



Value Based Reimbursement Toolkit

Smoking Measures – Patient Survey

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Table of Contents



Document Overview	42
Baseline Population Assessment	43
Intervention Assessment	44
Outcome Assessment	45

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Document Overview

The purpose of this document is to provide smoking metric language for use in conducting patient surveys. This document is intended for use in conjunction with the **Smoking Data Dictionary** which has additional detail on our recommendations for variable categorizations and definitions.

Below you will find three sections (baseline, intervention, and outcome) with three levels of metrics (**gold standard**, **intermediate**, and **minimum**). We recommend using these to guide your own survey and measure development related to understanding your population at baseline and any future improvement assessments.

Gold standard: Smoking status at 30 days prior to hospitalization/procedure, cigarettes/day (former and current) and years (former and current)

1. In the past 30 days have you smoked cigarettes? (y/n)
 - 1.1. If yes, how many cigarettes a day do you smoke on average?
AND For how many years have you smoked?
 - 1.2. If no, have you ever smoked? (y/n)
 - 1.2.1. If yes, how many cigarettes did you smoke a day on average?
AND For how many years did you smoke?

1. **If assessing at later timepoint:** In the 30 days prior to your hospitalization at [location] on [date] did you smoke cigarettes? (y/n)
 - 1.1. If yes, how many cigarettes a day did you smoke on average?
AND For how many years did you smoked?
 - 1.2. If no, have you ever smoked? (y/n)
 - 1.2.1. If yes, when did you stop [date]?
 - 1.2.2. If yes, how many cigarettes did you smoke a day on average?
AND For how many years did you smoke?

Intermediate: Smoking status at 30 days prior, cigarettes/day or years

1. In the past 30 days have you smoked cigarettes? (y/n)
 - 1.1. If yes, how many cigarettes a day do you smoke on average?
OR For how many years have you smoked?
 - 1.2. If no, have you ever smoked? (y/n)
 - 1.2.1. If yes, how many cigarettes did you smoke a day on average?
OR For how many years did you smoke?

1. **If assessing at later timepoint:** In the 30 days prior to your hospitalization at [location] on [date] did you smoke cigarettes? (y/n)
 - 1.1. If yes, how many cigarettes a day did you smoke on average?
OR For how many years did you smoked?
 - 1.2. If no, have you ever smoked? (y/n)
 - 1.2.1. If yes, when did you stop [date]?
 - 1.2.2. If yes, how many cigarettes did you smoke a day on average?
OR For how many

Minimum: Smoking status at 30 days prior

1. In the past 30 days have you smoked cigarettes? (y/n)
 - 1.1. If no, have you ever smoked? (y/n)

1. **If assessing at later timepoint:** In the 30 days prior to your hospitalization at [location] on [date] did you smoke cigarettes? (y/n)
 - 1.1. If no, have you ever smoked? (y/n)

Intervention Assessment

Gold standard: y/n counseling, type of service offered (nicotine replacement therapy, referrals, etc.)

1. During your hospitalization [or pre-op] did a doctor or other healthcare worker counsel you about quitting cigarettes? (y/n)

1.1. If yes, did a doctor or healthcare worker offer you nicotine replacement therapy, medication to help reduce cravings (e.g. Bupropion or Chantix), or a referral to a smoking cessation program? (y/n)

1.1.1. If yes, what did they offer you?

1.1.1.1. Nicotine replacement therapy

1.1.1.2. Medications to help reduce cravings

1.1.1.3. Referral to a smoking cessation program

Intermediate: y/n counseling, y/n any service offered

1. During your hospitalization [or pre-op] did a doctor or other healthcare worker counsel you about quitting cigarettes? (y/n)

1.1. If yes, did a doctor or healthcare worker offer you nicotine replacement therapy, medication to help reduce cravings (e.g. Bupropion or Chantix), or a referral to a smoking cessation program? (y/n)

Minimum: y/n counseling

1. During your hospitalization [or pre-op] did a doctor or other healthcare worker counsel you about quitting cigarettes? (y/n)

Gold standard: Smoking status at 30 days, 90 days, and 1 year, cigarettes/day and years, did healthcare system/provider assist in quitting; **repeat questions below at 30, 90, and 1 year**

1. Do you currently smoke cigarettes? (y/n)

1.1. If yes, how many cigarettes a day do you smoke on average?
AND For how many years have you smoked?

1.2. If no, when did you stop [date]?

2. **For previous smokers:** Did counseling or services received during your hospitalization [or procedure] assist you in quitting smoking? (y/n)

1. *If assessing 30-day smoking at 90-day timepoint:* In the first 30 days after your hospitalization [or procedure] did you smoke cigarettes? (y/n)

1.1. If yes, how many cigarettes a day do you smoke on average?
AND For how many years have you smoked?

1.2. If no, when did you stop [date]?

2. **For previous smokers:** Did counseling or services received during your hospitalization [or procedure] assist you in quitting smoking? (y/n)

Intermediate: Smoking status at 30 and 90 days; **repeat questions below at 30 and 90 days**

1. Do you currently smoke cigarettes? (y/n)

1.1. If no, when did you stop [date]?

1. *If assessing 30-day smoking at 90-day timepoint:* In the first 30 days after your hospitalization [or procedure] did you smoke cigarettes? (y/n)

1.1. If no, when did you stop [date]?

Minimum: Smoking status at 30 days

1. Do you currently smoke cigarettes? (y/n)

1.1. If no, when did you stop [date]?