

## Analysis of the Service Performed by Telesaude-COVID in a Municipality of Minas Gerais

Brunnella Alcantara Chagas de Freitas\*, Luana Vieira Toledo, Mara Rubia Maciel Cardoso do Prado, Wilmara Lopes Fialho, Lilian Fernandes Arial Ayres, Mirna Pecanha Brito, Bruno David Henriques, Camila Mendes dos Passos, Sophia Leonel Almeida and Thuanay Caroline Souza e Silva  
Department of Medicine and Nursing, Federal University of Vicosa, Vicosa-MG, Brazil

\*Corresponding author: Brunnella Alcantara Chagas de Freitas, Department of Medicine and Nursing, Federal University of Vicosa, Vicosa-MG, Brazil, E-mail: brunnella.freitas@ufv.br

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### Description

SARS-CoV-2, the virus that causes COVID-19, is the third coronavirus to cause serious disease in humans and has spread globally in the last two decades. In this context, several national public health departments, including the Ministry of Health of Brazil, highlighted what was, until then, considered a support service for the health system: telehealth and telemedicine. In this article, we intend to present the actions carried out by a national telehealth service in Brazil, both in support of primary health care professionals and patients, in addition to discussing the potential to reorganize a health system. Prevalence study that summarizes the telemedicine actions adopted by TelesaudeRS-UFRGS in the period from the 9<sup>th</sup> to the 27<sup>th</sup> epidemiological week of 2020 to support the health services of the Unified Health System. There was an increase of 76.8% in the demand for telephone teleconsultations in the period evaluated compared to the same period in 2019, with 28.8% of this total demand arising from doubts related to COVID-19. The COVID-19 pandemic demanded a quick response with the organization of materials about the disease, a new team to carry out telemonitoring activities and teleconsultations, in addition to the elaboration of a manual for teleconsultations in Primary Health Care. 8% of the demand for telephone teleconsultations in the period evaluated compared to the same period in 2019, with 28.8% of this total demand arising from doubts related to COVID-19.

Changes in the manner that medical services are conveyed during this pandemic are expected to decrease staff exposure to sick people, Preserve Personal Protective Equipment (PPE), and limit the effect of patient floods on offices. Medical care frameworks have needed to change the way they emergency, assess, and care for patients utilizing strategies that do not depend on face-to-face benefits. Telehealth administrations assist with considering patients while limiting the transmission hazard of SARS-CoV-2, the infection that causes COVID-19, to Health Care Personnel (HCP) and patients [1].

The assistance through "Telehealth" gained visibility with the pandemic imposed by the new coronavirus. Telemonitoring and teleconsultation were considered effective in meeting the population's health needs, while reducing the movement of people and, consequently, minimizing the risk of spreading SARS-Cov-2, in addition to reducing the burden of services health care and spending on personal protective equipment [2].

Telemonitoring aims to promote surveillance of clinical and epidemiological aspects of suspected and confirmed cases of COVID-19 [3]. Its role is to assess the severity of patients with COVID-19, directing them to the appropriate clinical conduct,

whether it is the maintenance of home monitoring, teleconsultation/face-to-face consultation or even care in urgent and emergency services [4].

In a city in Minas Gerais, the service called "Telesaude-COVID" was established in April 2020, consisting of a multidisciplinary team that works every day of the week, 12 hours a day, directing the flow of patients throughout the network. From the municipality's primary, secondary and tertiary care. The results of the analysis of the care provided showed the effectiveness of the service, with a reduction in the demand for face-to-face care without clinical indication, since of the 1,854 new patients monitored by "Telesaude-COVID", 80.4% did not need face-to-face assistance [4].

Based on experiences such as this one adopted in Minas Gerais, it is clear that "Telesaude-COVID" can be considered an efficient strategy for the initial assessment and follow-up of acute patients [5]. It is understood that this can be an excellent tool for individual and collective care in epidemic situations, as clinical management is optimized and referrals to face-to-face services only occur when there is a scientifically proven need [4].

### Conclusion

Thus, it is recommended that managers and health professionals feel motivated and encouraged to develop this type of service. It is expected that qualified immediate care will be offered with specific and assertive guidelines for patients to contribute to the reduction of new cases and greater control of those who are already sick.

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