



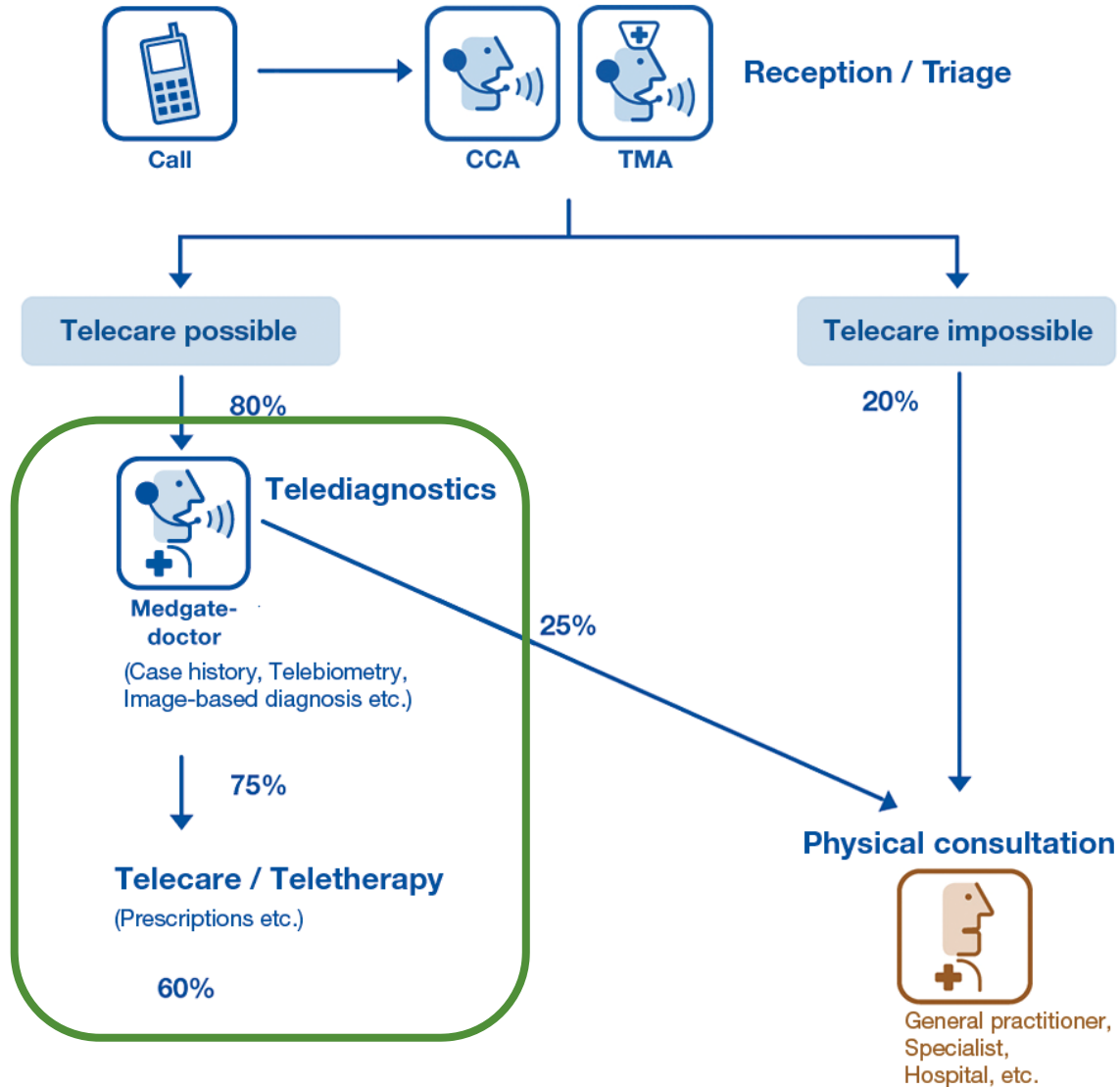
Telemedicine and face-to-face health care: Synergy or opposition?

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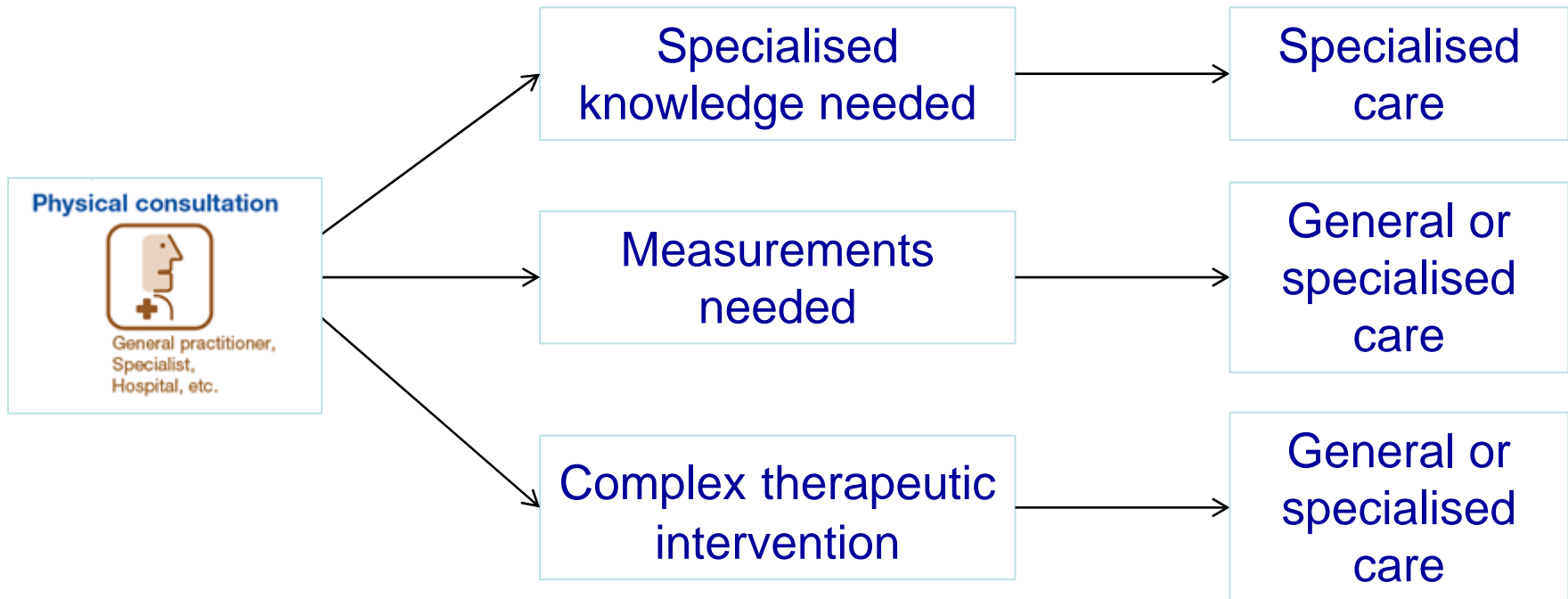
Swiss Center for Telemedicine MEDGATE

- Medgate has **220 employees**, which include
 - 60 doctors with various specialiations
 - 50 telemedical assistants (medical practice assistants and qualified nurses)
 - 60 call center agents
- **More than 50%** of the Swiss population have access to the telemedical services of Medgate
- The **largest** telemedical center in Europe run by medical professionals:
 - Up to **4,300 teleconsultations a day** by telephone, the Internet, video-conferencing and telebiomonitoring
 - **Over 2.5 million teleconsultations** since the launch of the service in October 2000
 - **Chronic care Management**
 - **Case Management**

Teleconsultation



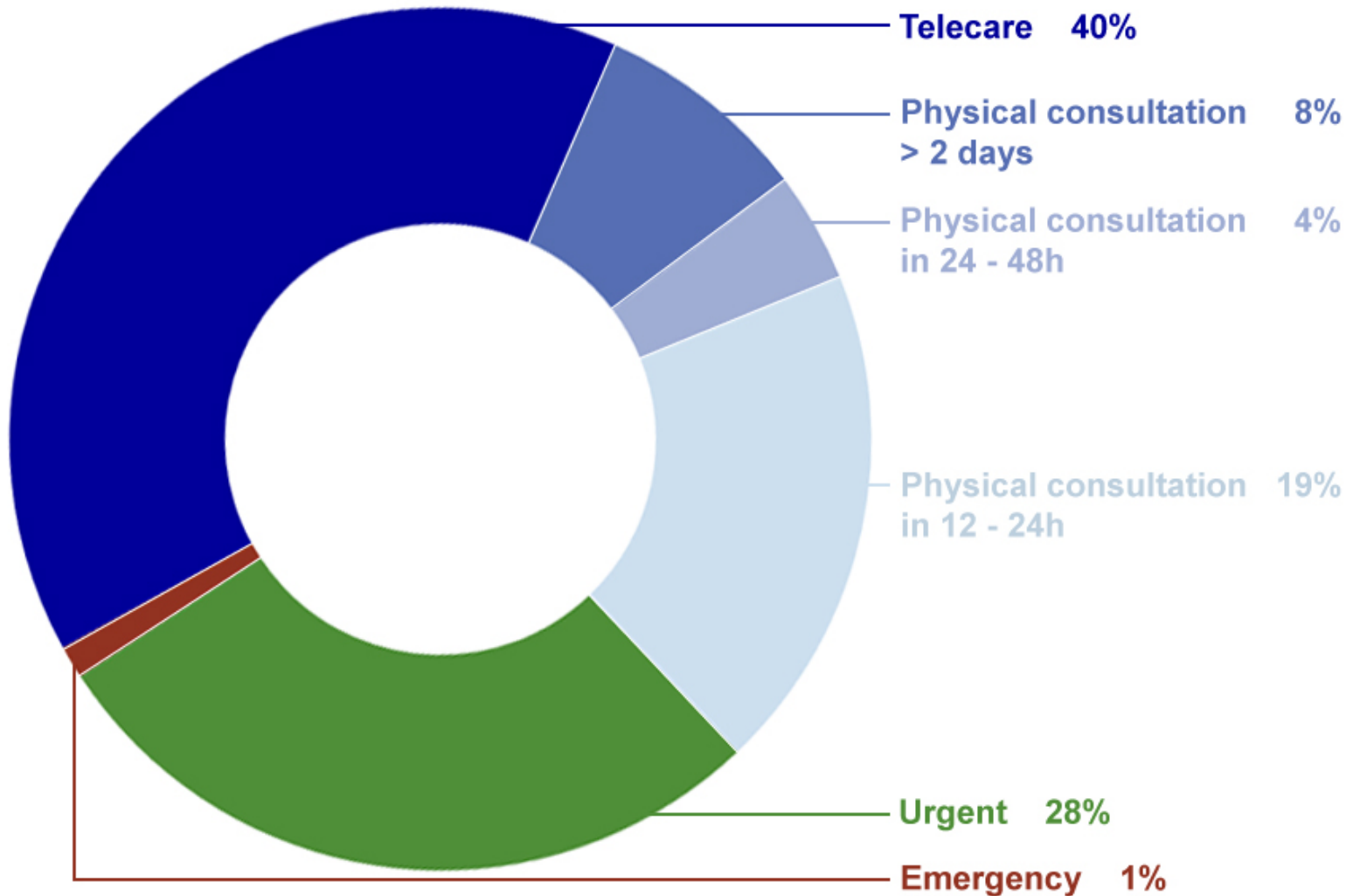
Referral to face-to-face medicine: link in the healthcare chain



Teletriage

- Referral to the appropriate type of health care provider
 - General physician
 - Medical specialist
- Referral to the appropriate healthcare setting
 - Private practice
 - Emergency services
 - Hospital care
- Referral in the appropriate time interval
 - Emergency/ immediately
 - Today/ in daytime/ after weekend
 - Within several days

Half of the patients can be treated telemedically



Synergy or opposition?

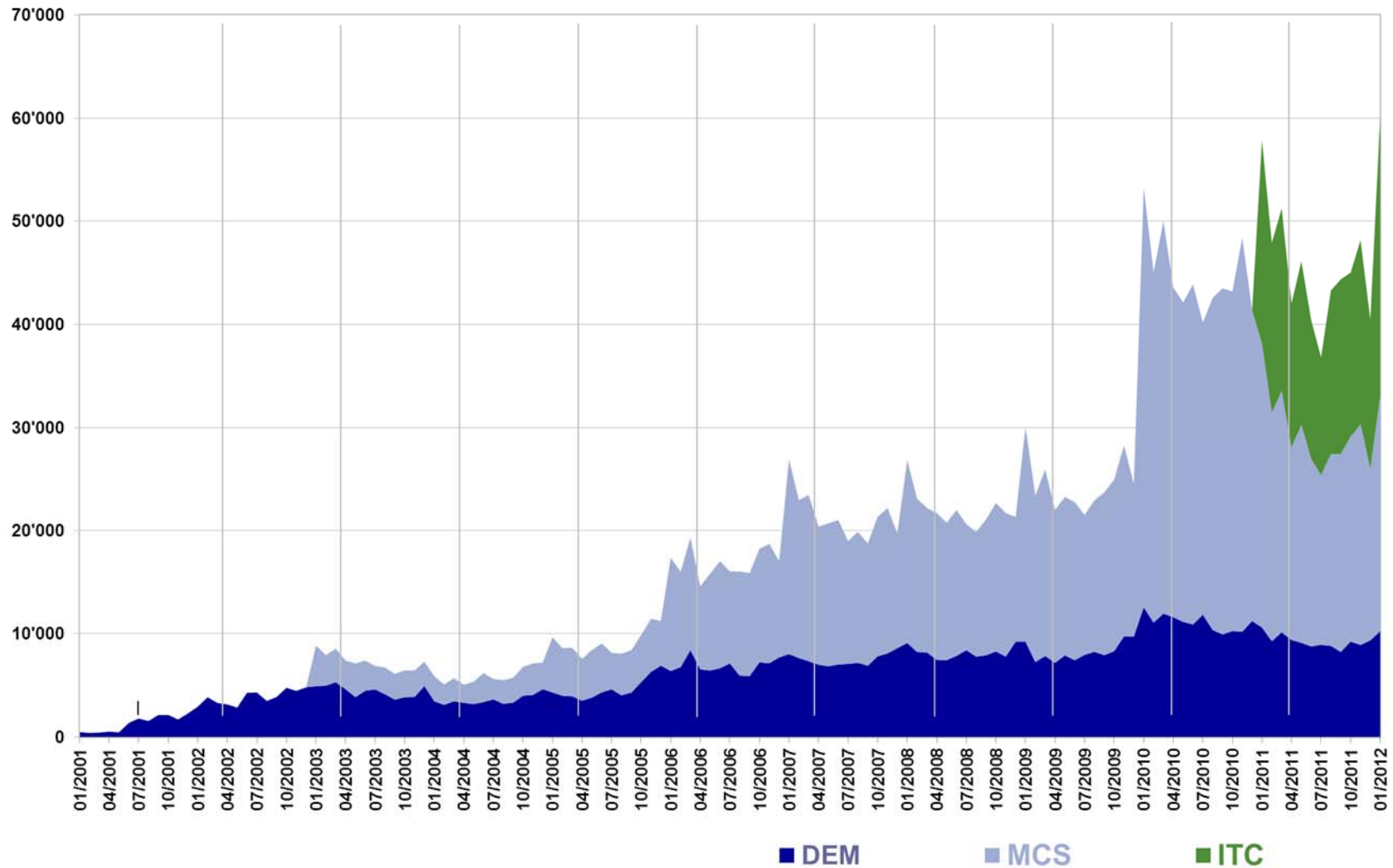
■ Synergy:

- Referral of patients with
 - explicit need of a face-to face consultation
 - with clearly defined medical problem
 - in appropriate point in time
 - to appropriate place of care
- Lowering work burden of medical practices and emergency rooms
- Optimised use of resources

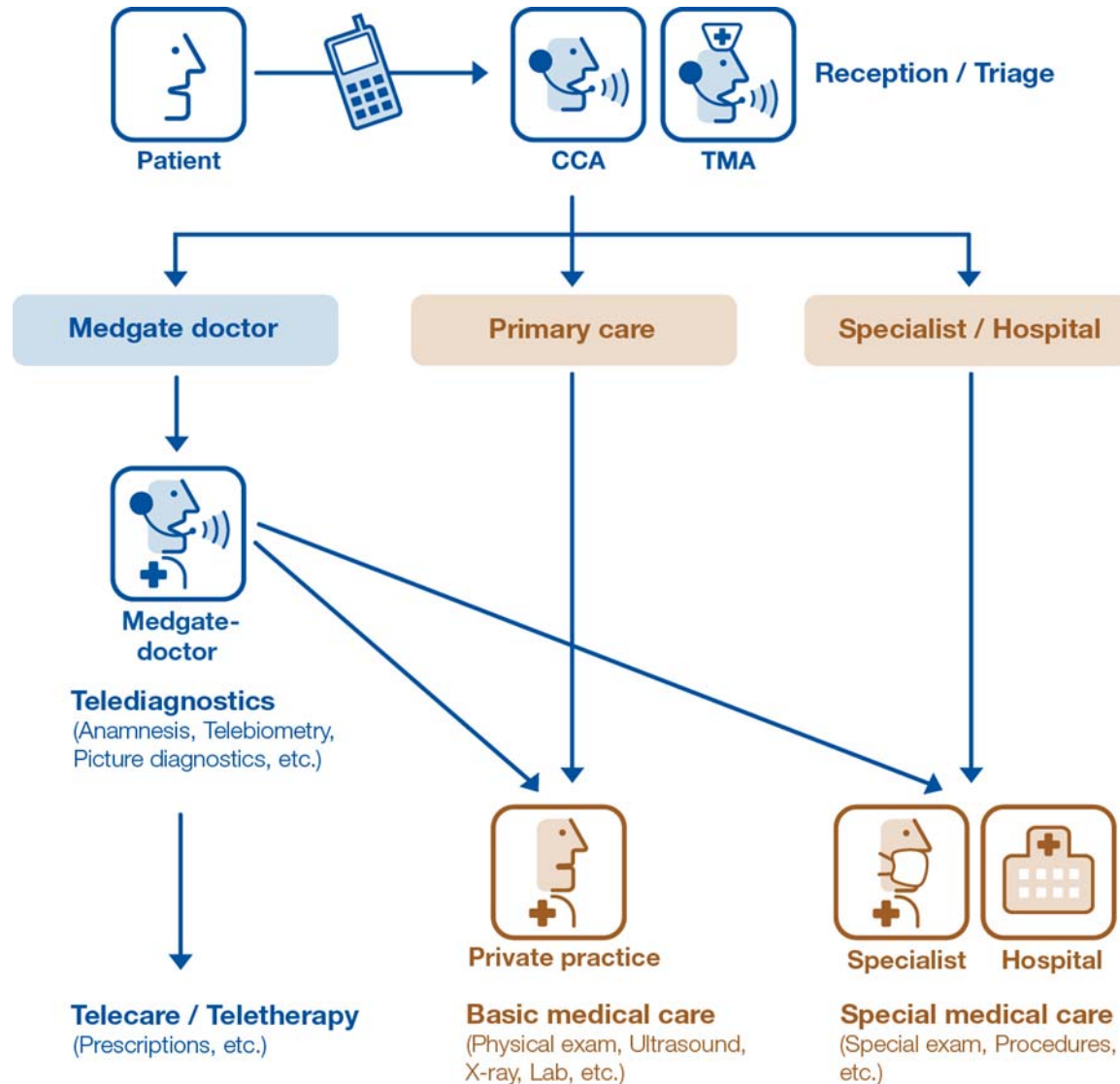
■ Opposition:

- Minor ailments managed by telemedicine, decreased opportunities to earn money

Alternative health assurance models



Integrated Telemedical Care



Integrated Telemedical Care - Rationale

- ⋮ Reduction of variation in health care
- ⋮ Access to care
- ⋮ Optimised use of resources



Integrated Telemedical Care - Potential

■ Gatekeeping

- compulsory telemedical triage and consultation
- self treatment were possible
- if no self-treatment possible: face-to face consultation in the appropriate time to treat and place of care
- collaboration with net of healthcare providers

■ Network with face-to-face healthcare providers

- exchange of medical information

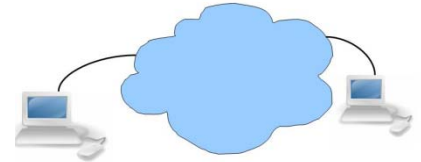
■ Responsibility for budget

- sharing of savings and additional costs

■ Quality assurance

Integrated Telemedical Care – To dos

- implementation of a uniform information exchange system between healthcare providers in Switzerland



- selection of participants in integrated care models mainly by health insurance premia, not by health or health care factors



- Probably adjustments needed for chronically ill patients (e.g. promotion of chronic care management programs)





For further questions:
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