E-mail Communication in a Smoking-Cessation Program

In this issue of RESPIRATORY CARE, Polosa et al report on their investigation of e-mail counseling as a part of a smoking-cessation program.[1] Their pilot study examines the feasibility of integrating e-mail consultation messages in a program to patients willing to quit smoking and who have Internet access. The smoking-cessation program specialists and patients communicated with each other to discuss progress with smoking cessation. The authors found that e-mail consultation was feasible and effective, as nearly 37% of those who participated in e-mail counseling remained abstinent at 6 months after the smoking-cessation program. This is comparable to other strategies (nicotine patch and gum or nicotine patch and nasal spray) that demonstrated a percentage abstinence at 3 months of 34–39%.[2] The authors concluded that e-mail counseling as part of a smoking-cessation program warrants further evaluation.

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A review of the literature[3-11] reveals that e-mail consultation and counseling is effective, consistent with the findings of Polosa et al. Concerns about e-mail use for provider-patient communication expressed in the literature include: the types of e-communication patients have with their providers; the potential for reimbursement for this service; the confidentiality of the materials discussed; and the increased work load as a result of having to answer e-mails. Concern was also expressed about who uses e-mail communication, the socioeconomic and gender gaps, and how the communication finds its way into the medical record. It appears that these authors also consider e-mail communication/counseling among patients and providers feasible.

A frequently cited concern of patients and providers relates to the confidentiality and security of the e-mail communication[3,4] and how an e-mail communication makes its way into the patient record.[5,6] Both patients and providers were concerned about who received the communication and how it might be handled at the receiving end. Providers were concerned about how a communication is logged into a patient's electronic medical record and the ethical and legal questions surrounding e-mail communications.

Robeznieks discussed reimbursement for patient-practitioner e-mail service, and noted that some insurers are reimbursing for these "virtual visits."[7] This has implications for respiratory therapists who provide education on asthma and chronic obstructive pulmonary disease, and raises the question, will third-party payers reimburse respiratory therapists and other obstructive-pulmonary-disease educators at some time in the future?

There appear to be differences in the acceptance of e-mail/Internet self-help between men and women[8] and between those who are and are not experienced e-mail users.[9] Patients who are employed and significantly younger and better educated use the Internet/e-mail for health information.[10] It is also important that patients be given guidelines regarding the number of issues to discuss in a single e-mail, since handling their requests may require more than one provider or individual in a provider's practice.[11]

Polosa et al used e-mail technology for communicating with their patients who were trying to quit smoking, and found it to be effective. This technology has been applied to multiple other medical problems, and is deemed effective, with some limitations and concerns. E-mail technology shows promise, and the report by Polosa et al is further evidence.

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The author has disclosed no conflicts of interest.

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Lecturing on the effects of smoking on the lungs
World Health Organization photo by D Henrioud, 1980(?)
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