


**National Quality Improvement Projects**  
**- Understanding the "Reason Why"**

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Chair, Commission on Cancer  
University of Kentucky Markey Cancer Center  
Lexington, KY



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**Disclosures**

- No relevant disclosures

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**Expectations**

- Why National QI Projects are important
- How JustASK and BeyondASK are effective in changing behavior
- How these projects will be used in the future

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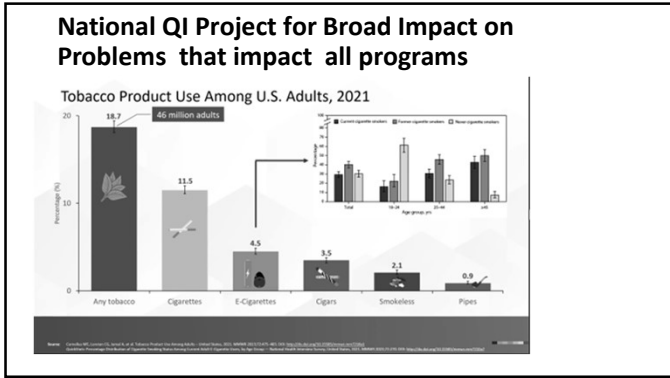
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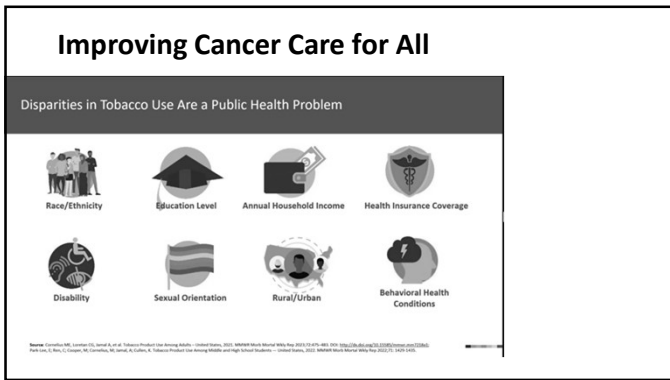
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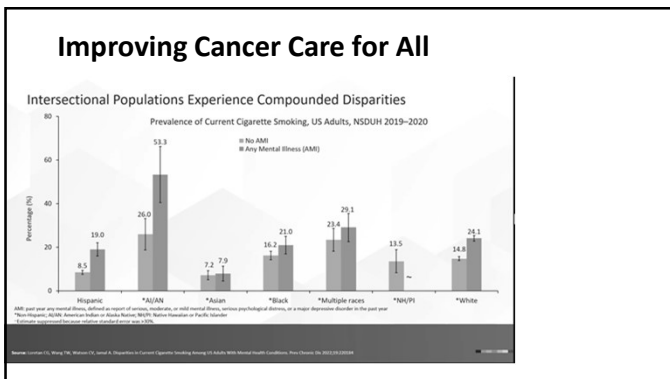
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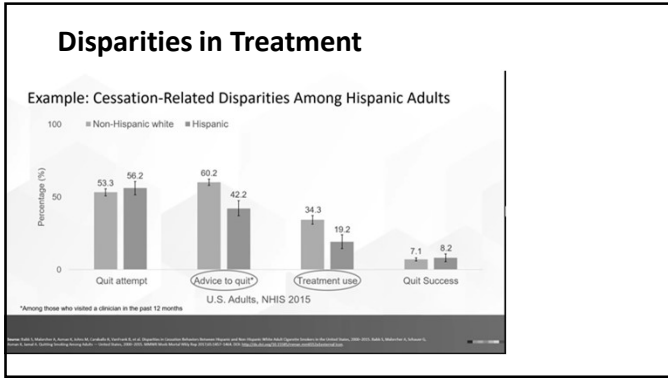
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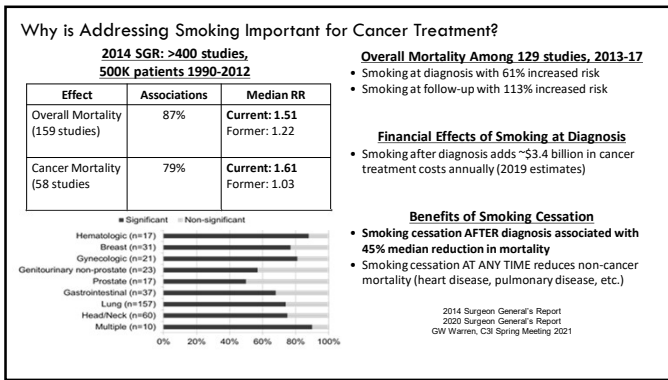
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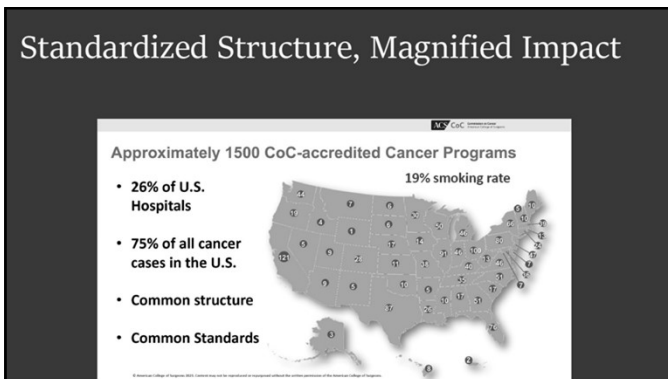
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# Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

CANCER PROGRAMS

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**Just ASK Quality Improvement Project  
& Clinical Study**

CANCER PROGRAMS

/

**Beyond ASK Quality Improvement  
Project**

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10

## Leadership

- Tim Mullett, MD – Chair of the Commission on Cancer
- Eileen Reilly, MSW – Quality Improvement Manager
- Heidi Nelson, MD – Medical Director
- Task Force of content/technical/methodological experts and community stakeholders
  - Rob Adait, MEd; Lisa Allison, BSN, RN, MS; Daniel Boffa, MD; Jessica Burris, PhD; Asa Carter, MBA, CTR; Audrey Darville, PhD, APRN; Michael Fiore, MD; Ellen Hahn, RN, PhD; James Harris, MD; Laurie Kirstein, MD; Danielle McCarthy, PhD; Timothy Mullett, MD; Heidi Nelson, MD; Jamie Ostroff, PhD; Eileen Reilly, MSW; Erin Reuter, JD; Sarah Shafir, MPH; Rachel Shelton, ScD, MPH; Elisa Tong, MD; Graham Warren MD, PhD

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| Tobacco and Cancer Task Force Members |  |
|---------------------------------------|--|
| Graham Warren, MD, PhD                | Medical University of South Carolina                               |
| James Harris, MD                      | Western Surgical Group<br>CoC Accreditation Committee Chair        |
| Daniel Boffa, MD                      | Yale School of Medicine<br>CoC Quality Integration Committee Chair |
| Ellen Hahn, PhD                       | University of Kentucky College of Nursing                          |
| Audrey Darville, APRN, PhD            | University of Kentucky College of Nursing                          |
| Laurie Kirstein, MD                   | Memorial Sloan Kettering<br>CoC Education Committee Chair          |
| Jamie Ostroff, PhD                    | Memorial Sloan Kettering   |
| Jessica Burris, PhD                   | University of Kentucky College of Public Health                    |
| Sarah Shafir, MPH                     | American Cancer Society  |
| Tim Mullett, MD                       | University of Kentucky Thoracic Surgery<br>CoC Chair               |
| Elisa Tong, MD, MA                    | UC Davis Health  |
| Rachel Shelton, ScD, MPH              | Columbia University  |

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### Grounded in Quality Improvement

- Accreditation standards
- Plan-Do-Study-Act methodology
- Multidisciplinary quality improvement teams
- Centralized, accessible, and curated resources
- Dynamic FAQ page and a "go-to" person for consultation
- Webinar series on the empirical evidence, best practices, and strategies for implementation locally
- Serial data collection via online survey

Supported and Guided by  
the Cancer Programs  
Quality Core Staff

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13

### Aims of Each Initiative

#### Just ASK (2022)

- Increase the number of patients with their smoking status documented in the chart
- Achieve an ask/assess rate of 90% or higher

#### Beyond ASK (2023)

- Increase the number of patients who are offered assistance for smoking cessation
- Increase of 20% over baseline, or maintain at 90% or higher




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14

### Just ASK Practice Change Package



| Intervention                     | Change tools   |
|----------------------------------|--|
| Provide staff/clinician training | <ul style="list-style-type: none"> <li>• <i>Smoking and Cancer Care: What Health Professionals Need to Know</i>: A 2-page flyer that summarizes key points about the importance of Asking about smoking in cancer care. Page 2 focuses on cessation</li> <li>• <i>SA's Tobacco Cessation Counseling Guidelines</i> - The 5 A's is the comprehensive framework and Ask-Advise-Refer is the brief framework.</li> <li>• <i>Implementing Ask-Advise-Refer</i>: Clinical Resources – Tools for Clinicians</li> <li>• <i>When Analyzing Meaningful Progress, We Can't Ignore the Obvious</i> (ASCC Lecture Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer)</li> <li>• <i>Tobacco Cessation Guide</i> for oncology providers to implement the SA's of smoking cessation in cancer care, including resources for patient assessments and guidance on strategies to address smoking in cancer care</li> <li>• <i>Tobacco and Cancer Treatment Outcomes</i>: World Health Organization: A resource discussing the clinical effects of smoking on cancer treatment outcomes</li> <li>• <i>Treatine Smoking in Cancer Patients: An Essential Component of Cancer Care</i> From the National Cancer Institute, Monograph 23 synthesize evidence of the impact of smoking cessation treatment</li> </ul> |

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## Just ASK Practice Change Package

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|---|--|
| <p>Gained support of center/program leadership</p>  | <ul style="list-style-type: none"> <li>• <i>The Emergence of a Sustainable Tobacco Treatment Program across the Cancer Care Continuum: A Systems Approach for Implementation at the University of California Davis Comprehensive Cancer Center</i> Teng EK, Wolf T, Cooke DT, Fairman N, Chen MS Jr. Int J Environ Res Public Health. 2020 May 6;17(9):3241. doi: 10.3390/ijerph17093241.</li> <li>• <i>Starting off Strong with Just ASK</i> webinar from April 29, 2022</li> <li>• Cancer Center Cessation Initiative National Cancer Institute lists 52 cancer centers who have worked to integrate tobacco treatment into cancer care. Useful resources include published articles and a "Build Guide for Smoking Cessation Electronic Health Record Functionalities" for Epic or Cerner.</li> <li>• <i>NCCN CNS in Oncology Smoking Cessation - Clinical Practice Guidelines Version 1.2022 Smoking Cessation</i></li> <li>• <i>Implementing Ask-Advise-Refer Clinical Resources - Tools for Patients</i></li> <li>• <i>Smoking can cause cancer almost anywhere in your body</i>-1-page flyer that visually shows how smoking causes 12 types of cancer.</li> <li>• <i>1800-QUIT-NOW</i> is the national quitline number that route to free counseling services and state quitlines. Consider posting in clinic or waiting rooms to raise patient awareness</li> <li>• <i>Quick Smoking Before Your Operation</i>- American College of Surgeons 4-page Strong for Surgery handout with 2 pages about why it helps to quit before surgery and 2 pages about how to quit.</li> </ul> |
| <p>Enhance clinical workflow (add reminder, prompt for screening, billing and coding, etc)</p>    |  |
| <p>Develop, distribute patient education materials or make existing materials more accessible</p> |  |

16

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## Beyond ASK Roadmap

### 1 UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE

- a. Smoking by itself causes and causes increases overall and cancer related mortality risk for several cancers, and is associated with increased overall health care requirements.
- b. Smoking cessation after a cancer diagnosis is associated with a 4x reduced treatment requirement.
- c. Smoking cessation improves other non-cancer health conditions, such as heart disease, chronic pulmonary function, etc.
- d. Make sure your clinical setting understands why this is important.

### 2 IDENTIFY PATIENTS WHO NEED ASSISTANCE

- a. The Just ASK program was designed to identify patients and is an excellent resource for ongoing identification.
- b. Engage patients in smoking cessation conversations in a straightforward, non-judgmental manner.
- c. Build systems to identify these patients in a sustainable manner.

### 3 DETERMINE WHAT RESOURCES ARE AVAILABLE TO ASSIST PATIENTS TO QUIT SMOKING

- a. Can patients be assisted by clinical staff in clinic?
- b. Are there institutional on house smoking cessation programs that may be able to assist patients for treatment?
- c. Are community resources available to assist patients with quitting?
- d. Can referrals be placed to the state quitline?
- e. Are there other ways to quit, and there are multiple ways to help people quit smoking.

### 4 CHOOSE AN ASSIST PATHWAY THAT WILL WORK FOR YOUR PROGRAM

- a. ASSISTING can include referring patients to an evidence based treatment program or offering counseling services in clinic or by phone.
- b. Smaller centers frequently either treat patients in clinic or refer to community resources or agencies.
- c. Larger centers frequently have smoking cessation programs.
- d. Identify a way to document that patients have received assistance or referral. Build reminders or flags to follow up with patients as needed.
- e. Choose a method that fits in best and fits into your clinical workflow and will be sustainable long term.

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### UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE

- Using Champions and Opinion Leaders to Support Learning, Evidence Based Practice, and Quality Improvement- Two page description of champions and leaders from AHRQ
- Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (p.11-12)- UW Health, UW-Madison SMPH, and UW-CTRI
- 5 As Tobacco Cessation Counseling Guide- Comprehensive framework and Ask-Advise-Refer is the brief framework
- UC Quits: The 5 As of Tobacco Cessation - brief video for clinicians
- Implementing Ask-Advise-Refer Clinical Resources - Tools for Clinicians

### IDENTIFY PATIENTS WHO NEED ASSISTANCE

- The Just ASK project support programs in identifying patients. See webinars for more information on the [Just ASK website](#)
- Smoking and Cancer Care: What Health Professionals Need to Know -A 2-page flyer that summarizes key points about the importance of ASK about smoking in cancer care. Page 2 focuses on cessation
- Implementing Ask-Advise-Refer Clinical Resources - Tools for Patients
- Smoking can cause cancer almost anywhere in your body-1-page flyer that visually shows how

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### Shared Approach

#### Just ASK (2022)

- Choose an intervention, select associated resources, implement the intervention at the health system level, assess the outcomes, and repeat

#### Beyond ASK (2023)

- Determine your entry point, select associated resources, implement the intervention at the health system level, assess the outcomes, and repeat




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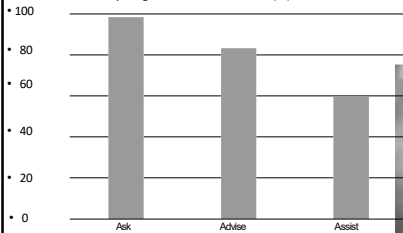
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### Ask, Advise, and Assist (or Refer) Model

- Cancer Programs Providing Tobacco Treatment to Newly Diagnosed Cancer Patients (%)



Just Ask Final Survey Data




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### Improved Care for Nearly 1 Million Patients

#### Just ASK (2022)

- Roughly 700 cancer programs
- About 650,000 cancer patients

#### Beyond ASK (2023)

- Roughly 300 cancer programs
- About 250,000 cancer patients




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## How can we improve cancer care even more?

Original Reports | Care Delivery



### Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons

Jamie S. Ostroff, PhD<sup>1</sup>; Eileen M. Reilly, MSW<sup>2</sup>; Jessica L. Burris, PhD<sup>3</sup>; Graham W. Warren, MD, PhD<sup>4</sup>; Rachel C. Shelton, ScD, MPP<sup>5</sup>; and Timothy W. Mullett, MD<sup>6</sup>; the Just ASK Quality Improvement Task Force

DOI <https://doi.org/10.1200/JOP.23.00393>



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## Future Opportunities for National QI Projects

- Real-world evidence supporting or modifying CoC Standards
  - Validation of standards within the CoC environment
- Generate preliminary data for grant funding for research
  - QI Projects do not have the rigor or data collection requirements of research
  - These projects can illustrate a more focused research question that would be appropriate for a smaller number of specific sites
- Education of validated QI Methodology

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## What National QI Projects Should NOT Be

- These are not formal research projects
  - We must be judicious offering credit for Research Activity Standards
  - In a post-COVID pandemic environment, we need to encourage more formal and effective engagement/accrual to therapeutic clinical trials
- These should not be an exception to local QI Projects
  - Local programs should learn the ways of Quality Improvement
  - There needs to be emphasis on solving local problems, as well

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**Thank you**

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Cell: 859-229-7665

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