



Treatment of Tobacco Dependence

Substance Use Disorders-QUERI Update

February 2008

Approximately 30% of veterans smoke. VA rates of identification of tobacco use and documentation of advice to quit have improved dramatically. According to the Office of Quality Performance (OQP) External Peer Review Program, which has performed medical record reviews of tobacco use performance measures since 1996, more than 95% of smokers are currently screened for tobacco use and advised to quit each year. However, the vast majority of veteran smokers still do not receive comprehensive, state-of-the-science treatment for tobacco use that includes behavioral treatment and pharmacotherapy. For example, findings from the 2004 Survey of Healthcare Experiences of Patients indicate that 76% of smokers were asked by their VA provider if they were interested in quitting, but only 38% were offered medications. Moreover, only 1 in 5 veterans who are seriously trying to quit participate in intensive behavioral counseling. Results of a survey of smoking cessation treatment practices in VA Medical Centers were reported in September 2005 (http://vaww.va.gov/haig/smoking/STUC_2005.pdf).

Tobacco Use/Smoking Cessation Work Group

Overwhelming evidence supports the cost-effectiveness of smoking cessation treatment. The recently updated VA/Department of Defense (DoD) Guideline for Management of Tobacco Use recommends that all tobacco users receive counseling and smoking cessation medications in the most intensive setting they are willing to attend. The Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) Tobacco Use/Smoking Cessation (TU/SC) Work Group is striving to:

- Assess the quality of smoking cessation care for hospitalized VA patients,
- Evaluate a new national clinical reminder for TU/SC,
- Implement new evidence-based OQP performance measures to shift the emphasis from screening to offering all tobacco users effective treatments to help them quit, and
- Increase the use of cost-effective telephone counseling for TU/SC in VA via several ongoing projects.

This report highlights SUD-QUERI's progress on this last goal—to increase the use of telephone counseling.

Telephone Care for Smoking Cessation

Telephone care for smokers in the VA healthcare system has been promoted

through the conduct of several VA research and SUD-QUERI initiatives. Last year the TELESTOP Study was completed. This HSR&D funded study randomized 837 daily smokers who were willing to set a quit date for smoking cessation to usual care or telephone care. The telephone care protocol included calls from trained counselors over a 2-month period, plus extra calls, as needed, for up to three quit attempts over a 12-month period. Findings showed that telephone counseling significantly increased short- and long-term quit rates compared to usual care. Telephone care also dramatically increased the use of counseling and pharmacological treatments.

While TELESTOP tested the effectiveness of a VA-run QuitLine, a separate SUD-QUERI funded study tested an intervention involving system change and care coordination to increase referrals to a state QuitLine. This study served as the demonstration project for TeleQuit, an ongoing VISN/HSR&D Collaborative Project being conducted in VISNs 21 and 22. TeleQuit is currently up and running in approximately 45 VA sites and is receiving 1,000 referrals per month. Thus far, at 6-month follow-up, 20% of the patients who could be contacted were abstinent from smoking.

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Successful pilot studies that have been completed at the Portland VA in Oregon, and VA Puget Sound in Washington State found that patients are interested in calling QuitLines, and that VA providers like the option of referring smokers to them. SUD-QUERI continues efforts to increase the number of veterans who receive smoking cessation counseling by reducing barriers to access for evidence-based care.

How Do I Learn More?

If you are interested in learning more about implementing telephone care or other interventions for smoking cessation, contact:

Scott Sherman, MD

Leader, SUD-QUERI TU/SC Work Group

Tele: (212) 686-7500 x7386

E-mail: scott.sherman@va.gov

David Smelson, PhD

Co-Leader, SUD-QUERI TU/SC Work Group

Tele: (508) 713-5420

Email: david.smelson@va.gov

For general information about SUD-QUERI, contact:

Coreen Domingo

Administrative Coordinator

Tel: 713-794-8619

E-mail: coreen.domingo@va.gov

Web Resources

For more information about the QUERI program in general, visit the national QUERI website at www.hsrd.research.va.gov/QUERI/

Access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research" at: www.hsrd.research.va.gov/queri/implementation/

SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for SUD-QUERI is **Thomas Kosten, MD**, and the clinical coordinator is **Daniel Kivlahan, PhD**. The Executive Committee includes other experts in the field of substance use disorders: John Allen, PhD; Paul Barnett, PhD; Thomas Berger, PhD; **Katharine Bradley, MD** (Co-Clinical Coordinator); Mr. Anthony Catapano; Geoff Curran, PhD; John Finney, PhD (Research Coordinator Emeritus); **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Kim Hamlett-Berry, PhD; Kathy Henderson, MD; Keith Humphreys, PhD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Lisa Najavits, PhD; Mark Shelhorse, MD; Scott Sherman, MD; and Mark Willenbring, MD.