Epidemiological profile and evaluation of telemedicine patients during the covid-19 pandemic

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Abstract

Introduction: *Based on the impact of the pandemic COVID -19 on health care, the present study aimed to describe the profile of patients treated by teleconsultation during the pandemic. This was a cross-sectional study conducted in Bahia, Brazil. The study population consisted of 99 patients, and data collection was performed using forms applied by trained professionals. The majority of the population consisted of women aged 40 to 59 years, brown skin color, married or in a committed and stable relationship, and of Catholic religion. The main reasons for seeking the service according to the CIAP228 chapters were: Skeletal, Psychological, Endocrine, Metabolic, Nutritional, and Dermatological Muscles. Of all patients, 43.48% were obese or morbidly obese. About 48.05% were aware of free medical consultation through telemedicine over the internet. The service was more sought after by women, and there was a higher percentage of patients with musculoskeletal complaints and those with chronic diseases. Mental health complaints were also very prominent, particularly at a time of pandemic when services providing such care were sometimes disrupted. Easy access to teleconsultation may help to expand the distribution of health care to places with contrasting supply and demand.*

Keywords: *Telemedicine, Telehealth, Teleconsultation; Health Teleservices; research Analysis; International Classification of Primary Care.*

Resumen

Perfil epidemiológico y evaluación de pacientes de telemedicina durante la pandemia de covid-19

Introducción: *A partir del impacto de la pandemia COVID -19 en la atención a la salud, el presente estudio tuvo como objetivo describir el perfil de los pacientes atendidos por teleconsulta durante la pandemia. Este fue un estudio transversal realizado en Bahía, Brasil. La población del estudio fueron 99 pacientes, y la recolección de datos se realizó mediante formularios aplicados por profesionales capacitados. La mayoría de la población eran mujeres de 40 a 59 años, con color de piel morena, casadas o en relación comprometida y estable, y de religión católica. Los principales motivos de búsqueda del servicio según los capítulos CIAP228 fueron: Músculos Esquelético, Psicológico, Endocrino, Metabólico, Nutricional y Dermatológico. Del total de pacientes, el 43,48% eran obesos u obesos mórbidos. El 48,05% conocía la consulta médica gratuita a través de telemedicina por internet. El servicio fue más buscado por las mujeres, y hubo un mayor porcentaje de pacientes con problemas musculoesqueléticos y aquellos con enfermedades crónicas. Las quejas de salud mental también fueron muy prominentes, particularmente en un momento de pandemia cuando los servicios que brindaban dicha atención a veces se vieron interrumpidos. El fácil acceso a la teleconsulta puede ayudar a expandir la distribución de la atención médica a lugares con oferta y demanda contrastantes.*

Palabras clave: *Teleconsulta; Teleservicio de Telesalud; Analisis de Investigación;Clasificación Internacional de Atención Primária.*

Resumo

Perfil epidemiológico e avaliação de pacientes de telemedicina durante a pandemia de Covid-19.

Introdução: *Com base no impacto da pandemia de COVID-19 na assistência à saúde, este estudo teve como objetivo descrever o perfil dos pacientes atendidos por teleconsulta durante a pandemia. Trata-se de um estudo transversal realizado na Bahia, Brasil. A população do estudo foi de 99 pacientes, e a coleta de dados foi realizada por meio de formulários aplicados por profissionais treinados. A maioria da população era composta por mulheres entre 40 e 59 anos, de cor da pele escura, casadas ou em união estável e de religião católica. Os principais motivos de procura pelo serviço segundo os capítulos do CIAP228 foram: Músculos Esqueléticos, Psicológicos, Endócrinos, Metabólicos, Nutricionais e Dermatológicos. Do total de pacientes, 43,48% eram obesos ou obesos mórbidos. 48,05% tiveram conhecimento da consulta médica gratuita por telemedicina pela internet. O serviço foi mais procurado pelas mulheres, e houve maior percentual de pacientes com problemas osteomusculares e portadores de doenças crônicas. As queixas de saúde mental também foram muito proeminentes, principalmente em um momento de pandemia, quando os serviços que prestavam esses cuidados às vezes eram interrompidos. O fácil acesso à teleconsulta pode ajudar a expandir a distribuição de cuidados de saúde para locais com oferta e demanda contrastantes.*

Palavras-chave: *Teleserviço de Telessaúde; Análise de Invetigação; Classificação Internacional de Atenção Primária.*

Introduction

Telemedicine can be understood as a branch of telehealth that uses network communications to provide health and medical education services from one geographic location to another. It is a form of healthcare delivery that uses technology as an innovative component and source of medical information. The technologies used vary in nature and complexity to overcome challenges such as uneven distribution of infrastructure and human resources, improve access to health services, reduce costs, and increase the quality and efficiency of these services1.

In Brazil, Telemedicine began around 1980, with the creation, in 1985, of the Department of Medical Informatics of the Faculty of Medicine of the University of São Paulo. Following the historical path, in 1994, a Brazilian company disclosed a diagnostic service for electrocardiography by fax and, in 2000, networks and teleconference rooms were propagated. Also following this path of innovation, medical teleeducation has been consolidated in Brazil through teleconferences with health professionals from other countries, initially through the private health network and later also through greater access in the Unified Health System (SUS) 27.

With the advent of the COVID -19 pandemic, on March 20, 2020, the Ministry of Health published Decree No. 467 of March 20, 2020, temporarily regulating telemedicine in Brazil. On April 16, 2020, Law No. 13,989 was approved, allowing the use of telemedicine for the duration of the crisis caused by the coronavirus (SARS-CoV-2), stating that "the physician must inform the patient of any restrictions associated with the use of telemedicine, since no physical examination can be performed during the consultation. "The provision of telemedicine services is carried out according to the normative and ethical standards customary for face-to-face care, including the financial consideration for the service provided, and it is not the responsibility of the public sector to pay or remunerate such activities if it is not exclusively a service for the Unified System of Health (SUS)25.

The use of telemedicine has increased dramatically in recent years, and telemedicine is increasingly being used to treat chronic conditions such as diabetes2, mental health problems3, chronic obstructive pulmonary disease4, and obesity5. In addition, telemedicine care can also benefit populations that are geographically distant from healthcare services, both in terms of primary care and specialized consultation6.

In this historical panorama of the regulation of the use of telemedicine in Brazil, the aim of the present study was to describe the clinical and socioeconomic profile of patients treated by teleconsultation in a telemedicine service in the interior of Bahia during the pandemic COVID -19, as well as their perception of telemedicine.

Method

Study design

A non-comparative, descriptive, cross-sectional study between May and December 2020 with recruitment of patients between June and August 2020.

Study location

The study was conducted mainly in the municipality of Vitória da Conquista, Bahia, whose population is 341,597 according to IBGE[7]. Due to the online format, calls were also requested from other locations.

Population

The study population consisted of 99 patients who met the inclusion criteria, i.e., they spontaneously sought telemedicine care, were 18 years or older, and agreed to participate. Non-participation in the study did not mean that the teleconsultations were not feasible. It is important to point out that the possible obstacles for this number of research participants were not filling out the acceptance term for the research, either because of difficulty with technology, or because they do not want to participate. Furthermore, telemedicine was a new health instrument in the population, so it may have been received with fear, despite the constant disclosure. Of the 99 consultations, 92 were requested by the health macroregion of southwestern Bahia, which includes Vitória da Conquista, Bahia, as the host city. Another 7 consultations were requested from other locations, such as Curitiba - PR (1), Fortaleza - CE (1), Juiz de Fora - MG (1), and Salvador - BA (4).

Ethical Aspects

All study participants declared themselves free to participate in the study by providing informed consent through a Term of Free and Informed Consent. The study was evaluated by the Human Research Ethics Committee of the Multidisciplinary Institute of Health, Federal University of Bahia, and approved under the number 4.144.018.

Data collection and data storage

Data collection was performed using forms applied by volunteer physicians, interns, and trained medical students. The forms were inserted into electronic medical records and a self-completed performance evaluation form. The assistance was part of a philanthropic initiative targeting the COVID -19 pandemic to meet suppressed demand created by difficult access to healthcare services during the pandemic. Services were requested through a website posted on social media, the Internet, and local communication vehicles. The consultations were free of charge. After requesting patient care by Website, an appointment was made by

WhatsApp® messenger, depending on the availability of the requested service within the health areas offered. Then the link to the teleconsultation virtual environment in *AmigoApp*® plataform, specifically developed for the practice of video teleconsultation, was sent. The following data collection instruments were embedded as electronic forms in the electronic patient medical record platform *AmigoApp*®: Identification Questionnaire; Intake Questionnaire, based on the SOAP method, a tool for making medical records more objective and clearer, which is divided into the categories of subjective (personal views or feelings of the patient), objective (data of the patient such as vital signs, findings of physical examination, laboratory data, results of imaging procedures, etc.), assessment (compilation of subjective views or feelings of the patient, etc.), evaluation (compilation of data of the patient such as vital signs, findings of physical examination, laboratory data, results of imaging procedures, etc.).), Assessment (compilation of subjective and objective clues), and Plan (next treatment steps) to record diagnostic and therapeutic suggestions, and on the International Code of Primary Care (CIAP-2)[28], which was used to classify patients' complaints; Socioeconomic Situation Questionnaire, based on the socioeconomic questionnaire of National Health Survey ("PNS - Pesquisa Nacional de Saúde", [s.d.]); Multidimensional Evaluation of the Health of the Elderly[26] and, finally, the patient assessment of care questionnaire, hosted on the Google Forms Platform™, self-completed and sent via a messaging application after the completion of medical care, also based on the Survey National Health Council of Brazilian Government.

Statistical analysis of the data

The collected data were exported to a spreadsheet format (CSV, XML) and analyzed using STATA Software™ V 15.0. Descriptive analysis was performed using absolute and relative frequencies, central tendency (mean and median), and dispersion of the different study variables using a 95% confidence interval.

Thematic Maps

The raw data of the geographic coordinates of the patients' residences were obtained by checking the latitude and longitude at a point within the ZIP code of the given address using the Google Maps application. The geographic coordinates were transferred in .txt format to the GPS TrackMakerprogram™, version 13.9.600, where they were analyzed for consistency and a file with an .xml extension was generated. Waypoints were then plotted on primary maps (baselayers) and analyzed using the EPI INFO™ version 7.2.3.1, Epi Mapmodule™, and Google Earth Pro™ version 7.3.3.7786 programs to create thematic maps. Points very close to each other were grouped by the software for better visualization of the spatial distribution

Results

Table 01 - Sociodemographic characterization of the population served by telemedicine. Vitória da Conquista - BA, 2020.

Variable	Absolute	Frequency Relative Frequency	CI 95%
Gender			
Male	25	25.25%	17.56% -34.89%
Female	74	74.75%	65.11% -82.44%
Total	99	100, 00%	
Age			
18 to 29 years	25	25.25%	17.56% -34.89%
30 to 39 years	21	21.21%	14.15% -30.54%
40 to 59 years	27	27.27%	19, 30% -37.03%
60 or more years	17	17.17%	10.86% -26.08%
Ignored	9	9.09%	4.74% -16.72%
Total	99	100.00%	

Color			
White	24	24, 24%	16.70% -33.81%
Brown	46	46.46%	36.74% -56.47%
Black	17	17.17%	10.86% -26.08%
Without declaration	12	12.12%	6, 94% -20.31%
Total	99	100.00%	
Marital Status			
Married/ Stable Union	37	37.37%	28.28% -47.46%
Divorced	7	7.07%	3.36% -14.26%
Ignored	12	12 , 12%	6.94% -20.31%
Single	35	35.35%	26.45% -45.41%
Widowed	8	8.08%	4.04% -15.50%
Total	99	100.00%	
Religion			
Catholic	46	46.46%	36.74% -56.47% Unspecified
Christian	6	6.06%	2.71% -13.00%
Spiritist	2	2.02%	0.49% -7.89%
Evangelical	19	19.19 %	12.49% -28.32%
Ignored	19	19.19%	12.49% -28.32%
Without religion	7	7.07%	3.36% -14.26%
Total	99	100.00%	
How many rooms in the residence?			
2 to 3 rooms	8	8.08%	4.04% -15.50%
4 to 5 rooms	23	23.23%	15.84% -32.73%
6 rooms	17	17.17%	10.86% -26, 08%
7 rooms	26	26.26%	18.42% -35.97%
8 or more rooms	no 23	23.23%	15.84% -32.73%
Ignored	2	2.02%	0.49% -7, 89%
Total	99	100.00%	

What is your level of education?			
Illiterate / Less than one year of education	4	4.04%	1.50% -10.44%
Elementary Incomplete	6	6.06%	2.71% -13.00%
Complete Elementary and Elementary Incomplete	7	7.07%	3, 36% -14.26%
Complete Elementary School or Incomplete High School	8	8.08%	4.04% -15.50%
Complete High School or Incomplete Higher Education	48	48.48%	38.66% -58.43%
Higher Education Complete or more	20	20.20%	13.32% -29.43%
ignored	6	6.06%	2.71% -13.00%
Total	99	100.00%	
Do you work or did you work?			
Ignored	3	3.03%	0.96% -9.14%
Never worked	9	9.09%	4.74% -16.72%
Works, but not currently active	20	20.20%	13.32% -29, 43%
Have worked, but no longer work	29	29.29%	21.05% -39.16% Currently
working and active	38	38.38%	29.20% -48.47%
Total	99	100.00%	
How many people reside in the house?			
1 to 2 people	22	22.22%	
3 people	34	34.34%	
4 people	28	28.28%	
5 people	8	8.08%	
6 or more people	7	7.07%	
Total	99	100.00%	
What is or was your work situation?			
Self-employed or self-employed with establishment	10	10.10%	5.46% -17.93%
Self-employed or self-employed without establishment	10	10.10%	5.46% -17.93%
Salaried employee with a formal contract	28	28, 28%	20.17% -38.10%

Salaried employee without a formal contract	19	19.19%	12.49% -28.32% Unpaid
family employee	1	1.01%	0.14% -7.04%
Ignored	19	19.19%	12.49% -28.32%
Public servant	12	12.12%	6.94% -20.31%
Total	99	100.00%	
Do you work or have you worked on any night or 24-hour duty?			
Ignored	29	29.29%	21.05% -39.16%
No	57	57.58%	47.50% -67.06%
Yes	13	13.13%	7.71% -21.49%
Total	99	100.00 %	
What is or was your main occupation at work?			
Service and commercial workers	14	14.14%	8.48% -22.65%
Miscellaneous manual workers	13	13.13%	7.71% -21.49%
Domestic service workers	10	10.10%	5.46% -17.93%
Administrative service workers	5	5.05%	2.09% -11.73%
Medium level professionals or technicians	21	21.21%	14.15% -30.54%
Higher level professionals	12	12, 12%	6.94% -20.31%
Others	4	4.04%	1.50% -10.44%
Ignored	20	20.20%	13.32% -29.43%
Total	99	100.00%	
Individual Income in Brazilian minimum wages (U $ 204.86)			
Without income	5	5.05%	2.09% -11.73%
Up to one salary	42	42.42%	32.94% -52.50%
from 1 to 2 wages	27	27 , 27%	19.30% -37.03%
More than 2 to 3 wages	11	11.11%	6.20% -19.13%
More than 3 wages	8	8.08%	4.04% -15.50%
Ignored	6	6.06%	2.71% -13.00%
Total	99	100.00%	

Table 02 - Reason for consultation by CIAP chapter 2.

Chapter CIAP 2	Absolute Frequency	%	CI 95%
Skeletal Muscle	22	22.2%	15.00% -31.64%
Psychological	18	18.2%	11.67% -27.20%
Nutritional Metabolic Endocrine	14	14.1%	8, 48% -22.65%
Skin	10	10.1%	5.46% -17.93%
Digestive	8	8.1%	4.04% -15.50%
General and Nonspecific	7	7.1%	3.36% - 14.26%
Circulatory	7	7.1%	3.36% -14.26%
Neurological	2	2.0%	0.49% -7.89%
Respiratory	1	1.0%	0.14% -7.04%
Ear	1	1.0%	0.14% -7.04%
Eye	1	1.0%	0.14% -7.04%
Ignored	8	8.1%	4.04% -15.50%
Total	99	100.0%	

Table 03 - Patients' lifestyle and personal history.

Variable	Absolute	Frequency Relative Frequency	CI 95%
BMI			
Low weight or normal weight	28	30.43%	21.77% -40.75%
Overweight	24	26.09%	18.01% -36.19%
Obesity	34	36.96%	27, 58% -47.44%
Morbid Obesity	6	6.52%	2.91% -13.95%
	92	100.00%	
Smoking			
No	82	82.83%	73.92% -89.14%
Yes	17	17.17%	10.86% -26.08%
	99	100.00%	

Consume alcohol frequently			
No	65	65.66%	55.62% -74.46%
Yes	34	34.34%	25.54% -44.38%
	99	100 , 00%	
Seeks to have a healthy diet			
No	41	41.41%	32.00% -51.50%
Yes	58	58.59%	48.50% -68.00%
Total	99	1	
Drink at least 2 liters of water a day			
No	48	48.48%	38.66% -58.43%
Yes	51	51.52%	41.57% -61.34%
Total	99	100.00%	
Previous surgeries			
No	47	47.47%	37.69% -57 , 45%
Yes	52	52.53%	42.55% -62.31%
	99	100.00%	
Previous trauma			
No	72	72.73%	62.97% -80.70%
Yes	27	27.27%	19.30% -37.03%
	99	100.00%	
Previous Hospitalization			
No	74	74.75%	65.11% -82.44%
Yes	25	25.25%	17.56% -34.89%
	99	100.00%	
Blood Transfusion Previous			
No	94	94.95%	88.27% -97.91%
Yes	5	5.05%	2.09% -11.73%
	99	100.00%	

Previous Allergies			
No	68	68.69%	5 8.74% -77.17%
Yes	31	31.31%	22.83% -41.26%
	99	100.00%	
Previous Obstetric History			
No	69	69.70%	59.79% -78.06%
Yes	30	30 , 30%	21.94% -40.21%
	99	100.00%	

Table 04 - Evaluation of telemedicine care by patients.

Variable	Absolute	Frequency Relative Frequency	95% CI
How did you find out about the medical consultation by telemedicine?			
Other Health Services	6.00	7.79%	3.48% -16.54%
WhatsApp	16.00	20.78%	13.00% -31.54%
Internet	21.00	27.27%	18.34% - 38.51%
Friends, colleagues or neighbor	34.00	44.16%	33.29% -55.61%
Total	77.00	100.00%	
Have you ever used the internet or telephone to see a doctor?			
No	68.00	88.31%	78.77% -93.90%
Yes	9.00	11.69%	6.1% -21.23%
Total	77.00	100.00%	
How many times did you seek medical care again? this reason?			
1 to 2 times	51.00	66.23%	54.75% -76.08%
2 to 3 times	14.00	18.18%	10.94% -28.66%
3 times or more	12.00	15.58 %	8.95% -25.74%

Total	77.00	100.00%	
Where is the health service where you usually consult with the doctor?			
In another city	14.00	18.18%	10.94% -28.66%
In the same city where you live	63.00	81.82%	71.34% -89.06%
Total	77.00	100.00%	
Did you get the medical care you needed through telemedicine?			
No	3.00	3.90%	1.23% -11.66%
Yes	74.00	96.10%	88.34% -98.77%
Total	77.00	100.00%	
What is the total time that the) did you wait from the time that the teleconsultation was initiated until it was answered?			
15 to 30 minutes	12.00	15.58%	8.95% -25.74%
> 30 minutes	15.00	19.48%	11.96% -30.11%
1 to 15 minutes	50.00	64.94%	53.43% -74.93%
Total	77.00	100.00%	
How long did the medical consultation last?			
10 minutes	14.00	18.18%	10.94% -28.66%
20 minutes	19.00	24.68%	16.17% -35.75%
30 minutes	21.00	27.27%	18.34% - 38.51%
> 40 minutes	23.00	29.87%	20.54% -41.23%
Total	77.00	100.00%	
Would you like to be seen again by the doctor / intern who saw you?			
No	3.00	3.90%	88.34% -98.77%
Yes	74.00	96.10%	1.23% -11.66%
Total	77.00	100.00%	

Would you like, if you have or had one health plan, that the telemedicine consultation be carried out by the health plan?			
No	7.00	9.09%	4.32% -18.13%
Yes	70.00	90.91%	81.87% -95.68%Would
Total	77.00	100.00%	
Do you pay any amount for the medical consultation on another occasion that needed medical attention?			
No	9.00	11.69%	6.10% -21.23%
Yes	68.00	88.31%	78.77% -93.90%
Total	77.00	100.00%	
Would you like to see telemedicine consultations done by the Unified Health System?			
No	2.00	2.60%	0.63% -10.08%
Yes	75.00	97.40%	89.92% -99.37%
Total	77.00	100.00%	
In general, as the (a) do you evaluate the service received during the scheduling / reception?			
Good	6.00	8.00%	3.57% -16.96%
Very good	69.00	92.00%	83.04% -96.43%
Total	75.00	100.00%	
In general, as the (a) do you evaluate the service received in terms of the waiting time to be served?			
Bad	3.00	3.90%	1.23% -11.66%
Regular	3.00	3.90%	1.23% -11.66%
Good	9.00	11.69%	6.10% -21.23 %
Very good	62.00	80.52%	69.89% -88.04%
	77.00	100.00%	

In general, how do you evaluate the service received regarding the platform used?			
Very bad	1.00	1.30%	17.46% -90.06%
Bad	1.00	1.30%	17.46% -90.06%
Regular	6.00	7.79%	34.78% -16, 54%
Good	5.00	6.49%	26.74% -14.93%
Very good	64.00	83.12%	72.79% -90.06%
	77.00	100.00%	
In general, as do you evaluate the care received at the reception by the intern?			
Regular	1.00	1.33%	0.18% -9.24%
Good	3.00	4.00%	1.26% -11.96%
Very good	71.00	94.67% 86.36	% -98, 03%
	75.00	100.00%	
In general, how do you evaluate the care received regarding the doctor's abilities to treat you?			
Regular	2.00	2.60%	0.63% -10.08%
Good	6.00	7.79%	3.48% -16.54%
Very good	69.00	89.61%	80.31% -94, 80%
	77.00	100.00%	
In general, how do you evaluate the service received regarding the clarity of information			
Regular	3.00	3.90%	1.23% -11.66%
Good	7.00	9.09%	4.32% -18.13%
Very good	67.00	87.01%	77.25% -92.97%
	77.00	100.00%	

In general, as the (a) do you evaluate the care received regarding the possibility of speaking privately with the doctor?			
Regular	1.00	1.30%	0.17% -9.01%
Good	5.00	6.49%	2.67% -14.93%
Very good	71.00	92.21%	83.46% -96, 52%
	77.00	100.00%	
If you have received treatment from another health professional: physiotherapist, nutritionist, physical educator and / or psychologist, how do you evaluate the care received?			
Regular	1.00	2.04%	0.27% -13.96%
Good	3.00	6.12%	1.91% -17.95%
Very good	45.00	91.84%	79.58% -97, 01%
	49.00	100.00%	

Table 05 - Descriptive analysis of the multidimensional assessment of the elderly IVCF-20 in elderly patients.

Variable IVCF	Absolute	Frequency Relative Frequency
How old are you?		
60-74 years	8.00	57.14%
75- 84 years	3.00	21.43%
More than 85 years	3.00	21.43%
Total	14.00	100.00%
In general, compared with other people of your age, would you say your health is?		
Regular or bad	6.00	42.86%
Excellent, very good or good	8.00	57.14%
Total	14.00	100.00%

Because of your health or physical condition, did you stop shopping?		
Yes	6.00	46.15%
No or you do not shop for other reasons	7.00	53.85%
Total	13.00	100.00%
Because of your health or physical condition, did you stop controlling your money?		
No or do not control money for other reasons	6.00	42.86%
Yes	8.00	57.14%
Total	14.00	100.00%
Because of your health or physical condition, did you stop doing small jobs?		
No or no more small jobs	6.00	42.86%
Yes	8.00	57.14%
Total	14.00	100.00%
Because of your health or physical condition, did you stop bathing alone?		
No	10.00	71.43%
Yes	4.00	28.57%
Total	14.00	100.00%
Did any family member or friend say that you are getting forgotten?		
No	6.00	42.86%
Yes	8.00	57.14%
Total	14.00	100.00% Is
Is this forgetfulness getting worse in recent months?		
No	6.00	42.86%
Yes	8.00	57.14%
Total	14.00	100.00% Is

Is this forgetfulness preventing the performance of any daily activity?		
Ignored	1.00	7.14%
No	8.00	57.14%
Yes	5.00	35.71%
Total	14.00	100.00%
In the last month, have you been discouraged, sad or hopeless?		
No	3.00	21.43%
Yes	11.00	78.57%
Total	14.00	100.00%
In the last month, have you lost interest or pleasure in previously pleasurable activities?		
No	5.00	35.71%
Yes	9.00	64.29%
Total	14.00	100.00%
Are you unable to raise your arms above shoulder level?		
No	12.00	85.71%
Yes	2.00	14.29%
Total	14.00	100.00%
Are you unable to handle or hold small objects?		
No	11.00	78.57%
Yes	3.00	21.43%
Total	14.00	100.00%
Unintentional weight loss of 4.5 kg or 5% of body weight in the last year?		
No	11.00	78.57%
Yes	3.00	21.43%
Total	14.00	100.00%

Body Mass Index (BMI) less than 22 kg / m²?		
No	12.00	85.71%
Yes	2	14.29%
Total	14.00	100.00%
Calf circumference <31 cm?		
Ignored	2	14.29%
No	10	71.43%
Yes	2	14.29%
Total	14	100.00%
Time spent on the walking speed test (4m)> 5 seconds?		
Ignored	1	7.14%
No	12	85.71%
Yes	1	7.14%
Total	14	100.00%
Do you have difficulty walking capable of preventing the performance of any activity?		
No	8	57.14%
Yes	6	42.86%
Total	14	100.00%
Have you had two or more falls in the last year?		
No	13	92.86%
Yes	1	7.14%
Total	14	100.00%
Did you accidentally lose urine or feces at any time?		
No	8	57.14%
Yes	6	42.86%
	14	100.00%

Do you have vision problems that can prevent you from carrying out any activity?		
No	7	50.00%
Yes	7	50.00%
	14	100.00%
Do you have hearing problems that can prevent you from carrying out any activity?		
No	9	64.29%
Yes	5	35.71%
	14	100.00%
Five or more chronic diseases?		
No	13	92.86%
Yes	1	7.14%
	14	100.00%
Regular use of five or more different medications every day?		
No	9	64.29%
Yes	5	35.71%
	14	100.00%
Recent hospitalization in the last 6 months?		
No	13	92.86%
Yes	1	7.14%
	14	100.00%

Among the patients seen, women accounted for 74.7% of the total number of patients. The predominant age group was between 40 and 59 years old (27.3%) and 46.5% reported being brown. Marital status was majority married or in committed and stable relationships (37.4%). 46.5% of those receiving care were Catholic (Table 01). Most patients were employed at the time of consultation; they were in technical or middle-skill occupations with incomes between 0 and 1 minimum wage (42.4%) (Table 01).

About 48.1% of the total study population were aware of the free medical consultation by telemedicine through the application WhatsAppand the internet, and they used to consult at health services in the same city where they lived (81.82% CI95% 71, 34% -89.06%). 96.4% of patients who evaluated the telemedicine service offered reported having obtained the medical care they needed through telemedicine and would like to be seen again by the service. The duration of consultations, in 57.1% of consultations, was longer than 20 minutes. When asked about the interest in telemedicine consultations if it were available in the Unified Health System or through the health plan, 97.4% (95% CI 89.92% -99.37%) and 90.9% (95% CI 81.87% -95.68%), respectively, answered yes (table 04).

Regarding the reason for seeking a telemedicine consultation, the following chapters of CIAP-2, the Portuguese version of the International Classification of Primary Care (ICPC)[28], developed by the World Organization of Family Doctors (WONCA), were listed in decreasing order: Skeletal Musculoskeletal (22.2% 95% CI 15% - 31.64%), Psychology (18.2% 95% CI 11.67% - 27.20%), Nutrition, Metabolism, Endocrinology (14.1% 95% CI 8.48% - 22.65%) and Skin (10.1% 95% CI 5.46% - 17.93%) (Table 02). 43.5% of patients were obese or morbidly obese. Of all patients, 34.3% (95% CI 25.54% -44.38%) frequently consumed alcohol, 51.5% (95% CI 41.57% -61.34%) drank more than two liters of water per day, and 58.6% (95% CI 48.50% -68.00%) reported seeking to have a healthy diet. In addition, 52.5% (95% CI 42.55% -62.31%) reported having had previous surgery and 30% of patients had had an obstetric examination (Table 03).

Of the population aged 60 years or older in this study (17.17%), 14 were analyzed based on the IVCF-20 multidimensional assessment[26]. The majority (57.1%) were between 60 and 74 years old and reported that they were no longer doing small jobs or had given up because of their age. More than half reported increasing forgetfulness in recent months (57.1%), loss of interest in formerly enjoyable activities (64.3%), and the presence of feelings of discouragement, sadness, or hopelessness in 78.6% of patients (Table 05).

Discussion

Demand for teleconsultation was greater among women. The data uncovered confirms the national data showing greater demand for health care by the female population compared to the male population, suggesting that the female public is more concerned about health care, even their family members, as seven out of ten men seeking health care are motivated by the the female's figure insistence in the family context [11].

Participation was lowest among those above 60 years of age, and most applications were submitted by patients aged 18 to 29 years. These data differ from the national scenario for face-to-face consultations, in which the demand for medical care comes mainly from people over 60 years of age [8]. A reversal in prevalence is observed, suggesting that inequality in digital inclusion affects the profile of patients who use teleconsultations, favoring the prevalence of younger patients to the detriment of the elderly. In Brazil, the skills of the elderly in using computers and the Internet[12] are limited, and the available resources are underutilized. This reality highlights the need for public policies that ensure the digital inclusion of the elderly, as technological advances and their inclusion in daily social dynamics in different areas become important for the full exercise of citizenship rights[3].

Descriptive analysis of the multidimensional assessment of the elderly was performed using the Clinical Functional-20 vulnerability index[26]. This tool is the first to be used in Brazil for the rapid identification of frail elderly, focusing on the identification of the risk of this population and guidelines to maintain or restore their independence and autonomy[26]. The small number of elderly participants in the study results in low representativeness and is an important limitation, so further studies need to be conducted.

In terms of ethnicity, the majority of patients were classified as mixed. In this scenario, we note that the study population reflects the Brazilian population in terms of ethnicity, being part of the general population. Here, it is worth considering the impact of the ethno-racial prevalence in Brazil, as most of the demands for the service came from self-identified brown patients, the most prevalent ethno-racial category in Brazil[7]. No differences in religious profile were found between the study population and the general population[7].

More than half of the patients lived in houses with 3 or 4 people, and most patients lived in houses with 7 rooms.This reflects the social project: telemedical care was offered free of charge, which shows that most of the participating patients belonged to the lower social class. Room-to-room density is used as an indicator of housing conditions, with precarious housing tending to have high room-to-room density, i.e. many occupants and few rooms[14]. When examining housing density using the number of occupants per household and the number of predominant rooms, the result is a value of 2.3, which is lower than the value found in the 2019[14] where

the housing density for the Northeast region was 3[14]. These data suggest that the majority of the population studied may have better socioeconomic conditions, and therefore better housing conditions, than the general population in Northeast Brazil. Approximately half of the patients had completed high school or had incomplete higher education. Such data may be a reflection of the close relationship between years of education and internet access, showing a greater digital inclusion in this population.

Regarding income, most patients received up to a Brazilian minimum wage. The low number of patients without income could be due to the current government policy of emergency aid as a result of COVID -19. Another hypothesis is that patients without real income had low participation in the study due to financial barriers that prevent them from using the technology required to access the teleconsultation service (device with Internet access and video camera)[15].

Most consultations were found to be related to the skeletal muscle apparatus. The high prevalence of complaints related to the skeletal musculoskeletal system could be related to the changes in lifestyle due to the pandemic COVID -19 and measures of social isolation, since the decline in physical conditioning may favor the occurrence or aggravation of pathologies related to the musculoskeletal system[16]. The deterioration of lifestyle, as well as the increase in risky behaviors and the decrease in physical activity, were noted by Malta et al. in a study of changes in the lifestyle of Brazilian adults as a result of the pandemic COVID -19[17].

Chronic noncommunicable diseases such as diabetes, hypertension, and obesity, which are known to be prevalent in the Brazilian population, may have played a crucial role in the predominance of complaints related to the endocrine nutrition-metabolism chapter of CIAP-2[28]. In this context, teleconsultation may optimize health care for patients who need regular follow-up. In this regard, reference should be made to the studies conducted by the Brazilian Society of Cardiology, which found a reduction in mortality in patients with Heart Failure and a reduction in blood pressure levels in hypertensive patients following telemonitoring 18. Regarding lifestyle, most patients reported eating a healthy diet and drinking more than 2 liters of water per day. Many of them suffered from clinical problems such as being overweight and obesity. The high rate of overweight and obesity in the population may have worsened due to lifestyle changes and other effects of the pandemic scenario[17]. Due to the social restrictions imposed to contain the spread of the disease, Brazilians began to seek new entertainment options at home associated with sedentary behavior and harmful dietary habits[17]. Therefore, interventions are necessary to guide the population on strategies for maintaining healthy habits during this period of social restriction.

The high demand for care associated with the mental health chapter may be due to the increased demand for mental health due to changes in social dynamics during the pandemic COVID -19 and the exacerbation of pre-existing mental health conditions. Barros M. et al.[19], who analyzed the prevalence of sadness, nervousness and sleep disorders during the pandemic COVID -19 in Brazil, found a high prevalence of these conditions and pointed to the need to provide mental health services and quality sleep[19].

Skin diseases were the fourth most common complaint. At this point, we can point out a possible selection bias, since the company responsible for managing the social telemedicine service project is one that specializes in wound care, and therefore it is easier to enroll patients with these complaints. It is important to highlight the potential of teleconsultation in dermatology, given the diagnostic and therapeutic opportunities created by the simple macroscopic analysis of diseases that can be performed by videoconference[20].

The low demand related to the respiratory system could be related to the fact that these patients are primarily admitted to SUS and that there are government teleorientation and teleconsultation services aimed at caring for patients with a clinical picture suggestive of influenza syndrome COVID -19[21].

Regarding the use of legal drugs, 34.4% of patients treated reported frequent use of alcohol and 17.2% are smokers. Alcohol consumption has increased in the Brazilian population. In 2019, alcohol consumption in the population aged 18 years and older increased by 2.5 percentage points compared to 2013, according to PNS data (IBGE, 2020). In contrast, tobacco consumption decreased, from 14.9% in 2013 to 12.8% in 2019. Alcohol and cigarette consumption may be related to economic instability and insecurity caused by the pandemic, which may translate into a general deterioration in health, increased risk behaviors, and mental health problems[22]. Malta et al. hypothesise that the increase in legal drug use may be related to stressful events during this atypical period, such as uncertainty about the future, fear of losing family members, and decreased psychological well-being[17].

The dissemination of the medical consultation service by teleconsultation proved to be effective through the Internet, 27.3%, with emphasis on the WhatsApp application, with 20.8%. The experience of receiving medical care via the Internet or telephone was a new/emerging reality for most patients. The promising scenarios outlined call for new and expanded realities in the medical field, as evidenced by the affirmative responses of the majority of patients - 90.9% answered yes when asked if they would approve of health insurance companies offering consultations via teleconsultation. Moreover, 88.3% said that they would pay for teleconsultation, and almost all patients - 97.4% - affirmed the wish for medical consultations to be carried out by teleconsultation via SUS.

Regarding the services offered, the appointment service was well established, with ratings between the “good” and “very good” categories; the reception by the resident

proved efficient, with 94.7% of the ratings in the "very good" category. Physician care through teleconsultation was also able to promote patients' perceptions of the presence of the professional in their care and provide clear care, which was rated "very good" and "good" in 89.6% and 7.8% of calls, respectively. The main reason for the negative ratings given by some patients and professionals involved in the process can be attributed to possible technical problems. The limitations, particularly in relation to the quality of the internet connection or lack thereof, are also cited by Calton, B. et al. that this may be a limiting factor for some patients to participate in the consultation[15].

The thematic map showing the location of the zip codes from which the service requests originate shows that most of them occur in the urban environment of the city of Vitória da Conquista, Bahia. COMBI et al.[23], studying teleconsultation in developing countries, argue that most telemedicine treatments are possible in urban environments, where access to information and the Internet is easier[23]. For teleconsultation to take hold in rural areas, collective action is needed to overcome the lack of technological infrastructure and to exploit the potential reach of teleconsultation.

The unrepresentative sample size, the descriptive or prevalent nature characterized by the absence of an analytical content, and the lack of hypothesis testing are summarized as important limitations of the study. In addition, the difficulty of finding qualified professionals on Family Medicine in the city meant that the scheduling of consultations depended on the availability of specialists on the platform, which, although generous, was still limited to the number of consultations provided by these professionals on a voluntary basis. social project, which probably led to recruitment bias. Nevertheless, it is the first study in Brazil to investigate the clinical profile of teleconsultation patients using primary care instruments and the socioeconomic profile using instruments based on the National Health Survey.

Conclusions

During the pandemic period, telemedicine may have helped to meet suppressed demand due to social distance and face-to-face realignment of existing health services, and to optimize access in scenarios with geographic or other contrasts between supply and demand. Reducing the incidence of contact-transmitted infections and optimizing patient referrals appear as potential important impacts. It is postulated that the public profile that has sought support for teleconsultation in a pandemic period can also be extended to normalization periods. Expanding access to information and digital literacy of the population and services are proposed challenges for making the use of teleconsultation to promote health care democratic. Teleconsultation has proven effective in several ways and can be used beyond pandemic periods as a complementary strategy in health care delivery.

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