Beyond ASK: Towards Advising and Assisting Newly Diagnosed Cancer Patients in Smoking Cessation

Frequently Asked Questions

This information is to help provide additional clarification about this project. Please thoroughly review the PDSA and these FAQs. If you still need clarification, please contact us at cancerqi@facs.org

General Participation

Can I participate in Beyond ASK if I did not participate in Just ASK?
Yes. Any accredited program is welcome to participate. While Just ASK promoted the practice of asking cancer patients about smoking status, Beyond ASK will focus more on assisting those that indicate they are smoking towards smoking cessation. While it will be helpful to have a system in place to ask cancer patients about smoking status, your program can develop that system while also developing a process for assisting. Programs can also view past webinars and resources from Just ASK or reach out to cancerqi@facs.org for help getting started.

What is the best way to get up to speed if we did not participate in Just ASK? In Just ASK, programs focused on building systems to capture smoking assessment of newly diagnosed cancer patients. It is recommended that prior to participating in Beyond ASK, your program has a system/workflow in place for asking cancer patients about smoking, and that you are able to run a report to identify the numbers of patients seen and the number of patients "asked". You can review webinars and resources on the Just ASK webpage or reach out to cancerqi@facs.org and we will put you in touch with a project expert to participate in some coaching and best practice conversations.

We have already selected our Quality Improvement projects for 2023. Do we still have to participate?
Participation is entirely optional. Programs who choose not to participate may use their own quality improvement studies for 2023 and follow the requirements for meeting all accreditation standards in the usual fashion.

We have already had our first quarter meeting for 2023. Will there still be enough time to complete this project by the end of the year?
Yes, there is enough time to complete this project in 2023. We realize that many programs may have selected a quality improvement project for 2023. Participating in Beyond Ask is elective. You will not be able to apply this PDSA or clinical study to 2024 standards.

When do programs need to let CoC/NAPBC know we are participating in this project? Programs must indicate intent to participate by completing the baseline REDCap questionnaire by April 3, 2023.

What if we decide to participate, then drop out?
In order to get credit for 2023 towards the designated standards, you must complete the entire project, inclusive of pre/post survey bimonthly data submission and PDSA cycles. If you leave the project prior to completion of all components you will need to identify another project for 2023 compliance.

My program is part of an INCP. Can we participate in this project and another national project for credit? Yes, your INCP can participate in both 2023 national projects. However, all facilities under the INCP must participate in Beyond ASK, as this project will satisfy the requirement of a QI project involving all facilities.

Can we select a specific cancer care or tumor specific site to focus on in this project (e.g., lung, colorectal)? While you may begin your efforts looking at one specific disease site, the expectation is that over the course of the year you expand efforts to all cancer sites. Starting in one cancer site to develop a standard workflow and then spreading to other sites is permissible. Your PDSA and survey data should be reflective of these spread efforts . NOTE: Only programs applying for credit towards NAPBC Accreditation Standards may submit data exclusive to breast cancer population. See the NAPBC Specific Questions section below for more details.

Questionnaire – REDCap

What is the REDCap Questionnaire?
REDCap is a data collection tool that can be easily accessed online to complete your data. Please find the link on the main project web page. A detailed outline of the questionnaire can be found in Appendix 3 of the Project Details.

Do I have to download software or purchase a subscription?
No. The software is accessed through a link on the project web page and completed online. This secure database is unique to the American College of Surgeons and does not require any downloads or IT interface with your systems. You will not need IT permissions or admin rights to access the program.

Does more than one person need to complete the questionnaires in REDCap?
No, though it is strongly encouraged that the team discuss the pre/post surveys prior to completing. A primary contact is required, and the email associated with this primary contact will be the one used to communicate about the project and access subsequent questionnaires. If this individual leaves or needs to be changed, you will need to contact CancerQI@facs.org to change the primary contact in the REDCap for your program.

Accreditation Credit for Participation

If we participated in Just ASK for CoC credit, can we participate in Beyond ask for NAPBC credit?
Yes, this is allowable. The projects are seen as separate, so you can see either CoC or NAPBC credit (when applicable) for Beyond ASK.

Can activity on this project extend into 2024
Yes. However, compliance credit for all standards will only apply to 2023 even if activity and reporting extends into 2024.

Is this project available for programs undergoing initial accreditation?
Yes, we encourage participation by programs working toward their first accreditation as long as the application for accreditation has been submitted and an ID number has been issued and 2023 is part of the initial site review. This will be a Facility Identification Number (FIN) for CoC, or a Company Identification Number for NAPBC. This Identification Number is a required field in the initial questionnaire.

If a program submits a project for NAPBC credit, can it also be submitted for CoC credit?
No. The project may only be used for CoC credit OR NAPBC credit, but not both. Programs with both CoC and NAPBC accreditations should have a collaborative discussion to determine which route is best for their program. The project will apply to EITHER CoC Standards 7.3 OR to NAPBC Standards towards one of the studies for 6.1. Participating programs are required to make a selection while completing the initial questionnaire. You may not go back and change your selection once the initial questionnaire is completed.

May participation be used to satisfy corrective action?
Yes, participation in this project and completing requirements may be counted toward a corrective action for the standards participation will be given credit for. For example, if you have a deficiency in CoC Standard 7.3, participation may be applied towards resolving that deficiency for 2023 activity. It may not be applied to standards other than CoC Standard 7.3 NAPBC Standard 6.1.

Why are we only focusing on (advising and assisting) cancer patients that use combustible tobacco products?
The scope of the project has been narrowed to include the population of patients currently smoking combustible tobacco products for which we have the most research on the negative impact of persistent smoking on cancer mortality and the benefits of cessation after diagnosis. While capturing smokeless tobacco use (such as chew or vaping) or marijuana use is important, it is not included in the data set for this study.

Data Collection

Does Beyond ASK require our patients to sign a participation agreement?
No. Patients will not sign a participation agreement for the PDSA or sign a consent. We are not gathering any identifiable patient data.

Do programs have to enter data on individual patients?
No, only aggregated data is required.

What patients are included in the data set?
Each data collection set asks for:
- number of newly diagnosed patients ASKed about current smoking
- number of these patients identified as currently smoking
- number of patients identified as smoking were offered some sort of smoking related assistance

Please see the sample data collection tool for more detailed data collection criteria.

We do not yet have access to our data- IT is working to create report. What should I answer in the data metrics section if I do not have numbers.
If you do not yet have access to data metric, please leave the field blank (do not put "0" unless you truly have no patients fitting the criteria). Once you do have access to data, please email cancerqi@facs.org with updated information.

Our program sees both newly diagnosed patients and those who were diagnosed and/or previously treated elsewhere. Do we need to separate out these populations?
For this project, "Newly Diagnosed Cancer Patients" includes thoses diagnosed elsewhere and being seen by your program for initial treatment. This is consistent with the STORE v22 definition for newly diagnosed cancer patients.

Our EHR does not include this information. How can we capture this data?
Most EHRs have embedded fields included that ask about tobacco use. You may need to check with your IT administrators to activate, or 'turn on', these fields. Alternatively, data may be captured through template documentation in the record, or even with paper questionnaire forms used during the first visit. Consider your current workflows and resources, and what is most feasible for your program.

Our program uses multiple EHRs and does not have 2022 data abstracted yet. How are we to find/report the data?
This data is NOT likely to be available from your Registry unless your program, is abstracting in real or near real time. In programs where you may see many patients who are not newly diagnosed but have been treated elsewhere and are new to you, it is acceptable to include these patients in your data.

The project committee recognizes this is a shift from how many programs review and report their information. Some programs are choosing to use a sub-set of their total population which is representative of the majority of their patients. For example, collecting new patient volume from medical oncology, or for the top 3 disease sites, allows programs to narrow the scope of the query for this information, without overwhelming their IT resources. However, the interventions and data provided should eventually cover as many of your patients as possible.

Remember that credit is applied for *participation*. Use this opportunity to evaluate how your program uses current resources to ask about and document smoking use after patients are diagnosed. Specific limitations about your data set, or details about how you approached this unique project, can be summarized in the 'Comments' section at the end of each data collection cycle.

How will the benchmark goals (increase by 20% over baseline or >90%) be determined? Will documentation of advising and assisting be sufficient of will we need to demonstrate the actual enrollment of patients into cessation programs? This project focuses on the systems in place for advising and assisting. You are not being asked to track how many patients were officially enrolled into a program (although you are encouraged to do so). This QI project is asking programs to assess their over systems, workflows, policies, and referral mechanisms and make enhancement or build in sustainability, where and when necessary.

Will a referral for intervention have to happen at the first visit to "get credit" for that assistance? No, the assistance/referral does not need to happen in the first visit. Any assistance offered over the course of visits included in the data collection time period will be considered "assistance" per the data collection guidelines.

Documentation Questions

What do we need to submit to let the CoC/NAPBC know we are participating? Where is it submitted?
Programs must complete the pre-survey and baseline data collection by April 3 to indicate they intend to participate.

Do we need to notify CoC/NAPBC now if we are going to do the PDSA project for CoC Standard 7.3/ NAPBC Standard 6.1?
This information will be completed during the initial questionnaire. Because subsequent questionnaires are linked back to the Primary Contact login, this information may not be changed after completing the initial questionnaire.

What documentation do we need to keep for our Pre-Review Questionnaire (PRQ)?
The final post-survey, completed by December 15, 2023, can be downloaded. Keep this document to include in the Pre-Review Questionnaire (PRQ) at the time you prepare for your next site visit. Additionally, discussion must be included in the minutes from your Cancer Committee or Breast Program Leadership Committee (BPLC) meetings.

NAPBC Specific Questions

Our program sees breast cancer patients across all of our cancer care areas. Do we have to separate out the breast patients in order to get credit, or may we use our total data if needed?

Data reported for NAPBC credit is ideally representative of only your breast cancer population. However, if you are applying for NAPBC credit, but are not able to segregate your newly diagnosed breast cancer patient visits from the total in your data reporting in this situation, you may use the total for all newly diagnosed cancer patient visits. It is important that your data be reported in a consistent manner for all three questionnaires.

If a NAPBC program does the Beyond ASK project and a physician specialty-specific quality improvement program, does it satisfy Standard 6.1 for 2021?
No. Programs are required to complete <u>two</u> quality studies for Standard 6.1, one of which must be a center-specific study. Participation in the Smoking Cessation Beyond ASK project does **not** count towards that center-specific study. You will need to do a center-specific Quality Improvement study to fully satisfy the requirement for NAPBC Standard 6.1.

Can Beyond ASK and a specialty-specific quality improvement program (e.g. QOPI, TOPS) be used to meet Standard 6.1?
No. Participation in the Beyond ASK project does **not** count towards that center-specific study. You will need to a do a center-specific Quality Improvement study in addition to Beyond ASK to fully satisfy the requirement for NAPBC Standard 6.1.

Can a program fully comply with Standard 6.1 by doing the Beyond ASK project?
No. A center-specific study must be completed in addition to the Beyond ASK project.

Can a program participate in both Beyond ASK and another national project and receive NAPBC credit for both? While you are welcome to participate in any of the national projects, NEITHER of the 2023 national project fulfills the site specific study required for NAPBC accreditation. Therefore, you would still need to complete a site specific study to meet 6.1 compliance.

The 20224 NAPBC standards require only 1 QI Study. Per national guidance, facilities can commence following 2024 standards in 2023. Therefore, do I only need to complete 1 QI study in 2023? No, your program still will need two studies for 2023. While you may begin working on other standards, NAPBC programs are held to the 2018 requirements until calendar year 2024.

CoC Specific Questions

If we complete the REDCap pre and post survey and data metrics reporting per the requirements in the Beyond ASK project, do we also need to complete the Standard 7.3 Quality Improvement Initiative template?
No. You will need to download the PDF of your questionnaire responses. These will need to be uploaded to demonstrate your 2023 compliance in your Pre-Review Questionnaire (PRQ) during the year of your next site

visit. It is recommended that you also keep any additional documentation related to your selected intervention(s) and data tracking methods.

Is this project eligible for 9.1 credit? No, this quality improvement project would not meet the standards needed to fulfill 9.1 and therefore, credit for that standard will NOT be offered.

For network (INCP/NCIN) programs, is this project done at the network parent level? Or must it be done at each of the children?
For Network Accreditations (INCP/NCIN) to receive credit, BOTH of the following criteria must be met:
- All network children within the network each submit their own questionnaire series; **AND**
- at least 20% of the network analytic case load must be impacted by the intervention implemented.

This requires that network organizations must coordinate with each other to ensure that at least 20% of the total network population is impacted by the intervention implemented. Both Parent and Child(ren) must complete questionnaires, and ultimately document that at least 20% of the total network population is impacted by the intervention(s). This can be documented in surveys and open text fields of metric data collection.