

disease has not been studied but mortality among children is very low. It has been suggested that during the COVID-era no asthma medical reduction, or lung function studies should be done routinely. The COVID-19 has affected health care services world wide, and many clinics has ceased office appointments and stopped to taking new patients.³ However, only few clinics reported more negative asthma disease control during COVID-era.

Our objective was evaluate in our pediatric allergology unit whether COVID-19 was affected to physician patient contacts or feedback of care. This was an observatory study examining number of patient contacts and patient satisfaction.

Method: This was a register based study from the electronic medical records at the Helsinki University Hospital, Skin and Allergy Hospital, pediatric allergy unit (Helsinki, Finland) from 1st of April 2019 to 30th of October 2020. The proportion of telemedical visit was analyzed using Terveystyöskylä-internetplatform and telephone contacts.

The patient feedback was documented using Net Promoter Score-value (NPS) which was made via short message service of the hospital (SMS).

Statistical analysis was performed with SPSS version 22. The Mann Whitney U test was used for continuous variables and chi-square for categorical data.

Results: The decrease of physician visits in April-May 2020 compared with 2019 was 9.7% (1188 vs 1315 visits). In the period April-October the decrease was only 5.4% (4039 vs 4270 visits).

None of 4270 visits from April to October 2019 were telemedical. In April May 2020, during the first peak of COVID-19 incidence in Helsinki, 59% of visits (698/1188), and 19% (543/2851) between June-October 2020 were performed using telemedicine ($p < 0.001$). NPS-feedback improved significantly during the COVID era from April to October 2020 compared with the period from November 2019 to March 2020 [Md 76.9 (62.4–82.8) vs 63.2 (61.1–65.4), $p = 0.018$]. The mean number of feedback per month was 120 from November to March and 110 from April to October.

Conclusion: There was only minor decrease of patient contacts during the COVID-period but majority contacts in spring 2020 were performed using telemedicine. Also after May 2020 20% of visits were performed via internet or telephone. Patients were satisfied: NPSfeedback was improved to the COVID-era.

176 | Physicians' perspective on telemedicine use during the COVID-19 pandemic: is it feasible to recruit and assess participants in mhealth-related clinical studies?

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Background: The COVID-19 pandemic led to striking changes in clinical care delivery and created an opportunity for digital health.

Objectives: To characterize physicians' use of telemedicine for patient follow-up during the first months of the COVID-19 pandemic, to evaluate physician's opinion and availability to participate in mHealth-related clinical studies with patient recruitment and assessment via telemedicine and to explore characteristics associated with the openness to participate.

Method: Cross-sectional, observational, anonymous web survey-based study including 237 physicians (general practitioners (GP), allergists, pulmonologists, and pediatricians from Portugal and Spain) that collaborated with an asthma mHealth project (INSPIRERS). The web-survey was made available between May 28th and June 11th and included questions about physicians' and clinical practice characteristics, and physician's availability and perceived difficulties to recruit and assess patients using telemedicine.

Results: The response rate was 51% ($n = 120$). All physicians were conducting clinical appointments: 14% ($n = 17$) had video, 66% ($n = 79$) face-to-face and 94% ($n = 113$) telephone appointments. Most (82%, $n = 99$) physicians considered mHealth-related clinical studies with patient recruitment and assessment via telemedicine feasible and 74% ($n = 89$) were available to participate. However, from those available, 62% (55/89) anticipated lower recruiting capacity and 40% (39/89) an increased difficulty in obtaining quality data. In univariate logistic regression, physicians from secondary care specialties (vs GP) and those that used apps in personal life or that recommended app use to patients were significantly more likely to be available to participate (OR[95% confidence interval (CI)]: 2.9[1.3–6.9], 2.7[1.1–6.3], and 2.9[1.2–6.6], respectively). Having video appointments (+/- face-to-face +/- telephone vs telephone only) was also associated with a higher odds to be available (OR[95%CI]: 8.4[0.99–70.8]).

Conclusion: Only 14% of the responding physicians were having video appointments. Nevertheless, three-quarters were available to participate in mHealth-related clinical studies with patient recruitment and assessment through telemedicine. Medical specialty, app use in personal life and recommending app use to patients were significantly associated with higher openness to participate.