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THE FUTURE OF TELEMEDICINE: TWO PERSPECTIVES

RADIOLOGY WITHOUT BORDERS: A RUSSIAN VIEWPOINT



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Today teleradiology is an essential and indispensable part of radiology. Teleradiology enhances efficacy of our service, makes our diagnosis more timely and accurate, saves time and money, helps to overcome some temporal or regional shortages of trained radiologists and—last but not least—it is more and more needed by our patients.

So far in Russia there is more discussion about teleradiology than real action. Nevertheless, there are some good examples of municipal or regional teleradiological services

working quite well. But still some hospital managers believe that it is better to hire well-trained specialists and never apply to teleradiology consultants (especially if some fee for this service is required). But I believe that in real life this approach cannot be true in 100 percent of cases. The need for teleradiology exists, but some organisational and administrative issues (e.g. qualification of consultants, reimbursement, mutual responsibilities of teleradiological partners etc.) must be solved. Some years ago the European Society

CROSSING BORDERS: THE VIEW FROM THE U.S.



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The Center for Connected Health Policy is an organisation that is vocal about policy reforms on integrating telehealth virtual technologies into the American health care system. Mei Wa Kwong, Policy Advisor and Project Director spoke to HealthManagement.org about the legal challenges of harmonising telehealth/medicine across borders.

What, from the perspective of the Center for Connected Health Policy, have been the greatest challenges in 'harmonising' telehealth regulations across the U.S.?

The way the US health care system is structured, you have multiple entities who pay for care. You have government programmes like

Medicare on the federal level and Medicaid on the state level as well as private insurers who provide insurance through employers or private purchase. This creates layers of different policies in law, regulations and the insurers own individual policies. So already you have a complicated environment to navigate. Now multiple that 51 times (50 states and the District of Columbia) and you can see how daunting and complicated the policy environment is around telehealth. And what I've just described is only one aspect of policy. You also have other laws, regulations and policies that aren't necessarily specific to telehealth but impact it such as licenses to practice medicine.

How wide is the need for telehealth in the U.S.? Are you seeing examples of cross-nation telehealthcare or does it tend to be

fairly localised? In other words, is legal harmonisation so critical?

I don't have any numbers regarding how much telehealth activity crosses state lines, but it definitely has that capability and some of that is taking place. I think wherever there is an issue getting some type of service because of lack of access definitely points to where telehealth could be a solution. Right now telehealth policy is still being developed, so part of the problem is definitely not having the right policies in place, such as reimbursing for telehealth-delivered services. But there are other factors that impact telehealth such as connectivity. Some of the places that lack access to necessary health care services are remote or rural areas that may not have the connectivity to make telehealth work. Additionally, starting a telehealth programme requires an investment on a health organisation's part. They are introducing something new that could disrupt the typical workflow in their clinic. They have to make sure they have the right and trained staff, the equipment, the policies and procedures in place and ensure they can at least cover their costs to do a telehealth programme. It's not as simple as just one day deciding to provide services via telehealth. There's a lot of work and investment involved in making sure you do it right.

As Europe also develops telehealth, would the Center for Connected Health Policy have any advice on an optimal model or what to keep in mind?

Think of policies that work for every player involved in the delivery of care, not just the providers who are using telehealth to provide services, but also the patients. Telehealth won't work if either party doesn't believe in it.

of Radiology published a white paper on teleradiology (2014), but discussions on how to implement these guidelines in real life continue.

For years we have performed 'internal' teleradiology —night shift and urgent teleconsultations in our hospital and we have got accustomed to it. In 2014 we started to provide external teleconsultations on a large scale. For example, in 2015 we signed a contract with five hospitals in the Russian Far East region and we did around 3000 teleconsultations for them.

There is pressure from patients asking for 'second opinion' teleradiology. I am involved in such a project and I found it quite interesting and challenging for me. We have several domestic 'second opinion' projects targeted to patients. But in general it looks like real demand for second opinion turned out to be not so big as expected. Probably patients need a second opinion not only about radiological images, but about general advice and management of their health problems.

Legislation of teleradiology on the national level is another issue. The Russian Ministry of Health is developing a law

and regulations about telemedicine and teleradiology, but so far no final documents or drafts were presented to the medical community. Security of teleradiology consultations and protection of patient privacy has always been a subject for debate, but simple means of image and data anonymisation and inexpensive VPN networks protect sensitive medical information much better than paper medical charts.

Teleradiology is already here and it has become a part of our everyday practice. I see it as a very interesting and challenging area of radiology and would like to see its further expansion and improvement. ■



REFERENCES

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