**Proceedings**
**DoD Tobacco Cessation Policy Working Group**

30 August - 1 September, 1999
San Antonio, Texas

See Appendix A for a list of participants and Appendix B for copies of presentations given during the working group.

A. A concept plan for a proposed DoD (TRICARE) tobacco cessation benefit was developed. The following points were included:
   1. The proposed benefit should cover:
      a. All types of tobacco use (i.e., not just smoking)
      b. Both in-house and external services
      c. The full cost of tobacco cessation services except routine TRICARE Prime co-payments.
      d. Pharmacotherapy and behavioral treatment bundled together (see below for details)
   2. The proposed benefit for Pharmacotherapy should:
      a. Follow evidence-based guidelines (e.g., AHCPR; DoD/VA)
      b. Include only FDA-approved medications
   3. The proposed benefit for behavioral interventions should follow evidence-based guidelines (e.g., AHCPR, DoD/VA Clinical Guidelines)
   4. The proposed benefit should include the following limits on services per benefit year (365 days):
   a. 12 weeks of pharmacotherapy (see caveats above), up to twice per year

   WITH

   b. Behavioral treatment program which includes a minimum of 4 contacts/sessions and a maximum of 8 contacts/sessions, up to twice per year

   OR

   c. 1-4 post-prescription, follow-up primary care contacts/visits with a health care provider focused specifically on tobacco cessation throughout the benefit year

   **Note:** Website address for AHCPR Guidelines: http:www.ahcpr.gov
   Website for DoD/VA Clinical Guidelines: http:12.0.190.99/smoking/

B. A list of minimum core components for all DoD tobacco cessation efforts was developed. All programs should include:
   1. Infrastructure: available resources, space, time, and manpower to provide smoking cessation services
   2. Procedures manual for providers (e.g., practice guidelines)
   3. Educational materials for the patient
   4. Training protocol defined roles (CME): established criteria for training/certifying facilitators to ensure minimum level of competence for tobacco cessation facilitators
   5. Patient tracking and follow-up systems

6. Assessment, to include intake survey core items: recommended core assessment items included: (1) tobacco use history; (2) previous quit history; (3) assessment of nicotine dependence; (4) presence of medical and psychological co-morbidity; (5) medical history; (6) family history and significant other history of tobacco use; (7) self-efficacy and motivation for quitting
7. Pharmacotherapy screening and treatment (guideline based)
8. Behavioral treatment (guideline based)
   a. Education/Skills Training
   b. Health effects of tobacco
   c. Goal setting (e.g., quit date)
   d. Coping skills training
   e. Stress management/lifestyle: managing stressful situations with alternatives to nicotine, to possibly include recognizing stress, implementing relaxation techniques, health thinking, and effective communication skills
   f. Social Support
   g. Nutrition/Exercise
   h. Relapse Prevention (e.g., Curry, Annual Review of Public Health, 1995)
   i. Recycling
9. Evaluation
   a. 6 month follow-up (7-day point prevalence on random sample)
   b. Patient satisfaction

C. Further recommendations from the working group included:
   1. Establishing a DoD tobacco cessation web site.
      LtCol Chapman (USACHPPM) and Roger Hartman (TMA) will research this. The web site would provide:
      a. expert-based recommendations on program elements that could be implemented both at the MTF and more remote locations.
      b. information regarding training opportunities and certification programs (both behavioral and pharmacotherapy)
      c. links to established, evidenced-based programs on the internet

   2. Surveying existing programs across the DoD
      The goal of the survey would be to survey would be to determine the level of support necessary to provide sites with eddective programs and provide resource information to sites (i.e., not to assess compliance with core components listed above). The work group recommended the survey be reviewed and approved by field experts and MAJCOM's before dissemination. The following items would be assessed:
      a. Assistance desired for core component implementation
      b. Feasibility of implementing core components in various delivery sites
      c. Type of facilitators and level of training
      d. Number and type of consumers
      e. Availability and use of pharmacotherapies
      f. Location and source of programs

   3. Developing a standard evaluation of all DoD tobacco cessation programs.

This standard evaluation would be:

a. Administered to all individuals given any form of "treatment." Specific criteria to define "treatment" were left to the discretion of the individual program managers. However, the field experts recommended that cessation counseling/discussing quit options should be considered "treatment." Those programs that use an initial session for information and education about the program should use the second session (first treatment session) as the beginning of treatment. Those programs that start treatment in the first session should have the initial session counted as "treatment."
b. Follow-up conducted 6 months post-treatment
c. Administered by whatever means most feasible at a particular location (e.g., mail-outs, telephone, etc.), with a minimum of three attempts to contact the participant.
d. Required to ask only one question: 7-day point prevalence (Have you used any tobacco, even a little, in the past 7 days?), with all non-responders considered "relapsed."
e. Optional questions should be no more extensive than would fit on a post card. Recommended optional questions include:
    i. For those who return to tobacco use, do you plan to quit the next 6 months…/30 days?
    ii. In the past 6 months, have you quit tobacco for more than 24 hours? If yes, what has been the longest period of abstinence?
    iii. Any other tobacco use?
    iv. A question addressing treatment satisfaction

4. Evaluating programs at the system level.
   The work group recommended a random sampling of programs for follow-ups and centralized outcome evaluations. This will need to be discussed further.

5. Implementing the work group recommendation immediately where possible.
   The work suggested implementing the discussed recommendations regarding best practices for tobacco cessation if possible.

6. Using the following self-help programs as desired.
   a. QuitNet
   b. American Lung Association
   c. American Cancer Society
   d. Free and Clear* (*must be purchased through Group Health)