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Don Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20201

**Re: Interoperability Standards Advisory (ISA) for Smoking Status
Documentation in Electronic Health Records**

Dear Dr. Rucker:

The American Lung Association appreciates the opportunity to submit comments on the Interoperability Standards Advisory for smoking status documentation in Electronic Health Records (EHRs).

The American Lung Association is the oldest voluntary public health organization in the United States, representing the 33 million Americans living with lung disease, including asthma, lung cancer and COPD. The Lung Association fights for a tobacco-free society and to eliminate all tobacco-use and related disease. Paramount to these goals is promoting access to guidelines-based tobacco cessation treatments, encouraging providers to talk about quitting with patients and ultimately, helping smokers quit.

According to the U.S. Surgeon General, almost half a million Americans die each year from a tobacco related illness.¹ While the smoking rate among the general population is falling, 15.5 percent of adults in the United States still smoke.² The most recent data shows that over two-thirds of smokers in the United States want to quit, however, only about half of smokers received advice from their doctor to quit smoking.³ Providers need to have up-to-date and accurate information about their patients to provide healthcare, including counseling patients who smoke to quit. The Office of the National Coordinator for Health IT (ONC)'s Interoperability Standards Advisory (ISA) is a key tool to make that happen.

Over the past ten years, because of Meaningful Use requirements, the Joint – Commission TOB Measures and other key quality measures, recording tobacco use status in EHRs has become almost universal. Unfortunately, the smoking status classifications that are currently used by Health Systems are overlapping and duplicative, creating confusion.

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ONC adopted the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT). This classification system is not ideal for recording smoking status. The current SNOMED CT classifications are:

- Current Every Day Smoker
- Current Some Day Smoker
- Smoker, Current Status Unknown
- Former Smoker
- Never Smoker
- Unknown If Ever Smoked
- Heavy Tobacco Smoker
- Light Tobacco Smoker

This SMOMED CT has subjective measures, such as heavy and light tobacco smoker, that cannot reasonably be used by another healthcare provider. Additionally, this structure has many overlapping categories. Overlapping and subjective classifications create confusion and make it more difficult for providers to assess previous tobacco use. This not only impacts patient quit attempts, but can also impact providers suggesting live-saving screenings whose eligibility criteria are based on smoking history, such as lung cancer screenings.

The Lung Association urges ONC to adopt a new smoking status classification that is clear, non-duplicative and objective. The proposed classification categories are:

- Current Every Day Smoker
- Current Some Day Smoker
- Former Smoker
- Never Smoker
- Smoking Status Unknown

The ONC ISA strives to create uniformity, so information can be shared, and health systems can be interoperable. The current smoking status classification does not achieve this goal, because the choices are not mutually exclusive. This creates confusion for providers and does not support helping smokers quit, which saves both lives and money. Thank you for the opportunity to submit comments.

Sincerely,



Harold P. Wimmer
National President and CEO

¹ US Department of Health and Human Services, The Health Consequences of Smoking: 50 Years of Progress: a Report of the Surgeon General, 2014 Atlanta, GA US Department of Health and Human Services, Centers for



Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

² Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:53–59. DOI: <http://dx.doi.org/10.15585/mmwr.mm6702a1>

³ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. MMWR Morb Mortal Wkly Rep 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

