Telecare for Smoking Cessation during the COVID-19 Pandemic – Experience in NTWC General Out-Patient Clinics

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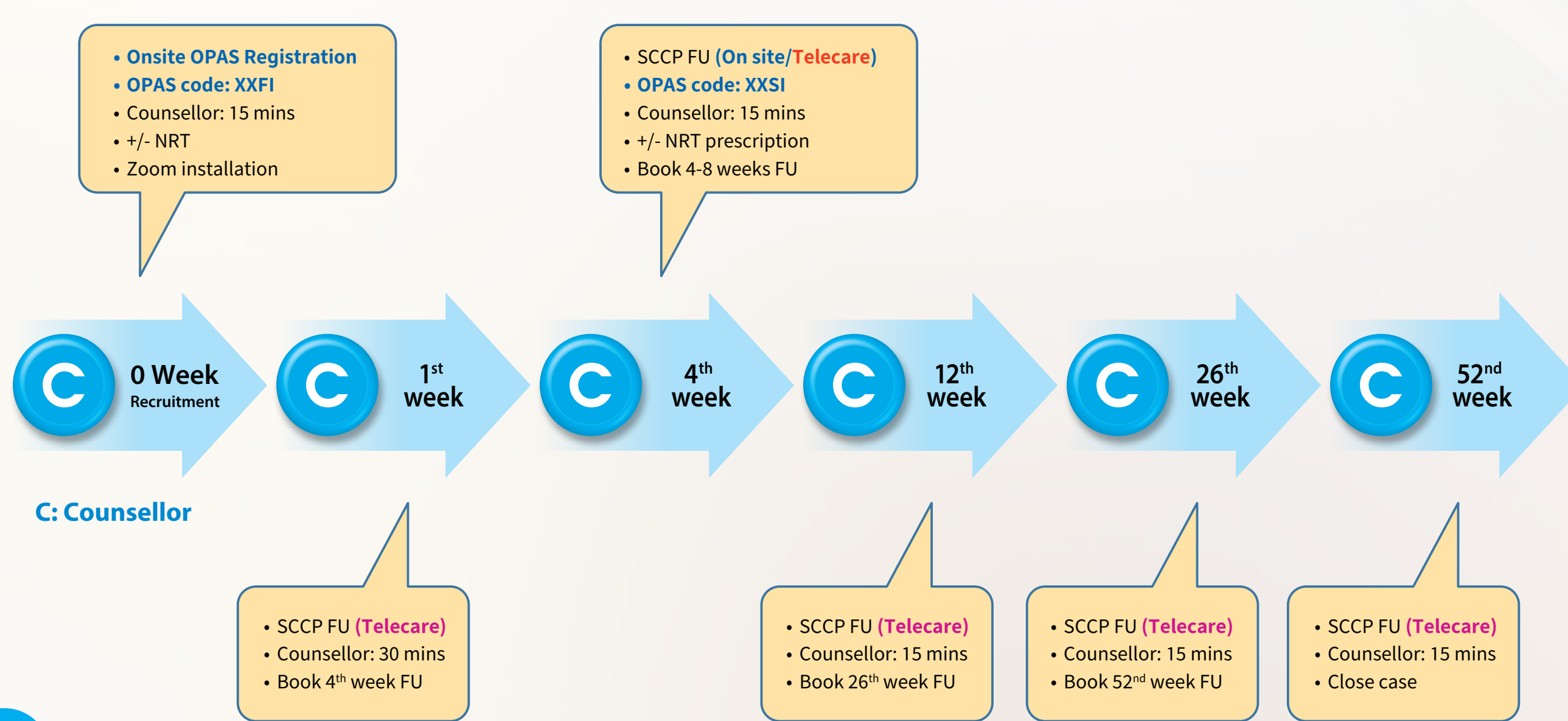
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Introduction

Smoking counselling and cessation program (SCCP) aims to enhance smokers' disease control by assisting them to quit smoking. However, COVID-19 pandemic had posed a great impact on SCCP and the number of attendance dropped significantly. To cater the smokers' need, telecare, as an extension of traditional integrated multidisciplinary management of smoking cessation, was provided to suitable target smokers as enhancement service in the Hospital Authority (HA).

Patient Journey (SCCP)

- **Onsite OPAS Registration**
- **OPAS code: XXFI**
- Counsellor: 15 mins
- +/- NRT
- Zoom installation

- SCCP FU (**On site/Telecare**)
- **OPAS code: XXSI**
- Counsellor: 15 mins
- +/- NRT prescription
- Book 4-8 weeks FU

| 0 Week Recruitment | 1st week | 4th week | 12th week | 26th week | 52nd week |

C: Counsellor

- SCCP FU (**Telecare**)
- Counsellor: 30 mins
- Book 4th week FU

- SCCP FU (**Telecare**)
- Counsellor: 15 mins
- Book 26th week FU

- SCCP FU (**Telecare**)
- Counsellor: 15 mins
- Book 52nd week FU

- SCCP FU (**Telecare**)
- Counsellor: 15 mins
- Close case

Method

Telecare was provided via Zoom with Corporate HA account used. With the assistance from the Information Technology Department, confidentiality and cyber safety issue were ensured. One day before the session, SMS of the meeting ID was sent to smokers, and counsellors would confirm their readiness of device by phone. One hour before the session, smokers would confirm again their availability and meeting password would be given by phone. The telecare service included professional counselling, review of treatment plan and follow-up services. If smokers agreed for nicotine replacement therapy, face-to-face appointment and drug dispensing would be arranged. Suitable smokers received training by clinic assistant through tele-cue card, which reminded the important steps for telecare. Standard dialogue for data privacy, security and patient consent were provided to counsellors.

Results

From April 2020 to March 2022, 3990 eligible smokers were invited for telecare. 67 patients had received the service successfully. Low recruitment rate was related to smokers' technical issues such as skills in using Zoom and availability of mobile data access. Age of smokers was from 35 to 71. Male to female ratio was 57:10. The outcome of telecare with 1 month, 6 month and 12 month quit rate were 49.3%, 53.7% and 47.8% respectively, which was comparable to conventional SCCP.

Outcome of telecare: quit rate
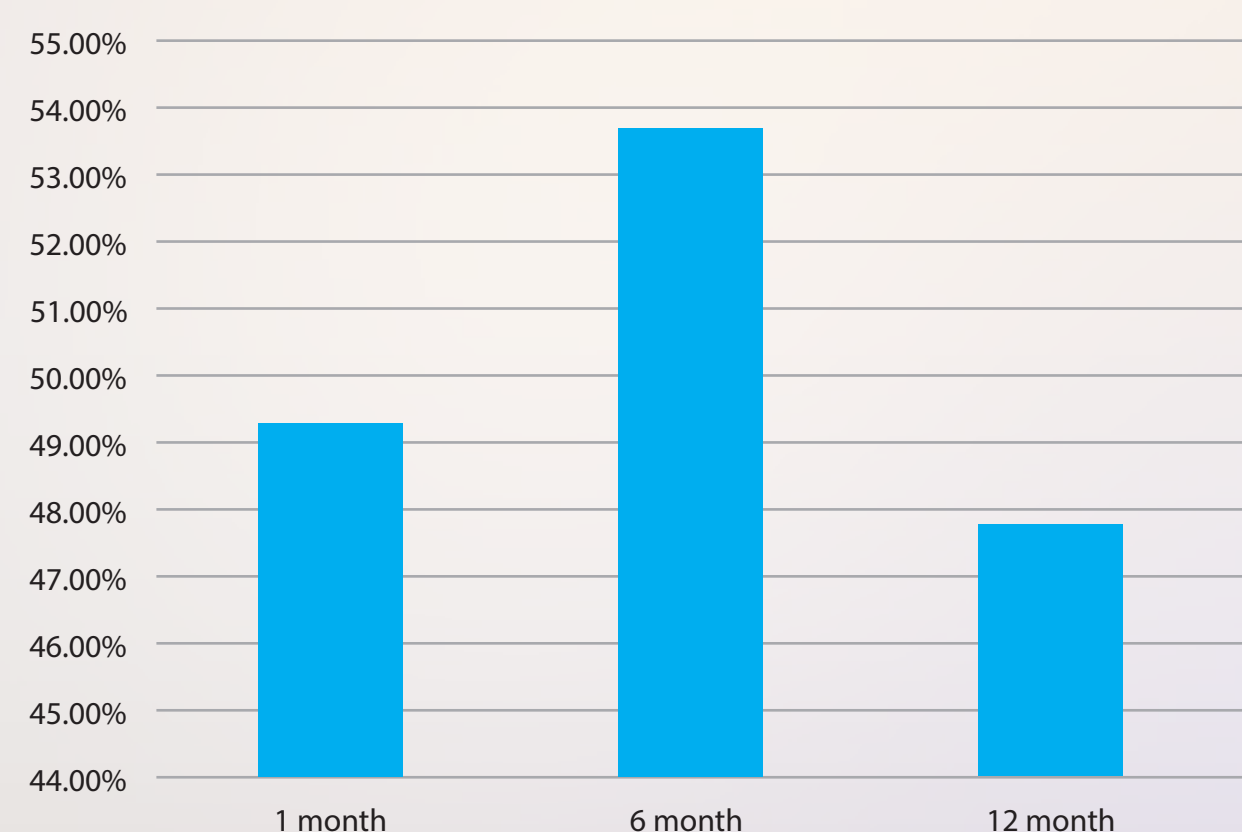
Conclusion

Telecare had proven as an alternative service model in SCCP during COVID-19 pandemic, with comparable service outcome in quit rate. The acceptability from smokers could be further enhanced by patient empowerment on the use of telecare.