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Kate Goodrich, MD, MHS
Director of the Center for Clinical Standards and Quality
Chief Medical Officer
Centers for Medicare and Medicaid Services
Room S3-26-17
Mail Stop S3-02-01
Baltimore, MD

Dear Dr. Goodrich:

I am writing as President of the Association for the Treatment of Tobacco Use and Dependence (ATTUD) in response to the Measure Applications Partnership (MAP) report released on March 15, 2017, "[Maximizing the Value of Measurement: MAP 2017 Guidance.](#)"

ATTUD is an organization of clinicians dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

What prompts this letter is ATTUD's review of Appendix B, page 16 of the report that states that the MAP may **recommend, in the future, removal of the Joint Commission and NQF-endorsed Tobacco (TOB) Measures 1, 2, and 3** from the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR). The reason given in the report is that, "*MAP noted the importance of tobacco cessation, but recommended that CMS prioritize measures that will better address mental health care.*"

As clinicians, we want to begin by thanking you *for recognizing and communicating the importance of tobacco cessation* in these performance measure programs. We understand the plethora of tobacco-related performance measures and acknowledge the need to streamline and harmonize performance measures across the 16 federal healthcare quality initiative programs.

With that recognition, **we urge that NQF not remove the NQF-endorsed Joint Commission Tobacco Measures (TOB 1, 2, and 3) from the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR).** In this letter, we provide our justification for this recommendation.

As you know, the reasons to encourage tobacco dependence treatment during a psychiatric hospitalization are compelling. Tobacco use is the leading cause of premature disease and death in the United States overall and among patients with mental illness, responsible for almost half a

million deaths and approximately \$150 billion in added healthcare costs each year.¹ Moreover, it is a primary driver of hospitalizations for cancers, stroke, cardiovascular and respiratory diseases, and pregnancy and newborn complications. Tobacco use also interferes with recovery and contributes to delayed bone and wound healing, infection, and other post-operative complications.

Most importantly, tobacco use is highly prevalent among individuals with psychiatric disorders. A number of epidemiologic and other studies have highlighted the high prevalence of smoking among patients with psychiatric disorders; with most of these studies documenting rates of smoking at least double the overall rate among adults in the United States.² Smoking is also believed to be responsible for the majority of excess mortality among individuals with serious mental illness. Most striking of these statistics is the fact that the life expectancy among people with severe mental illness is 25 years less than that among the general population.³

Based on this evidence and rationale, we request that NQF not remove the NQF-endorsed Joint Commission tobacco Measures (TOB 1, 2, and 3) from the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR).

Thank you for considering this request. If you have any questions regarding our comments, please contact Matthew Bars, MS, CTTS at attud@cce-global.org.

Sincerely,
/S/ Mathew Bars, MS, CTTS
ATTUD President and on behalf of the Board of Directors

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1. U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.)
 2. Center for Behavioral Health Statistics and Quality. (2013, February 5). The National Survey on Drug Use and Health (NSDUH) Report: Smoking and mental illness. Rockville, MD: Substance Abuse and Mental Health Services Administration.
 3. Trends in Smoking Among Adults With Mental Illness and Association Between Mental Health Treatment and Smoking Cessation Benjamin Lê Cook, PhD, MPH; Geoff FerrisWayne, MA; E. Nilay Kafali, PhD; Zimin Liu, MA; Chang Shu, BS; Michael Flores, MPH. JAMA. 2014;311(2):172-182. doi:10.1001/jama.2013.284985