Web-based personalized tobacco cessation training launched

From Department of Defense Military Health Systems

The Department of Defense (DoD) has announced the launch of Train2Quit, an innovative web-based tobacco cessation training specifically designed for military personnel and families.

Train2Quit is a step-by-step process with proven methods and interactive activities and tools to help tobacco users quit for good.

The free customizable training, accessible anytime to service members online at www.ucanquit2.org, is the newest, most comprehensive addition to the DoD Quit Tobacco-Make Everyone Proud campaign.

"Soldiers, Sailors, airmen and Marines are used to training," said Capt. David Arday, M.D., a U.S. Public Health Service officer and chairman of the DoD Alcohol and Tobacco Advisory Committee. "Train2Quit doesn't take eight weeks or even eight hours. And, although quitting tobacco is tough, we know members of the armed forces are even tougher. They can get through this unique and easy-to use online training to get quit-and stay quit."

Train2Quit accommodates users based on where they are in the process of quitting tobacco, whether thinking about quitting or in the midst of a quit attempt. A self-assessment tool during enrollment determines where users fall on the spectrum and starts them in the corresponding module. The training then offers customized tools and individual support based on their specific situation and stage in the quit process.

Tobacco users who get support are more likely to succeed in their quit attempt. Those who use a tailored interactive online program can double their chance of becoming tobacco free, especially when used in conjunction with counseling and medications. Train2Quit is a customized interactive support system that provides service men and women with access to personalized web-based resources 365 days a year, 24 hours a day. Anonymous live chatting with expert quit coaches is currently available from 8:30 a.m. to 10:00 p.m. EST, and will soon be available 24 hours a day.

The training consists of a self-paced series of four modules based on Prochaska and DiCelemente's Stages of Change model of behavior change. The curriculum, developed in consultation with certified tobacco cessation specialists, incorporates U.S. Public Health Service tobacco cessation guidelines and best practices. Users can stop at any point in the process and then re-start where they left off, tracking their progress through the training. After successfully going through all four modules, they receive a certificate of completion.

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Image courtesy of www.ucanquit2.org

"I urge military service members who use tobacco to enroll in this new training," said Arday. "Receiving support whenever it's convenient in their busy and changing schedules gives them a real advantage to succeed in becoming tobacco-free, particularly used as an adjunct to counseling and medications available on their military installations."

Departments cooperate on electronic medical health records

By Sgt. 1st Class Michael J. Carden, American Forces Press Service

The nation may never become entirely "paperless" in the way it documents patient medical records, but the military and veterans health care communities are on the right path and have the technologies in place to one day be very close, officials said last week.

"There was a time that we didn't have anything really electronic," Army Maj. Frank Tucker, a physician's assistant and chief systems architect for the Military Health Systems' Joint Medical Information System, said at a June 11 electronic health records open house. "But we've evolved from there with 100 percent deployment of our outpatient electronic records... [and] are now on a path toward completing [inpatient electronic records] deployment."

Tucker was part of a panel at the event that discussed advances and plans the Defense and Veterans Affairs departments have in electronic health records. The open house featured some of the latest tools the military uses to digitally input and track troops' medical information.

First responders on the ground in Afghanistan now have the capability to process troop health information from the heat of battle to a theater-level hospital in real time.

Data can be exchanged and updated all the way up the chain to regional facilities, such as Landstuhl Regional Medical Center in Germany, and to Walter Reed Army Medical Center in Washington, D.C., before troops arrive for treatment.

The military first deployed what it considered basic electronic health care records in 1996 under the Composite Health Care System (CHCS). Everything from laboratory blood work, prescription medications, X-rays and appointment scheduling were available for outpatient documentation.

Through technologies such as the Armed Forces Health Longitudinal Technology system, also known as AHTLA, and CHCS before that, the military relied on paper files to document patient records.

Troops injured in battle were transported with their hard-copy medical records, which sometimes were outdated. That method often left health care providers with many unanswered questions as troops transitioned through different levels of care, Tucker explained.

Troops severely injured in Iraq, for example, transition to several facilities during their treatment and recovery. Injured troops likely are seen at their unit aid station, then at a field hospital and moved to a larger facility, such as in Landstuhl. Service members then could move to Walter Reed, and then would transition to the VA health care system if they separate from the military.

It can be difficult, Tucker said, to keep a perfect record of every laboratory result - including prescriptions and treatments service members receive when they're injured - by the time they're seen at a VA hospital. Such shortfalls could delay the care and benefits process, he explained.

But today, the VA health system receives only electronic records for service members from the Defense Department, Dr. Ross Fletcher, chief of staff for the VA Medical Center in Washington, D.C., said.

Because of the technologies and integrated electronic records system the Defense Department and VA share, Fletcher said, the VA will never again file paper records. He explained that some electronic documents he sees may be scanned from paper files, but they're electronic by the time they're passed to VA.

The shared system is much easier and quicker for his staff to help provide the best possible service for veterans, he said. And because of this capability, he added, the two organizations are "very close" to becoming completely paperless.

"I think we're very close," he said. "If I see a record on a wounded warrior in the imaging system, I see everything that the [previous military] doctor saw. As long as I'm seeing everything that doctor saw, that's a very complete record for me.

"As it moves on and becomes electronic to begin with," he continued, "it's faster, much easier to make care happen. I can look things up a lot easier. Electronic health records we use are great now, but it will probably be much better in 10 years as we evolve."

But a number of factors prevent the departments from becoming completely paperless, several panelists explained.

On the federal government side, Tucker cited growing fields of study, such as traumatic brain injury, and evolving missions troops take on, such as humanitarian assistance, that are difficult for federal health care providers to anticipate. It's a matter of updating software and deploying systems for medical personnel, he said.

This mostly occurs when documenting inpatient care, he said, adding that military providers also are required to document detainee patient records.

"We still have some gaps; we are still finding those gaps as medicine evolves," Tucker said. "As those gaps turn into requirements, we will provide capabilities to document, electronically, those shortfalls."

In the civilian sector, only 11 percent of medical facilities use electronic records, and of those, their system standards vary from those the military and VA use.

So the roughly 50 percent of military members, veterans and their families who seek care outside the military and VA systems are unlikely to benefit from the technology, Army Col. Claude Hines Jr. said.

"The problem within the health care sector today is the standards within the nation," said Hines, the deputy program executive officer of innovations and delivery for the Joint Medical Information Systems. "[The Defense Department] and VA are sharing data based upon standards we created together. The nation wants to move to a national standard. Regardless of what the system is, as long as we follow the national standard, we should be able to share that data.

"Also, when the doctor looks at that data, he has the assurance that it is correct, and the integrity of that data is maintained," Hines added.

Hines also pointed out that unless those seeking care in the private sector physically bring their records to the military or VA, it's likely that data goes unnoticed and documented. However, initiatives are under way within the Defense Department to scan such records into their systems, he said.

Ultimately, the long-term intent is for all health records to be shared, Tucker said, adding that troops shouldn't be hindered with trying to provide proof of their conditions or injuries. The goal is that their health information be provided seamlessly without delay, he said.

"Certainly, there are a number of improvements in information we'd like to see that are shared between both departments [and the civilian sector] that doesn't impede care and that doesn't impede our ability to determine benefits," Tucker said. "We do believe, as we move forward and get these other pieces electronically shared with standards, it will provide greater value to the overall community."