

Teledermatology Implementation: The Importance of a Clear Objective[☆]



Teledermatología: la importancia de implantarla con un objetivo claro

Studies of teledermatology (TD) indicate that this technique appears to be most effective at ruling out skin tumors, improving the prioritization of consultations, and reducing waiting times.¹⁻³

The article by Romero et al.⁴ in this issue of *ACTAS DERMOSIFILIOGRÁFICAS* describes the practice of TD in Spain between 2009 and 2014. The results, probably limited to the public health system, reveal that the implementation of TD has increased. In 2014, 26% of centers used TD. How does this figure square with the fact that TD consultations account for just 1% of dermatology consultations in Spain?⁵ The most plausible interpretation is that the variability among centers is high—making measurement more challenging—and that most centers see only a small number of patients by TD.

Many of the characteristics described in the article suggest that TD has been implemented anarchically in Spain. The variability of the objectives and the resources used is surprising. In many cases, TD is not integrated with electronic health records or the clinic does not assign time for TD. The data also indicate that the efficiency of TD diagnosis increases with the distance between the dermatologist and the patient. Paradoxically, TD was used more frequently in urban areas.

In this context, the position of the Spanish Academy of Dermatology and Venereology (AEDV) is especially important. The AEDV recommends that TD be implemented in accordance with certain rules, as part of a larger service portfolio, with a procedure for assessing results, and most importantly, with the aim of addressing specific problems.⁶

The decision to apply a particular model of TD should take the objective into account. In Spain's context of local

health care provision, waiting lists, and overcrowded clinics, TD would seem to be most useful for prioritization. If prioritization is the objective, perhaps the best method would be to use TD to filter all consultations, as our center has been doing for years. The result appears to be positive, but doubts remain regarding the effectiveness of the system and the acceptance of TD by primary care physicians and patients. Other objectives would require a different sort of organization and generate different uncertainties.

TD is not “one-size-fits-all”; this technique can be used in many organizational models. The first step towards implementing the most appropriate system is to clarify the objective.

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