








## Response to “The COVID-19 pandemic and the opportunity to accelerate remote monitoring of patients”

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The editorial published in issue 4 of the *Jornal Brasileiro de Pneumologia* 2021 by Nassar Junior<sup>(1)</sup> highlighted the importance of remote monitoring of patients, which was stimulated by the COVID-19 pandemic. The author showed that telemedicine can be an ally to health services, reducing the need for face-to-face care and prioritizing the most serious cases.<sup>(1)</sup>

During the COVID-19 pandemic, there was a need to provide care remotely, as not only does this help to reduce the number of face-to-face care visits, which require, in addition to health care professionals, an infrastructure that supports both waiting rooms and patient care rooms, but also contributes to reducing the exposure of infected patients to, as well as their contact with, others who have not yet contracted the virus.<sup>(2)</sup> Systems for pre-clinical care were implemented in Brazilian cities, such as Curitiba, Florianópolis, and Recife.<sup>(2)</sup>

The remote care provided by the technical and scientific telehealth center of the state of Rio Grande do Sul, affiliated with the Federal University of Rio Grande do Sul (in Portuguese, TelessaúdeRS-UFRGS), which has been in operation for over 10 years, demonstrates the importance and highlights the benefits of this approach. By September of 2020, TelessaúdeRS-UFRGS had held more than 200,000 teleconsultations and made more than 80,000 telediagnoses. With respect to the COVID-19 pandemic, between April and July of 2020, TelessaúdeRS-UFRGS provided remote care to a specific group of patients—cases of reviews of hospital discharge after hospitalization for COVID-19—only 2.7% of whom (151 of 3,951) needed face-to-face care.<sup>(3)</sup>

Additionally, in the same way that remote care tools were applied in some cities nationwide, the Brazilian National Ministry of Health implemented the teleconsultation services of the Brazilian *Sistema Único de Saúde* (SUS, Unified Health Care System), known as TeleSUS, whose system includes a smartphone application and a telephone number. Hence, this strategy served to expand the reach of health services, since approximately 17,000 calls were received between April of 2020 and April of 2021, and, of those, 5,500 were classified as high risk and callers were subsequently referred for teleconsultation with trained professionals, streamlining the service and reducing patient exposure.<sup>(4)</sup>

In addition to being used in initial patient care, telemedicine was also used to disseminate knowledge and to standardize COVID-19 patient care. An ICU telemedicine service was implemented at the University of São Paulo School of Medicine *Hospital das Clínicas* Heart Institute; in this project, patient data are collected and entered into a platform specifically designed for this purpose, in compliance with the General Law on Personal Data Protection (Law no. 13,853 of 2019). Furthermore, it has web conferencing resources for case discussion. After the implementation of this service, it was found that length of ICU stay decreased by 1 day and length of hospital stay decreased by 5 days.<sup>(5)</sup>

Thinking beyond COVID-19, there are already other telehealth initiatives in operation that bring great benefits to patients, such as the one at a referral center for patients with diabetes mellitus. This diabetes-oriented telehealth service provides information to patients and caregivers so that they can treat and resolve diabetic attacks without the need to leave the house. Regarding user satisfaction, more than 80% consider the service to be good or excellent regarding the quality of guidance and care provided, usefulness, quality of health professionals, and duration of calls.<sup>(6)</sup>

It is necessary to be aware that remote health services already existed before the COVID-19 pandemic, but they have been authorized only for the duration of the pandemic. The explanation for this is that there is a legal problem, because, although the Brazilian Federal Council of Medicine has a telemedicine law, the Code of Medical Ethics prohibits prescribing drugs and procedures to a patient without a face-to-face assessment.<sup>(7)</sup>

It is evident that telemedicine is extremely useful at all stages, including screening, primary care, in-hospital care, and even post-hospital discharge care. In addition to improving protocols, telemedicine also helps reduce the burdens already known to health care systems. Therefore, in light of this, the Code of Medical Ethics must be amended to allow effective use of telemedicine beyond the borders of COVID-19, bringing gains to health professionals and especially to those who are at their most vulnerable when seeking help, that is, the patients.

### REFERENCES

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