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Tobacco Cessation and Quality Measures: An Overview

Tobacco use is the leading cause of preventable death and disease in the United States. The most important thing any smoker can do to improve his or her health is to quit smoking. Approximately seven out of ten smokers want to quit, but only half receive advice to quit from a health professional and make a quit attempt annually, and only one out of ten quit successfully.[1] Quality measures, especially when linked to provider payment and performance feedback, can help change provider behavior.

With respect to tobacco cessation, quality measures can encourage providers to help smokers quit and connect patients to cessation resources because outcomes are directly linked to reimbursement. Cessation resources include multiple treatments that increase smokers' chances of successfully quitting. Nicotine replacement therapy (NRT), bupropion and varenicline, as well as three types of counseling have all been recommended by the U.S. Department of Health and Human Services' Public Health Service, "Treating Tobacco Use and Dependence Clinical Practice Guideline: 2008 Update."

Comprehensive Cessation Benefit:

Seven Medications:

NRT Gum (OTC)
NRT Patch (OTC)
NRT Lozenge (OTC)
NRT Inhaler
NRT Nasal Spray
Bupropion
Varenicline

Three Forms of Counseling:

Individual
Group
Phone

Tobacco Cessation and Quality Measures

There are several quality measure programs that include measures relating to tobacco use and tobacco cessation. This document first explains what quality measures are and then outlines some commonly used quality measure programs, any tobacco cessation measures included in them and how they can be utilized at the local and state level.

What are Quality Measures?

According to the Centers for Medicare and Medicaid Services (CMS), "Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality healthcare and/or that relate to one or more quality goals for healthcare."[2]

Quality measures compare performance among providers, healthcare systems and outcomes to meet goals of effectiveness, safety, efficiency, patient-centeredness, equity and timely care. They focus on:

- Driving care improvement
- Informing consumers through public reporting
- Influencing provider payment

At their most basic, quality measures are about driving the delivery and documentation of timely and high-quality patient care. Quality measures incentivize clinicians and health systems to improve the quality of care being delivered, shifting the healthcare system away from being driven by the quantity of care being delivered.

The Healthcare Effectiveness Data and Information Set (HEDIS)

- As one of the most widely used performance improvement tools in healthcare, HEDIS measures the clinical quality performance of health plans. This is conducted through the collection and analysis of reports by providers.[3] HEDIS ratings help health plans understand the quality of care being delivered to their members. HEDIS ratings also allow consumers to compare health plan performance to other plans and to national or regional benchmarks.
- **Relevant Tobacco Measures**[4]:
  - Advising Tobacco Users to Quit – The percentage of people 18 years of age and older who were current tobacco users, were seen by a health plan practitioner during the measurement year and received advice to quit smoking or using tobacco.
  - Discussing Cessation Strategies – The percentage of people 18 years of age and older who were current tobacco users, were seen by a practitioner during the measurement year and discussed or were recommended cessation methods or strategies.
  - Discussing Cessation Medications – The percentage of people 18 years of age and older who were current tobacco users, were seen by a practitioner during the measurement year and discussed or were recommended cessation medications.
- **Key Takeaway**
  - Local and state health departments can work with local health systems to first see if HEDIS measures are being collected. If they are, they can use the data to determine if practitioners are helping reduce the smoking rates by advising their patients to quit smoking and discussing cessation strategies and medications.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- The CAHPS program is a series of patient surveys that measure patient/member experience with healthcare in an effort to advance patient-centered care. "Users of CAHPS survey results include patients and consumers, healthcare providers, public and private purchasers of healthcare accreditation organizations, health plans and regional improvement collaboratives."[5]
- When discussing the interactions patients have with the healthcare system, it includes their care from a variety of healthcare professionals, healthcare facilities and their care from health plans.[6]
- **Relevant Tobacco Measures**[7]:
  - CAHPS surveys include questions that correlate with the HEDIS tobacco measures. Consumers are asked questions regarding being screened for tobacco use, receiving advice to quit smoking, and discussing cessation strategies and cessation medications with their healthcare provider.
- **Key Takeaway**
  - Local and state health departments can work with local health systems to ensure that CAHPS surveys are being administered to patients, and that they include questions associated with the HEDIS tobacco measures. Local public health officials can also offer healthcare providers with the resources from CAHPS's website, which include a variety of tools proven effective when discussing quitting with current smokers. Many of the tools are also relevant to providers, as they include guides on how to identify users and deliver appropriate interventions.

Medicare Access and CHIP Reauthorization (MACRA)[8]

- In 2015, the Centers for Medicare and Medicaid Services (CMS) Medicare Access and CHIP Reauthorization Act (MACRA) enacted a new payment framework and Quality Payment Program (QPP) focused on quality and value-based care. It replaced the Medicare reimbursement schedule with a new pay-for-performance program that is focused on quality, value and accountability. This framework rewards healthcare providers for giving better care instead of more services.
- The Quality Payment Program (QPP) of MACRA went into effect on January 1, 2017. It created a new framework for rewarding healthcare providers who provide higher-value care by introducing two new reimbursement structures: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM).
  - Merit-Based Incentive Payment System (MIPS) is a program that determines Medicare Part B payment adjustments by using a composite performance score to determine if eligible professionals (EPs) receive a payment bonus, a payment penalty or no payment adjustment.
  - The goals of MIPS include[9]:
    - Tying payments to quality and cost-efficient care
    - Increasing the use of healthcare information
    - Driving improvement in care processes and health outcomes, and
    - Reducing the cost of care
  - There are four performance categories that make up the final score.[8] These categories are:
    - Quality: The category replaced the Physician Quality Reporting System (PQRS), which is a quality reporting program that encourages EPs and group practices to report information on the quality of care to Medicare. This new performance category covers the quality of the care you deliver, and it is determined by the performance measures created by CMS, as well as medical professional and stakeholder groups.
    - Promoting Interoperability: This category replaced the Medicare EHR Incentive Program (i.e. Meaningful Use), which uses certified EHRs and exchanges patient clinical data. This new performance category focuses on patient engagement and the exchange of health information, using certified electronic health record technology (CEHRT) in a comprehensive manner.
    - Cost: This category replaced the Value Modifier (VM or Value-Based Payment Modifier), which measures the quality and cost of care provided to people with Medicare under the Medicare Physician Fee Schedule. Under this new performance category, the cost of care provided will be calculated by CMS using Medicare claims.
    - Improvement Activities: This is a new performance category that includes an inventory of activities that promote ongoing improvement and innovation.
  - The Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. It is moving away from the fee-for-service model. MIPS-eligible clinicians participating in an APM are also subject to MIPS.
    - An Advanced APM is a subset of the APM that lets practices earn more rewards in exchange for taking on risk related to patient outcomes. This path is considered for providers who go the furthest in delivering high-quality, coordinated and efficient care.[10]

- **Relevant Tobacco Measures**
  - Tobacco Use: Screening and Cessation Intervention, National Quality Forum Performance Measure #0028 is one of the QPP performance quality measures and assesses the percentage of adult patients screened for tobacco use, and for those identified as a tobacco user, the percentage who received a cessation intervention—including counseling and/or pharmacotherapy.[11]
- **Key Takeaway**
  - Local and state health departments can work with local health systems to implement one of the two new reimbursement structures introduced through MACRA, and assist health systems in focusing on the quality of care versus the quantity of care provided.

Meaningful Use

- Meaningful Use leveraged certified Electronic Health Records (EHRs) and exchanging patient clinical data between providers, between providers and insurers and between providers and patients.
- With the introduction of MACRA, Meaningful Use was transitioned to become one of the four components of MIPS.
- The goals of Meaningful Use were to[12]:
  - Improve quality, safety, efficiency and reduce health disparities
  - Engage patients and family
  - Improve care coordination, and population and public health
  - Maintain privacy and security of patient health information
- Meaningful Use had significant participation among health professionals and hospitals, and provides an economic incentive for these stakeholders to record structured data, including tobacco use.
- **Relevant Tobacco Measures**
  - Tobacco Use: Screening and Cessation Intervention, National Quality Forum Performance Measure #0028 is one of the QPP performance quality measures and assesses the percentage of adult patients screened for tobacco use, and for those identified as a tobacco user, the percentage who received a cessation intervention—including counseling and/or pharmacotherapy.[11]
- Meaningful Use has led to an increased documentation of smoking status in EHRs by doctors across the country.
- **Key Takeaway**
  - Meaningful Use, for many types of providers, has been replaced with MACRA. However, many providers and hospitals are still required to participate in the Meaningful Use program. Local and state health departments can work with providers to build on the success of Meaningful Use in recording smoking status, and build upon it to help smokers quit.

Meaningful Measures

- Meaningful Measures framework is an initiative designed by CMS to identify "high priorities for quality measurement improvement and to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers."[13]
- The framework contains nineteen Meaningful Measures areas organized into specific, overarching healthcare quality priorities. The Meaningful Measures areas are designed to focus efforts on the same quality areas and lend specificity, which can help[14]:
    - Promote alignment across quality initiatives and programs to minimize provider burden.
    - Promote more focused quality measure development toward outcomes that are meaningful to patients, families and their providers.
    - Identify the big-picture quality issues that are the highest priority in improving the health and healthcare of patients and communities.
    - Communicate how CMS programs and measures improve patients' health, and how CMS plans to deliver value—better care, smarter spending, healthier communities— to meet the needs of patients.
- Meaningful Measures focuses health care quality efforts on what is important to patients, families and caregivers, such as making informed decisions about their care, aligning care with the patient's goals and preferences and improving quality of life and patient outcomes.
- This framework allows clinicians and providers the ability to focus on patients and improve quality of care in ways that are meaningful to them.
- **Relevant Tobacco Measures**
    - There are no tobacco-specific measures within the Meaningful Measures framework.
- **Key Takeaway**
    - While there are no relevant tobacco measures, local and state health departments can use the overarching goal of Meaningful Measures to develop their own tobacco measures with respect to their work in cessation.

Tobacco Performance Measure Set (Inpatient)

- The Joint Commission developed the Tobacco Performance Measure Set, which are three standardized performance measures addressing tobacco screening and cessation counseling.[15]
    - Measure 1: Tobacco use screening of patients 18 years and over
    - Measure 2: Tobacco use treatment, including counseling and medication during hospitalization
    - Measure 3: Tobacco use treatment management plan at discharge
- CMS began using all three Joint Commission Tobacco Performance Measures as part of its Inpatient Prospective Payment System (IPPS) in 2016–2017 for Inpatient Psychiatric Facilities. IPPS is a quality reporting mechanism that incentivizes compliance with key performance goals by withholding a portion of federal Medicare reimbursements for states that do not meet those goals.
- **Key Takeaway**
    - The three measures can be implemented throughout all local and state health departments as part of their primary care routine.

[1] Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Adults – United States, 2000-2015. MMWR Morb Mortal Wkly Rep 2017;65:1457-1464. DOI: http://dx.doi.org/10.15585/mmwr.mm6552a1
[2] Centers for Medicare & Medicaid Services. (2019, March 5). Quality Measures. Retrieved from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html?redirect=/qualitymeasures/05_ehrincentiveprogramappeals.asp
[3] Hedis and Performance Measurement. (2019). From https://www.ncqa.org/hedis/
[4] Medical Assistance with Smoking and Tobacco Use Cessation. (2019). From https://www.ncqa.org/hedis/measures/medical-assistance-with-smoking-and-tobacco-use-cessation/
[5] U.S. Department of Health & Human Services. (2019, April). About CAHPS. From https://www.ahrq.gov/cahps/about-cahps/index.html
[6] U.S. Department of Health & Human Services. (2017, March). What is Patient Experience? From https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html
[7] U.S. Department of Health & Human Services. Topic: Tobacco Use. From https://www.ahrq.gov/topics/tobacco-use.html
[8] Centers for Medicare & Medicaid Services. (2018, September 21). MACRA: MIPS & APMs. From https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html
[9] MIPS Overview. From https://qpp.cms.gov/mips/overview
[10] U.S. Department of Health & Human Services. (2017, September 14). Advanced Alternative Payment Model. From https://www.healthit.gov/topic/federal-incentive-programs/advanced-alternative-payment-model
[11] Quality Positioning System Measure Description Display Information—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention. (2017, June 28). From http://www.qualityforum.org/Qps/MeasureDetails.aspx?standardID=3225&print=0&entityTypeID=1
[12] U.S. Department of Health & Human Services. (2019, January 9). Meaningful Use. From https://www.healthit.gov/topic/meaningful-use-and-macra/meaningful-use
[13] Centers for Medicare & Medicaid Services. (2017). Overview of the CMS Meaningful Measures Initiative. From https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Meaningful-Measures_Overview-Fact-Sheet_508_2018-02-28.pdf
[14] Centers for Medicare & Medicaid Services. (2018, October 25). Meaningful Measures Hug. From https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html#Breaking%20It%20Down
[15] The Joint Commission. (2018, September 26). Specifications Manual for National Hospital Inpatient Quality measures. From https://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx