

KSYOS TELEDERMATOLOGY

POTENTIAL IN EUROPE

Prof. Dr. L. Witkamp KSYOS TeleMedical Centre

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230.000 KSYOS TeleConsultations have prevented 180.000 (~70%) physical referrals to the hospital





KSYOS TeleMedical Centre

- KSYOS Health Management Research founded in 2000
- KSYOS TeleMedical Centre founded in 2005
- TeleDermatology Consultation since June 2005
- March 2015: 4.500 GP's; 2.500 Medical Specialists/paramedics
- March 2015: 270.000 TeleConsultations
- Contracts with all health Insurance companies in NL and NHS in UK
- Pilots in Spain, Norway and Switzerland
- Expanding to TeleDiagnosis, TeleMonitoring and Self Management







KSYOS TeleDermatology





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KSYOS TeleOphthalmology





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KSYOS TeleCardiology





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KSYOS TelePulmonology

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KSYOS TeleMedical Centre

As a Health Institution KSYOS delivers within all legal frames:

- Medical definition of the process
- Organization in the region
- KSYOS Electronic Health Record integrated in regional health IT infrastructure
- Digital camera's, dermatoscopes
- Education, onsite training
- Liability insurance
- Administration and finance
- Helpdesk
- Monitoring
- Reporting of Quality Indicators





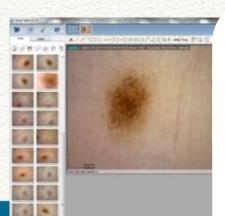
Hardware

KSYOS camera



KSYOS dermatoscope





iPhone App

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iPhone app KSYOS TeleDermatology with direct upload of pictures in KSYOS Electronic Health Record



Foto toevoegen

Wijzigingen verzenden



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Wijzigingen verzenden

Foto van camera

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The TeleDermatology process

a practical case







Process of TeleDermatology

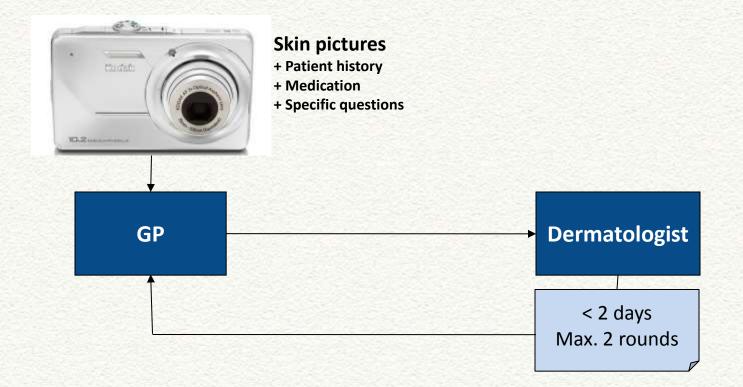






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Process of TeleDermatology



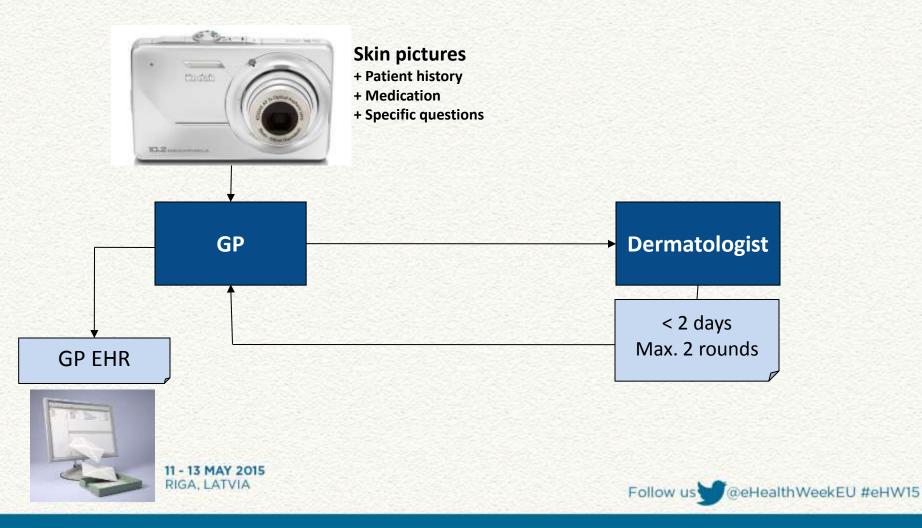




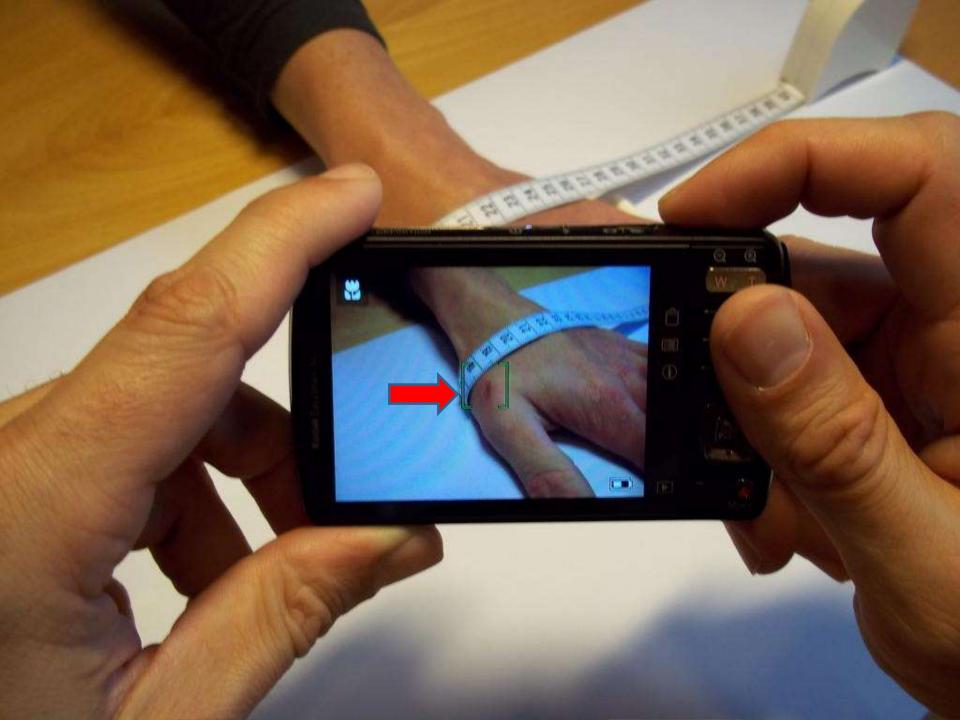
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Process of TeleDermatology

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	3			Consultant		
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Gender: man Age: 34 years old

-Referral Letter GP-

Referral Reason: Itchy torso and arms, after consumption of gambas. Not familiar with allergies. Locoidcreme didn't help. Exanthema and annular

desquamation DD: allergy or pityriasis versicolor?

Comments: NB: I did not make a test on funghi.









Van:	KSYOS TeleMedisch Centrum [ksyos@ksyos.org]
Aan:	i.schepers@ksyos.org
CC:	
Onderwerp:	Consultant Dermatologist's reply
Dear Mr.	GeneralPractitioner1,
There is	a new message available in your TeleDermatology Consultation service. Please go to <u>https://portal.ksyos.org/tdcs-uk</u> and log on.
Kind rega	ards,
The KSYC	DS team
Amsterd 1182 HL The Neth T: +31(0 F: +31(0 E: info@l	eleMedical Centre amseweg 206 Amstelveen Derlands D20 6000060 D20 2031121 ksyos.org

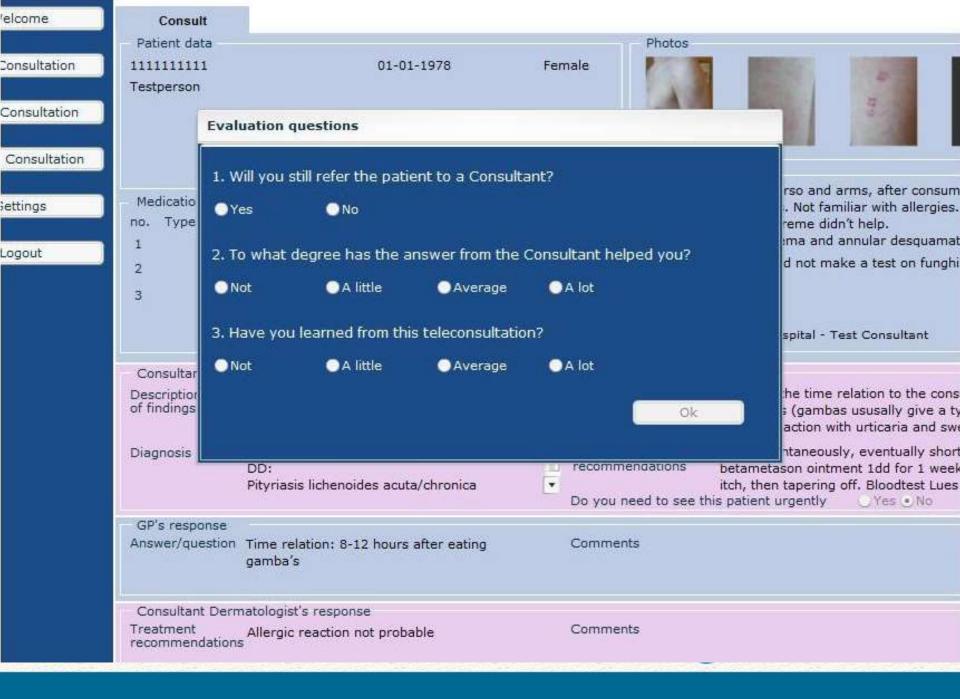




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	Answer/question		Comme	ents				
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Welcome	Consult			
	Patient data			Photos
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Open Consultation				
Closed Consultation				Referral letter
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Logout	1 2			Exanthema and annular desquamation Comments NB: I did not make a test on funghi.
	3			Test Hospital - Test Consultant
	Consultant Dern	natologist's report		
	Description of findings	Erythematosquamous pityriasiform, partly oval macules and plaques on trunk and a partly excoriated.		
	Diagnosis	Pityriasis rosea (working diagnosis) DD: Pityriasis lichenoides acuta/chronica		ent Heals spontaneously, eventually shortly betametason ointment 1dd for 1 week for itch, then tapering off. Bloodtest Lues need to see this patient urgently Ves • No
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	Consultant Dern	natologist's response		
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KSYOS			
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TeleDermatology can be used:

- To prevent a physical referral
- To get advice for both diagnosis and treatment
- To offer better triage for the patient
- To reduce within lists





EPIDEMIOLOGY AND HEALTH SERVICES RESEARCH

Tanualing

Teledermatology applied following patient selection by general practitioners in daily practice improves efficiency and quality of care at lower cost

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Summary

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Funding for this study was provided by the Department of Dermatology of the Academic Medical Centre in Amsterdam.

Conflicts of interest

J.P.v.d.H. is employed (part-time) by KSYOS TeleMedical Centre, and L.W. is the Director of KSYOS TeleMedical Centre. The remaining authors state no conflicts of interest.

DOI 10.1111/j.1365-2133.2011.10509.x

Background Teledermatology, the application of telemedicine in the field of dermatology, has similar accuracy and reliability as physical dermatology. Teledermatology has been widely used in daily practice in the Netherlands since 2005 and is fully reimbursed.

Objectives This study prospectively investigated the effect of teledermatology on efficiency, quality and costs of care when integrated in daily practice and applied following patient selection by the general practitioner (GP).

Methods Teledermatology consultations between GP and regional dermatologist were performed in daily GP practice in the Netherlands. Efficiency of care was measured by the decrease in the number of physical referrals to the dermatologist. Quality of care was measured by the percentage of teleconsultations for second opinion, physical referrals resulting from these teleconsultations, the response time of the dermatologists and educational effect experienced by the GP. Costs of conventional healthcare without teledermatology were compared with costs with teledermatology.

Results One thousand, eight hundred and twenty GPs and 166 dermatologists performed teledermatology, and 37 207 teleconsultations performed from March 2007 to September 2010 were included. In the group of patients where the GP

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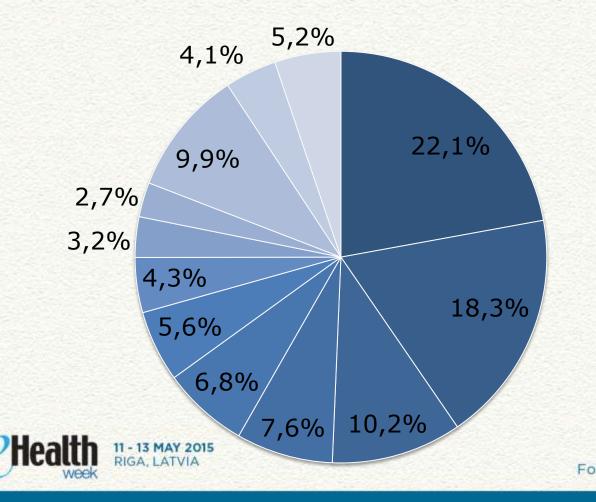
Avoided referrals

73% prevented referrals in group TD for referral prevention



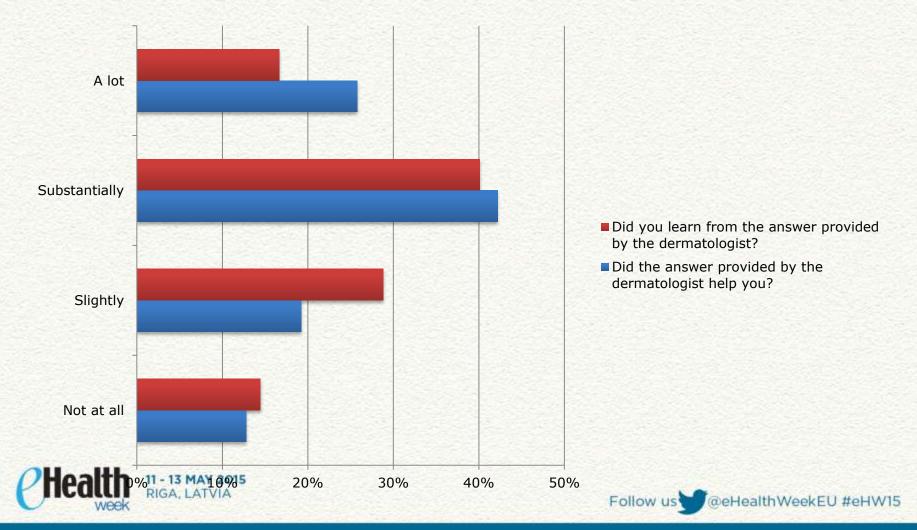


TDC response time

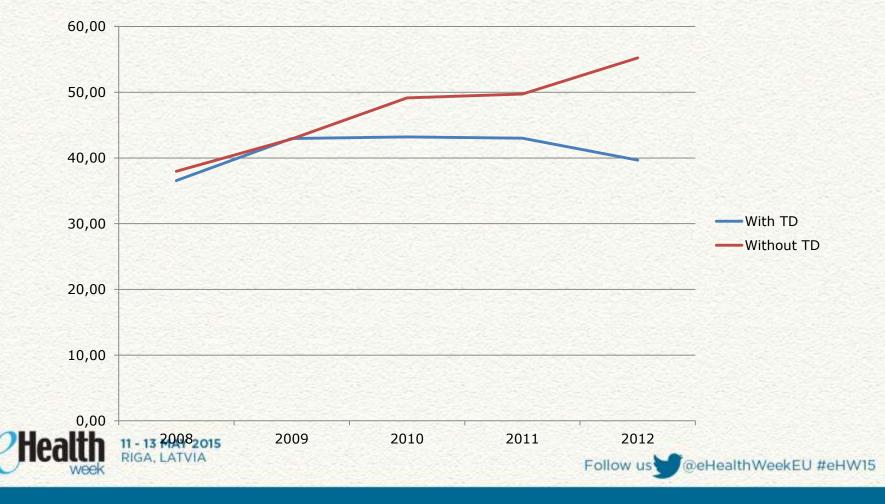






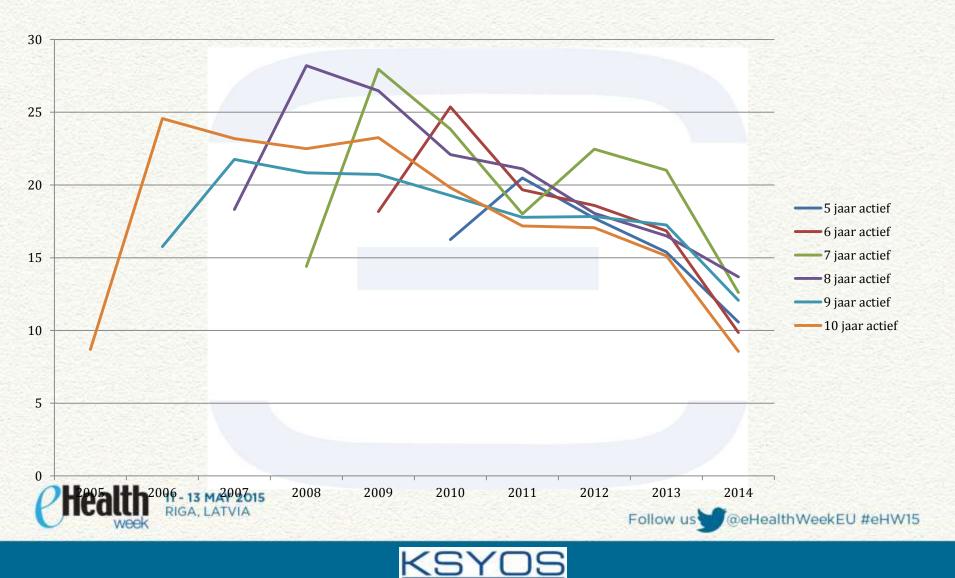


Long Term Effect on physical referrals Per GP in The Netherlands

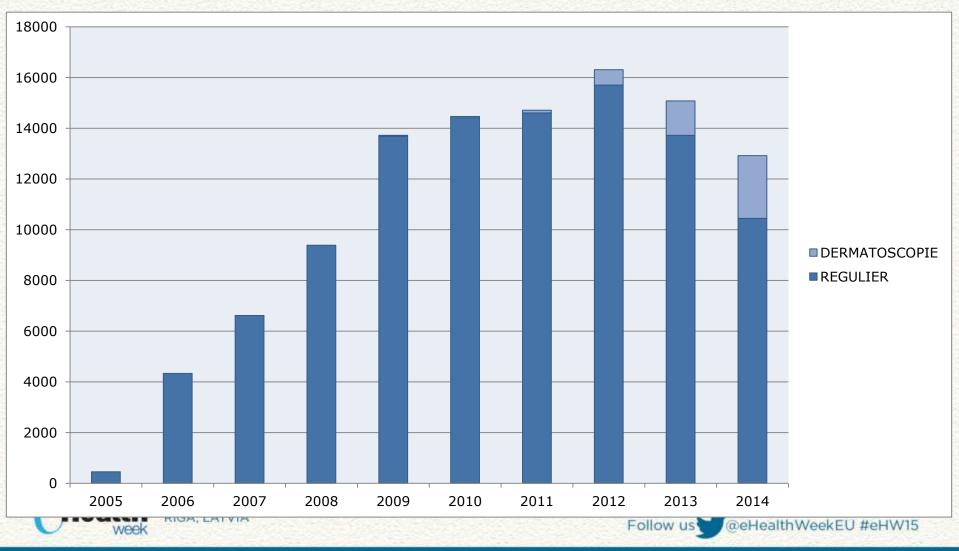


Decrease in TDC's per GP due to learning effect

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Decrease in total TDC's due to learning effect







- 70% of all live referrals could be prevented
- Significant reduction of waiting list
- Average response time 4.6 hours (median 2 hours!).
- 40% cost reduction.
- TeleDermatology enriches GP's and dermatologists' work experience.
- Quality improvement and learning effect





Challenges in setting up TeleMedicine services *

** ******************

setting

Challenge:	TD with KSYOS:
Obtaining reimbursement	to be resolved in regional
Resolving technical-related issues	resolved
Communicating with referring providers	resolved
Setting up regional operation	resolved
setting up staff education programmes	resolved

Chealth 11 - 13 MAY 2015 a study of collective experiences from teledermatologists. *PLoS.One.* 2011; 6: e28687.

Reimbursement options

- Government based
- Insurance based
- Patient based
- Hospital based
- Innovation based
- Primary care group based





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