

The COVID-19 pandemic and the regulations of remote attendance in Brazil: new opportunities for people dealing with chronic pain

A pandemia de COVID-19 e a regulamentação do atendimento remoto no Brasil: novas oportunidades às pessoas com dor crônica

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Dear editor,

The world scenario of the new coronavirus (SARS-CoV-2, causer of COVID-19) rapid dissemination has been significantly impacting economy and health. With the objective of diminishing the fast spreading of the virus and preserving the functioning capacity of health systems, restrictive measures like social isolation have been adopted in several countries^{1,2}. In Brazil, the pathology has been spreading through all regions^{3,4}. Despite the directions of the World Health Organization (WHO), the country has been placed in a delicate position in the fight against the biggest health condition of the present times due to the hardships in applying the recommended protective measures^{5,6}. Brazil's public health system, the *Sistema Único de Saúde* (SUS) and the supplementary health system, just as the nation's economy, has been suffering the dramatic strikes of the pandemic. The 2020's pandemic also brought to light the precarization of services, as well as the obstacles to health access already known by a portion of the Brazilian population.

The installment of protective measures like social distancing and the restriction of circulation resulted in the suspension of some health services like outpatient attendances and elective surgeries. As a consequence, thousands of people, including those that suffer from chronic pain, ran into even more obstacles to access health teams and rehabilitation centers^{8,9}. For this population, the absence or discontinuation of treatment can be followed by a significant worsening of the symptoms, dishabituation and consequent major social and economic implications on the health systems⁹. The large prevalence of chronic pain and the high direct and indirect costs have set another alarm among the present scenario¹⁰. In this context, the initiatives of offering remote health service, like telehealth, present an alternative for health attention capable of overcoming geographical and access boundaries, guaranteeing the participation, continuity and monitoring of chronic pain patients^{8,11}.

Telehealth is defined as the sourcing of treatment modalities using digital and telecommunication technologies¹². According to the WHO¹³, telehealth can be provided by health professionals to exchange information necessary for diagnosis, autocare, treatment and prevention of pathologies and

injuries, as well as a research, evaluation, and continued education engine¹⁴. An important aspect of telehealth for the reality of Brazil involves the diminishing of geographical, social and economical barriers facilitating the access to specialized services and interventions based on high quality evidence¹². However, up until the beginning of 2020, telehealth in Brazil did not count with the specific regulation, being guided only for teleconsulting, teliagnosis and continued education inside SUS, for the teams of the *Estratégia de Saúde da Família com o Telessaúde Brasil Redes* (Family Health Strategy with Brazil Networks Telehealth - Ordinance n° 2.546, October 27, 2011)¹⁵. Such modalities emphasize the support of health professionals but does not authorize the interaction between professional and patient through the digital and telecommunication technologies.

The new coronavirus outbreak and the health attention urgencies arising from the pandemic promoted the emergency regulation by boards of several health-related professions. Nevertheless, despite the regulations progress, there was no sufficient guidance for the correct implementation by the professionals and let alone the evaluation of the necessities and access capacity to this technology of our population in order to optimize the establishment of this modality in Brazil^{13,16,17}.

Specifically, to people with chronic pain, telehealth can be a potential resource as current evidence shows the benefits of self-management strategies that include return to activities, physical activity practice, behavioral changes, and adequate knowledge about pain¹⁸⁻²⁰. However, the implementation of telehealth will require a paradigm shift by both the health care professional and patient. The former should be attentive to measures that help the patient achieve his or her goals, and the latter should be ready for more active behavior in their treatment and adopt changes in their lives¹⁸. By adopting this new paradigm, decrease in demand for health services (overutilization) and for unnecessary procedures (low-value practice) will be possible.

The appearance of new health modalities will always raise questions that should still be answered by science like effectiveness, adverse effects, cost-effectiveness, adherence rate and treatment abandonment, user profile, archiving and securing data, as well as the professional and patient usage preferences. Although promising, telehealth can only be homogeneously expanded in Brazil when we are willing to listen to the real needs of the people and are able to contribute to the adoption of more autonomy by the patient in

the face of the understanding health in its individual and public domains.

Sincerely,

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