



June 30, 2014

Marilyn Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Ave., SW, Room 445-G  
Washington, D.C. 20201

**Re: CMS-1607-P: Medicare Program; Hospital Inpatient Prospective Payment System for Acute Care Hospital and the Long-Term Care Hospital Prospective Payment System**  
79 Fed. Reg. 27978 (May 15, 2014)

Dear Administrator Tavenner:

On behalf of the UW Center for Tobacco Research and Intervention, Partnership for Prevention, American Association for Cancer Research, American Cancer Society Cancer Action Network, American College of Preventive Medicine, American Lung Association, Campaign for Tobacco-Free Kids, Collaborating to Conquer Cancer (C-Change), Legacy, Lung Cancer Alliance, National Association of County & City Health Officials (NACCHO), National Association of State Mental Health Program Directors (NASMHPD), Prevention Institute, Prevention Partners, Public Health Institute, and Smoking Cessation Leadership Center, we thank you for the opportunity to provide comments regarding the Centers for Medicare and Medicaid Services (CMS) 2015 Proposed Rule on Inpatient Prospective Payment System (IPPS).

**The public health organizations signing on to this comment urge the CMS to amend the 2015 IPPS Rule to include in its quality reporting requirements for U.S. acute and long term care hospitals the three NQF-endorsed Joint Commission tobacco performance measures:**

- a) (TOB-1; NQF #1651) Tobacco Use Screening;
- b) (TOB-2; NQF #1654) Tobacco Use Treatment Provided or Offered During Hospitalization; and,
- c) (TOB-3; NQF #1656) Tobacco Use Treatment Management at Discharge.

Note that this is consistent with prior comments made to CMS in [2011](#) and [2013](#).

CMS announced in an April 30, 2014 Proposed Rule on the Medicare Inpatient Prospective Payment System<sup>1</sup> (IPPS) their proposed fiscal year 2015 rates and the quality reporting requirements. The three NQF-endorsed Joint Commission tobacco performance measures were not included in the quality reporting requirements in the 2015 Proposed Rule for acute and long-term care hospitals.

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 approximately \$150 billion in added healthcare costs each year.<sup>1</sup> Moreover, it is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications.<sup>2</sup> Tobacco use also interferes with recovery and contributes to delayed bone and wound healing, infection, and other post-operative complications.<sup>3</sup>

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 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*<sup>3</sup> (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.

In January 2012, The Joint Commission adopted a new tobacco performance measure set, developed and tested for use with all hospitalized patients.<sup>4</sup> Of particular note, the in-patient components of the tobacco performance measure set were endorsed by the National Quality Forum In February 2014.

Based on this evidence and rationale, we are requesting that the 2015 IPPS final rule for acute and long-term care hospitals be amended to include **The Joint Commission tobacco performance measure set** in its quality reporting requirements. Identifying and treating tobacco use is a cost effective and medically effective clinical intervention that has been demonstrated to improve health and reduce costs. It is vital that the tobacco measure set is included in the 2015 IPPS quality reporting requirements in the acute and long-term care hospital IPPS.

Thank you for considering this request. If you have any questions regarding our comments, please contact Rob Adsit at the University of Wisconsin Center for Tobacco Research and Intervention, at [ra1@ctri.wisc.edu](mailto:ra1@ctri.wisc.edu) or 608-262-7557.

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1. 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.)
  2. Helping Patients Quit: Implementing The Joint Commission Tobacco Measure Set in Your Hospital. 2012. Partnership for Prevention. <http://www.prevent.org/data/files/resourcedocs/hpg,%20full,%20final,%2010-31-11.pdf>
  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; 2008.
  4. 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.