

November 26, 2008

NATIONAL SMOKING AND TOBACCO USE CESSATION PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive describes VHA policies and programs relating to the VHA Smoking and Tobacco Use Cessation Program.

2. BACKGROUND

a. Cigarette smoking is the single greatest cause of preventable illness and death in the United States, contributing to the death of more than 435,000 people each year. Smoking is a known cause of numerous cancers, heart disease, stroke, pregnancy complications, chronic obstructive pulmonary disease, and many other diseases. Approximately 70 percent of all smokers report that they would like to quit and simple advice to quit from a physician can increase the likelihood that a smoker will quit. Moreover, there are a number of evidence-based pharmacological and behavioral interventions that have proven to be effective in smoking cessation. However, smoking or tobacco dependence is a chronic relapsing condition that often requires repeated interventions and multiple attempts to quit. Nicotine-replacement therapies (NRT) such as the nicotine patch and nicotine gum, and other Food and Drug Administration (FDA) approved medications such as bupropion and varenicline, have been found to increase the rates of successful smoking cessation by a ratio of 1.5 to 3.1 in comparison to a placebo. There are few if any interventions that would have a bigger effect on the health of the veteran population than improving care for smoking cessation. Finally, research has demonstrated that smoking cessation counseling and treatment is highly cost-effective relative to many other routine preventive health practices, such as annual mammography and screening for hypertension.

b. The 2007 Survey of Veteran Enrollee's Health and Reliance upon VA found that the prevalence of smoking among veterans enrolled in the Department of Veterans Affairs (VA) remains higher than in the general population (22 percent versus 20.9 percent). However, there is significant variability in the prevalence of smoking across the Veterans Integrated Service Networks (VISNs) ranging from 16.5 percent to 27 percent. Smoking continues to contribute to high morbidity and mortality rates among veterans in care in VA.

c. The VHA National Smoking and Tobacco Use Cessation Program has adopted a strong public health approach and encourages a comprehensive, evidence-based tobacco use screening and cessation counseling program as outlined in the United States Public Health Service Clinical Practice Guideline 2008 Update, Treating Tobacco Use and Dependence found at: (http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf); and VA- Department of Defense (DOD) Tobacco Use Cessation Clinical Practice Guidelines found at: (http://www.oqp.med.va.gov/cpg/TUC/TUC_Base.htm). *NOTE: Additional VHA guidance for prescribing varenicline can be found at: <http://vaww.national.cmop.va.gov/PBM/Clinical%20Guidance/Criteria%20For%20Use/Varenicline%20Criteria%20for%20Prescribing.doc>. This is an internal VA link not available to the public.*

THIS VHA DIRECTIVE EXPIRES NOVEMBER 30, 2013

d. Smoking and tobacco use is a chronic health condition with major public health and health systems impact. Evidence-based smoking and tobacco use cessation will continue to be a health care priority in VHA with an ongoing emphasis on the following elements:

(1) As part of VA's commitment to preventable illness, a strong public health educational effort on the health benefits of quitting tobacco use continues with a strong emphasis on outreach and an increasing awareness of the availability of the full range of evidence-based smoking and tobacco use cessation treatment options in VA.

(2) VA provides a Smoking and Tobacco Use Cessation Program that delivers state-of-the-art care to veterans who want to quit smoking or tobacco use. In accordance with the evidence-based VA-DOD Tobacco Use Cessation Clinical Practice Guidelines or U.S. Public Health Service Clinical Practice Guidelines, brief counseling and smoking cessation medications need to be made available to all patients interested in quitting smoking, regardless of whether or not the patient is willing to attend a smoking cessation program. Current VA and non-VA quality of care measures for smoking cessation assess the extent to which smokers interested in quitting are provided with counseling and given medications to help them quit. Medication and counseling must be made available to veterans who are attempting to quit smoking or other tobacco use as part of routine care in primary care and other clinical care settings where veterans are seeking help with tobacco use cessation.

(3) The Smoking and Tobacco Use Technical Advisory Group is a VA group that has been selected to advise the Public Health Strategic Health Care Group about VHA Smoking and Tobacco Use Cessation Programs, policies, initiatives, clinician and patient education programs, clinical care, and research priorities. This group is made up of VHA leaders in clinical care, administration, and research, as well as representatives of the Office of Quality and Performance, the Pharmacy Benefits Management Strategic Healthcare Group, the National Center for Health Promotion and Prevention, and other relevant VHA Program areas.

3. **POLICY:** It is VHA policy that evidence-based smoking and tobacco use cessation care, to include counseling and medications, must be made available to all veterans who are attempting to quit smoking or other tobacco use as part of routine care.

4. ACTION

a. **The Office of Public Health Policy and Prevention (PHPP)**. The Office of PHPP, Public Health Strategic Health Care Group, is responsible for:

(1) Developing and communicating VHA national policy on smoking and tobacco use cessation to ensure increased access to evidence-based services and care.

(2) Developing informational and other products to support VHA health care professionals providing care for veterans who use tobacco.

(3) Providing accurate, up-to-date, and clinically-relevant information on the VHA Smoking and Tobacco Use Cessation website at: <http://vaww.vhaco.va.gov/phshcg/smoking/>.

(4) Collaborating with other VHA Program Offices, such as the Office of Quality and Performance, the Deputy Under Secretary for Health for Operations and Management, the National Center for Health Promotion and Disease Prevention, and the Pharmacy Benefits Management Strategic Health Care Group to develop policies, clinical guidance, and quality indicators to inform clinical care in the area of tobacco use cessation in VHA.

(5) Providing assistance and consultation to Smoking and Tobacco Use Cessation Lead Clinicians in the development and implementation of local or VISN level clinical practices in tobacco use cessation.

b. Facility Director. Each facility Director is responsible for:

(1) Identifying a Smoking and Tobacco Use Cessation Lead Clinician to be the principal point of contact for all clinical communications and reports regarding smoking cessation and tobacco control-related issues to the Office of PHPP, such as smoking and tobacco use cessation and smoke-free policy issues. *NOTE: The Smoking Cessation Lead Clinician should be a provider committed to excellence in smoking cessation care and related public health issues.*

(2) Reviewing, on an annual basis, the contact information for the facility's Smoking and Tobacco Use Cessation Lead Clinician to ensure that the information for the facility is correct. Any changes in staffing for the Lead Clinician or the contact information must be faxed by January 15 of each year to the Office of Public Health Policy and Prevention, Public Health Strategic Health Care Group (13B) to fax number (202) 273-6243, or by email to publichealth@va.gov, if needed. *NOTE: Include the name, address, fax, phone number, and e-mail address.*

c. Facility Smoking and Tobacco Use Cessation Lead Clinician. The Smoking and Tobacco Use Cessation Lead Clinician is responsible for:

(1) Serving as an advocate for excellence in smoking and tobacco use cessation clinical care and related public health issues.

(2) Serving as a facility point of contact for communications to and from the Office of PHPP.

5. REFERENCES

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b. McGinnis JM, Foege WH (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association (JAMA). 270: 2207-12.

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d. Coffield AB, Maciosek MV, McGinnis JM et al. "Priorities Among Recommended Clinical Services," American Journal of Preventive Medicine. 21: 1-9: 2001.

e. Centers for Disease Control and Prevention. "Medical care expenditures attributable to cigarette smoking - United States, 1993," Morbidity and Mortality Weekly Report (MMWR). 43(26), 469-472: 1994.

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h. Cromwell, J, Bartosch, WJ, Fiore, MC, Hasslebad, V, Baker, T. "Cost-effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation," JAMA. 278:1759-66; 1997.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant of the Public Health Strategic Health Care Group (13B) is responsible for this Directive. Questions may be referred to (202) 461-7240, or at publichealth@va.gov.

7. RESCISSIONS: VHA Directive 2003-042 is rescinded. This VHA Directive expires November 30, 2013.

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