

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2024 (Q1 2024) through 12-31-2024 (Q4 2024)

The Centers for Medicare & Medicaid Services (CMS) provides this measure abstraction paper tool as an optional, informal method to aid inpatient psychiatric facilities in the collection of patient-specific data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Tobacco Treatment measures. CMS will store the data you submit in the CMS Centralized Data Repository for analysis and create reports. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Individual Medical Record Data Collection Tool

Birth Date: _____/_____/_____

Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____

UTD is not an allowable entry.

Discharge Date: _____/_____/_____

UTD is not an allowable entry.

TOB-3

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date* _____.
 - a. If *Patient Age* is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
 - b. If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay*.
2. **What is the length of stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date* _____.
 - a. If the *Length of Stay* is less than or equal to one day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
 - b. If the *Length of Stay* is greater than one day, proceed to *Comfort Measures Only*.
3. **When is the earliest physician, APN, or PA documentation of comfort measures only?** (*Comfort Measures Only*) _____
 - a. If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
 - b. If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status*.

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4. What is the patient's tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 3, 4, 5, 6, or 7 the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-3. Add 0 to the numerator and denominator for TOB-3.
- b. If *Tobacco Use Status* equals 1 or 2, proceed to *Discharge Disposition*.

**5. What was the patient's discharge disposition on the day of discharge?
(*Discharge Disposition*)**

- _____ 1 Home
- _____ 2 Hospice – home
- _____ 3 Hospice – healthcare facility
- _____ 4 Acute care facility
- _____ 5 Other healthcare facility
- _____ 6 Expired
- _____ 7 Left against medical advice/AMA
- _____ 8 Not documented or unable to determine (UTD)

- a. If *Discharge Disposition* equals 2, 3, 4, 5, 6, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
- b. If *Discharge Disposition* equals 1 or 8, proceed to *Referral for Outpatient Tobacco Cessation Counseling*.

6. Did the patient receive a referral for outpatient tobacco cessation counseling?

(*Referral for Outpatient Tobacco Cessation Counseling*)

- _____ 1 The *Referral for Outpatient Tobacco Cessation Counseling* treatment was made by the healthcare provider or healthcare organization at any time prior to discharge.
- _____ 2 Referral information was given to the patient at discharge, but the appointment was not made by the provider or healthcare organization prior to discharge.
- _____ 3 The patient refused the *Referral for Outpatient Tobacco Cessation Counseling* treatment and the referral was not made.

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- ___ 4 The patient:
- is being discharged to a residence outside the USA.
 - is released to court hearing and does not return.
 - is being discharged to jail/law enforcement.
- ___ 5 The *Referral for Outpatient Tobacco Cessation Counseling* treatment was not offered at discharge or unable to determine from the medical record documentation.
- a. If *Referral for Outpatient Tobacco Cessation Counseling* equals 4, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
- b. If *Referral for Outpatient Tobacco Cessation Counseling* equals 2 or 5, the case will be included (Measure Category Assignment of “D”). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3.
- c. If *Referral for Outpatient Tobacco Cessation Counseling* equals 1 or 3, proceed to *Tobacco Use Status*.

7. What is the patient’s tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of “E”). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-3.
- b. If *Tobacco Use Status* equals 1, proceed to *Prescription for Tobacco Cessation Medication*.

8. Was an FDA-approved tobacco cessation medication prescribed at discharge? (*Prescription for Tobacco Cessation Medication*) _____

- a. If *Prescription for Tobacco Cessation Medication* equals 3, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
- b. If *Prescription for Tobacco Cessation Medication* equals 1 or 2, the case will be included (Measure Category Assignment of “E”). Add 1 to BOTH the numerator and denominator count for TOB-3. Proceed to TOB-3a.
- c. If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication at Discharge*.

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9. Is there documentation of a reason for not prescribing one of the FDA-approved tobacco cessation medications at discharge?

(Reason for No Tobacco Cessation Medication at Discharge)

_____ Yes There is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge.

_____ No There is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge, or unable to determine from medical record documentation.

- a. If *Reason for No Tobacco Cessation Medication at Discharge* equals No, the case will be included (Measure Category Assignment of “D”). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3. Proceed to TOB-3a.
- b. If *Reason for No Tobacco Cessation Medication at Discharge* equals Yes, the case will be included (Measure Category Assignment of “E”). Add 1 to BOTH the numerator and denominator count for TOB-3. Proceed to TOB-3a.

TOB-3a

1. Determine numerator and denominator for TOB-3a.

- a. If the case is excluded for TOB-3 (Measure Category Assignment of “B”), it will not be in sub-measure TOB-3a. Stop abstracting. Add 0 to the numerator and denominator for TOB-3a.
- b. If the case is included in TOB-3 (Measure Category Assignment of “D” or “E”), recheck *Referral for Outpatient Tobacco Cessation Counseling*.

2. Did the patient receive a referral for outpatient tobacco cessation counseling?
(Referral for Outpatient Tobacco Cessation Counseling) _____

- a. If *Referral for Outpatient Tobacco Cessation Counseling* equals 2, 3, or 5, the case will not be included in the numerator (Measure Category Assignment of “D”). Add 1 to the denominator for TOB-3a. Add 0 to the numerator for TOB-3a. Stop abstracting.
- b. If *Referral for Outpatient Tobacco Cessation Counseling* equals 1, proceed to *Tobacco Use Status*.

3. What is the patient’s tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of “E”). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-3a.
- b. If *Tobacco Use Status* equals 1, proceed to *Prescription for Tobacco Cessation Medication*.

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4. Was an FDA-approved tobacco cessation medication prescribed at discharge?
(Prescription for Tobacco Cessation Medication)

- _____ 1 A prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge.
- _____ 2 A prescription for an FDA-approved tobacco cessation medication was offered at discharge and the patient refused.
- _____ 3 The patient:
- is being discharged to a residence outside the USA.
 - is released to court hearing and does not return.
 - is being discharged to jail/law enforcement.
- _____ 4 A prescription for an FDA-approved tobacco cessation medication was not offered at discharge, or unable to determine from medical record documentation.
- a. If *Prescription for Tobacco Cessation Medication* equals 1, the case is included (Measure Category Assignment of “E”). Add 1 to BOTH the numerator and denominator count for TOB-3a. Stop abstracting.
- b. If *Prescription for Tobacco Cessation Medication* equals 2, the case is included (Measure Category Assignment of “D”). Add 1 to the denominator count for TOB- 3a. Add 0 to the numerator count for TOB-3a. Stop abstracting.
- c. If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication at Discharge*.

5. Is there documentation of a reason for not prescribing tobacco cessation medications at discharge? *(Reason for No Tobacco Cessation Medication at Discharge)* _____

- a. If *Reason for No Tobacco Cessation Medication at Discharge* equals No, the case is included (Measure Category Assignment of “D”). Add 1 to the denominator count for TOB-3a. Add 0 to the numerator count for TOB-3a. Stop abstracting.
- b. If *Reason for No Tobacco Cessation Medication at Discharge* equals Yes, the case is included (Measure Category Assignment of “E”). Add 1 to BOTH the numerator and denominator count for TOB-3a. Stop abstracting.

Determine whether the patient is included in the numerator and denominator count.

Patient Level – TOB-3

_____ Numerator

_____ Denominator

Patient Level – TOB-3a

_____ Numerator

_____ Denominator