



TELEMEDITSIIN MEIL JA MUJAL

GERHARD GRENTS

A brief History of Telemedicine

The modern history of telemedicine starts in the 19th century.

500 BCE

Telehealth in ancient Greece and Rome: patients receive medical advice from doctors using representatives

1925

Luxembourg-born inventor Hugo Gernsback suggests *Teledactyl* and predicts that telemedicine could use video and robotic arms by 1975 .

1959

University of Nebraska uses two-way interactive television to transmit neurological examinations to students

1980s

Standards for the digital storage of medical images allow radiology images to be transmitted via a dedicated cable.

2010s

The extended use of the Internet allows telemedicine to evolve along with regulations and standards.

19th century

The invention of the electric telegraph and telephone allow doctors and patients to communicate remotely

1948

First teleradiology application: radiographs transmitted by telephone in Philadelphia.

1960s

NASA's contribution to telemedicine starts with transmitting animals' biometric data to scientists on Earth via a telemetric link.

1993

The American Telemedicine Association is established, aiming to promote access to medical care via telecommunications technology

Allikas: „Market study on telemedicine“ Euroopa Komisjon, PwC 2018

Joint Action to support the eHealth Network

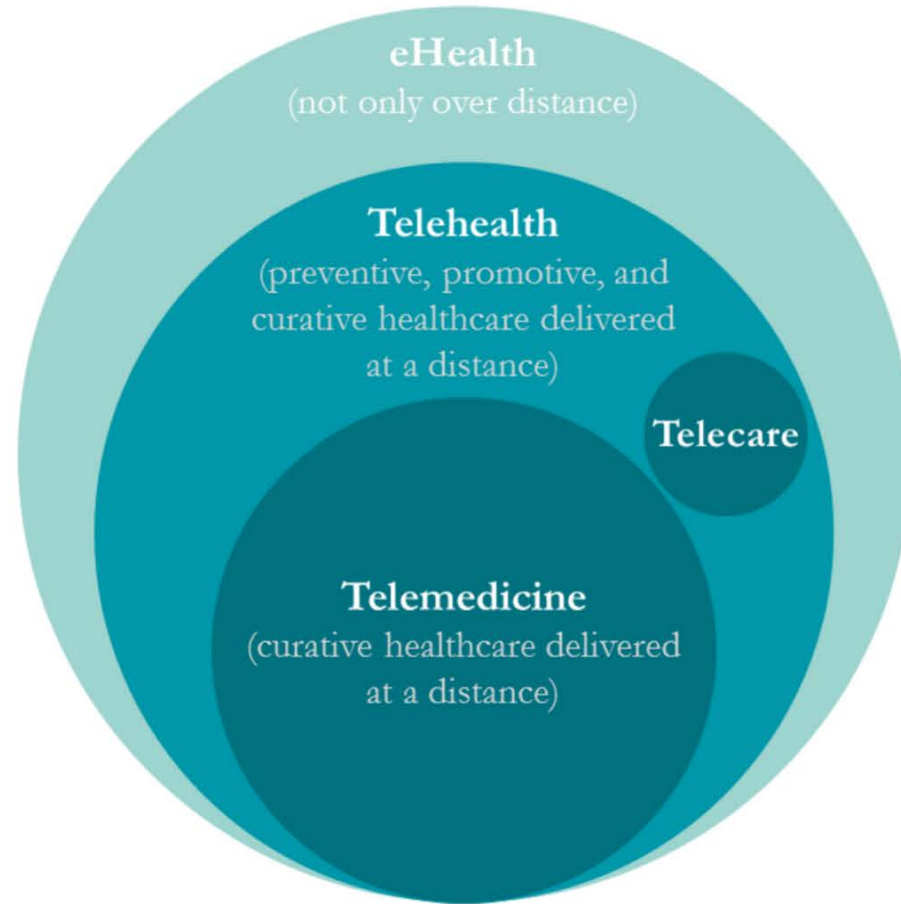
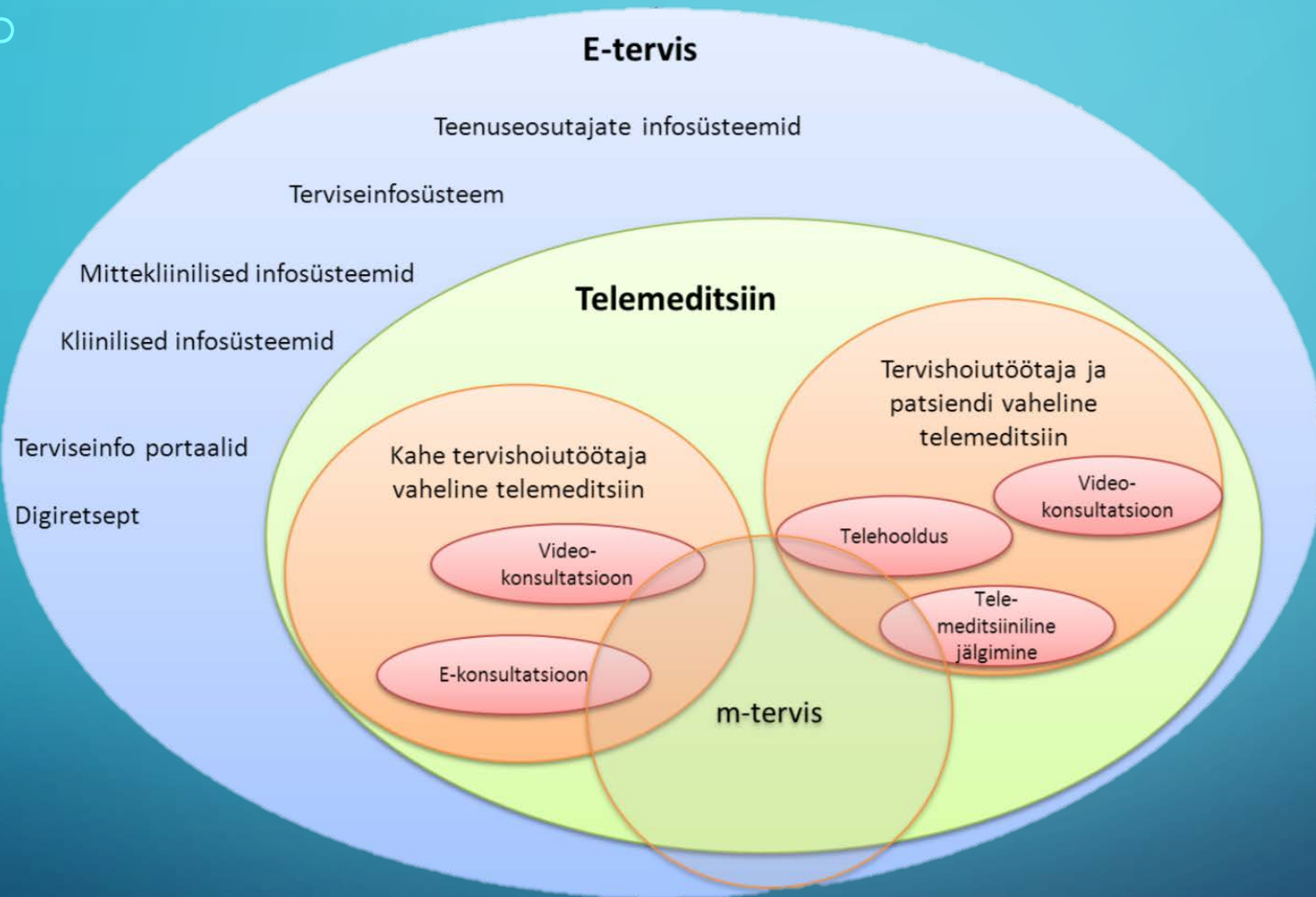


Figure 1 - Conceptual framework of the relations between eHealth, Telehealth, Telecare and Telemedicine



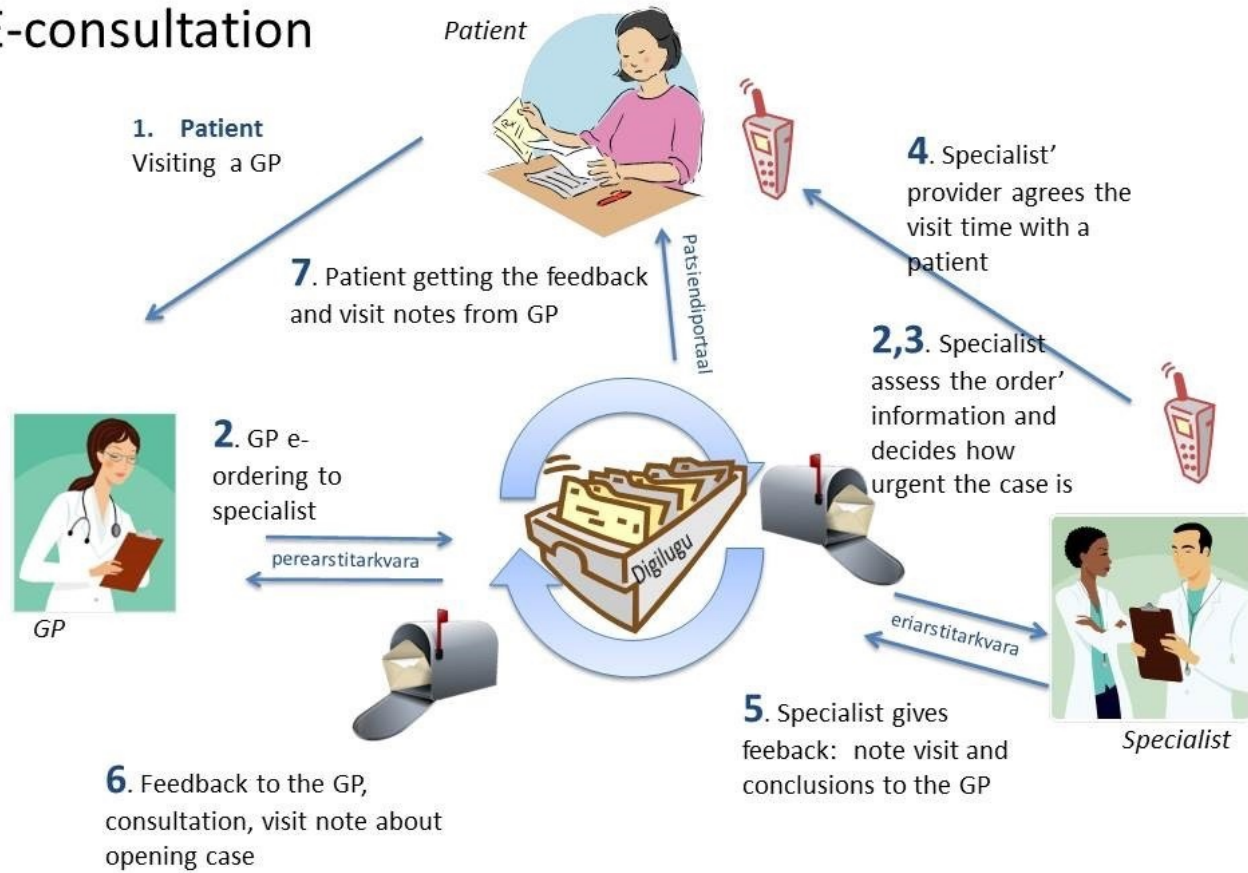
Allikas: „Telemeditsiini laialdasem rakendamine Eestis“ Praxis 2014



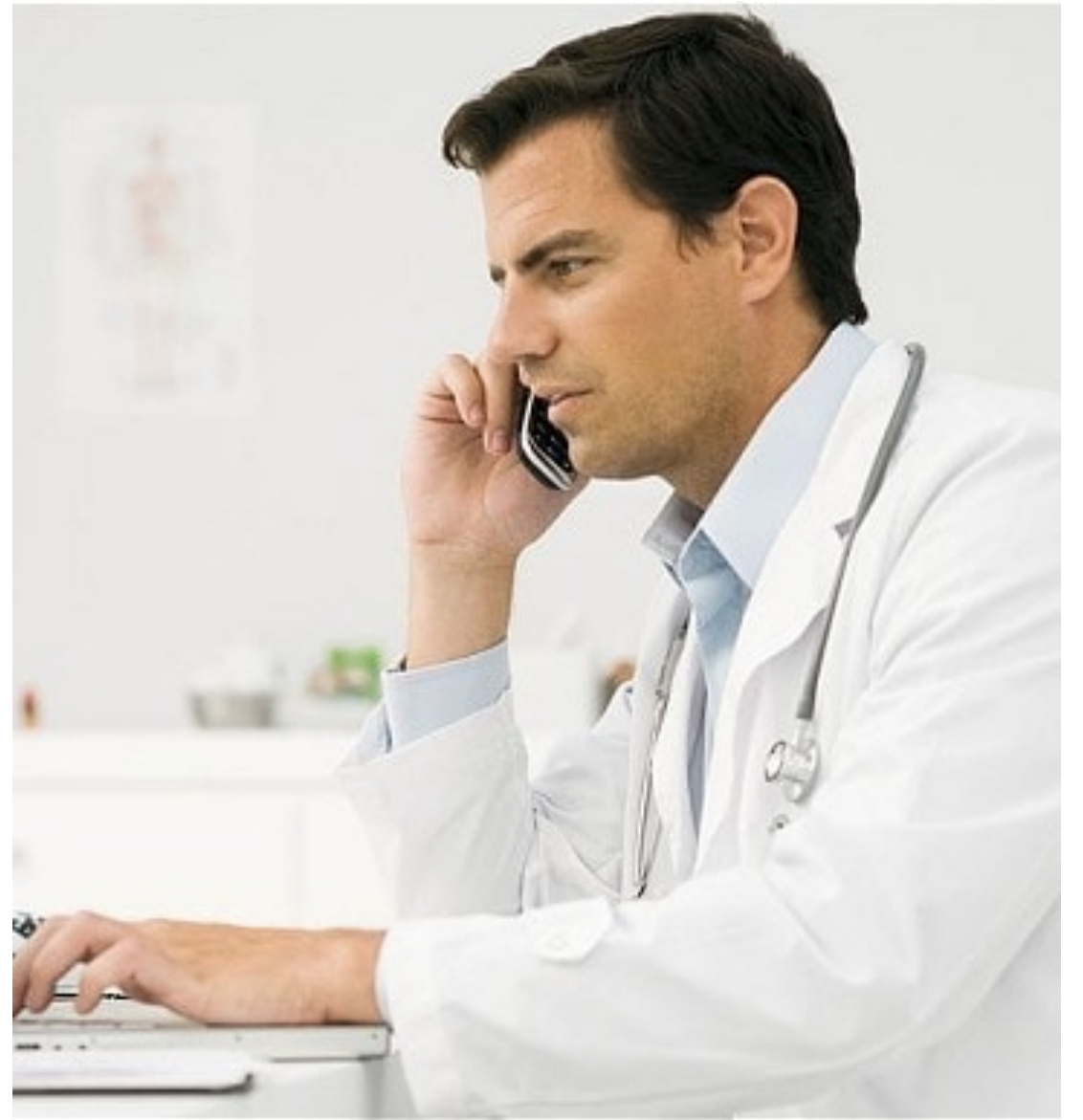
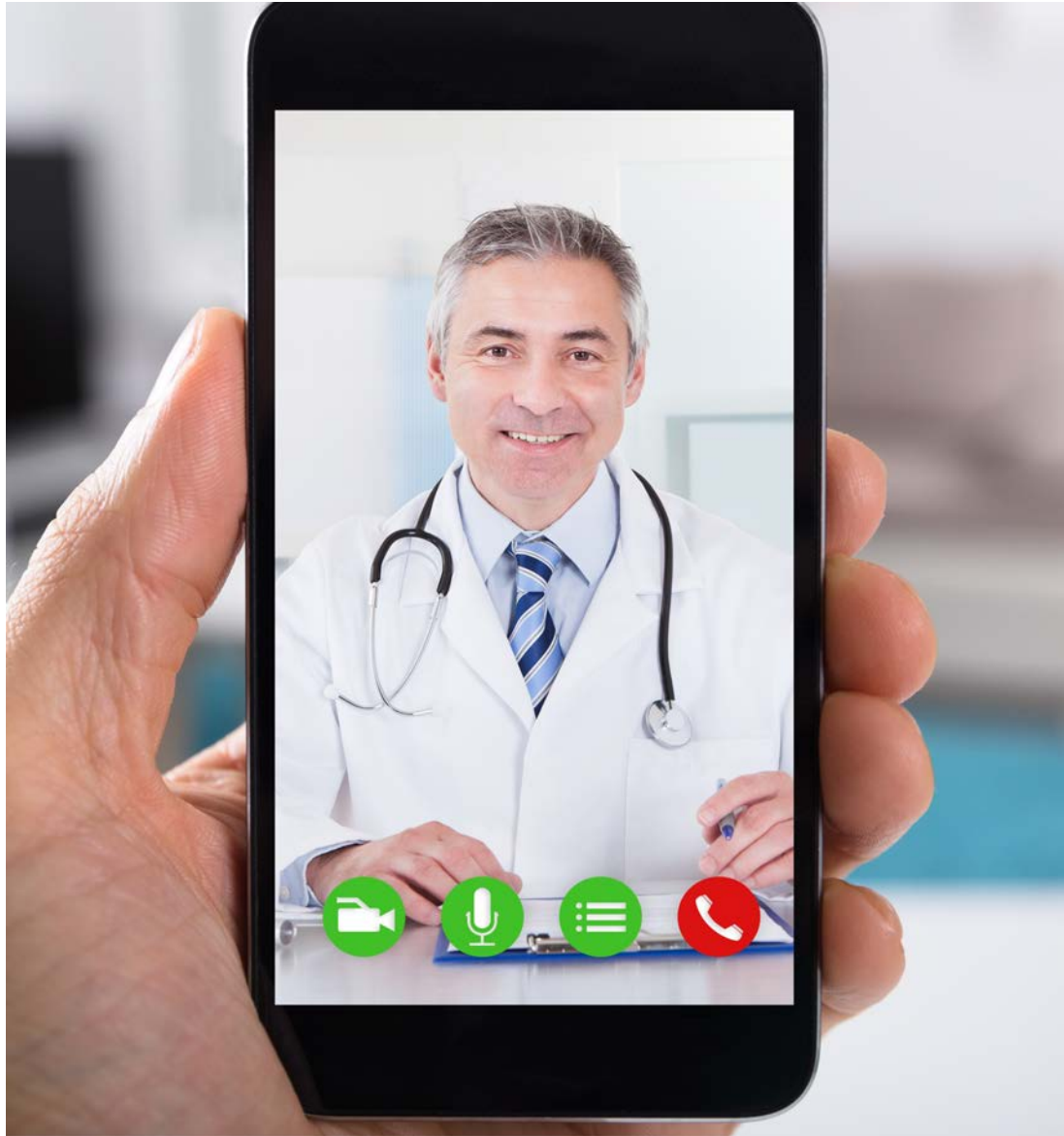
LAHENDUSED EESTIS

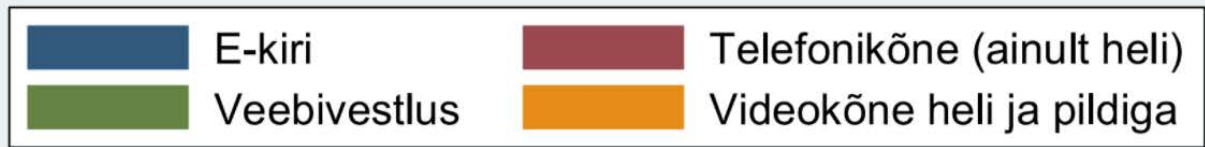
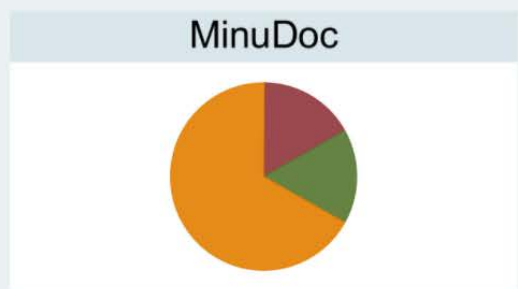
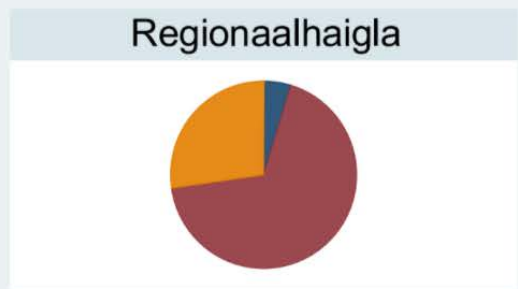
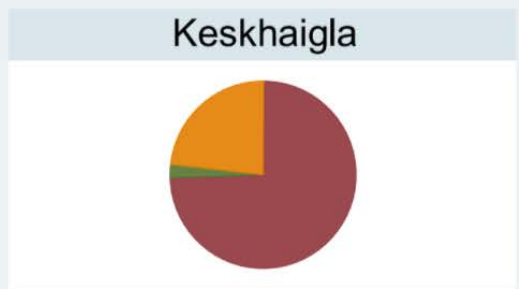
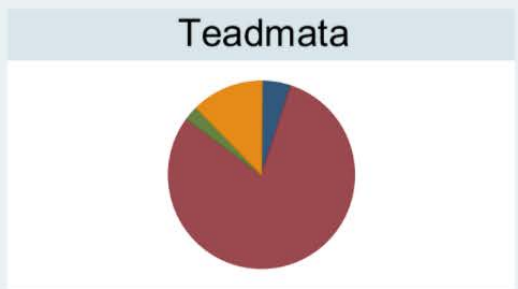


E-consultation



E – KONSULTATIOON



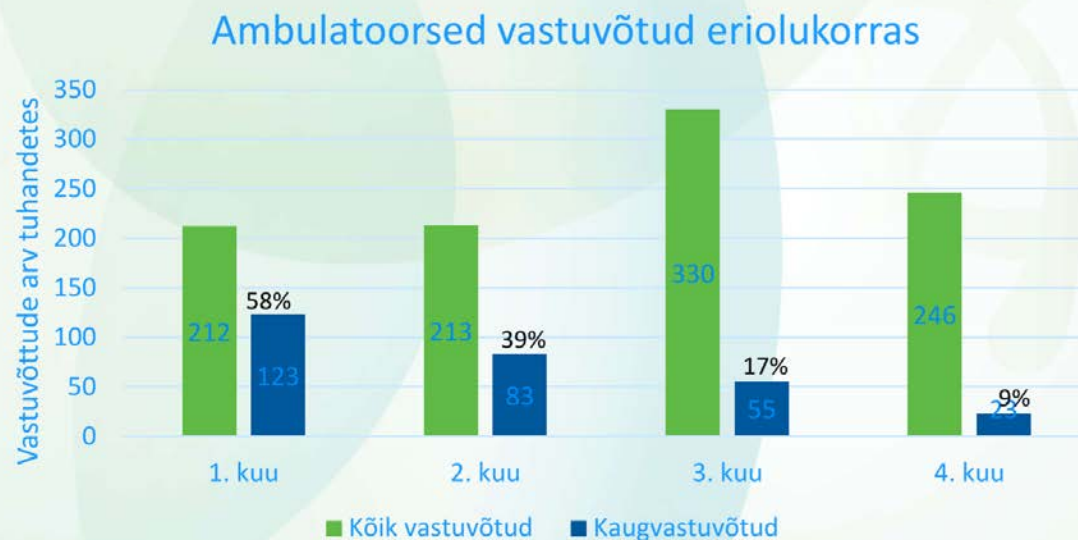


Kaugteenuse pidamise viis asutuse tüübi lõikes

Patsientide tagasiside küsimustik

- 184 vastanut eriolukorra ajal
- TOP erialad (psühhiaatria, günekoloogia, dermatoveneroloogia, ortopeedia)
- 73% telefonivastuvõtt, 11% videovastuvõtt
- 70% küsiti pt nõusolekut
- 91% vastas, et nende aega hoiti kokku
- 75% vastas, et nende raha hoiti kokku
- **82% kasutaks kaugvastuvõttu uuesti**

16.03-17.07 tehti kokku 1 miljon ambulatoorset vastuvõttu, millest 28% olid kaugvastuvõttud



Kaugvastuvõttud 1. septembri tervishoiuteenuste loetelus

Tervishoiuteenuse nimetus	Kood	Piirhind eurodes
Eriarsti kaugvastuvõtt	3201	15,92
Vaimse tervise õe kaugvastuvõtt	3207	22,31
Psühhiaatri ja õe kaugvastuvõtt aktiivravi perioodis	3202	44,28
Psühhiaatri kaugvastuvõtt aktiivravi perioodis	3203	36,43
Psühhiaatri kaugvastuvõtt toetusravi perioodis	3204	20,79
Õe iseseisev kaugvastuvõtt	3206	12,70
Ämmaemanda kaugvastuvõtt (30 min)	3208	15,14
Ämmaemanda kaugvastuvõtt esmatasandi tervisekeskuses (30 min)	3218	9,42
Psühhiaatri kaugvastuvõtt (alla 19-aastasele isikule)	3205	63,02

ITK – ResMed MyAir; 50 pt alates

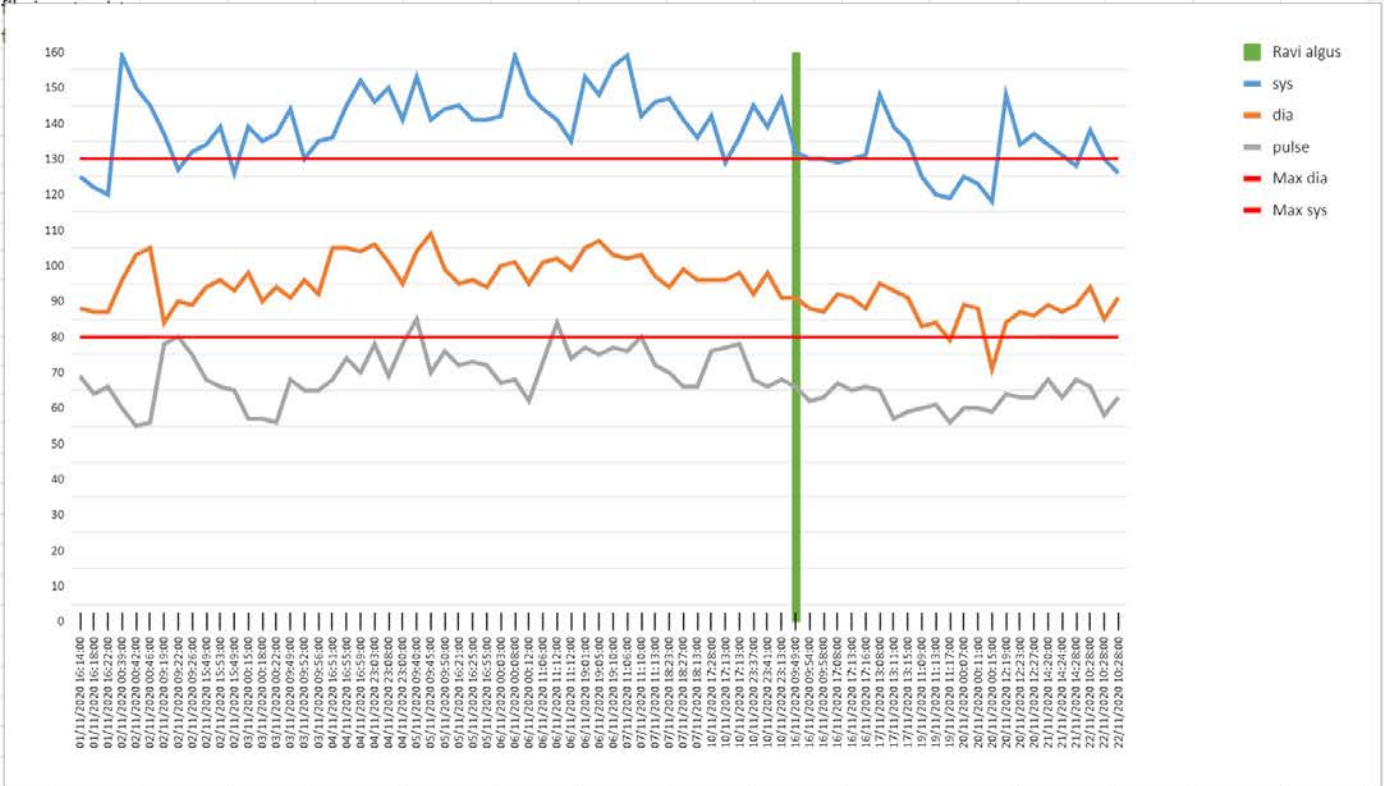
CARELINK™ SYSTEM; DMI - Tallinna
lastehaiglas, Ida-Tallinna Keskhaiglas,
Eesti Diabeediühingus ja Tartu Ülikooli
Kliinikumis.

MigRevention; migreen – Tartu Ülikooli
Kliinikum



päev

	B	C	D	E	F	G	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	kell	Kuupäev ja kellaaeg	sys	dia	pulse	märkused																
2	16:14:00	01/11/2020 16:14:00	125	88	69																	
3	16:18:00	01/11/2020 16:18:00	122	87	64																	
4	16:22:00	01/11/2020 16:22:00	120	87	66																	
5	0:39:00	02/11/2020 00:39:00	159	96	60	peale põneva filmi vaatamist																
6	0:42:00	02/11/2020 00:42:00	150	103	55	peale põneva filmi vaatamist																
7	0:46:00	02/11/2020 00:46:00	145	105	56	peale põneva filmi vaatamist																
8	9:19:00	02/11/2020 09:19:00	137	84	78																	
9	9:22:00	02/11/2020 09:22:00	127	90	80																	
10	9:26:00	02/11/2020 09:26:00	132	89	75																	
11	15:49:00	02/11/2020 15:49:00	134	94	68																	
12	15:53:00	02/11/2020 15:53:00	139	96	66																	
13	15:49:00	02/11/2020 15:49:00	126	93	65																	
14	0:15:00	03/11/2020 00:15:00	139	98	57																	
15	0:18:00	03/11/2020 00:18:00	135	90	57																	
16	0:22:00	03/11/2020 00:22:00	137	94	56																	
17	9:49:00	03/11/2020 09:49:00	144	91	68																	
18	9:52:00	03/11/2020 09:52:00	130	96	65																	
19	9:56:00	03/11/2020 09:56:00	135	92	65																	
20	16:51:00	04/11/2020 16:51:00	136	105	68	kerge vimm																
21	16:55:00	04/11/2020 16:55:00	145	105	74	kerge vimm																
22	16:59:00	04/11/2020 16:59:00	152	104	70	kerge vimm																
23	23:03:00	04/11/2020 23:03:00	146	106	78	kerge vimm																
24	23:08:00	04/11/2020 23:08:00	150	101	69	kerge vimm																
25	23:00:00	04/11/2020 23:00:00	141	95	78	kerge vimm																
26	9:40:00	05/11/2020 09:40:00	153	104	85	kerge vimm																
27	9:45:00	05/11/2020 09:45:00	141	109	70	kerge vimm																
28	9:50:00	05/11/2020 09:50:00	144	99	76	kerge vimm																
29	16:21:00	05/11/2020 16:21:00	145	95	72	kerge vimm																
30	16:25:00	05/11/2020 16:25:00	141	96	73	kerge vimm																
31	16:55:00	05/11/2020 16:55:00	141	94	72	kerge vimm																
32	0:03:00	06/11/2020 00:03:00	142	100	67	kerge vimm																
33	0:08:00	06/11/2020 00:08:00	159	101	68	kerge vimm																
34	0:12:00	06/11/2020 00:12:00	148	95	62	kerge vimm																
35	11:06:00	06/11/2020 11:06:00	144	101	73	kerge vimm																
36	11:12:00	06/11/2020 11:12:00	141	102	84	kerge vimm																





TELEMEDITSIIIN MUJAL

	Diabéo (Diabetes)	Calydial (Renal failure)	SCAD (Heart failure)
Main sources of gains identified	Best glyceic result at 6 months Hospitalizations avoided Complications avoided Time saving for the patient	Hospitalizations avoided Saves medical time Gain in patient quality of life	Improved health indicators for heart failure at 3 and 6 months Rehospitalizations avoided Patient comfort Saves medical time
Population studied	180 patients	25 patients	150 patients
Assessed medico-economic gain	2.9 hours of transport time avoided per patient 2.4 hours of patient work time saved by the patient Number of hospitalizations avoided during assessment	10 fewer hospital days per year	Net savings of 538,738 euros per year
Participants	CERITD	Centre associatif Lyonnais de dialyse (Calydial)	CHU de Caen, URCAM Basse-Normandie

Courtesy: Massachusetts General Hospital





Pilotable à distance

KOKKUVÕTTEKS

- Kasu ei ole ainult materiaalne
- Piiratud ressursside efektiivsem kasutamine
- Loomingulisus olemasolevate vahendite osas