Understanding tobacco treatment implementation in Veterans Health Administration substance use disorder residential programs

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Presenter Disclosures

Sara Tavakoli

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

Contributors & Collaborators

Substance Use Disorder Quality Enhancement Research Initiative
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Clinical Public Health Group: Tobacco & Health: Policy & Programs
- Kim Hamlett-Berry, PhD

Tobacco Cessation Clinic Resource Center (TCCRC)
- Linda Bodie, PhD
- Susan Myre, RN, MS, CTTS
Gaps in Care

- Smoking among VHA Veteran enrollees declined from 33% in 1999\(^1\) to 20% in 2011\(^2\)
- Individuals with SUD are:
  - 3 to 4 times more likely to have concurrent nicotine dependence\(^3\)-\(^6\)
  - More likely to suffer death and illness from tobacco use than other addictions\(^7\)
- Integrated tobacco treatment did not interfere with recovery process; may improve long-term abstinence\(^8\)-\(^12\)

Objectives

1. Characterize current status of integrated tobacco treatment implementation in VHA SUD Residential Treatment Programs (SRTP)
   - Tobacco dependence, nicotine treatment utilization
   - Patient-level predictors of NRT utilization
2. Identify barriers and facilitators to implementing integrated Tobacco Dependence (TD) treatment

Why SUD Residential Treatment Programs?

- TD Treatment in VHA SUD Residential Treatment Programs (SRTPs)
  - 63 VHA SRTPs nationally
  - Long-term, supportive environment
  - Readily available staff and peer support
Methods

Study design: Mixed methods guided by the Promoting Action on Research Implementation in Health Services (PARiHS) framework

Quantitative
- Data Source: VHA administrative & Pharmacy Datasets
- Population: Veterans with SUD in VHA SRTPs in Fiscal Year 2010 (N=15,320)
- Analysis: Mixed-effects logistic regression model; medical center as a random effect

Qualitative
- Data Source: Intensive Semi-structure interview
- Sample: 25 Key Informants from 14 randomly selected SRTPs
- Analysis: Qualitative Content Analysis

Quantitative Results

Estimated tobacco users among SRTP Patients

- Based on being diagnosed or treated for TD in FY09 and/or FY10
  - 79% of SRTP patients (12,097 of 15,320) are estimated tobacco users
Characteristics of SRTP TD Patients in FY10 (N=12,097)

<table>
<thead>
<tr>
<th>Variable</th>
<th>TD Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>4.3%</td>
</tr>
<tr>
<td>White*</td>
<td>58.8%</td>
</tr>
<tr>
<td>OEF/OIF/OND</td>
<td>19.8%</td>
</tr>
<tr>
<td>Married*</td>
<td>16.0%</td>
</tr>
<tr>
<td>Homeless</td>
<td>10.1%</td>
</tr>
<tr>
<td>Age less than 30</td>
<td>7.5%</td>
</tr>
<tr>
<td>Age greater than 55*</td>
<td>28.7%</td>
</tr>
<tr>
<td>Co-occurring DX</td>
<td></td>
</tr>
<tr>
<td>Any*</td>
<td>87.9%</td>
</tr>
<tr>
<td>Bipolar*</td>
<td>18.8%</td>
</tr>
<tr>
<td>Depression*</td>
<td>44.0%</td>
</tr>
<tr>
<td>PTSD</td>
<td>38.6%</td>
</tr>
</tbody>
</table>

*Statistically significant difference between TD and non-TD patients

TD Diagnoses and Treatment for SRTP Patients in FY10 (N=15,320)

- Tobacco Dependence Diagnosis
- Any Documented Treatment for TD

Treatment Type for SRTP Patients While in Care in FY10 (N=4,052)

- PTSD
- Post Traumatic Stress Disorder
- Alcohol Use Disorder
- Substance Misuse Disorder
- Any Other

VETERANS HEALTH ADMINISTRATION

10/23/2012
## Multivariate Model Predicting Receipt of Any NRT in SRTP Among TD Patients in FY10

<table>
<thead>
<tr>
<th>Variable</th>
<th>Estimate</th>
<th>SE</th>
<th>z</th>
<th>Odds Ratio</th>
<th>95% CI lower</th>
<th>95% CI upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>TD diagnosis in SRTP during FY10 (ref: none)</td>
<td>0.23</td>
<td>0.05</td>
<td>4.82</td>
<td>1.25</td>
<td>1.14</td>
<td>1.38</td>
</tr>
<tr>
<td>TD Treatment in FY09 (ref: none)</td>
<td>0.16</td>
<td>0.04</td>
<td>3.63</td>
<td>1.17</td>
<td>1.07</td>
<td>1.27</td>
</tr>
<tr>
<td>Age (ref: &gt;55)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-55</td>
<td>0.26</td>
<td>0.11</td>
<td>2.30</td>
<td>1.29</td>
<td>1.04</td>
<td>1.61</td>
</tr>
<tr>
<td>White (ref: non-white)</td>
<td>0.16</td>
<td>0.05</td>
<td>3.56</td>
<td>1.18</td>
<td>1.07</td>
<td>1.30</td>
</tr>
<tr>
<td>Co-Morbid PTSD - any (ref: none)</td>
<td>0.31</td>
<td>0.09</td>
<td>3.43</td>
<td>1.35</td>
<td>1.18</td>
<td>1.54</td>
</tr>
<tr>
<td>Intercept</td>
<td>-1.406</td>
<td>0.10</td>
<td>-14.43</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Mixed-effects logistic regression model with a random effect for facility. Nagelkerke R-Square = 0.12.
Sample Characteristics (N=25)

**Job Title**
- Addiction Therapist: 8%
- RN/CNA: 20%
- Technician/Assistant: 20%
- LCSW: 4%
- Psychologist: 32%
- Other: 12%

**Smoking Status**
- Never Smoked: 44%
- Former Smoker: 44%
- Never smoked: 16%

**Education**
- Bachelor’s or Less: 46%
- Master’s: 16%
- Doctoral: 4%
- Prefer not to say: 16%

Provider Knowledge, Attitudes & Beliefs

**Knowledge**
- Most aware of pharmacotherapy or counseling as general categories of TD treatment
  - Limited knowledge of specific EBPs for tobacco cessation
  - Limited training specifically related to TD treatment

**Attitudes/Beliefs**
- General support for the idea of tobacco cessation; some reservations.
  - Not a high priority activity for SRTPs
  - Tobacco use perceived as a patient’s right
  - Patients “too overwhelmed” to stop using tobacco
  - Quitting tobacco could jeopardize patient sobriety

Tobacco Use Service-Delivery

- Few programs have integrated, consistent, and fully integrated tobacco treatment
- All programs report screening for tobacco use and offer nicotine replacement therapy
- Most programs offer individual tobacco cessation counseling although most indicated it was rarely used by veterans.
**Top 10 Barriers Reported by Staff**

1. Not enough time (88%)
2. Lack of training (85%)
3. Other MH problems require more attention (85%)
4. Challenges with enforcement (83%)
5. Patients not interested (76%)
6. Union resistance (75%)
7. Patients not compliant (73%)
8. Concern that patients would leave program (69%)
9. Smoking with patients occasionally a good way to bond (56%)
10. Too much to ask patients to give up (53%)

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**Facilitators to Implementing Integrated Tobacco Treatment**

- Tobacco-free facility, no tobacco tolerance policy
- Training provided for staff and important partners
  - Address common myths
  - Help patients & staff understand connection between smoking & SUD
  - Teach evidence-based treatments
- Track program and patient progress toward tobacco cessation
  - Status reports in staff and community meetings
  - Praise patients and staff on progress
- Help programs partner with other SRTPs for mentoring, support, and problem solving

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**Conclusion**

- Tobacco Treatment is underutilized in SRTPs
  - ~1/3 of Veterans with tobacco dependence are diagnosed or treated
- Patient, provider and systems-level barriers exist
  - Need targeted efforts to address staff beliefs and attitudes
  - Need training and tools to support implementation
- Significant opportunities
  - Identified need
  - Systematic implementation efforts will likely be needed to overcome cultural barriers and rectify gaps in care
Next Steps – Integrated Tobacco Treatment Toolkit

- Develop, implement and evaluate a toolkit with a social marketing messaging framework for integrated TUD treatment in SUD specialty care
  - **Title:** Marketing integrated tobacco treatment to Veterans Health Administration substance use disorder treatment providers
  - **Poster Session:** Tuesday, October 30, 2:30 to 3:30 pm
  - **Presenter:** Joy Austin-Lane

Thank you!

“Our lack of progress in tobacco control is more the result of failure to implement proven strategies than the lack of knowledge about what to do.”

- David Satcher, M.D., Ph.D., Surgeon General

References

References


