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LETTER TO THE EDITOR

Research, development and innovation at gastroenterology outpatient consults[☆]



Investigación, desarrollo e innovación en las consultas externas de gastroenterología

To the Editor,

Although essential in daily clinical practice, it would be easy to think *a priori* that, regardless of the medical discipline, outpatient care is not a setting rife with new developments and innovation. This idea is currently being challenged by the genuine expansion and evolution of information and communication technology (ICT).¹

The use of media like the Internet in the implementation of telemedicine in very specific contexts, as well as the different medical applications available at each health department to facilitate pre-consultation with the doctor, offer certain clear benefits in patient care.

Firstly, virtual videoconference consultations are already used in certain specialist hepatitis or inflammatory bowel disease units² and for chronic processes, as well as telephone consultation in colon cancer familial screening³ and *Helicobacter pylori* screening for the family members of gastric cancer patients. These strategies give rise to notable direct and indirect savings in terms of existing resources, with satisfaction rates at least equal to a face-to-face appointment.³

Secondly, the use of existing medical applications by each health department for patient management means that the different diagnostic and therapeutic options available to the patient to consider in the coming days can be foreseen as the results of complementary techniques requested *a priori* will be known, thereby enabling the available options or alternatives to be assessed. This would not only increase the speed with which patients are assessed, but also, and more

importantly, the quality of the consultation, as the option to follow would be explained after careful consideration. This would also reduce the number of hasty decisions taken and minimise the risk of not taking into account all possible options. Furthermore, certain patients could be prioritised or tests completed before the reviews if any deficiency in this regard is identified. Finally, review schedules in general could be brought forward when necessary by implementing these strategies.

We currently perform telemedicine over the phone at our unit for prevention consultations (colon and gastric cancer) and are in the process of implementing virtual consultations for these disciplines.

These benefits seem significant, making the outpatient setting a very dynamic part of medicine and gastroenterology in particular, which we consider to be in constant development and expansion and subject to R&D&I. However, studies designed specifically for that purpose will of course be needed to evaluate these questions.

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