Joint Expert Group on Human Biology and Medicine

Summary of Telehealth Workshop
Tromso
August 2015
Military telemedicine market now.

- Store and forward /Consultancy:

Presentations will be available on COMNAP website
Caution!

- Telemedicine enables the single handed or remote physician or physicians.
- It does not replace the need for a doctor.
- It does not replace the need for expedient medevac.
- It will hopefully benefit the patient, and help with skill fade and doctor fatigue.
Caution!

• Telemedicine whilst helpful, may not be appropriate.
• There are occasions when a telemedicine intervention may not be appropriate, and may do harm.
Technical

- Limit to bandwidth major factor limiting medical support to bases for many nations
- Satellite footprint of telecommunications availability remains patchy
- Footprint of advanced satellite communications inadequate
- Equatorial satellites causing significant latency, which is prohibitive to real time support in emergencies and routine
Technical continued

- Need to be able to prioritise available bandwidth to medical consults.
- ICT support to provide platform critical.
- Electronic database/medical records system. To enable doctor on site to see screening information and prior consults, and HQ medical support to see same data.
- Also benefit to review trends etc
Technical Contd

• For example, telepsychiatry has defined 384Kb/sec as a minimum diagnostic/usable bandwidth to interpret non verbal visual cues
• Remote and RealTime Monitoring needs higher bandwidth with guarantees of service
• Technology Advances will continue rapidly however all require connectivity.
Clinical

- Advice from external specialists have to understand the context and limitations in which we are working.
- The majority of telemedicine can be supported by “store and forward”
- Skill fade in the medic needs to be recognised and managed. This can be partially mitigated by telemedicine support, supervision and teletraining
Clinical

- The spectrum of support from specialists need to be across all disciplines to accommodate the range of problems that may occur.

- The psychological provision is as important as the physical providers. It may have a greater impact than the injuries alone.
Governance

- Need to specifically consider the framework of information governance for telemedicine, which may have national guidelines.
- Quality and Safety frameworks are critical
- Consider medical registration implications across borders
- Most doctors are licensed to work within their own countries only, either from license or insurance point of view.
Resilience

- Single handed doctors get ill/injured. Therefore lay training of staff imperative.
- Telemedicine then becomes critical to enable even simple healthcare for the doctor
Medevac

• It should be noted that however advanced the telemedicine, a single handed doctor will not be able to substitute for a clinically indicated medevac.

• Single handed or even dual doctor models of care will become overwhelmed by serious ill or injured patient/s in extreme environments.
Thankyou

- Questions
- SCAR COMNAP JEGHBM National Members