



## **Medicare Programs: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long Term Care Hospital Prospective Payment System, and Proposed Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation [CMS-1599-P]; RIN 0938-AR53 Federal Register Number: 2013-10234**

The purpose of this public comment is to urge the Centers for Medicare and Medicaid Services (CMS) to amend their May 10, 2013 Proposed Rule on Inpatient Prospective Payment System (IPPS) to include the four Joint Commission tobacco measures as a smoking cessation set. **Note that the appeal in this public comment is similar to an advocacy letter signed on by several organizations back in 2011. Here is that [advocacy letter](#).** The public health organizations signing on to this comment urge the CMS to extend appropriate payments to U.S. hospitals for tobacco cessation quality measures.

CMS announced in a May 10, 2013 Proposed Rule on the Medicare Inpatient Prospective Payment System<sup>1</sup> (IPPS), including the Hospital Inpatient Quality Reporting (IQR) Program and the Inpatient Psychiatric Facilities Quality reporting (IPFQR) Program, their proposed fiscal year 2014 rates, and the quality reporting requirements. No tobacco use screening and treatment measures were included in the 2014 Proposed Rule.

The rationale for this request 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 more than \$100 billion in added healthcare costs each year<sup>2</sup>. 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.

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 (TJC). 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*<sup>3</sup> (The Guideline) emphasizes that a hospitalization presents an unequalled 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<sup>4</sup>. Of particular note, the in-patient components of the measure set were endorsed by the National Quality Forum's (NQF) Behavioral Health Steering Committee on June 6, 2013.

In the August 31, 2012 Final Rule for the 2013 IPPS, CMS signaled very clearly its intention to include the four Joint Commission tobacco use screening and treatment measures as well as the four substance use screening, treatment, and follow-up measures in the general hospital IPPS (Federal Register (v 77:issue 170; p. 278, <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>). Specifically, in the 2012 Final Rule for the 2013 IPPS CMS stated:

*4. Possible New Quality Measures and Measure Topics for Future Years (page 278)*  
*We anticipate that, as EHR technology evolves and more infrastructure is put in place, we will have the capacity to accept electronic reporting of many of the clinical chart-abstracted measures that are currently part of the Hospital IQR Program or have been proposed for adoption into the program ....Once the e-specifications and the EHR-based collection mechanism are available for the smoking and alcohol cessation measures developed by TJC, we intend to propose two TJC smoking and alcohol cessation measure sets for inclusion in the Hospital IQR Program.*

*Each of these TJC sets consists of four measures: • Smoking Cessation Set—(1) Tobacco Use Screening; (2) Tobacco Use Treatment Provided or Offered; (3) Tobacco Use Treatment Management at Discharge; and (4) Assessing Status after Discharge, and • Alcohol Cessation Set—A. Alcohol Use Screening; B. Alcohol Use Brief Intervention Provided or Offered; C. Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; and D. Substance Use: Assessing Status after Discharge. These measure sets were recommended for inclusion in the Hospital IQR Program, provided they complete the NQF endorsement process prior to inclusion. We invite public comment on our intention to propose these measure sets.”*

Based on this evidence and rationale, we are requesting that the 2014 IPPS rule includes The Joint Commission tobacco measure set. Identifying and treating tobacco use is a cost effective and medically effective clinical intervention that has been demonstrated to improve health and reduce costs. It is vital that the tobacco measure set, pending full NQF endorsement, is included in the 2014 IPPS quality reporting requirements in the general hospital IPPS, as well as the psychiatric facilities IPPS.

Thank you for considering this request.

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1. The Federal Register notice April 26, 2013 of the CMS Interim Final Rule for the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation (CMS-1599-P), invited comments on the regulation at <http://www.regulations.gov> on CMS-1599-P.
  2. Centers for Disease Control and Prevention. [Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004](#). Morbidity and Mortality Weekly Report 2008;57(45):1226–8.
  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.