



December 3, 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:

On behalf of the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI), Altarum Institute Center for Prevention, American Cancer Society Cancer Action Network, American College of Preventive Medicine, American Lung Association, ClearWay Minnesota, Mayo Clinic, National Association of State Mental Health Program Directors (NASMHPD), we thank you for the opportunity to provide comments regarding the Centers for Medicare and Medicaid Services **Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM) Electronic Specification for Three Re-engineered Tobacco Treatment (TOB) Measures**.

We fully support the inclusion of the three National Quality Forum- (NQF) endorsed Joint Commission tobacco cessation performance measures¹ as electronic clinical quality measures (eQMs) across multiple Centers for Medicare and Medicaid Services (CMS) quality reporting programs:

- (TOB-1) Tobacco Use Screening;**
- (TOB-2) Tobacco Use Treatment Provided or Offered During Hospitalization; and,**
- (TOB-3) Tobacco Use Treatment Management at Discharge.**

The rationale for including tobacco dependence interventions during a hospitalization is compelling. Tobacco use is the leading cause of premature disease and death in the United States, responsible for almost half a million deaths and approximately \$150 billion in added healthcare costs each year.² Moreover, it is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications. Finally, tobacco use interferes with recovery and contributes to delayed bone and wound healing, infection, and other post-operative complications.

Hospitalizations are an ideal time to assist smokers to quit. Every hospital in the United States must provide a smoke-free environment if it is to be accredited by The Joint Commission. And, hospitals across the nation are increasingly implementing smoke-free campus policies. As a result, every hospitalized smoker is temporarily housed in a smoke-free environment. In this environment, they may be more motivated to quit than at any other time and that motivation may be enhanced because their hospitalization was caused or made worse by smoking.

In addition, if a hospitalized smoker receives counseling and is offered and uses cessation medication to manage withdrawal symptoms and has a positive experience, s/he may be more likely to continue using that medication to permanently quit after discharge.

Importantly, the U.S. Department of Health and Human Services Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence 2008 Update*³ (The Guideline) emphasizes that a hospitalization presents an unequalled opportunity to promote tobacco cessation and urges such evidence-based interventions be delivered to every hospitalized smoker. The Guideline provides specific actions regarding assisting hospitalized patients who smoke to quit.

Tobacco users have higher hospitalization rates than those who do not use tobacco and higher rates of readmission post-discharge. However, most hospitals have not placed a high priority on systematically identifying smokers, recording their smoking status, offering evidence-based assistance in quitting, and following up after discharge. These proposed CMS eQMs have the potential to help address, facilitate, and promote inpatient evidence-based tobacco cessation interventions.

Thank you for the opportunity to comment on these tobacco cessation eQMs.

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1. Fiore MC, Goplerud E, Schroeder SA. The Joint Commission's New Tobacco Cessation Measures – Will Hospitals Do the Right Thing? *N Engl J Med.* March 14, 2012; 10.1056/NEJMp1115176.
 2. U.S. Department of Health and Human Services. *The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General.* 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, 2014.
 3. Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 update.* Rockville, MD: U.S. Department of Health and Human Services, U.S. Public Health Service, Clinical Practice Guideline; 2008.