Harold P. Wimmer
National President and
CEO

December 19, 2019

National Committee for Quality Assurance
1100 13th St. NW, Third Floor
Washington, DC 20005

Re: Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – **Advising Smokers to Quit Rate**

To Whom it May Concern:

The American Lung Association does not support the removal from the Medicare product line of the HEDIS/CAHPS measure: *"Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – **Advising Smokers to Quit Rate**" and urge the NCQA to continue to require this* critically important measure.

Medicare enrollees smoke at a rate of 9.4 percent[1], which equates to over five and a half million seniors in the United States who smoke.[2] Quitting smoking, at any age, is the best thing a person can do to improve their health. Quitting smoking lowers patients' risk of lung disease, cancer, heart attacks and strokes. For patients that already have a co-morbidity, quitting can help improve blood circulation. Quitting also reduces the chance of having cancer, a heart attack or stroke.[3]

Between 40 and 50 percent of Medicare smokers report wanting to quit.[4] Incentivizing providers to advise their patients to quit will help increase the number of patients that quit in the Medicare program, both extending their lives and saving Medicare money.

NCQA is proposing to remove this HEDIS/CAHPS measure from the Medicare product line due to low reliability. The Lung Association encourages NCQA to work to improve the reliability of the data of the collected to help facilitated providers to advise patients to quit and to help them achieve tobacco cessation. Removing this measure will not improve tobacco cessation rates within the Medicare population.

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Critical reporting information will be lost if the "Advising all smokers to quit" piece of the measure is retired. All smokers are not ready to quit and will not be captured by the measure components assessing only those who received treatment. Although those individuals identified in the precontemplative or contemplative stage of change declining counselling and medication offerings are not captured in cessation enrollment metrics, it is a best practice that all patients, regardless of their stage of change, be advised to quit and provided with education on the benefits to quitting. . Only with the "advising all smokers to quit" measure can we capture accurately the proportion of Medicare smokers visiting outpatient clinics who receive some form of tobacco use intervention.

The American Lung Association urges the NCQA to maintain *Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – Advising Smokers to Quit Rate" for the Medicare product line.*

Sincerely,

Deborah P. Brown
Chief Mission Officer

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[1] Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. MMWR Morb Mortal Wkly Rep 2019;68:1013–1019. DOI: http://dx.doi.org/10.15585/mmwr.mm6845a2
[2] Kaiser Family Foundation. Total Number of Medicare Beneficiaries 2018. Available at: https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[3] National Institute on Aging. Quitting Smoking for Older Adults. January 17, 2019. Available at: https://www.nia.nih.gov/health/quitting-smoking-older-adults
[4] Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. MMWR Morb Mortal Wkly Rep 2017;65:1457–1464. DOI: http://dx.doi.org/10.15585/mmwr.mm6552a1