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December 4, 2015

Andy Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Ave., SW, Room 445-G  
Washington, D.C. 20201

**Re: Hospital Inpatient/Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM) Electronic Specification for Three Re-engineered Tobacco Treatment (TOB) Measures**

Dear Mr. Slavitt:

The American Lung Association appreciates the opportunity to submit comments regarding the Centers for Medicare and Medicaid Services (CMS) *Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM) Electronic Specification for Three Re-engineered Tobacco Treatment (TOB) Measures*.

The American Lung Association supports the three tobacco treatment (TOB) measures being included as electronic clinical quality measures (eCQMs) for the many CMS quality-reporting programs. Including tobacco treatment measures at hospitals will encourage interventions during a time patients are more likely to quit and stay quit.

While the American Lung Association fully supports the inclusion of the three tobacco treatment measures as part of the electronic clinical quality measures (eCQMs), the measures can and should be made more robust, to insure all patients have the tools to quit.

In the eCQM titled, "Tobacco Use Screening (TOB-1)," the numerator asks for a comprehensive tobacco use screening, however only lists four types of tobacco products to classify the use (cigarettes, smokeless tobacco, pipe tobacco, cigars). By limiting the types of tobacco products on this list, to categorize tobacco users, the screening is not comprehensive. The list omits new and emerging tobacco products including, but not limited to, e-

**Advocacy Office:**

1301 Pennsylvania Avenue NW, Suite 800  
Washington, DC 20004  
Ph: 202-785-3355 F: 202-452-1805

**National Office:**

55 W. Wacker Drive, Suite 1150 | Chicago, IL 60601  
Ph: 312-801-7630 F: 202-452-1805 Info@Lung.org

cigarettes and hookah. These products and others are increasingly common, especially among young adults<sup>1,2</sup>. The Lung Association would encourage CMS to include “other tobacco products” and specifically list e-cigarettes in the list of tobacco products to be identified.

The eQMs titled, “Tobacco Use Treatment Provided or Offered (TOB-2)/Tobacco Use Treatment (TOB-2a)” and “Tobacco Use Treatment Provided or Offered at Discharge (TOB-3)/Tobacco Use Treatment at Discharge (TOB-3a)” track which patients, who use tobacco products, have been offered cessation treatment. The numerator, and thus clinicians’ actions, should be based on the relevant U.S. Public Health Service guidelines, “Treating Tobacco Use and Dependence: 2008 Update.” As such, it should be clear that light tobacco users are offered all three forms of counseling (individual, group and phone) and heavy tobacco users are offered all FDA-approved cessation medications and all three forms of counseling, both during the hospital stay and at discharge.

The American Lung Association fully supports the inclusion of the three National Quality Forum endorsed Joint Commission tobacco cessation performance measures as eQMs. Their inclusion will encourage patients to quit, saving lives and money.

Thank you for the opportunity to comment.

Sincerely,



Harold P. Wimmer  
National President and CEO

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<sup>1</sup> E-Cigarette use triples among middle and high school students in just one year. Centers for Disease Control and Prevention. <http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html>.

<sup>2</sup> “E-cigarette usage surges in past year: Reuters/Ipsos poll,” *Reuters*, June 10, 2015, <http://www.reuters.com/article/2015/06/10/us-usa-ecigarette-poll-analysis-idUSKBN0OQ0CA20150610#FGzB8R5MQi8eDsk2.97>.