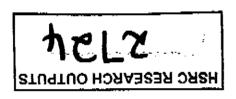
PRIMARY HEALTH CARE USING AN INITIATIVE TO PROVIDE TELEMEDICINE

Observations from a reconnaissance study

JA van Zyl, ME Wentzel, JH Romani and BA Anderson

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Introduction

- Background
- Scope of interest/involvement
- Primary health care services Private initiative
- Scope and reach
- Inability to attract doctors to remote rural areas

Scope of our study

- Period
- **2002-2003**
- Activities
- Visits to a sample of pharmacies
- Planned activities

Number of other interviews

- Users/patients
- More stakeholders
- Legislation/laws

Description of system

- Pharmacy based
- 60-70 pharmacies
- Nurse/sister key link
- Panel of doctors
- Marketed as "Video doctor"
- System
- Internet based
- Dedicated software

Description of system (cont.)

- Hardware
- Computer
- Audio-visual attachments
- Stethoscope
- Other
- Communication link
- ISDN preferable

Why pharmacies

- Physical infrastructure
- Presence of health care workers
- Telephone lines
- Secure environment

Separate room

In theory not limited to pharmacies

What was different

- Emphasis on primary health care
- Private initiative
- Pharmacy basedFee-based

Reasons pharmacies showed interest

- Able to provide a service with more features
- Enhanced revenue flow
- Prescriptions
- Fee per consultation
- More people moving through pharmacy
- Doctors dispensing medicines

Status of system

- Dormant
- Continuation of development of software
- Why are the system not operational?

Problems

- Technical (telephone/ISDN)
- Initial amount of paperwork
- Doctors not always available on-line
- Limited/non-existent marketing Not enough support from company
- campaign among users
- In isolated cases, nursing staff not familiar with system
- Unfamiliarity among potential users

Other underlying reasons

- Opposition from doctors in the vicinity
- Company unable to carry overheads in the initial phase
- Panel of doctors
- Health Professionals Council

Issues to consider

- Legislative framework
- Liability/malpractice
- Ways to broaden the system
- Views of patients

Contact information

Marie Wentzel

Human Sciences Research Council

Tel: 012-3022244

E-mail:MEWentzel@hsrc.ac.za

Johan van Zyl

Human Sciences Research Council

Tel: 012-3022214

E-mail: JAvanZyl@hsrc.ac.za