

2022 C3I Data Report pre-populated

Start of Block: Cancer Center Information

Q1.1 This questionnaire will collect information from all C3I grantees for the periods of **January 1-June 30 and July 1-December 31, 2022.**

The completed questionnaire, including the completed Excel Data Report Worksheet, is due March 31, 2022.

Please answer all questions about your Cancer Center setting(s) and Tobacco Treatment Program (TTP) and cessation services for the **year of 2022.**

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 center'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 year of 2022.

Reach and effectiveness reporting.

Please enter your reach and effectiveness data for the two reporting periods (Jan-June 2022 and July-Dec 2022) in the "C3I 2022 Cohort 123 Data Worksheet."

Unlike previous years, **you will not reenter the data from the Data Report Worksheet into the Qualtrics survey; you will upload your completed Data Report Worksheet at the end of the survey.**

To remain consistent with previous years, we are collecting reach and effectiveness data in separate reporting periods for January–June and July–December. **This means that you will need to enter data in all 6 tabs on the Data Report Worksheet.**

Please refer to the Reporting Protocol for guidance. 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>).

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 Jennifer Bird, Project Scientist at the Coordinating Center, at jebird@wisc.edu.

Page Break

Q1.2 Please provide your contact information.

- ☐ First name (1) _____
 - ☐ Last name (2) _____
 - ☐ Email address (3) _____
-

cohort Please indicate your C3I Cohort

- ☐ Cohort 1 (1)
 - ☐ Cohort 2 (2)
 - ☐ Cohort 3 (4)
-

center_1 Cohort 1 - Please select your NCI Cancer Center/affiliated University in the list below:

- ☐ Baylor College of Medicine (1)
- ☐ Case Western Reserve University (4)
- ☐ Duke University (5)
- ☐ Georgetown University (6)
- ☐ Indiana University (7)
- ☐ Medical University of South Carolina (8)
- ☐ New York University (9)
- ☐ University of California Davis (10)
- ☐ University of Chicago (11)
- ☐ University of Colorado Denver (12)
- ☐ University of Iowa (13)
- ☐ University of Kansas (14)
- ☐ University of Kentucky (15)
- ☐ University of Minnesota (16)
- ☐ University of New Mexico (17)
- ☐ University of North Carolina at Chapel Hill (18)
- ☐ University of Pennsylvania (19)
- ☐ University of Utah (20)
- ☐ University of Virginia (21)
- ☐ Vanderbilt University (22)
- ☐ Washington University (23)

☐ Yale University (24)

center_2 Cohort 2 - Please select your NCI Cancer Center/affiliated University in the list below:

- ☐ Columbia University (1)
- ☐ Dana-Farber/Harvard University (25)
- ☐ Dartmouth College (26)
- ☐ Emory University (27)
- ☐ Mayo Clinic (28)
- ☐ Memorial Sloan-Kettering (29)
- ☐ Moffitt Cancer Center (30)
- ☐ Mount Sinai/Tisch (31)
- ☐ Northwestern University (32)
- ☐ Oregon Health and Sciences University (33)
- ☐ Roswell Park (34)
- ☐ Stanford University (35)
- ☐ University of Arizona (36)
- ☐ University of California San Francisco (37)
- ☐ University of Michigan (38)
- ☐ University of Pittsburgh Medical Center (39)
- ☐ University of Texas Southwestern (40)
- ☐ Virginia Commonwealth University (41)
- ☐ Wake Forest University (42)
- ☐ Wayne State University (43)

center_3 Cohort 3 - Please select your NCI Cancer Center/affiliated University in the list below:

- ☐ City of Hope (25)
- ☐ Rutgers University (26)
- ☐ Fox Chase Cancer Center (27)
- ☐ Thomas Jefferson University (28)
- ☐ University of Alabama at Birmingham (29)
- ☐ University of California, San Diego (30)
- ☐ University of Maryland (31)
- ☐ University of Southern California (32)
- ☐ University of Texas-MD Anderson (33)
- ☐ University of Washington/Fred Hutchinson Cancer Research Center (34)

Page Break

End of Block: Cancer Center Information

Start of Block: 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, July-December 2021, 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 year 2022.



smo_ehr_freq How often is smoking status updated/recorded in the EHR?

- ☐ At new patient visits only (1)
- ☐ More frequently than new patient visits, but not at every visit (2)
- ☐ At every patient visit (3)
- ☐ Other (please describe): (4)

- ☐ Don't know/Not sure (9)

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

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

Page Break



ends_ehr_freq 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 (0)
 - ☐ Recorded at new patient visits only (1)
 - ☐ Recorded more frequently than new patient visits, but not at every visit (2)
 - ☐ Recorded at every patient visit (3)
 - ☐ Other (please describe): (4)

 - ☐ Don't know/Not sure (9)
-

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

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

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

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



services 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) (1)
 - ☐ Cancer center or health system-affiliated counseling delivered to groups (including non-automated telephone, video, or face-to-face) (2)
 - ☐ Point-of-care counseling (Brief intervention delivered during appointment) (15)
 - ☐ Cessation medications prescribed/provided (4)
 - ☐ TelASK or other IVR (6)
 - ☐ Quitline via fax referral (7)
 - ☐ Quitline via eReferral (8)
 - ☐ SmokefreeTXT without eReferral (9)
 - ☐ SmokefreeTXT via eReferral (10)
 - ☐ Other text/mobile program (11)
 - ☐ Web resource (e.g., Smokefree.gov) (12)
 - ☐ Other (please describe) (13)
-
- ☐ No tobacco treatment services offered (14)

indcoun 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 (1)

☐

By telephone (non-automated, not Quitline) (2)

☐

By video (e.g., Zoom, Webex) (3)

grpcoun 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 (1)

☐

By telephone (2)

☐

By video (e.g., Zoom, Webex) (3)

Page Break



adoption

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

- ☐ Cancer Center wide (.e.g, all clinics within the cancer center) (1)
 - ☐ Part of the Cancer Center (e.g. specific clinics) (2)
 - ☐ Primary care clinics within your health system (4)
 - ☐ Non-oncology specialty clinics within your health system (6)
 - ☐ Affiliated clinics and health systems (e.g. regional hospitals) (3)
 - ☐ Other (please describe) (5)
-

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

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

Page Break



referral 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 (1)
 - ☐ Information given and patient initiates (2)
 - ☐ Clinician initiated referral (not via EHR) (3)
 - ☐ EHR referral is optional for smokers (4)
 - ☐ EHR referral is automatic for smokers ("opt-out method") (5)
 - ☐ Program initiated referral (proactive outreach, list of eligible patients generated via EHR/registry and contacted by program staff) (7)
 - ☐ Other (please describe) (6)
-

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

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



ehr_referral 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 (1)
 - ☐ No (2)
 - ☐ Don't know/not sure (9)
-

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

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

Page Break



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

- ☐ Inpatients (1)
 - ☐ Outpatients (2)
 - ☐ Family members of patients (3)
 - ☐ Community members (4)
 - ☐ Other (specify) (5)
-

☐ No referrals offered/given (6)

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

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

Page Break



activity

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 the July-December 2021 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 year of 2022.

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. (activity_1)	▼ Not yet started (1) ... Not applicable (4)
Secure health care system clinical leadership buy-in and support. (activity_2)	▼ Not yet started (1) ... Not applicable (4)
Secure health care system IT leadership buy-in and support. (activity_3)	▼ Not yet started (1) ... Not applicable (4)
Define the new clinical workflow for screening and referring smokers to treatment. (activity_4)	▼ Not yet started (1) ... Not applicable (4)
Work with IT to modify the EHR to screen and identify current smokers for treatment. (activity_5)	▼ Not yet started (1) ... Not applicable (4)
Work with IT to modify the EHR to refer current smokers to treatment. (activity_6)	▼ Not yet started (1) ... Not applicable (4)
Train clinicians and staff in the new clinical workflow. (activity_7)	▼ Not yet started (1) ... Not applicable (4)
Pilot the new clinical workflow. (activity_8)	▼ Not yet started (1) ... Not applicable (4)
Implement the new clinical workflow ("Go live"). (activity_9)	▼ Not yet started (1) ... Not applicable (4)
Develop an evidence-based TTP. (activity_10)	▼ Not yet started (1) ... Not applicable (4)
Acquire space for the TTP. (activity_11)	▼ Not yet started (1) ... Not applicable (4)
Hire staff for the TTP. (activity_12)	▼ Not yet started (1) ... Not applicable (4)

Train clinicians and staff to implement the
TTP. (activity_13)

Pilot the TTP. (activity_14)

Implement the TTP ("Go live"). (activity_15)

Other major activity (please describe):
(activity_16)

▼ Not yet started (1) ... Not applicable (4)

▼ Not yet started (1) ... Not applicable (4)

▼ Not yet started (1) ... Not applicable (4)

▼ Not yet started (1) ... Not applicable (4)

Q2.8.0 Please confirm that you have reviewed and made any needed changes to the questions 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. (1)

Page Break



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

- ☐ Medication (1)
 - ☐ Counseling (in-person face-to-face) (2)
 - ☐ Counseling (telephone-based) (3)
 - ☐ Counseling (video-based) (4)
 - ☐ Did not bill for any tobacco treatment services (5)
-



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

- ☐ Marketing/promotional materials for the TTP (1)
 - ☐ General cessation materials (2)
 - ☐ Tailored cessation materials (i.e. for special populations) (3)
 - ☐ Training materials for staff (4)
 - ☐ EHR scripting (BPA alerts, orders, smarttext, smartphrases, etc.) (5)
 - ☐ Other type (specify) (6)
-
- ☐ No materials created (7)
-

Q2.10.0 Please confirm that you have reviewed and made any needed changes to the questions above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the current reporting period. (1)

Page Break



training 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 (1)

☐ No (2)

staff_fte Enter the the number of FTEs for tobacco treatment specialists that were on staff during 2022. Enter "0" if there were no dedicated tobacco treatment specialists on staff.

☐ Number of tobacco treatment specialists (FTE) (5)

Q2.12.0 Please confirm that you have reviewed and made any needed changes to the questions above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the current reporting period. (1)

Page Break

End of Block: EHR and TTP Characteristics

Start of Block: Implementation Roadmap

roadmap The C3I Coordinating Center is developing an Implementation Roadmap to help cancer centers implement tobacco treatment programs. If your cancer center may be willing to provide feedback or participate in research evaluating this Roadmap, please provide a contact's name and email address.

roadmap_contact Implementation Roadmap contact name:

roadmap_email Implementation Roadmap contact email address:

End of Block: Implementation Roadmap

Start of Block: Data Reporting



reach_report_jj

Do you have reach data to submit for January 1 through June 30, 2022?

☐ Yes (1)

☐ No. Please enter any comments here for the Coordinating Center regarding your Reach data: (2) _____



eff_report_jj

Do you have effectiveness data to submit for January 1 through June 30, 2022?

☐ Yes (1)

☐ No. Please enter any comments here for the Coordinating Center regarding your Effectiveness data: (2) _____



reach_report_jd

Do you have reach data to submit for July 1 through December 31, 2022?

☐ Yes (1)

☐ No. Please enter any comments here for the Coordinating Center regarding your Reach data: (2) _____



eff_report_jd

Do you have effectiveness data to submit for July 1 through December 31, 2022?

☐ Yes (1)

☐ No. Please enter any comments here for the Coordinating Center regarding your Effectiveness data: (2) _____

settings Please review and make any needed changes to the settings for which you have reach and/or effectiveness data to report.

☐ Setting 1 (1) _____

☐ Setting 2 (2) _____

☐ Setting 3 (3) _____

settings_describe 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).

☐ Setting 1 description (1) _____

☐ Setting 2 description (2) _____

☐ Setting 3 description (3) _____



cancer For each setting, please review what percentage of patients seen in this setting are cancer patients:

Setting 1 (4)	▼ Less than 50 percent (1) ... Greater than 75 percent (3)
Setting 2 (5)	▼ Less than 50 percent (1) ... Greater than 75 percent (3)
Setting 3 (6)	▼ Less than 50 percent (1) ... Greater than 75 percent (3)

start_referral When did you begin referring patients to any type of tobacco treatment program in your settings?

☐ Setting 1 (4) _____

☐ Setting 2 (5) _____

☐ Setting 3 (6) _____

data_upload Please upload your completed Excel Data Report Worksheet with January-June and July-December 2022 reach and effectiveness data.

End of Block: Data Reporting

Start of Block: Submit Survey

submit_comment

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 following pages, you will be provided with 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 email Jennifer Bird at jebird@wisc.edu.

End of Block: Submit Survey
