



Global Measures





The Joint Commission Disclaimer

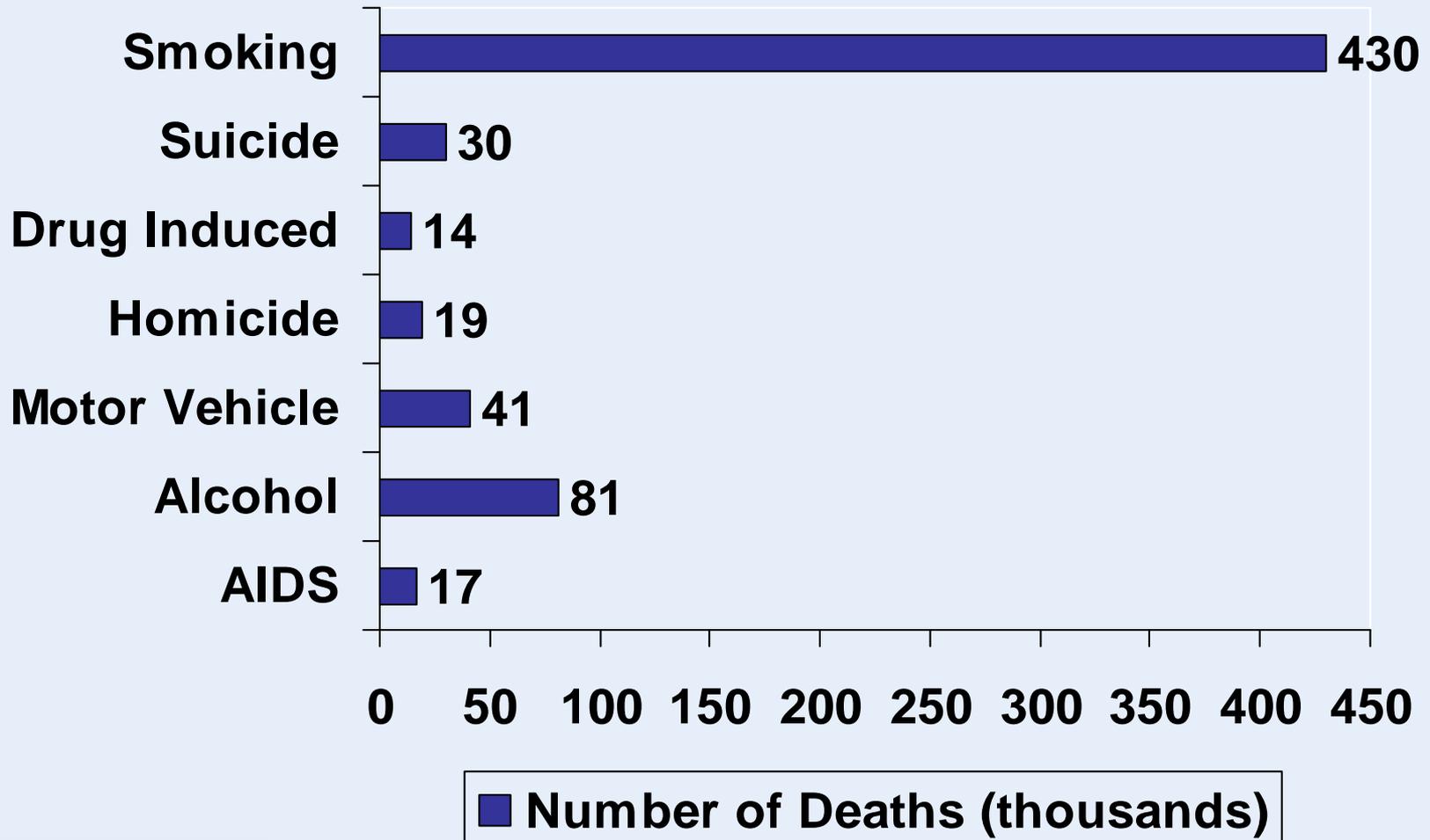
- These slides are current as of 4/19/2011. The Joint Commission reserves the right to change the content of the information, as appropriate.



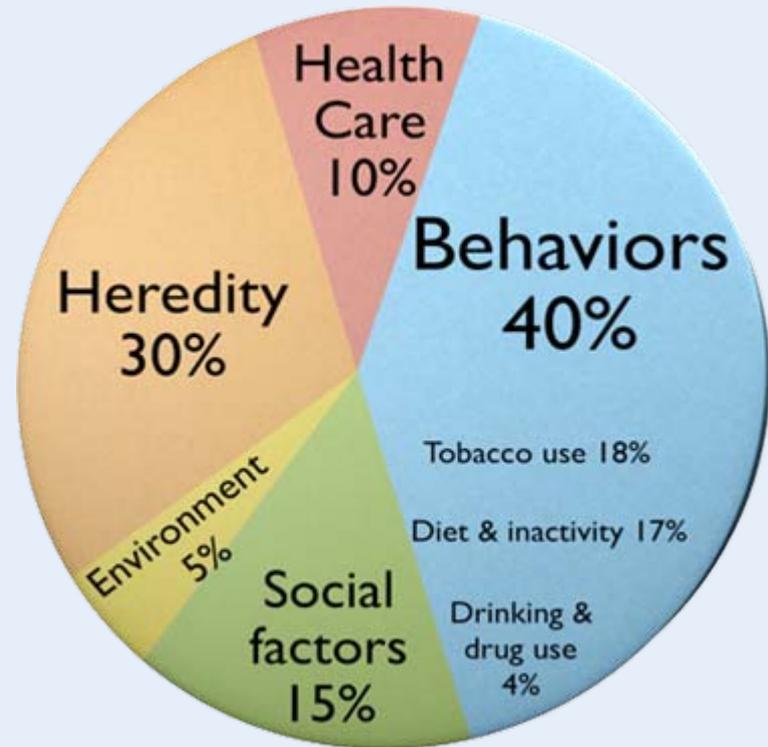
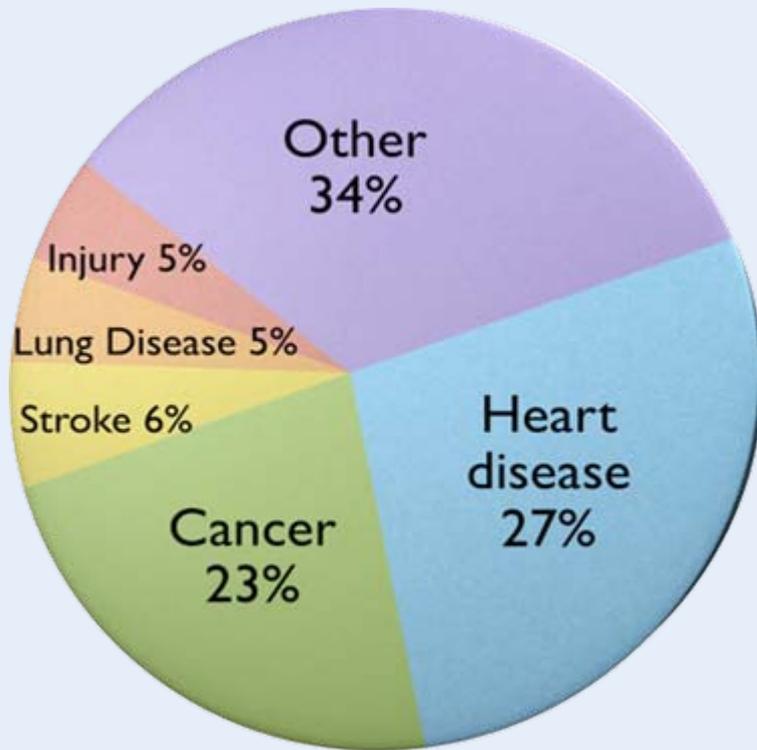
Measure Environment

- ▶ 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.



Leading Causes of Death



Schroeder SA; *NEJM* 2007; 357: 1221-8. Mokdad AH et al; *JAMA* 2004; 291:1238-45.

Toll of Tobacco in the USA

- ▶ Tobacco use is the single most preventable cause of death in the USA
 - 1 in 5 deaths
 - > 400,00 deaths each year
- ▶ \$81.9 billion in annual productivity losses
- ▶ \$96 billion in annual smoking related health care cost



Rankings of 25 Preventive Services Recommended by the USPSTF

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)

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;
<http://www.prevent.org/content/view/43/71>

Rankings of 25 Preventive Services Recommended by the USPSTF

#	Service	PB	ROI
1	Aspirin to prevent heart attack & stroke	5	5
2	Childhood immunizations	5	5
3	Smoking cessation	5	5
4	Alcohol screening & intervention	4	5

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

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;
<http://www.prevent.org/content/view/43/71>



Tobacco Screening/Intervention

3

Alcohol Screening/Intervention

4

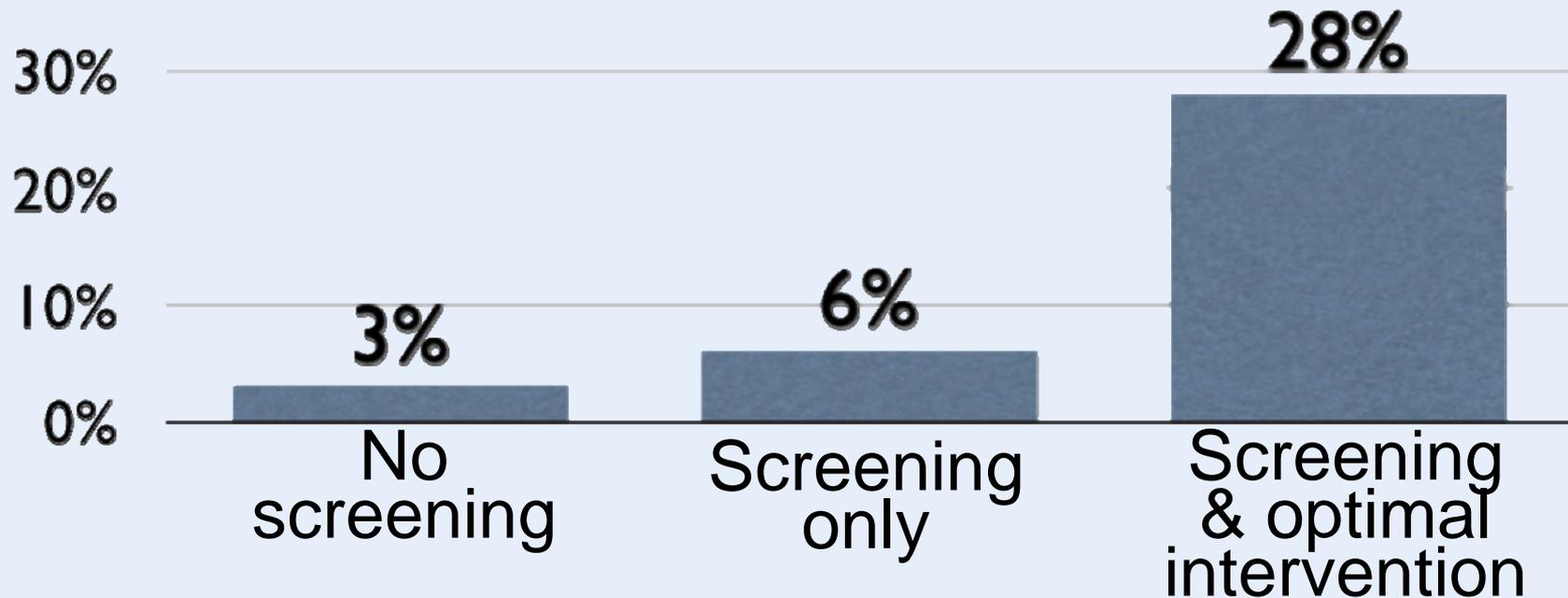
Ranked higher than:

- 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

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;
<http://www.prevent.org/content/view/43/71>

Effectiveness of Tobacco Interventions

12-month Quit Rates



Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. US Public Health Service, 2008.

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

Freund M, et al. Smoking care provision in hospitals: A review of prevalence, 2008
The Joint Commission. A comprehensive Review of Development and Testing for
National Implementation of Hospital Core Measures. 2002

Tobacco Treatment Measures

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

- Citation: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
- 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

Tobacco Use Practical Counseling	Received	Refused	Not Offered
Receive all components	332 (45%)	161 (22%)	60 (8%)
Refused counseling	68 (9%)	105 (3%)	15 (3%)
Not offered	0	0	0

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

Prescription for FDA Medication	Received	Refused
Receive Prescription	65	21
Refused prescription	26	99
Not offered with valid reason	21	71

TAM-3 Key Data Elements

▶ 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

- <http://cme.medscape.com/viewprogram/17710>

▶ Other sites for reference programs

- <http://www.attud.org>
- <http://surgeongeneral.gov/tobacco>