

Tobacco Use Core Measures Set Summary

The Tobacco Use Measures are defined by The Joint Commission in their TOB core measure set. These measures were first added to the measures available for use with patients discharged from acute inpatient care, both medical and psychiatric care, beginning January 2012. The Joint Commission Manual is available at <https://manual.jointcommission.org> and includes access to various versions of the specifications.

The Centers for Medicare & Medicaid Services (CMS) adopted the TOB-1 and TOB-2/2a measures on August 6, 2014, with a mandatory start date of January 1, 2015, for psychiatric facilities participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program. Effective August 4, 2015, CMS adopted the TOB-3/3a measures with a mandatory start date of January 1, 2016. CMS manual for IPFQR is available at <https://www.qualitynet.org/ipf> and includes access to current and recent versions of the specifications.

The full TOB core measure set contains the following measures:

- **TOB-1 Tobacco Use Screening** (No longer reported to CMS effective 2018.) Screening for tobacco use within the first day of inpatient psychiatric hospital admission is now an expected standard of practice and is the basis for ongoing patient treatment based on the outcome of the screening.

In the FY 2019 IPF PPS Final Rule, the TOB-1 measure was removed from the IPFQR Program for FY 2020 and subsequent payment determination years. Therefore, TOB-1 will no longer be reported to CMS starting with January 1, 2018 discharges. Refer to the applicable measure abstraction paper tool for TOB-1 guidance that will assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures.

- **TOB-2 Tobacco Use Treatment Provided or Offered** (Required for CMS Reporting)
- **TOB-2a Tobacco Use Treatment** (Required for CMS Reporting)

TOB-2: Tobacco Use Treatment Provided or Offered and the subset TOB-2a: Tobacco Use Treatment. The Tobacco Use Treatment Provided or Offered (TOB-2) chart-abstracted measure is reported as an overall rate that includes all patients to whom tobacco use treatment was provided or offered and refused. A second rate, Tobacco Use Treatment (TOB-2a), a subset of the first, includes only those patients who received tobacco use treatment. The overall rate, TOB-2, assesses patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit and receive or refuse Food and Drug Administration (FDA)-approved cessation medications. The numerator includes the number of patients who received or refused practical counseling to quit and received or refused FDA-approved cessation medications or had a reason for not receiving the medication. The second rate, TOB-2a, assesses patients who received counseling and medication, as well as those who received counseling and had a reason for not receiving the medication. The numerator includes the number of patients who received practical counseling to quit and received FDA-approved cessation medications or had a reason for not receiving the medication.

The denominator for both TOB-2 and TOB-2a includes the number of hospitalized patients 18 years of age and older identified as current tobacco users. The measure excludes patients who are less than 18 years of age, are cognitively impaired, are not current tobacco users, refused or were not screened for tobacco use during the hospital stay or have Comfort Measures Only documented. Exclusions based on LOS are determined using the current Specifications Manual. Effective July 2020, the denominator for TOB-2 will include patients that were not screened for tobacco use; however, these patients continue to be excluded from TOB-2A.

- **TOB-3 Tobacco Use Treatment Provided or Offered at Discharge** (Required for CMS Reporting)
- **TOB-3a Tobacco Use Treatment at Discharge** (Required for CMS Reporting)

The overall rate, TOB-3, assesses patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge. The numerator includes patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge. The second rate, TOB-3a, assesses patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had a reason for not receiving a prescription for medication. The numerator includes patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. The denominator for both TOB-3 and TOB-3a includes the number of hospitalized patients 18 years of age and older identified as current tobacco users. The measure excludes patients who are less than 18 years of age, are cognitively impaired, are not current tobacco users, refused or were not screened for tobacco use during the hospital stay, have Comfort Measures Only documented, patients who expired, patients who left against medical advice, patients discharged to another hospital, patients discharged to another health care facility, patients discharged to home for hospice care, or patients who do not reside in the United States. Exclusions based on LOS are determined using the current Specifications Manual. For TOB measure information, please refer to Tobacco Treatment Measures (TOB) in Section 1: Measure Information Forms of the Specifications Manual for Joint Commission National Quality Measures. Please note that the manual is updated annually and may be updated mid-year if there are changes in definitions or measure algorithms.

Terminology definitions related to TOB measures

Tobacco Use: Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. Exclusions include, but are not limited to, illegal drugs (e.g., marijuana), ecigarettes, and hookah pipes.

Tobacco Use Treatment FDA-Approved Cessation Medication: Documentation in the medical record that the patient received one of the FDA-approved tobacco cessation medications during the hospital stay. A list of FDA-approved tobacco cessation medications can be found in the Medications tab of the Joint Commission manual. Tobacco cessation medications are not required to be offered if there is

documentation that the patient has an allergy to all of the FDA-approved tobacco cessation medications; a drug interaction (for all of the FDA-approved medications) with other drugs the patient is currently taking; if other reasons have been documented by physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist; patient is a light smoker or solely uses smokeless tobacco; or the patient is pregnant.

Tobacco Use Treatment Practical Counseling: Documentation in the medical record that the patient receives all of the components of practical counseling during the hospital stay. The components of practical counseling require interaction with the patient to address all of the following: recognizing danger situations, developing coping skills, and providing basic information about quitting.

TOB 2, 2a, 3, 3a paper abstraction tool: Includes patient tobacco use status as basis. Effective for discharges 1/1/20-12/31/20. This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com. Please note that paper tools are updated each year, and mid-year if there is a change in the measure algorithms. Various versions of the paper tools are available at <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/inpatient-psychiatric-facilities-quality-reporting-program/>.