



Quality Measures and Tobacco Cessation

Tobacco use is the leading cause of preventable death and disease in the U.S. The most important thing any smoker can do to improve his or her health is to quit smoking completely. More than two out of three smokers want to quit but in 2015, only half received advice to quit from a health professional and made a quit attempt. Quality measures, especially when linked to provider payment, can change provider behavior and increase the advice given to patients to quit smoking.

What are quality measures?

- According to 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 health care and/or that relate to one or more quality goals for health care.”¹
- Quality measures compare performance among providers, healthcare systems and outcomes to meet goals of effectiveness, safety, efficiency, patient-centeredness, equity and timely care.
- The goal of using health quality measures is to provide consistent, timely and high-quality patient care.

How do quality measures influence provider behavior?

- Health professionals and health systems are incentivized by reimbursement: *what is measured gets done and what is paid for gets done.*
- Provider payments linked to health quality measures drive provider behavior and influence outcomes. Reimbursement is a huge driver of clinical services and delivery.
- The Affordable Care Act partially shifted provider reimbursement from quantity of care towards quality of care, encouraging payment based on the value of care provided. Value-based care is designed around patients and their health outcomes, basing payment on best practices that improve quality and outcome rather than the number of healthcare services delivered.

How can health systems use quality measures to incentivize health professionals to address smoking and recommended tobacco cessation treatments to patients?

- Tobacco screening and brief help by a health professional on tobacco cessation during an office visit is effective for smokers who want help to quit.² Smokers consistently cite a doctor’s advice to quit as an important motivator to attempt quitting.³
- Integrating system-level tobacco intervention efforts such as electronic health records (EHR) that prompt questions on tobacco use into healthcare practice can prompt providers to identify smokers and document tobacco use status.
- Quality measures for tobacco cessation encourage providers to help smokers quit and connect patients to cessation resources because outcomes are directly linked to reimbursement.



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Meaningful Use

- “Meaningful Use” is using certified EHRs and exchanging patient clinical data between providers, between providers and insurers and between providers and patients
- The goals of Meaningful Use are to:
 - 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 information⁴
- CMS awards incentive payments to eligible providers and eligible hospitals that demonstrate Meaningful Use⁵
- Meaningful Use has significant participation among health professionals and hospitals, and provides an economic incentive for these stakeholders to record structured data including tobacco use.

Medicare Access and Chip Reauthorization Act (MACRA)⁶

- The Medicare Access and CHIP Reauthorization Act (MACRA) is a 2015 law that enacted a new payment framework and Quality Payment Program (QPP) focused on quality and value-based care. Medicare payments are adjusted based on the amount of data submitted and how well providers did on certain performance 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 cessation counseling or referred to a more intensive cessation intervention.⁷

Tobacco Performance Measure Set

- The Joint Commission developed the Tobacco Performance Measure Set, which are three standardized performance measures addressing tobacco screening and cessation counseling.⁸
 - 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 Psychiatric Facility Prospective Payment System (IPPS) in 2016–2017. Subsequently, CMS removed tobacco measure 1 as of 2019. 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.



¹ https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html?redirect=/qualitymeasures/05_ehrincentiveprogramappeals.asp

² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm

³ <http://www.tobaccofreemaine.org/channels/providers/>

⁴ <https://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives>

⁵ <https://www.healthit.gov/providers-professionals/ehr-incentive-payment-timeline>

⁶ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

⁷ http://healthmonix.com/mips_quality_measure/preventive-care-and-screening-tobacco-use-screening-and-cessation-intervention-measure-226/

⁸ https://www.jointcommission.org/tobacco_treatment/