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Telehealth: The future is now in allergy practice



To the Editor:

We read with interest the Editorial by Portnoy et al,¹ where the authors, in the face of the current pandemic, very elegantly summarize the main advantages and limitations of virtual appointments. Telemedicine (TM) has the potential to help enabling patients to get the supportive care they need, and the use of this tool is increasing.² We agree with the authors that a pandemic is an unfortunate occurrence but it is also an opportunity to set

up an infrastructure for providing care using TM, which can continue to be used in the future to provide convenient and cost-effective care to patients.¹ TM has been successfully applied to several respiratory conditions,³ and it can be an alternative to traditional in-person visits for the treatment and management of asthma.⁴

Worldwide coronavirus disease-2019 (COVID-19) brought a lot of challenges in health care. In our country, the state of emergency was declared on March 19, 2020, bringing strict measures to nonurgent patient inflow in our hospital. Within a pandemic risk-stratified context, knowing that allergic conditions can be misinterpreted or exacerbated by viral infections and social distancing might increase anxiety, telehealth was considered as an option to face-to-face contacts. For the first time, in 2 weeks, real-time video appointments were implemented in our allergy center.

Patients were invited to be consulted in virtual visits, including first appointments (12% of the total). We noted an increasing agreement to virtual visits (Figure 1), followed by a decrease when emergency state was over on May 2. For these consultations, patients only had to have internet connection and a smartphone, tablet, or computer with a camera and microphone. All the prescriptions and treatment plans were also sent virtually. When indicated we still received the more severe patients as in-person visits, in particular patients with specific needs, including desensitization to chemotherapy.

To assess satisfaction and willingness to repeat or recommend virtual appointments, we conducted 2 surveys, one for patients with asthma (n = 40) who had participated in virtual consultations during this pandemic (with the collaboration of the Portuguese Association of Asthmatics) and another one for the allergy specialists of our center (n = 21).

In summary, communication between patients and doctors was not considered to be compromised in virtual appointments (>92% agreement in both surveys). Most patients rated the virtual visit as good/very good (93%). Ninety-five percent of the providers considered that their performance was not affected, but 43% had some difficulties in the management of their patients, mainly related to the lack of physical examination. Seventy percent of patients would adhere to these appointments outside COVID-19, and 93% would recommend it to their family and friends. Doctors consider that this way of practicing medicine has a future in our health care system (93%), benefiting mild-to-severe patients

In-person vs. virtual visits, by week of 2020

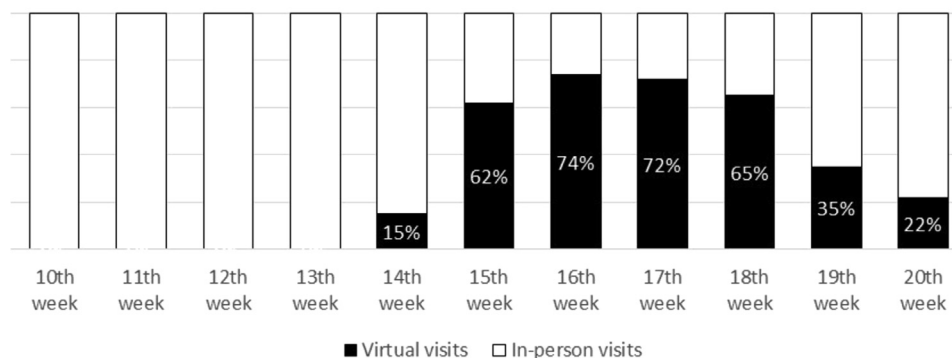


FIGURE 1. Distribution of in-person and real-time video-virtual visits at the Allergy Center of CUF Descobertas Hospital since the first week of March (10th week). The virtual visits were implemented in the 14th week.

(81%), as well as those living far away from the hospital (19%). Less than 5% of the patients needed to be referred to do in-person visits.

Telemedicine is an already validated tool.¹⁻⁴ The COVID-19 pandemic allowed us to implement telehealth-focused processes to provide safe and convenient patient care, and both patients and allergists seem willing to continue to use it.⁵

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Appointment characteristics during COVID-19 restrictions: A Canadian allergy/immunology centre perspective



To the Editor:

We read with great interest the paper by Ramsey et al¹ on patient characteristics and virtual medicine encounters during coronavirus disease 2019 (COVID-19)-related physical distancing restrictions. In their article, 270 (55%) of individuals received care, with a cancellation rate of 225 (45%), in the 3 weeks immediately after implementation of physical distancing restrictions. Given the high cancellation rates, the paper suggested the unsustainability of the current virtual medicine approach during the COVID-19 pandemic.¹

Through a continuous quality improvement (QI) initiative during COVID-19 in our allergy and immunology clinic, we have found different and promising results. After implementation of restrictions as supported by the Canadian and American Allergy and Immunology societies,² patients were informed and transitioned from in-person to telemedicine encounters. Among 2

academic allergists between March 16 and May 1, 2020, inclusive, a total of 447 patients were transitioned to telemedicine encounter.

Of 447 scheduled patients, only 28 (6.3%) could not be reached or cancelled on the day of encounter. This finding is significantly different from that in the Ramsey et al¹ paper. Of the patients evaluated, 271 (65%) were new consultations, whereas 148 (35%) were follow-ups. A total of 318 (75.9%) were assessed via telephone, 100 (23.9%) via video, and 1 (0.2%) was an urgent in-person encounter. Most patients (243, or 58%) were adults, and most (240, or 57%) were females. The primary diagnoses for these patients, based on Canadian Ontario diagnostic codes,³ along with baseline demographics, are shown in Table I.

One factor that was not formally evaluated in the QI analysis is the perceived completeness of encounters based on physician impressions, as Ramsey et al presented in their paper. However, the clinical history and telemedicine assessments allowed ordering of appropriate investigations, initiation of evidence-based treatment strategies, or arrangements for follow-ups for all patients, and allowed ample time for counseling, which was helpful even in conditions like asthma and allergic rhinitis, and particularly useful for patients with atopic dermatitis, chronic urticaria, and non-IgE-mediated food reactions.² We agree with Ramsey et al that certain allergic/immunologic conditions (such as chronic urticaria) are well suited to telemedicine assessments, even after the resolution of the COVID-19 pandemic.

This is the first Canadian analysis of an allergy/immunology practice pattern around COVID-19 restrictions. Our analysis is encouraging, and we believe that telemedicine presents a sustainable alternative during COVID-19 restrictions, with the potential for expansion beyond the pandemic. This is particularly

TABLE I. Characteristics of scheduled patients during the COVID-19 pandemic

Characteristic	Scheduled patients (N = 419)
Sex, n (%)	
Female	240 (57.3)
Male	179 (42.7)
Age, n (%)	
<18	176 (42.0)
≥18	243 (58.0)
Encounter modality, n (%)	
Telephone	318 (75.9)
Video	100 (23.9)
In-person	1 (0.2)
Encounter type, n (%)	
Consults	271 (64.7)
Follow-up	148 (35.3)
Primary diagnosis (diagnostic code), n (%)	
Anaphylaxis (995)	108 (25.8)
Asthma (493)	53 (12.6)
Adverse effects of drugs (977)	42 (10.0)
Bites, venomous (989)	4 (0.9)
Dermatitis allergic, atopic (691)	20 (4.8)
Hives (708)	94 (22.4)
Immunity disorders (279)	10 (2.4)
Rhinitis (477)	66 (15.8)
Sinusitis chronic (473)	2 (0.5)
Other	20 (4.8)