April 25, 2019

John Pilotte
Director, Performance-Based Payment Policy Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: ACO Quality Measure 17, (Prev-10, NQF 0028), Preventive Care and Screening, Tobacco Use-Screening and Cessation Intervention

Dear Mr. Pilotte,

We are writing to express our concern with the recent changes to the ACO-17 (Prev-10, NQF 0028), Preventive Care and Screening, Tobacco Use Screening and Cessation Intervention. The changes for this measure from 2017 to 2018 are significant—especially the changes to the numerator and the timing for the smoking cessation intervention. For the reasons outlined below, we urge you to address and mitigate these impacts.

Trinity Health is deeply committed to value-based care. We are one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We employ approximately 133,000 colleagues, including more than 7,800 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 18 Clinically Integrated Networks (CINs) that are accountable for approximately 1.5 million lives across the country through alternative payment models (APMs) across all populations and product lines: Medicaid, Commercial, Medicare Advantage and Medicare ACOs. Trinity Health participates in the Next Generation ACO, Medicare Shared Savings Program (MSSP) Tracks 1, 1+ and 3, the Comprehensive Primary Care Plus (CPC+) program, and the Bundle Payment for Care Improvement Advanced program. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. Trinity Health includes 94 hospitals as well as 109 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. Committed to those who are poor and underserved, Trinity Health returns $1.1 billion to our communities annually in the form of charity care and other community benefit programs. We have 35 teaching hospitals with graduate medical education (GME) programs providing training for more than 2,000 residents and fellows in 184 specialty and subspecialty programs.

Our commitment to tobacco free communities extends into our advocacy work. Across the country, we have worked with legislators and like-minded interest groups to encourage lawmakers to increase the tobacco sale age to 21. Nationally, we know that 95 percent of adult smokers began smoking before they turn 21.

If young people can reach the age of 21 as non-smokers they—almost certainly—never will become smokers. Legislation to raise the age of sale to 21 has now passed in 9 of the 22 states where we have a presence.

Trinity Health has joined the Smokefree Movies effort to push for the R-rating and other Smokefree Movies policy goals. Movies are the last unrestricted channel for promoting tobacco to young people. Among children living today, the Centers for Disease Control and Prevention (CDC) estimates that exposure to on-screen smoking will recruit 6.4 million girls and boys to become smokers, of whom 2.1 million will ultimately die prematurely from diseases caused by smoking. We have made progress achieving movie industry policy change to eliminate the depiction of smoking in movies with less than an R-rating.

We are currently working with states to address the rapid growth of electronic cigarettes and vaping products among youth. And nationally, we remain committed to policy change that will require federally funded housing to become smoke-free environments. Finally, our shareholder advocacy activities include urging retail pharmacies to stop selling tobacco products.

In addition to the policy and advocacy work that Trinity Health leads, we also prioritize screening for tobacco use (including combustible cigarettes, e-cigarettes and chewing tobacco) with all populations at every primary care visit and referring tobacco users to cessation services. Trinity Health is currently working with all of our ministries to ensure tobacco users have access to an array of evidence based cessation services, including pharmacology, quit line and group based interventions. In FY20, Trinity Health will begin evaluating the tobacco use prevalence and cessation service utilization to ensure patients are getting the best access to treatment for their tobacco use.

<u>Recommendation</u>
It is critical CMS CCSQ address the unintended consequences from the changes in CMS quality measure ACO-17, including the misrepresentation of ACO's work to screen for and address tobacco use, and the potential loss of shared savings for ACOs as a result of the negative impact these changes will have on quality performance scores. We strongly advise that the measure revert to the prior specifications for 2019 and be treated as a new measure for 2018—meaning it is captured as a reporting-only status—for the following reasons:

- The 2018 measure no longer recognizes standard clinical practice of screening all patients for tobacco use and instead only recognizes screening with cessation intervention for identified tobacco users.

- The numerator changed significantly moving from use population 2 in 2017 to population 3 in 2018:
    - Population 1: Patients who were screened for tobacco use at least once within 24 months
    - Population 2: Patients who received tobacco cessation intervention
    - Population 3: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

- The timing for the smoking cessation intervention changed significantly:
    - In 2017, the intervention could take place any time in the past 24 months—which captured the likelihood of a primary care visit, the most appropriate setting for screening and intervention.
    - In 2018, the intervention must be received after the last visit, regardless of the provider. This necessitates tobacco assessment and counseling take place at every patient visit regardless of provider and setting to ensure the intervention.

We are already seeing the negative impact from the changes to ACO17 in our health system. Trinity Health scored above 90% in 2017 in all of our ACOs (Next Generation, MSSP Track 1, 1+ and 3 ACOs). Without any change in clinical practice, our scores have dropped to as low as 62%--placing us in the 60th percentile of performance, which does not accurately exhibit our success with tobacco screening and cessation. Further, a drop in our quality score does not accurately reflect our triple-aim results of improving quality, patient experience, and affordability of healthcare.

Thank you for your attention to this important ACO quality performance issue; please let us know how we can be helpful as you seek to address this matter.

If you have questions on our comments, please feel free to contact me at granttw@trinity-health.org or 734-343-1375.

Sincerely,

Tina Weatherwax Grant, JD