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Measure Information Form

Collected For: The Joint Commission Only

CMS Informational Only

**Measure Set:** Tobacco Treatment (TOB)

**Set Measure ID #:** TOB-4

**Performance Measure Name:**  Tobacco Use: Assessing Status after Discharge

**Description:** Discharged patients who are identified through the screening process as having used tobacco products (cigarettes, smokeless tobacco, pipe, and cigars) within the past 30 days who are contacted between 15 and 30 days after hospital discharge and follow-up information regarding tobacco use status is collected.

**Rationale:** Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year. (CDC, MMWR 2008; McGinnis 1993). Smoking is a known cause of multiple cancers, heart disease, and stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2004). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at 96 billion dollars per year in direct medical expenses and 97 billion dollars in lost productivity (CDC 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the smoker’s risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rasmussen 2005; Hurley 2005; Critchley 2004; Ford 2007; Rigotti 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of the FDA-approved cessation medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) can be an ideal opportunity to provide cessation assistance that may promote the patient’s medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention. Tobacco dependence should be viewed as a chronic disease. The treatment of this chronic disease is most effective when the initial interventions provided in the hospital setting are continued upon discharge in other care settings (Rigotti 2008).

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:** The number of discharged patients who are contacted between 15 and 30 days after hospital discharge and follow-up information regarding tobacco use status is collected.

**Included Populations:** Not Applicable

**Excluded Populations:** None

**Data Elements:**

* *Follow-up Contact*
* *Follow-up Contact Date*
* *Tobacco Use Status Post Discharge – Counseling*
* *Tobacco Use Status Post Discharge – Medication*
* *Tobacco Use Status Post Discharge – Quit Status*

**Denominator Statement:** The number of discharged patients 18 years of age and older identified as current tobacco users.

**Included Populations:** Not applicable

**Excluded Populations:**

* Patients less than 18 years of age
* Patients who are cognitively impaired
* Patient who are not current tobacco users
* Patients who were not screened for tobacco use
* Patients who expired
* Patients who have a duration of stay less than or equal to one day
* Patients with a length of stay greater than 120 days
* Patients discharged to another hospital
* Patients who left against medical advice
* Patients discharged to another health care facility
* Patients discharged to home or another health care facility for hospice care
* Patients who do not reside in the United States
* Patients who do not have a phone or cannot provide contact information
* Patients discharged to a detention facility, jail or prison
* Patients re-admitted to the hospital within the follow-up time frame

**Data Elements:**

* *Admission Date*
* *Birthdate*
* *Cognitive Impairment*
* *Discharge Date*
* *Discharge Disposition*
* *Tobacco Use Status*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective data sources for required data elements include administrative data and medical records. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-9-CM diagnoses which require retrospective data entry.

**Data Accuracy:** Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

The measures intent as described in the measures description and numerator statement is that information gathered during the follow-up contact regarding the patient’s compliance with prescribed outpatient treatment and post discharge status relevant to substance use will be cataloged at the hospital. The 3 data elements regarding Tobacco Use Status Post Discharge should be referenced and pertinent allowable values recorded on follow up documentation as determined appropriate by the hospital and recorded in the medical record.

Measure Analysis Suggestions: Hospitals may wish to analyze the measure data using the data elements *Tobacco Use Status Post Discharge – Counseling, Tobacco Use Status Post Discharge – Medication, and Tobacco Use Status Post Discharge – Quit Status* to determine the difference in use status related to interventions made during the hospital stay or referrals at discharge.

**Sampling:** Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion

**Selected References:**

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* Baumeister SE, Schumann A, Meyer C, et al. Effects of smoking cessation on health care use: is elevated risk of hospitalization among former smokers attributable to smoking-related morbidity? *Drug Alcohol Depend*. 2007 May 11;88(2-3):197-203. Epub 2006 Nov 21.
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* U.S. Department of Health and Human Services: The health benefits of smoking cessation: a report of the Surgeon General. Publication No. (CDC) 90-8416. Rockville, MD: U.S. Department of Health and Human Services, 1990.
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