## TOBacco Treatment (TOB) NATIONAL HOSPITAL INPATIENT QUALITY MEASURES

Collected for:
The Joint Commission Only

### TOB Measure Set Table

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOB-2</td>
<td>Tobacco Use Treatment Provided or Offered</td>
</tr>
<tr>
<td>TOB-2a</td>
<td>Tobacco Use Treatment</td>
</tr>
<tr>
<td>TOB-3</td>
<td>Tobacco Use Treatment Provided or Offered at Discharge</td>
</tr>
<tr>
<td>TOB-3a</td>
<td>Tobacco Use Treatment at Discharge</td>
</tr>
</tbody>
</table>
Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Tobacco Treatment (TOB)

Set Measure ID #: TOB-2

Performance Measure Name:
TOB-2 Tobacco Use Treatment Provided or Offered
TOB-2a Tobacco Use Treatment

Description:
TOB-2 Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay.

TOB-2a Patients who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication during the hospital stay.

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment. The Provided or Offered rate (TOB-2), describes patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay. The Tobacco Use Treatment (TOB-2a) rate describes only those who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication. Those who refused are not included.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 480,000 deaths each year (CDC MMWR 2014). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2014). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated to be at least $130 billion per year in direct medical expenses for adults, and over $150 billion in lost productivity (DHHS 2014).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user's risk of suffering from tobacco-related disease and improve outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rigotti 2012). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other
commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient's medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention (DHHS, 2008).

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:**

**TOB-02:** The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

**TOB-2a:** The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay.

**TOB-2 Numerator Statement Table**

<table>
<thead>
<tr>
<th></th>
<th>TOB-2</th>
<th>TOB-2a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Included Populations</strong></td>
<td>Patients who refuse counseling</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>Patients who refuse FDA-Approved cessation medication</td>
<td></td>
</tr>
<tr>
<td><strong>Excluded Populations (for FDA approved medications only)</strong></td>
<td>For Medications Only</td>
<td>For Medications Only</td>
</tr>
<tr>
<td></td>
<td>• Smokeless tobacco users</td>
<td>• Smokeless tobacco users</td>
</tr>
<tr>
<td></td>
<td>• Pregnant smokers</td>
<td>• Pregnant smokers</td>
</tr>
<tr>
<td></td>
<td>• Light smokers</td>
<td>• Light smokers</td>
</tr>
<tr>
<td></td>
<td>• Patients with reasons for not administering FDA-approved cessation medication.</td>
<td>• Patients with reasons for not administering FDA-approved cessation medications.</td>
</tr>
<tr>
<td><strong>Data Elements</strong></td>
<td>• Reason for No Tobacco Cessation Medication During the Hospital Stay</td>
<td>• Reason for No Tobacco Cessation Medication During the Hospital Stay</td>
</tr>
<tr>
<td></td>
<td>• Tobacco Use Status</td>
<td>• Tobacco Use Status</td>
</tr>
<tr>
<td></td>
<td>• Tobacco Use Treatment FDA-Approved Cessation Medication</td>
<td>• Tobacco Use Treatment FDA-Approved Cessation Medication</td>
</tr>
<tr>
<td></td>
<td>• Tobacco Use Treatment Practical Counseling</td>
<td>• Tobacco Use Treatment Practical Counseling</td>
</tr>
</tbody>
</table>

**Denominator Statement:** The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.
Included Populations: Not applicable

Excluded Populations:
- Patients less than 18 years of age
- Patient who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with Comfort Measures Only documented

Data Elements:
- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Tobacco Use Status

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Variation may exist in the assignment of ICD-10 codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: Hospitals may wish to identify those patients that refused either counseling or medications or both so as to have a better understand of which treatment type is refused so that efforts can be directed toward improving care.

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.
Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Tobacco Treatment (TOB)

Set Measure ID #: TOB-3

Performance Measure Name:
- TOB-3 Tobacco Use Treatment Provided or Offered at Discharge
- TOB-3a Tobacco Use Treatment at Discharge

Description:
- TOB-3 Patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

- TOB-3a Patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication.

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. The Provided or Offered rate (TOB-3) describes patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge. The Tobacco Use Treatment at Discharge (TOB-3a) rate describes only those who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. Those who refused are not included.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 480,000 deaths each year (CDC MMWR 2014). Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (DHHS 2014). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated to be at least $130 billion per year in direct medical expenses for adults, and over $150 billion in lost productivity (DHHS 2014).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the user's risk of
suffering from tobacco-related disease and improve outcomes for those already suffering from a tobacco-related disease (DHHS 2000; Baumeister 2007; Lightwood 2003 and 1997; Rigotti 2012). Effective, evidence-based tobacco dependence interventions have been clearly identified and include brief clinician advice, individual, group, or telephone counseling, and use of FDA-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient's medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention (DHHS, 2008).

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:**

**TOB-3:** The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.

**TOB-3a:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

**TOB-3 Numerator Statement Table**

<table>
<thead>
<tr>
<th>Included Populations</th>
<th>TOB-3</th>
<th>TOB-3a</th>
</tr>
</thead>
</table>
| • Patients who refused a prescription for FDA-Approved tobacco cessation medication at discharge.  
• Patients who refused a referral to evidence-based outpatient counseling. | | Not Applicable |

<table>
<thead>
<tr>
<th>Excluded Populations (for FDA approved medications only)</th>
<th>TOB-3</th>
<th>TOB-3a</th>
</tr>
</thead>
</table>
| • Smokeless tobacco users  
• Pregnant smokers  
• Light smokers  
• Patients with reasons for not administering FDA-approved cessation medication. | | • Smokeless tobacco users  
• Pregnant smokers  
• Light smokers  
• Patients with reasons for not administering FDA-approved cessation medication. |
TOB-3 Numerator Statement Table

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>TOB-3</th>
<th>TOB-3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Prescription for Tobacco Cessation Medication</td>
<td>· Prescription for Tobacco Cessation Medication</td>
<td></td>
</tr>
<tr>
<td>· Reason for No Tobacco Cessation Medication at Discharge</td>
<td>· Reason for No Tobacco Cessation Medication at Discharge</td>
<td></td>
</tr>
<tr>
<td>· Referral for Outpatient Tobacco Cessation Counseling</td>
<td>· Referral for Outpatient Tobacco Cessation Counseling</td>
<td></td>
</tr>
<tr>
<td>· Tobacco Use Status</td>
<td>· Tobacco Use Status</td>
<td></td>
</tr>
</tbody>
</table>

Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

Included Populations: Not applicable

Excluded Populations:
- Patients less than 18 years of age
- Patient who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use status during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients who expired
- Patients who left against medical advice
- Patients discharged to another hospital
- Patients discharged to another health care facility
- Patients discharged to home for hospice care
- Patients who do not reside in the United States
- Patients with Comfort Measures Only documented

Data Elements:
- Admission Date
- Birthdate
- Comfort Measures Only
- Discharge Date
- Discharge Disposition
- Tobacco Use Status

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Variation may exist in the assignment of ICD-10 codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: Hospitals may wish to identify those patients that refused either counseling or medications or both at discharge so as to have a better understanding of which treatment type was accepted or refused so that efforts can be directed toward improving care.

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.