



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 71331

**Title:** The use of eHealth, Telehealth, and Telemedicine Services in the Management of the COVID-19 Pandemic and Beyond: Lessons Learned and Future Perspectives

**Provenance and peer review:** Invited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02726701

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Chile

**Author's Country/Territory:** Brazil

**Manuscript submission date:** 2021-09-03

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-05 16:49

**Reviewer performed review:** 2021-09-05 17:32

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

Comments on The use of eHealth, Telehealth, and Telemedicine Services in the Management of the COVID-19 Pandemic and Beyond: Lessons Learned and Future Perspectives This is a nice letter to the Editor that highlights the opportunities that telehealth/telemedicine can offer to busy systems in pandemics as well in standard health conditions. Nevertheless, it has some bias as it does not mention about possible risks to providers if they do not fulfill patients expectations or yet worse If the physicians make mistakes diagnosing or treating illness. These caveats have been discussed, for example, in <https://news.bloomberglaw.com/health-law-and-business/uptick-in-telehealth-reveals-medical-malpractice-concerns> I think that including some comments about “the other side” of telemedicine can fix the bias and let the letter suitable to be published.



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**Peer-review model:** Single blind

**Reviewer's code:** 05467628

**Position:** Peer Reviewer

**Academic degree:** MBBS

**Professional title:** Doctor, Research Fellow

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Brazil

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**Reviewer performed review:** 2021-09-26 04:31

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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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### SPECIFIC COMMENTS TO AUTHORS

This is an interesting and well-written manuscript describing the role of digital technologies especially telemedicine in times of COVID-19 and beyond. I have the following comments, in no particular order:

1. It is inappropriate to submit this work as a letter to editor. It should be submitted as an OPINION REVIEW article for this journal, which will lend it greater visibility.
2. The abstract is too short. Kindly provide an abstract of sufficient length (minimum 150 words).
3. The manuscript would benefit from subheadings greatly. Use subheadings such as 'introduction', 'role of telemedicine in mental health', etc to group paragraphs and provide for an easier reading.
4. While telemedicine usage in some areas has been well-discussed, many major areas have been left untouched. E.g. Telemedicine has proven greatly useful in follow-up, including follow-up after surgery. Authors may want to incorporate some of these references:  
4a. Chin BZ, Nashi N, Lin S, Yik K, Tan G, Kagda FH. Telemedicine use in orthopaedics: Experience during the COVID-19 pandemic [published online ahead of print, 2021 Sep 20]. *J Telemed Telecare*. 2021;1357633X211041011. doi:10.1177/1357633X211041011  
4b. Thatcher MD, Thatcher MW, Smith MC, McCarron M, Reed J. Opportunity costs of attending surgical clinic appointments and experiences with telemedicine for follow-up care. *SAGE Open Med*. 2021;9:20503121211045247. Published 2021 Sep 11. doi:10.1177/20503121211045247  
4c. Moentmann MR, Johnson J, Chung MT, Yoo OE, Lin HS, Yoo GH. Telemedicine trends at a comprehensive cancer center during the first wave of the COVID-19 pandemic [published online ahead of print, 2021 Sep 25]. *J Surg Oncol*. 2021;10.1002/jso.26681. doi:10.1002/jso.26681
5. This is a global journal. Kindly specifically highlight how telemedicine has proven incredibly useful in



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low-income/low-resource countries. The following references would be useful to incorporate:

5a. Hoffer-Hawlik MA, Moran AE, Burka D, et al. Leveraging Telemedicine for Chronic Disease Management in Low- and Middle-Income Countries During Covid-19. *Glob Heart*. 2020;15(1):63. Published 2020 Sep 15. doi:10.5334/gh.852

5b. Humayun A, Shahabuddin S, Afzal S, Malik AA, Atique S, Iqbal U. Healthcare strategies and initiatives about COVID19 in Pakistan: Telemedicine a way to look forward. *Comput Methods Programs Biomed Update*. 2021;1:100008. doi:10.1016/j.cmpbup.2021.100008

5c. Ozair A, Singh KK. Delivering High-Quality, Equitable Care in India: An Ethically-Resilient Framework for Healthcare Innovation After COVID-19. *Front Public Health*. 2021;9:640598. Published 2021 Feb 18. doi:10.3389/fpubh.2021.640598

5d. Hoffer-Hawlik M, Moran A, Zerihun L, Usseglio J, Cohn J, Gupta R. Telemedicine interventions for hypertension management in low- and middle-income countries: A scoping review. *PLoS One*. 2021;16(7):e0254222. Published 2021 Jul 9. doi:10.1371/journal.pone.0254222

5e. Wang Y, Yang J, Ma H, et al. Application of telemedicine in the COVID-19 epidemic: An analysis of Gansu Province in China. *PLoS One*. 2021;16(8):e0249872. Published 2021 Aug 4. doi:10.1371/journal.pone.0249872

Overall, the paper would benefit from additions and reorganization.



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**Reviewer's code:** 05936182

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** Brazil

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**Reviewer accepted review:** 2021-09-27 14:57

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### **SPECIFIC COMMENTS TO AUTHORS**

Firstly, thank you for opportunity to review very interested article. 1. The title reflect the main subject about eHealth, Telehealth, and Telemedicine used in period of the COVID-19 Pandemic, title was clear and easy to understand. I appreciated title of this article. It's make the word in past, present and future knowledge. 2. The abstract reflect the work described in the manuscript but it's not completely data, I suggested the authors add some contents in abstract. Example: Why use technology in this period? or Advantage of this technology. 3. The key words reflect the focus of the manuscript. 4. The main article adequately describe the background, present status, and significance of the study. The authors explain trend of used in digital-health system especially in COVID-19 spreading. The benefit of technology was not only in medical aspect but include in social aspect (measure social distancing policy, or parameters about that.) 5. The manuscript not describe methods about data gathering (database review or opinions), with not demonstrate IRB number or text to human ethics consideration. I think letter to editor may be not show about that but the authors should write sentence to concern about that. 6. The letter to editor objectives achieved by the review used in this study. 7. The manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly, and logically. 8. The manuscript cite appropriately the latest, important and authoritative references in the main text sections.