TELEMEDICINE PROJECT IN GUYANA

Objectives

- Assess the need for telemedicine in Guyana

- Describe the telemedicine project design and timelines

- Discuss the outcomes of the implementation phase

- Discuss future directions

Key issues identified

1.Human Resources

2.Access to Care

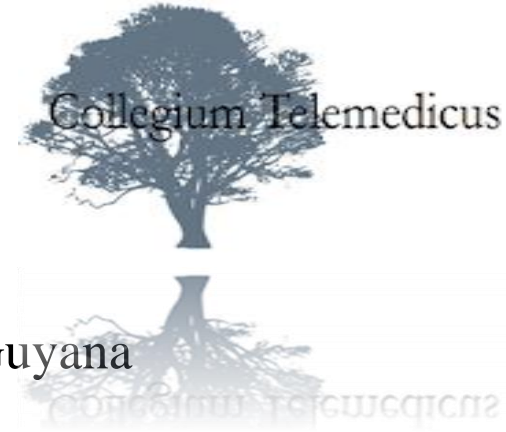# 3.Program Curriculum

Systemic assessment of Residency Curriculum was done in 2017

Revealed deficiencies in teaching and assessment of critical thinking and clinical reasoning.
Lack of Sufficient full time IM faculty on-site

Objectives for Telemedicine Implementation

1. Enable access to and decentralize IM expertise throughout Guyana

2. Provide GPHC Internal Medicine Senior Registrars and Residents opportunities to discuss and review patient cases with McMaster University Subspecialist faculty

3. Via Case discussion and feedback on case presentation with residents, consulting faculty to identify learning objectives to encourage critical thinking and clinical reasoning skills.

Web- based Telemedicine Provider

Residents/Registrars send non-urgent queries to specialist
At McMaster University.

Includes details such as :
HPI
Investigations
Images
Assessment and plan
Clinical Question for Specialist

Primary Stakeholders

MoPH

GPHC

PAHO

McMaster University

Project Design And Timelines For Telemedicine Project

Protocol, Agreements and MOU Aug 2017

Pilot Phase with training (GPHC IM) –Oct 2017

First Focus Group March 2018

Second Phase-expansion to regional hospitals/ health centres - Nov 2018

Needs assessment with Regional Hospitals - Sept 2017

Pilot Phase-GPHC IM Residents consulting with McMaster Subspecialists (Oct2017-Aug 2018)

Second Focus Group in July 2018

Focus group discussion

PROS

- Improve management of complex patients
- Enhance critical thinking when preparing for submission
- Access to specialists with evidence-based expertise
- Learn from specialists' clinical approach and reasoning
- Organize clinical presentation through informal feedback

CONS

- Delayed responses – *improved after second focus group*
- Time-consuming
- Technical issues with web-based interface- *improved with app implementation and improved WiFi accessibility at GPHC*
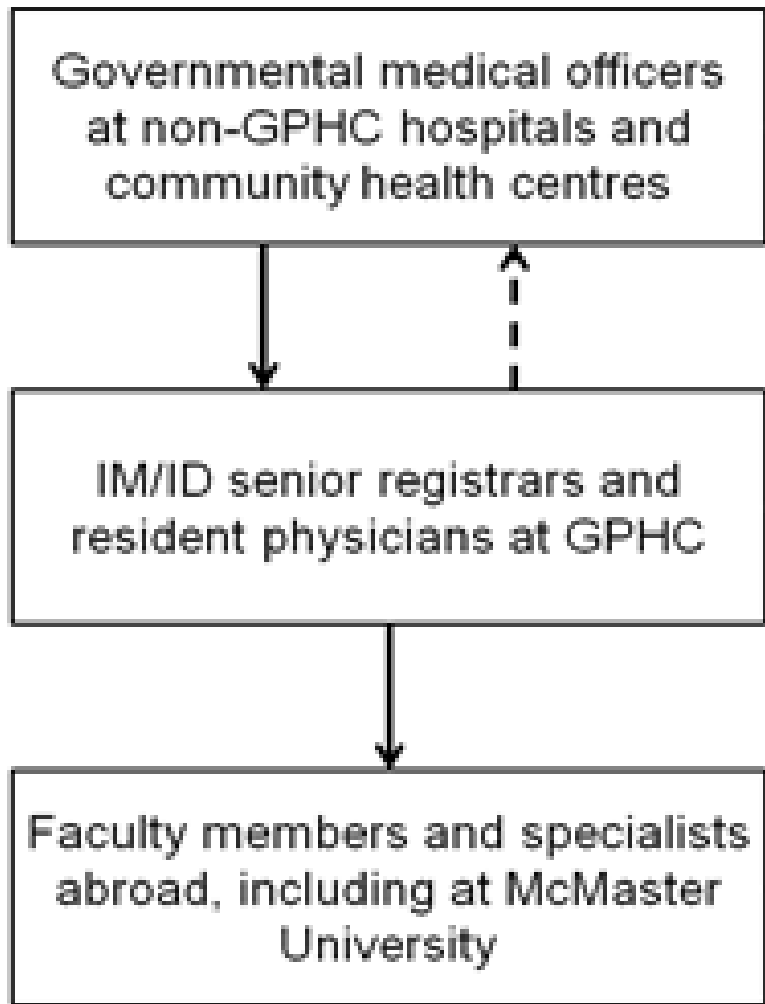
Future Directions

Decentralize IM expertise and expand to regional hospitals

Partner with MOPH and PAHO to acquire and install necessary infrastructure.

Develop national consultation services linking RH providers to GPHC IM specialties.

Flow diagram depicting clinical query (solid arrows) and response (dashed arrows) pathways.

Experience so far

1. Very user friendly

1. No great financial investment

1. Can be used on desktop as well as on androids

1. Internet access is essential for the telemedicine project

1. Physician buy-in to the use of telemedicine is key for the development and growth of telemedicine

Limitations at GPHC

1. Inadequate access to the internet

2. Lack of use by physicians mainly due to time

3. Delayed response by consultants.

4. Only non-urgent cases were sent

Limitations at the regional hospitals

1. Some of the regional hospitals visited lack the infrastructure for setting up telemedicine, including internet access

2. Using telemedicine would be new to some physicians and training is needed

3. Physicians motivation to use telemedicine- most persons prefer to make a phone call

Recommendations

- Identify potential stakeholders and develop a MOU

- Feasibility studies/ needs assessment- important particularly in remote areas of the country

- Train physicians to use the platfrom and encourage participation.

- Consider setting up a system that can allow to review both urgent and non-urgent cases.

References/ Images

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Thank you!

Questions?