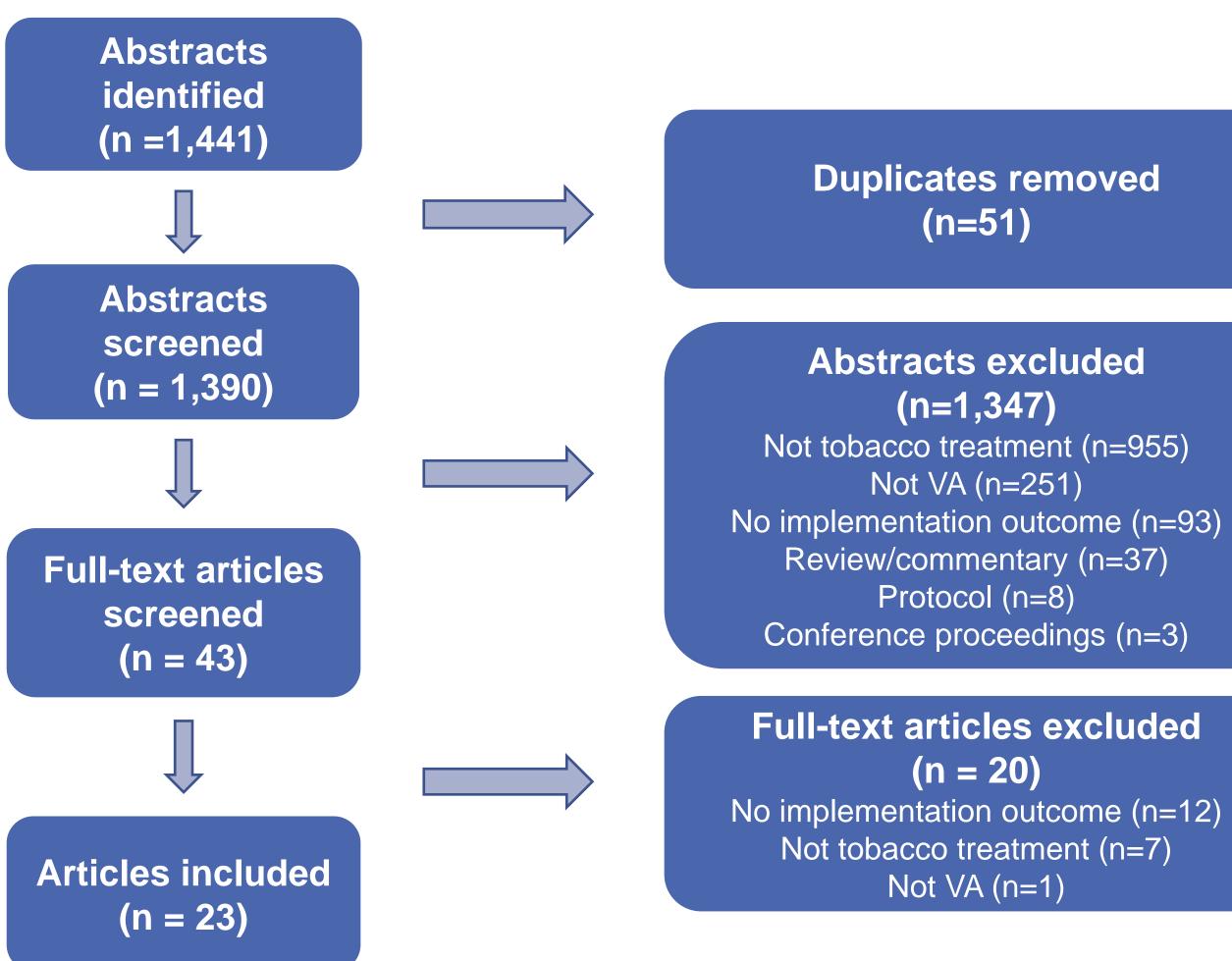
# Background

- Tobacco use remains the leading cause of preventable cancer and veterans consistently use tobacco at higher rates than the general population.<sup>1,2</sup>
- Despite efforts to increase tobacco cessation among veterans, gaps remain in adherence to best practice guidelines in the Veterans Health Administration (VA).
- Previous research has found suboptimal tobacco use screening, documentation, and treatment in the VA.<sup>3,4</sup>
- Implementation research seeks address these issues by promoting the uptake of evidence-based interventions.
- The aim of this scoping review was to summarize VA tobacco treatment implementation research in the VA.

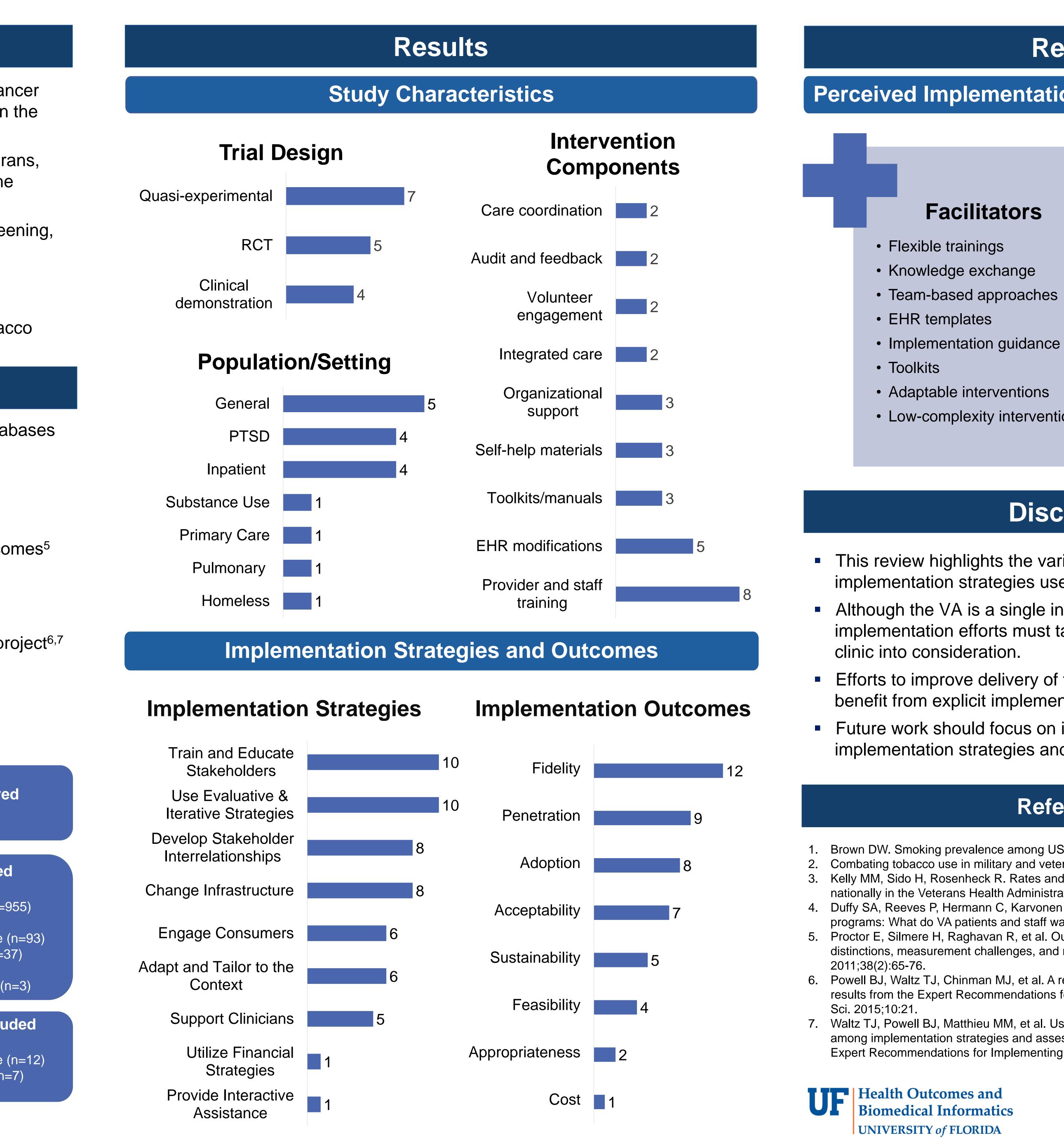
# Methods

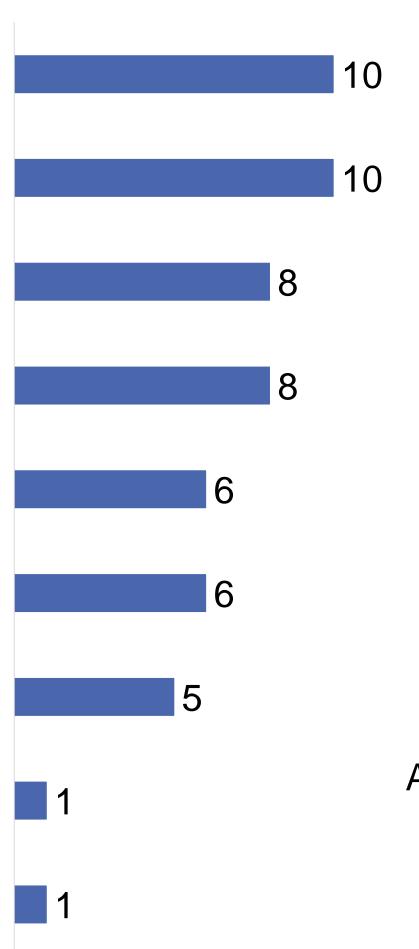
- Systematic search of PubMed, PsycInfo, and CINAHL databases for articles published prior to March 2019.
- Eligibility
  - Original research
  - Reported on VA tobacco treatment interventions
  - Included at least one of Proctor's implementation outcomes<sup>5</sup>
- Data Extraction
  - PICO framework
  - Implementation strategies categorized by the Expert Recommendations for Implementing Change (ERIC) project<sup>6,7</sup>
  - Perceived implementation barriers and facilitators
  - Implementation outcomes



# A scoping review of tobacco treatment implementation research in the Veterans Health Administration

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# Results

### **Perceived Implementation Facilitators and Barriers**

### **Facilitators**

- Low-complexity interventions

### Barriers

- Prescription restrictions
- Low patient interest
- Time constraints
- Lack of buy-in
- Lack of resources
- Clinic variation
- Lack of intervention flexibility
- Lack of implementation guidance

# Discussion

- This review highlights the various tobacco treatment implementation strategies used in the VA.
- Although the VA is a single integrated health system, implementation efforts must take the unique context of each
- Efforts to improve delivery of tobacco cessation treatment may benefit from explicit implementation guidance and support.
- Future work should focus on identifying the relationship between implementation strategies and patient outcomes.

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