Teledermatology: A Tool to Bridge the Gap Between Primary and Specialized Care☆

La teledermatología, un puente que construir entre primaria y especializada

The lack of information on outpatient clinic activity in specialized care in Spain is well known; hence the importance of studies such as the valuable DIADERM study, which analyzes the practice of dermatology in Spain.[1,2] A total of 80 dermatologists agreed to participate in the study over 6 days in 2016. If the number of consultations is extrapolated to the total held by dermatologists in Spain, this is equivalent to 621 000 consultations/month or 7.46 million per year, that is 16% of the Spanish population in 2016. Of these consultations, 68% were in public centers and 32% in private centers. These extremely high figures are similar to those published in the USA [3]and UK,[4] which indicate that every year, 25% of the population consults a physician because of a skin disease.

The DIADERM [2]study shows that in private medicine in Spain, where patients can choose freely, they prefer to visit the dermatologist directly. Barely 7% of patients are referred to a dermatologist from private primary care clinics. In contrast, in public clinics, where direct access is impossible, primary care acts as a filter, thus controlling access. Much has been written about the suitability of one or the other model, namely, direct access or filtering through primary care.

Particularly revealing is the debate that started in 2012 in *BMJ*,[4,5] where teledermatology [6]surfaced as a response to the need for improvement in training and tutoring of primary care physicians so that they can play their role in this model. It is precisely in consultation via telemedicine—barely covered in the first article[1]—where the authors focus their analysis in this issue of ACTAS.[2] While, more than 25% of public health centers, especially the larger ones, had active teledermatology systems in place in 2014,[7] it is noteworthy that in the DIADERM study, only 1.2% of dermatology consultations were via teledermatology (95% CI, 0.4-3.7%). And this is not because the teledermatology continues to be supplementary approach in private centers: 36% of consultations in private clinics are by teledermatology compared with 30% for face-to-face consultations.[2]

When we consider distribution by autonomous community,[2,7] we see that teledermatology is widespread, although volumes of use remain low. Therefore, the benefits of teledermatology [8]for prioritization of cancer and emergency cases, improved access for elderly or disabled persons, and training/coordination with primary care are underexploited in Spain.

Studies show that teledermatology is an emerging field.[2,7] It is necessary to continue to assess the extent of its implementation and to ensure that it is used appropriately following the recommendations of the AEDV.[9]

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