

## Editorial



# Telehealth Is Not Optional but Essential

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► See the article "Telehealth in Heart Failure Care during COVID-19 Pandemic Lockdown in Argentina" in volume 2 on page 247.

**Received:** Sep 14, 2020  
**Revised:** Oct 19, 2020  
**Accepted:** Oct 20, 2020

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### Conflict of Interest

The author has no financial conflicts of interest.

Since the coronavirus disease 2019 (COVID-19) outbreak, the contact-free era has begun. This phenomenon seems to have started in the most conservative fields of medicine as well. COVID-19 has high severity and mortality rates in elderly patients<sup>1)</sup> and patients with underlying comorbidities.<sup>2)</sup> Although the degree varies from country to country, it is becoming difficult for elderly patients with chronic diseases to visit a hospital regularly since most countries restrict movement for quarantine. In this situation, telehealth or telemedicine, which has traditionally/usually/originally been regarded as an optional treatment, is increasingly needed in the treatment of chronic diseases, and in the contact-free era, telehealth is regarded as one of the best alternative for the management of chronic diseases.

Historically, telehealth started with telephone and developed in the form of mail and e-mail. Recently, telehealth is using a mobile device including sensors that detect various bio-signals which have been newly developed. In the Telemedical Interventional Management in Heart Failure II trial,<sup>3)</sup> a 3-channel electrocardiogram device, a blood pressure measuring device, weighing scales, and a pulse oximeter were used and the collected information was transferred from home to the hospital via mobile phone network. Using these advanced technologies, telehealth provides an environment that is not significantly different from the existing face-to-face treatment to patients and doctors, thereby enhancing both the effectiveness and satisfaction of treatment. Compared to the existing face-to-face treatment, telehealth improved patients' satisfaction in treating chronic diseases, reduced readmissions, and further improved several hard endpoints.<sup>4)</sup> However, this is a comparison result when it is not difficult and possible to visit a hospital and see a doctor. Even in South Korea, where COVID-19 is relatively well managed, the number of a prescription without seeing a doctor, which is temporarily allowed, is increasing due to the reluctance of elderly chronically ill patients to visit hospitals.

In this issue of *International Journal of Heart Failure*, author presented a letter on the telehealth in heart failure care during the COVID-19 pandemic lockdown in Argentina.<sup>5)</sup> In Argentina, the number of virtual visits due to COVID-19 increased 19 times from 22 in the 3 months before lockdown to 416 in the 3 months after lockdown. What is even more surprising is that all patients who received virtual visit answered that most of their health problems were solved, and 95% of patients gave an experience score of very good or excellent (9 or 10 points out of 10), the average score of satisfaction being 9.76±0.5. A previous systemic review of telehealth

showed that patient satisfaction can be associated with the modality of telehealth, but factors of effectiveness and efficiency are mixed.<sup>6)</sup> In this study, the synchronous audio/video interaction method was used, and patients answered the questionnaire in which most of the medical problems were solved, and there was no significant difference compared to face-to-face treatment.

Telehealth is not yet an acceptable form of care in all countries. However, during COVID-19, many countries have opened up access to telehealth services. Telehealth, which has proven its efficacy in the treatment of several chronic diseases in recent years, has not yet been used in actual treatment due to legal restrictions, high costs, and reimbursement problems. In addition, telehealth still faces notorious issues such as privacy infringement, excessiveness of consultations, and the possibility of misdiagnosis and so on. However, due to the global crisis of COVID-19, it seems that telehealth will come closer to our clinic beyond the wall.

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