Integrating Tobacco Treatment within the Stanford Cancer Center: An NCI Moonshot Initiative

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October 7, 2020
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University of California, San Francisco

A National Center of Excellence for Tobacco-Free Recovery

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• If you do not have speakers, please click on the link, ‘Listen by Phone’ listed on the left side of your screen, for the dial-in number.

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Smoking Cessation Leadership Center 10/7/20
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Today’s Presenter

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Professor of Medicine

Stanford Cancer Institute
Today’s Presenter

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Postdoctoral Fellow

Stanford Prevention Research Center
Today’s Presenter

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Doctoral Student

PGSP-Stanford Psy. D. Consortium
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Tobacco Treatment Specialist
Health Education, Engagement and Promotion

Stanford Health Care
Today’s Presenter

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Integrating Tobacco Treatment within the Stanford Cancer Center

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TRAINEES

• 1 Postdoctoral Fellow
• 2 Predoctoral Clinical Psychology Students
• 1 Master’s Student

Stanford Cancer Institute
• 93 Clinical Staff
• 14 clinics
• 6,500+ patients annually

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Funding: P30CA1244351-1S2 with a Moonshot Supplement

NCCN National Comprehensive Cancer Network®
Objectives Today

• Review the need for tobacco treatment within cancer care

• Identify workflow processes for building efficiencies (Brittany)

• Review our opt-out menu of treatment options (Maura)

• Describe the value of training models (Kayla)

• Examine the evidence for engaging patients into treatment and supporting their living tobacco-free (Kathleen)
Treating Tobacco in Cancer Care

• Smoking directly causes 30% of all cancer deaths

• Persistent smoking associated with increased risk of:
  • Cancer recurrence
  • Second primary cancers
  • Treatment complications
  • Poor treatment response, drug interactions
  • Diminished quality of life and reduced survival
NCCN Recommendations

• Smoking cessation should be offered as an integral part of oncology treatment and continued throughout the entire oncology care continuum

• Smoking status should be documented and updated in the EHR

• Most effective treatment = pharmacologic + behavior therapy
2009 Survey of 58 NCI–designated clinical and comprehensive cancer centers

- Routine provision of patient education materials: 62%
- Effective identification of outpatient tobacco use: 53%
- Good communication to staff: 53%
- Effective identification of inpatient tobacco use: 52%
- Clear commitment from leadership: 47%
- Adequate provider training: 35%
- Active tx promotion to family members: 28%
- Active promotion of fax referral: 22%
- Regular feedback to clinicians: 9%

Goldstein et al. 2013, NTR
The Cancer Center Cessation Initiative (C3I) is designed to help meet the Cancer Moonshot goals by:

• increasing participation of patients with cancer in tobacco cessation treatment,
• improving the effectiveness of cancer treatment,
• preventing cancer recurrence.
C3I Commitment / Expectation

• Identify every patient with cancer who smokes, urge cessation, offer evidence-based cessation treatment, and track treatment outcomes

• Take a systems-based approach, integrating evidence-based tobacco-dependence treatment into cancer care workflows and using EHR technology to facilitate such integration

• Support the program after NCI funding ends to ensure sustainability
  ➢ Collateral benefit – expansion of the tobacco treatment service to other medical specialties
C3I Activities

- Twice yearly reporting
- Twice yearly meetings
- EPIC fieldtrip
- EPIC consultation
- Regular webinars
- Online hub of resources
- Bay Area collaboration: Stanford, UC-Davis, UCSF

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<thead>
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<th>Cohort 2 Report</th>
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<td>March 1, 2019</td>
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<td>July 1, 2018-Dec 31, 2018</td>
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<td>Jan 1, 2019-June 30, 2019</td>
<td>July 31, 2019</td>
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<tr>
<td>Report 2</td>
<td>July 1, 2019-Dec 31, 2019</td>
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<tr>
<td>Report 3</td>
<td>Jan 1, 2020-June 30, 2020</td>
<td>July 31, 2020</td>
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Process for Implementation of Tobacco Treatment Service

1. Identify clinic champions & foster relationships
2. Gemba in 3 pilot clinics: 1) Head & Neck 2) GI Surgery 3) Thoracic Onc
3. Collect & analyze key learnings from prior workflow & treatment prog
4. Identify workflow strengths & barriers for patients accessing treatment
5. Implement new workflows to incorporate strengths & address barriers

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# Pilot Strengths & Barriers Identified

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Medical assistant screening</td>
<td>Reliance on clinician referrals</td>
</tr>
<tr>
<td>Clinician involvement in treatment conversation</td>
<td>Distance to clinic for treatment</td>
</tr>
<tr>
<td>Prioritization of tobacco treatment (Quality metric)</td>
<td>Lack of insurance coverage for treatment</td>
</tr>
<tr>
<td>Quarterly report of screening and treatment (staff engagement)</td>
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**Funding:** P30CA1244351-1S2 with a Moonshot Supplement
**Leah Thinking Approach**

**Baseline:**
- < 10% of tobacco users referred for treatment.
- < 1% of tobacco users engaged in tobacco treatment.
**Barriers:** Reliance on referrals, distance to clinic, and insurance coverage.

**Problem**

[2018]
Pre-COVID-19

**Goal**

Increase the Cancer Center’s tobacco treatment referral rates from 10% to 100%, and tobacco treatment engagement rates from 1% to 30% within 12 months.

**3 Solutions**

[2019]
Pre-COVID-19

1st
Automated Referral

Integrated an Opt-Out Model, which identify tobacco users and initiated a referral for treatment.

2nd
Telemedicine-based Counseling & Pharmacotherapy.

Adopted telemedicine to increase access to care.

3rd
Partnerships

Developed a supervised rotation for pre-doctoral clinical psychology students to provide 1:1 counseling.

**Treatment**

[2020]
During COVID-19

A scalable and sustainable tobacco treatment model prior to and during the COVID-19 pandemic.

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Tobacco Treatment Model

Oncology Visit

Tobacco Treatment Specialist

Treatment Options

6-month Follow-up

Tobacco Screening Workflow

TTS reviews all referrals (opt-out approach)

Reviews Pt Epic charts

Phone outreach to pts 3xs

Engages pt into tx (s)

Individual counseling (phone and/or telemedicine)

Medication Therapy

Group counseling California Quitline Referral Resources

Follow-up with pts enrolled in treatment

Documents quit status

Re-engage pts as needed

Outcomes shared with Oncology Clinic for process improvement

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Opportunities for Students

- Behavioral Medicine
- Motivational Interviewing training
- Tobacco cessation pharmacotherapy training
- Multidisciplinary team
- Research and manuscript writing opportunities
- Leadership promotion and engagement

Partnership with Training

- Stanford’s Community Health and Prevention Research M.S. Program
- PGSP-Stanford Psy.D. Consortium
- Master-level and doctoral-level students

Training Model

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Training Model

Supervision

• Ongoing, weekly supervision and training with clinical psychologist
• Group supervision with other students
• Evidence-based behavioral and pharmacotherapy counseling skills

Patient Contact

• Oncology population
• Include family members
• Telehealth training
• Patient care coordination with oncology team
Progress to date: Jan 22, 2019 – October 2, 2020

Across 3 Cancer Center Sites

- Cancer Center Palo Alto (14 clinics)
- Cancer Center South Bay
- Redwood City Cancer Ctr

**Total patients seen**

N=33,579

N=33,255 (99%)

**Screened for tobacco use**

N=1,871 (6%)

**Identified tobacco users**

N=1,871 (100%)

**Outreach provided**

Reached
N=1,427 (76%)

**Reached by phone**

Denominator is Total

Engaged
N=385 (27%)

**Engaged in treatment**

Denominator is reached

1 Treatment
N=292 (76%)

2+ Treatment
N=93 (24%)

**Number of txs pts engaged in, Denominator is Engaged**

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• 6-month tobacco status* assessed: 10% online survey, 1% mail, 61% phone, 28% chart review:

  • Patient program satisfaction:
    • 67% satisfied, 28% neutral, 5% dissatisfied

  • Likelihood that patient would recommend the program to others:
    • 70% likely, 22% neutral, 8% unlikely

*efforts to verify via cotinine test by mail halted due to COVID-19

19%
Tobacco-Free
at 6-month
follow-up

76.5% follow-up
Missing=smoking
+2 using e-cigarettes
C3I CSAT Report Card  July–December 2019

Stanford Cancer Institute, Stanford University

- Overall Score
- Organizational Readiness
- Workflow Integration
- Outcomes & Effectiveness
- Implementation & Training
- Monitoring & Evaluation
- Engaged Stakeholders
- Engaged Staff & Leadership

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Recognitions and Next Steps

- NCI Supplemental Funding
- Expansion to SCI clinics in the East Bay & Central Valley Clinics
- Broader System Integration
- Recognitions:
  - Stanford Lean Conference: People’s choice Award
  - NCCN Blue Ribbon Award for Top Abstract
Thank you!

Contacts

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Q&A

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SCLC’s next live webinar, “Framing Tobacco in Behavioral Health Settings”, with Julie Sweetland, Frameworks Institute, and Ryan Coffman, Philadelphia Department of Public Health

- Thursday, November 5, 2020, 2 – 3 pm EDT
- Registration will open soon!
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