

Tobacco Use Screening and Cessation

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Tobacco use remains a leading cause of preventable disease and death in the United States. Cigarette smoking contributes to more than 480,000 deaths nationally each year, while Californians experience substantial healthcare costs and tens of thousands of smoking-attributable deaths.

Rural California communities have higher smoking rates than urban communities. In the largely rural northern counties, current smoking is more common than statewide, and low-income adults in the region are especially affected. Rural communities also experience higher use of e-cigarettes and smokeless tobacco, including products that may appeal to youth.

Routine screening and brief cessation intervention can meaningfully increase quit attempts and successful cessation. Health centers can reduce tobacco-related illness by identifying every form of tobacco use, advising patients to quit, providing counseling or medication, and arranging follow-up support.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS X QIP ✓ UDS ✓ PHMI	Primary Prevention	MODERATE

Tobacco Use Screening and Cessation is a high-leverage preventive-care measure aligned across federal reporting, managed care, and population health priorities. Improvement requires both broad screening reach and reliable counseling or pharmacotherapy for every identified tobacco user.

Understanding the Improvement Strategy

HEDIS	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned patients have not been screened, and which tobacco users still need cessation support?	Key question: At every eligible encounter, are we screening for tobacco use and intervening when use is identified?
COMMON STRATEGIES - Population lists and care gap reports - Outreach to patients overdue for screening - Track tobacco users and quit attempts - Monitor disparities by population and site	COMMON STRATEGIES - Screen all forms of tobacco use at intake - Advise, assess readiness, and assist - Counseling, medication, and quitline referral - Arrange follow-up after a quit attempt

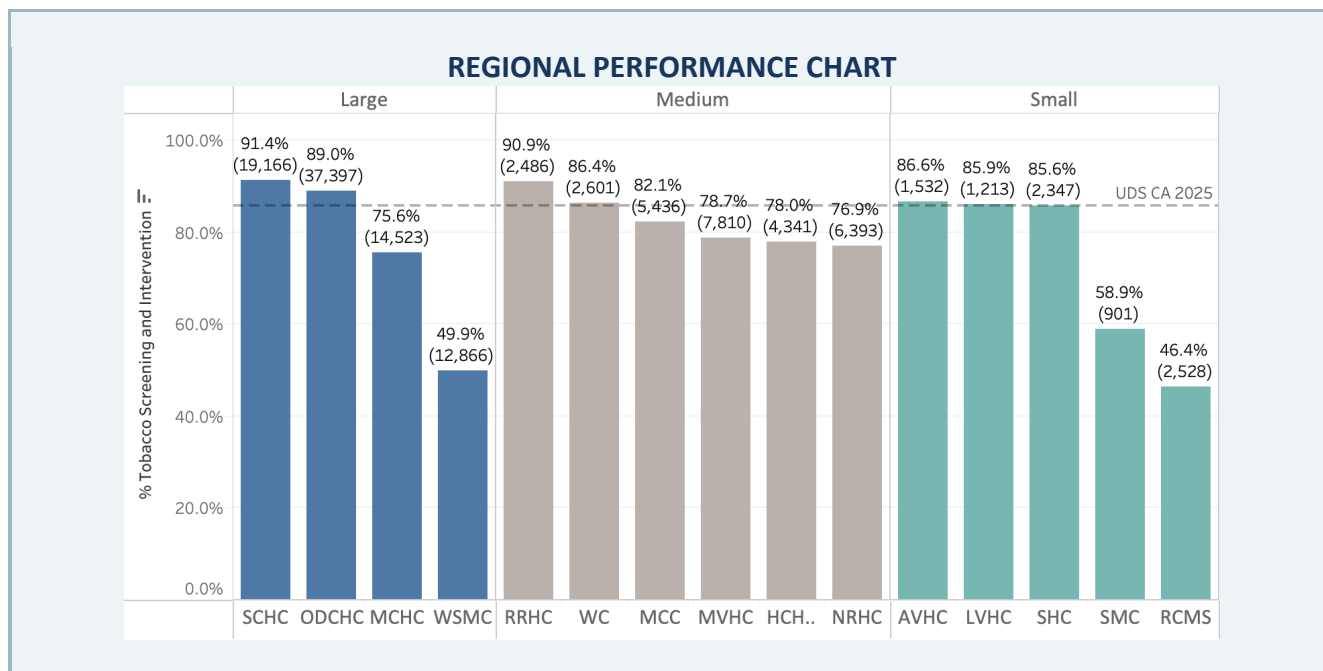
Strategic takeaway: Strong performance requires consistent screening for all forms of tobacco use and a documented cessation intervention for every patient identified as a tobacco user.

Rural Northern California Performance

Regional Insights

- Identifying tobacco users and tracking cessation counseling can be difficult when EHR configurations do not reliably connect screening results with interventions.
- Updated documentation tools and structured workflows can improve capture of counseling, medications, referrals, quit attempts, and follow-up.
- Regional health centers have successfully incorporated routine tobacco-use assessment and cessation intervention into primary care practice.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are all forms of tobacco use—including vaping and smokeless tobacco—captured consistently?
- Do positive screens reliably lead to documented counseling, medication, referral, or follow-up?
- Should Tobacco Use Screening and Cessation be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of patients age 18 and older who were screened for all forms of tobacco use at least once within 24 months and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	Not applicable
California and U.S. UDS	CA UDS 2025: 85.6% US UDS 2025: 84.8%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.