

Harold P. Wimmer
National President and
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June 26, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program: Hospital Inpatient Psychiatric Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2018 (FY 2019) [CMS 0 1690 -P]

Dear Secretary Azar:

The American Lung Association appreciates the opportunity to submit comments on the Medicare Program's Hospital Inpatient Psychiatric Prospective Payment System and Quality Reporting Updates.

The American Lung Association is the oldest voluntary public health organization in the United States, representing the 33 million Americans living with lung disease, including asthma, lung cancer and COPD. The Lung Association also fights for a tobacco-free society and to eliminate all tobacco related death and disease. Paramount to these goals is promoting access to guidelines-based cessation treatments and helping smokers quit.

According to the U.S. Surgeon General, almost half a million Americans die each year from a tobacco related illness.¹ And while the smoking rate among the general population is falling, great disparities still exist. The disparity is especially pronounced in populations with mental illness. People will serious physiological distress, according to the Kessler Scale, smoke at a rate of 35.8 percent, compared to the general population at 15.5 percent.² Studies estimate that people with mental illness die 25 years prematurely due to smoking related illness, not their mental health diagnosis.³ It is critical that all smokers get the help they need to quit, including those with a mental illness or behavioral health diagnosis.

New research is also showing the potential connection between the use of tobacco and the misuse of opioids. One study found that tobacco use may be an indicator of opioid addiction.⁴ And both nicotine and opioids are equally strong in stimulating the neurotransmitter dopamine, which is the key reward in addiction.⁵

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The overlap in the physiological way nicotine and opioids work reinforces that treating both drugs can help patients stay abstinent from both. Thus, many researchers have advocated that addiction treatment programs address tobacco use as well as the primary addiction.

Proposed Measures for Removal - TOB-1/NQF #1651 (Tobacco Use Screening Measure)

The Centers for Medicare and Medicaid Services (CMS) is proposing to remove TOB-1/NQF #1651, screening all patients for tobacco use. In the proposed rule, CMS has “topped out,” meaning that providers are reporting screening in such high numbers, there would be no additional increase in reporting if the measure is kept in the Inpatient Psychiatric Prospective Payment System reporting.

This reasoning is wholly contrary to recently released public data. Data released in May of 2018 show that only 48.9 percent of Mental Health Treatment Facilities and 64 percent of Substance Abuse Facilities screen for tobacco use.⁶ These data show that screening for tobacco use is not universal for patients with behavioral health diagnosis. CMS does not show any evidence that screening would not drop to even lower levels after removing the reporting requirement, nor does CMS acknowledge any improvements that could be made in screening for tobacco use.

Knowing which patients smoke is the only way to identify which patients need help quitting. The American Lung Association strongly encourages CMS to keep the TOB-1/ NQF #1651 for FY 2019. Screening all patients for tobacco use will continue to identify which patients need tobacco cessation treatment, reducing tobacco-related mortality in the behavioral health population.

Proposed Measures for Removal - TOB-3 and TOB-3a/ NQF #1656 (Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge)

CMS is also proposing to remove TOB-3 and TOB-3a/ NQF #1656, tobacco use treatment provided or offered at discharge and tobacco use treatment at discharge. The reasoning behind the removal of the measure was that it is duplicative of the NQF #0647 measure that is already required. However, the NQF #0647 measure is not sufficient to replace the TOB -3 and TOB-3a / NQF #1656.

NQF #0647 does not specifically ask about tobacco cessation treatment; it only requires that a transition record, which would include tobacco cessation treatment, if it were offered to the patient, be included. Recognizing the high smoking rate of the population that would be covered with the Inpatient Psychiatric Prospective Payment System, it is important that patients are explicitly asked about quitting smoking. It is also important that providers are reminded about advising patients to quit.

The American Lung Association strongly urges CMS to not remove the TOB -3 and TOB-3a / NQF #1656 measure. It will not be adequately replaced with the NQF #0647.

To reduce tobacco use and tobacco related death and disease – the number one cause of preventable death, patients need to be screened for tobacco use and advised to quit at every



opportunity. The Lung Association strongly urges CMS to keep and not remove the TOB-1 and TOB-3/ TOB-3a measures from the Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Rule for FY 2019. Thank you for the opportunity to provide comment.

Sincerely,



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CC: The Honorable Seema Verma, Administrator,
The Centers for Medicare and Medicaid Services

¹ US Department of Health and Human Services, The Health Consequences of Smoking: 50 Years of Progress: a Report of the Surgeon General, 2014 Atlanta, GA US 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

² Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:53–59. DOI: <http://dx.doi.org/10.15585/mmwr.mm6702a1>

³ Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. Annual review of public health. 2017;38:165-185. doi:10.1146/annurev-publhealth-031816-044618.

⁴ <https://www.fhi.no/globalassets/dokumenterfiler/rapporter/arkivert-rapporter/nicotine-dependence-predicts-repeated-use-of-prescribed-opioids.-prospective-population-based-cohort-study-pdf.pdf>

⁵ University of Chicago Medical Center. (2008, February 19). Opiate And Nicotine Have Surprisingly Similar Effect On Brain's Reward System. ScienceDaily. Retrieved June 26, 2018 from www.sciencedaily.com/releases/2008/02/080212171131.htm

⁶ Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>