

TELEMEDICINE

Enabling access for all

During a time of crisis, telemedicine has helped healthcare provider organisations and caregivers better respond to the needs of patients.

In less than a decade there have been several global public health crises: SARS, MERS, Ebola, Zika virus and now COVID-19. We have already seen the benefits and importance of telemedicine for COVID-19, which the pandemic has brought into a new light. This is why healthcare stakeholders should embrace the technology and make it an integral part of the system to allow us to prepare for another global health crisis.

Telemedicine is a readily available solution that allows those following treatment for other conditions to continue doing so, while potential COVID-19 cases can be filtered out remotely. It has been available for a long time but not widely adopted, and entails the use of information and communication technology to provide patient care and the sharing of clinical information between different locations.

Clinical applications of telemedicine include teleconsultations, telecardiology, telegynaecology, and mental health consultations. It does, however, carry some challenges and limitations, e.g. with regard to surgery and anaesthesiology.

As the coronavirus wreaks havoc on the healthcare system, telemedicine is helping healthcare provider organisations and caregivers better respond to the needs of patients. It enables the transfer of health information across distances using technologies like email, telephony, video links and social networks. In this way, telemedicine is bridging the gap between people, physicians and health systems, allowing everyone, especially asymptomatic patients, to stay at home and communicate through virtual channels, helping to reduce the spread of the virus to populations and frontline medical staff.

Globally and in South Africa telemedicine is facing certain legal, regulatory and reimbursement challenges, but there is nonetheless a need to facilitate more widespread adoption thereof.

In March 2020, the Health Professions Council of South Africa (HPCSA) added a relaxation clause to the telemedicine rules, allowing its use during the crisis. This allowed patients to be managed remotely as the country went into lockdown. We are hopeful that telemedicine will continue to be permitted after the crisis.

IMPROVING ACCESS TO HEALTHCARE

The telemedicine surge during the COVID-19 pandemic is helping to provide care to patients who might need it after exhibiting potential symptoms of coronavirus infection.

Telemedicine is presenting itself as the ideal solution in this regard, linking patients remotely to hospitals, primary care and consulting disciplines, thus allowing access to healthcare while curbing disease spread. Telemedicine solutions and

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programmes allow people suffering from other medical ailments during this time to receive care from home without entering medical facilities, minimising the risk of their contracting the virus.

The CDC and the WHO are urging both the general public and medical staff to use telemedicine solutions for non-urgent communications in order to reduce the pressures on emergency rooms and clinics. Telemedicine is being used to 'forward triage' patients long before they arrive at primary care facilities.

Many chronic care patients can schedule teleconsultations with their doctors to fill prescriptions and avoid face-to-face visits, hence minimising their risk of exposure to COVID-19. Chronic medication can be delivered to patients' homes. This allows for continuity of care. This digitalisation of healthcare is streamlining things like the dispensing of medication, record-sharing and patient-tracking.

Telemedicine has proven to be a crucial lifeline for some rural communities, helping to address workforce shortages and reducing the burden on patients who might otherwise have to travel long distances for healthcare services. This is particularly important in respect of healthcare professionals unavailable in rural areas, e.g. psychiatrists and consulting specialists.

Telemedicine also allows rural hospitals to outsource diagnostic and other services and thus help reduce providers' sense of isolation. It provides

a 24/7 lifeline between patients and providers. There is also a rapidly increasing need for on-demand acute care via telemedicine.

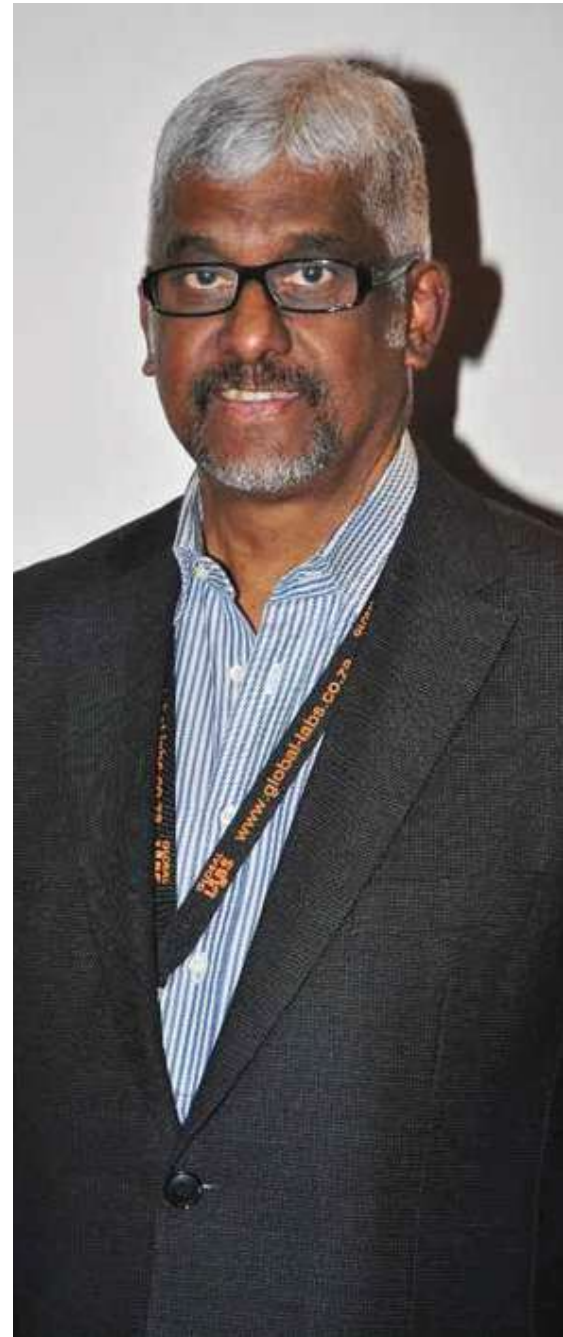
Three primary roles of telemedicine during the crisis

1. Simple screening of patients remotely, rather than requiring that they visit a practice or hospital;
2. Triage of patients with cold and flu symptoms, and remote care for those who do not need medical intervention or could receive care at home;
3. Routine care for patients with chronic disease and on-demand acute care to reduce risk of exposure to the virus; and
4. Protection of providers and staff from repeated exposure to infected patients.

Limitations of and possible pitfalls of telemedicine

1. The treating practitioner may not be able to obtain a full clinical picture from a remote location, so issues may arise as a result of this limitation;
2. Incorrect prescribing; and
3. Missed diagnoses, as these are now reliant solely on a history and reported symptoms without a physical examination.

Although telemedicine is evolving fast and is a proven modality to enable access to healthcare, it is important that it is used appropriately, and its use should not compromise patient care. Telemedicine oversight is therefore essential and this is the responsibility of the HPCSA. ■



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