

panels were not widely used, and older people had difficulty using computer mice; thus, the use of a touch panel is an advantage, because it is relatively easy to use, even for older persons. However, as the operation of a touch panel is considered to reflect cognitive function, analyzing reaction times, as well as evaluation indices, is important. Reaction time is also an essential factor for interpreting learning effects when cognitive training and assessment tools are used together. Although the CogEvo z-scores, calculated using five test values, were used in the authors' analysis of the study results, the extent to which those five tests reflected diminished individual cognitive functions in individuals with MCI and Alzheimer's disease was unclear. If we can verify which aspects of cognitive function each of the CogEvo tests reflects in standard neuropsychological tests, and clarify the differences between individuals with and without MCI/Alzheimer's disease, the data could be more effectively used as a screening tool for MCI and dementia; furthermore, the tool could also be utilized for training. We used CogEvo for a clinical trial (Japan-Multimodal Intervention Trial for Prevention of Dementia [J-MINT]) and older community-dwelling people (Kinjo University).<sup>4</sup> Using this kind of medical evidence, we can quickly identify cognitive function declines and recommend follow-up visits to a medical facility, which we believe to be very beneficial for the early detection of dementia.

In recent years, cognitive frailty has become a social concern;<sup>5</sup> thus, CogEvo might play a role in helping older individuals maintain their cognitive health. In the future, we hope that simple tools using this new technology will be developed for both core symptoms, and for behavioral and psychological symptoms of dementia. Furthermore, we hope that such tools based on scientific evidence will be widely used in the field of medical and nursing care.

### Disclosure statement

The authors declare no conflict of interest.

## Telehealth utilisation amongst older adults during a pandemic year

Dear Editor,

We thank Nakamura *et al.*<sup>1</sup> for their interest in our letter.<sup>2</sup> Their insights and perspectives on the COVID-19 situation in Japan are notable and informative for the world. We agree with their viewpoint that telehealth has an important role in mitigating potential exposure to the SARS-CoV-2 virus, especially for older adults who are most vulnerable to the disease.

Telehealth services can indeed be used for the home-monitoring of stable patients with COVID-19, with likely benefits in terms of healthcare cost and resource utilization, as well as in increasing physical activity compared with usual hospital care.<sup>3</sup>

We present the trends of telehealth usage in our general and geriatric medicine clinics since the start of the COVID-19 pandemic in Fig. 1. Whilst telehealth services are not new internationally or locally, our institution's telehealth services really only kicked off when the COVID-19 pandemic arrived on our shores in late January 2020.

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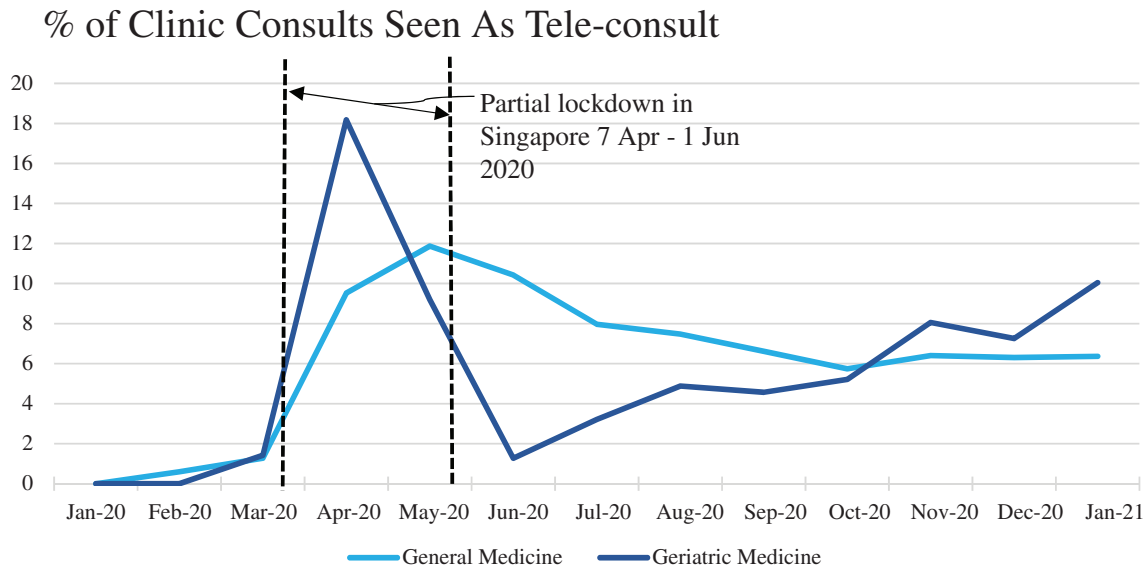
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As the number of COVID-19 cases rapidly increased within a few months, the utilisation of teleconsultations increased in tandem, reaching a peak of 18% of all consults in geriatric medicine in April 2020. This coincided with the peak number of daily COVID-19 cases in Singapore. As soon as Singapore ended a partial lockdown in June 2020, the proportion of teleconsultations plunged for older adults to 1.3%. This is probably because those who had postponed clinic consultations and did not choose the option of telehealth were more likely to request in-person medical consultations. The rate of decline for general medicine patients was not as steep, reaching a stable plateau of 6–7% of all clinic consultations. The barriers and the reasons why older adults may not adopt the use of telehealth were discussed in our article.<sup>2</sup>

The COVID-19 pandemic has remained under control in Singapore since July 2020, and the government continues to relax measures around social distancing and public gatherings to



**Figure 1** Percentage of clinic consultations seen as teleconsultations in general medicine vs. geriatric medicine clinics from January 2020 to January 2021 during the ongoing COVID-19 pandemic.

facilitate the recovery of the economy. Apart from a limited period of local spread that was contained by a partial lockdown, the majority of cases occurred in the population of foreign workers in dormitories. COVID-19 transmission was finally contained amongst the foreign worker population in October 2020. Since then, the majority of cases have been imported, with zero to single-digit daily community cases.

Interestingly, the utilisation of teleconsultations by older adults has only increased since the nadir in June 2020, despite good control of the COVID-19 pandemic locally. Percentage utilisation has surpassed that of general medicine patients and continues to be on an upward trend. This suggests that whilst the COVID-19 pandemic helped to catalyse a greater uptake of telehealth amongst patients, fear of virus transmission itself is not the only factor influencing the uptake of this service. In fact, the trends suggest that use of telehealth may be greater in older adults when the process is facilitated well and patients have had the chance to experience and use telehealth for themselves.

Since the introduction of telehealth services in our institution, we have continued to develop the range of services available through telehealth. These include teleconsultations with allied health practitioners, including dietitians, psychologists, pharmacists, social workers and nurses, to provide a plethora of services such as tele-medication reconciliation, tele-counselling, tele-nurse education and tele-advanced care planning. Patients and their families have realised the convenience of telehealth services, and uptake continues to increase even as the number of COVID-19 cases declines. Telehealth increased the productivity of our community nursing team by enabling more cases to be managed per nurse with the use of assistive devices such as home blood pressure monitoring and glucometer sets with Bluetooth- and Wi-Fi-enabled cloud computing.<sup>4</sup>

There is great potential for telehealth services to bring benefits and convenience to the general population, even after the end of the pandemic. Further study into the health outcomes and cost-effectiveness of telehealth services is warranted. Because the COVID-19 pandemic led to an unprecedented upheaval of daily routines and assumed patterns of healthcare delivery, there is considerable room for innovation and new models of care<sup>5</sup> to deliver services effectively to patients.

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