
Smoking Cessation
Leadership Center



University of California
San Francisco

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

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Maura Lau

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October 7, 2020

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A National Center of Excellence for Tobacco-
Free Recovery

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Disclosures

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- **Plaintiff Law Firms – Expert Witness**

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- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
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- Visit CABHWI.ucsf.edu for more information

Today's Presenter

Jodi Prochaska, PhD, MPH
Professor of Medicine

Stanford Cancer Institute



Today's Presenter

Kathleen Gali, PhD
Postdoctoral Fellow

Stanford Prevention Research Center



Today's Presenter

Kayla Jimenez, MS
Doctoral Student

PGSP-Stanford Psy. D. Consortium



Today's Presenter

Maura Lau

Tobacco Treatment Specialist
Health Education, Engagement and
Promotion

Stanford Health Care



Today's Presenter

Brittany Pike, MS, RN, BSN
Manager for
Health Education, Engagement and
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Stanford Health Care



Integrating Tobacco Treatment within the Stanford Cancer Center



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Maura Lau, TTS



Stanford Cancer Institute

- 93 Clinical Staff
- 14 clinics
- 6,500+ patients annually

ADDICTION MEDICINE



Amer Raheemullah, MD



Kathleen Gali, PhD
Kayla Jimenez, MS



PHARMACY PARTNER



TRAINEES

- 1 Postdoctoral Fellow
- 2 Predoctoral Clinical Psychology Students
- 1 Master's Student



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)

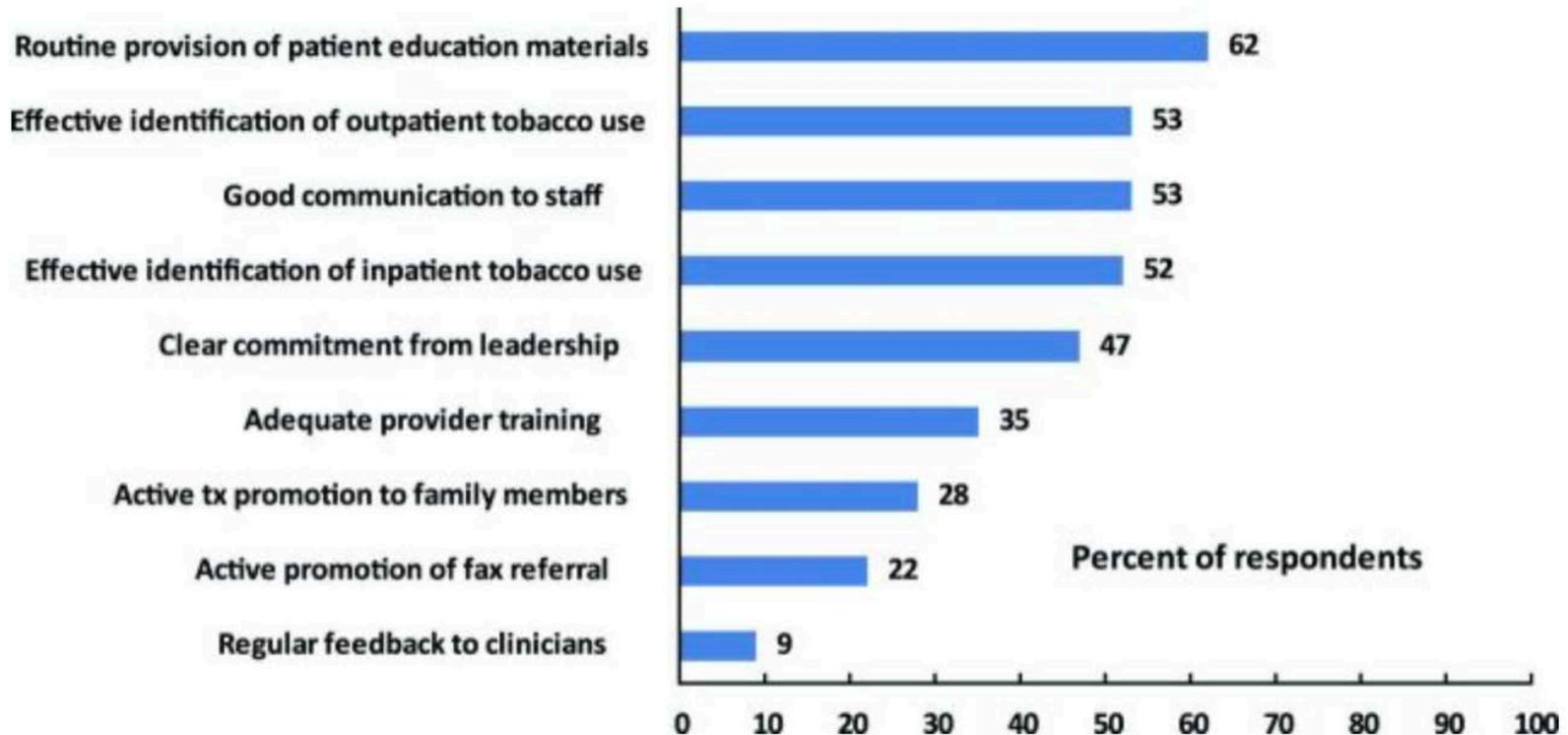
Treating Tobacco in Cancer Care

- 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



C3I selected NCI-Designated Cancer Centers



Cohort 1 (2017-2019)

1. Baylor College of Medicine
2. Case Western Reserve University
3. Duke University
4. Georgetown University
5. Indiana University
6. Medical University of South Carolina
7. New York University
8. University of California Davis
9. University of Chicago
10. University of Colorado
11. University of Iowa
12. University of Kansas
13. University of Kentucky
14. University of Minnesota
15. University of New Mexico
16. University of North Carolina at Chapel Hill
17. University of Pennsylvania
18. University of Utah
19. University of Virginia
20. Vanderbilt University
21. Washington University
22. Yale University

Cohort 2 (2018-2020)

1. Columbia University
2. Dana-Farber/Harvard Cancer Center
3. Dartmouth College
4. Emory University
5. Mayo Clinic
6. Memorial Sloan Kettering
7. Moffitt
8. Mount Sinai
9. Northwestern University
10. Oregon Health and Sciences University

11. Roswell Park
12. Stanford University
13. University of Arizona
14. University of California San Francisco
15. University of Michigan
16. University of Texas Southwestern
17. UPMC Hillman
18. Virginia Commonwealth University
19. Wake Forest University
20. Wayne State University

Cohort 3 (2020-2021)

1. City of Hope Comprehensive Cancer Center
2. Fox Chase Cancer Center
3. Rutgers Cancer Institute of New Jersey
4. Thomas Jefferson University
5. University of Alabama at Birmingham
6. University of California, San Diego
7. University of Maryland
8. University of Southern California
9. University of Texas
10. University of Washington





The NEW ENGLAND JOURNAL of MEDICINE

January 2, 2019

Perspective



Addressing a Core Gap in Cancer Care — The NCI Moonshot Program to Help Oncology Patients Stop Smoking

Robert T. Croyle, Ph.D., Glen D. Morgan, Ph.D., and Michael C. Fiore, M.D., M.P.H., M.B.A.

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

Cohort 2 Report	Reporting period	Due date
Pre-grant	Jan 1, 2018-June 30, 2018	March 1, 2019
No report due	July 1, 2018-Dec 31, 2018	No report due
Report 1	Jan 1, 2019-June 30, 2019	July 31, 2019
Report 2	July 1, 2019-Dec 31, 2019	Jan 31, 2020
Report 3	Jan 1, 2020-June 30, 2020	July 31, 2020

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



Process for Implementation of Tobacco Treatment Service



Identify clinic champions & foster relationships



Gemba in 3 pilot clinics: 1) Head & Neck 2) GI Surgery 3) Thoracic Onc



Collect & analyze key learnings from prior workflow & treatment prog



Identify workflow strengths & barriers for patients accessing treatment



Implement new workflows to incorporate strengths & address barriers

Pilot Strengths & Barriers Identified

Strengths	Barriers
Medical assistant screening	Reliance on clinician referrals
Clinician involvement in treatment conversation	Distance to clinic for treatment
Prioritization of tobacco treatment (Quality metric)	Lack of insurance coverage for treatment
Quarterly report of screening and treatment (staff engagement)	

Lean Thinking Approach

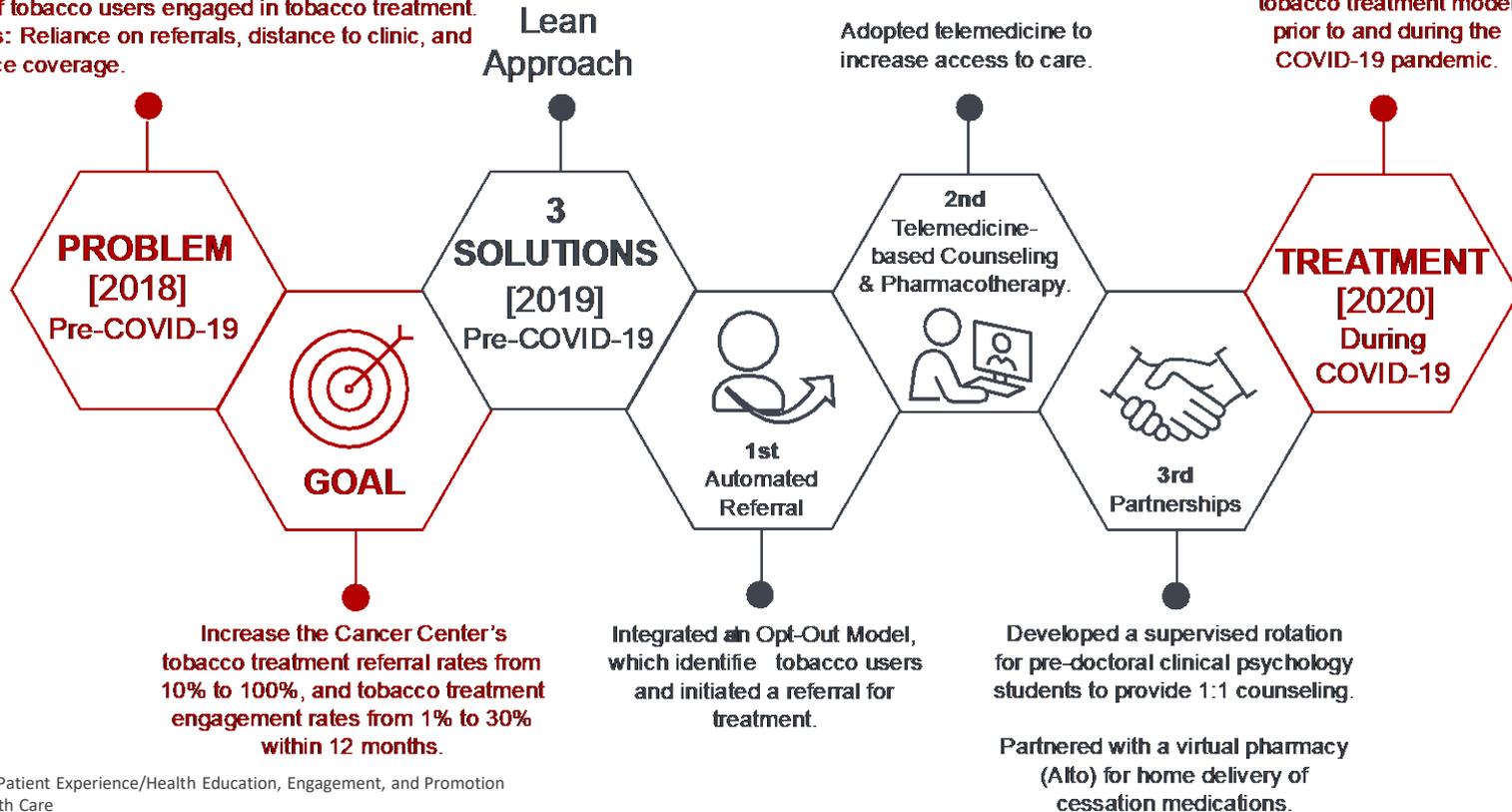
Baseline:

< **10%** of tobacco users referred for treatment.

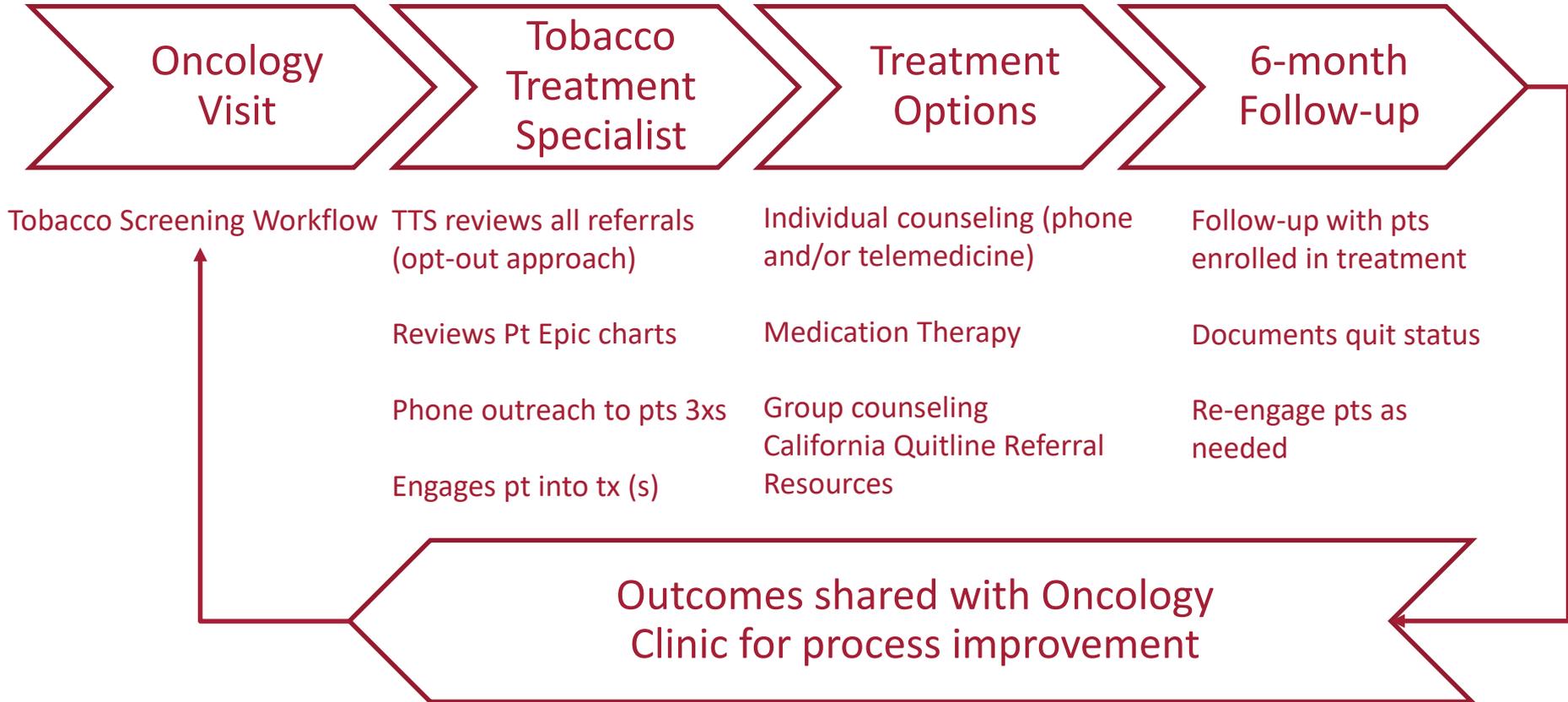
< **1%** of tobacco users engaged in tobacco treatment.

Barriers: Reliance on referrals, distance to clinic, and insurance coverage.

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



Tobacco Treatment Model



Training Model

Partnership with Training

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

Opportunities for Students

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

Training Model

Supervision

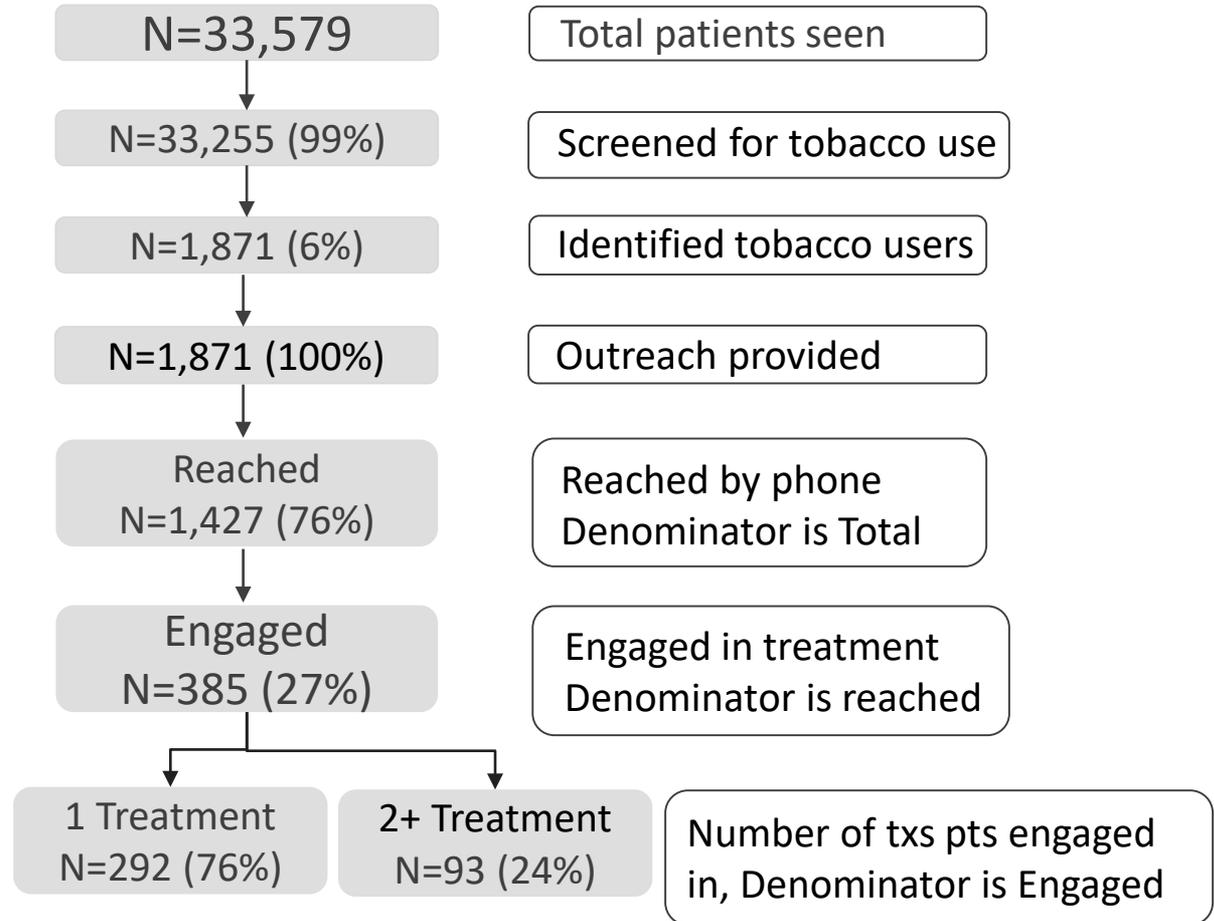
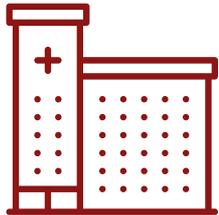
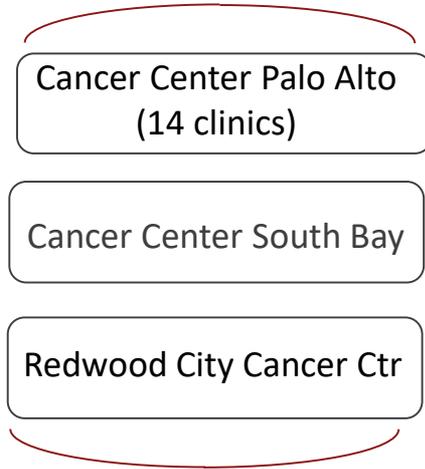
- Ongoing, weekly supervision and training with clinical psychologist
- Group supervision with other students
- Evidence-based behavioral and pharmacotherapy counseling skills

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



QI Assessment

- 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

19%

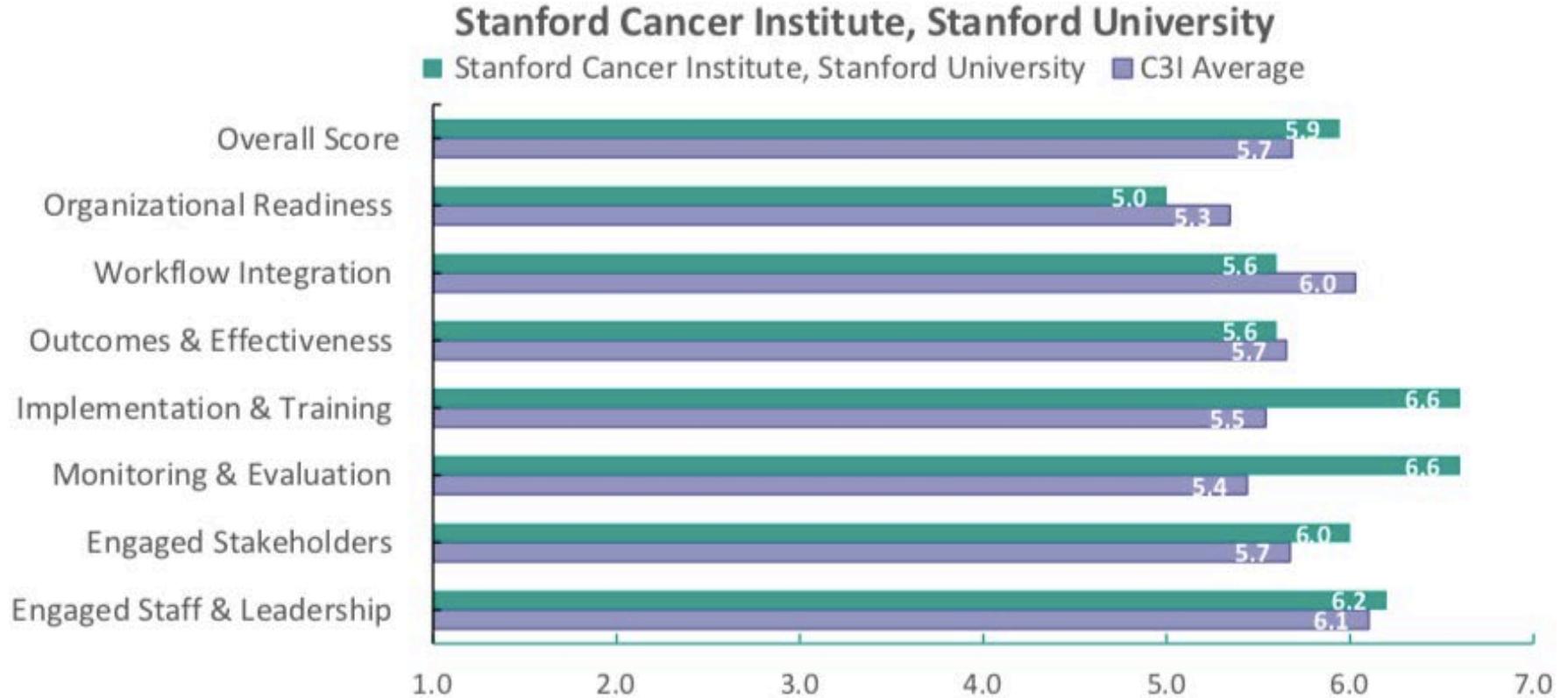
Tobacco-Free
at 6-month
follow-up

76.5% follow-up
Missing=smoking
+2 using e-cigarettes

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

C3I CSAT Report Card

July – December 2019



Stanford Health Care Patient Experience/Health Education, Engagement, and Promotion

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Funding: P30CA1244351-1S2 with a Moonshot Supplement

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

- Submit questions via the **'Ask a Question' box**



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Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

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 - Information on certificates of attendance
 - Other resources as needed
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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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