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GPR A Bulletin 08-02

SUBJECT: Tobacco Cessation GPR A Measure

DATE: July 1, 2008

To: Medical Directors

CC: Executive Directors, Site Mangers, GPR A Coordinators

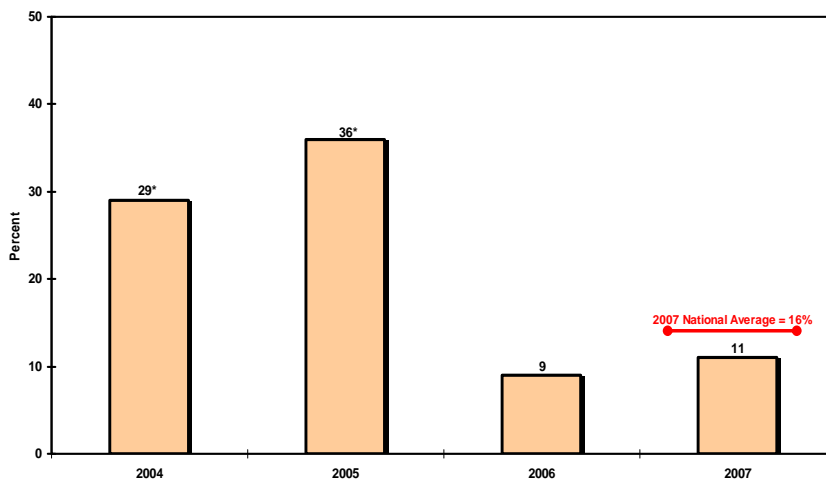
Dear Medical Directors,

As you know, tobacco use causes more than 440,000 deaths every year among adults in the United States, and lung cancer is the leading cause of cancer death among American Indians/Alaska Natives (AI/AN). In addition, tobacco use costs \$157 billion in annual health-related economic losses.

The Government Performance and Results Act (GPR A) has included a measure relating to tobacco use since FY 2004 (Figure 1). In FY 04 and 05, the measure calculated the number of active clinical patients ages 5+ who were identified as tobacco users (Tobacco Use Assessment). As of FY 2006, this measure has tracked the rate of identified tobacco users who have received cessation counseling (Tobacco Cessation). For FY 2008, the national target for this measure is 16%.

**Figure 1:** California Area Tobacco Measure Trends

TOBACCO CESSATION INTERVENTION



\*FY 2004 and 2005 – patients age 5+ screened for tobacco use.

### **Tips and Tricks for full GPRA credit:**

The most recent version of the logic for this measure includes additional codes (prescription for tobacco cessation aid) to provide broader treatment options within the context of this measure. In order to receive complete credit for providing this treatment, you will need to complete the Clinical Reporting System taxonomy called BGP CMS SMOKING CESSATION MEDS.

The measure *denominator* identifies Active Clinical patients (see CRS logic) identified as tobacco users prior to the report period (< July 1, 2007 – June 30, 2008). Tobacco Users are defined as follows:

- **Current Tobacco Users**
  - Health Factors (looks at the last documented): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless
  - Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or 649.00-649.04
  - Dental code 1320
  - CPT 1034F or 1035F

The measure *numerator* counts patients who have received or refused tobacco cessation counseling **or** received a prescription for a smoking cessation aid during the report period and are defined as follows:

- **Tobacco Cessation Counseling** - Any of the following during the Report Period:
  - Patient Education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes), or 649.00-649.04
  - Clinic Code 94
  - Dental Code 1320
  - CPT code G0375, G0376, or 4000F
  - **Prescription for tobacco cessation aid**, defined as any of the following:
    - Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy
    - Any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY”; 3. CPT 4001F
  - Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid

We are aware of some logic problems in this measure that causes some previous smokers to be identified incorrectly as current smokers and included in the denominator. In FY 2009 a new developmental logic for the existing Tobacco Cessation GPRA measure will be developed. We anticipate the new logic will do a better job of identifying current tobacco users and will eliminate the problems with the current logic. Performance results

using this new logic will be analyzed and a decision will be made if it should replace the existing logic for 2009 GPRA reporting.

We strongly recommend the use of iCARE, a software component that allows providers to create and manage their own personalized panels (populations) of patients with user-defined common characteristics. Another option exists within the Clinical Reporting System (CRS), the RPMS software package designed for monitoring and reporting of clinical GPRA measures. The latest version of CRS includes a new feature that allows clinics to create a Forecast Patient List. This patient list is linked to the Scheduling Menu and enables users to run a list of patients that are scheduled for appointments during a user-defined time period to a list of clinics at the facility defined by the user and shows the GPRA measures (like tobacco cessation) the patient has not met as of the date of the appointment. The list uses revised CRS logic for the GPRA measures, which is defined in the report, and also includes information for the provider on how to fulfill the GPRA measure. Specific directions for preparing these lists appear in the CRS User manual. Please contact [elaine.brinn@ihs.gov](mailto:elaine.brinn@ihs.gov), [janae.price@ihs.gov](mailto:janae.price@ihs.gov), or [cynthia.perez@ihs.gov](mailto:cynthia.perez@ihs.gov) for additional assistance if needed.

**For more information please reference the following:**

- Performance Improvement Toolbox:  
[http://www.ihs.gov/cio/crs/crs\\_performance\\_improvement\\_toolbox.asp](http://www.ihs.gov/cio/crs/crs_performance_improvement_toolbox.asp)
- iCARE: <http://www.ihs.gov/CIO/ca/icare/index.asp>
- CRS: <http://www.ihs.gov/cio/crs/index.asp>

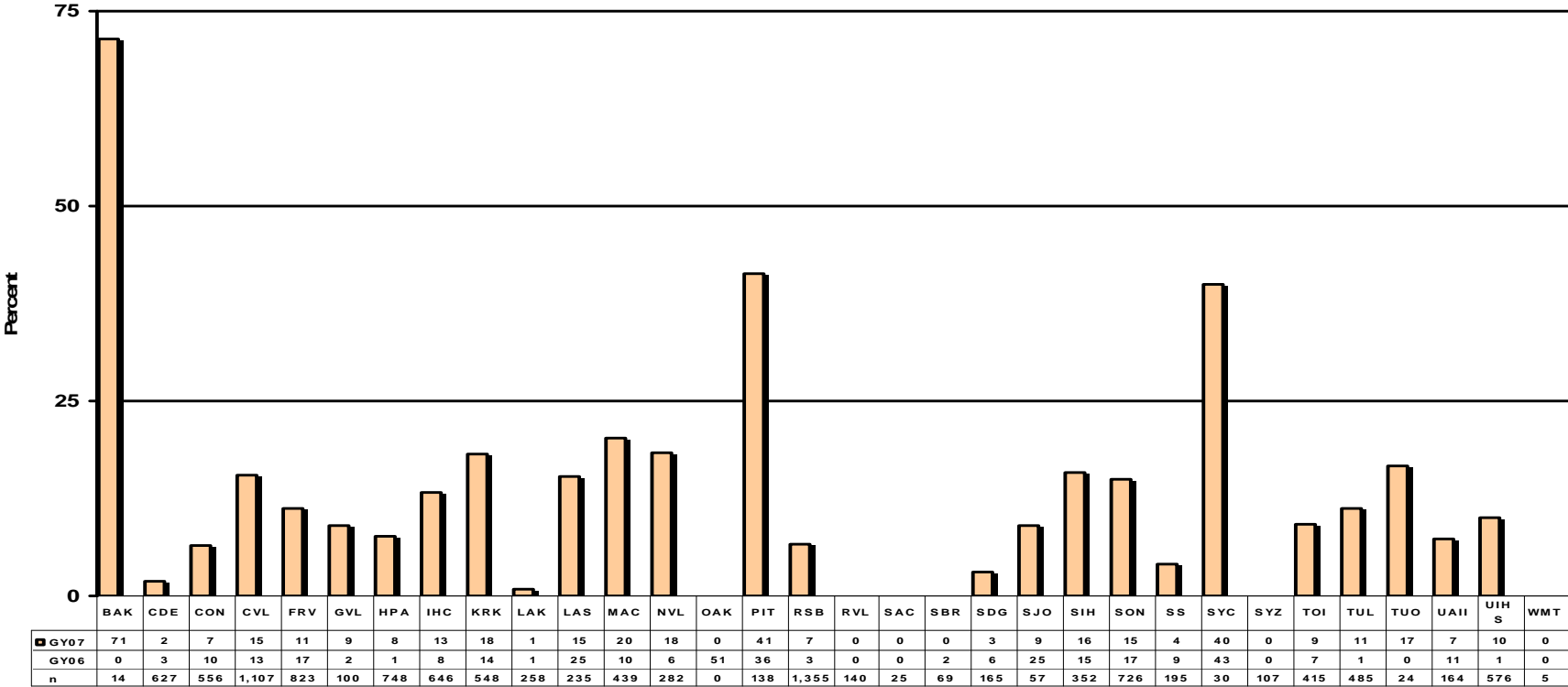
Sincerely Yours,

/Dave Sprenger, M.D./  
Dave Sprenger, M.D.  
Chief Medical Officer  
California Area  
Indian Health Service

ENCLOSURE

# TOBACCO CESSATION INTERVENTION

**2008 -3<sup>rd</sup> Qtr: CAIHS Average: 13%**  
**2007 Final: CAIHS Average: 11%**  
**2007 Final: National Average: 16%**



n = the number of Active Clinical patients identified as tobacco users.