

Surgical Phase of Care (SPC) Measure 3 – ACS16: Preventative Care and Screening: Tobacco Screening and Cessation Intervention

National Quality Strategy (NQS) Domain: Community/Population Health

Meaningful Measure Are: Prevention and Treatment of Opioid and Substance Use Disorders

Measure Type: Process

Inverse Measure: No

High-Priority Measure: No

Risk-Adjusted: No

Number of Performance Rates: 1

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:

Percentage of patients age 18 or older who are active tobacco users who receive tobacco screening AND are offered cessation counseling at least 2 months prior to elective surgical procedure in order to delay the procedure until smoking cessation is possibly achieved.

INSTRUCTIONS:

This measure is to be reported **each time** a patient undergoes an elective surgical procedure AND is identified as an active tobacco user. There is no diagnosis associated with this measure. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

DENOMINATOR:

All patients, aged 18 years and older, evaluated by an eligible clinician who are scheduled for an elective surgical procedure AND who are active tobacco users.

Denominator Instructions: CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e. dual procedures) will be included in

the denominator population. Both surgeons participating in MIPS will be fully accountable for the clinical action described in the measure.

Denominator Criteria (Eligible Cases):

All patients aged 18 years and older

AND

Patients evaluated by an eligible clinician and identified as an active tobacco user

AND

Patients scheduled for an elective surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

NUMERATOR:

All patients who undergo an elective surgical procedure and who are active tobacco users and received cessation counseling at least 2 months prior to the scheduled elective procedure.

Numerator Instructions: There must be documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

Performance Met:

Documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

OR

Documentation in the patient's medical record that the patient did not receive tobacco cessation counseling at least 2 months prior to the procedure due to the risk of delaying the elective surgical procedure being greater than the benefits of cessation of tobacco use.

Medical Performance Exclusion:

Documentation in the patient's medical record that the patient did not receive tobacco cessation counseling at least 2 months prior to the procedure due to the risk of delaying the elective surgical procedure being greater than the

benefits of cessation of tobacco use.

OR

Documentation in the patient's medical record that the patient is an active tobacco user and did **not** received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

Performance Not Met:

Documentation in the patient's medical record that the patient is an active tobacco user and did **not** received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

RATIONALE:

There is significant literature supporting the utility of preoperative smoking cessation including a randomized clinical trial and a systematic review. It is expected that if there is greater surgeon buy-in to perioperative smoking cessation intervention, then there will be a significant increase in patient quality and satisfaction, in addition to a significant decrease in post-operative complications such as wound infection and pneumonia.

SUPPORTING EVIDENCE:

Effects of a perioperative smoking cessation intervention on postoperative complications.

Lindstrom D; Azodi OS et al.

Annals of Surgery 2008; 248(5); 739-45.

The effectiveness of a perioperative smoking cessation program: A randomized clinical trial

Lee SM; Landry J; Jones PM et al.

Anesthesia & Analgesia 2013; 177(3); 605-13.

U.S. Department of Health and Human Services. Public Health Service, 2008

Interventions for preoperative smoking cessation

Thomsen T, Villebro N, Moller AM.

Cochrane Database Systematic Review. 2014

- Strength of Evidence
 - 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 use status, significantly increase rates of clinical intervention.
 - All physicians should strongly advise every patient who smokes to quit because evidence suggests that physicians' advice to quit smoking increases abstinence rates.

- The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, both counseling and medication should be provided to patients trying to quit smoking.