

The context of telemedicine in Brazil in face of the COVID-19 pandemic

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Abstract

Introduction: This article's goal is to critically analyze the Federal Medical Council' and the Ministry of Health's views regarding Telemedicine in the coronavirus context. **Method:** Official Council documents and the government's nº467 law of 2020 were analyzed. A literature review of PubMed and The British Medical Journal (TheBMJ) was used to identify published articles with "telemedicine", "telehealth" and "COVID-19" keywords. This allowed the authors to identify international discussions on Telemedicine during the pandemic context. **Results:** Based on the study is possible to recognize some advances on the Council's understanding regarding telemedicine's use and its possibilities. **Discussion:** When fighting COVID-19 the Ministry's stand on this regard is seen as in accordance with international experiences. **Conclusion:** Despite such advancements on both organization's discussions and stances,, Telemedicine's establishment as a way to guarantee health access depends upon the development of health policies involving various others institutions – what wasn't recognized by the Council or the Ministry at least on the documents reviewed on this study. **Keywords:** Telemedicine; Telehealth; Covid-19.

Resumen

El contexto de la telemedicina en Brasil ante la pandemia de COVID-19. Introducción

Introducción: El objetivo de este artículo es hacer un análisis crítico de las posiciones del Consejo Federal de Medicina (CFM) y del Ministerio de Salud en relación a la Telemedicina en el contexto del nuevo coronavirus COVID-19. **Metodo:** Se realizó lectura y análisis de los documentos oficiales del CFM y de la Ordenanza Ministerial N ° 467/2020. Además, se llevó a cabo una revisión de literatura en los periódicos PubMed y The British Medical Journal (The BMJ) con el objetivo de mapear artículos publicados con los descriptores: "telemedicine; telehealth y COVID-19" para identificar debates internacionales sobre el uso de la Telemedicina en el contexto de una pandemia. **Resultados:** A partir de las lecturas y del análisis, fue posible identificar avances en relación a la comprensión más amplia, por parte del CFM, en relación al uso y a las posibilidades de la Telemedicina. **Discusión:** Se demuestra que la posición del Ministerio de Salud está de acuerdo con las experiencias internacionales en relación al uso de la Telemedicina en el contexto de la lucha contra el COVID-19. **Conclusión:** Sin embargo, a pesar de los avances en los discursos y en las posiciones, la implementación y el uso de la telemedicina como garantía de acceso a la salud todavía depende del desarrollo de una política de salud interinstitucional, discusión que no fue mencionada o planteada por las posiciones actuales de las instituciones. **Palabras-clave:** Telemedicina; Telesalud; Covid-19.

Resumo

O contexto da telemedicina no Brasil diante da pandemia da COVID-19.

Introdução: O objetivo desse artigo é fazer uma análise crítica dos posicionamentos do Conselho Federal de Medicina e do Ministério da Saúde sobre Telemedicina em contextos de corona vírus. **Método:** Foi realizada leitura e análise de documentos oficiais do Conselho Federal de Medicina (CFM) e da portaria ministerial nº 467/2020. Além da realização de uma revisão integrativa da literatura nos periódicos PubMed e The British Medical Journal (TheBMJ) para mapear os artigos publicados com os seguintes descritores telemedicine; telehealth; COVID-19 para identificar as discussões internacionais sobre o uso da telemedicina no contexto de pandemia. **Resultados:** A partir das leituras e análise, é possível identificar avanços em relação a ampliação do entendimento pelo CFM do uso e possibilidades da telemedicina. **Discussão:** O posicionamento do Ministério da Saúde demonstra estar em consonância com as experiências internacionais de telemedicina no contexto de combate a COVID-19. **Conclusão:** Apesar do avanço nos discursos e posicionamentos, a implantação e uso da telemedicina enquanto garantia de acesso à saúde depende do desenvolvimento de política de saúde interinstitucionais, o que não foi citado ou levantado pelos posicionamentos atuais das instituições. **Palavras-chave:** Telemedicina; Telessaúde; Covid-19

INTRODUCTION

The COVID-19 pandemic in Brazil has caused all health institutions to turn to ways of thinking about ways to contain infection and ensure access to health care for the population. In this context, in a letter to the Ministry of Health (MoH), the Conselho Federal de Medicina (CFM, Portuguese for *Federal Council of Medicine*) recognizes the possibility of remote medical care during the fight against the pandemic¹. Subsequently, the Ministry of Health launched Ordinance No. 467/2020, which provides, on an exceptional and temporary basis, for the regulation and operationalization of remote clinical consultations to combat the epidemic². Despite the progress, the CFM signals the maintenance of CFM Resolution no. 1,643/2002, which regulates Telemedicine as an activity applied only for the purposes of assistance, education and health research. The Council's position is valid in an exceptional manner and for the duration of the pandemic, in addition to placing as possibilities only the exercise of teleguidance, telemonitoring and teleinterconsultation. This conjuncture is propitious for reflections on the challenges of the full implementation of Telemedicine in Brazil.

The recommendations of the MoH in the context of COVID-19 are of social isolation, in a quarantine scheme, and it is oriented to search for medical services only in cases of extreme need, to avoid agglomerations, new infections and overcrowding of SUS. These measures caused outpatient appointments, elective surgeries, and medical appointments to be suspended, rescheduled, or cancelled³. The global and national panorama is of complete change in the dynamics of health services. The scenario of chaos demonstrates the urgency of advancing in the ways to guarantee access to health and medical care in contexts of deprivation of face-to-face consultations. The MoH foresees the use of telemedicine for pre-clinical, clinical, care support, monitoring and diagnosis through information and communication technology².

The implementation of a telemedicine system as part of strategies to confront COVID-19 should be an action thought out and executed within a larger plan to combat the pandemic. Telemedicine actions focused on confronting the pandemic can prevent overcrowding in emergency and emergency units, health care for chronic patients, reduce clinical visits, and in the context of primary care, ensure correct guidance on what patients are looking for. Telemedicine in pandemic settings reduces human exposure (among health professionals and patients) and ensures that medical supplies are reserved for patients who need them⁴.

In Brazil, however, the debate about telemedicine activity in pandemic contexts is still incipient and needs to overcome important political issues to be effective. The objective of this article is to analyze CFM's position on the possibility of telemedicine in contexts of calamity and the MoH Ordinance that foresees the use of certain telemedicine modalities during the COVID-19 pandemic, from the reading of

CFM official documents and international public health and collective health debates on the subject.

METHOD

This is a qualitative survey that sought to analyze two official institutional positions in relation to the corona virus pandemic and Telemedicine. The documents regarding telemedicine were collected online by CFM, since CFM is an important actor in the process of regulating the activity in Brazil. The documents were accessed from the Council's document portal, using the search tool and were selected all documents, national and regional, regardless of the year and the modality, which were on the subject of Telemedicine and Ordinance No. 467 of the Ministry of Health published in the Official Gazette on March 20, 2020, which updates guidelines for telemedicine. An integrative literature review was also carried out to identify and select publications pertinent to the theme. In the present study, PubMed and The British Medical Journal (The BMJ) databases were used to map the published articles with the following descriptors Telemedicine; Telehealth; Covid-19.

Regarding CFM, 53 documents were found, among Resolutions, Opinions and Dispatches. Documents were taken into consideration and selected that addressed issues related to the definitions of telemedicine services and the guidelines established for contexts of public calamity, epidemics, isolation and extensive social distance. Despite several questions about telemedicine in the country, all documents produced by the Council refer to Resolution 1643/2002 and Opinion 36/2002 of CFM, for defining telemedicine as an exercise of medicine, for requiring appropriate technological infrastructure, for raising legal and ethical issues and for bringing definitions about medical reports^{5,6}. Resolutions DF 453/2020 and RO 2/2020 explicitly address the COVID-19 pandemic and the possibility of teleconferences for symptomatic cases, in addition to thinking about the use of telemedicine in the modalities of teleorientation, telemonitoring and teleconsultation, respectively^{7,8}. The Ministry of Health, however, foresees the use of telemedicine for pre-clinical, clinical, care support, monitoring and diagnosis, through information and communication technology². This overview generates two different positions, even if subtle, of the possibilities of use of the resource between CFM and MoH.

On March 21, 2020, 15 articles were found in the journals, among opinion articles and case reports, all of which present a consensus on the use of telemedicine in the confrontation with COVID-19, and stress the importance of infrastructure, training, understanding and adaptation to the mode of consultation of telemedicine. Furthermore, it is pointed out that in the context of COVID-19 the use of telemedicine should deal with and be prepared for central issues such as: screening for initial care, providing accessible information and guidance, diagnosis of diseases through video consultations, and support from specialists in areas of difficult access^{9,10,11,12,13}.

RESULTS AND DISCUSSION

By analyzing the data, it is possible to perceive that the paths proposed by CFM and regional councils follow international standards of understanding the use of telemedicine in pandemic contexts, such as COVID-19^{9,10,11,12}. The DF Resolution 453/2020, which foresees the use of Television Orientation and Teleinterconsultation in the confrontation of COVID-19, is the most adequate to the standards used internationally⁷. Despite the consonances, no mention is made in the documents analyzed about the possibility of medical diagnosis from telemedicine. This modality, within the international context of COVID-19, has proven to be a great ally in guaranteeing the assistance of specialized physicians, by enabling medical care without infecting health professionals, and by guaranteeing medical care in areas of difficult personal access¹³. In an international context, the Ministry of Health has an approach to the positions and understandings about the use of telemedicine in the context of COVID-19. Although documents from CFM and Regional Councils present signs of a promising path for a possible scenario of regularization of telemedicine in the country, the full operation of this health tool does not depend solely on actions of CFM and the Ministry of Health.

Brazil has 139 telemedicine units in operation, according to the University Telemedicine Network (RUTE, in Portuguese)¹³, which have great regional disparities of access to fundamental electronic means, such as the Internet, which for telemedicine to be realized is fundamental a well-structured communication and technology network¹⁴. Another point is the separation between research and assistance, in which there are centers that provide telemedicine services focused on teaching-research, and points that request services to support health demands¹⁴, which can overload the units of service provision in a scenario of calamity. There are important political issues that needed to be advanced, since there is a distancing of the Public Administration in organizing discussions on telemedicine and there is a need to define standards of management, monitoring and evaluation in telehealth by the MS. Finally, it is necessary to broaden the debates on the types of telemedicine foreseen by the MoH, especially the teleconsultancy, teleconsultation and telediagnosis, reported in the ministerial ordinance as a possibility for the confrontation of COVID-19 and cited internationally as fundamental to fight the pandemic. The analysis is that there are advances in positions, but the implementation and use of telemedicine as a guarantee of access to health depends on the development of interinstitutional health policy, which has not been cited or raised by the institutions in question.

CONCLUSION

Despite the small degree of influence in the regulation of full telemedicine in Brazil, especially in contexts of crisis, the

favorable position of the CFM to the initiative of telemedicine is an advance to discuss in depth questions about insertion in the SUS and medical practice and the frameworks for administrative, economic, technological and ethical regulation. Finally, despite the delay of CFM discussions on telemedicine, since the main resolution is from 2002, the advance of discussions on the use of this technology as a way to guarantee access to health is a collective action and has been guided by the Ministry of Health as an interest to the Unified Health System. Although the CFM's position is partially in accordance with the international discussions and recommendations for the use of telemedicine to confront COVID-19, the pandemic scenario in Brazil may provide a timely space for progress. The monitoring of this scenario and the new relationships established may allow gains in the guarantee of access to health and strengthening of SUS through the use of telemedicine.

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