

**Telemedicine in Covid-19 Pandemic**

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The COVID 19 pandemic has changed life in more ways than one. Not only has humankind adapted to the new normal of masking, social distancing, and sanitisation, it has changed the way we work. Healthcare delivery has also seen a paradigm shift, moving from a physical consultation and examination in the doctor’s clinic to a technology enabled virtual world, bringing telemedicine back to the forefront. Data shows that use of telemedicine has increased, especially not only in the industrialized countries, like the United States and the United Kingdom but also in the developing world as in China and India.

Telemedicine in simple words is using telecommunication technology for remote diagnosis and treatment of patients. A combination of both technology and devices is used to remotely gain information about a patients’ health status, and a virtual connect with the patient and healthcare practitioner helps in offering diagnosis and management advice to aid in deciding if there is a need or urgency to intervene. Hence, it may represent both a screening and diagnostic tool, which demonstrated remarkable importance in recent literature, mostly due to the higher deployment and development of digital technologies (e.g., smartphones and digital connections) in current times. The pandemic has increased teleconsultations using digital platforms or devices, reducing the need for a physical visit to the doctor’s clinic, reducing the risk of exposure as well as saving time and cost. Telemedicine today enables taking health care even to remote areas where delivery of specialized expert services was a logistic and infrastructural nightmare in the past.

Appropriate tools allow clinicians at reaching and periodically monitoring individuals who have difficulties attending specialist visits, especially patients affected by chronic diseases, who require continuous follow-up. Two of the major clinical areas covered by telemedicine are cardiovascular diseases and diabetes, alongside all its chronic complications. Retinopathy, a widespread diabetes complication, usually needs a fundus ocular examination by an eye-care specialist; however, in rural environments or those who live far from dedicated referral centres, patients either
cannot easily attend these examinations or exert a poor adherence to the visit, and the current pandemic has worsened access to healthcare due to restricted movement. Tele ophthalmology is not only a cost-effective strategy for diabetic retinopathy screening but also provides a benefit of increased screening rates due to ease and easy access. Simple in-clinic screening also provides opportunities for educating patients and local healthcare workers about diabetic retinopathy and its implications.

As aforementioned, telemedicine has initially arisen to provide medical assistance either in rural areas or where access to care is hard, mainly aimed at improving chronic disease management mostly in urgencies. Over the years, the onset of either epidemics or pandemics has led to the employment of increasingly novel digital technology strategies, which have also triggered the use of telemedicine during the diverse stages of the infection much more frequently, such as in the cases of the SARS epidemic in 2003 and, later, MERS-CoV in 2013 and the current COVID-19 pandemic.

The current pandemic has rapidly changed the landscape of diabetes care to quickly adapt to continue providing optimal care to patients with diabetes in an efficient and effective manner. We recently published in Endocrine Practice 2021, a retrospective assessment of patients with diabetes, with and without COVID-19 infection, during the lockdown period managed through a dedicated comprehensive telehealth platform. The virtual health applications comprised of telephone consultations and video telehealth consultations. The total patients who were managed by teleconsultation were 765 (30 T1DM), (440 males). 250 patients were COVID-19 with type 2 diabetes, and 15 patients were type 1 diabetes. We concluded that Digital virtual diabetes clinic has a potential to provide efficient method of consultative service. Virtual electronic consultation mitigated the lockdown induced disruption in diabetes care activities and appears to be a reliable approach. Beyond the pandemic, we suggested that annually per patient, two virtual consultations would complement in person consultations, that would suffice to maintain the continuity of care and deliver optimal diabetes care.

The feasibility of this innovative medical approach is still the object of debate. Moreover, the cost-to-benefit ratio of these tools should be maximized for a better global utilization of telemedicine in the next future beyond the current emergency setting, with a higher focus on chronic disease management.