



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

# Telemedicine in reproductive medicine—implications for technology and clinical practice

Mark Sigman, M.D.

Division of Urology, Department of Surgery, Warren Alpert Medical School of Brown University, and the Miriam and Rhode Island Hospitals, Providence, Rhode Island

The COVID-19 pandemic has caused the rapid adoption of telemedicine in most medical practices. This series of articles address issues that are often not well considered, such as the types of technological platforms available, the effects of telemedicine on staffing, space requirements, and the financial impact of remote visits. In addition, the limits of telemedicine compared to in-office visits are discussed, as well as the effects on trainees and possibilities for the future. (*Fertil Steril*® 2020;114:1125. ©2020 by American Society for Reproductive Medicine.)

**Key Words:** Telemedicine, remote visits, video exams, telephone visits

**Discuss:** You can discuss this article with its authors and other readers at <https://www.fertstertdialog.com/posts/31627>

**W**e all are aware that the COVID-19 pandemic has rapidly pushed telemedicine into most medical practices. This month's Views and Reviews offers insight into a variety of issues that telemedicine has brought forth. The rapid need for remote medical services caught most practices unprepared. However, the technological infrastructure used for current electronic medical records has made the widespread adoption of telemedicine much more readily accomplished than it would have been a decade ago. Although most medical practices are familiar with the remote visit technology that their practices employ, they may not be aware of the varieties of issues and implementation choices available. The following series of articles reviews some of these areas

to which we may not have given thought. Unlike most articles in our Journal, we have asked not only clinicians or researchers but an information technology officer as well as a practice executive director to outline issues that they faced when implementing telemedicine capabilities in their practices. Uustal and Blackmon succinctly provide an overview of issues that needed to be addressed and choices that had to be made for this transition. Whether practices choose all-in-one approaches or order à la carte, their article will inform all of us. Berg and colleagues present an "in the trenches" view of telemedicine from the clinician's perspective, including what can be accomplished remotely and what needs to be done in the office for both male and female patients. Although some

practitioners may have very limited approaches regarding what is appropriate, others have adopted wider use of telemedicine visits. What can be accomplished with video examinations is discussed, along with limitations of these approaches. The COVID-19 pandemic has yielded many lessons. What are potential limitations to interstate telemedicine? How can we manage reproductive testing from afar? What are the implications for trainees if most visits are remote? These are reviewed by Rotker and Velez, who address what we have learned and venture into where we may go from here. Telemedicine is here to stay. The following articles may help us in our current situation, and give us a glimpse of where we might go with this technology in the future.

Received October 13, 2020; accepted October 13, 2020.

M.S. has nothing to disclose.

Reprint requests: Mark Sigman, M.D., Division of Urology, Department of Surgery, Warren Alpert Medical School of Brown University, and the Miriam and Rhode Island Hospitals, Providence, RI 02905 (E-mail: [mark\\_sigman@brown.edu](mailto:mark_sigman@brown.edu)).

Fertility and Sterility® Vol. 114, No. 6, December 2020 0015-0282/\$36.00

Copyright ©2020 American Society for Reproductive Medicine, Published by Elsevier Inc.

<https://doi.org/10.1016/j.fertnstert.2020.10.042>