

Measure 0027: Medical Assistance With Smoking and Tobacco Use Cessation (National Committee for Quality Assurance)	
Description	<p>The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <p>Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.</p> <p>Discussing Cessation Medications: A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</p> <p>Discussing Cessation Strategies: A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.</p>
Numerator	<p>Advising Smokers and Tobacco Users to Quit: Patients who indicated that they received advice to quit smoking or using tobacco from their doctor or health provider</p> <p>Discussing Cessation Medications: Patients who indicated that their doctor or health provider recommended or discussed smoking or tobacco cessation medications</p> <p>Discussing Cessation Strategies: Patients who indicated their doctor or health provider discussed or provided smoking or tobacco cessation methods and strategies other than medication</p>
Numerator Details	<p>For the commercial product line:</p> <ul style="list-style-type: none"> - Advising Smokers and Tobacco Users to Quit: The number of patients in the denominator who indicated that they received advice to quit smoking or tobacco use from a doctor or other health provider by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q36: “In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” - Discussing Smoking Cessation Medications: The number of patients in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications to assist with quitting smoking or using tobacco by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q37: “In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.” - Discussing Cessation Strategies: The number of patients in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies other than medication to assist with quitting smoking or using tobacco by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q38: “In the last 12 months, how often did your doctor or

health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.”

Response options for all questions:

Never, Sometimes, Usually, Always

For the Medicaid product line:

- Advising Smokers and Tobacco Users to Quit:

The number of patients in the denominator who indicated that they received advice to quit smoking or tobacco use from a doctor or other health provider by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q33: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?”

- Discussing Smoking Cessation Medications:

The number of patients in the denominator who indicated that their doctor or health provider recommended or discussed medication to assist with quitting smoking or using tobacco by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q34: “In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.”

- Discussing Cessation Strategies:

The number of patients in the denominator who indicated that their doctor or health provider discussed or provided methods and strategies other than medication to assist with quitting smoking or using tobacco by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q35: “In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.”

Response options for all questions:

Never, Sometimes, Usually, Always

For the Medicare product line:

- Advising Smokers or Tobacco Users to Quit

The number of patients in the denominator who indicated that they received advice to quit smoking or using tobacco from a doctor or other health provider by answering “Sometimes” or “Usually” or “Always” to CAHPS question Q55 : “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?”

Response options for all questions:

Never, Sometimes, Usually, Always, I had no visits in the last 6 months

Denominator	Patients 18 years and older who responded to the CAHPS survey and indicated that they were current smokers or tobacco users during the measurement year or in the last 6 months for Medicaid and Medicare.
Denominator Details	<p>In order to be included in the denominator for each rate, patients must answer both the question about current cigarette/tobacco use and the relevant numerator question (eg, for the Advising Smokers and Tobacco Users to Quit rate, patients must answer the question about current cigarette/tobacco use and the question about how often they were advised to quit by a doctor or other health provider).</p> <p>For the commercial product line:</p> <p>- Advising Smokers and Tobacco Users to Quit The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q35 and by answering Q36 with any response (“Never” or “Sometimes” or “Usually” or “Always”).</p> <p>Q35: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” Response options for Q35: “Every day”, “Some days”, “Not at all”, “Don’t know”</p> <p>Q36: “In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” Response options for Q36: “Never”, “Sometimes”, “Usually”, “Always”</p> <p>- Discussing Cessation Medications The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q35 and by answering Q37 with any response (“Never” or “Sometimes” or “Usually” or “Always”).</p> <p>Q35: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” Response options for Q35: “Every day”, “Some days”, “Not at all”, “Don’t know”</p> <p>Q37: “In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.” Response options for Q37: “Never” OR “Sometimes” OR “Usually” OR “Always”</p> <p>- Discussing Cessation Strategies The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q35 and by answering Q38 with any response (“Never” or “Sometimes” or “Usually” or “Always”).</p> <p>Q35: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” Response options for Q435: “Every day”, “Some days”, “Not at all”, “Don’t know”</p> <p>Q38: “In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking</p>

or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.”

Response options for Q38: “Never”, “Sometimes”, “Usually”, “Always”

For the Medicaid product line:

- Advising Smokers and Tobacco Users to Quit

The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q32 and by answering Q33 with any response (“Never” or “Sometimes” or “Usually” or “Always”).

Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?”

Response options for Q32: “Every day”, “Some days”, “Not at all”, “Don’t know”

Q33: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?”

Response options for Q33: “Never”, “Sometimes”, “Usually”, “Always”

- Discussing Cessation Medications

The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q32 and by answering Q34 with any response (“Never” or “Sometimes” or “Usually” or “Always”).

Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?”

Response options for Q32: “Every day”, “Some days”, “Not at all”, “Don’t know”

Q34: “In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.”

Response options for Q34: “Never”, “Sometimes”, “Usually”, “Always”

- Discussing Cessation Strategies

The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q32 and by answering Q35 with any response (“Never” or “Sometimes” or “Usually” or “Always”).

Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?”

Response options for Q32: “Every day”, “Some days”, “Not at all”, “Don’t know”

Q35: “In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.”

Response options for Q35: “Never”, “Sometimes”, “Usually”, “Always”

	<p>---</p> <p>For the Medicare product line: - Advising Smokers or Tobacco Users to Quit</p> <p>The number of patients who responded to the survey and indicated that they were current smokers or tobacco users by answering “Every day” or “Some days” to CAHPS question Q54, had one or more visits during the last 6 months, and by answering Q55 with any response (“Never” or “Sometimes” or “Usually” or “Always”).</p> <p>Q54: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” Response options for Q54: “Not at all”, “Some days”, “Every day”, “Don’t know”</p> <p>Q55: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” Response options for Q55: “Never”, “Sometimes”, “Usually”, “Always”, “I had no visits in the last 6 months”</p> <p>The Medicare results for the Advising Smokers and Tobacco Users to Quit Rate requires a minimum denominator of at least 30 responses.</p>
Exclusions	None
Exclusion details	N/A
Risk Adjustment	No risk adjustment or risk stratification
Stratification	None
Type	Process
Type of Score	Rate/proportion
Data Source	Instrument-Based Data
Level	Health Plan, Integrated Delivery System
Setting	Other:In addition to clinician visits, some respondents may recall contacts with an “other health provider” (the wording used in the survey question), which may include contacts with nurses or health plan staff., Outpatient Services

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	Measure 3175: Continuity of Pharmacotherapy for Opioid Use Disorder (University of Southern California)
Description	Percentage of adults of at least 18 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment
Numerator	Individuals in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days
Numerator Details	<p>The measure numerator is calculated based on claims data for rolling two-year periods. The measure numerator is defined as individuals in the denominator with at least 180 days of “continuous pharmacotherapy” with an OUD medication.</p> <p>Continuous pharmacotherapy for OUD is identified on the basis of the days covered by the days’ supply of all prescription claims for any OUD medication (see list below) or number of days for which the drug was dispensed in a physician office or treatment center with the exceptions noted in this paragraph. The period of continuous pharmacotherapy starts on the day the first claim for an OUD medication is filled/supplied (index date) and lasts through the days’ supply of the last claim for an OUD medication. To meet the 180-day requirement and be eligible for the measure, the date on the first claim for an OUD medication must fall at least 180 days before the end of the measurement period. For claims with a days’ supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If two or more prescription claims occur on the same day or overlap, the surplus based on the days’ supplies accumulates over all prescriptions. However, if another claim is submitted after a claim for an injectable/implantable OUD medication or an oral OUD medication that is dispensed in an office or treatment center, the surplus from the day’s supply for the injectable/implantable or office-dispensed medication is not retained.</p> <p>An individual is considered to have continuous pharmacotherapy with OUD medication if there is no treatment gap of more than seven days. A gap is defined as a period during which the individual does not have oral OUD medication available based on the days’ supply, or is more than 7 days overdue for having an injection of an extended-release OUD medication.</p> <p>OUD medications were identified using National Drug Codes (NDCs) for the following:</p> <ul style="list-style-type: none"> • Buprenorphine • Naltrexone (oral) • Buprenorphine and Naloxone <p>And HCPCS codes for the following:</p> <ul style="list-style-type: none"> • Buprenorphine or Buprenorphine/naloxone, oral • Buprenorphine (extended-release injectable or implant) • Methadone administration • Naltrexone (extended-release injectable)

The National Drug Codes (NDCs) for the oral medications and the HCPCS codes for the injectable medications and office-dispensed oral medications (methadone and buprenorphine/naloxone) are contained in the sheets called “NDCs” and “HCPCS Codes”, respectively, in the Excel file called “NQF 3175 OUD Code Lists” which is attached to this form under Item S.2b. Note that the NDC code list DOES NOT include NDC codes for methadone, as it can legally only be dispensed as OUD pharmacotherapy in licensed treatment centers. Buprenorphine can be dispensed through a pharmacy or in an office and is therefore identified based on either NDC or HCPCS codes.

Justification of Measure Definition: We define treatment continuity as (1) receiving at least 180 days of treatment and (2) no gaps in medication use of more than 7 days.

Our definition of minimum duration is based on the fact that the FDA registration trials for OUD drugs studied the effect of treatment over three to six months (US FDAa, undated; US FDAb, undated), and we have no evidence for effectiveness of shorter durations. In addition, several recommendations support a minimum six-month treatment period as the risk of relapse is the highest in the first 6-12 months after start of opioid abstinence (US FDAa, undated; US FDAb, undated; US DHHS, 2015). Longer treatment duration is associated with better outcomes compared to shorter treatments and the best outcomes have been observed among patients in long-term methadone maintenance programs (“Effective medical treatment of opiate addiction”, 1998; Gruber et al., 2008; Moos et al., 1999; NIDA, 1999; Ouimette et al., 1998; Peles et al., 2013). Studies with long-term follow-up suggest that ongoing pharmacotherapy is associated with improved odds of opioid abstinence (Hser et al., 2015; Weiss et al., 2015). We did not specify a maximum duration of treatment, as no upper limit for duration of treatment has been empirically established (US DHHS, 2015).

We opted for using a treatment gap of more than seven days in our definition, given that the measure includes three active ingredients with different pharmacological profiles. There is substantial evidence for an elevated mortality risk immediately after treatment cessation (Cornish et al., 2010; Cousins et al., 2016; Davoli et al., 2007; Degenhardt et al., 2009; Gibson & Degenhardt, 2007; Pierce et al., 2016). Research suggests that methadone tolerance is lost after three days and this three-day threshold has been used in other observational methadone studies and in developing a United Kingdom treatment guideline which recommends reevaluating patients for intoxication and withdrawal after a three-day methadone treatment gap (Cousins et al., 2016; Cousins et al., 2011; “Drug Misuse and Dependence—Guidelines on Clinical Management”, 1999). Across all the medications, the mortality risk is highest in the first four weeks out of treatment, with many studies showing an increase in mortality in days 1-14 after treatment cessation.

Citations

Cornish R, Macleod J, Strang J, Vickerman P, Hickman M. Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database. *BMJ*. 2010;341:c5475.

Cousins G, Teljeur C, Motterlini N, McCowan C, Dimitrov BD, Fahey T. Risk of drug-related mortality during periods of transition in methadone maintenance treatment: a

cohort study. *J Subst Abuse Treat* 2011; 41: 252–60.

Cousins G, Boland F, Courtney B, Barry J, Lyons S, Fahey T. Risk of mortality on and off methadone substitution treatment in primary care: a national cohort study. *Addiction*. 2016;111(1):73-82.

Davoli M, Bargagli AM, Perucci CA, et al. Risk of fatal overdose during and after specialist drug treatment: the VEdeTTE study, a national multisite prospective cohort study. *Addiction*. 2007;102:1954-9.

Degenhardt L, Randall D, Hall W, Law M, Butler T, Burns L. Mortality among clients of a state-wide opioid pharmacotherapy program over 20 years: risk factors and lives saved. *Drug and alcohol dependence*. 2009;105:9-15.

“Drug Misuse and Dependence—Guidelines on Clinical Management.” Scottish Office Department of Health, Welsh Office, Social Services Northern Ireland. London: Stationery Office, 1999.

Effective medical treatment of opiate addiction. National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction. *JAMA*.1998;280:1936-1943.

Gibson AE, Degenhardt LJ. Mortality related to pharmacotherapies for opioid dependence: a comparative analysis of coronial records. *Drug Alcohol Rev*. 2007; 26(4), 405-410.

Gruber VA, Delucchi KL, Kielstein A, Batki SL. A randomized trial of 6-month methadone maintenance with standard or minimal counseling versus 21-day methadone detoxification. *Drug and Alcohol Dependence*. 2008;94(1-3):199-206.

Hser YI, Evans E, Grella C, Ling W, Anglin D. Long-term course of opioid addiction. *Harvard Review of Psychiatry*. 2015;23(2):76-89.

Moos RH, Finney JW, Ouimette PC, Suchinsky RT. A comparative evaluation of substance abuse treatment: I. Treatment orientation, amount of care, and 1-year outcomes. *Alcohol Clin Exp Res*. 1999;23(3):529-36.

National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment: A Research-Based Guide. NIH Publication No. 99–4180. Rockville, MD: NIDA, 1999, reprinted 2000

Ouimette PC, Moos RH, Finney JW. Influence of outpatient treatment and 12-step group involvement on one-year substance abuse treatment outcomes. *J Stud Alcohol*. 1998;59:513-522

Peles E, Schreiber S, Adelson M. Opiate-dependent patients on a waiting list for methadone maintenance treatment are at high risk for mortality until treatment entry. *J Addict Med*. 2013;7(3):177-82..

Pierce M, Bird SM, Hickman M, Marsden J, Dunn G, Jones A, et al. Impact of treatment

	<p>for opioid dependence on fatal drug-related poisoning: a national cohort study in England. <i>Addiction</i>. 2016;111:298-308.</p> <p>U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy. Review of Medication-Assisted Treatment Guidelines and Measures for Opioid and Alcohol Use. Washington, DC, 2015. Accessed November 9, 2016 at: https://aspe.hhs.gov/sites/default/files/pdf/205171/MATguidelines.pdf</p> <p>U.S. Food and Drug Administration (FDA) (a). REVIA Label. Accessed November 24, 2016 at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/018932s017lbl.pdf</p> <p>U.S. Food and Drug Administration (FDA) (b). VIVITROL Label. Accessed November 24, 2016 at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021897lbl.pdf</p> <p>Weiss RD; Potter JS; Griffin ML, et al. Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study. <i>Drug and Alcohol Dependence</i>. 2015;150:112-119.</p>
Denominator	Individuals at least 18 years of age who had a diagnosis of OUD and at least one claim for an OUD medication
Denominator Details	<p>The measure denominator is calculated for rolling two-year periods. The denominator includes individuals of at least 18 years of age during their treatment period who had a diagnosis code of OUD during an inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or emergency department encounter at any time during the measurement period. To meet the 180-day requirement and be eligible for the measure, the date on the first claim for an OUD medication must fall at least 180 days before the end of the measurement period.</p> <p>The diagnosis codes used to identify individuals with OUD included:</p> <ul style="list-style-type: none"> • ICD-9: 304.0x, 305.5x • ICD-10: F11.xxx <p>These codes and descriptions are contained in the sheets called "ICD-9 Diagnosis Codes" and "ICD-10 Diagnosis Codes" in the Excel file called "NQF 3175 OUD Code Lists" which is attached to this form under Item S.2b.</p> <p>OUD medications were identified using National Drug Codes (NDCs) for the following:</p> <ul style="list-style-type: none"> • Buprenorphine • Naltrexone (oral) • Buprenorphine and Naloxone <p>And HCPCS codes for the following:</p> <ul style="list-style-type: none"> • Buprenorphine or Buprenorphine/naloxone, oral • Buprenorphine (extended release injectable or implant) • Methadone administration • Naltrexone (extended-release injectable) <p>The National Drug Codes (NDCs) for the oral medications and the HCPCS codes for the injectable medications and office-or treatment-center dispensed oral medications (methadone and buprenorphine) are contained in the sheets called "NDCs" and "HCPCS</p>

	Codes”, respectively, in the Excel file called “NQF 3175 OUD Code Lists” which is attached to this form under Item S.2b. Note that the NDC code list DOES NOT include NDC codes for methadone, as it can legally only be dispensed as OUD pharmacotherapy in licensed treatment centers. Buprenorphine can be dispensed through a pharmacy or in an office/treatment center and is therefore identified based on either NDC or HCPCS codes.
Exclusions	There are no denominator exclusions.
Exclusion details	There are no denominator exclusions.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Measure results may be stratified by: <ul style="list-style-type: none"> • Age • Gender • Race/ethnicity • Dual eligibility status
Type	Process
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Clinician : Individual, Health Plan, Population : Regional and State
Setting	Outpatient Services

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