European Respiratory Society Annual Congress 2013

Abstract Number: 1532 Publication Number: P2411

Abstract Group: 1.6. General Practice and Primary Care Keyword 1: Spirometry Keyword 2: Primary care Keyword 3: Chronic disease

Title: Implementation of a telemedicine system for the spirometry quality control in public health primary care centers

Dr. Nuria 9751 Marina nuria.marinamalanda@osakidetza.net MD ¹, Ms. Elena 9752 Lopez de Santa Maria Pruebas.FuncionalesCruces@osakidetza.net ¹, Mr. Juan C. 9754 Bayón jc-bayon@ej-gv.es ², Mr. Asunción 9755 Gutierrez osteba3-san@ej-gv.es ², Dr. Maria 11516 Alfonso maria.alfonsoimizcoz@osakidetza.net MD ¹, Ms. Marian 11522 Garcia nuria.marinamalanda@osakidetza.net ¹ and Dr. Juan B. 9753 Gáldiz juanbautista.galdiziturri@osakidetza.net MD ^{1,3,4}. ¹ Pneumology, Cruces University Hospital, Baracaldo, Vizcaya, Spain, 48903 ; ² Economical, Basque Department for the Evaluation of New Techologies, Vitoria, Alava, Spain ; ³ Basque Country University, UPV-EHU, Leioa, Vizcaya, Spain and ⁴ Respiratory, CIBERES-ISCIII, Madrid, Spain .

Body: Introduction: Spirometry (S) is a common test in the evaluation of patients with respiratory diseases but it is not an easy technique and it is necessary a training period to obtain a good quality. Aims: To evaluate the effectiveness of a Telemedicine Program (TP) to assure the S quality in Primary Care Centers (PCC) in a Public Health Service. Methods: The design included 2periods: 1st) Pilot study: 9 months. 15 PCC. The aim was to obtain Osteba approval (Basque Department for the Evaluation of New Techologies). Economic impact of this procedure was evaluated in a time horizon of 5years(2010-2014) 2nd) Implementation period: The aim was to include all the PCC of Basque Health System in the TP (Linkcare Spiro®, espiro.osasunet). Technicians received a one day training course. Then the S performed in PCC are sent to the Functional Respiratory Laboratory being evaluated according to guidelines. The guality was evaluated using a scale grade: D-F (poor quality), A-B (excellent quality). Results: - 1st period: 15 PCC, 1.980 S. An important improvement of the quality of S in all PCC was observed (mean 57% good quality S at the beginning, 83% at the end). The budget impact analysis, at the end of the year 2014, reflected a decrease of 132.438€, with the assumption that the S of poor quality should be repeated. - 2nd period: 80 PCC, 7.800 S. We observed the same improvement in quality in the 50 PCC that have completed 6 months in the TP (mean 57% at the beginning, 87% at the end). Conclusions: 1)The TP improves the quality of S in all centers and it is cost-effective. 2) It is usefull as continues training program. 3) This program can be included in a Public System of Health.