

# 101b: Tobacco Cessation Counseling Administered or Patient Referred in Past Year



## Why do we collect this measure?

- 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
  - 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 smoking status and cessation counseling be documented?

\*Please note that smoking status must be documented in order to collect 101b

- Patient intake form
- Patient summary page
- Oncology visit note
- Social history summary
- EMR history or snapshot tabs

## What are the common challenges with collecting this 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