



January 3, 2012

Dear Dr. Opelka,

I am writing on behalf of Partnership for Prevention in Washington, DC to support the tobacco treatment measure set recently approved by The Joint Commission. It is my understanding that this measure set has been submitted to the National Quality Forum (NQF) and is under consideration in the consensus development process. Partnership for Prevention funded the original development of this measure set and is in full agreement with The Joint Commission that all four tobacco measures have value and will greatly contribute to disease prevention and cost containment in the United States.

It is Partnership's belief that hospitals have a critical role to play in decreasing the lives lost to tobacco in the United States. Screening all patients for tobacco use and offering treatment and follow-up to those who use tobacco is both good policy and practice. These services, as outlined in The Joint Commission's tobacco measure set, should become standard and routine in all American hospitals, especially in light of the number of lives lost to tobacco each year and the existence of cessation treatments that have been proven to work.

In particular, I urge the Measures Application Partnership (MAP) Hospital Workgroup and the MAP Coordinating Committee to give full approval to all four measures (TOB1 through TOB4). The final measure, TOB4, which requires hospitals to assess the tobacco use status of patients within 30 days after discharge, is critical. One of the shortcomings of the previous Joint Commission tobacco measures was the absence of a follow up strategy - this new measure set addresses that deficiency. As with other chronic diseases, the probability of success of hospital tobacco dependence interventions increases with post-discharge care. This patient follow-up can be accomplished using a variety of methods including phone calls, in-person discussion at follow-up clinic visits, or mailings (either electronic or hard copy mail).

As a reminder, tobacco use is the leading cause of preventable disease and death in the United States and is responsible for over 440,000 deaths annually. Additionally, the economic burden of tobacco use includes approximately \$193 billion annually in health care costs and lost productivity. The new tobacco treatment measure set is more comprehensive than previous iterations and will be of much greater benefit to patients. It has the potential to dramatically increase the number of hospitalized tobacco users who receive cessation treatment, helping many to quit for good and improving their likelihood of living long and healthy lives.

In summary, hospitalization is an excellent opportunity to intervene and help tobacco users quit. Partnership for Prevention urges the National Quality Forum to support the tobacco measure set as currently written. This will, in turn, influence hospitals to make another important contribution to the health of their communities, providing quality care by encouraging and supporting their patients in tobacco cessation. In doing this the NQF can positively and significantly affect the treatment of tobacco users in hospitals throughout the United States, improving health, saving lives, saving healthcare costs and generating a positive return on investment.

Thank you for your consideration of this appeal.

Best Regards,

David Zauche

Senior Program Officer, Partnership for Prevention

Note: Partnership for Prevention recently developed a guide to assist hospitals in implementing The Joint Commission's tobacco measure set. It can be downloaded at:

<http://www.prevent.org/data/files/resourcedocs/hpq,%20full,%20final,%2010-31-11.pdf>