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Beyond ASK: Advising and Assisting Newly Diagnosed Patients with Smoking Cessation

ACS Cancer Programs invites all CoC, NAPBC, and NAPRC accredited programs to apply to participate in the Beyond ASK Quality Improvement Project

What is Beyond ASK?

Beyond ASK is a yearlong national Quality Improvement Project sponsored by ACS Cancer Programs that seeks to build program's capacity to offer cessation assistance to newly diagnosed cancer patients who report currently smoking. .

As a participant, you will have the opportunity to learn from national experts and peer programs across the country and explore innovative ways to improve systems that enhance your program's ability to offer smoking cessation resources to cancer patients.

The aim of this project is to:

- Increase number of patients who are offered assistance for smoking cessation
- Show progress/ability to identify and then develop systems to support smoking cessation
- Increase number of patients with a documented smoking status assessment

By December 2023, programs will increase the number of patients who are offered quitting assistance by at least 20% over baseline. Or maintain assistance provided at > 90%

Who should participate?

Programs interested in improving systems, workflow, and options for assisting and advising cancer patients in smoking cessation activities should participate.

We strongly recommend you form a core QI team that fulfills the following roles:

- Physician champion: serves as a conduit between leadership and frontline staff
- A lead clinician: supports the day to day activities of the QI project
- Data analyst/data support: a dedicated person to analyze, interpret, and submit data
- Nurse navigator, social worker, or behavioral health clinician: facilitates internal and external referrals, can provide behavioral counseling, and is familiar with local, state, and national resources



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What will you do?

Step 1: Form a core Beyond ASK QI team. Obtain leadership and/or cancer committee support

Step 2: Assess current strategies and systems used to support cancer patients in smoking cessation

Step 3: Identify barriers and facilitators to building new or enhancing existing systems for offering smoking cessation

Step 4: Consider interventions. While more information on implementable changes is listed in the Beyond ASK Change Package, evaluate your internal workflow, assess your information technology needs, and grow your referral network beyond your program, if no “in-house” smoking cessation referrals exist. Ready clinical providers and staff to be able to offer assistance through educational events and seek out or create patient facing cessation resources.

Step 5: Run at least one PDSA cycle. Develop a small test of change that can be implemented to better understand how the intervention has helped, or hindered, your program’s ability to offer assistance to cancer patients regarding smoking cessation. For CoC programs, while you may start small (in one clinic area) you will be expected to demonstrate growth to other clinics over the course of the year.

Step 6: Annotate what interventions were implemented and how that impacted your program’s ability to offer assistance based on the bi-monthly data submission.

Step 7: Meaningfully participate and engage in the QI project. Over the course of the yearlong QI project, you will be submitting data (see below) and invited to participate in webinars and coaching calls, as needed.

What data will be collected?

Pre/post survey:

- Collected via REDCap in March and December
- Captures current practices, organizational readiness for change, perceived barriers, balancing measure

Measures: (corresponding to [CMS](#) metrics)

Include: All newly diagnosed cancer (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



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1. Numerator: Number of patients indicating they smoke tobacco products in the past 30 days within [the time period]
Denominator: Number of newly diagnosed (or new to the program) patients screened for tobacco use at least once within [the time period]
2. Numerator: Number of patients who reported smoking that were offered some sort of assistance
Denominator: Number of patients indicating they smoke tobacco products
Exclude: patients younger than 18 years of age
3. Assistance offered in the designated time period (Check box, with an option to input metrics)
 - In office brief counseling
 - In office Behavioral counseling
 - “In house” referral to TTS (face to face, telephone, or online)
 - Community referral
 - Cessation medication prescription
 - Quitline
 - Web based resources like smokefreetxt.gov

Note: No patient identifying information will be collected. All metric data will be collected in aggregate via whole numbers.

What is the benefit of participating?

Access to asynchronous learning materials, toolkits, didactic webinars, and one on one coaching and technical assistance, as needed.

Bi-monthly aggregate data reports to benchmark program progress against aggregate project benchmark

Collaborate and network with peer programs and national leaders on addressing barriers to cancer care

Earn credit for CoC standards 7.3 OR NAPBC standards 6.1 (1 of 2 required projects)

Opportunity to showcase innovations and learnings at future ACS conferences

Improve quality of care to patients reporting tobacco dependence

What is the time commitment?

Your team will submit baseline data and 4 rounds of data [metrics]. A brief pre/post survey, collected via an online survey tool, will also be collected in April and December.



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Four optional, didactic webinars will be offered. One person from each team is strongly encouraged to be in attendance on each call, unless clinical care interferes.

Submit pre/post team survey (one in April, one in December)

We estimate approximately 10-12 hours of time dedicated to data entry and webinar participation over the course of 9 months. This does not include time spent on team meetings or huddles to discuss data and PDSA cycles.

Timeline and Important dates

Date	Event
January 20	Informational webinar at 12pm CT
February 13	Pre-survey opens
April 3	Pre-survey due and baseline data due
May 19	Webinar
June 15	Data due
July 21	Webinar or group call
August 15	Data due
September 15	Webinar or group call
October 15	Data due
November 17	Webinar
December 15	Data due, Post-survey due

Optional and as needed "office hours" and small group calls will be offered