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COMMENTARY

Teledermatology as a Service for General Practitioners in Remote Areas[☆]



La teledermatología como herramienta al servicio del médico de familia en poblaciones aisladas

In this issue González Coloma et al¹ analyze the use of teledermatology as a solution to the problem of access to specialist care in the province of Palena, Chile, where primary care clinics attend a large number of patients seeking care for skin conditions. The province's population is widely dispersed over a large geographic area, and access to a dermatologist through the public health care system is difficult because specialists are concentrated in centrally located cities. The authors report their cross-sectional study of the use of a teledermatology system, in particular the level of agreement between the diagnoses at the primary care clinics and at the referral hospital where the dermatologist was available. Agreement was moderate, somewhat lower than in similar studies.² The significant difference between the rates of specialist and nonspecialist diagnoses of inflammatory skin diseases suggest a need for better training of primary care physicians in this respect. The authors

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also saw a very large reduction in response time (until a specialist diagnosis was reached) when a dermatologist was contracted at the referral hospital as opposed to attending cases there on a part-time basis. The results suggest a clear need for specialist staffing. Response time was also shorter when direct physical examination by the dermatologist at the referral center was not required. This study shows how teledermatology can resolve a significant proportion of the skin conditions seen by primary care practitioners, reducing costs and time until diagnosis for patients who reside in isolated rural areas that lack specialists.

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Benign Lesions Referred to Dermatology*



Lesiones benignas en la consulta del dermatólogo

The societal impact of primary and secondary skin cancer prevention campaigns continues to increase. Alert to the dangers of excessive sun exposure and its role as a risk factor for skin cancer, the population has also gradually come to understand the importance of early diagnosis. Greater awareness among the general population and

primary care physicians has increased the number of referrals to dermatology.

Data from the DIADERM registry¹ show that about 32% of referrals from primary care to dermatology in the Spanish public health care system cite a benign skin lesion as the main problem² and such referrals may therefore be avoidable.

This observation is of major interest for planning the delivery of care by dermatology services, whose managers must ensure that potentially serious dermatologic problems do not compete for attention with benign conditions that pose no health risk to patients. For this reason dermatology services should direct their efforts not so much to "avoiding" consultations for benign conditions but rather to providing ways to guarantee that any patient with such lesions or conditions can access a dermatologist's opinion

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