

Tobacco Cessation Measure Information for Providers



**Indian Health Service
National GPRA Support Team**

Tobacco Cessation GPRA Measure



- 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



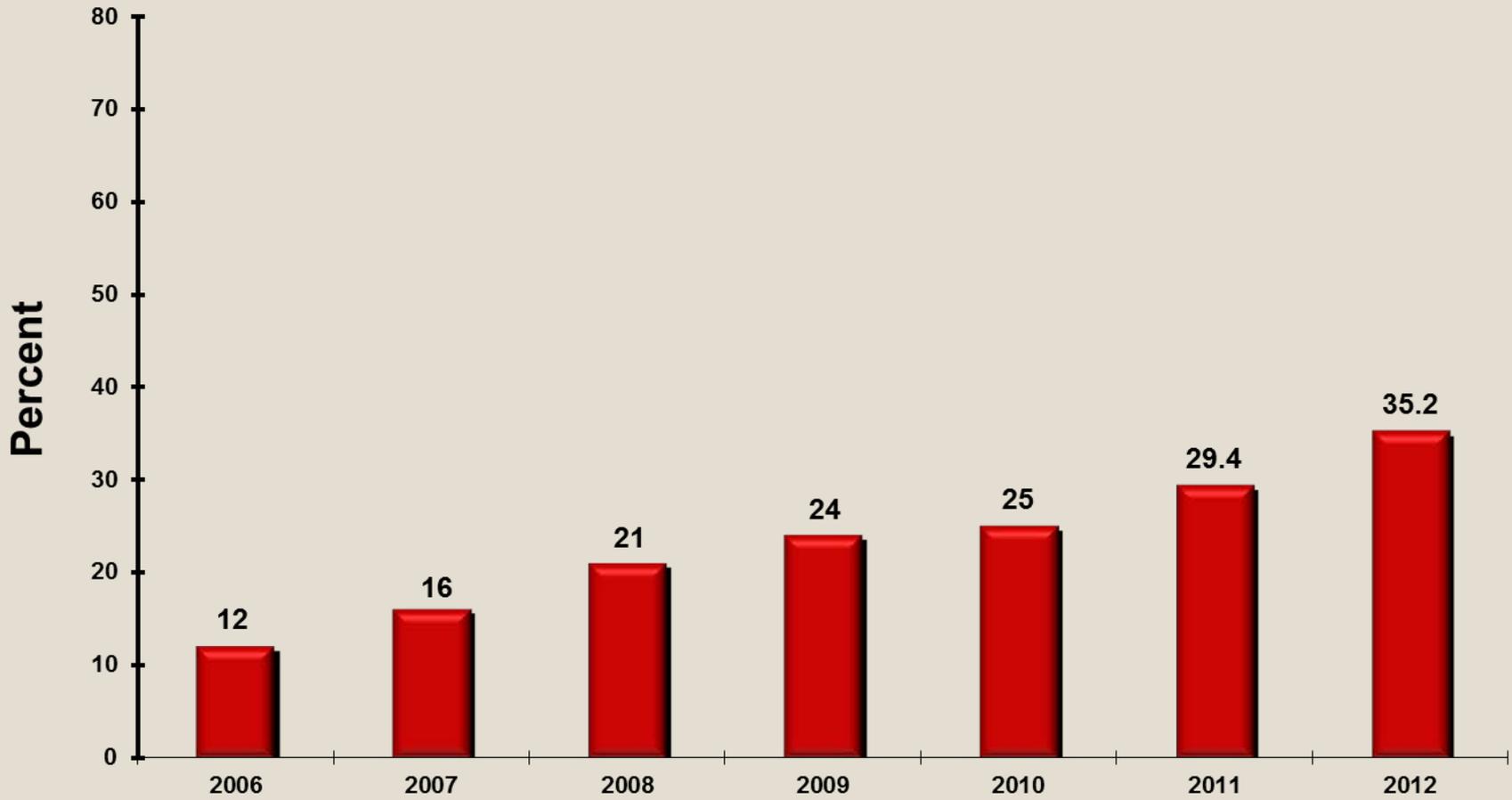
- **Denominator:**

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.

IHS National (Federal and Tribal) GPRA Tobacco Cessation Measure Rates



Health Effects of Tobacco



- Smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder.¹
- Smoking also contributes to cancers of the pancreas, kidney, and cervix.¹
- Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis and tooth loss.²

¹The Health Benefits of Smoking Cessation. A Report of the Surgeon General. HHS Pub. No. (CDC) 90-8416. Atlanta, GA: 1990.

²The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General. NIH Pub. No. 86-2874. Bethesda, MD: 1986.

Tobacco and Children



- About 88% of people who begin smoking under the age of 18 continue to use tobacco products as adults.³
- 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

³CDC. *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



- The 2011 National Health Interview Survey showed that 31.5% of American Indians and Alaska Natives smoked; this rate was higher than any other group.⁴
- In 2011:
 - 34.4% of AI/AN men smoked, compared to
 - 22.5% of white men

 - 29.1% of AI/AN women smoked, compared to
 - 18.8% of white women

⁴Cigarette smoking among adults—United States, 2011. *MMWR: Morbidity and Mortality Weekly Report*. 2011 Nov 9;61(44):889-894.

AI/AN Use of Tobacco



- American Indian/Alaska Native adults are 1.4 times as likely as White adults to be current cigarette smokers.⁵

Age-adjusted percentage of persons 18 years of age and over who are current cigarette smokers, 2007

American Indian/ Alaska Natives	Non-Hispanic White	American Indian/Alaska Native/ Non-Hispanic White Ratio
30.0	22.1	1.4

⁵CDC 2009. Summary Health Statistics for U.S. Adults 2007. Table 25.

AI/AN Use of Tobacco (Smokeless & Cigar)



- American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans.⁶
- Pipe and cigar smoking is also more common among AI/AN men than in other populations.⁶

⁶Use of Smokeless Tobacco Among Adults --- United States, 1991 *MMWR: Morbidity and Mortality Weekly Report*. 1993 Apr 16;42(14):263-6.

Tobacco Use During Pregnancy



- AI women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups.⁷
- Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages.⁸
- Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight.⁸

⁷*Tobacco Use Among U.S. Racial/Ethnic Minority Groups – African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

⁸DiFranza, J.R., and Lew, R.A. Effect of maternal cigarette smoking on pregnancy complications and sudden infant death syndrome. *Journal of Family Practice* 1995;40(4):385-394

Tobacco and Cancer



- Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives.⁹
- The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000.⁹

⁹U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups – African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

Tobacco and CVD



- Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.¹⁰

¹⁰U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups – African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

Health Benefits of Tobacco Cessation



- 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



- Tobacco-cessation programs are more cost-effective than other common prevention interventions.¹¹
- Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.¹¹

²²Warner 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, Schaffler 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



- Advice from a health care provider and group and individual cessation counseling can help smokers quit.¹²
- Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.¹²

¹²Fiore 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.

Tobacco Cessation and Comprehensive Health Care



- Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of comprehensive health care.

Documenting in CRS (version 13.0)



- GPRA measure counts active patients identified as current tobacco users who have received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the report period.
- Tobacco Cessation Counseling includes patient education.

Identifying eligible patients



- CRS Patient Lists for this measure include:
 - List of tobacco users with documented tobacco cessation intervention.
 - List of tobacco users without documented tobacco cessation intervention.
 - List of tobacco users who quit tobacco use.
 - List of tobacco users who did not quit tobacco use.
 - List of tobacco users with documented tobacco cessation intervention or who quit their tobacco use.
 - List of tobacco users without documented tobacco cessation intervention and did not quit their tobacco use.

IHS GPRA Measure Contacts



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