



## Complete Summary

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### TITLE

Tobacco use prevention and cessation for adults and mature adolescents: percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.

### RATIONALE

The priority aim addressed by this measure is to improve the proportion of tobacco users whose interest in quitting is assessed or who receive cessation advice at any clinic encounter.

### PRIMARY CLINICAL COMPONENT

Tobacco use; cessation advice; assessment of interest or readiness to quit

### DENOMINATOR DESCRIPTION

Total number of tobacco users\* audited

\*Tobacco user = Any indication on a chart or in the note from the latest visit that the patient uses tobacco (or, for a child, is regularly exposed to tobacco smoke).

### NUMERATOR DESCRIPTION

Number of tobacco users advised to quit or whose readiness to quit was assessed at the latest visit (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## 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

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Tobacco use prevention and cessation for adults and mature adolescents.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

## TARGET POPULATION AGE

All patients visiting the practice, regardless of age, who have any indication on their charts that they are or may be users of tobacco, or in the case of children that they are regularly exposed to tobacco smoke

## TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Each day, nearly 4,800 adolescents (ages 11 to 17) smoke their first cigarette; of these, nearly 2,000 will become regular smokers. That is almost two million annually! Tobacco use includes all forms of tobacco--smoking cigarettes, cigars or pipes, as well as using snuff or chewing tobacco.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

### ASSOCIATION WITH VULNERABLE POPULATIONS

Tobacco cessation is particularly important during pregnancy. Tobacco cessation is also very important in those individuals with heart disease or other risk factors for heart disease.

### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

### BURDEN OF ILLNESS

Key findings regarding secondhand smoke include:

- Secondhand smoke causes a significant number of heart attacks.
- Secondhand smoke causes increased risk of lung cancer.
- Secondhand smoke is a major cause of preventable heart disease.

- Secondhand smoke causes major illness in infants. For example, an estimated 7,500-15,000 infants and toddlers are hospitalized with bronchitis or pneumonia every year because they breathe tobacco smoke.
- The California Environmental Protection Agency concludes that there are between 22,669-69,553 cardiac deaths, between 7,564-26,473 lung cancer deaths, and 789,712 otitis media (ear infection) office visits related to secondhand smoke annually in the U.S.

## EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

## UTILIZATION

Unspecified

## COSTS

Unspecified

## 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 visiting the practice, regardless of age, who have any indication on their charts that they are or may be users of tobacco, or in the case of children that they are regularly exposed to tobacco smoke

## Sample Selection

The charts for this measure are to be obtained in the same way as those for the related National Quality Measures Clearinghouse (NQMC) summary of the Institute for Clinical Systems Improvement (ICSI) measure [Tobacco use prevention and](#)

[cessation for adults and mature adolescents: percentage of patients' charts that either show that there is no tobacco use/exposure or \(if a user\) that the current use was documented at the most recent clinician visit](#). In fact, they will be readily identified in the course of that measurement by including in the denominator all those charts in the Tobacco Use Status Audit Form (found in the original measure documentation) in either:

1. The Current User column; or
2. The Unknown column if they have a chart label/marker showing tobacco use but no indication of current use in the latest progress note.

#### Data Collection

Using the Tobacco Use Status Audit Form, write a "+" in the Advice/Assessment column next to every user (as defined in the "Denominator Inclusions/Exclusions" field) if there is any evidence in the latest progress note that there was a discussion about tobacco that included either advice to quit or an expression of the user's interest in quitting. If neither is present in the note, write a "-".

#### Analysis

Add up all the + marks to obtain the numerator and all the + and - marks to obtain the denominator. Divide and multiply the answer by 100 in order to obtain the % measure.

The suggested schedule is to audit monthly until 75% identification has been achieved. Then it is acceptable to report only every 3 months until 85% has been achieved, at which time yearly measures will be satisfactory. However, whenever a measure falls below the 85% or 75% level, the reporting frequency should revert to quarterly or monthly as appropriate until the rate has been raised above the cutoff point described.

#### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR (INDEX) EVENT

Encounter

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Total number of tobacco users\* audited

\*Tobacco user = Any indication on a chart or in the note from the latest visit that the patient uses tobacco (or, for a child, is regularly exposed to tobacco smoke).

##### Exclusions

Unspecified

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Number of tobacco users\* advised to quit or whose readiness to quit was assessed at the latest visit

\*Tobacco user = Any indication on a chart or in the note from the latest visit that the patient uses tobacco (or, for a child, is regularly exposed to tobacco smoke). Documentation in the progress note from the latest visit with a clinician of either advice to quit or information about the user's current interest or readiness to quit will satisfy the rest of the definition.

### Exclusions

Unspecified

## DENOMINATOR TIME WINDOW

Time window is a single point in time

## NUMERATOR TIME WINDOW

Encounter or point in time

## DATA SOURCE

Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## 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

Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.

### MEASURE COLLECTION

[Tobacco Use Prevention and Cessation for Adults and Mature Adolescents Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Jul

### REVISION DATE

2004 Jun

### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 36 p.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

#### MEASURE AVAILABILITY

The individual measure, "Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit," is published in "Health Care Guideline: Tobacco Use Prevention and Cessation for Adults and Mature Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org)

#### NQMC STATUS

This NQMC summary was completed by ECRI on March 29, 2004. This summary was updated by ECRI on October 5, 2004.

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