



# 2013 EHR Measure Specifications

These specifications may be available for potential use in physician quality initiatives, including but not limited to the EHR submission under the 2013 Physician Quality Reporting System (Physician Quality Reporting).

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use. (NQF, 2007)

## 2013 EHR Measure Specifications ANALYTIC NARRATIVES

### ▲ Measure #226 (NQF 0028) HITECH CORE: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

**Description:** Percentage of patients aged 18 years or older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

**Denominator 1:** All patients aged 18 years and older

#### Denominator Inclusions 1:

All patients greater than or equal to 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face visit (ENCOUNTER PREV MED GROUP COUNSELING, ENCOUNTER PREV MED OTHER SERVICES, ENCOUNTER PREV MED SERVICES 18 AND OLDER, ENCOUNTER PREV MED 40 & OLDER or ENCOUNTER PREV MED – INDIVIDUAL COUNSELING) OR at least two face-to-face visits (ENCOUNTER HEALTH AND BEHAVIOR ASSESSMENT, ENCOUNTER OCCUPATIONAL THERAPY, ENCOUNTER OFFICE VISIT, or ENCOUNTER PSYCHIATRIC & PSYCHOLOGIC) with the same eligible professional during the measurement period.

ENCOUNTERS tab(s) in the Downloadable Resource table list applicable codes in this measure and are associated with the following data element(s):

ENCOUNTER PREV MED GROUP COUNSELING  
OR  
ENCOUNTER PREV MED OTHER SERVICES  
OR  
ENCOUNTER PREV MED SERVICES 18 AND OLDER  
OR  
ENCOUNTER PREV MED 40 & OLDER  
OR  
ENCOUNTER PREV MED – INDIVIDUAL COUNSELING  
OR  
ENCOUNTER HEALTH AND BEHAVIOR ASSESSMENT  
OR  
ENCOUNTER OCCUPATIONAL THERAPY  
OR  
ENCOUNTER OFFICE VISIT  
OR  
ENCOUNTER PSYCHIATRIC & PSYCHOLOGIC

## Numerator 1: Patients who were screened for tobacco use\* at least once within 24 months

### Numerator Inclusions 1:

Patients who were screened for tobacco use\* before or during a qualifying visit at least once during the measurement period or within the 24 months prior to the last qualifying visit during the measurement period.

\* Includes use of any type of tobacco

PROBLEMS and SOCIAL HISTORY tab(s) in the Downloadable Resource table list applicable codes in this measure and are associated with the following data element(s):

TOBACCO USER  
OR  
TOBACCO NON-USER

**AND**

## Denominator 2: All patients aged 18 years and older who were identified as tobacco users

### Denominator Inclusions 2:

All patients who were identified as tobacco users during a qualifying visit in the measurement period and patient is greater than or equal to 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face visit (ENCOUNTER PREV MED GROUP COUNSELING, ENCOUNTER PREV MED OTHER SERVICES, ENCOUNTER PREV MED SERVICES 18 AND OLDER, ENCOUNTER PREV MED 40 & OLDER or ENCOUNTER PREV MED – INDIVIDUAL COUNSELING) OR at least two face-to-face visits (ENCOUNTER HEALTH AND BEHAVIOR ASSESSMENT, ENCOUNTER OCCUPATIONAL THERAPY, ENCOUNTER OFFICE VISIT, or ENCOUNTER PSYCHIATRIC & PSYCHOLOGIC) with the same eligible professional during the measurement period.

ENCOUNTERS, PROBLEMS, and SOCIAL HISTORY tab(s) in the Downloadable Resource table list applicable codes in this measure and are associated with the following data element(s):

ENCOUNTER PREV MED GROUP COUNSELING  
OR  
ENCOUNTER PREV MED OTHER SERVICES  
OR  
ENCOUNTER PREV MED SERVICES 18 AND OLDER  
OR  
ENCOUNTER PREV MED 40 & OLDER  
OR  
ENCOUNTER PREV MED – INDIVIDUAL COUNSELING  
OR  
ENCOUNTER HEALTH AND BEHAVIOR ASSESSMENT  
OR  
ENCOUNTER OCCUPATIONAL THERAPY  
OR  
ENCOUNTER OFFICE VISIT  
OR  
ENCOUNTER PSYCHIATRIC & PSYCHOLOGIC

**AND**

TOBACCO USER

## Numerator 2: Patients who received tobacco cessation counseling intervention\*\*

### Numerator Inclusions 2:

Patients who received tobacco cessation counseling intervention\*\* before or during a qualifying visit at least once during the measurement period or within 24 months prior to the last qualifying visit during the measurement period.

*\*\* Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy*

PROBLEMS, PROCEDURES and PLAN OF CARE tab(s) in the Downloadable Resource table list applicable codes in this measure and are associated with the following data element(s):

TOBACCO USE CESSATION COUNSELING

**OR**

MEDICATIONS Tab in the Downloadable Resource table lists applicable codes for patients who were prescribed or are currently using prescribed smoking cessation agents before or during a qualifying visit during the current year or year prior and DRUG\_EXCLUSION = N.

### Denominator Exclusions:

None

## Rationale:

There is good evidence that tobacco screening and brief cessation intervention (including counseling and pharmacotherapy) in the primary care setting is successful in helping tobacco users quit (USPSTF, 2003). Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke. (USPSTF, 2003)

## Clinical Recommendation Statements:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (A Recommendation) (USPSTF, 2003)

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use. (NQF, 2007)

All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

All *physicians* should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention whether or not he or she is referred to an intensive intervention. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

## 2013 EHR Measure Specifications

### ANALYTIC NARRATIVES

- ◆ **Measure #308 (NQF 0027) HITECH: Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies**

**Description:** Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies

**Denominator:** All patients aged 18 years and older

**Denominator Inclusions:**

All patients 18 years or older at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face visit with the eligible professional during the measurement period.

ENCOUNTERS tab(s) in the Downloadable Resource table list applicable codes for this measure and are associated with the following data element(s):

ENCOUNTER OUTPATIENT

**Numerator:** Patients who were identified as a current smoker or tobacco user AND received cessation, medical assistance

**Numerator Inclusion:**

Patients identified as a current smoker or tobacco user during the measurement period.

PROBLEMS and SOCIAL HISTORY tab(s) in the Downloadable Resource table list applicable codes for this measure and are associated with the following data element(s):

TOBACCO USER

**AND**

Smokers and tobacco users who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies received during the current measurement period.

PROBLEMS and PLAN OF CARE tab(s) in the Downloadable Resource table list applicable codes for this measure and are associated with the following data element(s):

TOBACCO USE CESSATION COUNSELING

***Denominator Exclusions: (Exclusions only applied if patient is not a current smoker or tobacco user)***

Patients identified as a current \*non-tobacco user during the measurement period.

\* Patients must be identified as BOTH a non-chewer and non-smoker

PROBLEMS and SOCIAL HISTORY tab(s) in the Downloadable Resource table list applicable codes for this measure and are associated with the following data element(s):

NON CHEWER CODE

AND

NON SMOKER CODE

## Rationale:

This measure assesses different facets of providing medical assistance with smoking cessation or tobacco use. Smoking is the leading preventable cause of premature death in the United States and is identified as a causal factor in more than 25 diseases and health problems (USDHHS 2004). In 2003, based on evidence that cessation strategies are effective in improving health outcomes, the USPSTF recommended that clinicians screen adults for tobacco use and provide tobacco cessation interventions. Interventions to control smoking are also strategically important because of the financial burden: approximately \$167 billion in annual health related economic losses, when considered with other tobacco use causes. This measure facilitates efforts to implement recommended clinical practices and guidelines and subsequently reduce mortality rates and health problems related to smoking and tobacco use.

## Clinical Recommendation Statements:

United States Preventative Services Task Force (USPSTF): The USPSTF guideline strongly recommends that clinicians screen all adult for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF found good evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (less than 3 minutes), and pharmacotherapy delivered in primary care settings, are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent after 1 year.

Veterans' Affairs/Department of Defense: The VA/DoD's Clinical Practice Guideline for the Management of Tobacco Use recommends that any person (age greater than 12 years) who is eligible for care in the Veterans Health Administration (VHA) or the Department of Defense (DoD) health care delivery system should be screened for tobacco use and should be asked about tobacco use at most visits. Tobacco users should be advised to quit and assessed for willingness to quit at every visit. All tobacco users who are willing to quit should be offered an effective tobacco cessation intervention, including: pharmacotherapy, counseling, and follow-up. Tobacco users attempting to quit should be prescribed one or more effective first-line pharmacotherapies for tobacco use cessation. The guideline also cites strong evidence that minimal counseling (lasting less than three minutes) increases overall tobacco abstinence rates.

Public Health Service: The Public Health Service Clinical Practice Guideline recommends that clinicians engage in a number of activities to aid tobacco users in quitting, which include:

- [1]Implement an officewide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented (repeated assessment is not necessary in the case of the adult who has never used tobacco or has not used tobacco for many years, and for whom this information is clearly documented in the medical record).
- [2]In a clear, strong, and personalized manner, urge every tobacco user to quit.
- [3]As every tobacco user if he or she is willing to make a quit attempt at this time (e.g., within the next 30 days).
- [4]Provide practical counseling (problem solving/training).
- [5]Recommend the use of approved pharmacotherapy, except in special circumstances.
- [6]Provide supplementary materials.

Source:

[http://www.cms.gov/apps/ama/license.asp?file=/pqrs/downloads/2013\\_EHR\\_Documents\\_for\\_Eligible\\_Professionals\\_12192012.zip](http://www.cms.gov/apps/ama/license.asp?file=/pqrs/downloads/2013_EHR_Documents_for_Eligible_Professionals_12192012.zip)