



National Conference on Tobacco or Health (NCTOH) Poster:

Launching an Opt-Out Tobacco Treatment Referral Process

Across a Cancer Care Network

Presented by:

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Maine has significantly higher rates of cancer at all sites, and particularly lung and female breast.

Lung Cancer: 2024 Maine Cancer Snapshot							
Maine Cancer Registry							
Incidence: Top 10 Cancers, Maine 2021 Red Rate = Maine is significantly higher than U.S.							
Cancer Type	Maine (all sexes)				U.S.		
	Count	AA Rate	AA Lower 95% CL	AA Upper 95% CL	AA Rate	AA Lower 95% CL	AA Upper 95% CL
All Sites	9,958	483.2	473.2	493.4	439.1	438.4	439.7
Female Breast	1,465	145.9	137.8	154.2	133.8	133.3	134.3
Lung and Bronchus	1,417	62.7	59.4	66.2	49.1	48.9	49.3
Mortality: Top 10 Cancers, Maine 2021 Red Rate = Maine is significantly higher than U.S.							
Cancer Type	Maine (all sexes)				U.S.		
	Count	AA Rate	AA Lower 95% CL	AA Upper 95% CL	AA Rate	AA Lower 95% CL	AA Upper 95% CL
All Sites	3,383	160.3	154.7	165.9	146.6	146.2	146.9
Lung and Bronchus	828	38.1	35.4	40.7	31.7	31.6	31.9

In 2022 the American College of Surgeons (ACS) launched its JUST ASK initiative, in which oncology practices were advised a universal tobacco use screening process for patients with new cancer diagnoses. At the time, MH cancer practices were screening 86% of patients with new cancer diagnoses for tobacco use, shy of the 90% target set by ACS.

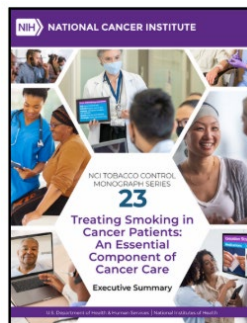
Maine Cancer Foundation Grant: Early Project Phase							
<ul style="list-style-type: none">2019: Maine Medical Center received a Tobacco Prevention & Cessation grant for education and pharmacotherapy support<ul style="list-style-type: none">Radiation Oncology staff targeted2022: American College of Surgeons Just ASK quality initiative with expansion of grant support + education across the Cancer Care Network<ul style="list-style-type: none">123 staff members trainedTobacco screening in oncology (>90% goal)							
No Count	%	Yes Count	%	Total Count	%		
25	5.7%	410	94.3%	435	100.0%		
		43	100.0%	43	100.0%		
22	13.6%	140	86.4%	162	100.0%		
91	79.1%	24	20.9%	115	100.0%		
14	4.5%	294	95.5%	308	100.0%		
2	1.3%	154	98.7%	156	100.0%		
23	2.9%	774	97.1%	797	100.0%		
13	7.3%	166	92.7%	179	100.0%		
62	35.8%	111	64.2%	173	100.0%		
5	1.0%	513	99.0%	518	100.0%		
34	23.3%	112	76.7%	146	100.0%		
570	13.8%	3557	86.2%	4127	100.0%		

Additionally, only about 25% of MH oncology patients who used tobacco were being referred to evidence-based tobacco treatment (i.e. the Maine QuitLink, or MQL).

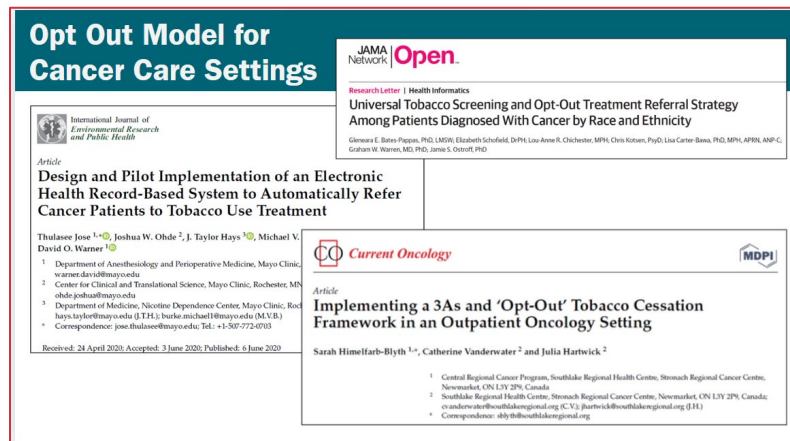
Referral From Onc. Department	Previous Referral Existed in 3 Mo.	Referral from Another Department	Not Referred	Total
Count %	Count %	Count %	Count %	Count %
2 28.6%	1 14.3%		4 57.1%	7 100.0%
			2 100.0%	2 100.0%
			3 100.0%	3 100.0%
			3 100.0%	3 100.0%
2 12.5%	2 12.5%	1 6.3%	11 68.8%	16 100.0%
2 13.3%	2 13.3%		11 73.3%	15 100.0%
4 9.1%	2 4.5%	2 4.5%	36 81.8%	44 100.0%
2 12.5%			14 87.5%	16 100.0%
	1 33.3%		2 66.7%	3 100.0%
4 16.0%	2 8.0%	1 4.0%	18 72.0%	25 100.0%
	1 9.1%		10 90.9%	11 100.0%
			1 100.0%	1 100.0%
		2 22.2%	7 77.8%	9 100.0%
		1 9.1%	10 90.9%	11 100.0%
7 22.6%	6 19.4%	1 3.2%	17 54.8%	31 100.0%
23 11.7%	17 8.6%	8 4.1%	149 75.6%	197 100.0%

In 2022, with grant funding from the Maine Cancer Foundation, MaineHealth Cancer Care Network (MHCCN) provided training for 123 oncology practice staff. The training, delivered in collaboration with CTI, focused on the importance of screening and intervening, how to offer and submit a referral to the MQL, and what services patients could receive from the MQL.

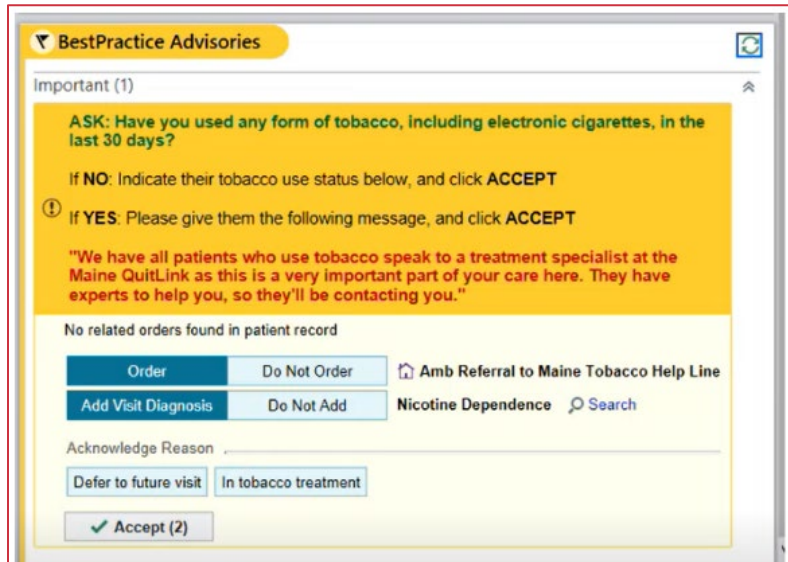
In 2023 ACS launched the Beyond ASK initiative, the thrust of which was to follow up on the importance of screening with referral to evidence-based tobacco treatment. MHCCN continued to provide training on screening and referring, but it also recognized its referral process could be improved. Years before, MH had embedded the referral process, in the form of a standing order for referral to the MaineQuitLink (and to QuitNow NH for patients residents of New Hampshire), in its Epic Electronic Health Record. A “Best Practice Advisory” fired in Epic for every patient with documented tobacco use at most encounters, but the language presented to clinical staff suggested asking if the patient was interested in quitting and if so asking if the patient would like a referral. In consideration of the National Cancer Institute (NCI) advice in its 2022 *Tobacco Control Monograph 23* to make referral the default, that is, an opt-out process,



MHCCN was informed by several articles as it planned on making this change.



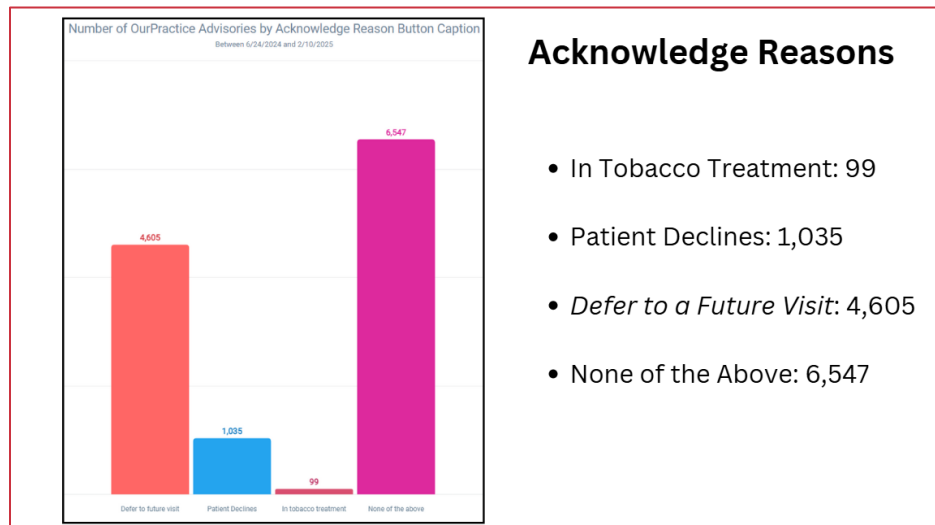
MHCCN worked with CTI and the MH Information Services Epic Build Team to implement an improved Best Practice Advisory that plainly indicated that referring to treatment was MH's standard of care. Modeled after language suggested by the Mayo Clinic, the advisory read "We have all patients who use tobacco speak to a treatment specialist at the Maine QuitLink as this is a very important part of your care here. They have experts to help you, so they'll be contacting you."



The screenshot shows a 'Best Practice Advisories' window. The main text asks: 'ASK: Have you used any form of tobacco, including electronic cigarettes, in the last 30 days?'. It provides instructions for 'NO' and 'YES' responses. The 'YES' response includes a red-highlighted message: '"We have all patients who use tobacco speak to a treatment specialist at the Maine QuitLink as this is a very important part of your care here. They have experts to help you, so they'll be contacting you."' Below this, there are buttons for 'Order', 'Do Not Order', 'Add Visit Diagnosis', and 'Do Not Add'. There is also a link for 'Amb Referral to Maine Tobacco Help Line' and a search bar for 'Nicotine Dependence'. At the bottom, there is an 'Acknowledge Reason' section with buttons for 'Defer to future visit' and 'In tobacco treatment', and a green 'Accept (2)' button.

Importantly, the advisory was built to require only two clicks to submit the referral. More clicks were required in the event the patient declined the referral or the care team member did not ask and needed to close the advisory to save the record (the referral was made a hard stop). In addition to requiring more clicks to not refer than to refer, it was necessary to add an Acknowledge Reason explaining the reason the referral was not submitted.

The Acknowledge Reason initially caused some concern because care team members could satisfy the requirement by simply typing a "." but when this flaw was discovered it was corrected by requiring a minimum number of characters to satisfy the advisory and allow staff to move on.



Future considerations: The ACS Commission on Cancer has issued new standard 5.9 going into effect January 1, 2026 (see below). MHCCN and CTI are viewing the ACS CoC announcement as another "tailwind" opportunity to present to oncology leaders and care team members on the importance of screening and referring.

"Beginning **January 1, 2026**, each cancer committee must implement a process for patients with newly diagnosed cancer to be screened for current smoking. Patients who report current smoking must receive or be referred for smoking cessation treatment consistent with evidence-based guidelines. Each calendar year, the cancer committee must conduct an internal audit to assess compliance with the standard."

- By January 1, 2026: Have implemented protocol and process.
- By January 1, 2027, 90% of cancer patients with newly diagnosed cancer are screened for current smoking status and 80% of active smokers are treated or referred.

•**Screening:** Screening for smoking **must be performed at an initial patient consultation**. Continued screening during follow-up visits is encouraged but not required by this standard. For this standard, current smoking is defined as any smoking within the past 30 days.

•**Timing of Screening:** Cancer programs **must conduct and document screening** for current smoking at an initial consultation.

•**Method of Screening:** Cancer programs **may utilize standardized screening protocols available through most medical record systems**. Programs that screen using paper-based methods must be able to evaluate data in order to provide an annual report to the cancer committee.



MaineHealth is a not-for-profit health system dedicated to improving the health of our patients and communities by providing high-quality affordable care, educating tomorrow's caregivers, and researching better ways to provide care. MaineHealth includes a Level I trauma center/teaching hospital; seven community hospitals and two community hospital campuses of Maine Medical Center; three specialty hospitals including Maine's only children's hospital; NorDx, a health sciences laboratory; and the MaineHealth Institute for Research.

www.mainehealth.org

The MaineHealth Center for Tobacco Independence (CTI) supports integration of evidence-based tobacco treatment at MaineHealth practices and departments. CTI also administers the statewide tobacco treatment contract on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services. This Maine CDC contract supports the *Maine QuitLink* and *My Life, My Quit* treatment services for all Maine residents. <https://ctimaine.org>