Overview of the Tobacco Treatment (TOB) Core Measure Set

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Causes of Annual Deaths in the U.S.

- Smoking: 430
- Suicide: 30
- Drug Induced: 14
- Homicide: 19
- Motor Vehicle: 41
- Alcohol: 81
- AIDS: 17

Number of Deaths (thousands)
Leading Causes of Death

Toll of Tobacco in the USA

- Single most preventable cause of death in the USA
  - 1 in 5 deaths
  - > 400,000 deaths each year
  - Recent 2015 study in NEJM adds 60,000-120,000 more deaths to the original number above

- $81.9 billion in annual productivity losses
- $96 billion in annual smoking related health care cost
Project Overview

- Funded Project
  - Partnership for Prevention and DHHS (SAMHSA & CSAT)

- Project duration = 1.5 year

- Development (6/09-12/10)
  - Technical Advisory Panel
  - Stakeholder Comment Period
  - Alpha Test
  - Pilot Test
  - Final Specifications
Tobacco Treatment (TOB) Measures

- **TOB-1** Tobacco Use Screening
- **TOB-2** Tobacco Use Treatment Provided or Offered (during hospital stay)
- **TOB-2a** Tobacco Use Treatment
- **TOB-3** Tobacco Use Treatment Provided or Offered at Discharge
- **TOB-3a** Tobacco Use Treatment at Discharge
- **TOB-4** Tobacco Use: Assessing Status After Discharge *(Suspended)*

NQF Endorsed
Project News

- TOB-1, TOB-2, TOB-2a, TOB-3 and TOB-3a are being reengineered into electronic Clinical Quality Measures (eCQMs)
- Health IT experts Task Force formed to advise
- Reengineering to take place 2015-2016
- Public comment to take place this fall
Considerations for TOB eCQMs

- Reliance on discrete electronic medical record data
- Requires thoughtful workflow design
  - Wide variability in workflow and data capture setups (e.g. tobacco use screening details)
- Alignment of reporting requirements for different programs is key
# 2016 ORYX Options

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Retired/Temporarily Inactivated Chart Abstracted Measure</th>
<th>Retained Chart Abstracted Measures</th>
<th>Electronic Clinical Quality Measures (eCQM)</th>
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<tbody>
<tr>
<td>AMI</td>
<td>Retired AMI-7a</td>
<td></td>
<td>eAMI-7a, eAMI-8a</td>
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<tr>
<td>CAC</td>
<td>Retired CAC-3</td>
<td></td>
<td>eCAC-3</td>
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<tr>
<td>Stroke (STK)</td>
<td>Retired STK-1, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10</td>
<td>STK-4</td>
<td>eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-6, eSTK-8, eSTK-10</td>
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<tr>
<td>ED</td>
<td>Retired ED-1a, ED-2a</td>
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<td>eED-1a, eED-2a</td>
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<tr>
<td>IMM</td>
<td>IMM-1</td>
<td>IMM-2</td>
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<tr>
<td>HBIPS*</td>
<td>HBIPS-4, HBIPS-6, HBIPS-7</td>
<td>HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5</td>
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<tr>
<td>TOB</td>
<td>Temporarily Inactivated TOB-4</td>
<td>TOB-1, TOB-2, TOB-3</td>
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<td>SUB</td>
<td>Temporarily Inactivated SUB-4</td>
<td>SUB-1, SUB-2, SUB-3</td>
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<td>Perinatal Care**</td>
<td>(PC)</td>
<td>PC-01, PC-02, PC-03, PC-04, PC-05</td>
<td>ePC-01, ePC-05, ePC-05/5a</td>
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<tr>
<td>Hospital Out Patient (OP)</td>
<td>OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-23</td>
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<tr>
<td>EHDI (Early Hearing Detection and Intervention)</td>
<td></td>
<td>EHDI-1a</td>
<td></td>
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</tbody>
</table>

* HBIPS required for free standing psychiatric hospitals; available for selection for general hospitals with psychiatric units.
** PC required for facilities with at least 300 live births per year; available for selection if fewer than 300 live births per year.
2016 ORYX Options (Cont.)

### 2016 Flexible ORYX Performance Measure Reporting Options

**OPTION 1**
Select and Report Data on: Modified Sets of Chart-Abstracted Measures
- Select and report on six of nine sets of chart-abstracted measures for calendar year 2016 applicable to the services provided and patient populations served by the hospital.
- Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year.

**Joint Commission Chart Abstraction Measure Sets**
- ED-1a, ED-2a
- PC-01, PC-02, PC-03, PC-04, PC-05
- STK-4
- VTE-5, VTE-8
- IMM-2
- HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5
- SUB-1, SUB-2, SUB-3
- TOB-1, TOB-2, TOB-3
- OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-23

**OPTION 2**
Select and Report Data on: eCQM Measure Sets Only
- Select and report on six of the eight eCQM measure sets applicable to the services provided and patient populations served by the hospital. Report on either or both 3rd and 4th quarters for calendar year 2016.
- Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year.

**Joint Commission eCQM Measure Sets**
- eAM1-7a, eAM1-8a
- eCAG-3
- eED-1a, eED-2a
- ePC-01, ePC-05/5a
- eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-8, eSTK-10
- eSCIP-Inf-1a, eSCIP-Inf-9
- eEHDI-1a

**OPTION 3**
Select and Report Data on: Combination of Chart-Abstracted and eCQM Measure Sets
- Select and report on six sets of core measures applicable to the services provided and patient populations served by the hospital.
- Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year.
- Measure sets will be selected from among the available complement of core measure sets (See Options 1 and 2).
- Hospitals wishing to select this option and that may be interested in reporting on the same set(s) of chart-abstracted and eCQM measures should contact Frank Zibrat at 630-782-5992 or via e-mail at fzibrat@jointcommission.org
- See notes under Option 2

9/2/15
### 2016 ORYX Options (Cont.)

**OPTION 1**
- Select and Report Data on:
  - Modified Sets of Chart-Abstracted Measures

**NOTE:****
1. For CY 2016, Joint Commission will remove the following chart-abstracted measure sets:
   - AMI
   - SCIP
   - CAC
2. For CY 2016, Joint Commission will remove the following chart-abstracted measures:
   - VTE-1, VTE-2, and VTE-3
   - STK-1, STK-2, STK-3, STK-5, STK-6, STK-8 and STK-10
   - HBIPS-4, HBIPS-6 and HBIPS-7

**OPTION 2**
- Select and Report Data on:
  - eCQM Measure Sets Only

**NOTE:****
1. For CY 2016, the Joint Commission will add the following eCQMs:
   - AMI-8a
   - EHD1-1a
2. For submission of 2016 discharge data, The Joint Commission will only accept data consistent with the June 2015 annual update eCQM specifications posted on the CMS website for the 2016 Reporting Year.
3. A listed ORYX eMeasure Vendor's technology must be certified by an Office of the National Coordinator for Health Information Technology Authorized Certification Body (ONC-ACB) as meeting either the 2014 or 2015 Edition certification criteria for calculating and submitting inpatient electronic clinical quality measures (eCQMs).

**OPTION 3**
- Select and Report Data on:
  - Combination of Chart-Abstracted and eCQM Measure Sets

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CMS Final Rule: Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program

- Continue data collection for TOB-1, TOB-2/2a
- Begin data collection for TOB-3/3a effective with 1/1/16 discharges
TOB-1

Tobacco Use Screening
Rationale

- Tobacco use accounts for > 435,000 US deaths annually
- Known cause for multiple cancers, heart disease, stroke, pregnancy complications, COPD
- Smoking-attributable health care expenses ~ $96 billion annually in the US
TOB-1 Tobacco Use Screening

The number of patients who were screened for tobacco use status within the first three days of admission

The number of hospitalized inpatients 18 years of age and older
Denominator Populations

- Included populations: N/A
- Excluded populations:
  - <18 years of age
  - Cognitively impaired
  - LOS ≤ 3 days or > 120 days
  - Comfort measures only
Denominator Data Elements

- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Tobacco Use Status
Numerator Populations

- Included Populations: Refused screening
- Excluded Populations: None
Numerator Data Element

_Tobacco Use Status_*

- Must screen for ALL forms of tobacco: cigarettes, cigars, pipes & smokeless tobacco _for the past 30 days prior to admission_
- Frequency if uses cigarettes, pipes &/or cigars
- Amount if uses cigarettes
- **No amount or frequency** for smokeless tobacco

*_Screening in ER, Observation may be used_
Tobacco Use Status

Allowable Values:

- 1. Heavy/moderate users: smokes ≥ 5 cigarettes &/or cigars &/or pipes daily
- 2. Light users: smokes < 5 cigarettes daily &/or uses smokeless tobacco &/or smokes cigarettes &/or cigars &/or pipes but NOT daily
- 3. Does not use tobacco
- 4. Refused screen
- 5. Screen not performed
- 6. **No** screen-cognitively impaired
More details for Cognitive Impairment

- Sedated & on a ventilator
- Does not include acute intoxication or impairment due to drug use
- Must be present entire 3 days
- Psychosis with documented symptoms rendering patient incapable of reliably answering questions
More Details for Cognitive Impairment (Cont.)

Examples include:

- Comatose
- Obtunded
- Confused
- Memory loss
- Altered mental status or LOC
- Mentally retarded
Comfort Measures Only

Medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort.

Examples:
- Brain dead/death
- Terminal care
- Hospice care
- End of life care
- DNR
FAQ

Q. What do we do about conflicting documentation when there is documentation of no current tobacco use & there is also documentation of past use without a quit date?

A. The question should be phrased “any tobacco use over the past 30 days?”, so assume the heaviest use within the past 30 days in the absence of a quit date.
FAQ

Q. Are e-cigarettes included in a tobacco use screen?

A. No, e-cigarettes are a nicotine delivery system and do not contain tobacco.
TOB-2 and 2a

Tobacco Use Treatment Provided or Offered

Tobacco Use Treatment
Rationale

- Timely interventions reduce user’s risk of suffering from tobacco-related disease
- Evidence-based interventions identified
- Treatments clinically effective & cost-effective
TOB-2: Numerator & Denominator

The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay within the first three days after admission

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users
TOB-2a: Numerator & Denominator

The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay within the first three days after admission

_____________________________

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users
Denominator Populations

- Included Populations: N/A

- Excluded Populations:
  - < 18 years of age
  - Cognitive impairment
  - Not a current tobacco user
  - Refused or not screened
  - LOS ≤ 3 days & > 120 days
  - Comfort measures only
Denominator Data Elements

- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Tobacco Use Status
TOB-2 Numerator Populations

- Included Populations: Refused counseling & medication

- Excluded Populations for medication only:
  - Smokeless tobacco users
  - Pregnant smokers
  - Light smokers
  - Reasons for not administering medication
TOB-2a Numerator Populations

- **Included Populations:** *Does not include* refused counseling &/or medication

- **Excluded Populations** are the same as TOB-2
Numerator Data Elements

- Principal & Other Diagnosis Codes
- *Reason for No Tobacco Cessation Medication During the Hospital Stay
- Tobacco Use Status
- *Tobacco Use Treatment FDA-Approved Cessation Medication
- *Tobacco Use Treatment Practical Counseling
  - * documented within first 3 days
What does “status” mean for TOB-2/2a?

- Allowable value 1: BOTH practical counseling AND medication (unless pregnant) must be offered.
- Allowable value 2: ONLY practical counseling must be offered.
- There is no “volume” for smokeless tobacco use, pipes or cigars.
Practical Counseling*

- Numerous resources available
- Giving a pamphlet alone does not meet requirement—must face to face
- Includes at a minimum the following 3:
  - Recognizing danger signals
  - Developing coping skills
  - Basic info. on quitting

*Counseling in ER, Observation may be used
Practical Counseling (Cont.)

Danger Signals:

- Alcohol use during the first month after quitting
- Being around smoke &/or other smokers
- Times/situations when routinely smoked (with coffee, after a meal, during a break, etc.)
Coping Skills:

- Learning new ways to manage stress
- Exercising
- Relaxation breathing
- Changing routines
- Distraction techniques to prevent tobacco use
Practical Counseling (Cont.)

Basic Information on Quitting:
- Benefits of quitting tobacco
- How to quit techniques
- Available resources to support quitting
Reason for No Tobacco Cessation Medication During the Hospital Stay

- Allergy to all cessation medications in formulary
- Contraindication to all cessation medications in formulary due to other medications prescribed
- Other medical reasons documented by advanced clinician
- Does not include refusals
TOB-3 and 3a

- Tobacco Use Treatment Provided or Offered at Discharge
- Tobacco Use Treatment at Discharge
Rationale

- Tobacco dependence a chronic disease
- Treatment most effective when interventions during hospitalization continue upon discharge
TOB-3: Numerator & Denominator

The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users
TOB-3a: Numerator & Denominator

The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users
Denominator Exclusions

- <18 years of age
- Cognitive impairment
- Not current tobacco users
- Refused or not screened
- LOS $\leq$ 3 days or $> 120$ days
- Patients who expired
Denominator Exclusions (Cont.)

- Left AMA
- Discharged to another hospital or health care facility
- Discharged to home for hospice care
- Not residing in the US
- Comfort measures only
Denominator Data Elements

- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Discharge Disposition
- Tobacco Use Status
TOB-3 Numerator Populations

- **Included Populations:** Refused counseling and/or medication

- **Excluded Populations for medication only:**
  - Smokeless tobacco users
  - Pregnant smokers
  - Light smokers
  - Reasons for not administering medication
TOB-3a Numerator Populations

- **Included Populations:** Does not include refused counseling &/or medication

- **Excluded Populations for medications only:**
  - Smokeless tobacco users
  - Pregnant smokers
  - Light smokers
  - Reasons for not administering medication
Numerator Data Elements

- Principal & Other Diagnosis Codes
- Prescription for Tobacco Cessation Medication
- Reason for No Tobacco Cessation Medication at Discharge
- Referral for Outpatient Tobacco Cessation Counseling
- Tobacco Use Status
Reason for No Medication at Discharge

- If documented during the hospitalization, does not need to be repeated at time of discharge.

- Does not include refusals
FAQ

Q: Does the patient who refused counseling & medication need to be offered a referral & prescription again at discharge?

A: YES! They may have changed their mind.
FAQ

Q: If there is a documented reason for no cessation medication ordered during the hospitalization does this need to be documented again at the time of discharge for the prescription?

A: No, the reason only needs to be documented once.
FAQ

Q. How do we answer the question about a prescription for cessation medication at discharge if the physician orders OTC medication?

A. Select Value “1” provided the OTC medication is included in the discharge medication list.
FAQ

Q: What constitutes a referral?

A: Appointment made before discharge: telephone contact, fax or e-mail OR

Quitline referrals: fax or e-mail OR assist the patient in directly calling the quitline before discharge
Purpose of TOB-2/2a & TOB-3/3a

- Paired measures which should be viewed together
- Both rates should be reviewed to better understand performance
- Goal is to narrow the difference in rates over time
- TOB-2a and TOB-3a are population health measures
## TOB Rates

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<tr>
<th>Measures</th>
<th>1 Q 2014</th>
<th>1 Q 2015</th>
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<tbody>
<tr>
<td>TOB-1</td>
<td>95.4%</td>
<td>97.3%</td>
</tr>
<tr>
<td>TOB-2</td>
<td>38.6%</td>
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<td>TOB-2a</td>
<td>21.1%</td>
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<tr>
<td>TOB-3</td>
<td>28.7%</td>
<td>32.7%</td>
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<tr>
<td>TOB-3a</td>
<td>4.3%</td>
<td>6.0%</td>
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Resources
Toolkit for TOB Measures

Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide

Additional TOB Resources

- The Centers for Disease Control & Prevention (CDC) Tobacco Cessation resources:
  [http://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm](http://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm)

- Dept. of Health & Human Services (DHHS) Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update*:
Core Measure Solution Exchange® (CMSE)

- Established in 2011
- Web-based forum dedicated to sharing real world solutions specific to improving core measure performance
- Assist organizations to ID interventions that would support internal QI efforts
- Available to accredited organizations via Joint Commission Connect (Extranet)
Core Measure Solution Exchange® (CMSE) Purpose

- High performing organizations can highlight & share their accomplishments with other accredited organizations

- Lower performing organizations can search for solutions successfully implemented by peers
Core Measure Solution Exchange® (CMSE)
How It Works

- A peer-to-peer collaborative network
  - Content is voluntarily contributed by accredited organizations
  - Content is reviewed & evaluated by accredited organizations
  - Content is NOT reviewed or endorsed by The Joint Commission
Core Measure Solution Exchange® (CMSE)
Target Audience, Location and Access

- Organizations with core measure requirements (hospitals and critical access hospitals)
- Available on each organization’s secure extranet site
  - Access is established & controlled by individuals designated as extranet security administrators
- Unrestricted access (24/7)
- All users are free to post solutions, search for, rate & comment on existing solutions
- New guest access is available to any employee with an e-mail address from an accredited organization
Core Measure Solution Exchange® (CMSE) Extranet Guest Access & Self Registration

1. User can access the Guest Registration by going to www.jointcommission.org and selecting “Request Guest Access”.

Log In | Request Guest Access

Forgot password? | Log In Help
Core Measure Solution Exchange® (CMSE) on the HCO Extranet
If submitting data to CMS ONLY all questions should be directed to…….

IPF/PCH Help Desk Phone: 844-472-4477 or via email at: https://cms-ip.custhelp.com/
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