Global Measures

- Prevention comes first
- Prevention is better than cure

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Rapidly changing environment
Prevention as a priority
NQF
- Recommendations from Harmonization Workgroups to globalize immunization and smoking measures
National Priorities Partnership
- Priority Goals – Population Health
Proposed Rule for Meaningful Use
- HIT functional Measure – Smoking
- Quality measures - VTE
Causes of Annual Deaths in the U.S.

- Smoking: 430,000
- Suicide: 30,000
- Drug Induced: 14,000
- Homicide: 19,000
- Motor Vehicle: 41,000
- Alcohol: 81,000
- AIDS: 17,000

Number of Deaths (thousands)
Leading Causes of Death

- Heart disease: 27%
- Cancer: 23%
- Stroke: 6%
- Lung Disease: 5%
- Injury: 5%
- Other: 34%

- Behaviors: 40%
  - Tobacco use: 18%
  - Diet & inactivity: 17%
  - Drinking & drug use: 4%

- Heredity: 30%
- Environment: 5%
- Social factors: 15%
- Health Care: 10%

Toll of Tobacco in the USA

- Tobacco use is the single most preventable cause of death in the USA
  - 1 in 5 deaths
  - > 400,000 deaths each year

- $81.9 billion in annual productivity losses

- $96 billion in annual smoking related health care cost
The National Commission on Prevention Priorities ranked services by:

*How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?*  
**Preventable Burden (PB)**

*How many dollars would be saved for each dollar spent?*  
**Return on Investment (ROI)**

http://www.prevent.org/content/view/43/71
### Rankings of 25 Preventive Services Recommended by the USPSTF

<table>
<thead>
<tr>
<th>#</th>
<th>Service</th>
<th>PB</th>
<th>ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aspirin to prevent heart attack &amp; stroke</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Childhood immunizations</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Smoking cessation</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol screening &amp; intervention</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*PB & ROI scoring: 1 = lowest; 5 = highest*

Tobacco Screening/Intervention

Alcohol Screening/Intervention

Ranked higher than:

- Screening for high blood pressure or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization
- Sexually transmitted infection screening
- All nutritional advice or supplementation
- Osteoporosis screening
- Vision & hearing screen

Effectiveness of Tobacco Interventions

12-month Quit Rates

No screening: 3%
Screening only: 6%
Screening & optimal intervention: 28%

Effectiveness of Hospital Based Tobacco Intervention

- Smoke free rates at 6 month follow up
  - Year 1
    - 33% who received high intensity tx
    - 18% received minimum intervention
  - Year 2
    - 27% received moderate intensity tx
    - 21% received 5 min or less counseling

- Source: DeNunzio, Romano, Resp Therapy Vol 1 No 5 Aug-Sept 2006
Performance Gap

- Most hospitals do not systematically address tobacco treatment

- A pooled analysis of 33 hospitals found
  - 60% of patients had smoking status assessed
  - 42% of identified smokers were advised to quit
  - 14% were given or advised to use NRT
  - 12% received referrals

- In a study of nine states
  - Receipt of any kind of smoking cessation counseling
    - 65% AMI patients, 39% HF patients, 35% PN patients

Tobacco Treatment Measures

Based on Treating Tobacco Use And Dependence Clinical Practice Guideline 2008 Update.

  - http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Based on solid evidence
Final Tobacco Treatment Measures

- TOB-1 Tobacco Use Screening
  Numerator Statement: The number of patients who were screened for tobacco use status
  Denominator Statement: The number of hospitalized inpatients 18 years of age and older

Key Points
  - Any tobacco use within the past 30 days prior to hospital admission
  - Tobacco use includes all types of tobacco products (cigarettes, pipe, cigars, smokeless products)
  - Screening addresses the type of product, and amount used

Strength of Evidence = A
Recommendation found on Page 77 of Guideline
Final Tobacco Treatment Measures

TOB-2 Tobacco Use Treatment Provided or Offered
- Numerator Statement: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications.
- Denominator Statement: The number of hospital inpatients age 18 years of age and older identified as current tobacco users (all products with in past 30 days).

TOB-2a Tobacco Use Treatment
- Numerator Statement: The number of patients who received practical counseling to quit AND received FDA approved cessation medications
- Denominator Statement: Same as above

Strength of Evidence = A
Recommendation found on pg 82, 83, 101 of Guidelines
# Transparency Issues

**TAM 2 Numerator Breakdown**

## Tobacco Use FDA Medications

<table>
<thead>
<tr>
<th>Tobacco Use Practical Counseling</th>
<th>Received</th>
<th>Refused</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive all components</td>
<td>332 (45%)</td>
<td>161 (22%)</td>
<td>60 (8%)</td>
</tr>
<tr>
<td>Refused counseling</td>
<td>68 (9%)</td>
<td>105 (3%)</td>
<td>15 (3%)</td>
</tr>
<tr>
<td>Not offered</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
TAM-2 Key Data Elements

- Tobacco Use Treatment Practical Counseling
  - Must be bedside conversation with patient
  - Must cover components as described in guidelines (danger situations, coping skills, basic information on quitting)

- Tobacco Use Treatment FDA-Approved Cessation Medication
  - Excludes pregnant and light smokers (5 or less per day) and smokeless tobacco users
Final Tobacco Treatment Measures

TOB-3 Tobacco Use Treatment Provided or Offered at Discharge
- Numerator Statement: The number of patients who were referred to or refused evidence-based out-patient counseling AND received or refused a prescription for FDA approved cessation medication at discharge
- Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

TOB-3a Tobacco Use Treatment at Discharge
- Numerator Statement: The number of patients who were referred to evidence-based outpatient counseling AND received FDA-approved medication at discharge
- Denominator: Same as above

Strength of Evidence = A
Recommendation found on pg 82, 83, 101, 150
## Transparency Issues
### TAM 3 Numerator Breakdown

### Referral for Outpatient Counseling

<table>
<thead>
<tr>
<th>Prescription for FDA Medication</th>
<th>Received</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive Prescription</td>
<td>65</td>
<td>21</td>
</tr>
<tr>
<td>Refused prescription</td>
<td>26</td>
<td>99</td>
</tr>
<tr>
<td>Not offered with valid reason</td>
<td>21</td>
<td>71</td>
</tr>
</tbody>
</table>
Referral for Outpatient Tobacco Cessation Counseling
- Must be hooked into the system prior to discharge either by fax or phone call.
- Vacationing patients can be linked into the 1-800 quit now number. Non USA residents are excluded

Prescription for Tobacco Cessation Medication at Discharge
- OTC cessation medications: Notation in the discharge sheet listing medications will meet intent
Final Tobacco Treatment Measures

TOB-4 Tobacco Use: Assessing Status after Discharge

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

Denominator statement: The number of discharged patients 18 years of age and older indentified as current tobacco users.

Recommendation for follow up found on pg 150 of Guideline Level of Evident = A for proactive telephone counseling, page 88
Added Flexibility for TOB-4

- Follow-up may be done by someone other than the hospital employee

- Exclusions

- Variety of modes of follow-up allowed
  - Phone contact
  - E-mail (must receive and keep on file status information)
  - Regular mail/letter (must receive and keep on file status information)
  - Clinic visits
Next Steps

- Seek NQF endorsement
- Incorporate measure specifications into the Specifications Manual for National Hospital Inpatient Quality Measures (version 4.0)
  - Posted on the The Joint Commission website July 1, 2011
- Measures become available for hospital selection beginning with 1/1/2012 discharges
  - Not mandatory
How Can Hospitals Prepare

**Educate**
- Find a champion
- Educate leadership
- Obtain buy in

**Plan**
- Estimate volume
- Multidisciplinary approach
- Determine roles
- System design

**Train**
- Motivational counseling/brief intervention
- Follow-up
Patient Care

- Implementation of global routine screening
  - Everyone 18 and older
  - Initial assessment & referral to counselor

- Administration of Tobacco Cessation Practical Counseling
  - About 20% of the population
  - Brief (3 to 5 minutes or longer)

- Referrals to Outpatient Counseling
  - Make before patient discharged

- Follow-up Contact
Training Resources

- One hour CME Program

- Other sites for reference programs
  - http://www.attud.org
  - http://surgeongeneral.gov/tobacco