



October 4th, 2011

Donald M. Berwick, MD
Administrator, Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Berwick:

We are writing today to urge the Centers for Medicare and Medicaid Services (CMS) to add The Joint Commission's evidence-based tobacco treatment measure set to the Hospital Inpatient Quality Reporting (IQR) Program as part of the 2013 Inpatient Prospective Payment Systems (IPPS) rule. Under the IPPS final rule for Fiscal Year 2012, CMS listed tobacco cessation as a measure set that may be added to the IQR Program in the future (Federal Register, Vol. 76, No. 160, p. 51637). We urge you to include this important quality measure in the IQR Program when you develop the 2013 IPPS rule.

The co-signing organizations applaud CMS for all its efforts to promote higher quality and more efficient health care. In particular, we support CMS in its consideration of tobacco cessation services as potential quality measures in the IQR Program, which provides hospitals that report selected quality measures with a higher payment update than hospitals that do not report. These services, as outlined in The Joint Commission's tobacco measure set, should become standard and routine in all American hospitals. Collecting this information and reporting it to CMS will create incentives for hospitals to improve their performance, which will increase the number of inpatients receiving cost-effective tobacco cessation services. Given the potential improvements in health from helping more tobacco users to quit, we request that CMS act quickly and incorporate these services into the IQR Program as part of the IPPS rule for 2013. [Note: CMS has already shown support for The Joint Commission's tobacco measure set by including it in the Specifications Manual for National Hospital Inpatient Quality Measures, a collaborative effort of CMS and The Joint Commission to publish a uniform set of national quality measures.]

Adding the tobacco cessation measure to the IQR Program will also make this measure eligible for inclusion in the new Hospital Value-Based Purchasing (VBP) Program. Under the VBP program, hospitals will have an incentive to not only report selected quality measures but to

perform well on them. We believe the tobacco cessation measure is an appropriate measure to include in the VBP program.

As background, in 2004 The Joint Commission implemented performance measures for the delivery of evidence-based tobacco dependence interventions to patients with a history of tobacco use and diagnoses of acute myocardial infarction, congestive heart failure, or community-acquired pneumonia. Determination of hospital compliance with this requirement included assessment of whether tobacco users discharged with these diagnoses received advice or assistance to quit during their hospital stay. Over time, hospitals' performance on these measures improved. However, because these measures only applied to a narrow patient group and did not require hospitals to deliver specific evidence-based treatment or connect patients to post-discharge care, the measures were not as effective as they could have been. These measures have now been retired by The Joint Commission.

In 2011, The Joint Commission established a new set of evidence-based performance measures to address the assessment and treatment of tobacco dependence for all hospitalized patients. This new measure set, which will be implemented beginning in January 2012, is more comprehensive and will be of greater benefit to patients, with the potential to dramatically increase the number of hospitalized tobacco users who receive treatment. Including the tobacco measure set in the IQR Program as part of the 2013 IPPS Rule, and ultimately in the VBP program, will greatly improve health outcomes and significantly decrease healthcare costs associated with tobacco use.

The co-signing organizations urge CMS to help make tobacco cessation a national priority by championing the role hospitals can play in helping patients be tobacco free. Tobacco use is the leading cause of preventable disease and death in the United States and is responsible for over 440,000 deaths annually. Additionally, the economic burden of tobacco use includes approximately \$193 billion annually in health care costs and lost productivity. CMS already has a vested interest in tobacco control –

- The smoking rate among Medicaid beneficiaries is well over 30%, much higher than the rate for the general adult population (19.3%).
- The treatment of smoking-related disease costs Medicaid approximately \$22 billion annually, or about 11% of all Medicaid expenditures.
- The smoking rate among Medicare beneficiaries is approximately 9%.
- The treatment of smoking-related disease costs Medicare tens of billions of dollars annually as well.

Hospitalization is an excellent opportunity to intervene and help tobacco users quit. Hospitals have an important opportunity to serve their communities, providing quality care by encouraging and supporting their patients in tobacco cessation. By including The Joint Commission tobacco measures in the IQR Program as part of the 2013 IPPS Rule, and hopefully the VBP program,

CMS can positively and significantly affect the treatment of tobacco users in hospitals throughout the United States, improving health, saving lives, saving healthcare costs and generating a positive return on investment. We entreat CMS to act on this request.

Thank you in advance. Yours in good health,



Christopher W. Hansen, President
American Cancer Society Cancer Action Network



Charles D. Connor, President and CEO
American Lung Association



Matthew L. Myers, President
Campaign for Tobacco-Free Kids



Cheryl Healton, President and CEO
Legacy



Jud Richland, President and CEO
Partnership for Prevention