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**A smartphone based e-Consult in addiction medicine: An initiative in COVID lockdown.**

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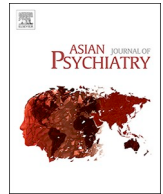
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## Letter to the Editor

## A smartphone based e-Consult in addiction medicine: An initiative in COVID lockdown



Centre for Addiction Medicine, National Institute of Mental Health and Neurosciences Bangalore, is a government-funded specialized treatment center with thrice a week outpatient, 80-bed inpatient facility and round the clock emergency services. In the wake of COVID 19, a complete lockdown was announced by the Indian government on 24th March 2020. The hospital was closed, except for emergency service. The lockdown suspended the sale of alcohol and tobacco products. Many people with substance use disorder (SUD) could not access care or continue the ongoing treatment like buprenorphine maintenance treatment, anti-craving drugs, and withdrawal management. A recent study has shown that in India, as just about one in 37 people affected by alcohol use disorders and one in 20 affected by drug use disorders have received any treatment, ever (Ambekar et al., 2019).

NIMHANS Digital Academy, with the collaboration of Project ECHO (Extension of Community Healthcare Outcome), has been involved in developing capacity for the management of SUD by using telehealth technology. Six thousand five hundred health care providers, i.e., Doctors, Nurses, counselors, have received substance use and mental health online-training under the above online program since 2014. Some training is brief (up to a maximum of 8 h), whereas others are intense (up to 60 h) (Mehrotra et al., 2018).

Realizing the need during the lockdown, the Centre of Addiction Medicine, NIMHANS initiated an E-Consultation portal between these trained healthcare workers and Addiction Specialists. Electronic consultation (e-Consult) is an online HIPAA compliant program that provides enhanced communication between Primary Care Providers and specialists regarding treatment (Vimalananda et al., 2015). eConsults are typically responded to in less than 24 h and, while providing prompt guidance and contingency planning, can also provide focused

educational content (Raney, 2017).

The trained health providers were informed about the same through emails and text messages. The mobile, responsive e-consult consisted of 13 questions (E-consult, 2020). It included a conditional logic, drag and drop, and a provision to upload of any previous prescription. The first half dozen questions were related to the information on health providers, including consent, and the next seven about the demographics of the patient, a summary of the case, and any specific query to the specialists.

The specialists received real-time notification of the case submission in his/her mobile app. After reviewing the case, the recommendation, along with a focussed educational material, was reverted to the health provider with a secured email. The turn over time, between case submission and sharing recommendation, kept less than 4 h during day time and 8 h during night time. The health providers could make a call to the specialist in case of an emergency or vice versa. The specialist would call back or email if the case summary is not complete to suggest a recommendation. (Fig. 1)

As per analytics, 1880 have viewed the e-consult form in 2 weeks since lockdown. The vast majority accessed by using smartphones (92 %) with the conversion rate, i.e. viewing and filling up, is 4 %. The average time taken is 8 min to fill the form. Total 102 health care providers across India, including 49 doctors, have filled up for consultation.

Any digital initiative needs regular updates and changes to keep it relevant. On 25th March 2020, the ministry of health and family welfare released the telemedicine guidelines in India (Governors, 2020). Pursuing this, a consenting process was included in the e-consult. Some of the providers would send minimal information about the case or

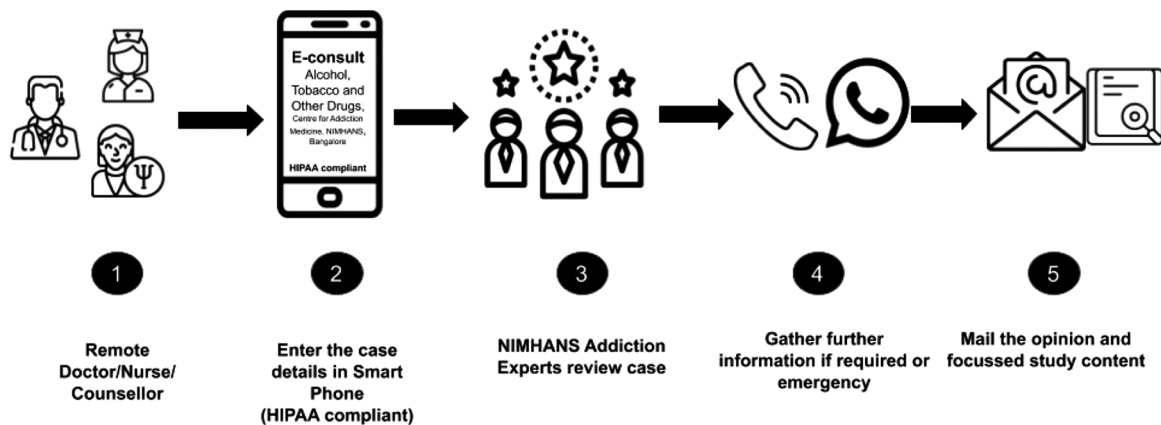


Fig. 1. Flow of events in e-consult.

skipping a few essential patient-related data. The mandatory word count was made to above 100 for elaborate details about the cases. At the same time, we are cognizant of the fact that more than 90 % were using a smartphone to enter the case summary and tried to maintain a balance. The number of submissions would increase with the periodic announcement about this facility. Apart from sending focussed educational content, we compiled digital materials like guidelines on alcohol and tobacco management, counseling tips in the local language, and converted to a mobile responsive flipbook.

During this period of lockdown, e-consult can be a promising approach as it offers rapid, direct, and documented communication between health care providers and specialists (Vimalananda et al., 2015). It is asynchronous and combines both consultative and educative components. Hence it can suit a busy work schedule of the specialists (Raney, 2017). At this point, the telemedicine guideline (Governors, 2020) does not allow a medical practitioner to prescribe narcotic and psychotropic drugs directly to the patient. Hence e-consult, along with existing online mental health services, has the potential to enable cost-effective and convenient care for patients in this COVID crisis as well as the future (Liu et al., 2020).

#### Financial disclosure

Nothing to disclose.

#### Declaration of Competing Interest

None.

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