Good Practices in Social Security

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Telemedicine: An effective tool for technology transfer and personalized medical care for patients travelling outside their place of origin

A case of the EsSalud - Social Health Insurance Institute

EsSalud - Social Health Insurance Institute
Peru

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Summary

June 2015: after taking up the post of Director of Foreign Travel at the Social Health Insurance Institute (Seguro Social de Salud – EsSalud), I had the following experience: a patient had come back from a foreign country after spending a month there and I decided to go with him to his first check-up in Peru. The attending doctor looked at me and asked “What do you want me to do with this patient? He has had a type of treatment that we don’t use in this country and I’m not familiar with it. He’s been operated on by a team of surgeons that I don’t know and they’ve prescribed a treatment that we don’t use here…” We had to look into this situation and take action to ensure that the investment of sending patients for costly treatment abroad was not made in vain.

Telemedicine has not only contributed to EsSalud’s financial sustainability by preventing wasted investment, but has also proven very useful before, during and after patients’ trips, as it means greater confidence and less worry and uncertainty for patients and relatives.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

When the decision is made for a patient to undergo treatment in a foreign country, both patients and relatives almost always have questions and concerns stemming from the anxiety resulting from not knowing who will treat them or where treatment will occur, including what the doctors are like, how they work, how they will communicate with them, where the treatment centre is and what the facilities are like (pre-trip). Once they arrive abroad, the patients wonder how to communicate with the travel support team, how the doctors in their country of origin will obtain a rigorous and precise account of the medical procedures carried out or to be carried out (during trip). They also worry about how they will proceed when they return to their country of origin if the new treatment instructions are unfamiliar or cannot be followed due to a lack of technology, or if complications or problems arise as a result of the treatment administered abroad (post-trip).

In June 2015, there was no communication between doctors in the destination country and those in the country of origin, even after the patient had returned home. The only guidance was the written medical report that the patient brought back, which in many cases was too voluminous to be read in all its detail.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Main objectives:

1. To adopt a new approach and guidelines, exploring various scenarios to identify patients’ and relatives’ needs from the point when the travel decision is made to after the return home, finding real-time solutions as quickly as possible.
2. To improve communication between doctor and patient and between doctors.
3. To harmonize (local and foreign) doctors’ knowledge of the treatment to be carried out and, where necessary because it is not used in the country of origin, arrange for them to learn it.
4. To create new scientific links relating to the care and treatment of patients travelling abroad (technology transfer): new contacts.

Main elements of the plan or strategy:

1. Three main stages were established for a new approach to the management of patients requiring treatment abroad. Stage I: PRE (before the trip), Stage II: DURING (from the beginning of the trip to the patient’s return home) and, finally, Stage III: POST (from the patient’s return to Peru throughout post-treatment check-ups in Peru and abroad). Where possible, a separate staff member should be assigned to each stage.
2. Videoconferences were used for all three stages: pre-, during and post-trip, including patients, relatives and doctors in the countries of origin and destination.
3. Teamwork was ensured between the professional and support staff in the countries of origin and destination.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

1. Reducing the number of cases where Peruvian doctors are unfamiliar with the treatments administered to patients abroad.
2. Reducing patients’ and relatives’ pre-trip anxiety levels.
3. Creating new scientific links between professionals in patients’ countries of origin and destination.
4. Optimizing the use of resources when carrying out procedures for which the requisite technology does not exist in the country of origin, ensuring that these are completed in the destination country before the patient returns home.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

A medium- and long-term assessment of the innovative measure is required. Although limited time has passed since the good practice was implemented (one year), the initial results are promising:

For the objectives:

Objective 1 – The foreign travel unit works on the basis of the pre-, during and post-trip stages. There is no reason why this approach could not also be used for patients travelling within the country, to the capital or major cities.
Objective 2 – According to direct reports that have been verified in person during videoconferences, pre-trip communication between patients and attending doctors has improved significantly, reducing patients’ anxiety levels. Patients’ levels of satisfaction with the meetings held via videoconference before, during and after travel have expressly reflected this. The same applies to instances where doctors from both sides have had to meet to discuss a risk affecting a patient.

Objectives 3 and 4 – Doctors have been able to share knowledge (technology transfer) and reach agreements about patients abroad, as well as answering questions about patients’ progress after their return home, by virtue of knowing one another from virtual meetings before or during the patient’s trip. This led to more effective outcomes for the patients, who in several cases also attended virtual meetings with the doctors who would treat them abroad, to which they reacted positively.

For the targets:

Target 1 – There have been no further cases where Peruvian doctors have been unfamiliar with the treatments administered to patients abroad.

Target 2 – Patients and relatives have explicitly stated that their pre-trip anxiety levels have been lower.

Target 3 – New scientific links between professionals in patients’ countries of origin and destination have been created.

Target 4 – The use of resources has been optimized in several instances where it has been agreed that procedures that do not exist in the country of origin would be carried out before the patient returned home. Furthermore, consensual agreements have been reached between the doctors on both sides regarding particular treatments or procedures.

Finally:

- **Before:** the activities described above were not carried out, and so similar outcomes were not achieved.
- **Now:** the use of videoconferencing has brought wholesale changes, beginning with the way in which doctors work with patients. The use of institutional resources is being optimized and a new means of improving adaptive is being established, which is also enhancing financial sustainability.

Lessons learned

*Based on the organization’s experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.*

Factors:

1. Suggesting a new approach to patient management, dividing it into the three stages described above: pre-, during and post-trip. This enables difficulties to be anticipated and ad hoc solutions to be put forward.
2. Access to an in-house videoconferencing team (we can share the technical specifications with anyone interested) – if this is not the case, competing priorities may cause a videoconference to be cancelled last-minute because no team is available.

3. Holding videoconferences as part of routine procedure.

Risks:

1. Ensuring perfectly scheduled communications involving testing the connectivity system before each videoconference, and having a contingency plan in place – if this is not the case, errors can cause a loss of confidence in the system and create demotivating factors.

2. Where possible, assigning a staff member to each of the three stages: tasking a single person with all three stages would mean overburdening them if multiple patients needed to be managed.

3. Encouraging professionals to keep in touch with foreign colleagues to enable technology transfer and avoid wasting the opportunity to maintain links with them.