

Tobacco Cessation Measure Information for Providers



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**Indian Health Service
National GPRA Support Team**

Tobacco Cessation GPRA Measure

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- Measures the proportion of tobacco-using patients who receive tobacco cessation intervention.
- Includes patients who receive counseling and those who receive a prescription for a tobacco-cessation aid.
- Also includes patients who quit tobacco use during the report period, whether or not they receive tobacco cessation intervention

Measure Logic Formula

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- **Denominator:**

Active clinical patients identified as current tobacco users or tobacco users in cessation, broken down by gender and age groups: younger than 12, 12 through 17, 18 and older.

- **Numerator:**

Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period.

Measure Logic Factors

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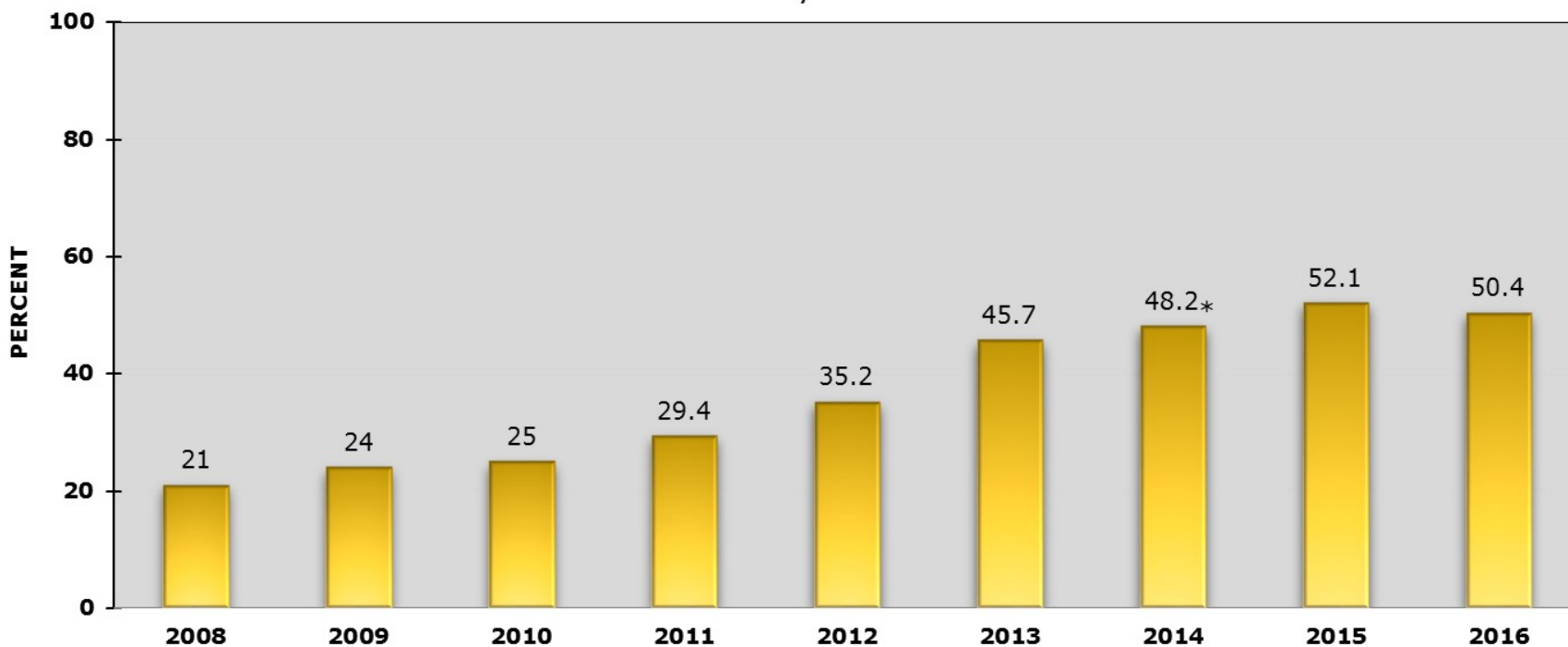
- CRS searches for tobacco-related health factors first, then tobacco-related codes, including diagnosis codes
- The denominator does not include patients who have quit tobacco use if it was documented prior to the report period

Federal and Tribal GPRA Results

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Tobacco Cessation

AI/AN tobacco-using patients who have received tobacco cessation intervention within the past year or quit their tobacco use within the past year.



*Measure logic change in FY 2013 to include tobacco users in cessation

Health Effects of Tobacco

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- Over 480,000 people die each year as a result of cigarette smoking; this means nearly 1 in 5 deaths every year are due to smoking.
- Smoking causes about 9 out of 10 lung cancer deaths in men and women.
- More women die from lung cancer each year than from breast cancer.
- About 8 out of 10 of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.
- Cigarette smoking increases risk for death from all causes.¹

¹U.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

Health Effects of Tobacco 2

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- Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer.
- Smoking is estimated to increase the risk of:
 - Coronary heart disease by 2 to 4 times
 - Stroke by 2 to 4 times
 - Men developing lung cancer by 25 times
 - Women developing lung cancer by 25.7 times
- Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors.
- One of every three cancer deaths in the United States would not occur if nobody smoked.²

²U.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

Tobacco and Children

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- About 88% of people who begin smoking under the age of 18 continue to use tobacco products as adults.
- Among those youths who continue to smoke into adulthood, about half will die earlier than their non-smoking peers, losing about 13 years of life on average.³

CDC. *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General, 2012*. Atlanta, GA: U.S. Department of Health and Human Services, 2012.

AI/AN Use of Tobacco

- 43.8% of American Indian/Alaska Native adults reported current use of commercial tobacco in 2013.⁴
- AI/AN youth and adults have the highest prevalence of cigarette smoking among all racial/ethnic groups in the U.S.⁵
- Regional variations in cigarette smoking exist, with lower prevalence in the Southwest and higher prevalence in the Northern Plains and Alaska.⁶

⁴Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2014

⁴Garrett BE, Dube SR, Winder C, Caraballo RS. Cigarette Smoking—United States, 2006–2008 and 2009–2010(https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a14.htm?s_cid=su6203a14.htm_w). *Morbidity and Mortality Weekly Report* 2013;62(03):81–4

⁶Mowery PD, Dube SR, Thorne SL, et al. Disparities in Smoking-Related Mortality Among American Indians/Alaska Natives. *American Journal of Preventive Medicine*, 2015. doi:10.1016/j.amepre.2015.05.002

Tobacco Use During Pregnancy

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- More American Indian/Alaska Native women smoke during their last 3 months of pregnancy- 26.0% compared to 14.3% of whites, 8.9% of African Americans, 3.4% of Hispanics, and 2.1% of Asians/Pacific Islanders.⁷
- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
 - Preterm delivery
 - Stillbirth
 - Low birth weight
 - Sudden infant death syndrome (SIDS)⁸

⁷Tong VT, Dietz PM, Morrow B. Trends in Smoking Before, During, and After Pregnancy—Pregnancy Risk Assessment Monitoring System, United States, 40 Sites, 2000–2010(<https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6206a1.htm>). Morbidity and Mortality Weekly Report 2013;62(SS06):1–19

⁸U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001

Health Benefits of Tobacco Cessation

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- Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not.
- Even a long-time smoker can significantly reduce their risk of heart disease and other complications by quitting.

Cost Benefits of Tobacco Cessation

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- Tobacco-cessation programs are more cost-effective than other common prevention interventions.
- Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.⁹

⁹Warner KE, Smith RJ, Smith DG, Fries BE. Health and economic implications of a work-site smoking-cessation program: a simulation analysis. *Journal of Occupational and Environmental Medicine* 1996;38(10):981–92. Harris JR, Schauffler HH, Milstein A, Powers P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health.

Tobacco Cessation Intervention

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- Advice from a health care provider and group and individual cessation counseling can help smokers quit.
- Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.¹⁰

¹⁰Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

IHS GPRA Measure Contacts

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