

TELEHEALTH

The telemedicine challenge

"The doctor of the future is one who knows how to expand patient care capabilities, incorporating interactive resources to offer comprehensive care: care that is not restricted to physical presence."

Dr. Chao Lung

Throughout human evolution, health and disease have always been subjects of great concern and have had a profound effect on society, shaping it. Knowledge of medical history not only contributes to improving health care, but also provides lessons on medical ethics, improving the profession and the commitment made between patients and doctors. (1)

The history of telemedicine is part of the medical history. Although medical science has been around for more than 150 years, we have a lot to learn. An interesting question is the origin of telemedicine. The application of electrical and electronic telecommunications tools for medical purposes began in the late 19th century; but the appearance of the specific term marks the semantic beginning of the concept of this phenomenon. Many authors date the origin of telemedicine in 1974, referring to the article by R. G. Mark. However, in the scientific literature, the term "telemedicine technology" was used by R. L. Murphy et al. in 1970.

Telemedicine covers diagnostic, treatment, and prevention processes within the scope of health services and involves the use of telecommunications and virtual technology to provide medical care. It is important to understand that telemedicine is a method and not a work tool. As it is a work method, activities

must be structured in a different way, established its performance limits, forms of safe registration, responsibilities of those involved and conduct within professional ethics.

The World Health Organization (WHO) highlights that telemedicine includes four interrelated elements: (1) clinical support; (2) use of various types of information technology, leading to (3) improving health outcomes and (4) overcoming geographical barriers, connecting all users. In short, telemedicine has been brought to life by changes in technology and offers enormous possibilities to improve access and the standard of medical care and, thus, generate high quality medical care, accessible to everyone, anytime, anywhere. (2)

International Experiences

There are numerous telemedicine projects around the world. Latin America, considered an emerging region, presents major growth challenges in several socioeconomic aspects, including the health area (1). In Bolivia, the use of information and communication technologies in health services is widespread, reducing geographical, social, and cultural barriers. Although the term "telemedicine" is limited to direct medical care services, telehealth has a broader definition. The main objective of the Bolivian project is to use advanced telemonitoring devices to carry out specialized medical care, prevention, and health promotion. Telehealth is not just the implementation of technology or an assistance tool, but a process through which it is possible to provide greater access to the health system for people who are in communities far from health centers. The Bolivian experience shows (1):

- Reduction of waiting time for medical specialists;
- Identification of possible complications and referral to centers with greater service capacity;
- Reduction of emergencies in second and third levels hospitals;
- Reduced time and savings for patients from remote communities;
- Decrease in the mortality rate through surveillance and monitoring of pathologies, giving greater importance to maternal and child health;
- Training of health personnel through access to ICT.

In Europe, the Danish health system is an example because it is universal and based on the principle of free and equal access for all citizens, with most government-funded health services. The strategies initially focused on digitizing the health sector, with special attention to the development and implementation of electronic medical records in hospitals and electronic medical records in primary care. Today, Denmark is highly digitized and has a solid basis for further digitization. Over the years, national e-Health strategies have been based on some basic policies (1):

- Each healthcare organization is free to choose e-Healthcare applications of their choice. As a result, there is a diversity of systems in the healthcare industry and, as the IT systems used are not integrated, national information exchange formats and standards have been developed and made mandatory across the Danish healthcare industry to support sharing and exchange.

- All healthcare organizations must adhere to and implement commonly agreed interfaces, standards, terminologies, and classifications to maintain technical and semantic interoperability for the purpose of data exchange.
- Profiles and electronic communication exchange interfaces in the health sector are developed in a consensus process.

Types of Consultations

Currently telemedicine consultations can be divided into two types and are related to the way information is exchanged: pre-recorded consultations and real-time consultations. The first type of telemedicine consultation consists of recording an image (for example, an X-ray image) and sending it through data exchange to a specialist or center where the consultations take place. After receiving the patient's data, the specialist makes a description and sends his comments and conclusions in the same way. The advantage of this type of process is the possibility of obtaining consultations without the need to involve many specialists at the same time (1). However, clinical practice in several medical specialties shows that there are patients who need immediate consultation with a specialist located at a significant distance from the office where the patient is examined. For this purpose, a second type of consultation is used - in real time - to obtain an immediate diagnosis. To ensure good quality and speed in the exchange of information, it is necessary to have an IT infrastructure and appropriate technological solutions to achieve this quality. The apparently high costs associated with the provision of appropriate technology, compensate for access to specialized services more quickly and cheaper for the user and the care network. (1)

Implementation Process

Telemedicine is seen as the solution to many problems in many health systems. However, implementing it can be complex, because in addition to depending on the behavioral and ethical concepts of its users, it is also influenced by factors such as legal, organizational, and financial conditions (4). Before implementation, in order to be successful, it is necessary to assess the level of users, health organizations, and whether health services are prepared to adopt the method (4).

Support tools for the expansion of telemedicine should include providing improvement measures, helping users to understand what steps can be taken in which contexts and guiding them during the implementation process. In addition to the provision of a web tool, the use of the model must be described in detail. In terms of the design method, stakeholders, for example, patients and professionals, should be included in the development of the model to ensure that their perspectives are represented. It is important to understand that user participation is fundamental to the success of the telemedicine program. (4) Canadian research shows that when structuring a telemedicine program, a holistic approach is needed, studying individuals, culture, environment, behaviors, in addition to the available technology. (5)

There is little evidence about which technology model or health behavior change is best suited for user acceptance. However, research indicates that the acceptance of telemedicine depends not only on the resources of the technology, but also on the individual characteristics of the end user (user-centered model). For patients, the acceptance of telemedicine in their social environment is crucial,

as friends and family can support the adoption of the use of telemedicine. For health professionals, the use of telemedicine in their clinical practice is vitally important (5).

Telemedicine in Brazil

In Brazil, the practice of telemedicine represents a new paradigm, as it proposes to reduce the geographical limits, allowing the access of the population that lives far from urban centers and their approach to the guidance of specialized professionals (3). The objectives are assistance, education, research, disease and injury prevention, and health promotion, according to article 3 of Bill No. 696/2020 and article 1 of the revoked Resolution CMF No. 2,227 / 2018. The Brazilian discussion on this subject has existed for more than a decade. We are still under an outdated standardization that does not keep up with technological advances and the new health reality, in addition to being brief and imprecise as to the limits to be respected in distance care. Only telepathology and teleradiology services, which take place asynchronously, have evolved and been regulated in Brazil in recent years.

Telepathology

The sending of images of exam slides for remote analysis has been a reality since 2019 and to ensure that this transmission occurs safely, the “Federal Council

of Medicine” (CFM) published Resolution No. 2,264 / 2019, which regulates telepathology throughout national territory and defines it as sending slide images for analysis by a pathologist at a distance, determining that the process can only be carried out with the presence of doctors on one side and the other of the transmission platforms. The rule also establishes that this service can only be performed if it has the appropriate technological support to guarantee the integrity, veracity, confidentiality, privacy, and secrecy of the information.

Teleradiology

One of the great activities of telemedicine is teleradiology, which aims to use media and information technologies to diagnose radiological examinations, without the need for a radiologist present at the examination site.

CFM Resolution 2017/2014 defines and regulates Teleradiology and revokes CFM Resolution No. 1890/09.

Pandemic by COVID-19

The COVID-19 pandemic led us to reflect on the real status of global health. We have dealt with health problems, issues and concerns that transcend the national borders of countries and can be influenced by circumstances or experiences in other countries and that are best addressed by cooperative actions and solutions. Currently, directives and guidelines must meet the needs of diverse populations, this has never happened before, so intensely and immediately, in the history of humanity.

The future of health services is centered on giving people a complete perspective on the multiple factors that affect their health. Remote care is in full expansion, aiming to be concerned with reducing health care costs and epidemiological factors such as population aging, an increase in chronic diseases and infectious diseases (8).

With the declaration of “Public Health Emergency of National Importance” (ESPIN) as a result of Human Infection by COVID-19, declared through Ordinance No. 188 / GM / MS of February 3, 2020, the regulatory agencies issued exceptional decrees and crafts that regulate telemedicine.

Like other countries affected by the pandemic, telemedicine can be a valuable method, guaranteeing collective access and protection to the population. Its use in screening can favor more serious cases to the health service, while in assistance it can favor the care of milder cases, allowing less serious patients to remain in isolation and still have their right protected through effective monitoring. Another important possibility is to guarantee counseling in cases of signs and symptoms, acute, of other potentially serious pathologies, other than COVID-19 - mainly regarding the need to seek medical care safely.

Medicine

Law No. 13,989, which provides for the use of telemedicine during the crisis caused by the SARS-CoV-2 virus, sanctioned on April 15, 2020, reaffirms Ordinance No. 467 of the Ministry of Health and CFM Official Letter No. 1756 / 2020, except for two requirements:

- After the pandemic period, the Federal Council of Medicine would regulate telemedicine, because according to the federal government

this is an activity that must be regulated by law, that is, by proposal it has to pass approval by the National Congress.

- Validity of medical prescriptions presented in digital format, as, according to the government, it could cause the collapse in the current control system for the sale of controlled drugs, making room for a surge in the consumption of opioids and other drugs of the kind.

In the other articles, Law No. 13,989, does not change what Ordinance No. 467 and CFM Official Letter No. 1756/2020 had established:

- Telemedicine can be used within the scope of SUS, as well as in supplementary health (health plans) and in private care.
- The specific equipment, platform or support has not been determined, but the doctor needs to ensure that the chosen means of care guarantees the integrity, digital security, and information confidentiality. The doctor, in your clinic, or the hospital is responsible for that choice.
- It does not detail the minimum requirements for a consultation, but it is necessary to guarantee the authenticity, integrity, security (use of encryption) and privacy of medical information.
- It cannot be done through free or paid apps that are not HIPAA compliance - free Whatsapp, Facebook, Facebook WorkPlace, Free GSuite, Hangout, free Skype, Instagram etc. For interaction connected with HIPAA security, you can use some software such as: WebEx, Corporate Zoom with Healthcare, Adobe Connect, VSee etc. There are several applications on the market that are HIPAA compliance and can be used by doctors.

- It is mandatory to ensure the integrity and encryption of the information transmitted and exchanged between doctor and patient, as well as the security and confidentiality of this information against data leakage.
- As Teleconsultation is a Medical Act, it is mandatory to use systems to record clinical data, either in textual form or from recording, and the generation of files for each Teleconsultation. The digital clinical data generated in each Teleconsultation must be part of the patient's record and must be kept for a legal period of 20 years from the last record made on the record.
- It does not specify the mandatory application of the Free and Informed Consent Form, but it is recommended to apply it in writing, as there is a need for the patient's express consent for the Teleconsultation, mainly because personal health data will be transmitted in a digital, over the internet, and that is attached to the patient's medical record (it is possible to ask the patient for a Consent Term valid for a certain period of time for continuous care, if reevaluations or evolutionary follow-up for a longer period are necessary). If it is impossible to obtain written consent for the Teleconsultation, it is recommended that, when starting the service, the doctor informs the patient about the Teleconsultation and asks for his verbal express consent. It is important to record in the medical record the procedure used to collect the patient's consent.
- The preparation of medical records remains mandatory when the Teleconsultation is carried out, under penalty of ethical infraction. All information that would be recorded in a face-to-face consultation, such as, for example, clinical data of the patient, should be noted. Other necessary information: date and time of start and end of care, relevant clinical data,

diagnostic hypothesis, and medical conduct. And information about the information and communication technology used, that is, what was the system / platform used in the service.

- In case of Teleconsultation, the doctor must send the patient a summary report of the care provided.
- It does not bring any guidance or prohibition related to the use of audio only, without video, however video is a more dynamic process and allows physical examination through observation. It is important to remember that all interactions made exclusively by telephone cannot be characterized as a Medical Act - therefore, they cannot be charged. Telephone and WhatsApp should be used as digital resources to support medical care.
- It does not provide guidance in relation to real-time consultation, because of this, Teleconsultations can be synchronous or asynchronous, which is any form of remote communication not performed in real time, without immediate interaction. However, the use of cryptography in the exchange of clinical data is MANDATORY.
- Teleconsultations can be performed by an individual doctor or by clinics. In the case of clinics, the technician responsible (technical director) of the clinic is responsible for respecting all ethical standards related to distance care, including regarding the confidentiality of information, preparation, and storage of the patient's medical record.
- Teleconsultations can be carried out not only for those who are already patients, but also for those who are not yet patients of the doctor or clinic in question. However, the responsibility for the consequences lies entirely with the doctor who attended the patient.

- It does not provide guidance or prohibition regarding consultations by doctors in different states of the patient, Article 5 of Resolution No. 1,643 / 2002 must be followed. In this way, a doctor from one state can perform a patient's teleconsultation from another state. However, it is mandatory that the doctor who is going to perform the Teleconsultation must be registered with the Regional Council of the State where he is located to provide care. If the Teleconsultation is performed by a Clinic, both the doctor and the Clinic must be registered with the CRM at the place where the service is provided (CFM Resolution No. 1,643 / 2002, article 5).
- It is recommended that before starting the Teleconsultation, the doctor must pass on information to the patient about the exceptional and temporary nature of the ethical permission regarding Teleconsultation so that he can exercise his right to self-determination to start this type of relationship with the professional / clinic in question. This information must also be included in the Informed Consent Form for Teleconsultation.
- Teleconsultation is a professional act and, as such, must be remunerated. If Teleconsultation takes place in a private service format, the patient (or his / her guardian) is the one who must pay for the service provided. To avoid misunderstandings, before starting the Teleconsultation, the doctor must inform the patient that it is a remote medical consultation, that the Teleconsultation is charged, inform the amount, as well as that the practice is authorized on an exceptional and temporary basis .
- Regarding the value of the Teleconsultation itself, it is up to the doctor to decide whether to charge an amount equal to or less than that practiced for face-to-face consultations. There is no prohibition in this regard.

- In cases of care via supplementary health (health plans), the patient needs to be advised that he must pay the cost of the consultation, if the health plan does not authorize this type of assistance. In order to instruct the question of the provision of services by Telehealth by health operators during the COVID-19 pandemic, the “National Supplementary Health Agency” (ANS) published, on March 31, Technical Note guiding how the agreements should proceed in relation to payments for medical services provided through Telehealth (Technical Note 6/2020 / GGRAS / DIRAD-DIPRO / DIPRO). The document states that “care provided by the health professionals that make up the plan's assistance network, to its beneficiaries, through distance communication, in the form authorized by their professional council, will be mandatory coverage, once the usage guidelines are met. of the procedure and in accordance with the rules agreed in the contract established between the operator and the service provider. Likewise, if the beneficiary's plan provides for the free choice of professionals, upon reimbursement, the service provided through such a modality will also be covered and must be reimbursed, as provided for in the contract.”
- It did not modify the Code of Medical Ethics, limiting itself to making some exceptions, in a punctual, extraordinary, and temporary manner regarding the possibility of making a Teleconsultation.
- There was no change in the ethical rules regarding advertising, the relationship between doctors and medical remuneration. Thus, the announcement of a free Teleconsultation could characterize a violation of articles 18, 51 and 58 of the Code of Medical Ethics and of that established by CFM Resolution No. 1,974 / 2011. Therefore, it is not recommended to

disclose Teleconsultation free of charge or with promotional prices. Free ads and lowest price.

- At the end of the Teleconsultation, it is recommended that the doctor ask the patient if he has any doubts about the service.
- It establishes that the issuance of a distance certificate will be valid electronically. The certificate must be issued by the doctor who performed the Teleconsultation and it is mandatory that it contains the following information: identification of the doctor (name, CRM and State), identification and data of the patient, record of the date and time and duration of the certificate. As in the case of medical prescription, the certificate must also be issued using an electronic signature by means of a certificate and keys issued by the “Infrastructure of Brazilian Public Keys” (ICP-Brasil), generating an electronically signed document with all security guarantees of ICP-Brasil.
- In the case of an isolation measure determined by the doctor, it will be up to the patient to send or communicate to the doctor: signed free and informed consent form (as provided for in § 4 of Article 3 of Ordinance No. 356 / GM / MS, March 11, 2020); or signed declaration term, containing the list of people residing at the same address (as provided for in § 4 of article 3 of Ordinance No. 454 / GM / MS, March 20, 2020).

Nursing

COFEN, through COFEN RESOLUTION No. 634/2020, authorizes and regulates nursing teleconsultation as a way to combat the pandemic caused by

Sars-Cov-2, through consultations, clarifications, referrals and guidance with the use of technological means, with validity by period that this pandemic lasts:

- With audiovisual resources and data that allow interchange at a distance between the nurse and the patient simultaneously or asynchronously.
- The electronic means used for the teleconsultation must be sufficient to safeguard, store and preserve the electronic interaction between the nurse and his patient, respecting the precepts established in the Code of Ethics of Nursing Professionals regarding integrity, in all its aspects of the information resulting from the consultation, which will constitute the patient care record. It is the responsibility of the nurse and / or the health institution to keep electronic or digital records in medical records / specific form for teleconsultation.
- Teleconsultation must be duly consented by the patient or his legal representative and performed by free decision and under the professional responsibility of the nurse.
- In teleconsultations, the following electronic / digital records are mandatory: identification of the nurse and / or the nursing clinic; consent form of the patient, or his legal representative, which can be electronic (e-mail, communication applications or by phone), as it appears in the annex to the resolution; patient identification and data; recording of the start and end date and time; patient history; clinical observation; nursing diagnosis; care plan; and nursing assessment and / or referrals.

Social service

On March 18, 2020, the “Federal Council of Social Work” (CFESS) published a technical note on the exercise of social work professionals in the face of the COVID-19 pandemic. In relation specifically to the work of Social Work, professionals must decide autonomously (preferably collectively) on the most appropriate form of care in each situation, in order to meet sanitary guidelines, as well as protect the health of the professional and the user.

However, if they decide to attend by videoconference, they must be exceptional, considering the particularity of this moment. It should also be noted that, in relation to videoconference / remote / online service, CFESS did not regulate it, considering that it still has considerations about the quality of the service provided in this way. Therefore, this type of care can occur in an exceptional character to which we refer, given the pandemic situation in which the country is.

Professionals who decide, autonomously, to use this type of service, must consider the quality of the service provided and the guarantee of ethical-professional precepts, especially with regard to professional secrecy. It is also noteworthy that the technical and ethical conditions of professional practice, regardless of the current situation, must be required, as recommended by Resolution CFESS 493/2006, which provides for the ethical and technical conditions of the professional practice of the social worker.

Physiotherapy and Occupational Therapy

The “Federal Council of Physiotherapy and Occupational Therapy” (COFITO) through Resolution No. 516 of March 20, 2020 - Teleconsultation, Telemonitoring and Teleconsultation, allows non-face-to-face assistance in the modalities, teleconsultation, teleconsulting and telemonitoring, during the confrontation of the crisis caused by COVID-19 pandemic.

- Teleconsultation consists of the clinical consultation registered and performed by the Physiotherapist or Occupational Therapist at a distance.
- Telemonitoring consists of remote monitoring of a patient previously attended in person, using technological devices. In this modality, the Physiotherapist or Occupational Therapist can use synchronous methods (any form of remote communication performed in real time) and asynchronous methods (any form of remote communication not performed in real time), as well as deciding on the need for face-to-face meetings for reassessment whenever necessary.
- The Physiotherapist or Occupational Therapist has autonomy and independence to determine which patients or cases can be attended or monitored at a distance, such a decision must be based on scientific evidence on the benefit and safety of their patients.
- In the provision of non-face-to-face services, the professional is obliged to observe all other devices contained in the Codes of Ethics and Deontology of Physiotherapy and Occupational Therapy, in addition to observing the other rules of COFFITO.
- The services provided at a distance in Physiotherapy and Occupational Therapy must respect the physical technological infrastructure, human

resources and adequate materials, as well as obey the technical standards of custody, management and data transmission, guaranteeing confidentiality, privacy and professional secrecy similar to the face-to-face service.

- The professional is authorized to provide this service free of charge, without charging fees, leaving the decision regarding the graciousness of the service to each professional.

Speech Therapy

On March 17, 2020, the “Federal Council of Speech Therapy” (CFFA), issued a technical note on the use of teleconsultation by speech therapy professionals.

In emergency conditions such as a pandemic, teleconsultation and telemonitoring can be carried out, temporarily, during the months of March and April 2020. It is important that the information and communication technologies used for the services comply with verification, confidentiality and security parameters recognized and adequate, considering what Law no. 13,853, of July 8, 2019, which amends Law No. 13,709, of August 14, 2018, to provide for the protection of personal data and to create the National Data Protection Authority.

The services provided via telehealth must respect the physical technological infrastructure, human resources, and adequate materials, as well as obey the technical rules of custody, management, and data transmission, guaranteeing confidentiality, privacy and professional secrecy. The speech therapist who provides this service must guarantee equivalence to the services

provided in person, complying with the Code of Ethics in Speech Therapy, as well as other devices that govern the best practices in their area of expertise.

Psychology

The “Federal Council of Psychology” (CFP), through the publication of Resolution No. 4 of March 26, 2020, regulated the psychological services provided through Information and Communication Technology during the COVID-19 pandemic. In the face of the health crisis caused by Covid-19, the new regulation suspends, in an exceptional and temporary way, some provisions of Resolution CFP nº 11/2018 that regulates the provision of psychological services online, to make this form of assistance more flexible and, thus, , avoid the discontinuation of care to the population in the coming months.

- It is a fundamental duty of the psychologist to know and comply with the Code of Professional Ethics established by Resolution CFP nº 10, of July 21, 2005, in the provision of psychological services through communication and information technologies.
- The provision of the following psychological services carried out by means of information and communication technology is authorized, provided that they do not violate the provisions of the Code of Professional Ethics:
 - Consultations and / or psychological care of different types in a synchronous or asynchronous manner;
 - Personnel Selection processes;
 - Use of psychological instruments duly regulated by permanent resolution, and psychological tests must have a favorable opinion

from the “Psychological Instruments Evaluation System” (SATEPSI), with specific standards and norms for this purpose.

- Technical supervision of services provided by psychologists in the most diverse contexts of practice.
- Psychological consultations and / or appointments are understood as the systematic set of procedures, through the use of psychological methods and techniques which provide a service in different areas of Psychology with a view to evaluating, guiding and / or intervening in processes individual and group.
- In any form of these services, psychology professionals will be obliged to specify which technological resources are used to guarantee the confidentiality of information and to clarify the client about it.
- The provision of psychological services is subject to prior registration on the e-Psi platform with the respective Regional Council of Psychology - CRP:
 - The psychologist must keep the register updated.
 - The psychologist may provide psychological services through Information and Communication Technology until the respective CRP has issued an opinion.
 - The decision to reject the registration by the CRP may be appealed to the CFP, within 30 days;
 - The appeal to the CFP will have a suspensive effect, so that the psychologist can provide the service until the CFP's final decision;
 - The absence of an appeal will imply the impediment and immediate interruption of the provision of the service;
 - In the event of the absence of an appeal or a final decision by the CFP confirming the rejection of the registration by the CRP, the

psychologist is prevented from providing psychological services through communication and information technologies until the approval of a new registration application by the CRP.

- The psychologist who provides psychological services through Information and Communication Technology after the CFP's rejection will be unethical.
- Art. 3, Art. 4, Art. 6, Art. 7 and Art. 8 of CFP Resolution No. 11, of May 11, 2018, are suspended during the COVID-19 pandemic period and until Resolution of the CFP on psychological services provided by means of information and communication technology. NOTE: the other articles of Resolution CFP nº 11 of May 2018 remains in force.

Nutrition

“The Federal Council of Nutritionists” (CFN), in accordance with the resolution of the CFN Plenary meeting held extraordinarily by videoconference, published Resolution CFN No. 646, OF March 18, 2020, which suspends until August 31, 2020 the provisions of Article 36 of CFN Resolution No. 599, of February 25, 2018, which approves the Code of Ethics and Conduct for Nutritionists, considering:

- The consequences of social isolation required as a preventive measure against coronavirus (Covid-19).
- The need for nutritionists to continue providing nutritional care;
- Resolves: Art. 1 The CFN resolves, on an exceptional basis, to suspend until August 31, 2020, the provisions of article 36 of CFN Resolution No. 599, of February 25, 2018, which approves the Code of Ethics and Conduct of

Nutritionists. In this way, professionals are provided with nutritional care through non-presence until the date established above.

Telemedicine in the future

We are undergoing an important change in the way our work impacts society. The actions of each individual can have a global effect. We are learning to understand the complexity of the social system. The global crisis that we are experiencing now has exposed the need to think beyond service units and begin to understand the needs of society that use these services: What are the social problems? What are the needs of society? Which technologies are available at the moment and which are emerging?

The future is always a possibility, not a prediction. We are having the possibility to create a desirable future. Every creation of a future is a political act, it is a collaborative, inclusive and ethical task.

Telemedicine is a methodology that must be structured based on comprehensiveness, ethics, and safety. In view of the opinions of the professional councils, it is clear that health professionals need to deepen this subject, since none of them presents the Telehealth as a structured method of service, with defined processes, limits, records, responsibilities and roles of those involved.

Investment in the training, and performance of these professionals in the use of telemedicine should be the focus of discussion, in order to bring the benefits established in the method, such as improving access to health, system balance, relieving the tertiary sector and promoting and preventing actions the health. Telemedicine came to support the preservation of the population's health.

There is no way back. What some companies and even government agencies have been trying for years for a digital shift, in recent months have shown how our future will be. Telemedicine is an irreversible path.

“Perhaps using the current technological facilities, it is possible to develop a new relationship model between health professionals and the population, to establish a new dynamic, in which the focus is not on covering diseases or the risks of their dissemination, but on promoting health education with a stimulus to life quality (...) With this, a global chain could be developed, generating positive cycles in the health promotion and well-being of a community and, thus, developing the notion that the Telehealth can be a Health Productive Chain strategy. ”

Dr. Chao Lung Wen

REFERENCES

- 1 M. Jordanova, F. Lievens, A. Vladzimirskyy - A Century of Telemedicine: Curatio Sine Distantia et Tempora - A World Wide Overview – Part III, 2019. [https://www.isfteh.org/media/a-century-of-telemedicine-curatio-sine-distantia-et-tempora.a-world-wide-o](https://www.isfteh.org/media/a-century-of-telemedicine-curatio-sine-distantia-et-tempora-a-world-wide-o)
- 2 S. G. Alonso, I. T. Díez, B. G. Zapiraín - Predictive, Personalized, Preventive and Participatory (4P) Medicine Applied to Telemedicine and eHealth in the Literature, Journal of Medical Systems, 2019. <https://doi.org/10.1007/s10916-019-1279-4>
- 3 Souza CFQ, Oliveira DG, Santana ADS, Mulatinho LM, Cardoso MD, Pereira EBF, Aquino JM. Evaluation of nurse's performance in telemedicine. Rev Bras Enferm. 2019;72(4):933-9. <http://dx.doi.org/10.1590/0034-7167-2018-0313>
- 4 L. Otto, D. Whitehouse, H. Schlieter - On the Road to Telemedicine Maturity: A Systematic Review and Classification of Telemedicine Maturity Models - 2ND BLED ECONFERENCE HUMANIZING TECHNOLOGY FOR A SUSTAINABLE SOCIETY, 2019, BLED, SLOVENIA, CONFERENCE PROCEEDINGS - <https://doi.org/10.18690/978-961-286-280-0.26>
- 5 Harst L, Lantzs H, Scheibe M - Theories Predicting End-User Acceptance of Telemedicine Use: Systematic Review J Med Internet Res 2019;21(5): e13117 <http://www.jmir.org/2019/5/e13117/>
- 6 Douglas Crispim, Maria Júlia Paes da Silva, Walmir Cedotti, Millena Câmara, Sarah Ananda Gomes - COMUNICAÇÃO DIFÍCIL E COVID – 19 - Recomendações práticas para comunicação e acolhimento em diferentes cenários da pandemia, 2020. <https://ammg.org.br/wp-content/uploads/comunica%C3%A7%C3%A3o-COVID-19.pdf.pdf>
- 7 PARECER CFM nº 14/2017 - Uso do WhatsApp em ambiente hospitalar, 2017. file:///C:/Users/Flora/Downloads/14_2017.pdf
- 8 Barbosa IA, Silva MJP. Nursing care by telehealth: what is the influence of distance on communication? Rev Bras Enferm [Internet]. 2017;70(5):928-34. [Thematic Edition “Good practices and fundamentals of Nursing work in the construction of a democratic society”] <http://dx.doi.org/10.1590/0034-7167-2016-01>
- 9 PARECER COREN-SP 038/2019 - Realização de Telenfermagem pelos profissionais de enfermagem - <https://portal.coren-sp.gov.br/wp-content/uploads/2020/02/PARECER-038.2019-Telenfermagem.pdf>
- 10 PORTARIA Nº 2.546, DE 27 DE OUTUBRO DE 2011 - Redefine e amplia o Programa Telessaúde Brasil, que passa a ser denominado Programa Nacional Telessaúde Brasil Redes (Telessaúde Brasil Redes). https://bvsmis.saude.gov.br/bvs/saudelegis/gm/2011/prt2546_27_10_2011.html
- 11 DECRETO Nº 9.795, DE 17 DE MAIO DE 2019 - Aprova a Estrutura Regimental Aprova a Estrutura Regimental e o Quadro Demonstrativo dos Cargos em Comissão e das Funções de Confiança do Ministério da Saúde. http://www.planalto.gov.br/ccivil_03/ato2019-2022/2019/decreto/D9795.htm
- 12 PORTARIA Nº 467, DE 20 DE MARÇO DE 2020 - Dispõe, em caráter excepcional e temporário, sobre as ações de Telemedicina, com o objetivo de regulamentar e operacionalizar as medidas de enfrentamento da emergência de saúde pública de importância internacional previstas no art. 3º da Lei nº 13.979, de 6 de fevereiro de 2020, decorrente da epidemia de COVID-19. <http://www.in.gov.br/en/web/dou/-/portaria-n-467-de-20-de-marco-de-2020-249312996>

- 13 Chao Lung Wen - Telemedicina e Telessaúde: Inovação e Sustentabilidade - As experiências da Disciplina de Telemedicina (DTM) da Faculdade de Medicina da Universidade de São Paulo São Paulo, Gold Book, p 87 a 104, 2012. <http://www.telessaude.uerj.br/resource/golddbook/pdf/5.pdf>
- 14 OFÍCIO CFM Nº 1756/2020 – COJUR - decidiu aperfeiçoar ao máximo a eficiência dos serviços médicos prestados e, EM CARÁTER DE EXCEPCIONALIDADE E ENQUANTO DURAR A BATALHA DE COMBATE AO CONTÁGIO DA COVID-19, reconhecer a possibilidade e a eticidade da utilização da telemedicina. http://portal.cfm.org.br/images/PDF/2020_oficio_telemedicina.pdf
- 15 RESOLUÇÃO Nº 2.264, DE 20 DE SETEMBRO DE 2019 - Define e disciplina a telepatologia como forma de prestação de serviços de anatomopatologia mediados por tecnologias. <http://www.in.gov.br/en/web/dou/-/resolucao-n-2.264-de-20-de-setembro-de-2019-227466641>
- 16 Resolução CFM Nº 2107 DE 25/09/2014 - Define e normatiza a Telerradiologia. <https://brasiletelemedicina.com.br/wp-content/uploads/2015/06/Resolu%C3%A7%C3%A3o-CFM-N%C2%BA-2107.pdf>
- 17 PORTARIA Nº 188, DE 3 DE FEVEREIRO DE 2020, do MINISTÉRIO DA SAÚDE - Declara Emergência em Saúde Pública de importância Nacional (ESPIN) em decorrência da Infecção Humana pelo novo Coronavírus (2019-nCoV). <http://www.in.gov.br/en/web/dou/-/portaria-n-188-de-3-de-fevereiro-de-2020-241408388>
- 18 RESOLUÇÃO CFM nº 1.643/2002 - Define e disciplina a prestação de serviços através da Telemedicina. http://www.portalmedico.org.br/resolucoes/CFM/2002/1643_2002.pdf
- 19 AGÊNCIA NACIONAL DE SAÚDE (ANS) - NOTA TÉCNICA Nº 6/2020/GGRAS/DIRAD-DIPRO/DIPRO – Dispõe sobre a cobertura assistencial dos atendimentos realizados por meios remotos, empregandos e tecnologias que viabilizem o atendimento não presencial (telessaúde). https://www.sbp.com.br/fileadmin/user_upload/NT_TELESSAUDE.pdf.pdf.pdf.pdf.pdf
- 20 RESOLUÇÃO CFM Nº 1.974/2011 - Estabelece os critérios norteadores da propaganda em Medicina, conceituando os anúncios, a divulgação de assuntos médicos, o sensacionalismo, a autopromoção e as proibições referentes à matéria. http://www.portalmedico.org.br/resolucoes/CFM/2011/1974_2011.htm
- 21 RESOLUÇÃO COFEN Nº 634/2020 - Autoriza e normatiza, “ad referendum” do Plenário do Cofen, a teleconsulta de enfermagem como forma de combate à pandemia provocada pelo novo coronavírus (Sars-Cov-2), mediante consultas, esclarecimentos, encaminhamentos e orientações com uso de meios tecnológicos, e dá outras providências. http://www.cofen.gov.br/resolucao-cofen-no-0634-2020_78344.html
- 22 NOTA TÉCNICA DO CONSELHO FEDERAL DE SERVIÇO SOCIAL (CFESS) de 18 de março de 2020 - exercício do profissional do serviço social diante da pandemia do COVID-19. <http://www.cfess.org.br/visualizar/noticia/cod/1679>
- 23 RESOLUÇÃO CFESS nº 493/2006 de 21 de agosto de 2006 - Dispõe sobre as condições éticas e técnicas do exercício profissional do assistente social. http://www.cfess.org.br/arquivos/Resolucao_493-06.pdf
- 24 RESOLUÇÃO Nº 516, DE 20 DE MARÇO DE 2020 DO CONSELHO FEDERAL DE FISIOTERAPIA E TERAPIA OCUPACIONAL, Teleconsulta, Telemonitoramento e Teleconsultoria - Dispõe sobre a suspensão temporária do Artigo 15, inciso II e Artigo 39 da Resolução COFFITO nº 424/2013 e Artigo 15, inciso II e Artigo 39 da Resolução COFFITO nº 425/2013 e estabelece

- outras providências durante o enfrentamento da crise provocada pela Pandemia do COVID-19. <https://www.coffito.gov.br/nsite/?p=15825>
- 25** NOTA TÉCNICA DO CONSELHO FEDERAL DE FONOAUDIOLOGIA (CFFA) de 17 de março de 2020 – Dispõe sobre a utilização de teleconsulta pelos profissionais de fonoaudiologia. <https://www.fonoaudiologia.org.br/cffa/index.php/2020/03/coronavirus-teleconsulta-e-telemonitoramento-em-condicoes-emergenciais/>
 - 26** RESOLUÇÃO Nº 4, DE 26 DE MARÇO DE 2020 DO CONSELHO FEDERAL DE PSICOLOGIA (CFP) - Dispõe sobre regulamentação de serviços psicológicos prestados por meio de Tecnologia da Informação e da Comunicação durante a pandemia do COVID-19. <https://atosofici-ais.com.br/cfp/resolucao-do-exercicio-profissional-n-4-2020-dispoe-sobre-regulamentacao-de-servicos-psicologicos-prestados-por-meio-de-tecnologia-da-informacao-e-da-comunicacao-durante-a-pandemia-do-covid-19?origin=instituicao>
 - 27** RESOLUÇÃO Nº 11, DE 11 DE MAIO DE 2018 DO CONSELHO FEDERAL DE PSICOLOGIA (CFP) - Regulamenta a prestação de serviços psicológicos realizados por meios de tecnologias da informação e da comunicação e revoga a Resolução CFP N.º 11/2012. <https://site.cfp.org.br/wp-content/uploads/2018/05/RESOLU%C3%87%C3%83O-N%C2%BA-11-DE-11-DE-MAIO-DE-2018.pdf>
 - 28** RESOLUÇÃO Nº 10 DE 21 DE JULHO DE 2005 DO CONSELHO FEDERAL DE PSICOLOGIA (CFP) - Código de Conduta Ética do Profissional Psicólogo. http://site.cfp.org.br/wp-content/uploads/2012/07/codigo_etica.pdf
 - 29** RESOLUÇÃO Nº 646, DE 18 DE MARÇO DE 2020, DO CONSELHO FEDERAL DE NUTRIÇÃO (CFN) - Suspende até o dia 31 de agosto de 2020 o disposto no artigo 36 da Resolução CFN nº 599, de 25 de fevereiro de 2018, que aprova o Código de Ética e de Conduta dos Nutricionistas. https://www.cfn.org.br/wp-content/uploads/resolucoes/Res_646_2020.htm
 - 30** RESOLUÇÃO Nº 599, DE 25 DE FEVEREIRO DE 2018 DO CONSELHO FEDERAL DE NUTRIÇÃO (CFN) - Aprova o CÓDIGO DE ÉTICA E DE CONDUTA DO NUTRICIONISTA e dá outras providências. https://www.cfn.org.br/wp-content/uploads/resolucoes/Res_599_2018.htm
 - 31** LEI Nº 13.989, DE 15 DE ABRIL DE 2020 - Dispõe sobre o uso da telemedicina durante a crise causada pelo coronavírus (SARS-CoV-2). <http://www.in.gov.br/en/web/dou/-/lei-n-13.989-de-15-de-abril-de-2020-252726328>