

October 28, 2013

To Whom It May Concern:

The American Association for Cancer Research (AACR) urges NQF to endorse The Joint Commission (TJC) tobacco measures NQF #1651 (TOB-1), NQF #1654 (TOB-2), and NQF #1656 (TOB-3), and we recommend that NQF #1651 (TOB-1) be modified, consistent with the Meaningful Use criteria, to include patients 13 years of age and older. Inclusion of individuals in this group is extremely important insofar as the majority of adult smokers began smoking at or before the age of 18. We also suggest that other nicotine delivery systems, such as electronic cigarettes, hookahs, and medicinal nicotine products, be included in the measure.

We echo our colleagues from the Partnership for Prevention and other organizations who have sent a similar letter to NQF in stating that the rationale for endorsing these measures is compelling. Tobacco use is responsible for almost half a million deaths and more than \$100 billion in added healthcare costs each year in the U.S. It is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications. It interferes with recovery post-hospitalization and contributes to delayed bone and wound healing, infection, and other post-operative complications.

To be accredited by TJC, every U.S. hospital must provide a smoke-free environment, and hospitals are increasingly implementing smoke-free policies. As a result, hospitalized smokers are temporarily housed in a smoke-free environment where they may be more motivated to quit. If they are provided cessation medication to manage withdrawal symptoms and have positive experiences, they may be more likely to continue using that medication to quit after discharge.

The HHS Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence 2008 Update, emphasizes that a hospitalization presents an unequalled opportunity to promote tobacco cessation and urges that evidence-based counseling and medication treatments be provided to every hospitalized smoker. Moreover, the Guideline provides specific actions for helping these smokers quit.

Tobacco users have higher hospitalization rates and higher rates of readmission post-discharge compared to non-tobacco users. Most hospitals have not placed a high priority on systematically identifying tobacco users, recording their tobacco use status, and offering evidence-based assistance in quitting during the hospitalization and at discharge. NQF endorsement of these measures and inclusion of individuals over the age of 13 in TOB-1 will encourage providers to identify and record tobacco use and provide critical cessation support.

Sincerely,

Handwritten signature of Roy S. Herbst in cursive.

Roy S. Herbst, M.D., Ph.D.
Chair, Tobacco and Cancer Subcommittee
American Association for Cancer
Research

Handwritten signature of Margaret Foti in cursive.

Margaret Foti, Ph.D., M.D. (h.c.)
Chief Executive Officer
American Association for Cancer Research