Telemedicine in the age of digital transformation in health



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ith the improvement of connected digital resources, which are increasingly accessible to the population, the use and definitions found about Telemedicine (TM), have become even clearer.

Depending on its characteristics and applicability, it can be defined in some ways, as highlighted by Prof. Doc. Chao Lung Wen 1: physical distance between communities in need of assistance from those providing medical services; use of technological resource connected in substitution to physical presence to provide assistance; systematization of the teleassistance process with the development of clinical protocols; structure of security, quality and confidentiality of the data, with the due security of the

information GDPR (General Data Protection Regulation, in health).

Based on these characteristics and looking at the performance of several teams, TM is an activity of the union of professionals from the multiprofessional health team, including IT professionals, who create an important synergy for the development of activities aimed at promoting and disseminating the best care practices focused on mitigating the health problems of the population, even in the most remote places of our country.

TM will be able to solve some pressing challenges in the health area, such as: expanding access to specialized medical services in locations far from large centers, where there are no specialists in certain areas; reinforce the continuous monitoring of the health of individuals; take improvement and quality actions for primary health care, reducing the time spent between diagnosis and therapy; by rationalizing costs and supporting epidemiological surveillance, with the identification and tracking of public health problems. 2

In order for us to implement and organize TM properly in Brazil, we will need to train our students in the health field: doctors, nurses, physiotherapists, nutritionists, psychologists, others, for the responsible and conscious use of digital technological resources for hybrid care effective, without losing the emphasis on the quality of patient care, humanization and ethical-legal aspects in its use.

REFERENCES

- 1. Wen CL. Telemedicina e Telessaúde. Uma abordagem sob a visão de estratégia de saúde apoiada por tecnologia. Atualidades Brasileiras em Telemedicina & Telessaúde, 2016. Disponível em: http://chaowen.med.br/artigos/telemedicina-e-a-telessaudeuma-abordagem-sob-a-visao-de-estrategia-de-saude-apoiada-por-tecnologia/
- 2. Caetano, R. et al. (2020) Desafios e oportunidades para telessaúde em tempos da pandemia pela COVID-19: uma reflexão sobre os espaços e iniciativas no contexto brasileiro. Cad. Saúde Pública. Disponível em php?script=sci_arttext&pid=S0102-311X2020000503001