



October 29, 2013

The organizations above urge the National Quality Forum **to endorse the three Joint Commission tobacco measures: NQF #1651 (TOB-1), NQF #1654 (TOB-2), and NQF #1656 (TOB-3)** as recommended by NQF's Behavioral Health Steering Committee.

The rationale for this request 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 more than \$100 billion in added healthcare costs each year. It is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications. Tobacco use also interferes with recovery post-hospitalization 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 hospitalized smoker is temporarily housed in a smoke-free environment. In this environment, they may be more motivated to quit and that motivation may be enhanced because their hospitalization may have been caused or made worse by smoking. In addition, if a hospitalized smoker is provided 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. DHHS Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence 2008 Update* emphasizes that a hospitalization presents an unequalled opportunity to promote tobacco cessation and urges that evidence-based counseling and medication treatments be provided to every hospitalized smoker.

Tobacco users have higher hospitalization rates and higher rates of readmission post-discharge compared to non-tobacco users. Most hospitals have not placed a high priority on systematically identifying smokers, recording their smoking status, and offering evidence-based assistance in quitting during the hospitalization and at discharge. NQF endorsement of TOB-1, TOB-2, and TOB-3 will go a long way in changing this medical oversight.

We recommend that NQF #1651 (TOB-1) Tobacco Use Screening match the Meaningful Use criteria for identification of smoking status by changing it to patients *aged 13 years and older*. We'd like to suggest that e-cigarettes be included in the NQF #1651 (TOB-1) description of tobacco use (cigarettes, smokeless tobacco, pipe, cigars, and *electronic cigarettes*).