

WG_DEI_1.3. How often are **all** personnel (i.e., administrators, providers, and staff) at your cancer center required to complete implicit bias or similar training?

- ☐ Never
- ☐ Once
- ☐ Annually
- ☐ 2 or more times per year
- ☐ Other, please describe
- ☐ Don't know

WG_DEI_1.4. By which entity or entities is implicit bias training mandated?
Check all that apply.

- ☐ Cancer Center only
- ☐ Health System
- ☐ Academic or Research Institution
- ☐ Other, please describe
- ☐ Don't know

WG_FSSS_2.1. Please indicate how often your program implemented the following practices for addressing cancer patients' family members or support persons during the reporting period.

	Never	Rarely	Sometimes	Always (part of routine practice)	Don't know
Identified family members and/or support persons of cancer patients who smoke.	☐	☐	☐	☐	☐
Asked patients who smoke if they would like family members and/or support persons to become involved with the patients' tobacco use treatment plans.	☐	☐	☐	☐	☐
Offered resources (e.g., Quitline phone number, educational pamphlet) to help patients' support persons or family members who smoke to quit.	☐	☐	☐	☐	☐
Referred family members or support persons of cancer patients to tobacco use treatment.	☐	☐	☐	☐	☐
Involved patients' family/support persons in the patients' tobacco treatment (e.g., having at least one session with patients' support persons).	☐	☐	☐	☐	☐
Provided tobacco use treatment to patients' family/support persons who smoke.	☐	☐	☐	☐	☐
Documented in the EHR any of the above (e.g, family members or support	☐	☐	☐	☐	☐

WG_FSSS_2.2. Please indicate how often your program implemented the following practices for addressing secondhand smoke among cancer patients during the reporting period.

	Never	Rarely	Sometimes	Always (part of routine practice)	Don't Know
Assessed secondhand smoke exposure of patients regardless of their tobacco use status.	☐	☐	☐	☐	☐
Documented secondhand smoke exposure in the patient's EHR.	☐	☐	☐	☐	☐
Intervened to reduce secondhand smoke exposure to patients (e.g., counseling patients to implement smoke-free home rules).	☐	☐	☐	☐	☐

WG_FSSS_2.3. Please indicate the extent to which the following are in place within your tobacco treatment program.

	Not at all	To some extent	To a great extent	To a full extent	Don't Know
Our program has linguistically and culturally appropriate, population specific resources to address family members or support persons of patients who smoke or need support to remain tobacco-free including reducing secondhand smoke exposure	☐	☐	☐	☐	☐
Our program has support from leadership/administration to address family members or support persons of patients who smoke or need support to remain tobacco-free including reducing secondhand smoke exposure	☐	☐	☐	☐	☐

WG_FSSS_2.4. Please indicate the practices related to family and social support systems and secondhand smoke for which your tobacco treatment program has an established protocol or guideline. Check all that apply.

- ☐ Identifying family members and/or support persons of cancer patients who smoke.
- ☐ Offering resources (e.g., Quitline phone number, educational pamphlet) to help patients' support persons or family members who smoke to quit.
- ☐ Referring patients' family and/or support persons to tobacco use treatment.
- ☐ Involving patients' family/support persons in the patients' tobacco treatment (e.g., having at least one session with patients' support persons).
- ☐ Providing tobacco use treatment to patients' family/support persons who smoke.
- ☐ Assessing secondhand smoke exposure among patients regardless of their tobacco use status.
- ☐ Intervening to reduce secondhand smoke exposure among patients (e.g., empowering patients to implement smoke-free home rules).
- ☐ Documenting interactions with patients' support persons in the EHR (as listed above).
- ☐ Billing for interactions with patients' support persons (as listed above).
- ☐ Our program does not have an established protocol or guideline for any of these activities.
- ☐ I don't know if our program has established protocol or guidelines for these activities.

WG_FSSS_2.5. Please indicate the practices regarding family and social support systems and secondhand smoke for which staff and/or clinicians are provided training. Check all that apply.

- ☐ Identifying family members and/or support persons of cancer patients who smoke.
- ☐ Offering resources (e.g., Quitline phone number, educational pamphlet) to help patients' support persons or family members who smoke to quit.
- ☐ Referring patients' family and/or support persons to tobacco use treatment.
- ☐ Involving patients' family/support persons in the patients' tobacco treatment (e.g., having at least one session with patients' support persons).
- ☐ Providing tobacco use treatment to patients' family/support persons who smoke.
- ☐ Assessing secondhand smoke exposure among patients regardless of their tobacco use status.
- ☐ Intervening to reduce secondhand smoke exposure among patients (e.g., empowering patients to implement smoke-free home rules).
- ☐ Documenting interactions with patients' support persons in the EHR (as listed above).
- ☐ Billing for interactions with patients' support persons (as listed above).
- ☐ Our program does not have an established protocol or guideline for any of these activities.
- ☐ I don't know if our program has established protocol or guidelines for these activities.

WG_TELE_3.1. Did your program's **telephone-based** (non-automated, not Quitline) counseling begin:

	Yes	No
Prior to COVID-19 (February 2020 or before)	☐	☐
In response to COVID-19	☐	☐

WG_TELE_3.2. Did your program's **video-based** counseling begin:

	Yes	No
Prior to COVID-19 (February 2020 or before)	☐	☐
In response to COVID-19	☐	☐
Other, please describe 	☐	☐

WG_TELE_3.3. Please indicate the services for which each type of practitioner provided counseling. Check all that apply.

	Telephone-based	Video-based	Neither
MD/NP/PA/advanced practice provider	☐	☐	☐
Licensed psychologist	☐	☐	☐
Other licensed clinician (RN, LICSW, PharmD)	☐	☐	☐
Certified Tobacco Treatment Specialist (no clinical license)	☐	☐	☐
Other, please describe: 	☐	☐	☐

WG_TELE_3.4. Does your program plan to continue providing telephone or video-based counseling as one tobacco dependence treatment option in the future?

	Telephone-based	Video-based
Yes, if it remains reimbursable by insurers	☐	☐
Yes, regardless of reimbursement	☐	☐
No, will not be provided, regardless of reimbursement	☐	☐
Other, please describe 	☐	☐

WG_TELE_3.5. Please indicate which factors below were barriers to conducting telephone and/or video-based counseling during the reporting period.

	Barrier to conducting telephone- based counseling	Barrier to conducting video- based counseling	Not a barrier	Don't know
PATIENT-LEVEL				
Insufficient patient demand and/or interest	☐	☐	☐	☐
Limited patient technology literacy (i.e., ability to effectively use digital devices and/or interfaces)	☐	☐	☐	☐
Limited patient access, including internet availability/speed/quality, wireless signal, device or equipment needed	☐	☐	☐	☐
PROVIDER-LEVEL				
Provider resistance	☐	☐	☐	☐
Limited provider technology literacy (i.e., ability to effectively use digital devices and/or interfaces)	☐	☐	☐	☐
CANCER CENTER OR HEALTH SYSTEM-LEVEL				
Limited availability of software and technology at the cancer center or health system	☐	☐	☐	☐
Inadequate training for providers	☐	☐	☐	☐
Poor workflow design (i.e., need for re-design to accommodate telephone or video-based counseling)	☐	☐	☐	☐
Lack of user-friendliness of technology	☐	☐	☐	☐
Incompatibility with other IT and operating systems at the cancer center	☐	☐	☐	☐
Lack of dedicated staff for promoting and managing the service	☐	☐	☐	☐

WG_SUSTAIN_4.1.

Please indicate the level of collaboration your tobacco treatment program has established with the following entities.

(0) No Interaction

(1) Networking: Aware of organization, loosely defined roles, little communication, all decisions are made independently

(2) Cooperation: Provide information to each other, somewhat defined roles, formal communication, all decisions are made independently

(3) Coordination: Share information and resources, defined roles, frequent communication, some shared decision making

(4) Coalition: Share ideas, share resources, frequent and prioritized communication, all members have a vote in decision making

(5) Collaboration: Members belong to one system, frequent communication is characterized by mutual trust, consensus is reached on all decisions

	(0) No interaction	(1) Networking	(2) Cooperation	(3) Coordination	(4) Coali
External Programs (or related program funded by the entity)					
American Society of Clinical Oncology	☐	☐	☐	☐	☐
Centers for Disease Control and Prevention	☐	☐	☐	☐	☐
Commission on Cancer	☐	☐	☐	☐	☐
National Comprehensive Cancer Network	☐	☐	☐	☐	☐
National Tobacco Treatment Specialist Program	☐	☐	☐	☐	☐
	(0) No interaction	(1) Networking	(2) Cooperation	(3) Coordination	(4) Coali
Sloan-Kettering TTS oncology program	☐	☐	☐	☐	☐
Association for the Treatment of Tobacco Use and Dependence	☐	☐	☐	☐	☐
State quitline	☐	☐	☐	☐	☐

Data Reporting

Q4.1_JJ21.

Do you have reach data to submit for January 1 through June 30, 2021?

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 January 1, 2021. 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 January 1, 2021 to June 30, 2021.

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
/ChoiceTextEntryValue

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 in a TTP is defined as: participation in an individually or group delivered TTP, in-person or via phone, a fax or eReferral to a quitline, a website, or a text/mobile program, providing counseling regarding quitting, or prescribing a smoking cessation medication.

Enter the number of smokers who engaged/participated in:

\$(q://QID60
/ChoiceTextEntryValue/

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-house TTP (vs. those who actually engaged), or the number who were given a quitline number or informational brochure.

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

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

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
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
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
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}	$\{q://QID60$ /ChoiceTextEntryValue
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}	$\{q://QID60$ /ChoiceTextEntryValue
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://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			

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:

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

	$\{q://QID60$ /ChoiceTextEntryValue/1}	$\{q://QID60$ /ChoiceTextEntryValue/2}	$\{q://QID60$ /ChoiceTextEntryValue
American Indian or Alaska Native			
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}	$\{q://QID60$ /ChoiceTextEntryValue
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}	$\{q://QID60$ /ChoiceTextEntryValue
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}	$\{q://QI$ /ChoiceTextEn
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}

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

Smokers that declined to participate in a TTP

Effectiveness Part 1

Q10.1.

In the following sections, you will be asked to report **effectiveness** measures for the January 1 through June 30, 2021 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:

Q10.4. 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 current 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 current reporting period.**

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 current 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
/ChoiceTextEntryValue,

Participants with follow-up data recorded between January 1, 2021 and June 30, 2021

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} \$_
/ChoiceT

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						

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						
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						

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						

Reach-TTP engagement

Q12.1.

Among the smokers that engaged in any type of TTP, enter the number that tried to quit smoking in the past 30 days:

	\${q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-mo follow up
Number with a past 30 day quit attempt		

Q12.2. Among the smokers that engaged in a TTP, enter the number that reported each of the following cigarette use categories in response to the question, "In the past 30 days, did you smoke cigarettes every day, some days, or not at all?"

	\${q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-mo follow up
Every day		
Some days		
Not at all		
Don't know/don't remember		

Q12.3. Among the CURRENT smokers that engaged in a TTP, enter the number that reported each of the following categories for the number of cigarettes smoked each day in response to the question, "In the past 30 days, if you smoked either every day or on some days, about how many cigarettes did you smoke on those days?"

	\${q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-mo follow up
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. On the next page, you will be provided your response summary, along with an option to download the summary as a pdf.

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](mailto:sdhohl@wisc.edu).

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