

Quality Measures Fact Sheet

**Preventive Care and Screening: Tobacco Use: Screening and
Cessation Intervention (NQF #0028)**
National Quality Strategy Domain: Community/Population Health

Quality Measures Set: Alternate

Data Source: Quality Data Codes (Claims) or Registry

BPCI Advanced and Quality

The Center for Medicare & Medicaid Innovation's (the CMS Innovation Center's) BPCI Advanced Model rewards health care providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and clinicians should work collaboratively to achieve these goals, which have the potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

Background on Tobacco Use and Cessation Intervention

Cigarette smoking is the leading preventable cause of mortality, and there is evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) are effective in helping tobacco users quit.⁴⁷ Tobacco users who stop using tobacco lower their risk for heart disease, lung disease, and stroke.⁴⁸

⁴⁷ CMS MIPS clinical quality measures (2020), quality ID #226 (NQF 0028): preventive care and screening: tobacco use: screening and cessation intervention. (2019). Retrieved from https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2020_Measure_226_MedicarePartBClaims.pdf.

⁴⁸ Jha, P., Ramasundarahettige, C., Landsman, V., Rostron, B., Thun, M., Anderson, R. N., McAfee, T., & R. Peto (2013). 21st-Century Hazards of Smoking and Benefits of Cessation in the United States. *New England Journal of Medicine*, 368, 341-350. Retrieved from <https://www.nejm.org/doi/full/10.1056/NEJMsa1211128>.

CMS Innovation Center Rationale for Including the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Measure in BPCI Advanced

The Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure evaluates whether providers screen patients for tobacco use and deliver a smoking cessation intervention. The CMS Innovation Center aligned this measure to BPCI Advanced because it is important for providers and care teams to conduct a regular, holistic assessment of patients, including lifestyle factors such as tobacco use.⁴⁹ Tobacco cessation intervention is especially relevant for patients with Chronic Obstructive Pulmonary Disease (COPD) or stroke.

Applicable Clinical Episodes

The Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure is included in the Alternate Quality Measures Set and applies to the following inpatient Clinical Episodes⁵⁰:

- Chronic Obstructive Pulmonary Disease (COPD), Bronchitis, Asthma: Medicare Severity–Diagnosis-Related Groups (MS-DRG) 190, 191, 192, 202, and 203
- Stroke: MS-DRG 061, 062, 063, 064, 065, and 066

Measure Specifications – Claims Reporting

The Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure selected for BPCI Advanced follows National Quality Forum (NQF) #0028 measure specifications.⁵¹ Providers who select the COPD Clinical Episode will report this measure through claims. The CMS Innovation Center will calculate the measure at the Episode Initiator level, limited to BPCI Advanced Beneficiaries treated during an attributed Model Year Clinical Episode during the calendar year. The term “BPCI Advanced Beneficiary” refers to a Medicare beneficiary eligible for the Model⁵² who receives care from a clinician in an acute care hospital (ACH) or physician group practice (PGP) that participates in BPCI Advanced, and who triggers a Clinical Episode as specified in the “Applicable Clinical Episodes” section above. An Episode Initiator must have a minimum of 10 attributed Clinical Episodes that fit the criteria for the denominator to receive a score.

⁴⁹ CMS MIPS clinical quality measures (2020), quality ID #226 (NQF 0028): preventive care and screening: tobacco use: screening and cessation intervention. (2019). Retrieved from https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2020_Measure_226_MedicarePartBClaims.pdf.

⁵⁰ MS-DRGs are up to date as of Model Year 3 (2020) and will be updated for Model Year 4 as needed.

⁵¹ Measure information: #0028 preventive care and screening: tobacco use: screening and cessation intervention. (2018). Retrieved from <https://www.qualityforum.org/QPS/0028>.

⁵² Medicare beneficiaries entitled to benefits under Part A and enrolled under Part B on whose behalf an Episode Initiator submits a claim to Medicare FFS for an Anchor Stay or Anchor Procedure. The term BPCI Advanced Beneficiary specifically excludes: (1) Medicare beneficiaries covered under United Mine Workers or managed care plans (e.g., Medicare Advantage, Health Care Prepayment Plans, or cost-based health maintenance organizations); (2) beneficiaries eligible for Medicare on the basis of an end-stage renal disease (ESRD) diagnosis; (3) Medicare beneficiaries for whom Medicare is not the primary payer; and (4) Medicare beneficiaries who die during the Anchor Stay or Anchor Procedure. A BPCI Advanced Beneficiary must meet this definition for the full duration of the Clinical Episode and the 90-day lookback period. (2021 BPCI Advanced Participation Agreement)

The CMS Innovation Center will calculate this measure with three performance criteria:

1. patients whose provider screened them for tobacco use one or more times in 12 months
2. patients whose provider screened them, identified them as a tobacco user, and who received tobacco cessation intervention
3. patients whose provider screened them for tobacco use one or more times within 12 months and, if identified as a tobacco user, received tobacco cessation intervention

Any Medicare health care provider, including physicians, advance practice nurses, and physician assistants, can submit the qualifying Current Procedural Terminology (CPT or CPT II) codes for this measure regardless of the health care provider's participation in the Model. Any health care setting, including hospitals and outpatient clinics, can use these codes in any health care setting.

Denominator

The denominator for the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure includes all Model Year Clinical Episodes from the “Applicable Clinical Episodes” section above that end during the calendar year, involving BPCI Advanced Beneficiaries aged 18 years or over, that CMS attributes to a BPCI Advanced Episode Initiator at reconciliation, where the patient has at least two visits or at least one preventive visit during the 24 months prior to the Clinical Episode end date. CMS attributes Clinical Episodes to Episode Initiators based upon their CMS Certification Number if they are an ACH, or by their Taxpayer Identification Number if they are a PGP. The anchor end date of the Clinical Episode (the last date of the Anchor Stay or the date of the Anchor Procedure) will determine the calendar year to which the Clinical Episode belongs.

The exclusions for this measure include patients indicated by any of the Current Procedure Terminology (CPT) II codes below:

Description	CPT II Code
Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	G9904
Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	G9907
Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	4004F with 1P
Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	G9909

Numerator

The numerator includes all Clinical Episodes in the previously defined denominator where the beneficiary’s provider screened them for tobacco use at least once during the 24 months prior to the Clinical Episode end date. To fulfil the numerator criteria, all three screenings need to take place:

1) Patients whose provider screened them for tobacco use

Description	CPT II Code
Patient screened for tobacco use AND identified as a tobacco user	G9902
Patient screened for tobacco use AND identified as a tobacco non-user	G9903

2) Patients whose provider identified them as a tobacco user and who received tobacco cessation intervention

Description	CPT II Code
Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)	G9906

3) Patients whose provider screened them for tobacco use and, if identified as a tobacco user received tobacco cessation intervention, or identified as a tobacco non-user

Description	CPT II Code
Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user	4004F
Current tobacco non-user	1036F

Measure Specifications – Registry Reporting

The Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure selected for BPCI Advanced follows NQF #0028 specifications.⁵³ Providers who select the Stroke Clinical Episode will report this measure through a registry.

The registry will calculate Acute Care Hospital (ACH) level performance for all stroke patients included in the denominator. The term “patients” refers to people 18 years and older who have an inpatient stay for Stroke, not limited to Medicare beneficiaries or BPCI Advanced Beneficiaries. For Physician Group Practices (PGPs), the registry will calculate the measure as specified at individual hospitals, then the CMS Innovation Center will weight measure performance based on PGP Clinical Episode volume for each ACH where a PGP triggers an episode.

Denominator

The denominator for the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure includes all patients 18 or older who have a diagnosis for one of the following:

- ischemic stroke
- transient ischemic attack (TIA)
- subarachnoid hemorrhage
- intracerebral hemorrhage

⁵³ Measure information: #0028 preventive care and screening: tobacco use: screening and cessation intervention. (2018). Retrieved from <https://www.qualityforum.org/QPS/0028>.

- any other unspecified stroke

This measure is not limited to Medicare beneficiaries or BPCI Advanced Beneficiaries.

The exclusions for this measure include patients:

- whose stroke symptoms occurred after arriving in the hospital
- who are under comfort measures only (end-of-life care)
- whose physicians discharged/transferred them to hospice
- whose physicians discharged/transferred to another acute care facility
- who expire during hospitalization
- discharged against medical advice (AMA)
- who did not smoke cigarettes in the past year
- who have contraindications to smoking cessation advice or counseling
- who providers did not admit as inpatient
- who are in a clinical trial
- who are undergoing elective carotid intervention

Numerator

The numerator includes individuals in the previously defined denominator whose provider gave them smoking cessation advice or counseling during the hospital stay.

Measure Submission

For the COPD Clinical Episode, the CMS Innovation Center will calculate this measure using Medicare Part B claims data for the calendar year period that aligns to the BPCI Advanced Model Year. Model Participants need to make sure they are reporting the relevant codes listed above on their claims. The CMS Innovation Center will calculate this measure for the calendar year period that aligns to the Model Year.

For the Stroke Clinical Episode, BPCI Advanced Participants may submit this measure through the American Heart Association® (AHA) Get With The Guidelines (GWTG)® - Stroke Registry.

Revisions to the Published Specifications

For the COPD Clinical Episode, BPCI Advanced calculates this version of the measure at the Episode Initiator level and limits the patient population to BPCI Advanced Beneficiaries, as opposed to all Medicare beneficiaries in the current NQF-endorsed specifications.

Composite Quality Score

Each version of the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation and will be weighted based depending on the number of the Episode Initiator's Clinical Episodes for which the version is relevant. The CMS Innovation Center uses the CQS to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down by more than 10 percent, nor will it adjust the

Negative Total Reconciliation Amount up by more than 10 percent. More information is available at the BPCI Advanced website provided below.

Other Resources

Organization/Resource	Website Address
NQF #0028 specifications	https://www.qualityforum.org/QPS/0028
BPCI Advanced	https://innovation.cms.gov/initiatives/bpci-advanced
QPP #226 specifications	https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2020_Measure_226_MedicarePartBClaims.pdf
AHA® GWTG®	https://www.heart.org/en/professional/quality-improvement
AHA® GWTG®-Stroke Registry	https://www.heart.org/en/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke
BPCI Advanced Quality Measures Frequently Asked Questions	https://innovation.cms.gov/innovation-models/bpci-advanced/quality-measures-fact-sheets