

Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies (NQF 0027)

EMeasure Name	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	National Committee for Quality Assurance		
Endorsed by	National Quality Forum		
Description	The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	This measure assesses different facets of providing medical assistance with smoking cessation or tobacco use. Smoking is the leading preventable cause of premature death in the United States and is identified as a causal factor in more than 25 diseases and health problems (USDHHS 2004). In 2003, based on evidence that cessation strategies are effective in improving health outcomes, the USPSTF recommended that clinicians screen adults for tobacco use and provide tobacco cessation interventions. Interventions to control smoking are also strategically important because of the financial burden: approximately \$167 billion in annual health-related economic losses, when considered with other tobacco use causes. This measure facilitates efforts to implement recommended clinical practices and guidelines and subsequently reduce mortality rates and health problems related to smoking and tobacco use.		
Clinical Recommendation Statement	United States Preventative Services Task Force (USPSTF): The USPSTF guideline strongly recommends that clinicians screen all adult for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF found good evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (less than 3 minutes), and pharmacotherapy delivered in primary care settings, are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent		

	<p>after 1 year.</p> <p>Veterans' Affairs/Department of Defense: The VA/DoD's Clinical Practice Guideline for the Management of Tobacco Use recommends that any person (age greater than 12 years) who is eligible for care in the Veterans Health Administration (VHA) or the Department of Defense (DoD) health care delivery system should be screened for tobacco use and should be asked about tobacco use at most visits. Tobacco users should be advised to quit and assessed for willingness to quit at every visit. All tobacco users who are willing to quit should be offered an effective tobacco cessation intervention, including: pharmacotherapy, counseling, and follow-up. Tobacco users attempting to quit should be prescribed one or more effective first-line pharmacotherapies for tobacco use cessation. The guideline also cites strong evidence that minimal counseling (lasting less than three minutes) increases overall tobacco abstinence rates.</p> <p>Public Health Service: The Public Health Service Clinical Practice Guideline recommends that clinicians engage in a number of activities to aid tobacco users in quitting, which include:</p> <ul style="list-style-type: none"> • Implement an officewide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented (repeated assessment is <i>not</i> necessary in the case of the adult who has never used tobacco or has not used tobacco for many years, and for whom this information is clearly documented in the medical record). • In a clear, strong, and personalized manner, urge every tobacco user to quit. • As every tobacco user if he or she is willing to make a quit attempt at this time (e.g., within the next 30 days). • Provide practical counseling (problem solving/training). • Recommend the use of approved pharmacotherapy, except in special circumstances. • Provide supplementary materials.
References	<p>U.S. Preventive Services Task Force (USPSTF). Counseling to prevent tobacco use and tobacco-caused disease: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Nov. 13.</p> <p>U.S. Department of Health and Human Services. <i>The Health Consequences of Smoking: A Report of the Surgeon General</i>. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.</p>
Definitions	

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Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population =**
 - AND: "Patient characteristic: birth date" (age) ≥ 17 years to capture all patients who will reach the age of 18 years and older during the "measurement period";
- **Denominator =**
 - AND: "Encounter: encounter outpatient" ≤ 2 years before or simultaneously to "measurement end date";
- **Numerator 1=**
 - AND: "Patient characteristic: tobacco user" ≤ 1 year before or simultaneously to "measurement period";
- **Numerator 2=**
 - AND: "Patient characteristic: tobacco user" ≤ 1 year before or simultaneously to "measurement period";
 - AND:
 - OR: "Encounter: tobacco use cessation counseling" ≤ 1 year before or simultaneously to "measurement period";
 - OR: "Communication to patient: tobacco use cessation counseling" ≤ 1 year before or simultaneously to "measurement end date";
- **Exclusions =**
 - AND: None;

Data criteria (QDS Data Elements)

- **Initial Patient Population =**
 - "Patient characteristic: birth date" using the "birth date code list" before the "measurement period";
- **Denominator =**
 - "Encounter: encounter outpatient" using the "encounter outpatient code list grouping" before or simultaneously to the "measurement end date";
- **Numerator =**

- "Patient characteristic: tobacco user" using the "tobacco user code list" before or simultaneously to the "measurement period" ;
 - "Encounter: tobacco use cessation counseling" using the "tobacco use cessation counseling code list" before or simultaneously to the "measurement period" ;
 - "Communication to patient: tobacco use cessation counseling" using the "tobacco use cessation code list" before or simultaneously to the "measurement period" ;
- **Exclusions =**
 - None;

Summary calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
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