AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

December 4, 2015

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850

RE:	**Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM) Electronic Specification for One Set of Three Re-Engineered Tobacco Treatment (TOB) Measures**

Dear Sir or Madam:

On behalf of the members of the American Association of Orthopaedic Surgeons (AAOS), we appreciate the opportunity to offer comments on the project entitled "Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM) Electronic Specification for One Set of Three Re-Engineered Tobacco Treatment (TOB) Measures," and the Tobacco Treatment (TOB) measure set, in particular.

The Centers for Disease Control and Prevention (CDC) estimates that tobacco-related diseases result in more than 435,000 deaths among adults in the United States each year, and is recognized as one of the major causes of preventable disease. While it's commonly known that smoking is linked to heart and respiratory diseases as well as to several types of cancer, many people are unaware that smoking has serious negative effects on the musculoskeletal system, leading to poor outcomes in post-operative orthopaedic patients. Such outcomes include increases in wound and fracture healing times and post-operative infections. In addition, smokers are at higher risk of developing osteoporosis; tobacco use is also associated with an increase in the incidence of low back pain and rheumatoid arthritis.

Due to the severe and negative impact of smoking on the musculoskeletal system, the AAOS strongly recommends against the use of tobacco products and supports the proposed re-engineering of the three TOB measures by the Joint Commission. The proposed changes to the TOB measures (TOB-1, TOB-2, and TOB-3) would allow for TOB interventions for events post-arrival to the hospital – for example, when a patient is admitted to the emergency room or for observation – but within a three-day timeframe prior to an inpatient admission to account for the

317 Massachusetts Avenue NE
Suite 100
Washington, D.C. 20002-5701
PHONE 202.546.4430
www.aaos.org/dc

hospital stay measure. Consequently, all admissions of at least one day would be included in the denominator, which varies for each TOB. These changes would increase the number of patients receiving tobacco use screening (TOB-1), tobacco use counseling/treatment provided or offered (TOB-2, TOB-2a), and/or tobacco use counseling/treatment provided or offered at discharge (TOB-3, TOB-3a). Previously, only those patients with a minimum three day length-of-stay were eligible for tobacco use screening, counseling, or treatment. It is important to note TOBs are classified as electronic clinical quality measures (eCQMs), which require a strong infrastructure and adequate analytics to support alignment between measure data elements. This may prove burdensome for those hospitals lacking adequate support and infrastructure, not to mention the additional burden on staff to report what may be a substantial increase in data due to the upsurge in the number of patients being screened.

The proposed re-engineered Tobacco Treatment (TOB) measures have the potential to substantially increase the number of patients who receive anti-smoking interventions as current medical practice has reduced the number of patients with hospitalizations lasting three days or more and therefore would not be eligible for interventions under the current TOB measures. AAOS strongly believes the three TOB measures should be re-developed as outlined above and fully supports the Joint Commission in their efforts to implement measures to help decrease the incidence and prevalence of smoking among the inpatient population, thereby improving patient outcomes and ultimately, their overall health.

Thank you for your time and attention regarding the American Association of Orthopaedic Surgeons' (AAOS') comments on re-engineering the three TOB measures as tobacco use remains a significant threat to our nation's public health. Should you have questions on any of the above comments, please do not hesitate to contact AAOS' Medical Director, William O. Shaffer, MD, at 202-548-4430 or via email at shaffer@aaos.org.

Sincerely,

William O. Shaffer, MD
Medical Director, American Association of Orthopaedic Surgeons

cc: David D. Teuscher, MD, President, AAOS
Karen Hackett, CAE, AAOS Chief Executive Officer
Graham Newsome, AAOS Director of the Office of Government Relations