

FROM PRESENTIAL TO VIRTUAL: AN MULTIDISCIPLINARY EXPERIENCE OF HTLV CENTER IIN SALVADOR, BRAZIL DURING THE SARS-CoV-2 PANDEMIC

Silva AN¹, Dubois-Mendes SM¹, Reis-Oliveira JG¹, Galvão-Barroso AK¹, Galvão-Castro AV¹, Ribeiro A¹, Lírio M¹, Castro-Lima H¹, Soliani MLC¹, Araújo THA¹, Boa-Sorte NCA¹, Rios-Grassi MF^{1,2}, Galvão-Castro B¹

1 Escola Bahiana de Medicina e Saúde Pública, Salvador, Brazil.

2 Laboratório Avançado de Saúde Pública, Instituto Gonçalo Moniz, Fundação Oswaldo Cruz, Salvador, Brazil

Background/Purpose:

The SARS-CoV-2 pandemic and lockdown measures imposed worldwide had a significant impact on clinical services and led to innovations to reconnect with patients. To continue to provide appropriate multidisciplinary care, appointments and meetings had to be conducted in a telepresence model. We describe the experience of transitioning the HTLV referral center in Salvador, Brazil, to appointments and meetings in a telepresence model and the process of reconnecting with patients during this time.

Approach:

The multidisciplinary team offered telehealth starting in April 2020. The team, composed of physicians (neurologists, infectious disease specialists, and ophthalmologists), nurses, physical therapists, psychologists, and technical-administrative staff, prepared for the development of this new mode of care and self-care based on the Bahiana Emergency Plan and professional associations. This appointment model allowed patients who did not adhere well to attendance care to resume it, since it was not necessary to move to another location, which was difficult due to transportation costs and the physical limitations of people with HTLV. In addition, virtual weekly clinical discussion groups were essential to qualify visit management and improve the quality of life of HTLV patients. Coronavirus vaccination monitoring was also possible.

Outcomes/Impact:

The experience of telepresence in care opened new perspectives, including within the team, with the creation of treatment plans that were discussed and implemented together. The readmission of patients allowed the resumption of their treatment and follow-up by the team, which emphasized the needs of each individual in its wholeness.

Innovation and Significance:

Given the benefits observed, we plan to move to a blended approach of face-to-face and virtual treatment to provide comprehensive and continuous care for patients.

Disclosure of Interest Statement:

None.