American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP 25

Title: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD
Description: Percentage of patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED and discharged who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user
Measurement Period: January 1, 2024, through December 31, 2024
Measure Steward: American College of Emergency Physicians (ACEP)
Measure Developer: American College of Emergency Physicians (ACEP)
Measure Scoring: Proportion
Measure Type: Process

Initial Population	All patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED and discharged.
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user
Numerator Exclusions	Not Applicable
Denominator Exceptions	Documented medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reasons)

Stratification: None
Risk Adjustment: None
Improvement Notation: Higher score indicates better quality.

Rationale

This measure is intended to promote tobacco screening and tobacco cessation intervention for high-risk adults who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping high-risk tobacco users quit. Tobacco users who stop using tobacco lower their risk of acute exacerbation of lung disease. Given the exclusion of emergency department visits from QPP 226, ACEP's CEDR has adapted QPP 226 to limit the denominator to patients with asthma or COPD for whom a stronger clinical base exists for ED-initiated tobacco cessation interventions. Several studies have documented low rates of tobacco use screening and cessation intervention during office and other outpatient visits, missing key opportunities for intervention.

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Clinical Recommendation Statement

The following evidence statements are quoted verbatim from the referenced clinical guidelines: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015). The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015). The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015).

Definition

Tobacco Use - Includes any type of tobacco
Tobacco Cessation Intervention - Includes brief counseling (3 minutes or less), and/or pharmacotherapy

Guidance

If a patient uses any type of tobacco (ie, smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.
If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and should be considered a measure failure. Instances where tobacco use status of "unknown" is recorded include: 1) the patient was not screened; or 2) the patient was screened, and the patient (or caregiver) was unable to provide a definitive answer. If the patient does not meet the screening component of the numerator but has an allowable medical exception, then the patient should be removed from the denominator of the measure and reported as a valid exception. The medical reason exception may be applied to either the screening data element OR to any of the applicable tobacco cessation intervention data elements (counseling and/or pharmacotherapy) included in the measure.

If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user.

As noted above in a recommendation statement from the USPSTF, the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) including electronic cigarettes for tobacco cessation. Additionally, ENDS are not currently classified as tobacco in the recent evidence review to support the update of the USPSTF recommendation given that the devices do not burn or use tobacco leaves. Considering the current lack of evidence, the measure does not currently capture e-cigarette usage as either tobacco use or a cessation aid.

References

1. Siu AL; U.S. Preventive Services Task Force. Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2015 Oct 20;163(8):622-34. doi: 10.7326/M15-2023. Epub 2015 Sep 22.
2. Jamal A1, Dube SR, Malarcher AM, Shaw L, Engstrom MC; Centers for Disease Control and Prevention (CDC). Tobacco use screening and counseling during physician office visits among adults-- National Ambulatory Medical Care Survey and National Health Interview Survey, United States, 2005- 2009. MMWR Suppl. 2012 Jun 15;61(2):38-45.
3. Jamal A, Dube SR, King BA. Tobacco use screening and counseling during hospital outpatient visits among US adults, 2005-2010. Prev Chronic Dis 2015;12:140529.

Disclaimer

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

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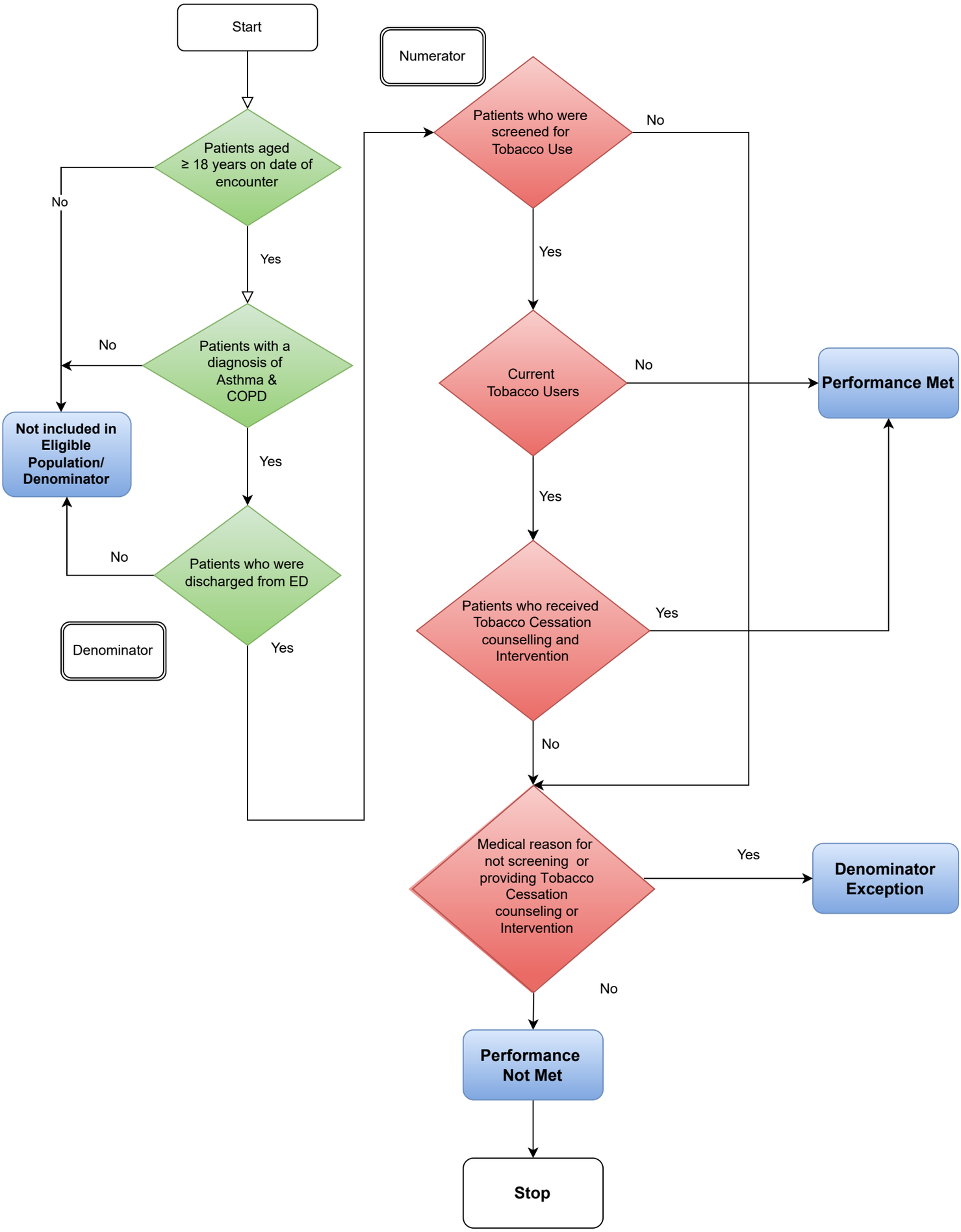
Start
Patients aged ≥ 18 years on date of encounter
No
Yes
Patients with a diagnosis of Asthma & COPD
No
Yes
Not included in Eligible Population/ Denominator
Patients who were discharged from ED
No
Yes
Denominator
Numerator
Patients who were screened for Tobacco Use
No
Yes
Current Tobacco Users
No
Performance Met
Yes
Patients who received Tobacco Cessation counselling and Intervention
Yes
No
Medical reason for not screening or providing Tobacco Cessation counseling or Intervention
Yes
Denominator Exception
No
Performance Not Met
Stop