



## Virtualised care and COVID-19

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### Abstract

Following the declaration by the World Health Organization (WHO) of the Covid-19 pandemic on March 11, 2020, health organisations and staff have had to adapt and restructure services in order to respond to this global health emergency. Numerous containment strategies have been, and continue to be, introduced in this rapidly evolving and fluid situation with a significant shift towards virtual or remote patient assessment. The concept of virtual patient evaluation has previously been adopted across a range of medical and surgical specialities yielding safe and efficient pathways associated with good Patient Reported Outcome Measures (PROMs) and patient satisfaction rates. Whilst the idea of virtual patient review may be perceived as counterintuitive to the basic foundations and principles of face-to-face clinical practice, the current global pandemic, now more than ever, highlights the importance, need and benefits of this care model.

**Keywords** Covid-19 · Remote assessment · Virtualised care

Following the declaration by the World Health Organization (WHO) of the Covid-19 pandemic on March 11, 2020, health organisations and staff have had to adapt and restructure services in order to respond to this global health emergency [1]. Numerous containment strategies have been, and continue to be, introduced in this rapidly evolving and fluid situation with a significant shift towards virtual or remote patient assessment [2]. The concept of virtual patient evaluation has previously been adopted across a range of medical and surgical specialities yielding safe and efficient pathways associated with good Patient Reported Outcome Measures (PROMs) and patient satisfaction rates [3–7]. Whilst the idea of virtual patient review may be perceived as counterintuitive to the basic foundations and principles of face-to-face clinical practice, the current global pandemic, now more than ever, highlights the importance, need and benefits of this care model.

If health systems become inundated during an epidemic, the direct mortality rate from the disease outbreak as well as

the indirect mortality rate from vaccine-preventable and curable illnesses markedly increases [8]. A recent example being the Ebola crisis in 2014–2015, where data analysis suggests that health system failures resulted in more deaths from measles, malaria, HIV/AIDS and tuberculosis than deaths from Ebola [8]. Therefore, it is essential that health care professionals, managers and policy-makers implement specific plans in order to negate this threat by enhancing the delivery of services and instituting efficient patient flow pathways [8]. Virtualised care, through its various formats (via telephone, video link, AI-assisted), provides a definite means of support for patients and health care providers during this global health crisis.

As part of the worldwide response, a large proportion of countries have introduced “lockdown” measures to restrict the movement of people in order to reduce the spread of Covid-19, and this is particularly relevant to patients in at-risk groups, whereby the practice of “cocooning” provides an additional layer of safety. A virtual model of care compliments this guiding principle by eliminating the risk of exposure to both patients and health care professionals by allowing patients to safely remain within the confines of their own home or care facility. A substantial benefit of virtualised care, particularly within the context of the current health emergency, is the provision of a more focused and streamlined patient assessment which allows for staff redundancy and subsequent redeployment to key areas of requirement [1, 3]. Prior to the

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current pandemic, a large number of specialities had already commenced this method of virtual care delivery resulting in a sizeable evidence base as well as various validated templates which other specialities can now draw upon and incorporate into their own care models. The fundamental elements to a successful virtual model of care are the inclusion of all stakeholders, where feasible, along with evidence-based best practice delivered through protocolised patient pathways and senior decision-makers [3].

The merits of virtual or remote patient assessment are being increasingly recognised in the literature, but it is important to acknowledge that it may not be suitable for certain clinical scenarios and should only be employed where safe and appropriate. Virtualised care does not necessitate a reinvention of the wheel but instead affords a continuous cycle of high-level patient treatment through the reorganisation of current resources and rationalisation of practices that are evidence based and could be a key component in facilitating the response of health systems globally to the Covid-19 pandemic.

### Compliance with ethical standards

**Ethical statement** Ethical approval was not required for this commentary piece.

**Conflict of interest** The authors declare that they have no conflict of interest.

**Informed consent** Not applicable.

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