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„The best of both worlds?”

Blending face-to-face and online counselling to improve smoking cessation treatment

Lutz Siemer

Technology, Health & Care Lectorate

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Overview

- Who are we?
- What is the problem?
- Expected benefits of blended treatment
- Implementation and usability testing
- Design of the RCT to evaluate the blended treatment (LiveSmokefree-Study)

Who are we?

- Technology, Health & Care Lectorate, Saxion Universtiy of Applied Sciences
- Department of Psychology, Health & Technology; University of Twente
- Department of Pulmonary Medicine; Medical Spectrum Twente
- Department Online Treatment and Prevention; Tactus Addiction Treatment

MST

Tactus verslavingszorg

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Problem

- Smoking cessation can significantly reduce the risk of developing smoking-related diseases
- Several **face-to-face** methods are proven effective (Fiore, Jaén, Baker, & al., 2008).
- **Internet-based** interventions can be helpful especially if the information is appropriately tailored to the user (Civljak, Sheikh, Stead, & Car, 2010)
- Can **blended treatment** be “the best of both worlds”?

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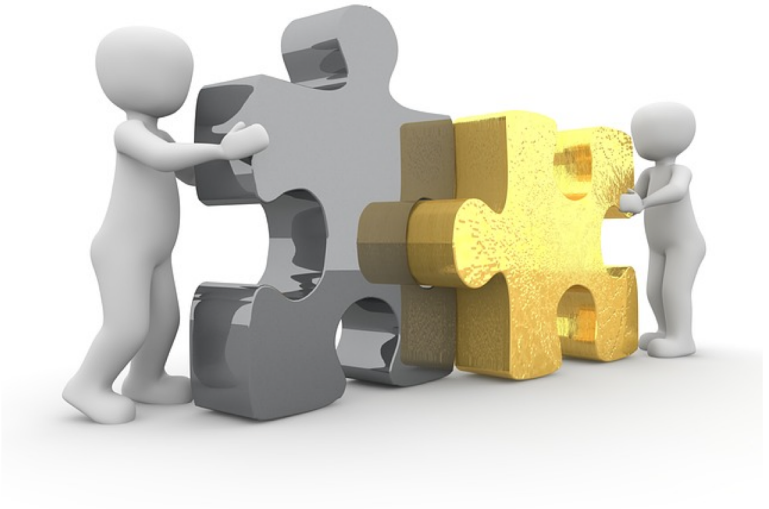
Why expect benefits?

Blending of online and face-to-face treatments (blended treatment) is expected to combine the "best of both worlds" as this allows the strengths of one to offset the weaknesses inherent in another (van der Vaart, R., et al., 2014).



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Web supports F2F

1. F2F: Therapy drift (Mansson, Skagius Ruiz, Gervind, Dahlin, & Andersson, 2013).
   - Web: protocolled nature (Waller, 2009).

2. F2F: Patients' no-show
   - Web: asynchronously, 24/7 access, (Kemmeren et al., 2016).

3. F2F: Travel costs (Andrade et al., 2014).
   - Web: reduces work time lost & travel costs (Kooistra et al., 2014; Mansson et al., 2013).

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F2F supports web

1. Web: Poor engagement of patients (Graham et al., 2013).
   - F2F: Supportive therapeutic relationship, non-verbal cues, increases social control (Mansson et al., 2013).

2. Web: Tailoring of interventions (Civljak et al., 2013).
   - F2F: Greater flexibility (Mansson et al., 2013; Postel, Witting, & Gemert-Pijnen, 2013; Spek et al., 2007).

Blended Smoking Cessation Treatment

RookvrijLeven-Regulier	RookvrijLeven-Combi
Gewone 1-op-1 Stoppen met Roken behandeling	Gemengde Stoppen met Roken behandeling
Tien 1-op-1 gesprekken (20 minuten (contact) die gaan over de volgende onderdelen :	Vijf 1-op-1 gesprekken (20 minuten (contact) en vijf online sessies die gaan over de volgende onderdelen :
1. Doel stellen 2. Zelfcontrolemaatregelen 3. Omgaan met trek 4. Risicomomenten 5. Omgaan met uitlokkers 6. Stof tot nadenken 7. Anders denken 8. Anders doen 9. Actieplan malen 10. Afsluiting	1. Doel stellen (1-op-1) 2. Zelfcontrolemaatregelen (online) 3. Omgaan met trek (1-op-1) 4. Risicomomenten (online) 5. Omgaan met uitlokkers (1-op-1) 6. Stof tot nadenken (online) 7. Anders denken (1-op-1) 8. Anders doen (online) 9. Actieplan malen (1-op-1) 10. Afsluiting (online)

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Implementation and usability testing

Think aloud test with additional interviewing

1. design and layout
2. online study measurements
3. privacy concerns and trust
4. hardware use

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LiveSmokefree-Study

Compare treatment outcomes of the blended smoking cessation treatment (RookvrijLeven-Combi) with the face-to-face treatment as usual (RookvrijLeven-Regulier)

Design

- randomized controlled trial (parallel-group design)
- non-inferierity trial

Main outcomes:

- sustained abstinence
- treatment costs
- user experience of BSCT
- adherence to BSCT
- mechanisms underlying smoking cessation
- further improvement of smoking cessation treatment

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Measurements

- Patient characteristics and medical history
- Internet Skills
- Smoking status
- Nicotine dependence (Fagerström)
- Smoking history
- Stop Smoking History
- Readiness to change
- Attitude
- Social Influence
- Self-Efficacy
- Alcohol/substance (mis)use
- MAP-HSS + special complaints of smokers
- Depression, anxiety and stress (DASS21)
- Quality of Life (Euroqol 5D)
- Middle evaluation of treatment
- Long term evaluation of treatment
- Exhaled carbon monoxide (CO) level
- Cotinine level

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Time

2014

- Development & implementation treatment
- METC
- Usability test

2015/2016/2017

- RCT
- User experience

2018/2019

- Results (cost-)effectiveness

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Contact

- Lutz Siemer
- Saxion; Technology, Health & Care Lectorate
- l.siemer@saxion.nl
- www.saxion.nl/techc