# IT-1.23: Tobacco Use: Screening and Cessation

| **Measure Title** | **IT-1.23 Preventive care and screening: percentage of patients 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.** |
| --- | --- |
| **Description** | This measure is used to assess the percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user. |
| **NQF Number** | 0028 |
| **Measure Steward** | American Medical Association - convened Physician Consortium for Performance Improvement |
| **Link to measure citation** | <http://www.qualityforum.org/>  <http://www.qualitymeasures.ahrq.gov/content.aspx?id=27942&search=tobacco+screening+and+cessation> |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Quality Compass | | | HPL (90th Percentile) | 50.66% | | MPL (25th Percentile) or 10th if applicable | 34.09% | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Removed references to “Denominator Inclusions/Exclusions field” in numerator and denominator description fields. |
| **Denominator Description** | All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two year measurement period. |
| **Denominator Inclusions** | Note: Refer to the original measure documentation for administrative codes. |
| **Denominator Exclusions** | Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy). |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Patients who were screened for tobacco use\* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention\*\* if identified as a tobacco user. |
| **Numerator Inclusions** | \*Includes use of any type of tobacco.  \*\*Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy.  Note: Refer to the original measure documentation for administrative codes. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Multiple |
| **Data Source** | Administrative clinical data  Electronic health/medical record  Paper medical record |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |