2017 CMS Web Interface

PREV-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Steward: PCPI

Contents

INTRODUCTION

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2017 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The Measure Documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2017 CMS Web Interface data submission method. Each Measure Document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

WEB INTERFACE SAMPLING INFORMATION

<u>BENEFICIARY SAMPLING</u>

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document,* available at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR:
Equals Initial Population

DENOMINATOR EXCLUSIONS:
None

DENOMINATOR EXCEPTIONS:
Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)

NUMERATOR:
Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITIONS:
Tobacco Use – Includes any type of tobacco
Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy

GUIDANCE:
If a patient uses any type of tobacco (ie, smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.

If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and should be considered a measure failure. Instances where tobacco use status of "unknown" is recorded include: 1) the patient was not screened; or 2) the patient was screened and the patient (or caregiver) was unable to provide a definitive answer. If the patient does not meet the screening component of the numerator but has an allowable medical exception, then the patient should be removed from the denominator of the measure and reported as a valid exception.

The medical reason exception only applies to the screening data element of the measure; once a patient has been screened, there are no allowable medical reason exceptions for not providing the intervention.

If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user.

As noted above in a recommendation statement from the USPSTF, the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) including electronic cigarettes for tobacco cessation. Additionally, ENDS are not currently classified as tobacco in the recent evidence review to support the update of the USPSTF

recommendation given that the devices do not burn or use tobacco leaves. In light of the current lack of evidence, the measure does not currently capture e-cigarette usage as either tobacco use or a cessation aid.

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- o Determine if the patient's medical record can be found

    - o If you can locate the medical record select "Yes"

    OR

    - o If you cannot locate the medical record select "No - Medical Record Not Found"

    OR

    - o Determine if the patient is qualified for the sample

        - ▪ If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

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Guidance   *Patient Confirmation*

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have sampled.

If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2017).

The Measurement Period is defined as January 1 – December 31, 2017.

NOTE:

- - *In Hospice: Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)*
- - *Moved out of Country: Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period*
- - *Deceased: Select this option if the patient died during the measurement period*
- - *HMO Enrollment: Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

o   Determine if the patient is qualified for the measure

  o   If you are able to confirm the patient is qualified for the measure select "Yes"

OR

  o   If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Guidance   *Denominator*

If "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all Web Interface measures.

CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure and reason for request in a Quality Payment Program Service Desk inquiry. CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.

SUBMISSION GUIDANCE

NUMERATOR REPORTING

o Determine if the patient was screened for tobacco use at least once <u>within 24 months</u> AND identified as a tobacco user

   o If the patient was screened for tobacco use and identified as a tobacco non-user select "No"

   OR

   o If the patient was screened for tobacco use and identified as a tobacco user select "Yes"

   OR

   o If the patient was not screened for tobacco use or tobacco use status unknown select "Not Screened/Unknown"

   OR

   o If the patient was not screened for tobacco use for a medical reason select "No - <u>Denominator Exception</u> - Medical Reasons"

Numerator and Denominator Exception codes can be found in the 2017 Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance	*Numerator*

If "No", "Not Screened/Unknown" or "No - Denominator Exception - Medical Reasons" is selected, *do not answer Tobacco Cessation Intervention.*

NOTE:

- *If there is more than 1 patient query* *regarding tobacco use, use the most recent*
- *Within 24 months is defined as* *the 24-month look-back from the measurement period end date (1/1/2016 - 12/31/2017)*
- *Screening for tobacco use and cessation* *do not have to occur on the same encounter but must occur during the 24-month look-back period*
- *Screening for tobacco use* *may be completed during a telehealth encounter*

SUBMISSION GUIDANCE

NUMERATOR REPORTING

o Determine if tobacco cessation intervention was received if the patient was identified as a tobacco user

  o If the patient did not receive tobacco cessation intervention select "No"

 OR

  o If the patient received tobacco cessation intervention select "Yes"

 OR

  o If the patient did not receive cessation intervention for tobacco use for a medical reason select "No - Denominator Exception - Medical Reason"

Numerator, Denominator Exception, and Numerator Drug codes can be found in the 2017 Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance *Numerator*

NOTE:

- *If a patient is screened and found to be a tobacco user* the ONLY medical reason allowed for not providing cessation intervention is limited life expectancy
- *Phone and email follow-up are acceptable* as long as it occurs within the 24 months of screening
- *Tobacco cessation intervention* may be completed during a telehealth encounter
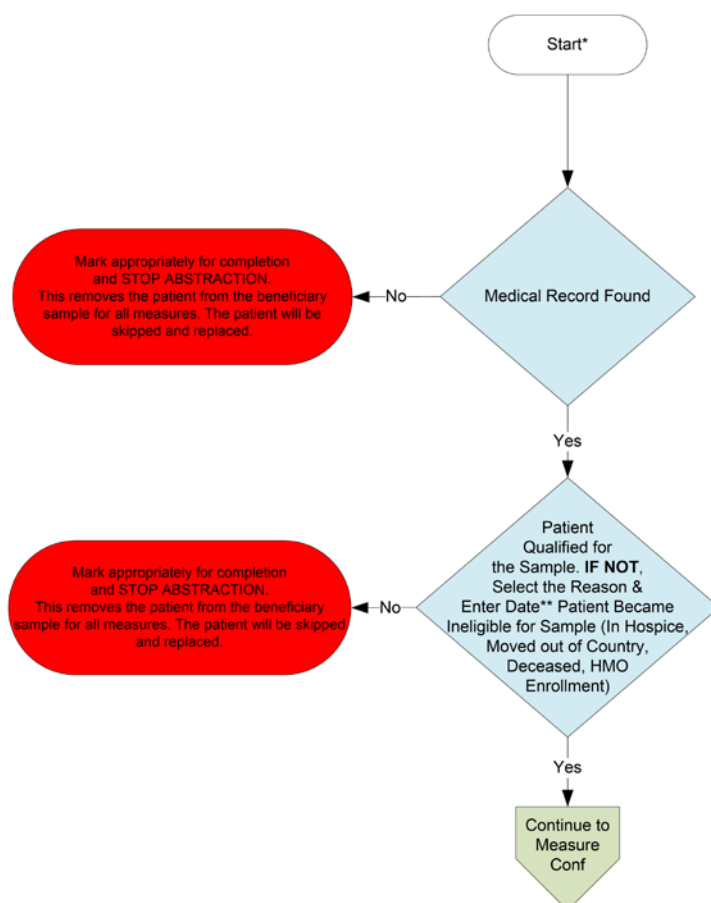
DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.

Start*

Medical Record Found

No → Mark appropriately for completion and STOP ABSTRACTION. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced.

Yes

Patient Qualified for the Sample. IF NOT, Select the Reason & Enter Date Patient Became Ineligible for Sample (In Hospice, Moved out of Country, Deceased, HMO Enrollment)**

No → Mark appropriately for completion and STOP ABSTRACTION. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced.

Yes

Continue to Measure Conf
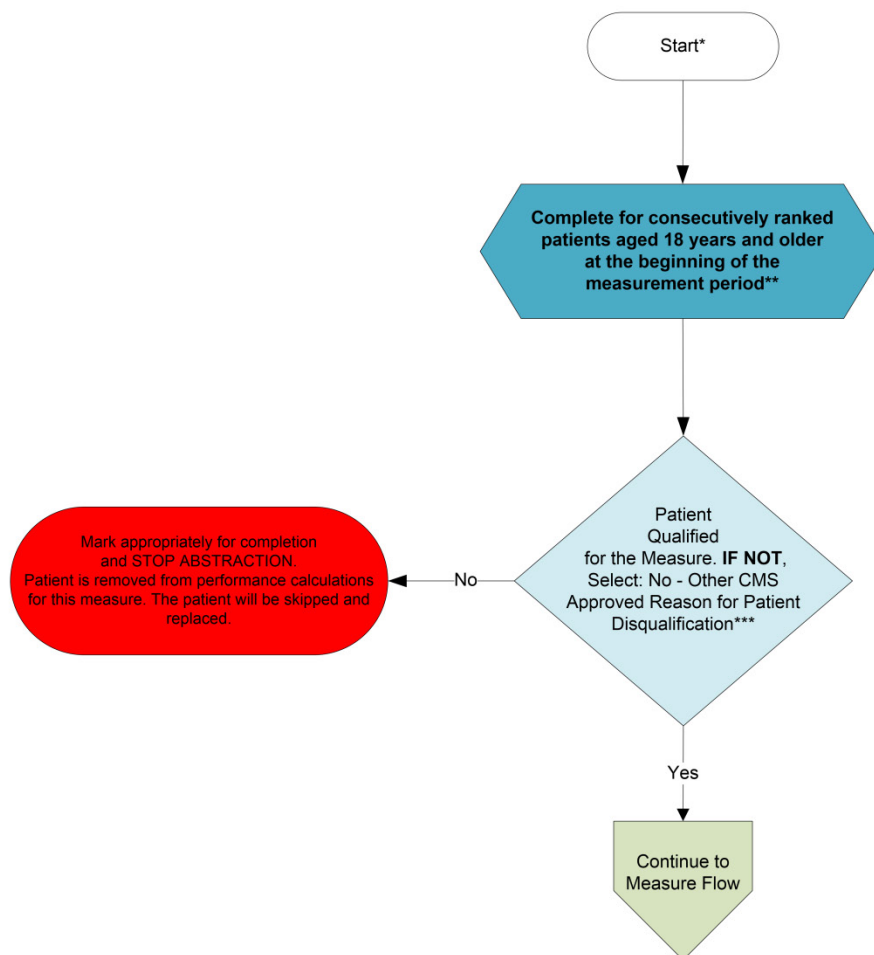
*See the Measure Reporting Document for further instructions on how to report this measure
**If date is unknown, enter 12/31/2017

Measure Confirmation Flow for PREV-10

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.
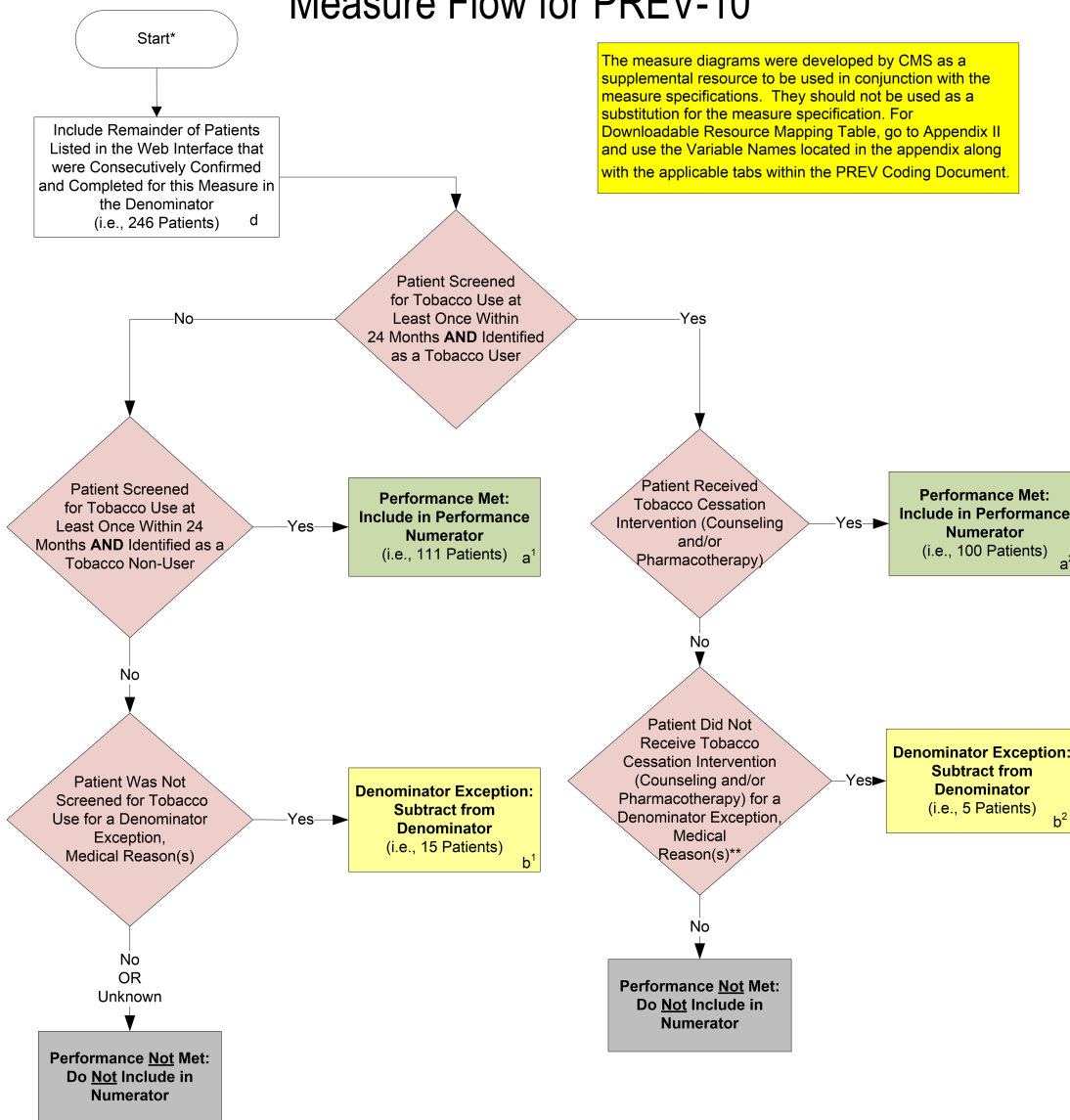
```
                              ┌─────────────┐
                              │   Start*    │
                              └─────────────┘
                                     │
                                     ▼
                        ⬡ Complete for consecutively ranked
                          patients aged 18 years and older
                            at the beginning of the
                            measurement period** ⬡
                                     │
                                     ▼
     ┌──────────────────────┐      ◇ Patient
     │ Mark appropriately   │      Qualified
     │ for completion       │ No   for the Measure. IF NOT,
     │ and STOP ABSTRACTION.│◄──── Select: No - Other CMS
     │ Patient is removed   │      Approved Reason for Patient
     │ from performance     │      Disqualification*** ◇
     │ calculations for this│              │
     │ measure. The patient │             Yes
     │ will be skipped and  │              │
     │ replaced.            │              ▼
     └──────────────────────┘      ⬠ Continue to
                                     Measure Flow ⬠
```

*See the Measure Reporting Document for further instructions on how to report this measure

**Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

***"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

Measure Flow for PREV-10

Start*

Include Remainder of Patients Listed in the Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 246 Patients) d

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specification. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

Patient Screened for Tobacco Use at Least Once Within 24 Months **AND** Identified as a Tobacco User

No

Yes

Patient Screened for Tobacco Use at Least Once Within 24 Months **AND** Identified as a Tobacco Non-User

Yes

Performance Met: Include in Performance Numerator (i.e., 111 Patients) a^1

Patient Received Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy)

Yes

Performance Met: Include in Performance Numerator (i.e., 100 Patients) a^2

No

No

Patient Was Not Screened for Tobacco Use for a Denominator Exception, Medical Reason(s)

Yes

Denominator Exception: Subtract from Denominator (i.e., 15 Patients) b^1

Patient Did Not Receive Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy) for a Denominator Exception, Medical Reason(s)**

Yes

Denominator Exception: Subtract from Denominator (i.e., 5 Patients) b^2

No

No
OR
Unknown

Performance Not Met: Do Not Include in Numerator

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met } (a^1=111 \text{ Patients} + a^2=100 \text{ Patients})}{\text{Denominator } (d=246 \text{ Patients}) - \text{Denominator Exception } (b^1=15 \text{ Patients} + b^2=5 \text{ Patients})} = \frac{211 \text{ Patients}}{226 \text{ Patients}} = 93.36\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Reporting Document for further instructions on how to report this measure
** If a patient is screened and found to be a tobacco user the ONLY medical reason allowed for not providing cessation intervention is limited life expectancy

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. Refer to the Measure Reporting Document for further instructions.

1. Start Patient Confirmation Flow.

2. Check to determine if Medical Record can be found.
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample.
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2017) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-10.

Measure Confirmation Flow for PREV-10

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Reporting Document for further instructions.

1. Start Measure Confirmation Flow for PREV-10. Complete for consecutively ranked patients aged 18 years and older at the beginning of the measurement period. Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
   a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov. Stop processing.
   b. If yes, the patient does qualify for the measure, continue to the PREV-10 measure flow.

Measure Flow for PREV-10

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

1. Start processing 2017 PREV-10 (NQF 0028) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10. Note: Include remainder of patients listed in Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 246 patients).

2. Check to determine if the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco user.
   a. If no, the patient has not been screened for tobacco use at least once within 24 months **AND** not identified as a tobacco user, continue processing.
   b. If yes, the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco user, continue processing and proceed to step 5.

3. Check to determine if the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco non-user.
   a. If no, the patient has not been screened for tobacco use at least once within 24 months **AND** was not identified as a tobacco non-user, continue processing.
   b. If yes, the patient has been screened for tobacco use at least once within 24 months **AND** was identified as a tobacco non-user, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a$_1$' category (numerator, i.e. 111 patients). Stop processing.

4. Check to determine if the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s).
   a. If no, the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), or screening status is unknown, performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b$_1$' category (denominator exception, i.e. 15 patients). Stop processing.

5. Check to determine if tobacco cessation counseling intervention was received if the patient was identified as a tobacco user.
   a. If no, the patient was identified as a tobacco user and did not receive tobacco cessation intervention (Counseling and/or Pharmacotherapy), continue processing.
   b. If yes, patient was identified as a tobacco user and received tobacco cessation intervention (Counseling and/or Pharmacotherapy), performance is met and the patient will be included in the

numerator. For the sample calculation in the flow these patients would fall into the 'a²' category (numerator, i.e. 100 patients). Stop processing

6. Check to determine if tobacco cessation intervention (Counseling and/or Pharmacotherapy) was <u>Not</u> received for a denominator exception, medical reason(s). Note: If a patient is screened and found to be a tobacco user the ONLY medical reason allowed for not providing cessation intervention is limited life expectancy.

    a. If no, the patient was identified as a tobacco user and did <u>Not</u> receive tobacco cessation intervention (Counseling and/or Pharmacotherapy) for a denominator exception, medical reason(s), performance is not met and should not be included in the numerator. Stop processing.

    b. If yes, patient was identified as a tobacco user and did <u>Not</u> received tobacco cessation intervention (Counseling and/or Pharmacotherapy) for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b²' category (numerator, i.e. 5 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a¹ plus a²' in the measure flow (211 patients)

Denominator is category 'd' in the measure flow (246 patients)

Denominator Exception is category b¹ plus b²' in the measure flow (20 patients)

211 (Performance Met) divided by 226 (Denominator minus Denominator Exception) equals a performance rate of 93.36 percent

Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2017 Web Interface PREV Coding Document.

*PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention			
Measure Component/Excel Tab	**Data Element**	**Variable Name**	**Coding System(s)**
Numerator/Numerator Codes/Numerator Drug Codes	Tobacco Screen/Non-User	TOBACCO_SCREEN_CODE <u>AND</u> TOBACCO_NON_USER_CODE	LN <u>AND</u> SNM
	Tobacco Screen/User	TOBACCO_SCREEN_CODE <u>AND</u> TOBACCO_USER_CODE	LN <u>AND</u> SNM
	Cessation Intervention	CESSA_COUNSEL_CODE	C4 SNM
		CESSA_DRUG_CODE	RxNorm (Drug EX=N)
Denominator Exception/ Denominator Exception Codes	Medical Reason	LIMITED_LIFE_EXPECTANCY	SNM
		MEDICAL_REASON	SNM

For EHR mapping, the coding within PREV-10 is considered to be all inclusive

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015)

Appendix IV: Use Notices, Copyrights, and Disclaimers