



June 30, 2014

Marilyn Tavenner, Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW, Room 445-G
Washington, D.C. 20201

Re: CMS-1606-P: Medicare Program; Inpatient Psychiatric Facilities Prospective Payment System
79 Fed. Reg. 26040 (May 6, 2014)

Dear Administrator Tavenner:

On behalf of the UW Center for Tobacco Research and Intervention, Partnership for Prevention, American Association for Cancer Research, American Cancer Society Cancer Action Network, American College of Preventive Medicine, American Lung Association, Campaign for Tobacco-Free Kids, Collaborating to Conquer Cancer (C-Change), Legacy, Lung Cancer Alliance, National Association of County & City Health Officials (NACCHO), National Association of State Mental Health Program Directors (NASMHPD), Prevention Partners, Prevention Institute, Public Health Institute, and Smoking Cessation Leadership Center, we thank you for the opportunity to provide comments regarding the Centers for Medicare and Medicaid Services (CMS) 2015 Proposed Rule on Inpatient Psychiatric Facilities Prospective Payment System.

- 1) We commend CMS's inclusion of two of the three National Quality Forum (NQF)-endorsed Joint Commission tobacco performance measures (*Tobacco Use Screening (TOB-1; NQF # 1651)* and *Tobacco Use Treatment Provided or Offered During Hospitalization (TOB-2; NQF # 1654)* in its quality reporting requirements and strongly urge CMS to maintain these measures in the final rule.**
- 2) We urge CMS to amend their IPPS proposed rule for Inpatient Psychiatric Facilities (IPF) for FY 2015 to also include the third NQF endorsed Joint Commission performance measure (*Tobacco Use Treatment Management at Discharge (TOB-3; NQF # 1656)* in its quality reporting requirements in the final rule.**

For a full description of The Joint Commission Tobacco Performance Measures, see Reference 4 below.

The rationale for including tobacco dependence interventions during a psychiatric hospitalization is compelling. Tobacco use is the leading cause of premature disease and death in the United States, responsible for almost half a million deaths and approximately \$150 billion in added healthcare costs each year.¹ Moreover, it is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications. Tobacco use also interferes with recovery and contributes to delayed bone and wound healing, infection, and other post-operative complications. Finally, tobacco use is highly prevalent among individuals with psychiatric disorders. A number of epidemiologic and other studies have highlighted the high prevalence of smoking among patients with psychiatric disorders, with most of these studies documenting rates of smoking at least double the rate among the overall population of adults in the United States. People with mental illness and/or substance use disorders smoke at rates two to four times higher than the overall adult population in the United States.²

Hospitalizations are an ideal time to assist smokers to quit. Every hospital in the United States must provide a smoke-free environment if it is to be accredited by The Joint Commission. And, hospitals across the nation are increasingly implementing smoke-free campus policies. As a result, every hospitalized smoker is temporarily housed in a smoke-free environment. In this environment, they may be more motivated to quit than at any other time and that motivation may be enhanced because their hospitalization was caused or made worse by smoking. In addition, if a hospitalized smoker is offered and uses cessation medication to manage withdrawal symptoms and has a positive experience, s/he may be more likely to continue using that medication to permanently quit after discharge.

Importantly, the U.S. Department of Health and Human Services Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence 2008 Update*³ (The Guideline) emphasizes that a hospitalization presents an unequaled opportunity to promote tobacco cessation and urges such evidence-based interventions be delivered to every hospitalized smoker. The Guideline provides specific actions regarding assisting hospitalized patients who smoke to quit.

Tobacco users have higher hospitalization rates than those who do not use tobacco and higher rates of readmission post-discharge. However, most hospitals have not placed a high priority on systematically identifying smokers, recording their smoking status, offering evidence-based assistance in quitting, and following up after discharge.

In January 2012, The Joint Commission adopted a new tobacco measure set, developed and tested for use with all hospitalized patients.⁴ Of particular note, the in-patient components of the tobacco performance measure set (TOB-1, TOB-2, and TOB-3) were endorsed by the National Quality Forum in March 2014.

Based on this evidence and rationale, we request that the final 2015 IPPS rule include in its quality reporting requirements the three Joint Commission tobacco measures that were endorsed by the NQF in March 2014 (TOB-1, TOB-2, TOB-3).

Thank you for considering this request. If you have any questions regarding our comments, please contact Rob Adsit at the University of Wisconsin Center for Tobacco Research and Intervention, at ra1@ctri.wisc.edu or 608-262-7557.

-
1. U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.)
 2. Center for Behavioral Health Statistics and Quality. (2013, February 5). The National Survey on Drug Use and Health (NSDUH) Report: Smoking and mental illness. Rockville, MD: Substance Abuse and Mental Health Services Administration.
 3. Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, U.S. Public Health Service; 2008.
 4. Fiore MC, Goplerud E, Schroeder SA. The Joint Commission's New Tobacco Cessation Measures – Will Hospitals Do the Right Thing? N Engl J Med. March 14, 2012; 10.1056/NEJMp1115176.