

Harold P. Wimmer  
National President and  
CEO

May 3, 2019

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

**Re: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program**

Dear Secretary Azar:

The American Lung Association appreciates the opportunity to submit comments on 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program, specifically focusing on the provisions regarding documenting smoking status.

The American Lung Association is the oldest voluntary public health organization in the United States, representing the 35 million Americans living with lung disease, including asthma, lung cancer and COPD. The Lung Association fights for a tobacco-free society and to eliminate all tobacco-use and related disease. Paramount to these goals is promoting access to guidelines-based tobacco cessation treatments, encouraging providers to talk about quitting with patients and ultimately, helping smokers quit.

According to the U.S. Surgeon General, almost half a million Americans die each year from a tobacco related illness.<sup>1</sup> While the smoking rate among the general population is falling, 14 percent of adults in the United States still smoke.<sup>2</sup> The most recent data shows that over two-thirds of smokers in the United States want to quit, however, only about half of smokers received advice from their doctor to quit smoking.<sup>3</sup> Providers need to have up-to-date and accurate information about their patients to provide healthcare, including counseling patients who smoke to quit.

Over the past ten years, because of Meaningful Use requirements, the Joint – Commission TOB Measures and other key quality measures, recording tobacco use status in EHRs has become almost universal. Unfortunately, the smoking status classifications that are currently used by Health Systems are overlapping and duplicative, creating confusion.

**Advocacy Office:**

1331 Pennsylvania Avenue NW, Suite 1425 North  
Washington, DC 20004-1710  
Ph: 202-785-3355 F: 202-452-1805

**Corporate Office:**

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

ONC adopted the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT). This classification system is not ideal for recording smoking status. The current SNOMED CT classifications are:

- Current Every Day Smoker
- Current Some Day Smoker
- Smoker, Current Status Unknown
- Former Smoker
- Never Smoker
- Unknown If Ever Smoked
- Heavy Tobacco Smoker
- Light Tobacco Smoker

This SNOMED CT has subjective measures, such as heavy and light tobacco smoker, that cannot reasonably be used by another healthcare provider. Additionally, this structure has many overlapping categories. Overlapping and subjective classifications create confusion and make it more difficult for providers to assess previous tobacco use. This not only impacts patient quit attempts but can also impact providers suggesting life-saving screenings whose eligibility criteria are based on smoking history, such as lung cancer screenings. The Lung Association appreciates HHS' proposal to remove this confusing data set from 2015 Edition health IT certification criteria and ONC Certification Program.

However, the Lung Association strongly encourages HHS to adopt a new smoking status classification that is clear, non-duplicative and objective. The proposed classification categories are:

- Current Every Day Smoker
- Current Some Day Smoker
- Former Smoker
- Never Smoker
- Smoking Status Unknown

The ONC and specifically, the 2015 Edition health IT certification criteria and ONC Certification Program strives to create uniformity, so information can be shared, and health systems can be interoperable. The current smoking status classification does not achieve this goal, because the choices are not mutually exclusive. This creates confusion for providers and does not support helping smokers quit, which saves both lives and money.

The Lung Association also encourages ONC to include in their standards of the pack year history for current and former smokers, as well as the ability to track changes in pack years over time. A pack year is the number of packs of cigarettes per day that a person smoked. For example, if a person smoked a pack per day for 20 years they would have a 20-year pack history. Similarly, if a person smoked two packs per day for 10 years, they would also have a 20-year pack history. This information informs providers and patients about additional health risks and could prompt additional screenings for secondary prevention.



It is important that ONC adopts the new classification system to accurately identify smokers. This can be built upon to encourage providers to not only ask about smoking status, but to also offer a tobacco cessation intervention, helping smokers quit for good and direct patients into appropriate preventive screenings.

Thank you for the opportunity to submit comments.

Sincerely,



Harold P. Wimmer  
National President and CEO

CC: Don Rucker, MD  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology

---

<sup>1</sup> 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

<sup>2</sup> Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults — United States, 2017. MMWR Morb Mortal Wkly Rep 2018;67:1225–1232. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2External>.

<sup>3</sup> Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. MMWR Morb Mortal Wkly Re p 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

