



## Complete Summary

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### TITLE

Preventive care and screening: percentage of patients who were queried about tobacco use one or more times during the two-year measurement period.

### SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients aged greater than or equal to 18 years who were queried about tobacco use one or more times during the two-year measurement period.

### RATIONALE

According to U.S. Department of Health and Human Services, Public Health Services and United States Preventive Services Task Force guidelines, periodic screening for tobacco use is recommended for all patients.

According to Canadian Task Force on Preventive Health Care and United States Preventive Services Task Force guidelines, tobacco cessation counseling is recommended for all patients who smoke.

### PRIMARY CLINICAL COMPONENT

Tobacco use; screening

### DENOMINATOR DESCRIPTION

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

### NUMERATOR DESCRIPTION

Patients who were queried about tobacco use one or more times

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

### SECONDARY MEASURE DOMAIN

Not applicable

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence  
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Treating tobacco use and dependence. A clinical practice guideline.](#)
- [Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p.

From the Centers for Disease Control and Prevention. Receipt of advice to quit smoking in Medicare managed care--United States, 1998. JAMA 2000 Oct 11;284(14):1779-81. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

U.S. Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996.

## State of Use of the Measure

### STATE OF USE

Pilot testing

#### CURRENT USE

Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics  
Rural Health Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

#### TARGET POPULATION AGE

Age greater than or equal to 18 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

In 2001, the median prevalence of smoking in all 50 U.S. states and the District of Columbia was 23%.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for tobacco use. It has been reported that:

- In 2000, 66% of smokers aged 18 years and older in the average managed care plan were advised to quit smoking during a visit with their physician.
- In 1998, 71% of smokers enrolled in a Medicare managed care plan received advice to quit smoking.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA 2002 May 8;287(18):2355-6. [PubMed](#)

From the Centers for Disease Control and Prevention. Receipt of advice to quit smoking in Medicare managed care--United States, 1998. JAMA 2000 Oct 11;284(14):1779-81. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

Prevalence of current cigarette smoking among adults and changes in prevalence of current and some day smoking - United States, 1996-2001. MMWR Morb Mortal Wkly Rep 2003 Apr 11;52(14):303-7.

Treating tobacco use and dependence: fact sheet. [internet]. Washington (DC): U.S. Public Health Service; 2000 Jun 1 [cited 2003 Mar 01].

Trends in tobacco use. New York (NY): American Lung Association; 2003 Jun. 31 p.

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Smoking causes an estimated 440,000 deaths in the United States annually.

Tobacco use is the leading cause of preventable morbidity and mortality associated with heart disease, stroke, lung cancer, and chronic lung disease, in the United States.

#### EVIDENCE FOR BURDEN OF ILLNESS

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA 2002 May 8;287(18):2355-6. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

Treating tobacco use and dependence: fact sheet. [internet]. Washington (DC): U.S. Public Health Service; 2000 Jun 1 [cited 2003 Mar 01].

Trends in tobacco use. New York (NY): American Lung Association; 2003 Jun. 31 p.

## UTILIZATION

Unspecified

## COSTS

The total direct and indirect costs of tobacco use in the United States are estimated at \$157 billion annually.

## EVIDENCE FOR COSTS

From the Centers for Disease Control and Prevention. Annual smoking attributable mortality, years of potential life lost and economic costs--United States, 1995-1999. JAMA 2002 May 8; 287(18):2355-6. [PubMed](#)

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

### Exclusions

None

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients who were queried about tobacco use one or more times

### Exclusions

None

## DENOMINATOR TIME WINDOW

Time window follows index event

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

None

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Tobacco use.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Preventive Care and Screening Core Physician Performance Measurement Set](#)

MEASURE SUBSET NAME

[Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Tobacco Use](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

## MEASURE AVAILABILITY

The individual measure, "Tobacco Use," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004.

## COPYRIGHT STATEMENT

This Physician Performance Measurement Set (PPMS) was developed by the Physician Consortium for Performance Improvement (The Consortium) to facilitate quality improvement activities by physicians. The performance measures contained in this PPMS are not clinical guidelines and do not establish a standard of medical care. This PPMS is intended to assist physicians in enhancing quality of care and is not intended for comparing individual physicians to each other or for individual physician accountability by comparing physician performance against the measure or guideline. The Consortium has not tested this PPMS.

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