



COVID-19 Management

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than Ever

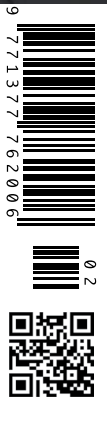
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COVID-19 from the Perspective of Telemedicine

A retired physician offers insights into COVID-19 telemedicine following a stint volunteering for a telephone support service for patients with the disease.

After years of serving as a primary healthcare services manager in Barcelona and promoting the use of ICT, in the face of the COVID-19 pandemic, I decided to volunteer as a retired physician for a telephone support service for patients suffering from COVID-19 infection at home. The call to participate in this initiative was made by the Catalan Health Service under the umbrella of the Barcelona College of Physicians.

The intervention was made to citizens that have downloaded and used the local COVID App: "STOP COVID19 CAT" (available in the iOS and Android stores). Volunteers like me had access to details on symptomatology, fever, some pathologies and previous comments of my colleagues with regards to each of the app users.

My job consisted of calling patients, raising their spirits with an 'injection' of hope and confidence and assessing their overall health status. Once we finished the call, volunteers had to score the results with our opinion and the recommendation prescriptions made to patients. To date, I have made more than 150 calls, with an average of 15 minutes per call. According to this experience, and after a few of weeks of intense work (which has, fortunately, declined latterly), I think it could be of interest to share my thoughts. My reflections aren't presented as a scientific discussion but personal views based on my knowledge and previous experience.

The field of telemedicine has proven valuable during the COVID-19 crisis for the following reasons:

- Telemedicine services, supported by screening algorithms, can be very useful in cases like this one, to meet a surge in demand. However, to be absolutely effective, it needs the support of skilled and empathetic healthcare professionals.
- The vast majority of patients are conscious of the gravity of the situation and act with responsibility before it. Most of them deplore the misinformation given by the

media and are very grateful for trustworthy, expert and scientific advice.

- It is known that the heterogeneity of the primary care healthcare provision is a problem worldwide, even in countries like Spain that has robust and organised public health services. The problem is that, in some cases and especially in the COVID-19 situation, this can create a serious inequity problem.
- The main problem I detected is about healthcare navigation that arises from the need to strengthen the coordination/integration among hospitals, primary care and healthcare services governance.

Discussion and publication within the medical community about the COVID-19 crisis has been too heavily focused on hospital-centred care rather than community-centred care. The latter is, in my opinion, the way it should be addressed.

To paraphrase: care means care, and this should be in the mainstream of the healthcare services. ■

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Key Points

- Telemedicine has proven efficient and robust during COVID-19 crisis.
- Patients need the advice of a healthcare professional for telemedicine to have true value.
- COVID-19 has highlighted that healthcare discussion focuses on hospital-centred care at the expense of community care.