# **Enhancing Quality of Distant Smoking Cessation Counselling Service Through Pilot Telecare Model**

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### **Introduction:**

During COVID-19 pandemic, smoking is regarded as a risk factor for progression of COVID-19, smoking cessation counselling service (SCCS) should not be neglected. Usual smoking cessation voice -only type of telephone counselling may not be the most interactive way to provide ongoing support to clients. To facilitate better communication, Smoking Cessation Counselling Telecare (SCCT) with video image was adopted as an adjunct to usual practice to reinforce the clients on the awareness of smoking cessation.

## **Methods:**

The inclusion criteria were subsequent cases with experience or smart enough to use video communications. Each session lasted for 15-30 minutes and self-administered clients' satisfaction surveys were collected after two telecare sessions.

### **Results:**

75 clients were recruited from Smoking Cessation Centers in 2020-2021 and followed up them for 12 months. The mean age was 50.1 and 72% were male. Total 258 telecare sessions were conducted with average of 3 sessions per patient. The response rate of satisfaction survey was 98.6%. Very satisfied and satisfied with SCCT service was 41.9% and 54.1% respectively. 95.9% strongly agreed / agreed privacy and confidentially was respected during counselling. Over 90% agreed / strongly agreed i) would recommend this service to others; ii) feeling comfortable using telecare; iii) technical connection was user friendly; iv) good quality of sound and image. 87.8% agreed SCCT was more effective communication channel comparing to usual telephone counselling. The quit rate for SCCT was 81% (1 month), 78.9% (6 month) & 73.1% (12 months) while for telephone counselling was 79.8% (1 month), 73.3% (6 month) & 63.1% (12 month).

### **Conclusions:**

Telecare was an effective and well-accepted mode which could facilitate mutual interaction and better client engagement for counselling.