

Telehealth actions in times of COVID-19: information with evidence

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SUMMARY

The coronavirus pandemic (COVID-19) brought up discussions about improvements in both primary healthcare and hospital care in Brazil. In addition, the use of information and communication technology tools has become more prominent in the transmission of health information to patients remotely. Through content dissemination actions for professionals and direct guidance to users, remote telehealth/telemedicine services offer qualified actions that can reduce unnecessary referrals and decrease the flow of patients in health units. Information and communication technologies are allies in the fight against COVID-19.

KEYWORDS: *Telemedicine. Coronavirus Infections. Primary Health Care. Brasil.*

PALAVRAS-CHAVE: *Telemedicina. Infecções por Coronavirus. Atenção Primária à Saúde. Brasil.*

Dear Editor,

The emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and its rapid spread have caused important changes in health services worldwide. Although the focus of care is on the treatment of severe cases in hospitals, primary health care (PHC) services have also been impacted by the coronavirus disease 2019 (COVID-19) pandemic. In Brazil, due to the spread of COVID-19 throughout the territory, PHC has undergone important changes in the work process and in the way care is provided. Family health teams have had to reorganize their demands

to provide essential evidence-based care, as well as secure information on protective measures against the new coronavirus¹. In view of the current epidemiological scenario, in which social distance is recommended to avoid agglomerations and the spread of SARS-CoV-2, an old tool has gained substantial importance – telemedicine and telehealth.

The Brazilian Telehealth Networks, created in 2011 and currently implemented throughout Brazil through State Centers, is an important tool to promote training for PHC professionals and to enable enhancements

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in healthcare assistance, ensuring agility in decision making. In this sense, unnecessary referrals to specialized services are reduced.

The activities promoted by the Telehealth Program were already part of the daily lives of the teams that make up the Family Health Strategy (ESF, acronyms in Portuguese) even before the pandemic. The program offers actions such as teleconsulting (among professionals), teleregulation, telemonitoring, web lectures, and the publication of Second Training Opinions (content published in the Virtual Health Library, based on good evidence related to PHC priority problems)¹⁻⁴.

In face of the new challenge introduced by the COVID-19 pandemic, the Brazilian Ministry of Health published an ordinance on an exceptional and temporary basis, which allows remote interaction actions (between professionals and patients) to carry out pre-clinical care, care support, medical visits, treatment monitoring, and diagnosis⁵.

Recently, the teleconsultation procedure in primary care started to be included in the SUS procedure table (June 24, 2020, through Ordinance No. 526/2020)⁶.

Additionally, the Brazilian Ministry of Health has implemented other free communication channels to provide information on COVID-19, such as a phone number (136) and a smartphone app (Coronavirus SUS)⁷. With the purpose of monitoring suspected and/or confirmed cases of COVID-19 in self-isolation, the states from Northeast Brasil have implemented an exclusive communication channel. Through it, SARS-CoV-2-infected people are monitored daily via remote assistance (text messages or phone calls) by healthcare professionals. These measures allow information at a distance, avoiding unnecessary agglomerations and queues at health units⁸.

Since the World Health Organization's pandemic announcement in March 2020, the Telehealth Center of the State of Sergipe also has promoted remote education activities (web lectures, teleconsulting,

and folders) to family health teams working in all 75 municipalities of Sergipe state⁹. From March to June 2020, 18 web lectures were held, with an average of 93 participants, ranging from 19 to 427 participants by web lecture, resulting in a total of 1,670 listeners. During this period, issues related to COVID-19 were the most discussed topic. Thus, the framework of Information Technology and Health Communication (ITHC) services have also been adapted to the current demand generated by the COVID-19 pandemic¹.

Since information technologies contribute to the qualification of health professionals, resulting in evidence-based care, more financial resources are needed to expand telehealth activities. It is necessary to have a financial source for the permanent qualification of teleconsultancy professionals, to expand the number of computers with internet access in primary care services, and improve ITHC devices³. These investments on telehealth should occur both during the pandemic and in the post-pandemic period.

The transmission of health information, with updated scientific evidence, through telehealth, promotes a reduction in the circulation of individuals in health services, guarantees services that can be provided at a distance to users with comorbidities, thus reducing the risks of dissemination and contamination by COVID-19^{4,10}.

Conflicts of interest

The authors have no conflict of interest to declare.

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Author's Contributions

Gois-Santos, V.T.; Santos, V.S.; Freire, D.A.; Libório, L. S.; Ferreira, E.C.G. worked on the conceptualization, discussion of the theme and writing; Santos, V.S revised and edited the text.

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