

## Integrating Tobacco Cessation Quality Improvement Metrics into Medicare Advantage Quality Measures

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The Centers for Medicare and Medicaid (CMS) oversee the National Quality Strategy and Medicare Value-Based Care Strategy programs which measure the quality of care for federal programs and private payers. On February 1, 2023 CMS released quality improvement guidelines entitled, “Advanced Notice of Proposed Rulemaking on the Medicare Advantage Star Rating quality measures”.<sup>1</sup> These proposed changes would include creating a Universal Foundation of quality measures which can be incorporated across programs. This is a minimum set of quality measures that programs will use as a basis for measuring the quality of care in Medicare Advantage plans. This is valuable because, according to CMS, measuring the quality of health care processes and systems is used for health care quality improvement.<sup>2</sup>

The proposed Universal Foundation of quality measures does not include quality measure NFQ 0028 – Tobacco Use: Screening and Cessation Intervention.<sup>3</sup> Evidence-based tobacco cessation care includes the provision of behavioral counseling and all FDA-approved pharmacotherapy (i.e., nicotine replacement therapy [NRT], varenicline, and bupropion). **Providing evidence-based tobacco cessation care and ensuring that standard tobacco cessation clinical practices are being implemented during clinical encounters is part of comprehensive primary and preventive care.** One way to ensure that these evidence-based tobacco cessation practices are implemented for all Medicare Advantage plan beneficiaries is to incorporate tobacco cessation quality improvement metrics for screening and providing cessation interventions. Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.

Nine percent of people over 65 smoke; 10.2% of Medicare enrollees smoke. In 2022, 48% of Medicare beneficiaries were on Medicare Advantage – a growing percentage, as opposed to people enrolled in traditional Medicare.<sup>4</sup> People enrolled in Medicare Advantage are more likely to have low socioeconomic status and have less education than people in traditional Medicare, both risk factors for high rates of tobacco use and tobacco-related morbidity and mortality.<sup>5</sup> Older people are more likely to be long-term smokers, and experience challenges with quitting smoking because of lack of access to tobacco cessation care, social norms around smoking in aging populations, and fatalistic attitudes toward tobacco cessation.<sup>6-8</sup> These gaps in providing tobacco cessation care increase disparities in tobacco-related health outcomes, with disproportionately impacted older populations facing a greater burden than the general population.

To eliminate these disparities, Medicare Advantage care plans have a particularly important role in improving access to tobacco cessation care and ensuring that evidence-based practices are being implemented in clinical care settings. Medicare Advantage care plans must ensure:

- Coverage to all over the counter NRT, in addition to prescription-NRT, bupropion and varenicline.

- Coverage without duration or quantity limits to medications for cessation, recognizing that quitting smoking occurs on a continuum, takes multiple tries, and such limits pose substantial barriers to cessation.
- Counseling for smoking cessation is covered for all beneficiaries without limits in duration or the type of provider providing services. Coverage should also include prescribing and counseling services provided by pharmacists, in states where this is now permitted.<sup>9</sup>
- Copays are equitable across the range of smoking cessation medications.
- Integration of quality improvement metrics to screen and provide interventions for tobacco use at every single clinical encounter.
- Incentivization of healthcare systems to meet standard quality improvement metrics around tobacco screening and provision of cessation interventions.

If Medicare Advantage plans integrated tobacco cessation services and quality improvement metrics, these actions will address a large gap in provision of cessation care to populations that are unlikely to receive them through other outlets. These practices will increase the number of older people quitting smoking, which will lead to reduced population-level morbidity and mortality among older populations in the US.

## References

1. "2024 Advance Notice." Centers for Medicare and Medicaid Services F, Available at: <https://www.regulations.gov/document/CMS-2023-0010-0002>. Accessed 24 Feb. 2023.
2. "Quality Measures." Centers for Medicare and Medicaid Services A, Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures#:~:text=Quality%20measures%20are%20tools%20that,quality%20goals%20for%20health%20care>. Accessed 24 Feb. 2023.
3. "Tobacco Cessation Quality Measures." American Lung Association Available at: [https://www.lung.org/getmedia/b8afd920-1bf3-4f8c-a510-ae331893b904/FY22-Tobacco-Cessation\\_Quality-Measures-Chart\\_V2.pdf](https://www.lung.org/getmedia/b8afd920-1bf3-4f8c-a510-ae331893b904/FY22-Tobacco-Cessation_Quality-Measures-Chart_V2.pdf). Accessed 24 Feb. 2023.
4. Freed M, and Jeanie F. Biniak et al. "Medicare Advantage in 2022: Enrollment Update and Key Trends." Kaiser Family Foundation, 25 Aug. 2022, Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/>. Accessed 24 Feb. 2023.
5. "Medicare Beneficiary Enrollment Trends and Demographic Characteristics." Assistant Secretary for Planning and Evaluation M, Available at: <https://aspe.hhs.gov/sites/default/files/documents/f81aafbba0b331c71c6e8bc66512e25d/medicare-beneficiary-enrollment-ib.pdf>. Accessed 24 Feb. 2023.
6. Messer K, Trinidad DR, Al-Delaimy WK, Pierce JP. Smoking cessation rates in the United States: a comparison of young adult and older smokers. *Am J Public Health*. Feb 2008;98(2):317-22. doi:AJPH.2007.112060 [pii]10.2105/AJPH.2007.112060
7. Cataldo JK, Hunter M, Petersen AB, Sheon N. Positive and instructive anti-smoking messages speak to older smokers: a focus group study. *Tob Induc Dis*. 2015;13(1):2. doi:10.1186/s12971-015-0027-x
8. Vijayaraghavan M, Olsen P, Weeks J, McKelvey K, Ponath C, Kushel M. Older African American Homeless-Experienced Smokers' Attitudes Toward Tobacco Control Policies-Results from the HOPE HOME Study. *Am J Health Promot*. Feb 2018;32(2):381-391. doi:10.1177/0890117117729928

9. Hilts KE, Corelli RL, Vernon VP, Hudmon KS. Update and recommendations: Pharmacists' prescriptive authority for tobacco cessation medications in the United States. *J Am Pharm Assoc (2003)*. Sep-Oct 2022;62(5):1531-1537. doi:10.1016/j.japh.2022.06.005