

The **newsletter** of the International Society for Telemedicine & eHealth (ISfTeH) is published quarterly for members of the global telemedicine and eHealth community to provide updates about ISfTeH members and activities, as well as other telemedicine and eHealth news.



Updates from the ISfTeH Global Telemedicine & eHealth Network (October 2015)

Pick up interesting and useful information in this issue about a call for a telemedicine ROI calculator, digital empowerment of healthcare in India, the current state of telemedicine teaching in medical and technical curricula in France, telemedicine in Zimbabwe, Med-e-Tel 2016 update, new ISfTeH members, upcoming events, reflection on 20 years of ISfTeH, its international conference and the new Global Knowledge Commons for m-eHealth, and more. Enjoy reading!

STAY CONNECTED:



Letter from the Executive Director

Dear Reader,

It gives me great pleasure to welcome you to this edition of the Newsletter. The International Society for Telemedicine & eHealth is celebrating a major milestone this October, and I would like to devote my message entirely to that. As you all know, the 20th International Conference of the ISfTeH will be held jointly with: the 7th Brazilian Telemedicine and Telehealth Congress, the 1st Rio de Janeiro Telehealth Symposium, and the 4th National Seminar of the Brazil Telehealth Networks Program, in Rio de Janeiro on October 28-30, 2015 (visit www.telessaude.uerj.br/cbtms2015/?lang=en for more information). An anniversary is always a good opportunity to reflect on the journey so far - how far we have come and what we have learned along the way.

From the early days when an attempt to found an international society failed at the first International Conference on the Medical Aspects of Telemedicine, held in Tromsø, Norway in

1993, and again at the second conference, held at the Mayo Clinic, Rochester MN, USA in 1995, to the successful creation of the International Society for Telemedicine (ISfT) at the third Conference in Kobe, Japan in May 1997, lessons had been learned on what type of international collaborative forum was needed. The conference was subsequently transformed from a biennial to an annual event and has been that way since 1999. The Regensburg conference in 2002 was the scene of another transformation, this time in terms of society membership, and saw the official establishment of a not-for-profit organization under Swiss law as a federation of national societies (ISfT 2). A re-invention of the Society, broadening its horizons to cover the entire eHealth space, took place in 2005. Finally, recognition by the World Health organization as one of only two NGOs in official relations with WHO was accorded in January 2008. At 20, both the conference and the Society have achieved a major milestone.

A twentieth anniversary is a good time to ponder the future and make plans for what lies ahead. The Society is therefore seizing this occasion to highlight two key agendas. The first is a bold new vision for the Society - in line with developments in the global digital health ecosystem, as well as internal evolution such as, the arrangements for a permanent secretariat, greater engagement with the corporate world, creation of a nominating committee for elections to the Board, etc. A strategy for this vision will be unveiled at the conference. A second agenda, which further underscores our engagement with digital health and the key role of information and knowledge in the health systems of the 21st century, is the work of the Innovation Working Group (IWG) Task Force on the Global Knowledge Commons (GKC) for m-eHealth innovation. I reported on this in the January 2014 and July 2015 editions of this newsletter. After a year of hard work, and with the support of the Norwegian Aid Agency (Norad), we will launch the report of the Task Force at the Rio meeting.

You will recall that the three major components of the GKC or Commons are:

- A projects, products and services database - descriptions in a standardized format that is conducive to indexing and classification, and amenable to electronic searching;
- A "Who is Who in eHealth"- individual experts and institutions; and
- Knowledge resources repository - reusable m-eHealth knowledge objects, in various formats such as articles, presentations, videos, etc.

The Commons will document information and knowledge in a format that makes them retrievable through a network of structured repository nodes, based on existing repositories, and with particular emphasis being placed on the user's perspective in developing the Commons.

So, please come in your numbers to Rio. But if you are unable to make it in person, contact us in order to join the ISfTeH global network and to be part of our future activities and events.

I very much look forward to your continued engagement with the Society and its various structures and activities.

Sincerely,

Prof. S. Yunkap Kwankam
Executive Director
International Society for Telemedicine & eHealth

Telemedicine ROI calculator

According to Dr. Gianfranco Mochi, Coordinator of the Chronic Disease Management Working Group of the ISfTeH, telemedicine should become a routine approach rather than a method just for limited clinical trials. The key, in his opinion, is just a financial one. "We need to prove that implementing a telemedicine system will generate important savings to the healthcare payers, in addition to a better health for the patients," he says.



ROI calculators, calculating these savings AFTER two years from the project start, are already available. Our goal is creating a financial/statistical tool able to forecast the possible savings BEFORE the payer makes a decision, making the reachable outcomes evident.

In order to do so, Dr. Mochi is setting up an international working group of about 5-8 people, including experts from:

- private and/or public healthcare industry
- different NHSs: Beveridge, Bismarck and mixed model
- academic and/or commercial institutions
- clinical, IT and/or statistical experts

If you are interested to find out more about this or to join this working group, contact Gianfranco Mochi.

ISfTeH Chronic Disease Management Working Group provides special offer on medical material



The ISfTeH Chronic Disease Management Working Group made an agreement with DoctorShop (one of the major international distributors of medical devices and material). They provide a 10% discount for all Working Group members every time they purchase any item online through DoctorShop's e-shop: www.doctor-shop.co.uk. Members can add this discount to any special offer too. Several languages are available online and the products can be delivered in any country.

Members already officially enrolled in the Working Group will automatically receive information about the discount code after October 15th. More discounts are under negotiation with several other providers as well (more info will be communicated soon).

To join the ISfTeH and its Chronic Disease Management Working Group, and to obtain information about the special offer, contact Gianfranco Mochi.

ISfTeH Working Group on Women (WoW) at ISfTeH International Conference in Rio



The ISfTeH Working Group on Women (WoW) will be well represented at the upcoming ISfTeH International Conference in Rio de Janeiro on the theme of "Telehealth for Universal Health

Coverage", 27 to 30 October 2015. WoW members will offer women's inclusive presentations, generate dynamic dialogues and innovative collaboration with regional organizations.

Dr. Anna E. Schmaus-Klughammer will provide a general presentation of the Working Group on Women of the ISfTeH, on 29 October at 11:00. Lady Murrugara from the Peruvian Telemedicine Association will give three presentations on "Telemedicine and Climate Change" on 29 October at 09:00, and "Wearable Sensor Systems? Contribution of the IMIA Wearable Sensors in Healthcare WG" and "e-Prevention in Latin America and Caribbean" on 29 October at 14:00.

Copies of the **Special Issue on Women in eHealth of the JISfTeH** (Journal of the International Society for Telemedicine & eHealth), originally issued at Med-e-Tel 2015 in Luxembourg, will also be distributed at the conference in Rio, as well as brochures of the **Women Observatory for eHealth** and flyers of the new online course on **"ICTs for Midwifery in Mexico and Latin Americas"**, prepared by CASA (Mexico) and the WeObservatory of the **Millennia2025 Foundation**.

Some additional useful resources, provided by the WoW members:

Infectious Diseases Network: redfocalae.wix.com/redfocalae

Sjögren Network: prevencionlac.wix.com/sjogren

S3C Smart Countries Cities Congress: s3cparis.com/schedule

Salud Conectada - Congr. Iberoamericano Telesalud/Telemedicina:
www.seis.es/SaludConectada

Global Junior Challenge: www.gjc.it/2015

Unique initiative to digitally empower healthcare in India



The initiative for digitally empowering healthcare in India -

SEHAT (Social Endeavour for Healthcare And

Telemedicine) is a joint effort by the **Common Services Center** (offers eGovernance services to rural India, which includes healthcare) and **Apollo TeleHealth Services** (institutional member in the ISfTeH). It was officially launched last August by the Union Minister for Information Technology and Telecommunication, Government of India.

During the function, the minister said that the Government of India was working to mainstream the underprivileged classes to come at par and to develop the rural community both socially and economically so as to build an inclusive and enlightened nation. He also said that the "Digital India" program is to transform India into a digitally empowered society so as to share the fruits of development with every section of the society especially those living in rural India. He said digitally empowered rural women can truly address the issues of structural imbalances and poverty. It is a globally accepted phenomenon that healthcare can never be sidelined when a country initiates such a massive drive to revamp the entire services delivery system across the nation.

One of the focus areas of Digital India program is to promote digital literacy. The Government of India envisage to make at least one person e-literate in every household. CSCs across the country can play a critical role in taking digital literacy to the remotest corners of the country. Already more than two hundred thousand outreach workers have been trained and certified as digitally literate across India. Those youth trained under this scheme will further develop their

Telemedicine teaching in France in 2015



ISfTeH student member Robin Ohanessian provides an update on the **current state of telemedicine teaching in France:**

Since 2013, telemedicine is a topic included in the official medical school program to prepare the French national residency exam. It is part of the item dealing with healthcare organization and its regulation. **Medical students are expected to be able to expose and explain development of telemedicine practices.** Since 2014, the official referential for medical residency in public health also include eHealth and telemedicine as core competencies.

In 2015, **16 professional training programs in telemedicine exist in France.** The audience targeted corresponds to healthcare professionals, health administration, health IT industry and engineers. Two universities developed postgraduate university diplomas, the EHESP School of Public Health has an ongoing medical training program, and Centrale Supélec engineering school is launching this year an executive certificate. The French Society of Telemedicine has also two training programs while two telemedicine companies are running teleradiology training.

Telemedicine in Zimbabwe



In Zimbabwe the healthcare system is structured in such a way that a rural health centre is the first level of care. Patients from the communities present at the clinic where they are seen by nurses. If the nurse cannot manage the patient completely, that is the patient requires further management, the patient is referred to the District Hospital which is the next level of care and is usually miles away. On emergencies use public or their own transport including walking and emergencies have ambulances called for them. The road networks are poor, the transport costs are significant and the elderly and very young ones require aides or care givers to accompany them. These conditions have resulted in referrals delaying in seeking treatment at the District Hospital and at times patients actually defaulting or not seeking treatment at all. In January this year, a telemedicine link was set up with one such rural health centre, Nyatate Rural Health Centre, to allow real time (face-to-face) consultations between the District Hospital and the patients at the clinic via video link.

Two satellite systems (VSAT) were setup. One at the clinic and one at the District Hospital to enable internet connectivity. Equipment-microphones, speakers, high definition screens and cameras were set up. Skype software was selected to be used on provisional basis whilst a local product is being developed and two nurses stationed at the clinic were taught on the use of Skype and also on how to conduct telemedicine consultations. A clerk sheet to guide history taking and examination was developed and a register to record visits was also introduced. A consent form was developed. And a community meeting involving village leaders and village health workers was held in order to explain the service.

So far, 580 new consultations have been done and 223 reviews (out of 240 scheduled) have been done. 75% of the patients are female and 25% are male. At least 33 percent of the patients had hypertension. 30% of the patients are above 65 years old and 10% of the patients are below 15 years old. Internet connection was mostly without challenges but rain, power outages and overcast conditions tended to affect quality of video calls. Telementoring application was introduced for non communicable diseases and communicable diseases where case reviews are done after consultations. 3G was successfully tested as plan B when satellite link or electricity is unavailable. And the client satisfaction was overall superb and response overwhelming.

Even in its infancy, the telemedicine link between the District Hospital and Nyatate clinic has resulted in increased access to doctor's consultation, reduced referrals to the District Hospital and subsequently resulted in economic savings for the patients. The high number of hypertensive patients seen has shown that telemedicine introduced in the primary care setting can contribute to the management of non communicable diseases.

Going forward, the Zimbabwe Telemedicine Network wants to conduct further research to study the application and benefits of telemedicine in the primary care setting through an extension of the Nyanga District pilot from 1 to 10-15 sites depending on funds available for a period of 18-24 months.

This second phase will focus on defining and selecting appropriate standards (appropriate telemedicine bandwidth, telemedicine unit room size, telemedicine room setup, web cameras, software, electronic medical records, hardware). Investigate the extent of the reduction in the need to transfer/refer patients to medical doctors at Nyanga District Hospital. Measure the improvement in quality of care through the follow up of patient outcomes at 6,12,18 and 24 months. Measure human resources needs. Measure the cost of a teleconsultation. Investigate the community's feedback. And establish a link with Provincial and Tertiary Hospital in order to test certain modules.

Overall expected outcomes of the telemedicine program include:

- increased access to doctors
- capacity building of rural health centre nurses
- increased access to information for healthcare professionals
- cost savings
- improved clinical outcomes
- reduction in referrals

For more information: www.ztn.org.zw

Med-e-Tel 2016 update

The next edition of the ISfTeH's annual Med-e-Tel event is taking place on April 6-8, 2016 in Luxembourg. Make plans now to be part of it!



Topics will include interoperability, secure data exchange, health technology assessment, smart technologies for independent/assisted living, disease management, big data, mHealth, pharmacy and m/eHealth, and more. Some of the sessions and discussions will be organized in collaboration with European and international organizations such as the Pharmaceutical Group of

the European Union, European Society of Cardiology, European Platform for Patients' Organizations, Science and Industry, European Junior Doctors, International Council of Nurses.

Also pre-event courses on telecardiology and on social media in healthcare will be offered.

Med-e-Tel will also have a local/regional focus, in collaboration with the Luxembourg National eHealth Agency (*Agence eSanté*), who are responsible for implementing Luxembourg's national eHealth strategy and rolling out a shared medical record and improving interoperability among healthcare information systems and providers.



Currently, the Agency is running a critical test phase of the shared medical record with 10,000 users, which will ultimately lead to the roll out country-wide. Implications and experiences re. data access/exchange and interoperability will be discussed at Med-e-Tel 2016, together with regional and European colleagues. The Agency will also address personalized medicine and cross-border issues at Med-e-Tel 2016.

Submit your own presentation proposals via www.medetel.eu. Or [contact us](#) to discuss sponsorship and expo opportunities.

Successes and failures in telehealth



The [University of Queensland's Centre for Online Health](#) in conjunction with the [Australasian Telehealth Society](#) (national member in the ISfTeH) are pleased to announce the 2015 International **Conference on Successes and Failures in Telehealth (SFT-15)**. SFT-15, in conjunction with the 6th Annual Meeting of the Australasian Telehealth Society, will be held on November 12-13, 2015 at the Brisbane Convention & Exhibition Centre.

Since 2001, the SFT conferences have provided a unique forum which explores both successes and failures in telehealth. The conference attracts prominent national and international speakers and delegates worldwide. SFT-15 is expected to attract around 200 delegates including academics, doctors, nurses, allied health professionals, government representatives, policy advisers, managers and technicians. SFT provides an excellent program to learn from experts in the field. The scientific program will be informative and interactive and will be accompanied by a trade show featuring the latest products and technology available in telehealth. The conference will also give delegates an opportunity to engage with the NHMRC Centre of Research Excellence in Telehealth.

This year's conference program will offer a diverse range of presentations in a variety of formats, including academic paper presentations, clinicians case studies, industry showcase, telehealth workshops, poster presentations and telehealth demonstrations.

SFT-15 will be of interest to academics, doctors, nurses, allied health professionals, administrators, government representatives, policy advisers, service managers, vendors, educators and technicians.

Intelligent computing and information systems



The Seventh IEEE **International Conference on Intelligent Computing and Information Systems (ICICIS-2015)** will take place on December 12-15, 2015 at the Faculty of Computer & Information Science, Ain Shams University, Cairo, Egypt.

Events and workshops that may be of particular interest are:

- International Symposium on "Knowledge Engineering for Decision Support Systems"
- International Workshop on "Intelligent Techniques and Technologies for e-Learning" (iTeL'15)
- International Workshop on "Knowledge Engineering in eHealth" (KEeH'15)
- Tutorial on "Knowledge Engineering in Medicine and Health Care"

The ICICIS-2015 social program envisages a visit to the Egyptian Museum, Giza Pyramids and the New Suez canal.

For more information: <http://net2.shams.edu.eg/icicis/2015>. Or contact **Prof. Abdel-Badeeh M. Salem**, Coordinator of the ISfTeH Medical and Bio-Informatics Working Group and ICICIS-2015 Workshops Chair & Organizer.

The future of tele-echocardiography

Echocardiography is often used to diagnose and exclude important cardiac diagnoses in adults and children. Evolving telemedicine technology has boosted access to echocardiography and has created a network that offers many possibilities for clinical, research and teaching activities. The two primary modes of telemedicine practice are 'store and forward' and 'real time' videoconferencing. Using these technologies, relevant, up-to-date scientific information is instantly available for analysis and interaction. Studies have also shown these to be accurate, cost effective, improves patient care, enhances echocardiography quality and sonographer proficiency and promotes practice expansion. The growing use of technology such as smart phones, laptops and computer tablets as well as newer technologies like cloud computing, picture archiving computer systems (PACS) and the standardization of medical images (DICOM) has fueled the now accelerating specific demands for tele-echocardiography. However, all these are not without challenges and obstacles. Some of these include lack of standardization of telemedicine components, confusing medico-legal and licensure issues, privacy/confidentiality, poor reimbursement, training issues as well as attitude and acceptance. These issues need to be addressed by all those involved in medical practice. Clinicians must work with sonographers, medical IT experts, hospital management and hospital physicists as well as manufacturers and insurance companies to ensure that the new system is integrated as an extra function within ultrasound consoles. National and international societies such as the European Society of Cardiology (ESC) and the American College of Cardiology (ACC) could play a role in bringing everyone together and define the necessary training programmes. The revolution in digital technology is rapidly changing the world of telecommunications. Tele-echocardiography has a



bright future to become an integrated part of our clinical available echocardiographic tool set - in a matter of time.

A paper on this topic, by Dr. M. Balasingam (individual ISfTeH member) and Dr. B. Sivalingam, will be published in the GSTF (Global Science and Technology Forum) Journal of Nursing and Health Care Vol. 3, No. 1.

Upcoming ISfTeH meetings and conferences

20th ISfTeH International Conference

in conjunction with:

7th Brazilian Telemedicine and Telehealth Congress

1st Rio de Janeiro Telehealth Symposium

27-30 October 2015

Rio de Janeiro, Brazil

www.telessaude.uerj.br/cbtms2015



Med-e-Tel 2016

6-8 April 2016

Luxembourg, Luxembourg

www.medetel.eu



Other ISfTeH supported events:

6th International Conference on Transforming Healthcare with IT

16-17 October 2015

Bangalore, India

www.transformhealth-it.org

Week of Health and Innovation (WHINN)

19-22 October 2015

Odense, Denmark

www.whinn.dk

SFT-15 - Successes and Failures in Telehealth

12-13 November 2015

Brisbane, Australia

event.icebergevents.com.au/sft-2015

Symposium sur la Télémedecine

28 November 2015

Tunis, Tunisia

www.telemedecine-tunisie.com.tn

2nd International Conference on Electronic Health

14-16 December 2015

Tehran, Iran

www.ieha.ir

BIOSTEC 2016

21-23 February 2016

Rome, Italy

ICT4AWE 2016

21-22 April 2016

Rome, Italy

www.ict4ageingwell.org

CARS 2016 - Computer Assisted Radiology and Surgery

22-25 June 2016

Heidelberg, Germany

www.cars-int.org

[ISfTeH Supported Events Calendar](#) and [Other Telemedicine/eHealth Events](#)

New ISfTeH members



The ISfTeH is pleased to welcome the following **new members** to its global network:

National Member:



Zimbabwe Telemedicine Network
Zimbabwe

Corporate Member:



International SOS
Australia

Individual Members:

Siegfried Jedamzik, Germany
Christopher Hansard, UK

Nurse Members:

Dorota Kilanska, Poland
Ana Grana, Peru
Vivianne Maria Lopez Poemape, Peru
Nwoye Chidinma Anthonet, Nigeria
Titilayo Odetola, Nigeria
Adanna Isife, Nigeria
Cagatay Toktas, Turkey

Student Members:

Aman Jain, India
Gabriel Ahonaruogho, Nigeria
Miranda Moletto, South Africa
Ezeiloh Samson, Nigeria
Panagiotis Andreou, Norway
Eban Peter, Nigeria
Oloruntoba Odumosu, Nigeria
Manon Moal, France
Rafik Belloum, France
Justine Boureaud, France
Carolina Pedroso, France

[Click here for full member list or to join as a new member.](#)

Institutional Member Spotlight



The **Institute of Physiology and Pathology of Hearing** was established in 1996 by the Minister of Health of Poland. Since that time, it is a leading Polish research institute and a highly specialized hospital providing comprehensive care for persons suffering from the disorders of hearing, voice, speech and balance as well as

sinuses. Prof. Henryk Skarzynski serves as Director of the Institute since it was established. The **World Hearing Center (WHC)** is the main unit of the Institute, the hub of its research, educational and clinical activities. It is located in Kajetany, 20km from the center of Warsaw. WHC owes its establishment to the extensive research, clinical and educational program in numerous fields of science and medicine implemented by the Institute of Physiology and Pathology of Hearing and its many collaborators in Poland and abroad. It is a result of the systematic work of many years and building of partnership relations with scientists from various fields in Poland and the international arena, on all continents.

Main goals of the Institute and WHC:

- initiating novel research projects and coordinating international multicenter collaboration, building through various scientific activities, the new image and position of Polish science and medicine in the World,
- actively participating in developing new technologies, such as new hearing implants of different types, applying technologies of nanomaterials and nanoinformatics,
- creating an international training center for residents, specialists and patients,
- implementing state of the art technologies into the clinical praxis in Poland,
- making the newest treatment solutions available for Polish patients, via the first in the world **Polish National Network of Teleaudiology offering telemedicine and telefitting** (remote fitting of hearing implants),
- initiating the establishment of the network of reference centers for hearing on all continents.

The Institute has an enormous experience in healthcare services. Every year there are more than 12,000 patients hospitalized and about 18,500 surgical procedures performed. At present, there are about 60-70 hearing improving surgeries performed every day. In 98.7% these surgeries are planned, majority is performed on the same day that the patient is admitted to the hospital. Particularly noteworthy is the fact that until now, more than 4,500 cochlear implants have been implanted in the Institute, which makes it one of the global leaders in this field. In the out-patients clinic, all professionals provide yearly more than 250,000 consultations and examinations. One of the foundations of the development of the modern society is the unprecedented progress in the interpersonal contacts, access to and exchange of information, development of information technologies and tools. An integral part of that progress is the level of development and exploitation of hearing, voice, speech and language communication. It gives a new importance to all research and clinical activities in this field. Progress that happened in the last ten years in terms of the possibilities of diagnosing, treating and rehabilitating of hearing disorders, voice and speech is the result of the work of many groups of specialists in numerous fields of science and medicine, such as: acoustics, biomedical engineering, computer science, pedagogy, audiology, phoniatics, genetics, otolaryngology or rehabilitation.

For more information: <http://whc.ifps.org.pl>

Board Member Spotlight - Dr. Roberto Rocci

Roberto Rocci obtained his MD at the School of Medicine and Surgery of the University of Milan in 1968 and specialized in Cardiology in the same University in 1971. He started working in 1970 as assistant cardiologist in a newly opened Cardiology Department at the Hospital of Rho (Milano). Collaborating in the organization of the new services has been an exciting experience that showed him that



this was the choice of his future professional activity. In 1975 he was employed by CDI (Centro Diagnostico Italiano), a unique Italian experience of a big outpatient clinic similar to American clinics (such as Mayo, Lahey, etc.) he had the chance to visit and study. He soon became Medical Director and Research and Development Director.

His cooperation with CDI has been carried out in two different periods: 1975-1985 and 1991-2002. He dedicated the period 1985-1991 to found Domicare corporation, one of the first home-care experiences in Italy, providing home care services and tele-assistance of patients through computerized monitoring stations. The main projects he coordinated or participated in were the following:

- Multidisciplinary integration of specialist physicians aimed at the creation of diagnostic and therapeutic services for specific clinical problems.
- Clinical information system (clinical electronic record was very rare at that time in outpatient settings).
- Design and implementation of a day surgery service.
- Design of specific services for the elderly.

CDI's huge potential of medical advice (more than 100 specialists) conflicted with the fact that Dr. Rocci tested the potential benefit of telemedicine to bring specialist expertise directly where it is needed. He organized a telecardiology service. A call center staffed by cardiologists 24 hours a day, every day, was able to receive electrocardiograms sent through telephone. Cardiologists on duty gave users an immediate interpretation of electrocardiograms, and, if needed, advice on the clinical meaning that it might have in the specific situation of the patient and possibly suggested further investigations or emergency actions. Users were mainly general practitioners from all over Italy, medical guards, pharmacies and homecare organizations. Other telemedicine services developed were teledermatology and teleechography.

In June 2000 he was appointed as a member of the Telemedicine Experts Commission at the Ministry of Health. In March 2001 the Commission concluded its work, producing the final document "Guidelines to operate Telemedicine Services". In February 2002, Dr. Rocci left CDI and together with several other people with a long experience in telemedicine, he founded Meditel srl, a telemedicine company. Previous experiences as described above have pointed out that there are two main critical elements that limit the emergence and spread of telemedicine services: the heavy initial investments and high operating costs of call center where there are physically present operators and doctors, as well as the difficulty to find specialists to devote their time to the service itself. Using web-based telemedicine, Meditel has overcome these limiting factors.

Main projects which Dr. Rocci coordinated or participated in:

- Personalization of Global Cardio, a web platform devoted to transmission, editing and interpretation and management of ECGs (this platform is now used in Italy by large service providers and cardiology divisions to follow up discharged patients).
- Design of clinical structure of Life Chart, a web based monitoring system of chronic diseases. Life Chart is a bidirectional application to receive and manage clinical parameters and patient reported symptoms. These parameters are transferred in different ways to a central server allowing it to be shared with health care providers and reference facilities for a timely control which can be followed by behavioral tips and/or adjustment of patient prescriptions. It is demonstrated that in this way it is possible to avoid re-hospitalization. The application also provides information for any administration purpose.
- Distance interpretation services of clinical tests in different contexts such as pharmacies,

group practices, retail chains.

Contact Roberto Rocci at roberto.rocci@isfteh.org

Join the International Society for Telemedicine & eHealth



- Are you heading a national or regional telemedicine/eHealth organization?
- Do you offer telemedicine products and solutions?
- Are you doing research on telemedicine and eHealth applications and technologies?
- Does your organization provide (or wants to offer) care services by means of telemedicine/eHealth technologies?
- Are you engaged in healthcare policy?

If so, you should consider **joining the ISfTeH network** to expand your global reach, enhance your network, broaden your knowledge and learn about key issues and new ideas in telemedicine and eHealth by interacting and engaging in partnerships with other ISfTeH members from around the world.

Or if you are interested in **obtaining exposure in future editions of this newsletter** (through advertising, feature articles, etc.), contact us at info@isfteh.org.

For more information: www.isfteh.org

Partners & Corporate Members

The ISfTeH is proud to work together with the following Partners, representing doctors, nurses, students, industry and policy makers:



ISfTeH Corporate Members and supporters:





If your organization would like to collaborate with the ISfTeH or if you would like to become a member, contact us at info@isfteh.org.

Questions, suggestions? Our board members listen to you!

The ISfTeH board members will be pleased to hear from you with any questions or suggestions you may have related to the Society itself or regarding any telemedicine and eHealth applications or services that you are working on or that you are looking for:



Andy Fischer
President



Rifat Latifi
Vice-President



Frank Lievens
Secretary/Treasurer



Pirkko Kouri



Markus Lindlar



Anthony Maeder



Moretlo Molefi



André Petitet



Roberto Rocci



Adolfo Sparenberg



Yunkap Kwankam
Executive
Director

Submit your questions/suggestions via info@isfteh.org.

ISfTeH Lifetime Achievement Awards

The ISfTeH occasionally recognizes and honours a person who has made great efforts in the development of telemedicine and eHealth, creating awareness and driving its implementation and use. Our two Lifetime Achievement Award laureates so far are:



Louis Lareng



Ron Merrell

Watch this space for future ISfTeH Lifetime Achievement Awards!

STAY CONNECTED:



Join the ISfTeH Global Network
Click here for membership application

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