VA/DoD Clinical Practice Guideline for the Management of Tobacco Use – Update 2004

Tool Kit Brief
Why A Tobacco Guideline?

- Tobacco use is associated with emphysema, chronic bronchitis, cancer & coronary artery disease.
- Single most preventable cause of disease, disability, and death.
- Exposure to passive smoke is associated with elevated risks of cancer & coronary heart disease.
The Supporting Tobacco Tool Kit
The Tobacco Binder

Management of Tobacco Use

Tool Kit
Update 2004

VA/DoD Clinical Practice Guideline for the Management of Tobacco Use
Update 2004

• Provider Support Tools
• Patient Self-Management Tools
• System Support Tools

Jointly Sponsored by
U.S. Army Medical Command,
Quality Management Division
Office of Evidence-Based Practice
and
The Veterans Health Administration
Office of Quality and Performance
Provider Support Tools

- Guideline and Summary
- Champion’s Implementation Manual
- Implementation Worksheets
- Documentation Forms
- Provider Reference and Pocket cards
- Provider Briefs
Management of Tobacco Use
Guideline, Update 2004

Web version available online at:

Also available online at:
http://www.QMO.amedd.army.mil

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF TOBACCO USE

Department of Veterans Affairs
Department of Defense

Update Version 2.0a
Management of Tobacco Use Guideline Summary, Update 2004

Recommendations with the highest evidence

Key Elements

Assessment and Treatment Algorithm

Prevention Algorithm

Pharmacotherapy

Primary Prevention in Young Adults and Adolescents

RECOMMENDATIONS WITH THE HIGHEST EVIDENCE: The highest evidence for recommendations is A, defined as “a strong recommendation based on randomized controlled trials that the intervention is always indicated and acceptable.”

1. Patients should be asked about tobacco use at each visit, as repeated screening increases rates of clinical intervention. [R=A]
2. Tobacco users should be advised to quit at every visit because there is a dose response relationship between number of contacts and abstinence. [R=A]
3. Physicians should strongly advise tobacco users to quit. [R=A]
4. All tobacco users must have access to minimal counseling and to either an intensive or moderate cessation program. [R=A]
5. Cessation treatment should include the following components:
   - Tobacco use cessation pharmacotherapy [R=A]
   - Counseling techniques that have been shown to be effective (problem solving, skill training, assert and extra treatment support) [R=A]
   - Multiple treatment sessions [R=A]
   - Multiple formats, proactive telephone counseling, and group or individual counseling [R=A]
6. Tobacco users who are willing to quit should receive some form of counseling. There is a dose response relationship between time spent in counseling and rates of abstinence. [R=A]
   - Minimal counseling (less than 5 minutes) increases overall tobacco abstinence rates. [R=A]
   - Intensive counseling (10 minutes) significantly increases abstinence rates. [R=A]
   - Multiple counseling sessions increase abstinence rates. [R=A]
7. Effective counseling can be delivered in multiple formats (e.g. group counseling, proactive telephone counseling, and individual counseling) and may be more effective when combined. [R=A]
8. Counseling should be provided by a variety of clinician types (physicians or nonphysician clinicians, such as nurses, dentists, dental hygienists, psychologists, pharmacists, and health educators) to increase quit rates. [R=A]
9. Tobacco users who are willing to quit may receive counseling via telephone Quitlines, as proactive telephone counseling has been demonstrated to be effective. Pharmacotherapy still needs to be coordinated by the primary care provider. [R=A]
10. Tobacco users attempting to quit should be prescribed one or more effective first-line pharmacotherapies for tobacco use cessation. [R=A]
   - First-line therapies include nicotine replacement therapy (NRT), transdermal patches, gum, nasal spray, lozenges, or vapor inhaler and non-nicotine replacement (bupropion or SR). [R=A]
   - Pharmacotherapy should be combined with minimal counseling (5 minutes). [R=A]
11. Health care providers in a pediatric setting should advise parents to quit smoking to limit their children’s exposure to second-hand smoke. [R=A]
12. Adolescents who use tobacco and are interested in quitting should be offered counseling and behavioral interventions that were developed for adults. [R=A]
13. All patients admitted to hospitals should have tobacco use status identified in the medical record. [R=A]
14. Tobacco users who are older should be given advice to quit. [R=A]
15. Tobacco users who are older should be given tobacco cessation treatment, including medication and counseling. [R=A]
Manuals for Facility Clinical Practice Guideline Champions

Putting Clinical Practice Guidelines to Work in the Department of Veterans Affairs Veterans Health Administration

A Guide for Action

VA Implementation Manual

Putting Practice Guidelines to Work in the Department of Defense Medical System

A Guide for Action

RAND Implementation Manual

Veteran’s Affairs/Department of Defense

MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS

RAND

DoD Implementation Manual

U. S. Army Medical Command, Health Policy and Services Directorate, Quality Management Division, Evidence-Based Practice Section
2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026
www.QMO.amedd.army.mil

1 February 2004
Implementation Worksheets

Worksheet 1. IMPLEMENTATION STRATEGY
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use: Update 2004

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use: Update 2004

Worksheet 3A. GANT CHART OF TIMELINE FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use: Update 2004

Worksheet 4. METRICS AND MONITORING
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use: Update 2004

Downloadable from:
www.QMO.amedd.army.mil
Have patient fill out patient section, Section II 1-11, place in medical record for provider
### MEDCOM Test Form 709R

**Provider Documentation**

**Form**

**MEDCOM Test Form 709R**

**Back**
Management of Tobacco Use
Provider Pocket and Key Points Cards

VA/DoD Clinical Practice Guideline for the Management of Tobacco Use - Update 2004
Pocket Guide

Assessment and Treatment Algorithm 1

1. Person recommending the baseline
   or a follow-up system
2. Ask about tobacco use
3. In person a screen 1
   tobacco use?
   Y
   N
   1. Add on to quit
   2. Assist client to quit
   3. In person asking for quit
   4. He does not quit
   5. Use from an
   algorithm 2
   6. Prevent smoking
   7. Prevent nicotine
   8. Prevent smoking
   9. Quit and follow-up

VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF TOBACCO USE - UPDATE 2004

Key Points Card

1. Every tobacco user should be advised to quit
2. Tobacco use is a chronic relapsing condition that requires repeated interventions
3. Several effective treatments are available in assisting users to quit
4. It is essential to provide access to effective evidence-based tobacco use counseling treatments and pharmacotherapy
Provider Exam Room Cards

VA/DoD Clinical Practice Guideline for the Management of Tobacco Use – Update 2004

- Guideline Key Elements
- Assessment and Treatment Algorithm
- Prevention Algorithm
- Level “A” Recommendations
- Working Group Suggestions Indicators
- HEDIS Measures
- Pharmacologic Agents
- The 5 A’s and 5 R’s
- Primary Prevention in Young Adults and Adolescents
- Tobacco ICD-9-CM Codes
DoD Brief
Tobacco Use Cessation
Tricare Conference 2004

DoD
Tobacco Use Cessation: What’s Working Now and the Challenges Ahead

Moderator: Dean L. Messelheiser, Lt Col, USAF, BSC
Chairman,
DoD Alcohol Abuse and Tobacco Use Reduction Committee (AATURC)
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use
Update 2004
Champion Brief

Management of Tobacco Use
2003 VA/DoD Guideline

Gerald W. Talcott, PhD, ABPP
Chief, Community Prevention Division
Air Force Medical Support Agency
Office of the Surgeon General

Scott E. Sherman, MD, MPH
Smoking Cessation Coordinator, VA GLAHS
Professor of Medicine, UCLA

Champion Presentation at the 7th Annual Force Health Protection Conference, 2004
The Impact of Tobacco Use on Deployed Forces

Captain Larry Williams, DC, USN
Consultant, DoD Alcohol and Tobacco Advisory Council (ATAC)
FHP Deployed Health 2005
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use
Update 2004
Champion Brief

Practical Application of the DoD/VA Tobacco Cessation Clinical Practice Guideline

Larry Williams, DDS
Captain, Dental Corps, US Navy
Department of Defense Tobacco Use Cessation Consultant

Champion Presentation at the 8th Annual Force Health Protection Conference, 2005
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use Update 2004

DoD/ VA Tobacco Cessation Clinical Practice Guideline (CPG)

Captain Larry N Williams, DC, USN
DoD Tobacco Cessation SME

The Forty-Fourth Navy Occupational Health and Preventive Medicine Conference including the
Tenth Annual Independent Duty Corpsmen Conference
&
The Sixth Annual Combined Operational and Aeromedical Problems Course 2005
Management of Tobacco Use
Provider Pocket Card Brief

VA/DoD Tobacco Use Cessation (TUC) Guidelines

POCKET CARD
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use - Update 2004
Tool Kit Brief
CD-ROM: Clinical Practice Guidelines Evidence-Based Medicine Update 2005

Available on the CPG Shopping Cart: www.QMO.amedd.army.mil
Patient Self-Management Tools

• Educational Booklet and Handouts
  – “You Can Quit Using Tobacco”
  – “I Quit”
  – “Fresh Start Family”
  – “No Dips and/or Butts”
• On-Line Resources
  – Navy Patient Resource
  – Tricare Patient Resource
• Wallet cards
  – Commitment Card
  – Action Plan Wallet Card
• Video
  – “TUC TV Spots”
• On-Line Brochures
• Poster “Smoking and the WarFighter”
Management of Tobacco Use
Patient Information

Available on the CPG Shopping Cart: www.QMO.amedd.army.mil
No Dips And/Or Butts

A Very, Very Unofficial Military Manual

For

Quitting Smoking and Dipping

Author:  Mark A.D. Long, Ed. D.
         Health Promotion Program
         Navy Environmental Health Center

Graphics:  Maureen Capps
           Navy Environmental Health Center

Click here for an online or downloadable copy of the “No Dips and/or Butts” Manual for patients
Management of Tobacco Use
Navy On-Line Patient Information

Click here for patient information and links on Tobacco Cessation:
http://www-nehc.med.navy.mil/hp/tobacco/
Management of Tobacco Use

Tricare Healthy Choices On-Line Patient Information

Click here for additional patient information and links to quitting smoking:
http://www.tricare.osd.mil/healthychoices/quitsmoke.cfm
Patient Self-Management Wallet Cards

Patient TUC Action Plan

Patient TUC Commitment Card
Patient Video

Can be ordered from the CPG Shopping Cart: www.QMO.amedd.army.mil
On-Line Brochures and Action Plans

You Can Quit Smoking Consumer Kit:
http://www.surgeongeneral.gov/tobacco/conspack.html

These consumer brochures and information on telephone quit lines can be ordered, downloaded or read on-line at: http://www.surgeongeneral.gov/tobacco/conspack.html
Smoking and the WarFighter Poster

Can be printed from:
On-Line Patient Resource For Quitting

System Support Tools

• Posters
• Treating Tobacco Use and Dependence: A Systems Approach
• On-Line Resources for Tobacco Prevention and Cessation
• ICD-9-CM Codes Specific for Tobacco
• Information Papers and DoD Policies
• Performance Metrics
• Website Information
Management of Tobacco Use Posters

Sample of posters that can be ordered from the CPG Shopping Cart at:

www.QMO.amedd.army.mil
Management of Tobacco Use Posters

Sample of posters that can be printed from:
www.QMO.amedd.army.mil
Limited sample of the many posters that can be downloaded and printed from the Navy Tobacco Tool Kit: 
Management of Tobacco Use: A Systems Approach

Treating Tobacco Use and Dependence
A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers

WHY WE NEED A SYSTEMS APPROACH

The human cost of tobacco use is devastating. Tobacco is the single greatest cause of preventable death in the United States and is responsible for more than 430,000 deaths each year. Nearly 25 percent of all Americans currently smoke, and 1,800 children and adolescents become regular users of tobacco every day. The financial burden of tobacco use is staggering. The societal costs of tobacco use and disease approach $96 billion, Americans spend an estimated $20 billion annually on direct medical care for smoking-related diseases. Lost productivity and reduced earnings due to smoking-related disability account for another $147 billion per year.

According to Treating Tobacco Use and Dependence, a classic practice guideline released in June 2000 by the U.S. Public Health Service (PHS), effective cessation treatments for tobacco users are available and should become a part of standard care. In addition, research shows that delivering treatment to tobacco users is cost-effective. Smoking cessation treatments are less costly than other medical interventions, such as delivery of this treatment in staff performance evaluations.

GUIDELINE RECOMMENDATIONS FOR SYSTEMS CHANGES

These six strategies are recommended in the PHS practice guideline, Treating Tobacco Use and Dependence:

- Every clinic should implement a tobacco-use identification system.
- All health care systems should provide education, resources, and incentives to promote provider cessation.
- Clinical sites should dedicate staff to provide tobacco dependence treatment and strive to deliver this treatment in staff performance evaluations.
- Hospitals should develop policies that support and provide tobacco dependence services.
- Systems and managed care organizations (MCOs) should include tobacco dependence treatments in their contracting and pharmacy benefit in great or covered services for all subscribers or members of health insurance packages.

http://www.surgeongeneral.gov/tobacco/systems.pdf
Public Health Strategic Health Care Group
Veterans Health Administration

Smoking and Tobacco Use Cessation Program

As part of the Public Health National Prevention Program, the Tobacco Use Cessation Program is responsible for the development and oversight of public health policy for the VA Health Care System, with the focus on smoking and tobacco use. Smoking remains the leading preventable cause of premature death in the United States and a leading cause of mortality among veterans receiving health care in the United States. A higher percent of veterans smoke, compared with 23 percent of all citizens. Therefore, smoking and tobacco use cessation remains one of the top health challenges in VA today.

The Smoking and Tobacco Use Cessation Program activates various strategies to increase access to evidence-based practices for smoking cessation. VA clinical programs are directed towards helping smoking tobacco use cessation. Screening and counseling for tobacco use in primary care visits and a broad array of clinical programs that individualize support and participation in evidence-based tobacco use cessation programs are modeled in clinic programs.

On behalf of the Department of Defense, we would like to congratulate you on your decision to obtain information to help you make a decision to quit smoking. The DoD knows that military members and their families will greatly benefit from being tobacco free. This website offers you the opportunity to gain information on the hazards of tobacco use, the benefits of quitting, and locations available to you to support your decision to quit. In the future, we intend to broaden web-based tobacco cessation activities. Check out the tobacco cessation information on your Service website or visit the Smokefree website sponsored by the Centers for Disease Control and the National Cancer Institute. By becoming tobacco free, you will help yourself, your family, your Service, and the mission readiness of your Country.

VA/DoD On-Line Resources
VA and Tricare
VA/DoD On-Line Resources

Navy Tobacco Tool Kit

Has a wealth of tobacco cessation resources for providers, commanders and patients. Click here for more information:

On-line Tobacco Use Cessation Training Resources are available at:
http://www-nehc.med.navy.mil/hp/HP_Toolbox/HP_ToolBox_Nov.htm
VA/DoD On-Line Resources
Army and Air Force

Click here for information and links to a Tobacco Cessation Provider Competency Course:

On-Line Resource for Busy Clinicians to Help Patients Quit

Thirty Seconds to Save a Life

*What busy clinicians can do to help their patients quit smoking*

[http://smokingcessationleadership.ucsf.edu/30sec/30sec_files/frame.htm](http://smokingcessationleadership.ucsf.edu/30sec/30sec_files/frame.htm)
Resources for Providers

Find these nationally recognized tobacco cessation tools online or which can be ordered and are designed to encourage clinicians to help their patients quit using tobacco and adopt a healthier lifestyle here:
http://www.ahrq.gov/path/tobacco.htm
CDC Resources for Health Providers

Click here to download a handheld computer intervention tool:
http://www.smokefree.gov/hp.html
Telephone Quitlines: A Resource for Development, Implementation and Evaluation

http://www.cdc.gov/tobacco/quit/Quitlines/FinalQuitlines_508edit.pdf
### Medical

<table>
<thead>
<tr>
<th>Tobacco Specific ICD-9-CM Codes</th>
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</tr>
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<tbody>
<tr>
<td>Tobacco Use Disorder</td>
<td>905.1*</td>
</tr>
<tr>
<td>Accretions on teeth, including tobacco</td>
<td>523.8</td>
</tr>
<tr>
<td>Toxic Effect of Tobacco</td>
<td>989.84</td>
</tr>
<tr>
<td>History of Tobacco Use</td>
<td>V15.82</td>
</tr>
<tr>
<td>Tobacco Cessation Counseling</td>
<td>V65.494 (DoD unique extended)*</td>
</tr>
</tbody>
</table>

### Non-specific ICD-9-CM Codes That Can Relate to Tobacco Use

| Drug Withdrawal Syndrome        | 292.0 |
| Complications of Pregnancy due to Drug Dependence | 648.3 |

### Procedure Code for Group Education

| Privileged Provider             | 99078 with E&M code 99212 |
| Non-privileged Provider         | 99078 with E&M code 99211 |

* Recommend these two codes for a distinct visit targeted solely at addressing tobacco use cessation.

### Dental

<table>
<thead>
<tr>
<th>Tobacco Specific American Dental Association (ADA) Code</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Tobacco Cessation Counseling</td>
<td>01320</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-specific ADA Codes That Can Relate to Tobacco Use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Examination</td>
<td>00140</td>
</tr>
<tr>
<td>Oral Hygiene Instruction</td>
<td>01330</td>
</tr>
</tbody>
</table>
Management of Tobacco Use Metrics

**Tobacco Management Working Group Suggested Indicators**

- Decrease the number of *tobacco users*
- Increase the number of patients *screened for tobacco use*
- Increase the number of patients *advised to quit*
- Increase *documentation of patient smoking status and treatment outcomes*
- Increase *number of tobacco users* enrolled in treatment (e.g. prescribed pharmacotherapy)
- Increase level of *trained providers*

**HEDIS Performance Measures**

- Percentage of patients advised to quit
- Percentage of patients who were recommended or discussed smoking cessation medications
- Percentage of patients who were recommended or discussed smoking cessation methods or strategies

Web Resources

www.QMO.amedd.army.mil

www.QMP.med.va.gov/cpg/cpg.htm

Obtain and reorder CPG Toolkits & materials.
Military Health System
Population Health Portal

https://pophealth.afms.mil/tsphp/login/login.cfm