

Telemedicine for allergy and immunology: Patient and clinician attitudes

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DESCRIPTION

For telemedicine to be used and developed, patient satisfaction with it is required. To enhance the experience for both patients and clinicians while using telemedicine, it is crucial to take into account the motivating reasons for happiness. A Joint Task Force on Telemedicine and Technological Innovation was established in 2019 through cooperation between the American Academy of Allergy, Asthma & Immunology and the American College of Allergy, Asthma and Immunology. The task force set out to accomplish a number of objectives, the main one of which was to acknowledge the rise of telemedicine in the field of allergy and immunology (AI) and to make it easier for it to be implemented in the proper clinical settings in order to improve clinical outcomes. Despite the use and acceptance of telemedicine in general expanding, before the coronavirus disease 2019 (COVID-19) pandemic, its use by clinicians in the United States was comparatively low, and this was especially true of AI clinicians. During the COVID-19 pandemic, use of telemedicine quickly increased as clinicians were compelled to use it due to restrictions on in-person visits. Information on patient and clinician satisfaction as well as recommendations for the proper application of AI technology has been gathered during the shift to telemedicine. These areas, as well as potential new study fields, are highlighted in this article [1].

As patients and physicians grew accustomed to using telemedicine for medical services, attitudes toward its utilisation changed over time. There was a rapid switch from in-person to telemedicine consultations with the COVID-19 epidemic. Ramsey et al. looked at appointment characteristics during the initial COVID-19 shutdown and found that, during the start of the pandemic, more than half of patients cancelled AI appointments, with only 2% getting in-person evaluations. 75% of encounters were assessed to have finished by AI physicians, despite the fact that most were concluded over the phone rather than through video visits. If diagnostic testing would have had an impact on management but couldn't be done, the encounter was deemed incomplete. The same group assessed patient satisfaction with telemedicine during the COVID-19 pandemic and found that 77% of patients said their telemedicine encounters were just as satisfactory as in-person encounters. The most frequently cited reasons by patients favouring an in-person encounter included more personal interaction, the desire for a physical examination, or the need for skin testing. Similar positive patient

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satisfaction experiences in other situations have been documented. In a research by a group in the UK, published at the start of the COVID-19 pandemic, it was said that 85% of patients had "very good" or "good" experiences with telemedicine when it was used to treat the whole range of AI disorders [2].

Patient satisfaction with telemedicine during the COVID-19 pandemic was positive, even in fields where an in-person physical assessment and procedure evaluation may be beneficial. The 18-item patient satisfaction questionnaire showed no differences between in-person and video visits for patients with chronic rhinosinusitis in terms of patient-related outcomes or patient satisfaction. Patients also reported similar experiences with regard to time spent with the doctor and with other patients. Similar improvements in clinical results and quality-of-life scores have been seen in the care of atopic dermatitis in dermatology, a field that focuses on physical examination. Comparing the management of children with atopic dermatitis during the COVID-19 pandemic via telephone encounters with or without patient-captured clinical images to the management of children through in-person encounters, Ragamin et al. analysis from the Netherlands found that the telephone encounters had a lower satisfaction rate [3].

In order to maximise outcomes and patient satisfaction during the COVID-19 pandemic and beyond, Ragamin et al. made the important point that some clinical situations may be better suited to telemedicine than others. The clinical situation may dictate the most appropriate mode of health care delivery. More than 400 patient encounters that took place over the phone, on video, and in person were analysed by Mustafa et al. in 2011. Although patient satisfaction was similar across all 3 modalities, Patients and doctors were more inclined to consider an in-person contact to be over. Compared to video or telephone consultations, doctors were more likely to describe in-person consultations for chronic rhinitis and food allergies as being complete, whereas patients felt that in-person consultations for food allergies were more thorough. Importantly, patients wanted to select an evaluation mode based on the clinical situation across all encounter modalities. Clinicians in an AI setting must weigh the advantages of remote treatment against the necessity of procedures like skin and lung function testing, food or drug challenges, and the administration of immunotherapy [4].

An initial telemedicine appointment may be helpful to triage patients to determine who needs It may not always be necessary to make in-person appointments and can

replace certain procedures. Additionally, when providing telemedicine, physicians need to be cognizant of health care inequities and whether certain patients have the tools and capabilities needed to complete evaluations remotely. Patients who successfully completed telemedicine visits during the COVID-19 pandemic were more likely to be White, English-speaking, and privately insured, according to research by Tsao et al. Patients who lack the resources or capacity to fully engage in telemedicine encounters must continue to receive care through in-person visits. It would be in the best interest of our profession to take use of the advantages of this medium beyond the COVID-19 epidemic given the documented patient satisfaction with telemedicine in a variety of AI clinical scenarios. Numerous studies show that telemedicine may play a part in delivering healthcare to remote places and areas where there is a dearth of clinicians. Travel distance was a predictor of patients choosing telemedicine interactions in an otolaryngology practise, according to research by Du et al. A study from Canada showed that telemedicine made it possible to provide AI care in underdeveloped areas where a two-way journey took more than six hours on average [5].

CONCLUSION

Given the rising emphasis on antibiotic stewardship and the de-labeling of penicillin allergy, the inpatient situation has a great potential for telemedicine growth. Telemedicine may be a means to increase access to this service, especially in institutions without AI doctors on staff. With the aid of an advanced practise practitioner, Staicu et al employed telemedicine to assess inpatients for reported penicillin allergies. Of the 50 individuals who were assessed, 33 patients switched to a beta lactam antibiotic, and 46 patients had a negative penicillin skin test result. The expected cost reductions were \$30,000, but the active physician time (while off site) was only 5 minutes. In the process of moving patients from a conventional medical facility to their homes, telemedicine can also be used. Health care-related quality of life was comparable for people with primary immunodeficiency despite switching from hospital-based to at-home immunoglobulin replacement, which was made possible by a remote help programme.

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CONFLICT OF INTEREST

Author declare that they have no conflict of interest.

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