

Has COVID-19 Given a Boost to Telemedicine, and Is It a Viable Alternative to Traditional Consultations? An Opinion Piece.

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Abstract

Coronavirus disease-19 (COVID-19) pandemic hit the world in early 2020. It presented a lot of new challenges which included a new means of establishing patient healthcare through Telehealth/ Telemedicine. Telehealth was widely used to limit the spread of this viral illness. Telehealth came out with its advantages and disadvantages. We discussed a few points in reference to healthcare access to patients, the efficiency of care delivery, the professional impacts of telehealth and the relational dimension of care in this article. After weighing all the risks/benefits, we think a hybrid virtual/in-person consultation is best to serve the ever-growing needs of the population's healthcare. Further research is needed in this field to make a smoother transition to the virtual world.

Keywords: COVID-19, Corona virus disease 19, COVID pandemic, Telemedicine, Telehealth and Virtual consultations.

Introduction

Since the Novel Coronavirus SARS-COV-2 (COVID-19) outbreak is highly contagious, it was declared a pandemic in March 2020 by World Health Organisation [1]. As such, there was an urgent and relatively dire need to introduce a new healthcare model to avoid traditional in-person consultations between healthcare practitioners and patients to minimize the risk of transmission. Additionally, governments all over the world introduced measures such as "lockdowns," which included "social distancing" and "self-isolation," resulting in severe restrictions on people's movement, which affected their daily life. To address the need for continued patient care in the face of a rapidly changing environment, medical visits were changed from in-person consultations to remote medical appointments with the help of telemedicine.

Telehealth also has a relational dimension to healthcare where Telehealth has made it possible to seek easy and convenient healthcare in the comfort of one's home. In cases of video consultations, physicians can observe patients, their home environment, and their facial expressions. To some extent, telemedicine poses a difficulty in maintaining a therapeutic relationship owing to limited patient engagement and variation in patients' expectations. This is especially evident with new patients where it is hard to nurture physician-patient bonding via virtual appointments. Decreased confidentiality of consultations is another concern as patients attend the consultations in different public places such as grocery stores.

Conclusion

During the calamity of the COVID-19 pandemic, Telehealth offered a cross-over to care. While having its unique advantages, it also poses several disadvantages. In our opinion, telemedicine cannot be used alternatively and solely in place of traditional consultations. However, a hybrid virtual/in-person appointment approach is considerable with the goal of improved healthcare access, affordability and efficient outcomes. Further global research is warranted to determine efficient means of setting up Telehealth in primary care practices. Utilizing Telehealth in the fields of chronic disease follow-ups, home nursing of high-risk elderly and psychiatric patients is highly recommended. Research to assess satisfaction at the patient and physician level with telehealth services is also required.

Telemedicine or Telehealth enables patient care through technology where appointments between a patient and their health care practitioner occur via video or phone. While restricting the exposure of healthcare workers and patients was critical in limiting the spreading of this viral illness, telemedicine offered efficiency and improved access to health systems. Figure 1 below shows various usages of Telehealth/ Telemedicine.

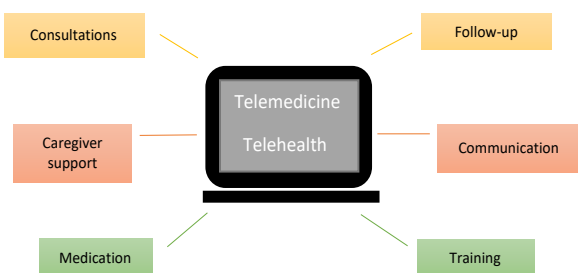


Figure 1: Various usages of Telemedicine/ Telehealth

Review

Telehealth has helped us in many ways, including, but not limited to, remote triage of patients, rapid access to information, follow-up care (beneficial for managing chronic diseases), remote diagnosis, and remote patient care [2]. With the use of telemedicine, demand for emergency services has notably reduced due to improved patient healthcare access in the comfort of their homes. Studies have pointed out other advantages of this approach to the delivery of care such as convenience, cost efficiency, ease of real-time consultations and organization of multidisciplinary visits [3]. At the same time, Telehealth also has its drawbacks, which should be considered thoroughly. In primary health care settings, Telehealth was observed to have both positive and negative implications from physicians' perspectives in four key areas: 1) access for patients, 2) efficiency of care delivery, 3) professional impacts, and 4) relational dimensions of care [4].

Accessing healthcare via telemedicine is considered convenient and easier by several patients compared to in-office consultations, as it saves them travel time to and from the clinic, and they don't need to take leave from work or spend time in the waiting areas.

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This is particularly beneficial for the elderly, people with disabilities and low-income populations. Telemedicine plays a crucial role in expanding the outreach to remote rural areas and developed/underdeveloped nations with vulnerable communities [5,6]. On the other hand, some patients encounter technological barriers that hinder their use of Telehealth, reverting to audio-only appointments. This is partly due to a lack of tools (emails, smartphone access) or the inability to use the technology as well as physical characteristics such as hearing impairment or mental disability. Some older adults find it challenging to install video software, thinking it is time-consuming and requires technical assistance.

Patients' perception of Telehealth's efficiency is another critical factor in the acceptance of telemedicine. Increased efficiency with follow-up care, more frequent patient appointments when required, shorter wait and consultation times and fewer missed appointments are a few positive implications of telemedicine. However, in instances where a new diagnosis is needed, or cases where a physical exam or visual interpretation is required for diagnosis, this technology has its limitations. It hinders physicians' ability to evaluate the patient's understanding of the diagnosis, prognosis and management. Patients' literacy, language barrier and difficulty in answering/asking questions poses another drawback with Telehealth. In such cases, patients' satisfaction is yet another concern in today's telemedicine world.

The impact on health care providers' practice is significant. It has increased physicians' flexibility and availability for patients via virtual appointments, which has improved their quality of life. Some older physicians who are vulnerable to infections appreciate the fact of being able to work remotely. Physicians can more efficiently work with Telehealth as opposed to face-to-face as it sometimes takes lesser time than a traditional visit, but it could lead to a delay in clerical work and follow-up notes/investigations. There is also decreased opportunity for team building and discussing complicated cases while working remotely. Physicians even encounter organizational challenges such as software implementation, licensing, personnel training and regulatory hurdles which limits their ability to practice telemedicine adequately.

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