

Tobacco Cessation

101A –Smoking status recorded in medical record

101B–Tobacco cessation counseling administered or patient referred in past year



Why do we collect these measures?

- Tobacco use after cancer diagnosis can lead to adverse outcomes such as:
 - Reduction in the effectiveness of treatment and higher treatment-related toxicity
 - Increased risk of cancer recurrence and increased risk of a second primary cancer
- Tobacco cessation guidance can help ensure the patient has the opportunity for the most successful treatment outcome possible
- Advice and counseling from the oncologist can increase the likelihood that the patient will attempt to quit

Where can 101A and 101B be documented?

- Patient intake form
- Oncology visit note
- EMR history or snapshot tabs
- Patient summary page
- Social history tab or heading within the visit note

What are the common challenges with collecting these measures?

- Patients may underestimate the value of quitting if they see their cancer diagnosis as life-limiting or life-ending
- Inconsistencies on how/where smoking status and cessation counseling are recorded in EMR

What resources does MOQC offer?

- Free Nicotine Replacement Therapy (NRT) for patients referred from a MOQC site to the Michigan Tobacco Quitlink
- Free customizable printed resources, available in different languages



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QUESTIONS?

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