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Letter to the Editor

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Make life easy through telemedicine in COVID-19 crisis: an Indian perspective

Sir,

On 11th of March, 2020, the WHO declared the coronavirus disease (COVID-19) as a pandemic. Globally, as of 14 June 2020, estimated 7,690,708 confirmed cases of COVID-19, including 427,630 deaths, reported by WHO.1 Several countries including India now are under 'lockdown' (restrictive travels or activities in a community while permitting vital organizations to function) to limit spread of this virus. A consequence of this lockdown poses restrictions in routine workflow for healthcare settings. Despite the circumstances, we have to consider the fact that other disease related services shall not stall in the face of a pandemic. During this unprecedented situation, telemedicine may prove useful for the management of medical conditions.2-4 patients with emergency Telemedicine is a vast topic, but as yet there are limited information's on the clinical effectiveness, logistic workflow, tech support, legal and confidentiality issues, cost efficiency and proper training of available telemedicine approaches in Indian perspective.⁴ In India almost 68.84% of the population resides in rural areas expertise and infrastructure.5 medical Furthermore, healthcare delivery is difficult in the inhospitable geographical terrain. 6 Although the journey of telemedicine in India was started since early 2000.7 This is only possible by the initiative of several telemedicine nodes of Department of Information Technology (DIT), Ministry of Communications and Information Technology, and the Indian Space Research Organization (ISRO).9 A guideline for telemedicine practice was framed by the MOHFW under the Indian Medical Council (IMC) Act. for protecting patient privacy and confidentiality and are meant for RMPs under the IMC Act 1956.9 Taking into account the prospect of telemedicine and to contain the transmission of COVID-19, the Indian Council of Medical Research (ICMR) and Ministry of Health and Family Welfare (MoHFW) in conjunction with state and local governments has implemented social distancing and quarantine rules as emergency measures. 10 In spite of this COVID-19 pandemic situation, our primary goal should be to find alternatives of conventional treatment workflow to avoid close contact. Hence Telemedicine prompted search for novel tools to stem the tide. Simultaneously before considering any telemedicine platform or developing any telemedicine-based treatment strategy several considerations should be elucidated. To initiate such remote consultation proper categorisation of

patient based on their priority and need is must. On the other hand, selection of medium of communication which could be either in text chat-based telemedicine applications, short messaging service, chat platform like WhatsApp, Google Hangout, Facebook Messenger, emails, fax or video calling application like Skype, Zoom, Facetime (iPhone) or by audio like phone, voice over internet protocol, audio applications needs to be evaluated in the light of data privacy. Telemedicine offers the scope for safe interaction between the patient-todoctor or caregiver-to-doctor or doctor-to-doctor and healthcare worker-to-doctors. It's good to see that in this light of COVID-19 pandemic Government of India has recently launched the e-Sanjeevani OPD and Aarogya Setu a National telecom consultation service duly adopted by many state governments as mandatory for health-care providers. The ubiquitous presence of high-speed bandwidth would bridge a geographical gap of medical access in rural settings. Medical community is most likely to face dramatic changes which may renovate our workflow and communication portals, with telemedicine emerging as the most practical option ensuring safety of health care workers and patients. The implementation of telemedicine in clinical practice rationally should be phased over a period of time in a perfect world. Due to current emergency soft launching of distance healing practice has become essential and analysis of patient attitudes, satisfaction score, cost-evaluation technological aspects should become a constant process through studies as it unfurls in future. 11 Further surveys are required to improve overall patient experience and newer creativeness is required for better patient education and support. Some studies till date approves the fact that patients with better health education and commitment are better suited to embrace telemedicine. 12 Hence we highly recommend this practice to bridge gaps of coverage in all geographical areas, particularly those in rural settings in our country.

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