

Letter to Editor

Telemedicine Underutilized in Post COVID Lockdown Period

Chandra A^{1*}, Rao N¹ and Srivastava D²¹Department of Nephrology, Dr. RMLIMS, India²Department of Anaesthesiology, SGP GIMS, India***Corresponding author:** Abhilash Chandra, Department of Nephrology, Dr. RMLIMS, Vibhuti Khand, Gomti Nagar, Lucknow-226010, India**Received:** February 25, 2021; **Accepted:** March 09, 2021; **Published:** March 16, 2021

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COVID-19 (Coronavirus disease) pandemic has put tremendous pressure on healthcare providers to seek for ways to provide a sustainable model of healthcare to the distantly located patients. The desired model needs to be easily accessible, affordable and effective enough to address the needs of the patients. Telehealth is one such way which can help a medical expert reach to the remotely located population.

State government has taken multiple initiatives to start telehealth services in its tertiary care hospitals. Ours being a tertiary care hospital, telemedicine services were started in May 2020 and have continued till date. The response to this new service was good in the initial months when lockdown due to COVID-19 was in place and was expected to improve as its awareness spreads across the region. However, post lockdown the trend has not been very encouraging. In nephrology, from catering to 20-25 patients per session it went down to 4-5 patients per session. This called for an active search of possible elements operating behind this development and take remedial measures.

A detailed discussion with the service providers was held. The physicians were quick to respond to the need of the system and were able to converse and write prescriptions to be uploaded in the pdf format. One resident and one consultant were present in each session. The frequency of the nephrology consultation sessions stood at once per week with provision of an increment as per response from the patients.

Confidentiality related issues were well taken care by the trained manpower recruited by the hospital authorities. Internet connectivity issue rarely surfaced from the hospital side as the provided band width was usually 20-30 mbps. Though there were some poor bandwidth and connectivity issues at patients' end, mostly from the rural areas. Limited internet access is a significant hurdle in preventing telemedicine usage by the rural population. [1,2].

A small survey among 106 patients visiting Nephrology OPD (Outpatient Department) revealed that only 15% of them were aware about the telemedicine services being offered by the hospital. This highlighted the need to relook into the effectiveness of the means of communication used to spread the information about this new service. The news was circulated primarily via newspapers and website of the hospital. The frequency of its publication was high in the initial months but declined later. In order to achieve a wider coverage, use of SMS (Short Message Service), e-mails and telephonic conversation giving details of tele-outpatient services may be of great help. Radio and television broadcast may further enhance awareness. Even after restoration of the regular physical OPD services, it may be useful to continue educating patients about this relatively new virtual service which is particularly useful in later follow-ups.

Careful monitoring of the telemedicine programme with a watch on its smooth functioning and effectiveness in terms of patient numbers and their satisfaction scores can help improve the services. Goal oriented telemedicine programs are need of the hour.

Our hospital didn't have a running telemedicine department. The whole team worked in close collaboration with the personnel responsible for running the hospital information system. Setting a separate department or section to deal with telemedicine services can go a long way in its effective operation. Such departments can aid in laying down policies and plans to improve the utilization of the services.

With the kind of impetus from the government in terms of manpower, hardware, software and electricity, an extra effort in spreading the awareness can provide the vital thrust the program needs. A change in mindset of the physicians about prescriptions sans physical examination will also be of help. A multidirectional and constant effort is required by physicians, administrators and policy holders to make the vision of providing telehealth to all, a success.

References

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