



# ACTAS Dermo-Sifiliográficas

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## OPINION ARTICLE

### Position Statement of the Spanish Academy of Dermatology and Venereology on Tele dermatology<sup>☆</sup>



### Posicionamiento de la Academia Española de Dermatología y Venereología sobre la tele dermatología

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Telemedicine is a reality in healthcare today and is considered to be of strategic importance by the World Health Organization.<sup>1</sup> Telemedicine improves the provision of healthcare services in areas with poor access to medical resources and enhances the quality of care in areas with better access. Tele dermatology (TD) is one of the most common applications of telemedicine.<sup>1</sup>

During the past decade, Spain has become a world leader in TD services. Between 2009 and 2014, the number of TD programs in Spain increased significantly.<sup>2</sup>

TD has been shown to improve patient access to specialized care for specific skin conditions and to dermatologic care in general. At the same time, TD has also encountered obstacles and barriers that may have limited its use on a larger scale.

The Spanish Academy of Dermatology and Venereology (AEDV) supports the rational application of TD to improve the quality of care for skin diseases provided that it meets a series of important criteria. The association specifies that the practice of TD must always comply with the following set of basic standards.

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1. TD refers to the use of information and communication technologies (ICT) in the care of skin diseases. TD is a complementary tool used in the practice of dermatology and, as such, must be used or coordinated solely

- by specialist dermatologists with the necessary skills and training in e-health processes and the use of ICT in medical practice.
2. *Leadership of the dermatologist.* The leadership of a dermatologist must be a fundamental prerequisite in the design and implementation of all TD programs. All programs and initiatives using ICT to provide dermatologic care must be led by a dermatologist at every stage. The dermatologist must play a coordinating role in multidisciplinary teams developing or using TD.
  3. *All TD programs must include the support of a dermatologist who is available for in-person consultations.* TD is complementary to the practice of face-to-face dermatology. It can be used to facilitate triage, prioritization, and patient referral and is in no case a substitute for the availability, when necessary, of an in-person consultation with a dermatologist.
  4. *TD should be used to respond to an identified need for improvement in a healthcare process.* As a complementary tool for delivering dermatologic care, TD should be integrated into the overall care process to respond to the specific needs identified (accessibility, prioritization, coordination between care levels, follow-up of patients with chronic disease, continuous training, etc.). It is essential in the design of TD programs to identify the stages and activities in a particular process that are likely to be improved by the use of the methodology. The practice of TD should always be regulated by clearly defined work procedures and referral protocols.
  5. *TD must be incorporated into the organization's portfolio of services.* TD activity must be incorporated into the authorized portfolio of services of both the dermatology service providers and other participants (primary care centers, other hospital departments). All TD activity should be part of a program that is formally recognized and authorized by the relevant hospital, health care center, and/or health authority.
  6. *TD programs must be allocated specific and adequate resources to ensure good practice.* In the programmed schedule of activities of a dermatology department or clinic, time must be specifically allocated for all of the work involved in a TD program (teleconsultations, training, resolving technical problems, etc.). All TD programs must use equipment and software designed for the specific purpose to ensure ease of use for those operating the system and secure data transmission. TD applications must be integrated into the corporate information system.
  7. *TD programs must be supported by comprehensive training programs.* All professionals participating in a TD program must complete a training program specific to their role: operators (training in obtaining images, user interfaces, etc.), primary care physicians or other specialist physicians (training in criteria for teleconsultation, referral paths etc.), dermatologists (training in decision making, the user interface, etc.). TD training programs must be updated and maintained as long as the program is in operation.
  8. *The use of TD must be monitored by way of an integrated validation and quality control program.* All TD programs must undergo an initial validation process in all the dimensions that will be continuously monitored (efficacy, safety, diagnostic validity, efficiency, and user satisfaction). Monitoring is also essential to identify errors and deviations from the protocol and to facilitate a quality-control system that will ensure ongoing improvement. AEDV will publish guidelines on clinical practice using TD in order to establish standards for the process and to provide clinical guidelines for dermatologists.
  9. *The modality of TD used in each case must be the one that can provide the most efficiency and clinical safety for the specific healthcare need to be met.* All the TD methodologies (store-and-forward, real time, mixed, mobile) and modalities of interaction between the participants (primary TD, patient-dermatologist; secondary TD, primary care physician-dermatologist; tertiary, dermatologist-dermatologist) have been shown to have strengths and weaknesses. Physicians should use the method best adapted to the health condition or group of conditions being addressed. Selecting the process in which TD has shown the greatest efficacy is the best guarantee of clinical safety for both patient and dermatologist.
  10. *The TD process must respect the patients' right to choice and ensure their confidentiality at all times.* The practice of TD must always include a procedure that defines the purposes and uses of the images obtained and transmitted. All applications used in TD must fulfil the confidentiality and privacy requirements required under current personal data protection legislation. It is advisable to specify the limitations of TD in a safeguard clause, which should be included in all the reports issued by clinicians.

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## References

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