AMERICAN LUNG ASSOCIATION.

The American Lung Association's Comments on the 2016 Measures Under Consideration List

On December 2, 2016 submitted the following comments on the Measures Under Consideration List published by the Centers for Medicare and Medicaid Services in collaboration with the National Quality Forum.

Comments on MUC16-050: Tobacco Use Screening (TOB 1)
MUC16-50 would require the reporting of hospital patients who were screened for tobacco use. This measure is important to include due to the incredible disease burden tobacco causes.

While public health interventions over the past 50 years have been successful, tobacco is the leading cause of preventable death in the United States – almost half a million Americans die every year from a tobacco caused disease. And a recent MMWR Vital Signs report found that 40 percent of all cancer diagnoses are caused by tobacco. Tobacco use still takes its deadly toll on our country.

This measure provides a unique opportunity to encourage providers to ask patients about their tobacco use when they are exposed to the healthcare system. A patient's hospital stay may increase the likelihood that a patient will try to quit.

The American Lung Association strongly believes that the benefits of including this measure far outweigh any burden they might impose. Screening for tobacco use is critically important for treating patients, but the reporting requirement will also provide additional prevalence data that can be used to assess the success of public health interventions.

The American Lung Association strongly supports the inclusion of MUC16-050 as part of the HIQR; EHR Incentive/EH/CAH program. Screening is the first, but essential step in treating tobacco addictions.

Comments on MUC16-051: Treatment Provided or Offered (TOB 2)/ Tobacco Use Treatment (TOB 2a)
Offering and providing tobacco cessation treatment during a hospital stay is a smart strategy. Tobacco is a deadly addiction, killing almost half a million people annually. And because 16 million Americans are living with a tobacco-caused disease, many of tobacco users end up in the hospital more frequently than their counterparts that don't smoke.

Tobacco cessation services provided in a hospital setting can be a unique opportunity. All accredited hospitals are required to be smokefree, putting patients in a smokefree environment for at least a few days and patients who smoke may be on NRT during their stay to curb their addiction. Patients may be in a place to improve their health, including quitting tobacco, while they are facing a health crisis.

From a logistical standpoint, it can be easier connect patients to the treatments that can help them quit during the hospital stay. Pharmacotherapy can be dispensed through the hospital pharmacy and counseling can happen in the patient's hospital room.

The American Lung Association strongly supports including MUC16-05 for the HIQR; EHR Incentive/EH/CAH program. This is a common sense measure that will encourage hospitals to offer tobacco cessation treatment to patients that can save thousands of lives annually.

Comments on MUC16-052: Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) /Tobacco Use Treatment at Discharge (TOB-3a)

Death and disease caused by tobacco use creates a huge burden in the United States. Approximately 40 percent of all cancer diagnosis are caused by cancer and since 1964, over 20 million Americans have died due to smoking. In addition to the human toll tobacco takes on our country, the financial cost of tobacco is 332 billion per year, which includes both direct medical costs and lost productivity.

Offering and providing tobacco cessation treatment to patients at the time of their discharge from the hospital can help provide users the help they need to quit. All accredited hospitals are smokefree and most patients will have not used tobacco for their stay. By offering treatment at discharge, patients can continue to be tobacco free.

By including the MUC16-052 measure in the HIQR; EHR Incentive/ EH/ CAH program, hospitals are encouraged to make sure cessation treatment is offered and provided to patients who use tobacco. This can greatly reduce the disease burden tobacco use causes. The American Lung Association strongly supports the adoption of this tobacco measure.

Comments on MUC16-2891: Preventative Care and Screening: Tobacco Screening and Cessation Intervention

Tobacco use effects almost every part of the human body. It causes lung disease, a myriad of cancers including lung cancer, as well diabetes and heart disease just to name a few. Screening for and treating tobacco use prior to surgery can improve outcomes and increase the number of tobacco user who quit.

By including this measure in the Merit-Based Incentive Payment System (MIPS), healthcare providers will be encouraged to screen and counsel their patients on tobacco cessation. This intervention's benefits are two-fold.

Encouraging tobacco users to quit before non-emergency surgery will improve outcomes of the surgery and speed up recovery. In addition by stopping tobacco use, these patients are improving their health in general and reducing their risk of tobacco caused disease.

The American Lung Association strongly supports the inclusion of this measure in the MIPS program because of the positive impact it will have on patients.