Adapting Tobacco Treatment to Telemedicine During the COVID-19 Pandemic for an Urban and Underserved Population

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BACKGROUND/RATIONALE

- In March 2020, UMMC stopped most non-urgent outpatient visits in response to the COVID-19 pandemic
- The pandemic was a unique opportunity to pilot telemedicine, for which there had been multiple barriers previously.
- UMMC Tobacco Health and Treatment Program was concerned about how tobacco use would affect outcomes of COVID-19 patients. Accessible tobacco treatment had never been so essential
- Nicotine manipulates the brain's safety signals so that people cannot feel safe without it[1]
- During periods of stress, it becomes much harder to treat tobacco use as people seek it out to calm their nerves
- Tobacco use is a chronic disease that requires evidence-based treatments
  - Combination nicotine replacement therapy (NRT)/pharmacotherapy
  - Coaching from a Certified Tobacco Treatment Specialist (CTTS)

METHODS

- UMMC Tobacco Health and Treatment Program (THP) strives to treat tobacco use as a chronic disease to de-stigmatize the condition and its treatment. THP offers:
  - 1:1 patient-provider interaction
  - Judgment-free care
  - Outreach from CTTS
    - Telephone calls
    - Text messages
    - Emails
    - In-person visits including patient picking up sample NRT
- From late March until mid-June 2020, UMMC THP only saw patients via telemedicine:
  - Video visits
    - Zoom
    - Doximity
    - Google Duo
  - Telephone visits
- Patients were seen by a pulmonologist and CTTS
  - Assessed tobacco use history and severity of nicotine dependence (Fagerström Test for Nicotine Dependence (FTND))
  - Educated patients about the nature of nicotine addiction
  - Prescribed combination NRT/pharmacotherapy
  - Offered a comprehensive lung health evaluation, including refilling inhalers, discussed medication usage, and ordering testing to be performed later upon reopening (lung cancer screening, pulmonary function tests)
  - Reconciled all medications
  - Addressed COVID-19 precautions
- Post-appointment, CTTS regularly outreached patients regarding medication access, sample NRT, and education reinforcement
- Once the clinic reopened to in-person visits, patients could choose to be seen in-person

RESULTS

Figure 1: Race (n=37)

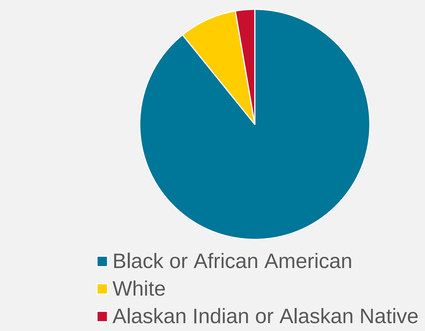

Figure 2: Area Deprivation Index (n=37)

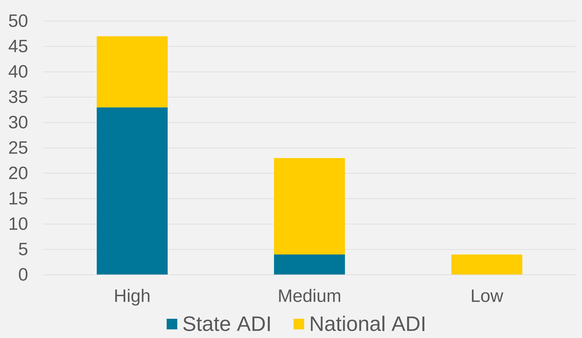

Figure 3: Insurance (n=37)

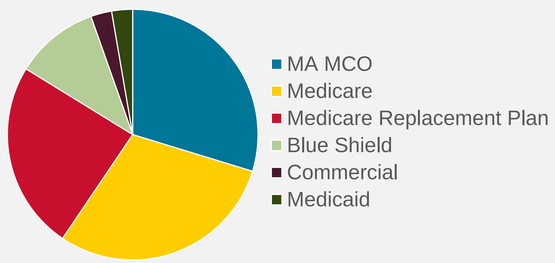

Figure 4: Tobacco Use Status & Med Compliance (n=37)

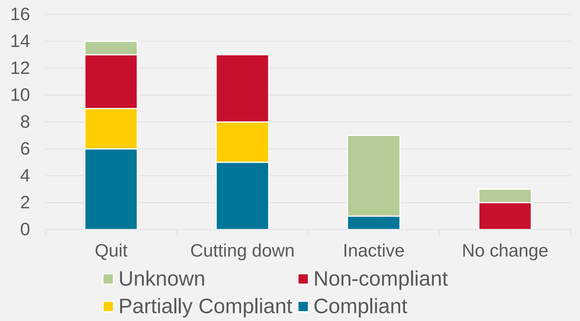

Figure 5: Medication Plan

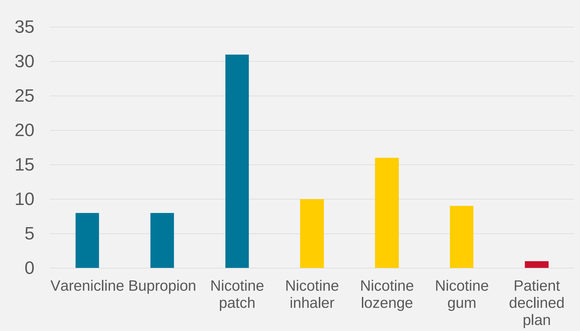

Table 1: Vaccinations

COVID-19 Vaccination Status	# patients
Vaccinated & boosted	10
Partially vaccinated	16
Unknown	11

Table 2: Comorbidities

Comorbidities	# patients
HTN	34
DM	30
COPD	29
Obesity	23
CAD	13
Asthma	7
CHF	2

RESULTS

- The average current age of patients is about 62 years old. The majority of patients have multiple comorbidities related to or worsened by tobacco use
- The majority of our patients identify as Black or African American and reside in socioeconomically disadvantaged areas
- Most patients are insured via public coverage
- Medication compliance is positively correlated with stopping tobacco use
- The nicotine patch is the most popular "controller" medication, especially since the Chantix recall in summer 2021 limited access to prescribing and refilling varenicline
- When UMMC THP learned about the Pfizer Patient Assistance Program, it allowed us to prescribe the nicotine inhaler for more patients. It has been the best tolerated "rescue" medication
- At least 70% of patients are partially or full vaccinated against COVID-19

CONCLUSIONS

- In a time of isolation and stress, patients welcomed the telemedicine visits
- UMMC THP educated patients about COVID-19 and precautions
- Telemedicine revealed some barriers to care in UMMC THP's patient population such as literacy levels and ability to access and use technology
- While telemedicine can reach patients who otherwise do not have access to tobacco treatment, these patients may be unable to participate in-person care such as testing or picking up sample NRT
- Telemedicine remains a useful tool, especially for patients with tobacco dependence, possible COVID-19 symptoms or unreliable transportation

FUTURE DIRECTIONS

- UMMC recently introduced a new telemedicine platform called Teleport, which facilitates easy appointment connection
- UMMC THP is planning to implement an automated outreach platform to offer patients longer-term support

FUNDING SOURCE

- Maryland Department of Health, Center for Tobacco Prevention and Control PHPA – 1507 / BPM024177

REFERENCES

[1]Kathuria, H., Leone, F. T., & Neptune, E. R. (2018). Treatment of tobacco dependence: current state of the art. *Current opinion in pulmonary medicine*, *24*(4), 327–334. https://doi.org/10.1097/MCP.0000000000000491

CONFLICT OF INTEREST

- No disclosures