Tobacco Cessation Quality Measures

Quitting smoking is the best thing that a smoker can do to improve their health. Quitting is difficult and patients often need help, advice and support from their provider(s). Unfortunately, the 2020 Surgeon General's report on Smoking Cessation found that, "four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit." This is a problem as it is a missed opportunity for providers to facilitate the quitting process, especially given that smokers consistently cite a doctor's advice to quit as an important motivator to attempt quitting.

Quality measures for tobacco cessation can play an important role in the healthcare system by encouraging providers to ask about tobacco use and provide treatment, especially if linked to certification or provider payment. There are a limited number of quality measures that specifically address tobacco cessation. The chart below lists those measures, what they measure, who they measure, how they are currently used and other key information. This information can show where some of the tobacco cessation quality measures are already being used and can also help identify the most appropriate tobacco cessation quality measure to use with various health systems and payors. For a primer on quality measures, please see our factsheet on the quality measures. **Please note, there is a glossary of key terms and acronyms at the end of the document.**

Name	Details	Reporting Level	Current Use	Patient Population	Provider Payment	Other Notes
Medical Assistance with Smoking and Tobacco Use Cessation (MSC) • Composite Measure • NQF ID: 0027 (NQF Endorsement Removed) • CMIT ID: 2867 • Steward: National Committee for Quality Assurance (NCQA)	Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of Members age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year. Discussing Cessation Medications: A rolling average represents the percentage of Members age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. Discussing Cessation Strategies: A rolling average represents the percentage of Members age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	Health Plan	HEDIS Quality Measure System	Patients with commercial health insurance and Medicaid Managed Care plans	Plans submit data to be certified. Also allows the public to compare between types of health plans.	
			Marketplace Quality Rating System	• Used to certify qualified health plans (QHP) and determine quality ratings for QHPs that are publicly displayed. • Population: People 18 and up, purchasing health insurance via Healthcare.gov.	Does not impact provider payment but does impact quality ratings for private insurance plans.	
			Medicaid Adult Core Set (Behavioral Health Care)	• Medicaid Adult Core set is voluntary for states and Medicaid Managed Care Plans. • The SUPPORT Act, P.L. 115-271, requires states to report on the behavioral health measures in the core set starting in FY 2024. Currently NQF 0027 is one of theses.	Adults enrolled in state Medicaid programs.	

Name	Details	Reporting Level	Current Use	Patient Population	Provider Payment	Other Notes
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (eCQM) • Process Measure • NQF ID: 0028e (endorsed) • CMIT ID: 5792 • Steward: Physician Consortium for Performance Improvement Foundation (PCPI)	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.	Clinicians (groups/ practices)	CQMC Core Sets: • Cardiovascular • Behavioral Health • Accountable Care Organization (ACO) • Primary Care Medical Home (PCMH) • Primary Care	These core sets can be used by private and public payors.	These core sets can be used by private and public payors.	Previously required in the *Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Providers*. Removed in February 2017. This program changed due to changes in law and Medicare payments.
			Medicaid Promoting Interoperability Program for Eligible Providers	Medicaid Patients	Incentive payments for providers/ practices to encourage providers to use certified electronic health records.	
			Merit-Based Incentive Payment System (MIPS) Program	Medicare Patients	Yes, can impact payment.	
			Million Hearts®	Patients whose Health System or Clinicians have committed to Million Hearts®	No	
			Physician Care Compare	Medicare Providers	No, but does influence information patients can see/ compare about potential providers.	
Tobacco Use Screening (TOB 1) • Process Measure • NQF ID: 1651 (Endorsement removed) • CMIT ID: 1482 • Steward: The Joint Commission	The number of patients who were screened for tobacco use status within the first three days of admission.	Facility				Previously required in the following Programs and removed: • Hospital Compare – July 2019 • Inpatient Psychiatric Facility Quality Reporting – October 2019

Name	Details	Reporting Level	Current Use	Patient Population	Provider Payment	Other Notes
Tobacco Use Treatment (TOB 2/2a) • Composite Measure • NQF ID: 1654 (Endorsement Removed) • CMIT ID: 2588 • Steward: The Joint Commission	Subset of measure TOB-2. The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)	Facility	Hospital Compare	Medicare hospital patients	No, but the data is used in a public tool to compare hospitals.	
			Inpatient Psychiatric Facility Quality Reporting	Medicare patients in psychiatric facilities	Yes	
Tobacco use treatment at discharge (TOB 3/3a) • Composite Measure • NQF ID: 1656 (Endorsement Removed) • CMIT ID: 2589 • Steward: The Joint Commission	TOB-3: The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge TOB-3a: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.	Facility	Hospital Compare	Medicare hospital patients	No, but the data is used in a public tool to compare hospitals.	
			Inpatient Psychiatric Facility Quality Reporting	Medicare patients in psychiatric facilities	Yes	
Adult Local Current Smoking Prevalence • Outcome Measure • NQF ID: 9999 (Not NQF Endorsed) • CMIT ID: • Steward: CDC, CMS	Percentage of adults in a county that currently smoke (defined as having smoked 100 cigarettes)		Not currently in use			

Name	Details	Reporting Level	Current Use	Patient Population	Provider Payment	Other Notes
Anesthesiology Smoking Abstinence • Intermediate Outcome Measure • PQRS #404 • NQF ID: 9999 (Not NQF Endorsed) • CMIT ID: 2538 • Steward: American Society of Anesthesiologists	The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.	Healthcare Provider	MIPS: Anesthesiology Specialty-Specific Measure Set	All patients aged 18 years and older who are evaluated in preparation for elective surgical, diagnostic, or pain procedure requiring anesthesia services and identified as a current smoker prior to the day of the surgery or procedure with instruction from anesthesiologist or proxy to abstain from smoking on the day of surgery or procedure.	The measure is included in the CMS-recommended Anesthesiology Measure set (MIPS), however eligible providers do not have to report it for the required six measures for the MIPS Quality component. (2021)	Previously required in the following Programs and removed: • Removed from Medicare Physician Reporting System (October 2018) • Removed from Physician Feedback/ Quality Resource Use Report (October 2018) • Removed from Physician Value-Based Payment Modifier (October 2018)
Diabetes Composite • Composite Measure • NQF ID: 0729 (Endorsed) • CMIT ID: 1241 • Steward: Centers for Medicare & Medicaid Services (CMS)	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, blood pressure, statin use, tobacco non-use and daily aspirin or anti-platelet use for patients with diagnosis of ischemic vascular disease) with the intent of preventing or reducing future complications associated with poorly managed diabetes.		Physician Care Compare	Medicare Providers	No, but does influence information patients can see/ compare about potential providers.	This measure was previously required in the following programs and has since been removed: • *Medicare Physician Quality Reporting System* – Removed October 2018
Tobacco Use and Help with Quitting Among Adolescents • Process Measure • NQF ID: 2803 (Endorsed) • CMIT ID: 2274 • Steward: National Committee for Quality Assurance (NCQA)	The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	Clinicians: Groups/ Practices	Merit-Based Incentive Payment System (MIPS) Program	Medicare Patients	Yes	This measure was previously required in the following programs and has since been removed: • *Medicare Physician Quality Reporting System* – Removed October 2018 • *Physician Feedback/ Quality Resource Use Report* – Removed October 2018 • *Physician Value-Based Payment Modifier* – Removed October 2018
			Physician Care Compare	Medicare Providers	No, but does influence information patients can see/ compare about potential providers.	

Glossary

- **ACA** – Affordable Care Act
- **ACO** – Accountable Care Organization
- **ARRA** – American Recovery and Reinvestment Act
- **CHIP** – Children's Health Insurance Program
- **CQMC** – Quality Core Measures Collaborative
- **EHR** – Electronic Health Record
- **FDA** – Food and Drug Administration
- **HITECH** – Health Information Technology for Economic and Clinical Health Act
- **MACRA** – Medicare Access and CHIP Reauthorization Act
- **MIPS** – Merit-Based Incentive Payment System
- **NQF** – National Quality Forum
- **PCMH** – Patient Centered Medical Home
- **SUPPORT Act** – Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
- **TOB** – Tobacco Treatment Measures

Definition of Types of Measures

- **Structural Measures**
  These measures provide patients a sense of the healthcare provider's capacity, systems, and processes to provide high-quality care. (ie. Ratio of patients to providers)
- **Process Measures**
  These measures indicate to patients what a provider does to improve health. These are typically based on clinical guidance. These are frequently used for public reporting purposes. (ie. Percentage of people with diabetes who had their blood sugar tested)
- **Outcome Measures**
  These measures evaluate the impact of the service provided. (ie. Rate of hospital acquired infection)
- **Efficiency Measures**
  These measures evaluate the cost and resources used to deliver care (ie. Episode-based cost measures)
- **Composite Measures**
  These measures combine several measures to get a more complete picture of quality for a disease. (ie. Comprehensive diabetes care)

American Lung Association.