This week's post looks interesting because of the term on which we are going to read and write our thoughts, and I feel everyone has gone through COVID-19 and lockdown, so it is a more well-known thing to everyone. COVID-19 took place in India in April 2019, and we were required to stay at home for three months, which is unusual in your day-to-day life. No one can leave the house because of COVID-19 and the lockdown. We cannot go to hospital clinics and do the things that are done in our day-to-day lives. In India, if we are feeling cold or something is happening, first, we try our Ayurvedic remedies, then we go to the doctor. In India, we still use 4G, so there are fewer chances for people who have the internet to video call the doctors directly. They have more problems than the internet, like the devices, and the second is that the network provider doesn't have that strong network in that area of rural villages. People who have problems with voice calls also have to call the doctors and ask them about what happened and how to help them. This is a collection of personal and professional experiences from India.

As our healthcare delivery systems pivot to adapt to a challenge the scope of which they have not seen in more than a century, we increasingly look to technological solutions. Telemedicine has evolved over the decades into a solution for healthcare access challenges in rural communities. The Federal Communications Commission estimates that 19 million Americans lack access to fixed broadband service. Broadband access by no means indicates subscription, of which a key component is an affordability. In 2018, the United States ranked fifth among the European Union and Organization for Economic Cooperation and Development countries in terms of median gigabyte price. National guidelines recommend that vulnerable individuals continue to shelter in place. The increasing availability of affordable access to high-speed internet and telemedicine devices will be crucial. Additional research is needed to help outline best practices for telemedicine, says Dr. Sanjay Gupta.

A successful transition to telemedicine necessitates at least three key elements: broadband internet access, internet-capable devices, and technological literacy. The first is audio-only interactions, which are often performed through a cell phone or traditional landline, and the second is simultaneous audio-video conferencing. Synchronous video conferencing enhances the capacity to do the following tasks: The capacity to do pharmaceutical reconciliation is enhanced by synchronous video conferencing. Perform restricted events for the physical examination while reviewing test results through email. Videoconferencing can provide clinicians with a new perspective on the realities of a patient's living situation and help to start a home safety evaluation. A successful transition to telemedicine requires access to broadband internet, and internet-capable device, and adequate technical literacy to take advantage of the previous two criteria. The COVID-19 pandemic has shown how telemedicine may be used to supplement in-person interactions between physicians and their patients while also increasing access to care.