

Beyond ASK: Questions from the May 19th Webinar

Which staff do you use to be cessation facilitators?

Many different clinical staff can be trained as tobacco treatment specialists, who can both treat tobacco dependence and facilitate cessation programs. Depending on your setting, an NP/PA, physician, (either can prescribe, which can be helpful), pharmacist (who can help with dispensing NRT), social worker, psychologist, health educator, or nursing assistant, can help facilitate tobacco treatment services as part of their responsibilities. To have TT services reimbursed, the person providing treatment must be a qualified provider as per state/Medicare guidelines; being a TTS is not required for them to bill. In some instances, other clinical staff can bill TT services as 'incident to' services provided by a qualified provider. Best to check with your billing department. Anecdotally in our training we find nurses and social workers most frequently take on this role; Currently we are using RNs who work PRN in our Community Health Outreach Team. Although they are not Certified Tobacco Cessation Specialists, they have received specialized training in cessation and teaching class for cessation. Some are also former smokers. I have used a certified cessation specialist who was a social worker and a health education in the past.

How is the tobacco treatment specialists/champion utilized?

TTSs are trained in competencies which include not just aspects of providing treatment (assessment, individual and group counseling skills, treatment planning, pharmacology), but also for treating special and vulnerable populations, including those who are marginalized or have co-morbidities. They are trained in systems approaches to evidence-based treatment, professional development, and evaluation of services. Their acquired knowledge and skills are often used to help train other individuals on the health care team.

Many of our patients who are diagnosed late-stage do not want to hear anything about tobacco cessation. Any scripting or help with advising these patients would be fantastic.

This is not uncommon as patients are stressed, and tobacco use is often one of the only ways they have dealt with stress. They also may not see any benefit to quitting or feel that they are not able to quit. The initial visit may not be the best time to address changing tobacco use in detail, and I've found patients are often more receptive during subsequent visits if we continue to offer support and assistance. Starting the conversation with a motivational ruler tool (on a scale of 1 -10, how important is it for you to quit/change your tobacco use at this time), and how confident are you that you can change your tobacco use (same scale) can be one approach. We can help patients make an informed decision regarding the impact of continued tobacco use on their treatment/quality of life and the specific benefits, tailored to their concerns, of changing/reducing tobacco use. This conversation is best in an empathic, shared decision context. Dr. Jamie Ostroff will present more specific information on this topic in the next webinar.

Is Quitworks an approved, evidenced based organization?

Yes. See Warner, D. D., Land, T. G., Rodgers, A. B., & Keithly, L. (2012). Integrating tobacco cessation quitlines into health care: Massachusetts, 2002-2011. Preventing chronic disease, 9, E133.

<https://doi.org/10.5888/pcd9.110343>

Could you please send a list of everything that is in the Quit Kit referenced on the webinar?

Quit Smoking Survival Kit Contents: Stress Ball--to help you get a GRIP on your decision to quite; Rubber Bank--to SNAP you out of cravings; Coffee Stir--will do when you want something to chew; Gum--to remind you to STICK with it; MINT Toothpick--so you can PICK out your best qualities; Lollipop--to give you a SWEET alternative to smoking; Mint--your breath will smell MINTY fresh from now on--We also include a flyer for cessation classes at our center, materials and resources from MD QUITNOW, handout from ACS--"Health Benefits of Quitting Smoking Over Time", a 30-day challenge sheet; American Lung Association brochure "How You can Stop Smoking For Good" and a door placard from ALA that "Welcome to my smokefree home". We also include a flyer about our Lung Screening Program.

Are there any tobacco cessation specialist training programs that are free of charge or low cost?

There are no accredited training courses that I am aware of that are free of charge. Our program (the BREATHE online TTS training) and others will facilitate scholarships or training grants from various organizations. For example, our state tobacco program, cancer advocacy groups, and grant-funded projects have supported participants. If this is not an option for you, I would highly recommend using the C3I resources presented by Dr. McCarthy. While not TTS training, the Smoking Cessation Leadership Center does offer a lot of free continuing education content at no cost that may be helpful to you:

<https://smokingcessationleadership.ucsf.edu/webinars> The SCLC also hosts content for RxforChange, which provides some learning opportunities covering the 5 A's: <https://rxforchange.ucsf.edu/about.php>

The next data submission is due June 15th. Is the data questionnaire available?

The data collection questionnaire will be sent to the primary contact's email by June 1; if you need to change the primary contact, please contact cancerqj@facs.org. The questions are identical to the Data Metrics questionnaire from the Baseline questionnaire. You can find a copy of this on the Beyond ASK website, titled "Baseline Survey questions". Data Metrics section begins towards the end of page 8.

Are there any templates for reporting for our CoC Quality Standard? What documentation will surveyors be looking for?

If a program completes all data collection over the course of the year- on the 5th and final data collection (to be completed by December 15) there will be an "attestation" section in which you attest that you fully participated. You will then print this paper off and include it in the PRQ prior to a site visit. You do not need to complete the 7.3 template for this year. Site reviewers will be instructed to look for this attestation form and discuss your participation in this QI project.

Do you have baseline data comparisons between those that participated in Just ASK and those that did not? I'd think those included in Just ASK may be higher to begin and may skew data.

It is in our data analytic plan to look at participants from Just ASK/Beyond ASK, and those that only participated in Beyond ASK to better understand the differences in participation and progress over time. However, we do not have this analyzed at this point in time but look forward to sharing results with participants and other stakeholders.