

# The growing importance of telemedicine and remote telephone visits: their utility... and disadvantages

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## ABSTRACT

Due to the COVID-19 pandemic, there has been an exponential growth in teleconsultations, which has helped maintain continuity of care. However, this tool needs optimising.

During the COVID-19 pandemic, we have witnessed an exponential increase in the use of telemedicine, within a very short period and with inadequate preparation. However, the tool has helped us maintain continuity of care with patients, despite major restrictions on mobility imposed to reduce the risk of infection.

According to figures from CatSalut, 135,000 in-person visits were conducted daily in primary care centres before the health crisis, as well as 14,500 telephone consultations and approximately 1000 e-consultations. Now, the in-person visits are estimated at 18,000 daily, while telephone consultations are at 86,000 and e-consultations are approximately 17,000, which shows the considerable transformation that has taken place.<sup>1</sup>

There are several telemedicine modalities, which in turn encapsulate 2 modalities<sup>2</sup>:

- **Synchronous:** These are consultations performed in real time. This approach allows for direct contact between the healthcare practitioner and patient. The most common are telephone consultations and videoconferencing.
- **Asynchronous:** These are online consultations for connecting medical personnel to patients in a deferred manner. This approach is typically used to share information on the digital medical history, images and other clinical reports. The most widely used are email, blogs, social networks and applications.

Currently in Spain, the most widely used system is the telephone consultation; however, there are projects in the near future for expanding the use of videoconferencing and the other modalities of telemedicine.

## OBJECTIVES OF TELECONSULTATION FOR INDIVIDUALS WITH DIABETES<sup>3</sup>

When conducting a remote clinical interview with an individual with diabetes, we need to keep the following objectives in mind:

1. Perform a clinical assessment of the patient's health state in relation to their diabetes.
2. Prescribe or modify treatments for treating decompensations or improving control of the disease.
3. Assess potential comorbidities and their treatments. The patient might consult for some other health problem that we can solve or guide them as to the possible steps to follow.
4. Provide personal support to the patient and their family, calmly communicate the possible measures of confinement and answer questions regarding diabetes management.
5. Conduct an interview that is directed, at this time, to possible questions and the risk of exposure to the coronavirus, as well as inform the patient about alarm symptoms, measures and healthcare.

## THE UTILITY AND DISADVANTAGES OF TELECONSULTATION

As with any other activity, teleconsultation has adherents and detractors, advantages and disadvantages. Teleconsultation is a highly useful tool but one that is not valid for all types of patients, for all conditions, or for all types of healthcare acts. It is therefore essential that teleconsultations coexist with in-person consultations. All patients should know that in-person consultations will always be available for those cases in which it is necessary.

Table 1 summarises the main advantages and disadvantages of teleconsultation.<sup>1-5</sup>

A vitally important element for successfully consolidating teleconsultations is for them to be of good quality, from the connection standpoint and in terms of the contents and preparation. To this end, an evaluation system should be implemented, through the creation of good practice indicators to be met in most consultations.<sup>1</sup>

## CONCLUSIONS

Due to the COVID-19 pandemic, we have witnessed an exponential growth in teleconsultation, using the currently available means, which has helped maintain the continuity

**Table 1.** Advantages and disadvantages of teleconsultation

Advantages	Disadvantages
Reduces the risk of infection	Requires technological resources
Saves travel time and resources	Requires training in teleconsultation for healthcare practitioners and patients
Reduces lost work hours	Limitations in the physical examination
Facilitates access for individuals with mobility problems	Incurs information security and confidentiality problems
Enables the selection of the type of consultation	Lacks human warmth
Improves the continuity of care	Can be limiting for individuals with sensory problems
Immediacy	Loss of non-verbal language (except in videoconferencing)

of care despite the training and technological limitations of healthcare practitioners and patients.

Once this first phase of teleconsultation expansion has been completed, this tool will need to be optimised. To this end, it is essential to improve the supply of technological resources, as well as training for health professionals and even patients, with the aim of improving the quality of teleconsultations, without overlooking their limitations, which will require the coexistence of in-person consultations.

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