

Beyond ASK Metric Data Collection

Include: All newly diagnosed cancer patients (consistent with STORE v22 definition, include those diagnosed elsewhere and being seen by your program for initial treatment)

Exclude: patients diagnosed at your facility but seeking treatment elsewhere; patients younger than 18 years of age

Date of Completion of Form

Primary Contact Name

Primary Contact Email

This is the email address which will be associated with your questionnaire responses. Future questionnaires will be accessed with this email.

Primary Contact Phone

(123 456 7890)

Role of primary contact?

- Physician (MD, DO, MBBS)
- Other clinical providers (NP, RN, Physician Assistant)
- Cancer Tumor Registrar
- Social Worker or Behavioral Health counselor
- Medical Assistant
- Accreditation or Program Manager
- Quality coordinator/manager/director
- Other

Other:

Secondary Contact

Secondary Email

Name of Program or Center

Select the category of Cancer Program for which your Commission on Cancer Accreditation is listed.

- Academic Comprehensive Cancer Program
- Community Cancer Program
- Comprehensive Community Cancer Program
- Freestanding Cancer Center Program
- Hospital Associated Cancer Program
- Integrated Network Cancer Program
- NCI-Designated Comprehensive Cancer Program
- NCI-Designated Network Cancer Program
- Pediatric Cancer Program
- Veterans Affairs Cancer Program

For which program accreditation are you seeking credit?

- Commission on Cancer (CoC)
- National Accreditation Program for Breast Centers (You must select the same program for all three survey periods.)

Completion of the PDSA will fulfill the following Commission on Cancer (CoC) Standards for 2023:

Quality Improvement Initiative 7.3 OR

Completion of the PDSA will fulfill the following National Accreditation Program for Breast Centers (NAPBC) Standards for 2023:

Quality & Outcomes 6.1 (counts towards one of two required studies)

Are you part of a Network Accreditation? (INCP or NCIN)

- Yes
 - No
- (If unknown, please check with your Registry or Program Administrator.)

For Network Programs to receive accreditation credit, BOTH of the following criteria must be met:

Participating sites within the network will each submit completed project questionnaires; AND At least 20% of the total new patient population (20% of network analytic case load) must be impacted by the interventions selected.

Please enter the Facility Identification Number (FIN) for your NETWORK accreditation.

(If unknown, please check with your Registry or Program Administrator.)

This number is different than your INDIVIDUAL Facility Identification Number.

Please enter your Facility Identification Number (FIN).

(If unknown, please check with your Registry or Program Administrator.)

Please enter your Company Identification Number. This is the number associated with your Center for NAPBC Accreditation.

(If unknown, please check with your Registry or Program Administrator.)

Location of facility (City)

(If more than one, please list all.)

State

- AL
- AK
- AZ
- AR
- CA
- CZ
- CO
- CT
- DE
- DC
- FL
- GA
- GU
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VI
- VA
- WA
- WV
- WI
- WY

Annual new patient volume (analytic cases from last complete year)

Analytic case volume last complete year

- 2021
- 2022

Please use analytic case volume from 2022 unless it is not complete. If not complete, use case volume from 2021.

(If unknown, please contact your Tumor Registry or Program Administrator.)

What Electronic Health Record (EHR) does your program currently use for documentation of cancer care delivery (Check all that apply).

- Epic
- Cerner
- Allscripts
- NextGen
- Custom
- Other

Other:

Our program participated in Just ASK (2022). Note, prior participation in Just ASK has no bearing on participation in Beyond ASK

- Yes
- No

What smoking cessation resources are currently available for your patients? (Check all that apply)

- Smoking screening system for all newly diagnosed cancer patients
- Treatment in clinic by physician or clinic staff
- Smoking cessation program embedded in the cancer center
- Smoking cessation program through a local hospital resource
- Smoking cessation specialist or counselor embedded in your program
- Group cessation counseling services
- Referral to another organization-based cessation program
- Referral to Quitline
- Referral to community-based cessation program
- Unknown
- None

Does your facility have a system for screening all newly diagnosed cancer patients for smoking history and current use?

- Yes
- No
- Unknown

How often is smoking status assessed and documented in the Electronic Health Record (EHR)?

- New patient visits
 - Follow-up visits
 - Unknown
- (Check all that apply)

Enter the actual text of the question(s) and response option(s) or categories used to assess and document smoking status in the electronic health record.

Who is primarily responsible for assessing smoking status and documenting it in the EHR in your program?

- Primary Care Provider
 - Oncology Physician
 - Oncology Advance Practice Provider (such as PA or NP)
 - Oncology Nurse
 - Oncology Support Staff (such as Nurse Navigator, Oncology Social Worker, etc.)
 - Students (medical, nursing, or other)
 - Medical Assistant
 - Non-clinical staff (such as registration or scheduling)
 - Administrative staff
 - Other
- (Select all that apply.)

When is smoking status assessed?

- Prior to a patient visit (such as through an online portal)
 - During scheduling
 - During registration or check-in
 - In clinic before seeing a provider
 - During the provider visit
 - Other
- (Check all that apply.)

The following questions ask about tobacco assessment and treatment services that are currently available for newly diagnosed cancer patients treated at your setting. Please indicate how frequently your oncology care team and professionals do the following during new patient visits:

	Almost Always	Usually	Sometimes	Occasionally	Rarely or Never
ASK patients whether they currently smoke cigarettes or other combustible tobacco products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADVISE patients who are currently smoking to quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASSIST patients who are currently smoking to quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document smoking history and current use in electronic health record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document smoking cessation advice and tobacco treatment plan in electronic health record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide individual smoking cessation counseling in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide individual smoking cessation counseling by phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide individual smoking cessation counseling by telehealth, text, or electronic communication (such as a patient portal).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients who are currently smoking to your State or National Quitline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients who are currently smoking to smoking cessation programs or specialists affiliated with your program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provide self-help smoking cessation booklets or other patient education materials for patients who are currently smoking (such as brochures, app-based programs, or Smokefree.gov).

Prescribe or recommend FDA-approved cessation medications such as nicotine replacement therapy, bupropion, or varenicline to help patients quit smoking.

Prescribe or recommend electronic cigarettes to help patients quit smoking (NOTE: E-cigarettes are not FDA-approved devices for smoking cessation).

To what extent do you perceive these barriers for promoting smoking cessation interventions among cancer patients who are current smokers at your cancer care setting?

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
Lack of time for clinicians/providers to assist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff training in smoking cessation interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of available resources or referrals for smoking cessation interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most patients at our center who are currently smoking are resistant to smoking cessation treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate reimbursement for smoking cessation treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians/providers have competing clinical priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not well aligned with clinic workflow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of designated smoking cessation specialist/champion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lack of leadership support for smoking cessation interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to readily identify patients who are currently smoking within the EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate funding to support smoking cessation interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What degree of implementation is currently in place in your program:

Not Implementing: Have not considered this strategy

Contemplating implementing: This strategy should be considered

Partial implementation: Our program has begun to implement this strategy

Full implementation: Our program has a policy or procedure in place for this strategy and it is sustainable in our program

	Not implementing	Contemplating implementing	Partial implementation	Full Implementation
Additional staff/clinician training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain support of cancer center/program leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add a reminder/prompt within clinical workflow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop patient educational materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify tobacco treatment champion(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve smoking history and current use documentation of monitoring/tracking in EHR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify additional organizational resources to support smoking cessation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide financial support for cessation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide financial support for smoking cessation medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with IT to modify EHR to screen and identify patients that smoke for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with IT to modify the EHR to refer patients that smoke to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: Please Explain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: Please Explain

The next set of questions focus on the organizational readiness for delivering smoking cessation treatment at your cancer care setting. Please read each statement and indicate which response best reflects your setting's readiness to implement tobacco use assessment and treatment.

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
People who work here are committed to implementing smoking assessment and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are motivated to implement smoking use assessment and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can handle the challenges that might arise in implementing smoking assessment and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our facility program leaders are committed to making sure we have the resources to implement smoking assessment and cessation treatment initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This data collection period is for the BASELINE data. This data is NOT analytic case numbers.

Most programs will obtain this information through practice administration reports or manual chart review.

Include all newly diagnosed patients from January 1, 2023-February 28, 2023
Include: All newly diagnosed cancer patients (consistent with STORE v22 definition, include those diagnosed elsewhere and being seen by your program for initial treatment)

Exclude: patients diagnosed at your facility but seeking treatment elsewhere; patients younger than 18 years of age

I am including the following in the below numbers: ALL patients seen during this time period
 Only NEWLY diagnosed patients seen during this time period (recommended)

During this time period, how many patients were seen? _____

During this time period, how many patients were ASKed about smoking history and current use? _____

This is your ASK rate _____

During this time period, how many patients reported they were currently (within last 30 days) smoking? _____

During this time period, how many patients that were currently smoking were provided with some cessation assistance? _____

This is your assist rate: _____

What type of assistance was offered in this time period (Check the approximate % of each form of assistance)

Scale: None (0%); Few (1-24%); Some (25-49%); Most (50-74%) Nearly All (75-100%)

	None	Few	Some	Most	Nearly All
In office brief counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In office behavioral counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"In house" referral to tobacco treatment specialists (face to face, telephone, or online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cessation medication prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Quitline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web based referral (such as smokefreetxt.gov)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this assessment period, we created a new product or program, tailored an existing product/program, or discovered a new resource related to assisting our patients with smoking cessation and would like to share more. Describe here. _____
(If none, enter '0'.)

Please enter any comments. _____
(optional)