



Department of Veterans Affairs Health Care System

The Department of Veterans Affairs (VA) has a long history of attempting to reduce smoking among veterans and has worked very hard to make evidence-based smoking cessation a routine part of the health care it provides. The Veterans Health Administration (VHA) is the arm of the VA that provides health care for about 6 million veterans. Many veterans carry over tobacco use from their service in the military, where use is higher relative to the general population. The fact that people who have not started smoking by age 18 are unlikely to smoke as adults does not hold for those in the military. Many non-smokers begin to smoke after they join the military.

The Public Health Strategic Health Care Group of the VHA has undertaken a number of policy initiatives to make smoking cessation counseling and medications more accessible to veterans. The 2008 U.S. Clinical Practice Guidelines: Treating Tobacco Use and Dependence were adopted by the VA and the Department of Defense two years ago. All FDA-approved smoking cessation medications are available on the VHA National Formulary. To help veterans quit smoking and tobacco use, the VA offers screening for tobacco use during primary care visits; individual counseling; prescriptions for nicotine replacement therapy, such as a nicotine patch or gum, or other medications; and participation in evidence-based smoking cessation programs. All outpatients in Primary Care and Mental Health clinical settings are screened at least once a year for tobacco use in the last 12 months. If the patient is a current user, he or she is provided with brief counseling, offered medications to assist with quitting, and offered a referral for more intensive counseling.

An electronic clinical reminder is used to give a prompt to the provider on how to offer the appropriate care and then document the encounter in the electronic medical record. Electronic medical records facilitate promotion of cessation by providing electronic reminders to check for smoking status. Prompts can help providers work with the patient to set a quit date, offer medication to help with quitting, encourage patients to get rid of tobacco products in the home, and similar tips. These real time prompts are very useful, especially for those providers not trained in tobacco cessation.

Based on her experience with the VA smoking cessation program, Kim Hamlett-Berry, PhD, Director, Public Health Policy and Prevention, Public Health Strategic Health Care Group, VHA, has some important lessons learned to share with those who want to integrate cessation in health care settings. She has identified:

- The need to identify and eliminate barriers to cessation care.
- Provide models of care that can be integrated easily into the care that is already delivered.
- Adopt a public health approach to extend the reach of tobacco cessation care so that all care providers, not just specialists, are involved:
 - Work with mental health and substance use disorder providers to help them with integrating smoking cessation treatment into routine care.
 - Enlist health care professionals other than physicians.

- Electronic health records with a readily identifiable field to determine current smoking status can be an important tool in prompting providers and documenting care.
- Develop gender-specific messages to appeal to women who smoke and want help with quitting.

Dr. Hamlett-Berry also stresses the importance of providing training for health care professionals. She notes that many health care providers do not receive any training in evidence-based tobacco cessation as part of their formal curriculum. As a result, they may not know the basics and, if they do, they may not be confident in their ability to deliver care. Training is an important tool in addressing health care professionals' attitudes about the efficacy of tobacco cessation care and in helping them recognize this as a chronic, relapsing disorder.

Website: <http://www.publichealth.va.gov/smoking/>

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