

Mapping accountability to improve Ohio's performance on tobacco use

The majority of adult cigarette smokers (69%) report they want to stop smoking.¹ Yet, tobacco use is the **leading** cause of preventable death and disease in the U.S. and is a significant contributor to high healthcare costs.² Researchers estimate that 8.7% of annual aggregated healthcare spending in the U.S. is associated with cigarette smoking – amounting to \$169.3 billion.³ Across state Medicaid programs, the percent of spending associated with cigarette smoking is estimated to be even higher – accounting for 15% (\$39.6 billion) of annual Medicaid expenditures.⁴

Ranked 44th for adult cigarette smoking and 49th for secondhand smoke exposure for children, Ohio has higher tobacco use rates than most other states.⁵

There are many public and private entities vested in reducing tobacco use for Ohioans and all share responsibility in improving Ohio's performance. However, progress can be difficult to gauge if there is no measurement system in place to hold public health and healthcare organizations accountable for set objectives or targets to reduce tobacco use.

This publication builds on the Health Policy Institute of Ohio's brief, *The state of tobacco use prevention and cessation in Ohio: Environmental scan and policy implications* by providing policymakers and other stakeholders with an understanding of how tobacco-related measures are tracked in Ohio and what, if any, mechanisms are in place to ensure accountability for improving Ohio's performance. To do this, HPIO developed a tobacco measurement accountability map, constructed around three primary objectives:

1. Identify the types of tobacco-related measures that are tracked and reported in Ohio
2. Determine whether tracking and reporting on tobacco-related measures is required or voluntary
3. Learn who is accountable for meeting set targets or benchmarks for tobacco-related measures

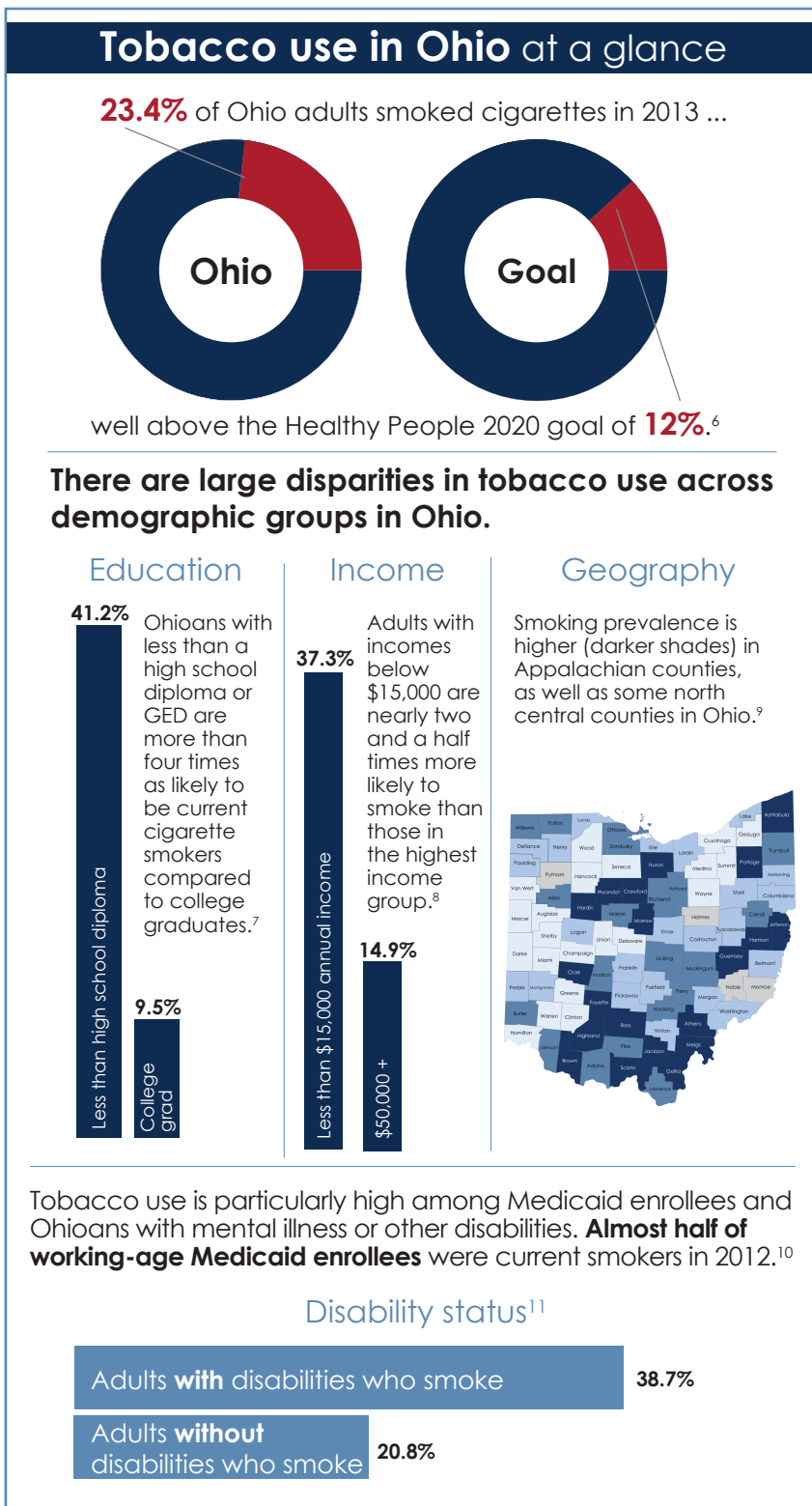


Figure 1. Who is tracking and held accountable for tobacco-related measures in Ohio, as of June 9, 2015?*

Entity	Tracks one or more tobacco-related measures	Required to track one or more tobacco-related measure (external organization requiring reporting)	Measurable objectives (i.e., targets or benchmarks) set by an external organization or state-level plan	Penalty or reward for meeting set objectives (i.e., targets or benchmarks)
Ohio Department of Health (ODH)	Yes	Yes (Centers for Disease Control and Prevention)	Yes (set through 2012-2014 State Health Improvement Plan)	No
Ohio Medicaid	Yes	Yes (Centers for Medicare and Medicaid Services [CMS] Form 64)	No	No
Ohio Department of Mental Health and Addiction Services (ODMHAS)	Yes	Yes (Substance Abuse and Mental Health Services Administration, State Epidemiological Outcomes Workgroup grant funding requirements)	No	No
Ohio Department of Administrative Services (DAS)	Yes	No	No	No
Ohio Commission on Minority Health (OCMH)	Yes (Infant Mortality Demonstration grantee)	No	No	No
Ohio Public Employees Retirement System (OPERS)	Yes	No	No	No
School districts	Yes	Yes (Ohio Department of Education)	No	No
Local health departments (LHDs)	Yes	Yes (Ohio Administrative Code 3701-36-05 [Public Health Quality Indicators]; Ohio Department of Health)	No	No
Health insurers (plans)	Varies	Varies (required for National Committee for Quality Assurance [NCQA] accreditation)	Yes (NCQA accreditation standards)	Yes (may impact NCQA accreditation)
Hospitals, group practices and healthcare professionals (e.g. physicians, nurses, clinical workers) (HGFs)	Varies	Varies (depends on participation in CMS and other health insurer quality reporting and payment/incentive programs; may also vary by health insurer contracting requirements)	Varies (CMS and other health insurer quality reporting and payment/incentive program requirements)	Varies (CMS and other health insurer quality reporting and payment/incentive program requirements)
Federally qualified health centers (FQHCs)	Yes	Yes (Health Resources Services Administration)	No	No
Ohio Chronic Disease Collaborative (OCDC)	Yes	No	Yes (set through Ohio's Plan to Prevent and Reduce Chronic Disease, 2014-2018)	No
Comprehensive Primary Care initiative (CPCI)	Varies (practice sites are required to report on nine of thirteen measures provided by CMS; tobacco screening and cessation is one of the thirteen measures that practice sites may choose to report on)	Varies (practice sites are required to report on nine of thirteen measures provided by CMS; tobacco screening and cessation is one of the thirteen measures that practice sites may choose to report on)	Yes (CMS)	Yes (determines eligibility for shared savings payments)
Better Health Partnership	Yes	No	No	No
The Health Collaborative	Yes	No	No	No
Healthcare Collaborative of Greater Columbus	No	No	No	No
Total number of entities	15 entities	9 entities	5 entities	3 entities

*Note: The state agencies included in this accountability map are funded at varying levels. Some have specific tobacco control funding, and others do not. Lack of funding for tobacco control activities may impact the level of tracking for tobacco-related measures conducted by state agencies. For more information on Ohio's tobacco funding, see HPIO's brief, *The state of tobacco use prevention and cessation in Ohio: Environmental scan and policy implications*.

Accountability map

Process

HPIO gathered information for this accountability map through document review and information requests. Over a six-week time frame in May through June 2015, HPIO reached out to various state agencies, associations, and individuals representing organizations and sectors that purchase or provide public health and healthcare services to Ohioans, including:

- Governor's Office of Health Transformation
- Ohio Department of Health
- Ohio Medicaid
- Ohio Department of Mental Health and Addiction Services
- Ohio Commission on Minority Health
- Ohio Department of Education (regarding school district reporting)
- Ohio Public Employees Retirement System
- Ohio Department of Administrative Services
- Local health departments (through Ohio Department of Health and the Association of Ohio Health Commissioners)
- Health insurers (plans)
- Healthcare providers (e.g. hospitals, group practices, healthcare professionals and federally qualified health centers)
- State and regional health initiatives

HPIO gathered answers to the following questions from the organizations and sectors listed above:

1. Are tobacco-related measures being tracked or reported by this entity?
2. What are the specific tobacco-related measures being tracked and/or reported?
3. Who is reporting on these metrics?
4. To whom are these metrics being reported?
5. Is reporting required or voluntary?
6. How frequently are outcomes reported?
7. Is reporting tied to any accountability mechanism? For example, is it required for funding, payment or accreditation?
8. For which populations are outcomes being reported?
9. Are outcomes reported so that data is available at a sub-population level (e.g. age, race, ethnicity, income level)?
10. Are outcome results publicly available? If so, how can the public access this data?

11. Are there measurable objectives or targets related to these tobacco measures that are required to be met by an external organization or a state-level publicly disseminated plan?

HPIO compiled information gathered from the document review and information requests into an accountability map covering tobacco-related measurement activity for Ohio. For the purpose of synthesizing information into an accountability map, HPIO grouped these organizations and sectors into "entity" categories. As seen in Figure 1, there are sixteen entities represented in the accountability map. Hospitals, group practices and healthcare professionals are considered one "entity" and are referred to as "HGs" throughout this publication.

Results

The accountability map is not intended to be a comprehensive analysis of tobacco-related measurement systems in Ohio for all public and private entities, but rather provides an initial snapshot of:

- Who is tracking tobacco-related measures
- Types of measures being tracked
- Who is held accountable for meeting set objectives or targets related to these measures

Of the sixteen entities included in the accountability map, fifteen report some tracking of tobacco-related measures (see Figure 1). Nine are required by an external organization to track at least one tobacco-related measure, while the remaining six track tobacco-related measures voluntarily. Required tracking varies across members of the sector/initiative for three of these nine (HGs; health insurers; and the Comprehensive Primary Care initiative [CPCi]). For example, required tracking of tobacco-related measures may vary depending on HGs participation in quality reporting and payment/incentive programs through the Centers for Medicare and Medicaid Services (CMS).

For more information on specific measurement requirements, see "How are entities tracking tobacco-related measures" on page 6.

What tobacco-related measures are being tracked?

The majority of entities included in the accountability map track cessation process measures but not cessation outcome measures. While many entities are tracking whether an individual has been screened for tobacco use and provided cessation services, there is little tracking of whether an individual receiving cessation services has quit smoking or reduced tobacco use. The Ohio Department of Health (ODH) is the only entity tracking any tobacco cessation outcome measures. However, ODH only tracks outcomes related to the Ohio Quit Line, an ODH-administered program that provides behavioral counseling from certified tobacco treatment specialists by phone (see Figure 2.)

Outside of cessation measures, far fewer entities track any tobacco prevention process measures – or efforts to decrease the initiation of tobacco use and reduce secondhand smoke exposure among Ohioans. ODH, the Ohio Department of Mental Health and Addiction Services (ODMHAS), the Ohio Chronic Disease Collaborative (OCDC) and local health departments are the only entities tracking tobacco prevention process measures. ODH, ODMHAS and OCDC also track prevalence measures to monitor tobacco use and frequency for the overall population.

Increasingly, hospitals and local health departments are tracking tobacco prevalence data for their communities as part of community health planning activities required under state and federal law. For more information on hospital and local health department community health planning activities, see HPIO publication [*Making the most of community health planning in Ohio: The role of hospitals and local health departments*](#).

See Figure 4 on page 6 for organizations and sectors that have made tobacco data available to the public through an online format.

Types of tobacco measures

Cessation process measures track the percent of patients or individuals within a program that have been screened for tobacco use and/or have received tobacco cessation services.

Cessation outcome measures track percent of individuals receiving cessation services who quit smoking or reduce their tobacco use.

Prevention process measures track interventions put in place to decrease the initiation of tobacco use and secondhand smoke exposure for youth and adults.

Prevalence measures track tobacco use and frequency of tobacco use for the overall population.

For a list of standard tobacco measures, see **HealthyPeople 2020** (population health focused) and the **National Quality Forum** (patient/healthcare system focused).

Who is held accountable for improving Ohio's tobacco prevention and cessation performance?

While the majority of organizations and sectors included in the accountability map are tracking at least one tobacco-related measure, less than half have set objectives or targets around reducing tobacco use. Only five of the entities included in the accountability map have measurable objectives (i.e. targets or benchmarks set by an external organization or a publicly-disseminated state plan) for the tobacco-related measures they are tracking (see Figure 1). Of these entities, only health insurers, some HGP and CPCi are held accountable – either through payment incentives, penalties, or accreditation requirements – for meeting set objectives.

Figure 2. **Continuum of tobacco screening and cessation process and outcome measures tracked at the patient or program level, as of June 9, 2015**

	Tobacco cessation process measures		Tobacco cessation outcomes measures	
	Screened for tobacco use	Received cessation services	Quit tobacco use	Abstained at 3 months, at 6 months, and at 12 months
Measure examples	Percent of patients aged 18 years and older who were screened for tobacco use one or more times	<ul style="list-style-type: none"> Number of Quit Line calls Percent of patients receiving cessation counseling intervention if identified as a tobacco user 	Percent of individuals who report quitting smoking after receiving cessation services	Actual quit rates at 3, 6 and 12 months
Entities tracking tobacco-related measures	<ul style="list-style-type: none"> Ohio Department of Health Ohio Medicaid Ohio Commission on Minority Health Health insurers Hospitals, group practices and healthcare professionals Federally qualified health centers CPCI Better Health Partnership The Health Collaborative School districts* 	<ul style="list-style-type: none"> Ohio Department of Health Ohio Medicaid Ohio Department of Administrative Services Ohio Public Employees Retirement System Health insurers Hospitals, group practices and healthcare professionals Federally qualified health centers CPCI Better Health Partnership 	Ohio Department of Health (Quit Line)	

* School districts report on disciplinary data regarding student use/possession of tobacco.

Note: Red indicates that the entity is held accountable, either by penalty, incentive, or accreditation requirements, for meeting targets related to tobacco cessation process and outcome measures being tracked at the patient or program level.

Figure 3. **Tobacco prevention and prevalence measures tracked at the population level, as of June 9, 2015**

	Tobacco prevention process measures	Tobacco use prevalence measures
	Including interventions to prevent youth initiation and use and secondhand smoke exposure	Including tobacco use, frequency and type
Measure examples	<ul style="list-style-type: none"> Tobacco program media campaign media impressions (number of times viewed) Number/percent of K-12 schools, universities, regional campuses and community colleges in Ohio that have 100 percent tobacco-free campuses 	<ul style="list-style-type: none"> Percent of adults who smoke cigarettes Four-level smoking status (smoke every day, smoke some days, former smoker, never smoked)
Entities tracking tobacco-related measures	<ul style="list-style-type: none"> Ohio Department of Health Ohio Department of Mental Health and Addiction Services Ohio Chronic Disease Collaborative Local health departments 	<ul style="list-style-type: none"> Ohio Department of Health Ohio Department of Mental Health and Addiction Services Ohio Chronic Disease Collaborative Local health departments and hospitals (through community health planning activities)

Note: No entity is held accountable, either by penalty, incentive, or accreditation requirements, for meeting targets related to the prevention and prevalence measures being tracked at the population level.

Figure 4. Public reporting on tobacco-related measures and data

Entity	Topic and website
Ohio Department of Health	Schools with 100% tobacco-free policies http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Protection/TFSL.aspx
	Colleges and universities with 100% smoke-free/tobacco-free policies http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Protection/tfsfcam.aspx
	Data for tobacco-related measures in the Ohio Behavioral Risk Factor Surveillance System https://www.odh.ohio.gov/sitecore/content/HealthyOhio/default/resources/datareports/behrisk1.aspx
	Tobacco-related measures in the Ohio Youth Risk Behavior Survey https://www.odh.ohio.gov/odhprograms/chss/ad_hlth/youthrsk/youthrsk1.aspx
	Tobacco-related measures in Network of Care http://ship.oh.networkofcare.org/ph/
Ohio Department of Mental Health and Addiction Services	Adult and youth tobacco use, risk perceptions and tobacco-related consequences https://prod.ada.ohio.gov/SEOWPublic/StateFileList.aspx
Ohio Department of Education (School districts)	Student use/possession of tobacco resulting in disciplinary action (available under the Advanced Reports tab) http://reportcard.education.ohio.gov/Pages/default.aspx
Federally qualified health centers	FQHC patient tobacco screening and cessation counseling http://bphc.hrsa.gov/datareporting/index.html
Ohio Chronic Disease Collaborative	<i>Ohio's Plan to Prevent and Reduce Chronic Disease, 2014-2018</i>
Better Health Partnership	Northeast Ohio primary care patients with diabetes who are not smoking http://chrc.org/bhgcData/region_dm_outcomes_standards.asp
The Health Collaborative	Greater Cincinnati primary care patients with diabetes who are not smoking http://yourhealthmatters.org/wizards-2/compare-docs.php

How are entities tracking tobacco-related measures?

Ohio Department of Health (ODH)

ODH tracks and reports on a number of tobacco-related measures. Many of these measures are reported to the Centers for Disease Control and Prevention (CDC) or other federal funders as part of contract or grant reporting requirements. Data may also be shared with local health departments, legislators and others as requested. Some data may be accessible to the public online. Frequency of reporting on these measures varies and may occur as often as weekly or as long as every two years.

A snapshot of the types of tobacco measures ODH tracks and reports for programs it oversees and administers is described in more detail below:

- Ohio Tobacco Quit Line measures include number of calls completed, and actual quit rates at three, six and twelve months.
- Tobacco program media campaign measures include media impressions (number of times viewed) and calls to the Ohio Tobacco Quit Line.
- Tobacco Program Facebook measures include counts for likes, shares and comments.
- ODH tracks the number of K-12 schools implementing tobacco-free policies and assigns each school a score based on the comprehensiveness of their tobacco-free policy. Information on schools with tobacco-free policies is publicly available at <http://www.odh.ohio.gov/odhprograms/eh/quitnow/>

[Tobacco/Protection/TFSL.aspx](http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Protection/TFSL.aspx). Similarly, ODH tracks colleges and universities implementing smoke-free/tobacco-free policies. Information on colleges and universities with smoke-free/tobacco-free policies is publicly available at <http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Protection/tfsfcam.aspx>.

- As part of the smoke-free, multi-unit housing program, ODH tracks the number of public housing entities with smoke-free housing policies.
- As part of Ohio Partners for Smoke Free Families (OPSFF) 5A's Community Saturation Project, which serves women of childbearing age and their families, ODH tracks:
 - Number of trained sites using 5A's tobacco cessation intervention
 - Program participant surveys
 - Calls to the Ohio Tobacco Quit Line
 - Medicaid billing of tobacco cessation codes
 - Births to mothers who smoked in their last trimester of pregnancy
- As part of the Creating Healthy Communities program, ODH tracks policy, system and environmental changes that have been implemented by grantees to address physical inactivity, obesity, as well as tobacco use.
- As part of the Smoke Free Workplace program (SFWP) and the Ohio Attorney General smoke-free policy enforcement, ODH tracks:
 - Number of reports of violation made by the public about smoking in regulated areas

- Number of investigations conducted toward enforcement of the SFWP law
- Distribution of investigation disposition
- Consistency of enforcement efforts throughout the state
- Number of requested administrative reviews and higher appeals
- Fines invoiced and collected by ODH related to SFWP enforcement actions
- Number of cases referred by ODH for collections and total amount collected¹²

ODH also administers Ohio's Tobacco Surveillance System (OTSS), where it compiles Ohio tobacco prevalence data from a number of sources including the Behavioral Risk Factor Surveillance System (BRFSS), Ohio Youth Tobacco Survey, Ohio Youth Risk Behavior Survey and Pregnancy Risk Assessment Monitoring System. OTSS is not currently available to the public through any online format or web portal.

In addition, through the **2012-2014 State Health Improvement Plan (SHIP)**, ODH identifies a number of measurable targets around tobacco use. ODH plans to update the SHIP for future years.

Ohio Medicaid

Ohio Medicaid tracks data on the types of services provided to both Medicaid Fee For Service (FFS) and Medicaid managed care enrollees, including patients receiving tobacco cessation counseling and medication therapy. Medicaid reports information on tobacco cessation services as part of state expenditure reporting and federal reimbursement requirements on CMS Form 64.

Ohio's Medicaid contract for managed care plans includes a set of performance measures and standards (derived from national measurement sets such as the Healthcare Effectiveness Data and Information Set [HEDIS] and the Agency for Healthcare Research and Quality [AHRQ]) for which plans are held accountable for State Fiscal Year (SFY) 2014-2016.¹³ Notably, Ohio Medicaid's performance measures and standards for the managed care plans do not include any tobacco-related measures.

Ohio Department of Mental Health and Addiction Services (ODMHAS)

ODMHAS tracks and reports tobacco use data for adults and youth as a requirement of federal State Epidemiological Outcomes Workgroup (SEOW) grant funding. The tobacco use data is obtained from a variety of sources including the CDC BRFSS, National Survey on Drug Use and Health (NSDUH), and ODH. Metrics tracked include:

- Current tobacco use: current smokers, current frequent cigarette use, current frequent smokeless tobacco use
- First time tobacco use: smoked a whole cigarette before age 13
- Lifetime tobacco use: lifetime cigarette use, lifetime smokeless tobacco use
- Tobacco use in past month: any tobacco use in past 30 days, cigarette use in past 30 days, smokeless tobacco use in past 30 days
- Risk perception: perceived risk of smoking one or more packs of cigarettes per day
- Packs of cigarettes taxed per capita
- Tobacco related consequences: cardiovascular disease death rate, lung cancer death rate, residential fire death rate

Data is generally reported on an annual basis, although some data is pooled to obtain a two-year average. Some of the metrics are available by income, education level/grade, age, gender, race, school type and are reported at the county level.

Data is publicly available at <https://prod.ada.ohio.gov/SEOWPublic/StateFileList.aspx>

Ohio Department of Administrative Services (DAS)

DAS tracks QuitNet¹⁴ web activity usage for its covered population who are eligible to participate in QuitNet (employees, spouses and dependents over the age of 18 who are enrolled in DAS' medical plan). QuitNet measures are tracked on a quarterly basis and include:

- Measures around QuitNet usage: Number of unique visitors accessing the QuitNet site, count of unique logins to the QuitNet site and average number of pages viewed per unique login
- Community QuitNet web activities involving two or more members of the online QuitNet

- community, such as forum posts read
- Number of members who completed individual QuitNet activities, such as reading the Quitting guide, completion of the Quit Date Wizard (helps new members plan for their “quit date”), completion of the Medication Wizard (provides recommendations on approved pharmaceutical products that may help a member quit) and reaching the QuitNet Frequently Asked Questions page

Actual tobacco use within the covered population and QuitNet success rates are not currently tracked by DAS.

Ohio Commission on Minority Health (OCMH)

OCMH participates in state-level workgroup meetings to broaden efforts to address tobacco use across state agencies, including merchant education, health services and public awareness. OCMH was identified in the Governor's proposed 2016-2017 Executive Budget as a partnering agency to ODH and ODMHAS to distribute tobacco funds for cessation and merchant funding.

Due to lack of tobacco control funding, OCMH does not directly track data on any tobacco-related measures. However, OCMH's Infant Mortality Demonstration grantee does voluntarily track tobacco use data for pregnant mothers enrolled in the grantee's Certified Pathways Hub Model program which aims to reduce infant mortality. As part of the program, pregnant mothers who use tobacco are provided with tobacco cessation information and linked to community resources to support cessation.

Ohio Department of Education (ODE) and school districts

ODE requires reporting on a number of measures by school districts including annual reporting on student use/possession of tobacco resulting in disciplinary action such as expulsion, out-of-school suspension, in-school suspension, in-school alternative discipline or emergency removal by district personnel. A district may be sanctioned if it does not comply with ODE reporting requirements. Student use/possession of tobacco disciplinary data is available at the state, district and school building level. Data can also be disaggregated by a number of categories

including race, economic status, disability, homeless status and grade level.

Data is publicly available under the Advanced Reports tab on the ODE School Report Card site: <http://reportcard.education.ohio.gov/Pages/default.aspx>. ODE does not track any measures related to student tobacco use following disciplinary action (i.e. did the student quit smoking or reduce tobacco use).

Ohio Public Employees Retirement System (OPERS)

OPERS tracks the percentage of its total covered population (retirees and covered dependents) that take advantage of smoking cessation programs (Quit Line and QuitNet) offered through its health plan administrators. Data on smoking cessation program participation is voluntarily provided by OPERS' health plan administrators on an annual basis. Actual tobacco use within the covered population and cessation program success rates are not currently being tracked.

Local health departments (LHDs)

LHDs in Ohio are required, under Ohio Administrative Code 3701-36-05, to annually collect data and report progress on an identified set of public health quality indicators. As part of the public health quality indicators, LHDs report on at least one evidence-based tobacco prevention or control intervention implemented in their community. Evidence-based interventions identified by LHDs must be consistent with objectives outlined in *Ohio's Plan to Prevent and Reduce Chronic Disease* which include increasing the:

- Number of K-12 school districts that are 100 percent tobacco-free
- Number of universities, regional campuses and community colleges in Ohio that are 100 percent tobacco-free
- Number of public multi-unit housing complexes that are smoke-free
- Number of Ohio tobacco users who are eligible to receive telephonic tobacco cessation counseling through the Ohio Tobacco Quit Line
- Percent of adults who are asked by a health care professional if they smoke¹⁷

LHDs report the tobacco intervention information annually to ODH through the Health Department Profile and Performance Database (OPPD). In 2015, 93 of 123 (76%)

LHDs reported that they were either directly providing or partnering with another organization to provide some type of evidence-based prevention and/or cessation intervention.¹⁵

Notably, LHDs are not required to report on any outcomes related to the success of the intervention or on the demographics of the population being served by the intervention.

Health insurers (plans)

Commercial, Medicare, and Medicaid health plans seeking to be accredited by the National Committee for Quality Assurance (NCQA) are required to meet various standards and report performance on a comprehensive set of clinical (HEDIS) as well as consumer experience measures (Consumer Assessment of Healthcare Providers and Systems [CAHPS]).¹⁶ Both HEDIS and CAHPS include tobacco-related measures, such as tracking medical assistance with smoking and tobacco use cessation. Data collected on these tobacco-related measures is generally not publicly reported.

Healthcare providers

Hospitals, group practices and healthcare professionals

CMS provides incentive payments to healthcare providers who meet Meaningful Use guidelines and use Electronic Health Record (EHR) technology in a manner that can positively impact patient care through the CMS EHR Incentive Program. Eligible hospitals as well as other eligible healthcare professionals (EPs) (including but not limited to physicians)¹⁸ participating in the program are required to track smoking status for patients 13 years and older. Notably, CMS has proposed to drop the required reporting on smoking status beginning in 2015, as a result of high performance (providers reached a performance level on this measure considered to be “topped out”).¹⁹ However, under the CMS EHR Incentive program, smoking status is still a required field for transitions of care (transmission of patient health information to an authorized third party) and clinical summary reports.²⁰

In addition, as part of the EHR Incentive Program, CMS recommends, but does not require, that EPs report on “tobacco use screening and cessation intervention”

(National Quality Forum [NQF] measure 0028) as part of a “core” set of Clinical Quality Measures (CQMs) for adults.²¹ EPs who select this measure must report on percent of patients, ages 18 years and older, who were screened for tobacco use one or more times AND who received cessation counseling intervention if identified as a tobacco user.²²

Under Medicare's Physician Quality Reporting System (PQRS), a quality reporting program under CMS, EPs and registered group practices select from a group of PQRS quality measures to report on. Note that EPs for PQRS reporting differ from those eligible to participate in the CMS EHR Incentive Program.²³ PQRS quality measures that EPs and PQRS registered group practices may choose to report on include “tobacco use screening and cessation intervention” (NQF measure 0028) and “tobacco use and help with quitting among adolescents” (percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented AND received help with quitting if identified as a tobacco user).²⁴ EPs and PQRS group practices not in compliance with PQRS reporting requirements may face negative payment adjustments beginning in 2015.²⁵

Healthcare providers may also be required to track tobacco-related measures as part of new healthcare payment programs or demonstration projects. For example, under the CMS Accountable Care Organization (ACO) shared savings program, providers are required to report on and meet quality performance standards related to tobacco use screening and cessation intervention.²⁶ Some providers may also participate in state or regional health improvement initiatives that track and report on tobacco-related measures (see regional health initiatives on page 10 for examples). In addition, providers may track and report on tobacco-related measures as part of health plan contract and/or payment requirements.

Data may be collected at a subpopulation level, but varies depending on a provider's reporting requirements and technological capabilities. Generally, data is not reported publicly.

Federally qualified health centers

Health center grantees, funded by the Health Resources Services Administration (HRSA), and health center “look-alikes” are required to report to HRSA annually on a core set of performance measures defined by the Uniform Data System (UDS). As part of this set of measures, health centers and health center look-alikes must report on:

- The percent of patients aged 18 years and older who were screened for tobacco use one or more times AND who received cessation counseling intervention if identified as a tobacco user

Data on whether patients who received cessation counseling have actually stopped tobacco use is not reported.

HRSA provides each health center with an adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures in the UDS including the tobacco use assessment and cessation intervention measure. Data for this measure is publicly available on the HRSA Health Center Data and Reporting site for each health center grantee and look-alike, and in aggregate for Ohio, <http://bphc.hrsa.gov/datareporting/index.html>.

State and regional health initiatives Ohio Chronic Disease Collaborative (OCDC)

OCDC is a state-level public and private initiative, formed to develop Ohio's Chronic Disease Plan. In *Ohio's Plan to Prevent and Reduce Chronic Disease, 2014-2018*, OCDC identifies a number of measurable targets around tobacco use that the Collaborative takes responsibility to meet. These targets include:

- Decreasing the prevalence of cigarette smoking among adults (ages 18 and older) from 23.3% (2012) to 20% (2020)
- Decreasing the prevalence of current tobacco use among high school students (grades 9-12) from 26.1% (2010) to 20% (2020)
- Decreasing the prevalence of current tobacco use among middle school students (grades 6-8) from 9.4% (2010) to 5% (2020)
- Increasing the number of K-12 school districts that are 100 percent tobacco-free by 2018
- Increasing the number of universities, regional campuses and community colleges in Ohio that are 100 percent tobacco-free by 2018

- Increasing the number of public multi-unit housing complexes that are smoke-free by 2018
- Increasing the excise tax on other tobacco products by 2018
- Increasing the number of Ohio tobacco users who are covered/eligible to receive tobacco cessation services, including individual, group and telephone counseling
- Increasing the percentage of adults who are asked by a health care professional if they smoke by 2018²⁷

The Comprehensive Primary Care initiative (CPCi)

CPCi is a four-year, multi-payer initiative, led by CMS, designed to foster collaboration between public and private healthcare plans to strengthen primary care. As part of CPCi, public and private healthcare plans, including Medicare, provide enhanced care management payments and an opportunity for shared savings to primary care practices that demonstrate reduced cost and improve the quality of care for their patients. The Cincinnati-Dayton market in Ohio was one of seven U.S. regions selected by CMS to participate in CPCi. There are 75 practices and seven healthcare plans (Aetna, Anthem Blue Cross Blue Shield of Ohio, CareSource, Centene Corporation, Humana, Medical Mutual, and Ohio Medicaid), as well as Medicare, participating in Ohio's CPCi.²⁸

To be eligible for shared savings, practice sites are required to report annually on at least nine of thirteen measures from the **e-Clinical Quality Measures (eCQM) set** to CMS.²⁹ All eCQM measures are to be reported on a practice site's entire eligible population for each measure. “Tobacco use screening and cessation intervention” (NQF measure 0028) is among the thirteen eCQM measures upon which practices may choose to report. Data is reported at the practice level and is not disaggregated by population sub-group. CPCi shared savings eligibility depends in part on meeting set national performance benchmark thresholds for the eCQM metrics. CMS has not yet released these benchmarks. Practice site data is not available to the public, though CMS may publish year-end summary reports aggregating the CPCi data reported.

Better Health Partnership (BHP)

BHP, formerly Better Health Greater Cleveland, is a healthcare improvement collaborative focused on improving health care and reducing cost in northeastern Ohio. Initiatives include quality measurement, public measurement reporting, and stakeholder convening, with a focus on primary care improvement. As part of a voluntary initiative, BHP receives EHR data from nine health systems in northeastern Ohio. From this data, BHP tracks two tobacco cessation and use measures for primary care adult patients diagnosed with diabetes:

- Current and past tobacco use (smoking status)
- Documentation of any cessation counseling or treatment among primary care patients with diabetes in the past six months

BHP reports to the public the percent of primary care patients with diabetes who are not smoking aggregated over all participating health systems at: http://chrp.org/bhgcData/region_dm_outcomes_standards.asp. Data is not available at a subpopulation level.

The Health Collaborative

The Health Collaborative is a Cincinnati-area regional collaborative that provides healthcare measurement and public reporting, as well as coaching and support for physician practices around quality improvement. The Collaborative's goals include better health and health care and lower cost of care.

The Collaborative receives clinical data on a number of measures from primary care practices in the Cincinnati region to report on as part of YourHealthMatters.org – a public reporting tool displaying and comparing clinical quality of care data across providers within the Cincinnati region. Data is voluntarily provided to the Collaborative and reported on YourHealthMatters.org and includes self-reported smoking rates for diabetic patients. This data is included as part of the “Living well with diabetes” composite score on YourHealthMatters.org. The composite score measures the percent of diabetic patients who achieved all five “Living well with diabetes” goals which include being tobacco-free, as well as keeping blood pressure under 140/90 mmHg, keeping bad cholesterol (LDL) under

What's on the horizon?

Ohio was one of 16 states to receive a design grant in 2013 for Round One of the State Innovation Model (SIM) initiative through the Centers for Medicare and Medicaid Services (CMS), which provided funding for Ohio to develop a State Health Care Innovation Plan.

In 2014, Ohio was one of 11 states in Round Two of the SIM to receive a model test award to implement their State Health Care Innovation Plan. As part of this award, Ohio is required to develop a state-wide plan to improve population health. CMS has suggested population-level health measures for the CMS Model test awardees which include four tobacco-related measures:

- Four-level smoking status (smoke every day, smoke some days, former smoker, never smoked)
- Percent of adult smokers who have made a quit attempt in the past year
- Percent of youth who smoked cigarettes on at least one day in the last 30 days
- Legislation – smokefree indoor air³⁰

States are not required to use these measures in their plans. OHT is in the process of determining which measures it will select to include in its SIM population health plan and aims to finalize measure selection by the end of 2015.

100 mg/dl, keeping blood sugar (A1C) under eight percent, and taking aspirin daily as recommended.

Data for the “Living well with diabetes” measure can be compared across primary care practice sites, as well as compared to the greater Cincinnati regional average.

The Health Collaborative of Greater Columbus (HCGC)

HCGC is a public-private collaborative aimed at improving healthcare delivery and value. HCGC work includes collaborative learning groups, patient engagement workshops, quality measurement, and a patient-centered medical neighborhoods program. At this time, HCGC does not track any tobacco cessation, prevention or use measures as part of their work.

Accountability map lessons learned

The tobacco measurement accountability map demonstrates that:

- **Only nine of sixteen entities are required** by an external organization to **track any tobacco-related measures**. Six track tobacco measures voluntarily.
- Virtually no organizations or sectors are tracking whether individuals who received cessation services quit smoking or reduced their tobacco use. **Only one entity tracks cessation outcome measures**.
- **Most organizations and sectors are not tracking prevention measures**. As a result, few entities are tracking interventions put in place to decrease the initiation of tobacco use and secondhand smoke exposure for youth and adults.
- **Less than one third of the entities have any measurable objectives** for the tobacco-related measures they are tracking.
- **Only three entities are held accountable** to an external organization for meeting these set objectives.
- **Few entities provide easily accessible data** for public viewing and use.

Ultimately this analysis tells us that there is room for improvement in terms of tracking tobacco-related measures. Many entities are tracking cessation process measures (i.e. screening for tobacco use and providing cessation services), however the lack of cessation outcome and prevention measurement is concerning. That is, we need better information to answer the question, "Which interventions are most effective at helping people quit?" and "Which entities are most successful at decreasing tobacco use in Ohio?"

Continuous tracking and evaluation of tobacco-related measures is fundamental for reducing tobacco use and improving the overall health of Ohioans. To ensure we are moving in the right direction:

- There needs to be greater investment in building a measurement system that not only tracks tobacco prevention and cessation interventions, but also measures the effectiveness of these interventions in reducing tobacco use and overall prevalence.
- Entities must be held accountable for reaching a defined set of measurable objectives in a way that is realistic and meaningful and that incentivizes quality improvement.
- Data should be transparent and easily accessible to the public, particularly when data is collected or compiled by public entities.

Notes

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: 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. Ibid.
3. Xu, Xin, Ellen E. Bishop, Sara M. Kennedy, Sean A. Simpson, and Terry F. Pechacek. "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update." *American Journal of Preventive Medicine* 48, no. 3 (2015): 326-333.
4. Ibid.
5. Health Policy Institute of Ohio. 2014 Health Value Dashboard. December 2014.
6. Percent of adults aged 18 years and older who are current cigarette smokers (age-adjusted). "Tobacco Use Objectives." *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Accessed May 6, 2015. <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>.
7. Data from the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS).
8. Data from the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS).
9. Data from the 2006-2012 BRFSS, as compiled by County Health Rankings. "Adult Smoking." *County Health Rankings and Roadmaps*. Accessed April 3, 2015. <http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/9/data>
10. Current smokers (every/some days) among non-senior adults (ages 19-64). Data from the 2012 Ohio Medicaid Assessment Survey (OMAS). "2012 OMAS Public Data and Tables." OMAS. Accessed April 10, 2015. <http://grc.osu.edu/omas/data/downloads/2012omaspublicdata/index.cfm>
11. Data from the 2012 Behavioral Risk Factor Surveillance Survey (BRFSS).
12. Information provided by ODH, June, 2015.
13. Joint Medicaid Oversight Committee (JMOC). Medicaid Managed Care Quality Performance Metrics and Results. Columbus, OH: JMOC, December 2014. <http://www.jmoc.state.oh.us/Assets/documents/MedicaidManagedCareQualityPerformanceMetricsResults2014.pdf>; See also Ohio Department of Medicaid "Ohio Medical Assistance Provider Agreement for Managed Care Plan." Revised January 2015. <http://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/SFY2015-ManagedCare-PA.pdf>
14. QuitNet is a world-wide online quit smoking forum.
15. Information provided by the Ohio Department of Health, May 2015.
16. The Healthcare Effectiveness Data and Information Set (HEDIS) measures, available at <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2015.aspx>
17. Ohio Department of Health (ODH). Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018. Columbus, OH: ODH, 2014. <http://www.healthy.ohio.gov/Features/2014/Ohio%20Chronic%20Disease%20Plan/Chronic%20Disease%20Plan.aspx>
18. "EHR Incentive Programs: Eligibility." Centers for Medicare and Medicaid Services. May 17, 2012. <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eligibility.html#BOOKMARK1>
19. Department of Health and Human Services, 80 Fed. Reg. 20346-20399 (proposed April 15, 2015) (to be codified at 42 CFR pt. 495) available at <http://www.gpo.gov/fdsys/pkg/FR-2015-04-15/pdf/2015-08514.pdf>
20. Ibid.
21. Centers for Medicare and Medicaid Services. An Introduction to the Medicare EHR Incentive Program for Eligible Professionals. Accessed June, 2015. http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Beginners_Guide.pdf; See also Medicare and Medicaid programs, Electronic health record incentive program stage 2, 77 Fed. Reg. 53967 (September 4, 2012).
22. Includes any type of tobacco use and cessation counseling, including brief counseling (3 minutes or less) and/or pharmacotherapy. See "NQF-endorsed measures (Quality Positioning System)" at www.qualityforum.org.
23. Centers for Medicare and Medicaid Services. "2015 Physician Quality Reporting System (PQRS) List of Eligible Professionals." February 4, 2015. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_List_of_Eligible_Professionals.pdf
24. "Physician Quality Reporting System: Measures Codes." Centers for Medicare and Medicaid Services. May 10, 2015. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>; see also Centers for Medicare and Medicaid Services. "2015 Cross-Cutting Measures List." December 17, 2014. http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_CrosscuttingMeasures_12172014.pdf
25. Ibid.
26. "Shared Savings Program: Quality Measures and Performance Standards." Centers for Medicare and Medicaid Services. March 2, 2015. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Quality_Measures_Standards.html; See also Centers for Medicare and Medicaid Services. "Table: 33 ACO Quality Measures." 2015. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Downloads/ACO-Shared-Savings-Program-Quality-Measures.pdf>
27. Ohio Department of Health (ODH). Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018. Columbus, OH: ODH, 2014. <http://www.healthy.ohio.gov/Features/2014/Ohio%20Chronic%20Disease%20Plan/Chronic%20Disease%20Plan.aspx>
28. "Comprehensive Primary Care Initiative: Ohio & Kentucky: Cincinnati-Dayton Region." Centers for Medicare and Medicaid Services. Accessed June, 2015. <http://innovation.cms.gov/Files/x/cpci-ecqm-manual.pdf>
29. Comprehensive Primary Care. Comprehensive Primary Care Initiative: eCQM User Manual. Baltimore, MD: Comprehensive Primary Care, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services. May 8, 2015. <http://innovation.cms.gov/Files/x/cpci-ecqm-manual.pdf>
30. Center for Medicare and Medicaid Innovation. "Suggested Population Level Measures for the CMS State Innovation Model Initiative." Accessed June, 2015. <http://innovation.cms.gov/Files/x/SIMPopHlthMetrics.pdf>

Author

Reem Aly, HPIO Director of Health Care Payment and Innovation Policy

Contributors

Amy Bush Stevens, MSW, MPH, HPIO Director of Prevention and Public Health Policy

Sarah Bollig Dorn, MPA, HPIO Health Policy Assistant

Acknowledgments

HPIO thanks the following organizations for providing information or resources for the accountability map:

- Association of Ohio Health Commissioners
- Better Health Partnership
- Clinisync
- Comprehensive Primary Care Initiative
- Governor's Office of Health Transformation
- Healthcare Collaborative of Greater Columbus
- Ohio Academy of Family Physicians
- Ohio Association of Community Health Centers
- Ohio Association of Health Plans
- Ohio Commission on Minority Health
- Ohio Department of Administrative Services
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Mental Health and Addiction Services
- Ohio Hospital Association
- Ohio Medicaid
- Ohio Public Employees Retirement System
- The Health Collaborative

HPIO also thanks the National Network of Public Health Institutes for its support of this publication.

HPIO thanks our core funders, who are helping advance the health of Ohioans through informed policy decisions.

- **Interact for Health**
- **Mt. Sinai Health Care Foundation**
- **The Cleveland Foundation**
- **The George Gund Foundation**
- **Saint Luke's Foundation of Cleveland**
- **HealthPath Foundation of Ohio**
- **Sisters of Charity Foundation of Canton**
- **Sisters of Charity Foundation of Cleveland**
- **United Way of Greater Cincinnati**
- **Mercy Health**
- **CareSource Foundation**
- **SC Ministry Foundation**
- **United Way of Central Ohio**
- **Cardinal Health Foundation**



Download HPIO's recent publication, "The state of tobacco use prevention and cessation in Ohio: Environmental scan and policy implications," at

www.hpio.net/category/publications/



www.hpio.net

©2015 Health Policy Institute of Ohio. All rights reserved.