Digital Primary Care: From Research into Policy and Practice: Telemedicine in Catalonia

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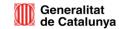


Telemedicine in Catalonia

Pre-Pandemic Telemedicine 2010-2020

Pandemic Telemedicine

Post-Pandemic Telemedicine







Preaching in the desert





- Since 2010 we developed several telemedicine programs.
- Among the programs, the most successful is teledermatology and the most innovative are teleulcers and teleaudiometries

 Teledermatology had considerable success reducing dermatology waiting lists, from a mean of 30 days (95% CI: 29to a mean of 16 days (95% CI: 15-17) after implementation.

Número de casos

T: Inicio de la teledermatología.

[Evaluation of the impact of teledermatology in decreasing the waiting list in the Bages region (2009-2012)]

Vidal-Alaball J, Álamo-Junguera D, López-Aguilá S, García-Altés A Aten Primaria. 2015 May;47(5):320-1. doi: 10.1016/j.aprim.2014.01.009. Epub 2014 Oct 18.

Cost-Minimization Analysis

- For the period between 2011 and 2019, a total of 52,198 visits were recorded. Telemedicine saved € 780,397.
- A differential cost favorable to telemedicine of about € 15 per visit
 was observed, with the patient being the largest beneficiary of
 this saving (by 85%) in terms of shorter waiting times and travel
 costs (RURAL).

A Cost-Minimization Analysis of a Medical Record-based, Store and Forward and Provider-to-provider Telemedicine Compared to Usual Care in Catalonia: More Agile and Efficient, Especially for Users.

López Seguí F, Franch Parella J, Gironès García X, Mendioroz Peña J, García Cuyàs F, Adroher Mas C, García-Altés A, **Vidal-Alaball J.**

Int J Environ Res Public Health. 2020 Mar 18;17(6):2008. doi: 10.3390/ijerph17062008.





Referral rates to the teledermatology service per thousand inhabitants from rural centres was statistically much higher than that of urban centres

Table 1. Referrals to the teledermatology service from urban centres.

Year	Assigned population	Teledermatology referrals	Referral rates per 1,000 inhabitants.	Dermatology referrals	% referral
2015	95,102	2,124	22.3	531	25%
2016		2,398	25.2	508	21.18%

Table 2. Referrals to the teledermatology service from rural centres

Year	Assigned population	Teledermatology referrals	Referral rates per 1,000 inhabitants.	Dermatology referrals	% referral
2015	98,795	3,198	32.4	844	26.39
2016		3,208	33.5	596	18.58



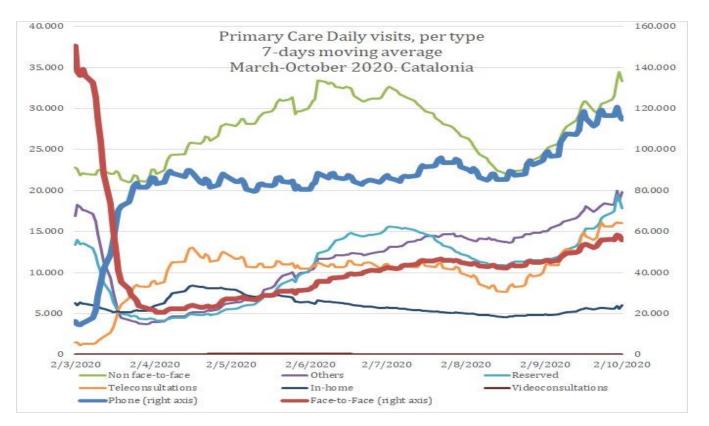


Primary Care centers CLOSED

Huge increase in non-face-to-face visits

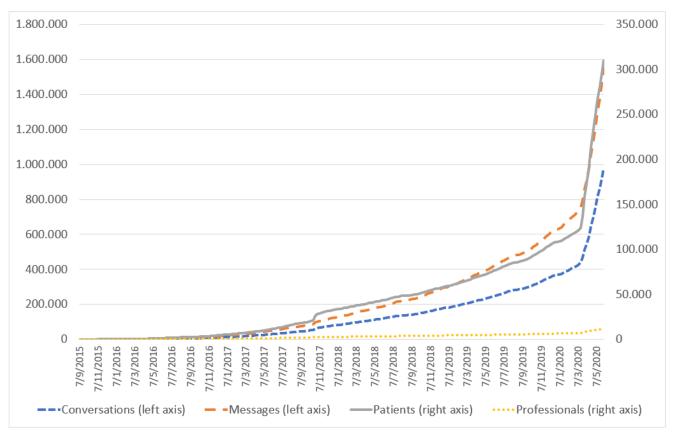
- Telephone calls (triage, COVID-19 follow up)
- Virtual visits (tasks): repeat prescriptions, sick notes...
- eConsultations (access for all)
- Video Consultations (new)

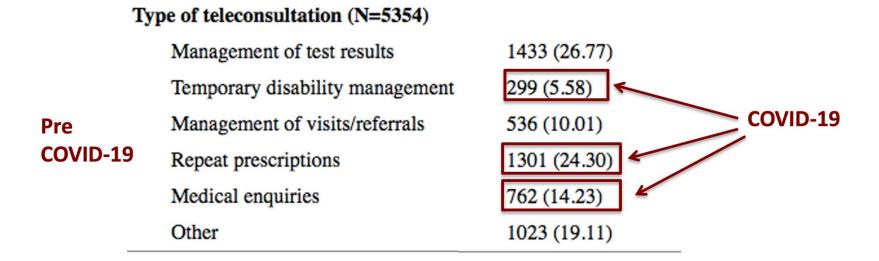




eConsulta: asynchronous teleconsulting service between health care professionals and members of the public connected to the electronic medical records of primary care.

- Introduced in 2015 and was gradually phased in until 2017, when it became established as a service available to all primary care teams.
- Before COVID-19 pandemic, was already growing at a rate of 24,000 conversations, 44,000 messages, 5500 new users, and 140 new professionals per month.
- With COVID-19 rates increased exponentially.





Teleconsultation Between Patients and Health Care Professionals in the Catalan Primary Care Service: Message Annotation Analysis in a Retrospective Cross-Sectional Study.

López Seguí F, Walsh S, Solans O, Adroher Mas C, Ferraro G, García-Altés A, García Cuyàs F, Salvador Carulla L, Sagarra Castro M, **Vidal-Alaball J.**

J Med Internet Res. 2020 Sep 17;22(9):e19149. doi: 10.2196/19149.





Videoconsultations

New service. Initial enthusiasm.

- Not very useful. Can't offer more than a telephone call...
- Not linked to electronic medical notes
- Technically difficult for patients
- Need fast broadband (?rural)







Have we gone TOO FAR?

- Can induce consultations for banal reasons, which could be almost 30% of eConsultations and could increase as easier access is provided (through a mobile application, for example)
- Can cause inequalities in the use of the service, with access differences for specific groups of <u>patients</u> according to their resources or digital skills (elderly). These inequalities could also occur among <u>professionals</u> less familiar with technological environments (out of the loop).
- Some professionals "happy" not to see patients face to face....
- Telemedicine seen as a cheap alternative by governments.





- Significant reductions in key diabetes management indicators were observed in 2020 compared to 2019, including foot screening (-51.6%) and glycaemic control (-21.2%).
- A 34% increase in patients with HbA1c > 10% was noted, indicating worsening diabetes control.
- Primary care practices offering fewer weekly face-to-face appointments experienced greater declines in quality indicators.
- The study underscores the necessity of restoring in-person visits for effective management of chronic conditions like T2DM.

Association between the reduction of face-to-face appointments and the control of patients with type 2 diabetes mellitus during the Covid-19 pandemic in Catalonia.

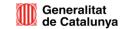
Coma E, Miró Q, Medina M, Marin-Gomez FX, Cos X, Benítez M, Mas A, Fàbregas M, Fina F, Lejardi Y, Vidal-Alaball J.





- From 2017 to 2022, there was an 86.6% increase in the prevalence of depression and mood disorders in Catalonia, with women being more affected.
- The proportion of eHealth consultations for depression-related visits rose significantly, from 4.34% in 2017 to 26.3% in 2022.
- The pandemic accelerated the adoption of eHealth, highlighting its emerging role in managing depression and mood disorders.
- Men and younger individuals were more likely to use eHealth services, and eHealth consultations were associated with higher use of antidepressants and anxiolytics.

eHealth in the Management of Depressive Episodes in Catalonia's Primary Care From 2017 to 2022: Retrospective Observational Study.





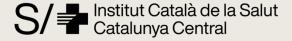
Post-Pandemic Telemedicine. Debate

- Telemedicine has shown great potential to help improve patient care, specially in rural settings.
- It is a **medical act**, and as such, must be accepted by the patient. Patients need to be involved.
- Must guarantee the patient's right to autonomy, professional secrecy, protection of personal data, privacy and confidentiality.
- It is not a replacement to face-to-face visits, it is an adjunct
- It is another type of visit like face-to-face, telephone or house visits.
- It should not be an excuse for inferior health care and should not be used to cut health care services, specially in rural areas.









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