



Telemedicina no Brasil: uso atual e perspectivas futuras

Roberto Botelho MD, PhD

São Paulo, 13 de Março de 2020

Disclosure

- Shareholder of

ITMS Telemedicine Network

Conexa Saúde

Cardionomus Artificial Intelligence

UMC Field – Blockchain for Health

UMC Accountable Care Organization Initiative

Agenda

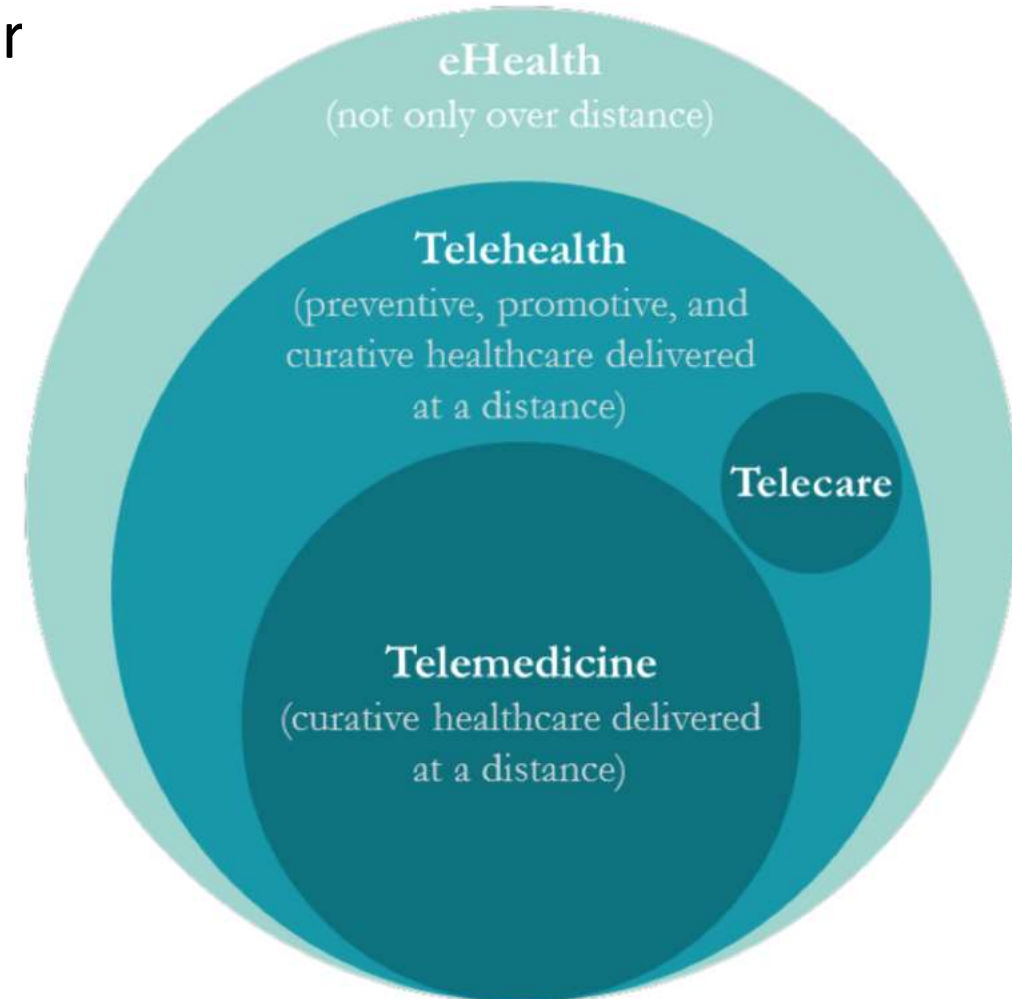
- Telemedicine Concept
- Global and National regulatory directions
- The digital transformation challenge
- Our experience
- Future directions - Oncology

Definition (104 peer-reviewed definitions)

- TELEHEALTH- the use of electronic information and telecommunications technologies where distance is a critical factor to deliver health care services:

Diagnosis
Treatment
Prevention
Research and Evaluation
Continuing education

- TELEMEDICINE – remote clinical services

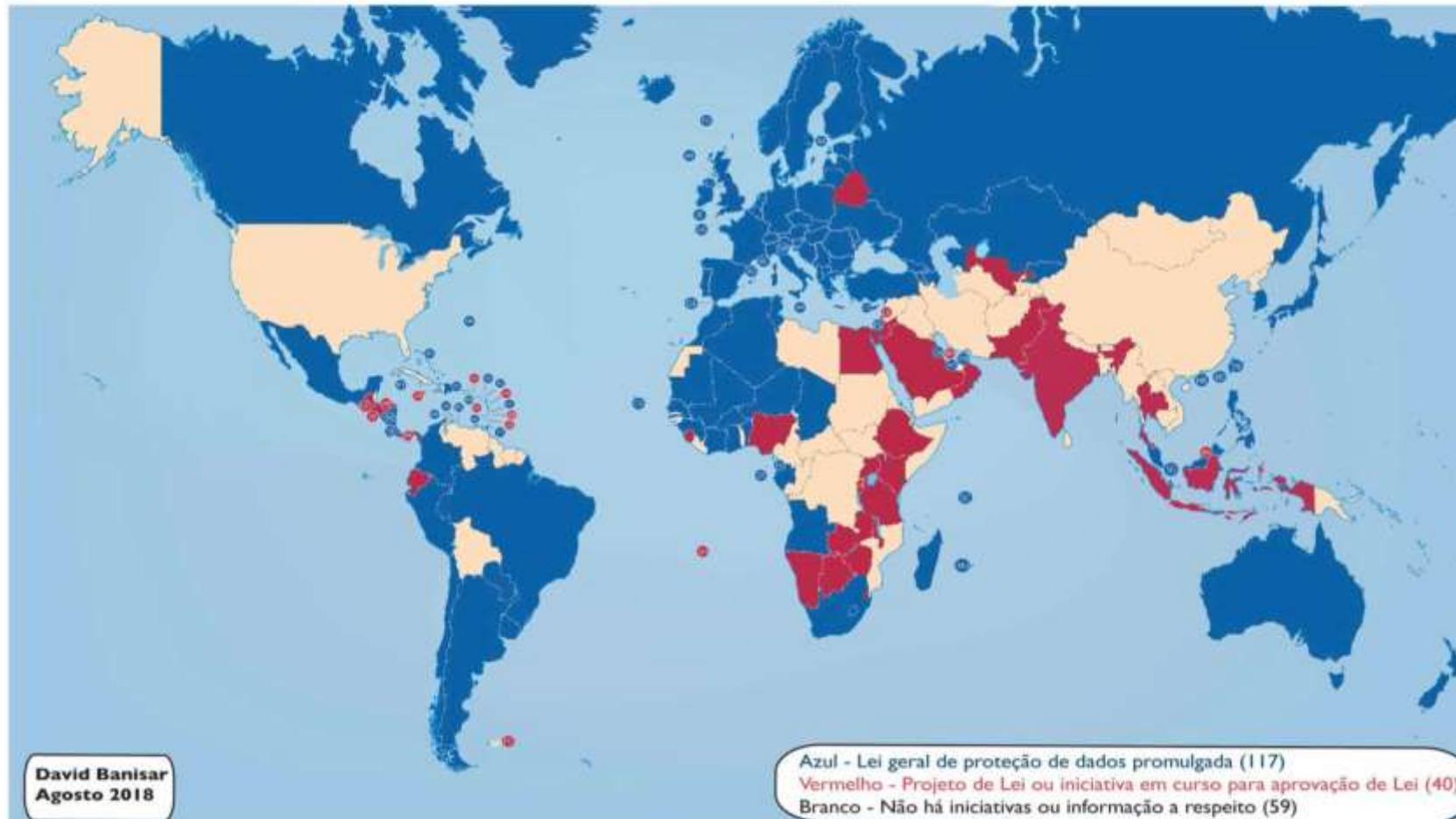


Leis e Resoluções

- 2007- Resolução CFM nº 1.821- digitalização e uso dos sistemas informatizados para guarda e manuseio dos documentos dos prontuários dos pacientes
- 2013- Lei nº 12.842, sobre o exercício da medicina;
- 2014- Lei nº 12.965, (MARCO CIVIL DA INTERNET) princípios, garantias, direitos e deveres para o uso da internet no Brasil
- 2018- Lei nº 13.709, que dispõe sobre proteção de dados pessoais;
- Resolução CFM 2227/18 - TELEMEDICINA

LGPD

Leis e Projetos de Lei gerais sobre proteção de dados e privacidade em 2018



Responsabilidade

- ***CONTROLADOR:*** A PESSOA NATURAL OU JURÍDICA, DE DIREITO PÚBLICO OU PRIVADO, A QUEM COMPETEM AS DECISÕES REFERENTES AO TRATAMENTO DE DADOS PESSOAIS;
- ***OPERADOR:*** A PESSOA NATURAL OU JURÍDICA, DE DIREITO PÚBLICO OU PRIVADO, QUE REALIZA O TRATAMENTO DE DADOS PESSOAIS EM NOME DO RESPONSÁVEL;

Resolução CFM N^o 2227/18

RESOLUÇÃO CFM n^o 2.227/2018

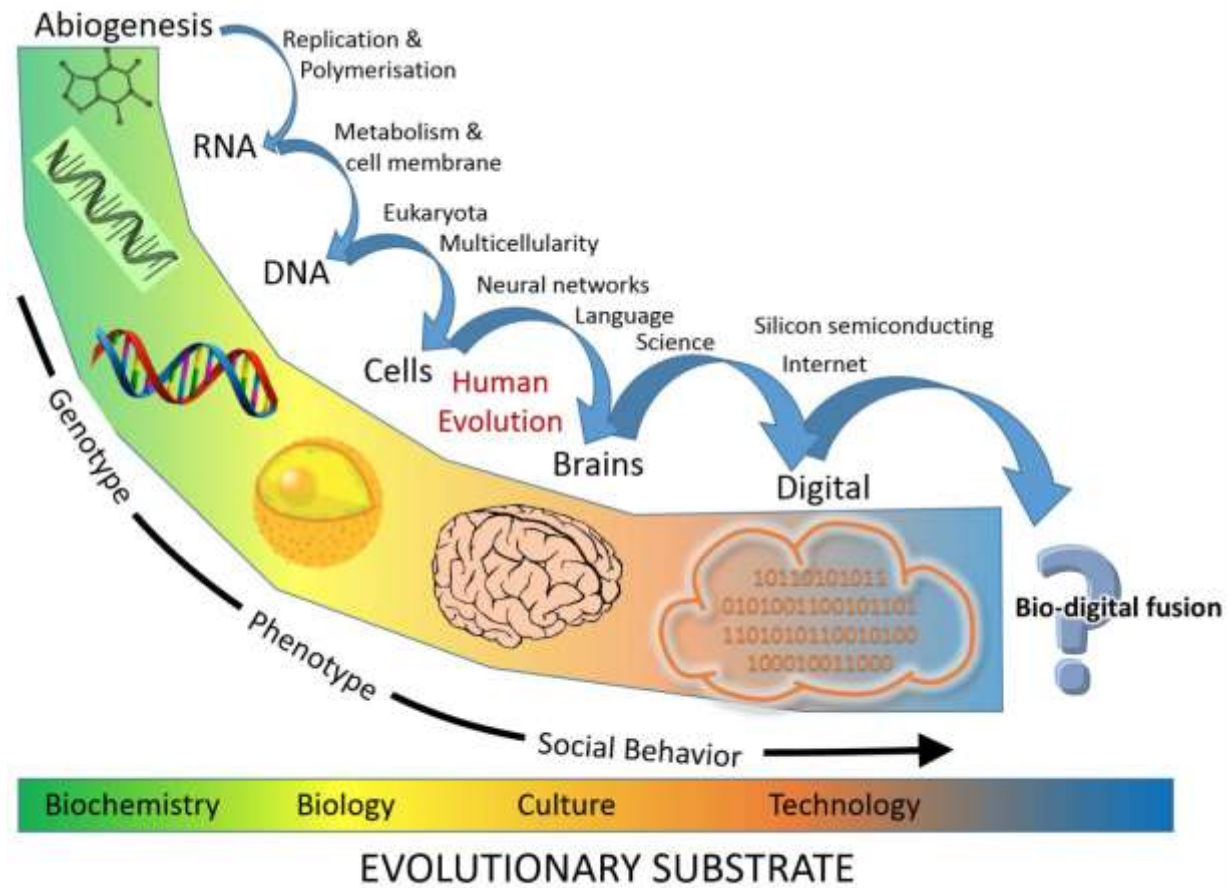
Define e disciplina a telemedicina como forma de prestação de serviços médicos mediados por tecnologias.

O **CONSELHO FEDERAL DE MEDICINA**, no uso das atribuições conferidas pela Lei n^o 3.268, de 30 de setembro de 1957, regulamentada pelo Decreto n^o 44.045, de 19 de julho de 1958, modificado pelo Decreto n^o 6.821, de 14 de abril de 2009 e pela Lei n^o 11.000, de 15 de dezembro de 2004, e consubstanciado na Lei n^o 6.828, de 29 de outubro de 1980, e na Lei n^o 9.784, de 29 de janeiro de 1999, e

Livre arbítrio e responsabilidade

- o médico que utilizar a telemedicina sem examinar presencialmente o paciente deve decidir com livre arbítrio e responsabilidade legal (se as informações recebidas são qualificadas, dentro de protocolos rígidos de segurança digital e suficientes para emissão de parecer ou laudo)
- que todos aqueles que os utilizem devem ser identificados, estar conscientes de sua responsabilidade e se comprometer tanto a compartilhar como a proteger os dados e informações a que tiverem acesso e forem colocados à disposição dos médicos ou anotados em Sistemas de Registro Eletrônico/Digital de Saúde;
- Ao médico é assegurada a liberdade e completa independência de decidir se utiliza ou recusa a telemedicina, indicando a consulta presencial sempre que entender necessário

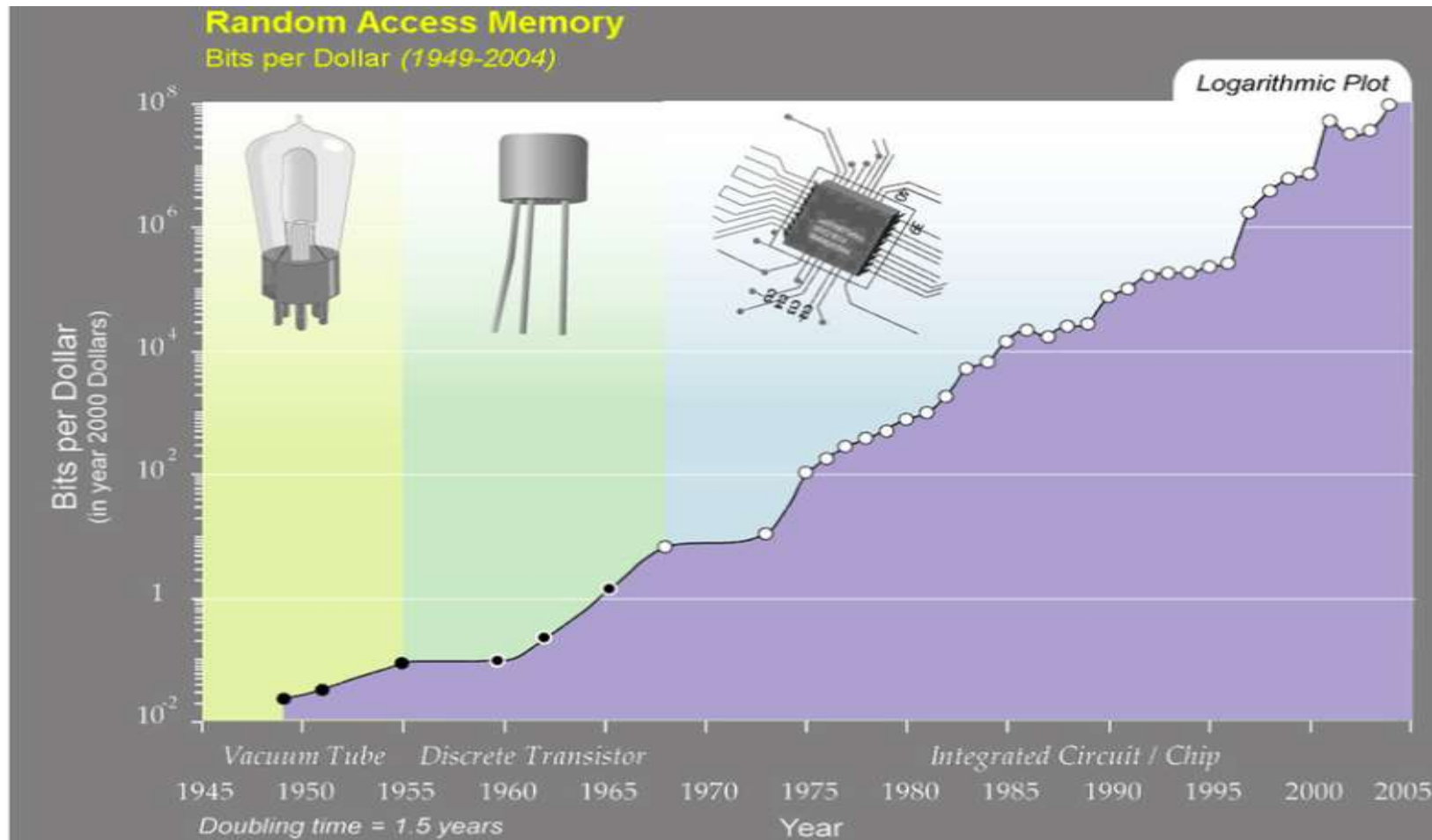
The Singularity



based on: Gillings, M. R., Hilbert, M., & Kemp, D. J. (2016). Information in the Biosphere: Biological and Digital Worlds. *Trends in Ecology & Evolution*, 31(3), 180-189. <http://escholarship.org/uc/item/38f4b791>

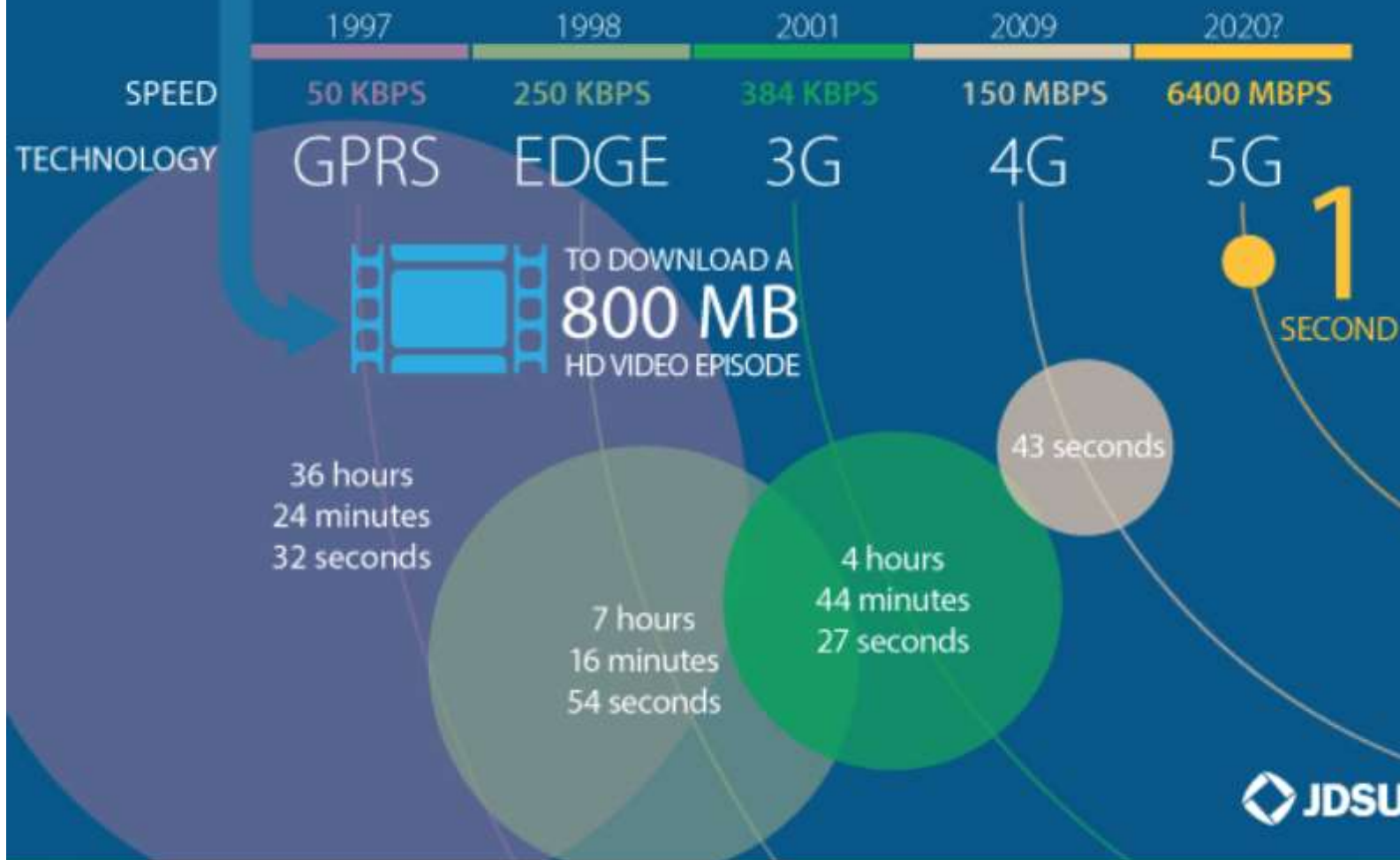
Random Access Memory

Bits per Dollar(1949-2004)



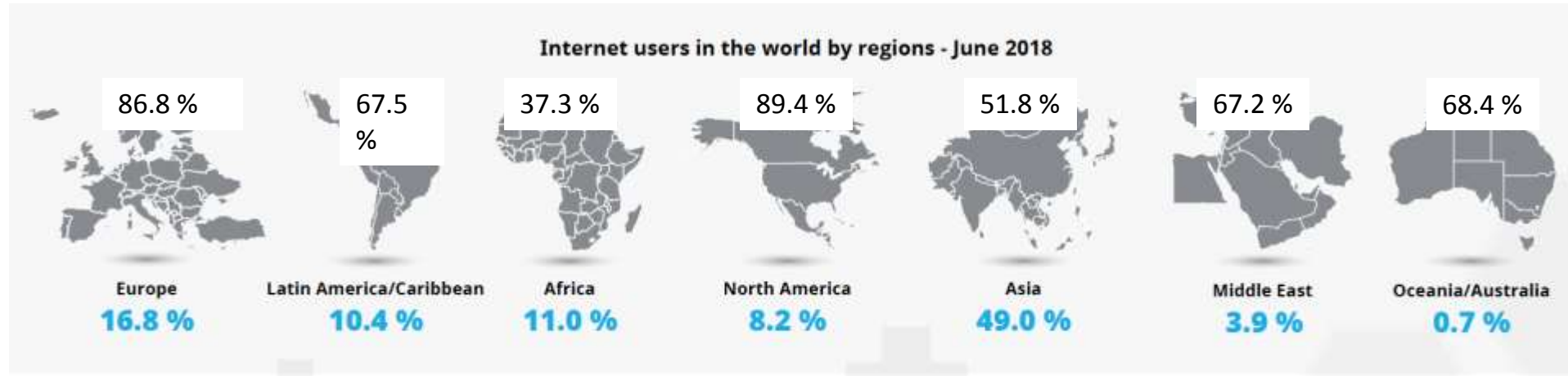
reproduced from Kurzweil's book – Singularity is near

HOW FAST WILL 5G BE?



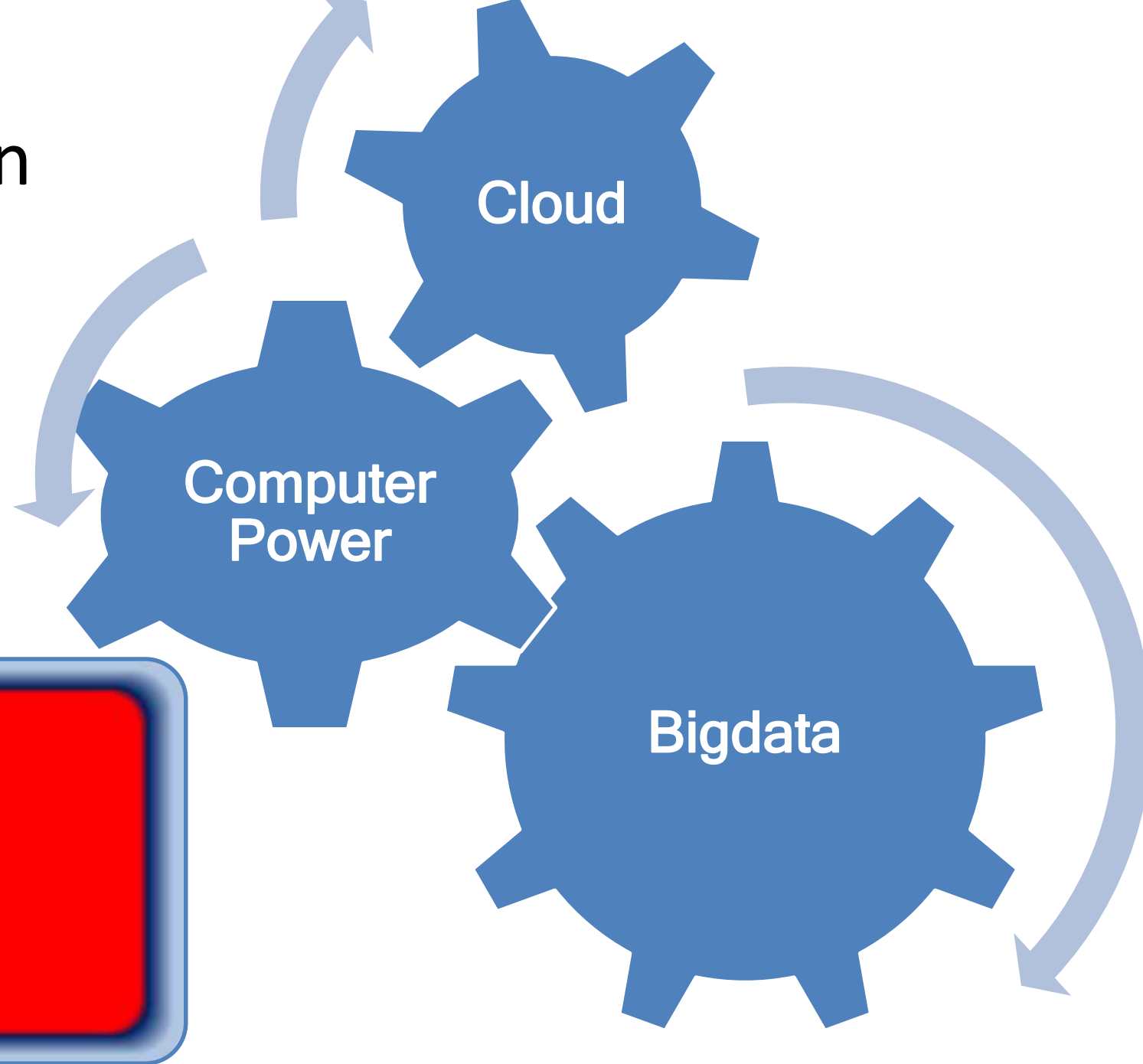
Internet Users In the World

55.1%



Source: Internet World Stats - <https://www.internetworldstats.com/stats.htm>

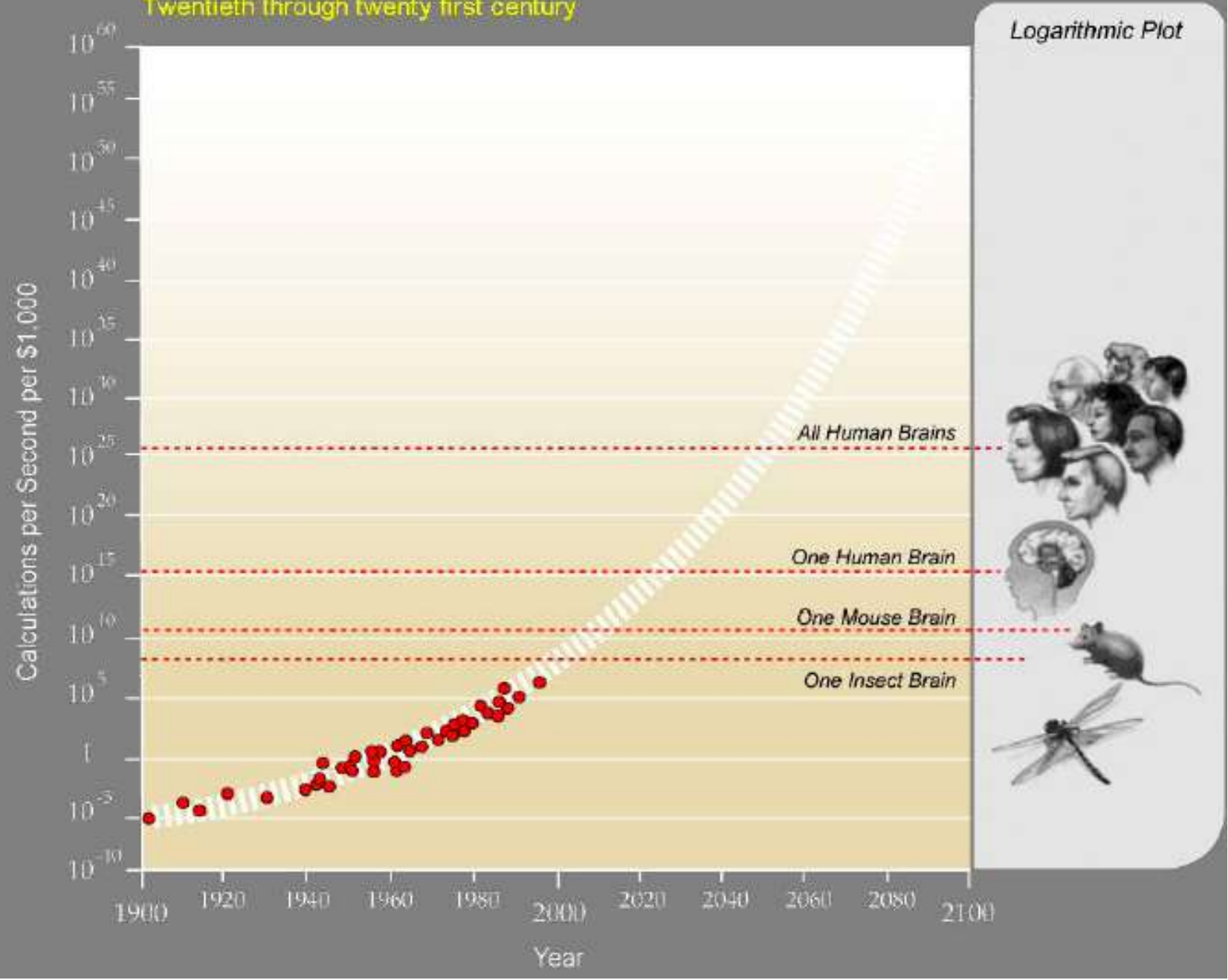
Digital Transformation



- Processing chips
- Software
- Storage chips
- Networking
- Sensors

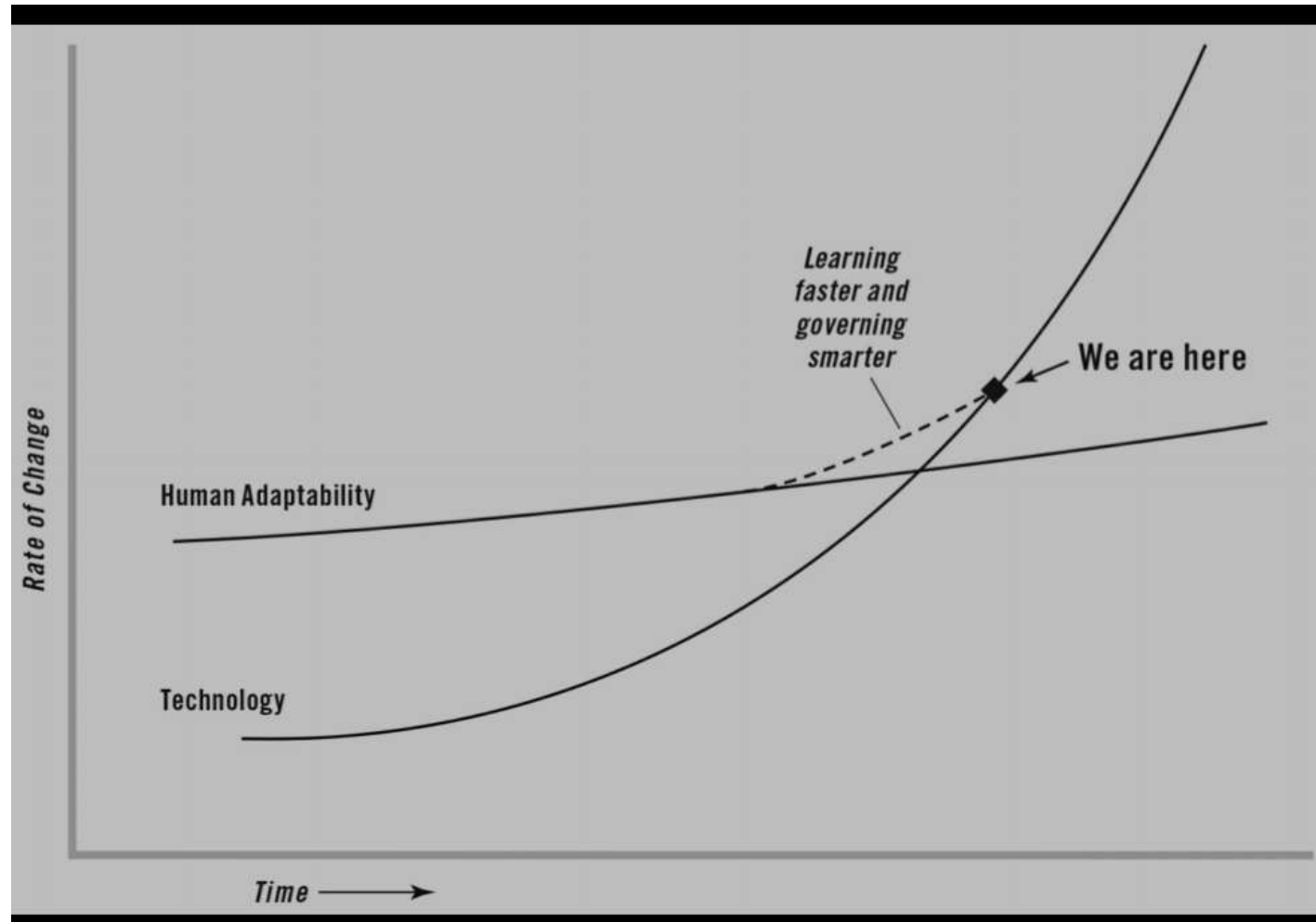
Exponential Growth of Computing

Twentieth through twenty first century



reproduced from Kurzweil's book – Singularity is near

Human adaptability to change

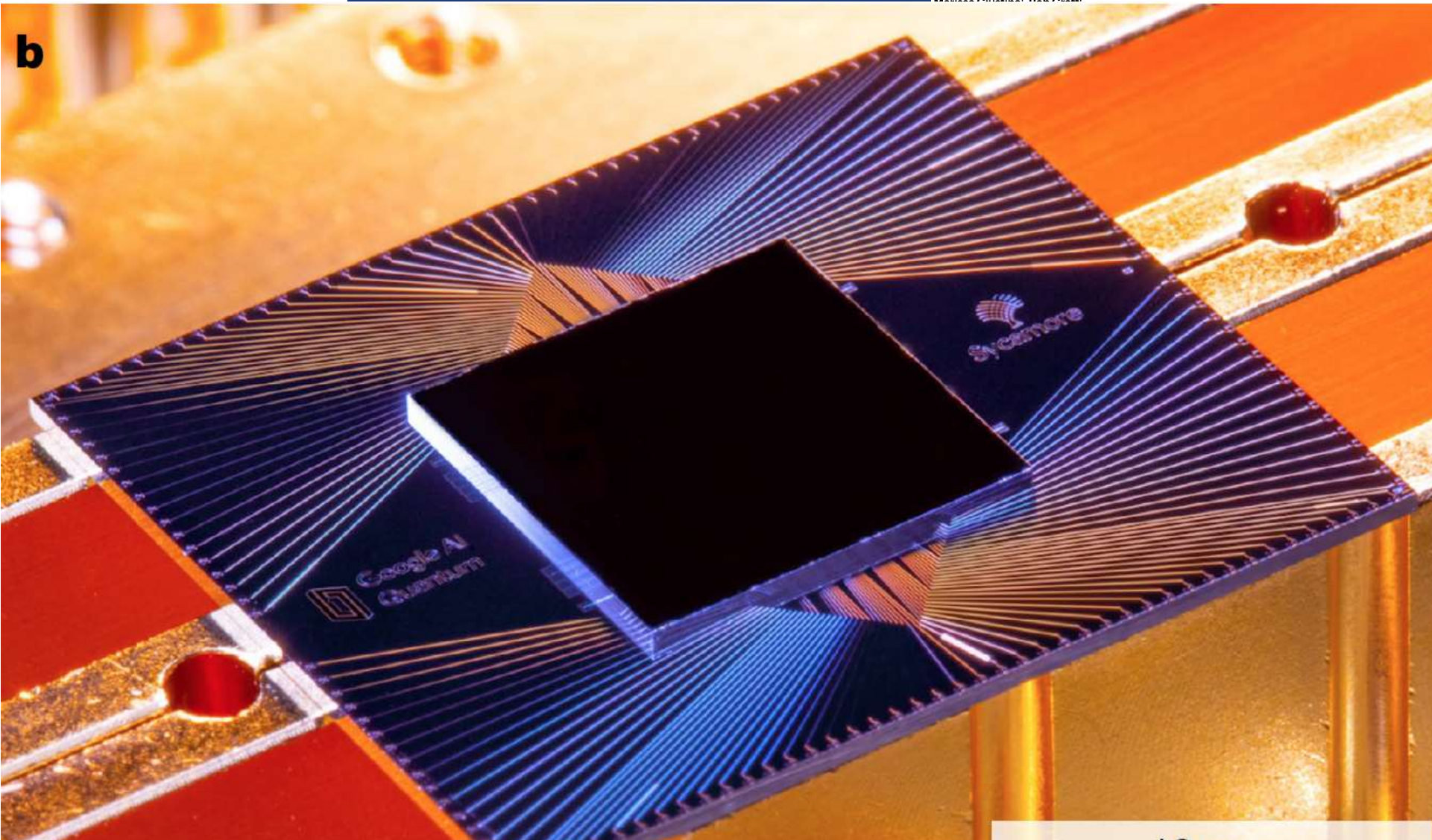


Quantum supremacy using a programmable superconducting processor

<https://doi.org/10.1038/s41586-019-1666-5>

Received: 22 July 2019

Frank Arute¹, Kunal Arya¹, Ryan Babbush¹, Dave Bacon¹, Joseph C. Bardin^{1,2}, Rami Barends¹, Rupak Biswas³, Sergio Boixo¹, Fernando G. S. L. Brandao^{1,4}, David A. Buell¹, Brian Burkett¹, Yu Chen¹, Zijun Chen¹, Ben Chiaro⁵, Roberto Collins¹, William Courtney¹, Andrew Dunsworth¹, Maria C. Quintero¹, Rob Cross¹



Centers

- Google AI Quantum
- NASA Ames Research Center
- Department of Physics and Department of Computer Engineering -University of California
- FAU – Erlangen-Nurnberg
- University of Michigan

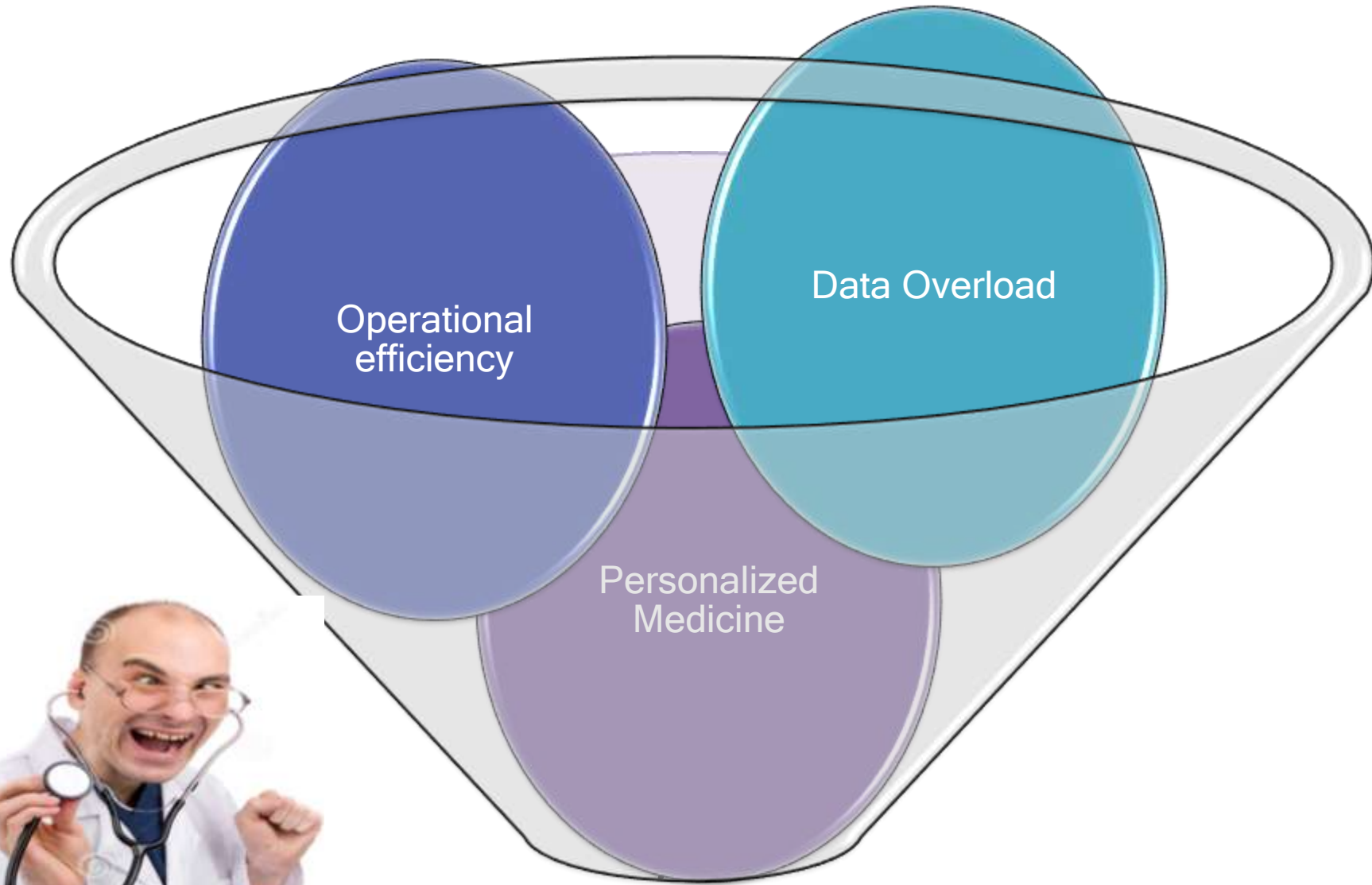
Consumer Experience

What Gets Measured Gets Monitored



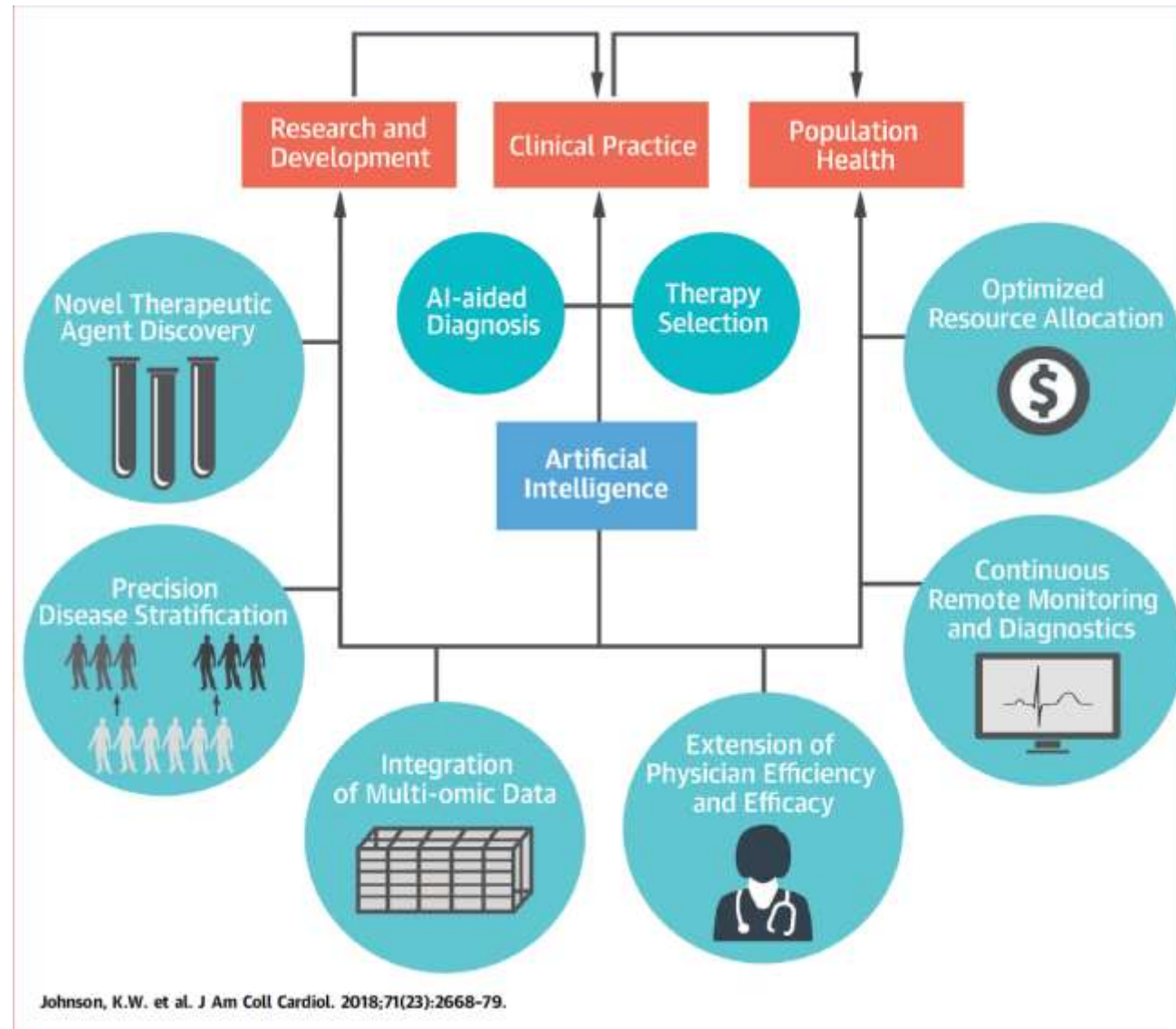
Provide Data
Points for
Action

Avoid
Hospitalizations &
Clinic Visits

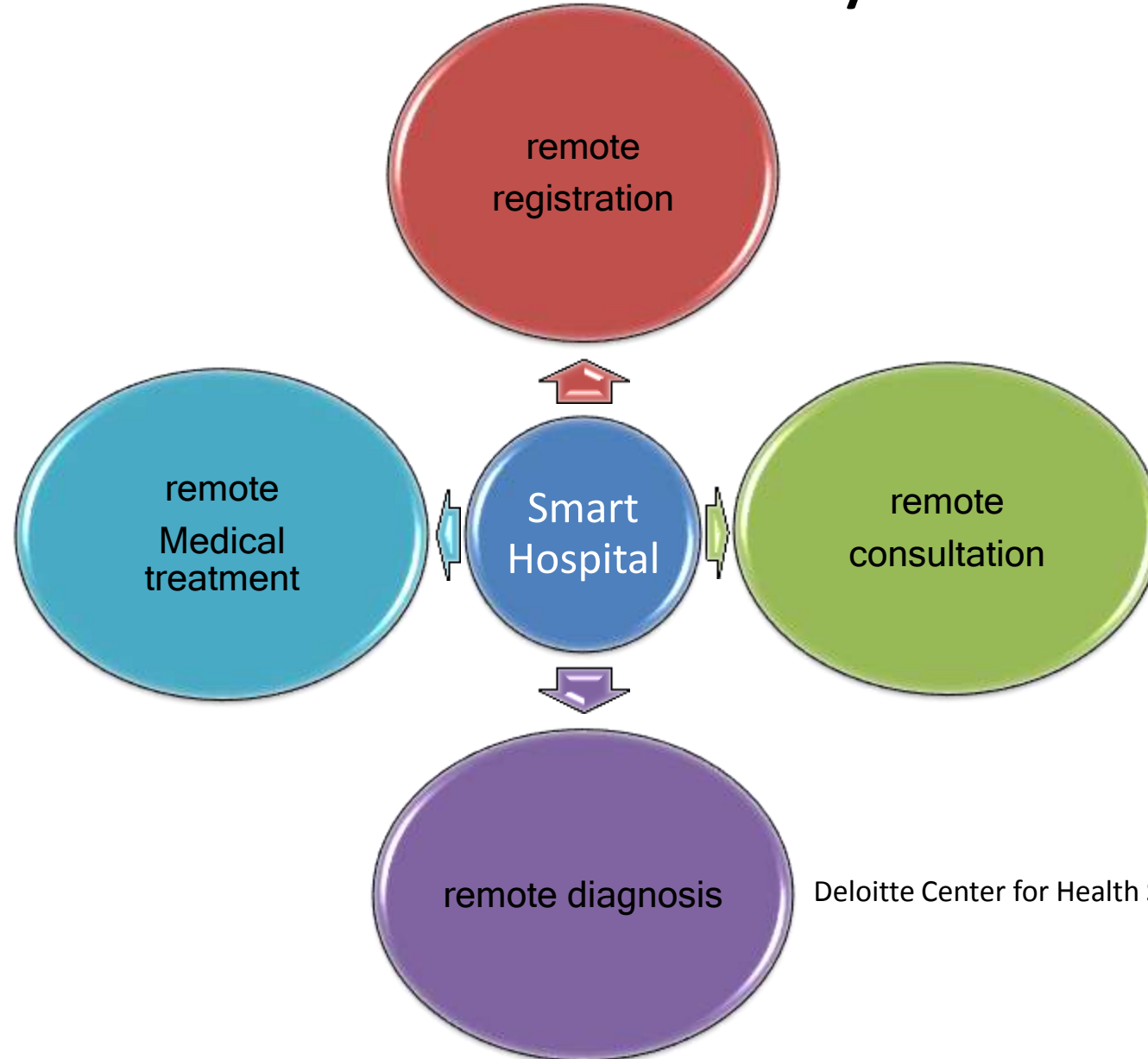


Digital transformation

The Role of AI in Medicine



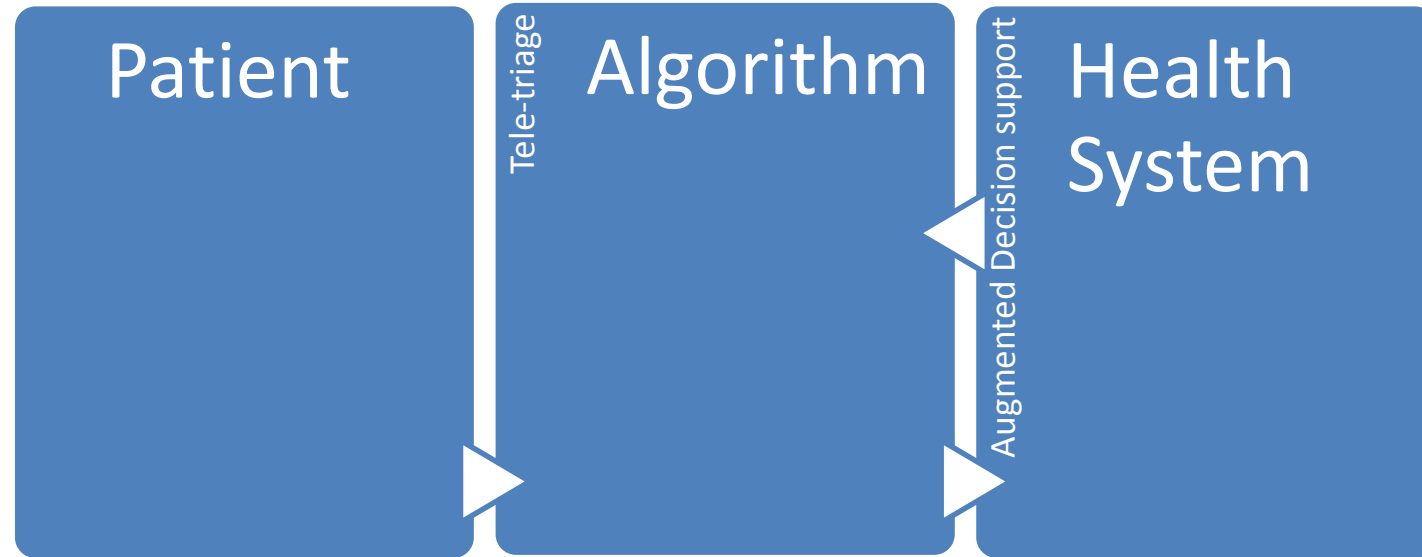
Patient-centricity.



Deloitte Center for Health Solutions research

Augmented Decision Support System

Patient experience



Mononucleose, roseola, influenza, chicken pox and hand-foot-mouth disease -90 and 97% accuracy.

AI can diagnose childhood illnesses better than some doctors

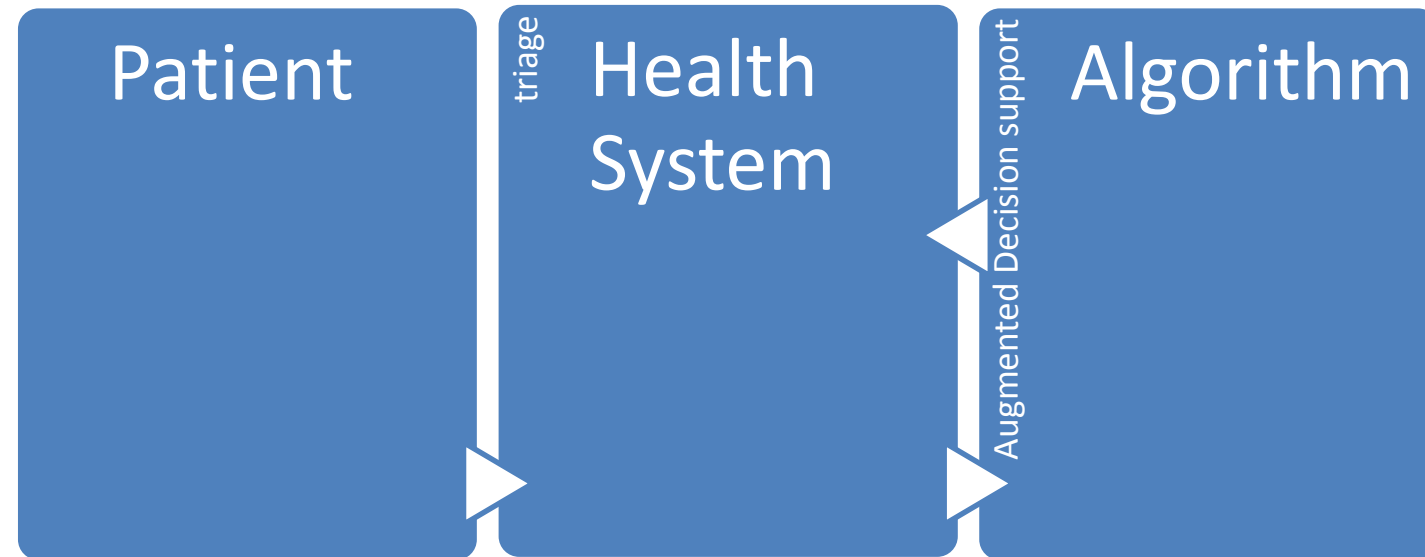


TECHNOLOGY 11 February 2019

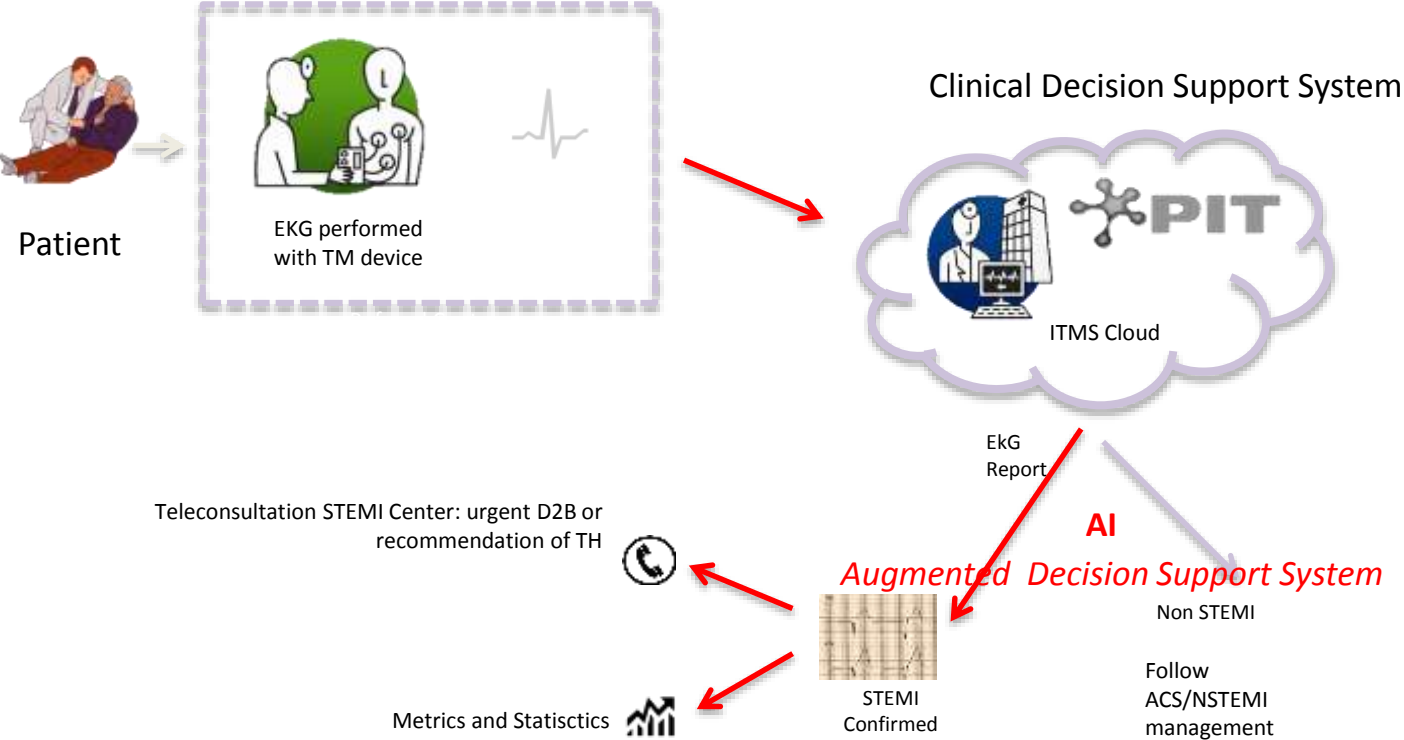


Augmented Decision Support System

Patient experience



Telemedicine for STEMI



Selecione uma fila para gerar a senha

DOR NO PEITO / INFARTO

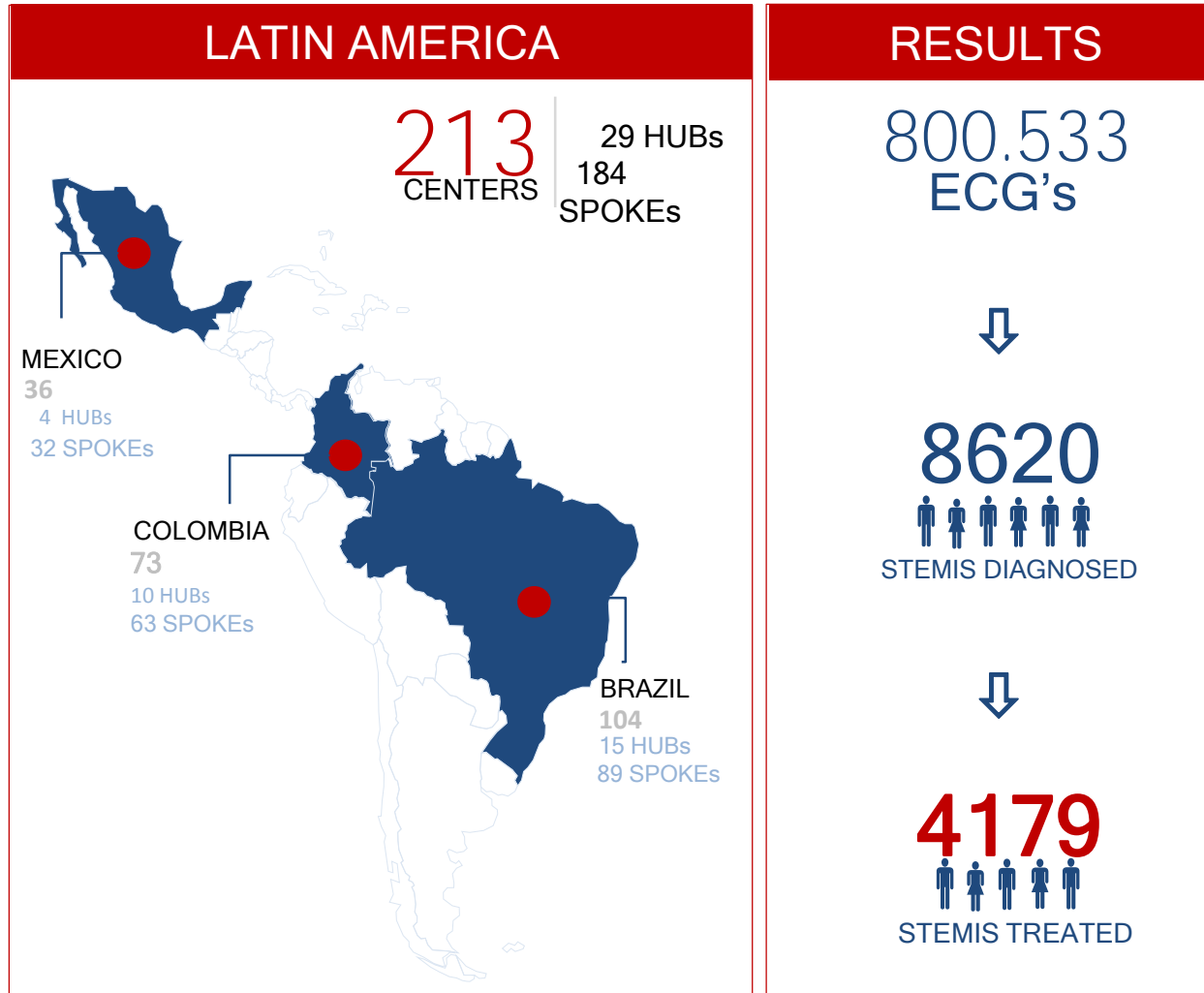
CARDIOLOGIA

DERRAME / AVC

ORTOPEDIA

UROLOGIA

LATIN OUTCOMES





APPLICATION OF ARTIFICIAL INTELLIGENCE TO DETECT ST ELEVATION MI WITH A SINGLE LEAD EKG

Poster Contributions
Poster Hall, Hall F
Sunday, March 17, 2019, 3:45 p.m.-4:30 p.m.

Session Title: Interventional Cardiology: Translation and Pre-Clinical Research 1
Abstract Category: 25. Interventional Cardiology: Translation and Pre-clinical Research
Presentation Number: 1254-046

Authors: ~~Sara Vella, Francisco Fernandez, Gelsa Viegas, Stefan Nikolic, Ajay Patel, Francisco de Almeida, Florio Costa, Gabriel Alves, Carlos Lopes, Simão Pinto, Lorna Raposo, Sérgio G. F. de Sá, António S. P. Coelho, Val António, Lúcia Fontana, Neli, FELSA~~

Background: Obtaining 12-lead EKG for ST Elevation MI (STEMI) is cumbersome, and inefficient, relying on experts for confirmation. We present a single lead EKG, LumenGT-AI, constructed with Deep Learning algorithms that can accurately diagnose STEMI.

Methods: Database: LumenGT database of >17 million annotated EKG; Dataset: 2,500 normal, 2,500 abnormal, 1,736 with MI (anterior, septal, lateral, inferior); Preprocessing: Individual heartbeat with fixed window of 0.4s to the left (200 samples) and 0.9s to the right (450 samples) of the main QRS; Classification: 650 elements of a heartbeat, samples of 1.3s dataset fed as “features” and two classes considered for each heartbeat, “STEMI” or “Not STEMI”. Convoluted Neural Network (CNN): 1-D, LeakyReLU activation function, convolutional, max-pooling and batch normalization, fully connected; Training & Testing: Nvidia GTX 1070 GPU, 8GB RAM; Experiments: Intel PC i7 8750H processor at 2.21GHz, 16 GB RAM, Windows 10 OS

Results: Accuracy - Lead V2 (94.1%) was the primary driver; V5 and V3, respectively, provided high sensitivity and specificity.

Conclusion: LumenGT-AI advances the methodology of detecting STEMI that is portable and front line, laying the foundations for Machine Learning models of STEMI detection for wearable devices.



09:44

Saúde

3G

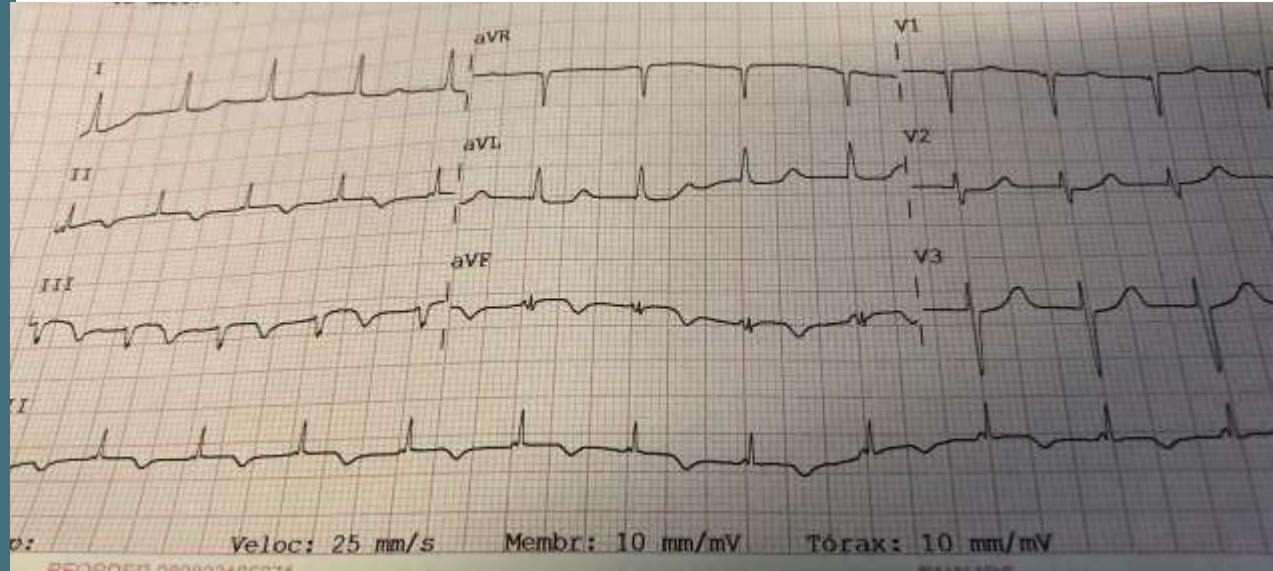
CARDIONOMOUS

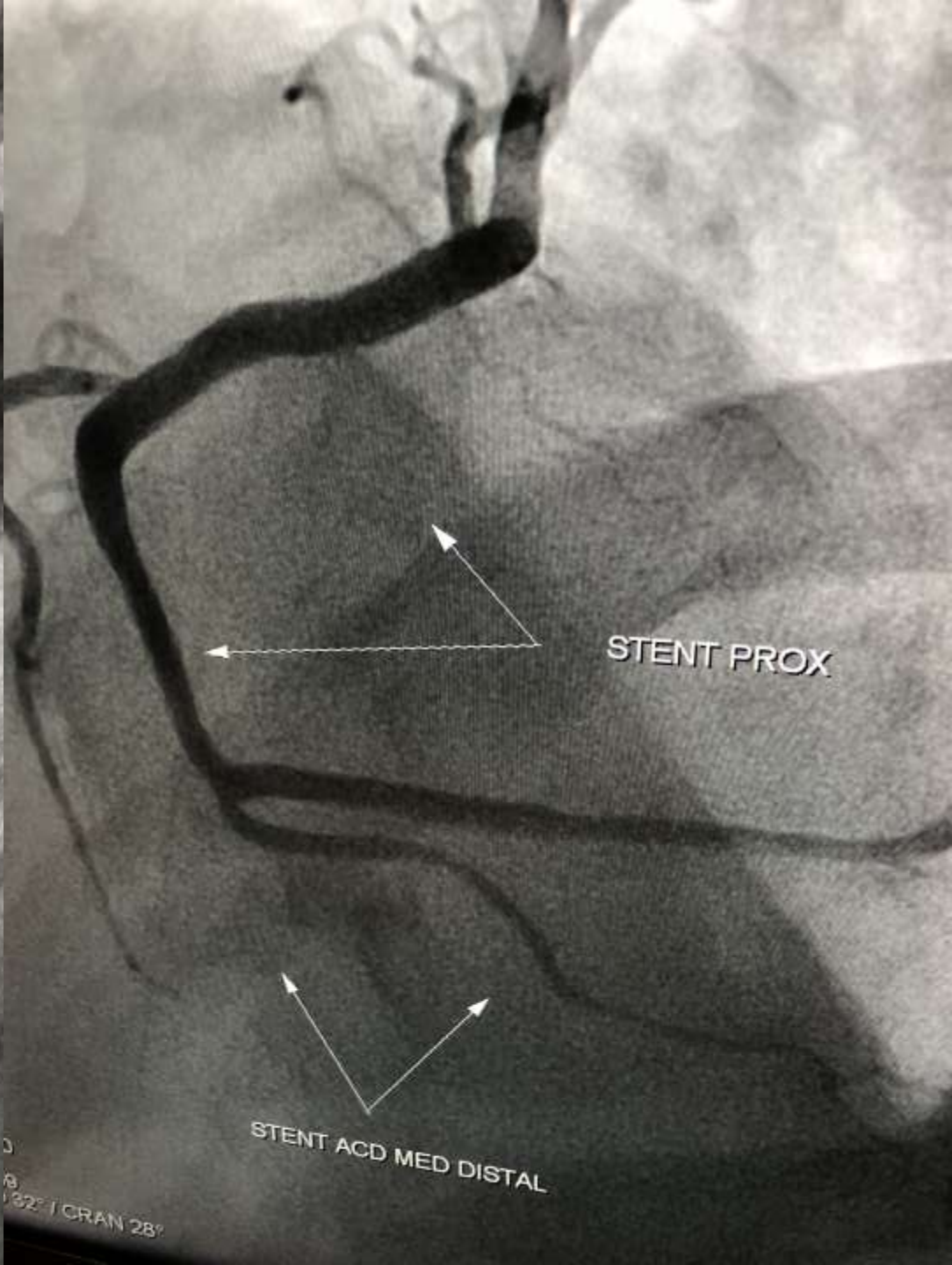
⚠️ STEMI DETECTED ⚠️

69%

For more information:
<https://www.cardionomous.ai>

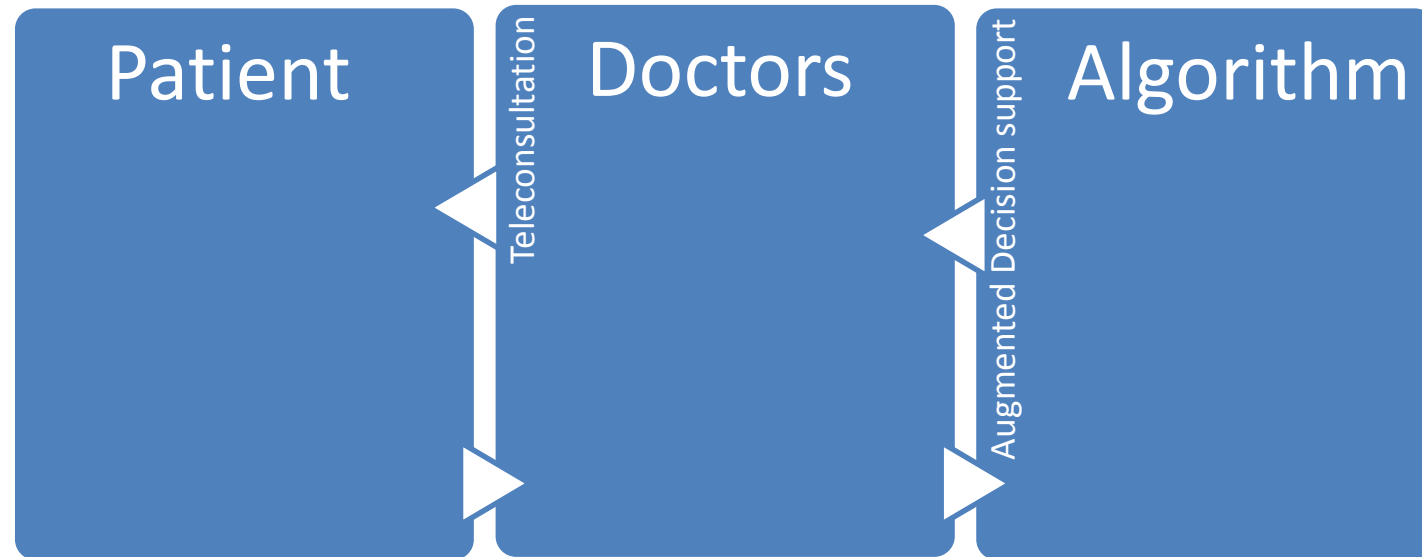
Inferior STEMI





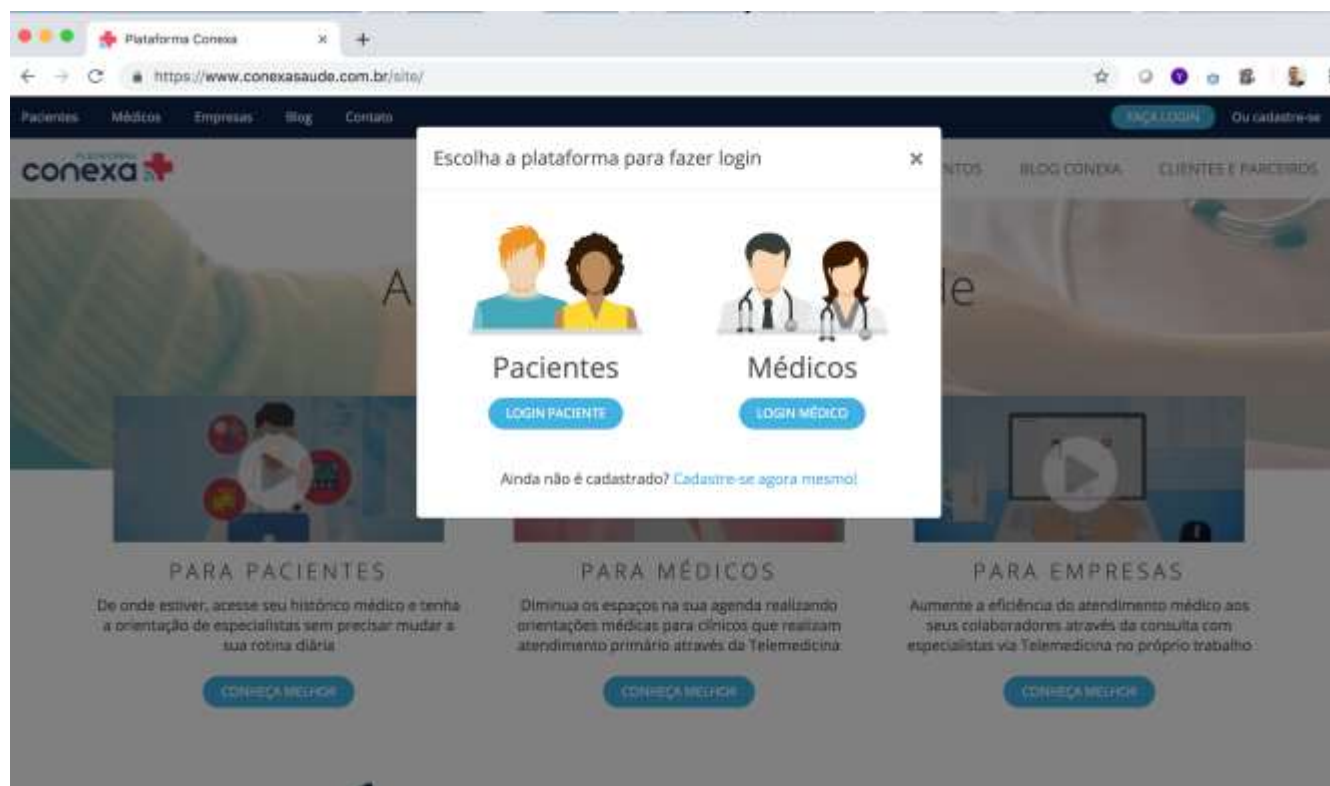
Augmented Decision Support System

Patient experience



Teleconsultation

ACTA INFORM MED. 2016 AUG; 24(4): 286-292





Olá Roberto,
Como podemos te ajudar?



MÉDICO



Marque abaixo os sintomas que você tem sentido



Dores articulares



Dor no peito



Dor no corpo



Falta de ar



Dor de cabeça

Prossigui



MÉDICO



Você toma algum medicamento?
Diga qual.



Ex.: Ibuprofeno 200mg

Não tomo nenhum



MÉDICO



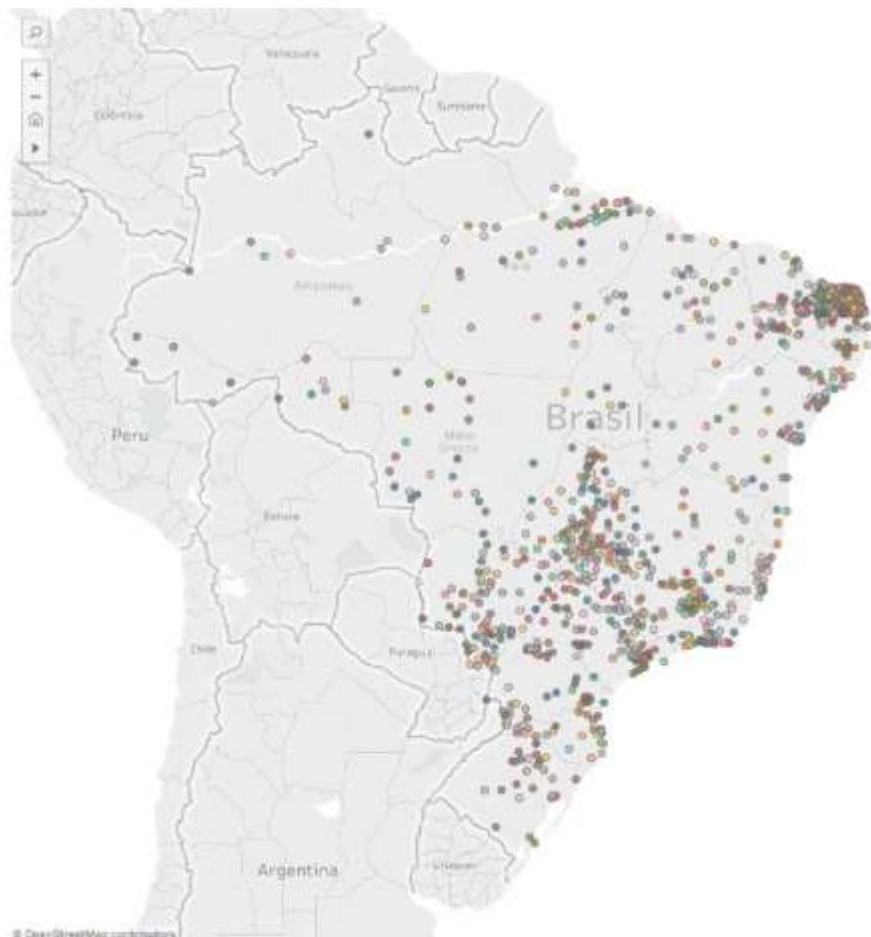
Forneça resultados de exames,
fotos de lesões corporais, etc.



Quero anexar informações

Não tenho nada para anexar





BRASIL

TOTAL EXAMES

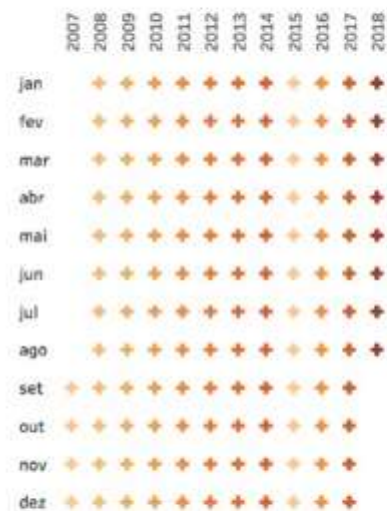
2.510.059

ESTADOS

26

CIDADES

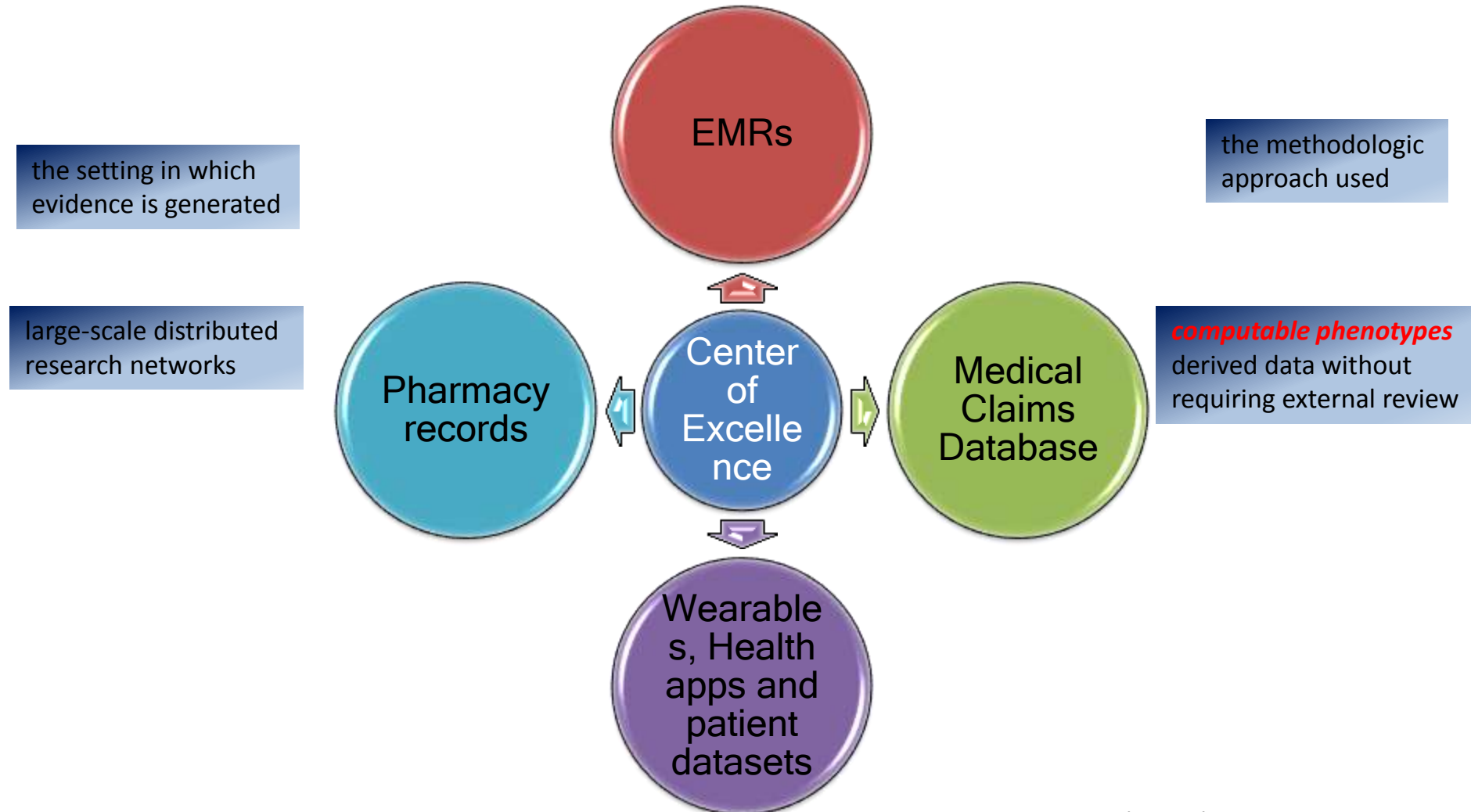
926



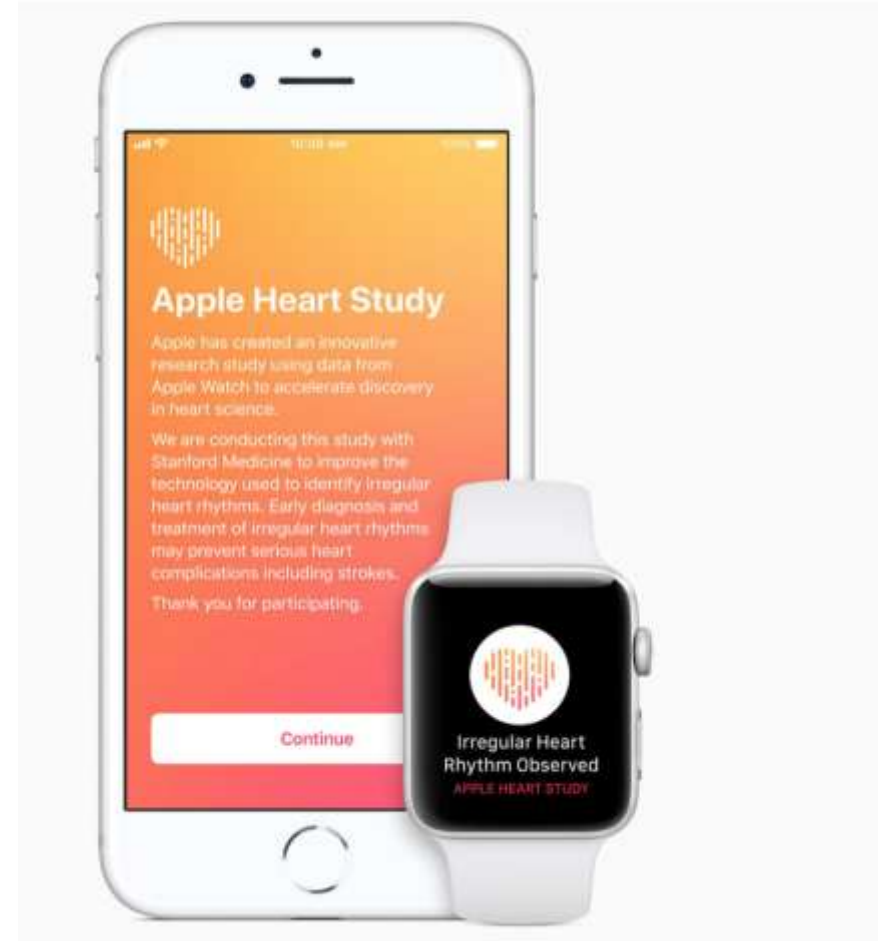
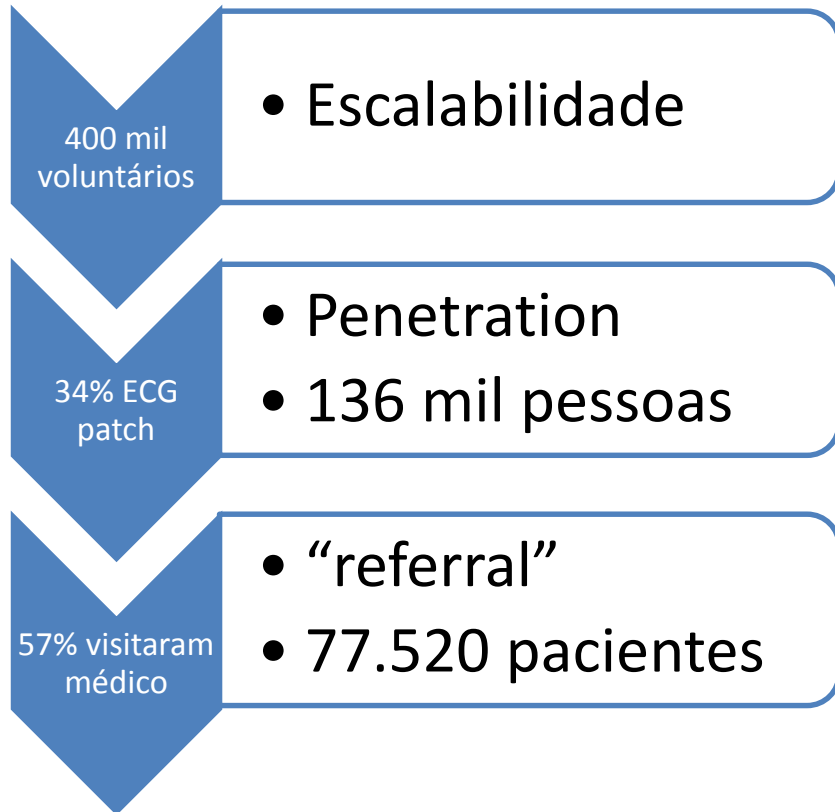
- Acre
- Alagoas
- Amazonas
- Bahia
- Ceará
- Distrito Federal
- Espírito Santo
- Goiás
- Maranhão
- Mato Grosso
- Mato Grosso do Sul
- Minas Gerais
- Pará
- Paraíba
- Paraná
- Pernambuco
- Piauí
- Rio de Janeiro
- Rio Grande do Norte
- Rio Grande do Sul
- Rorônia
- Roraima
- Santa Catarina
- São Paulo
- Sergipe
- Tocantins

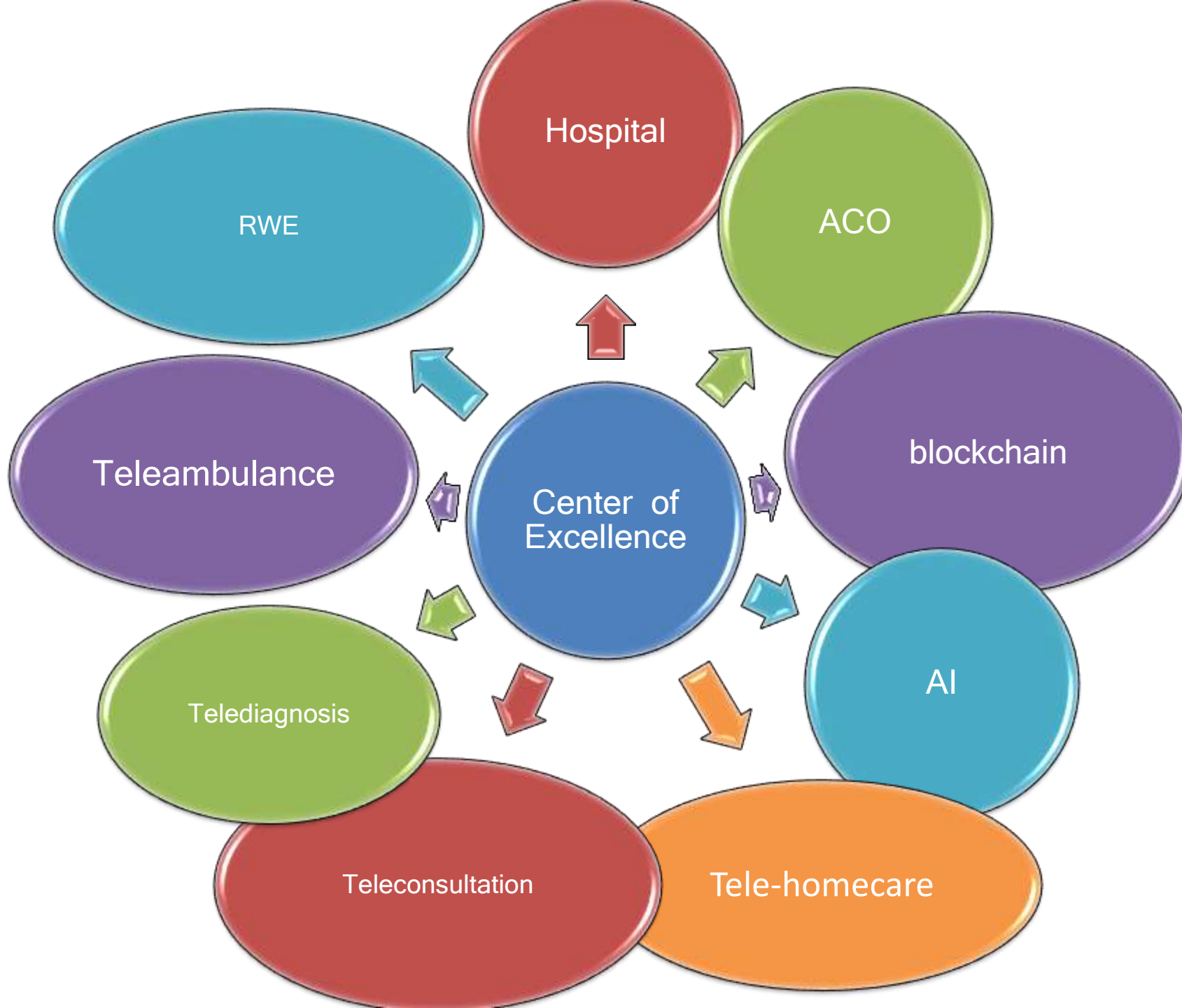
- Abadia dos Dourados
- Abadiânia
- Abatetuba
- Abalará
- Acarí
- Acopiara
- Acreúna
- Açú
- Afonso Bezerre
- Afuá
- Agrestina
- Água Boa
- Água Clara
- Água Limpa
- Água Nova
- Águas Lindas
- Alagoinhas
- Aicimópolis
- Alenquer
- Alexandria
- Alexânia
- Almino Afonso
- Alta Floresta
- Altamira
- Altaneira

Real World Evidence *incorporating diverse types of evidence into information on health care*



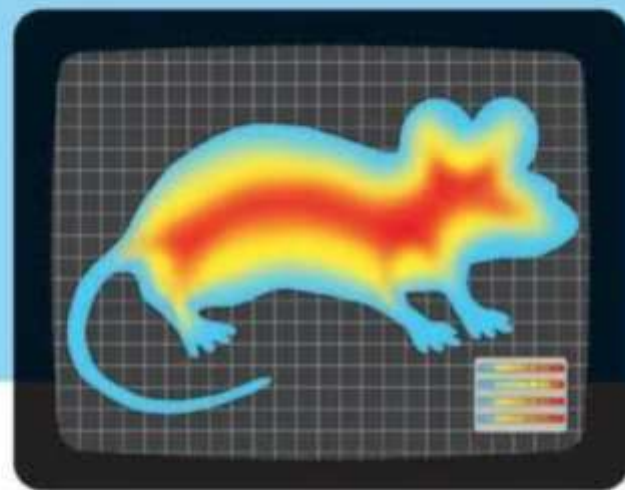
The Apple Heart Study





The End of Medicine

HOW SILICON VALLEY
(AND NAKED MICE)
WILL REBOOT YOUR DOCTOR



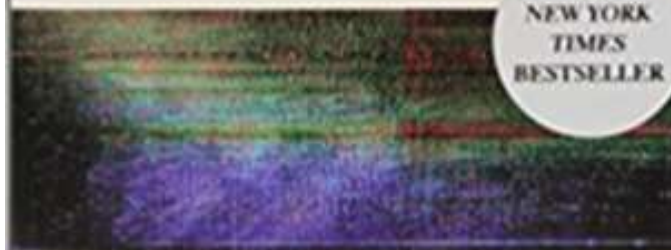
Andy Kessler

National Bestselling Author of *RUNNING MONEY* and *WALL STREET MEAT*

"A convincing guide to some of the most confusing issues currently discussed in popular health writing." — *The Washington Post*

THE END *of* ILLNESS

#1
NEW YORK
TIMES
BESTSELLER



David B. Agus, MD

With a New Foreword and Epilogue

#1 New York Times Bestselling Author of

THE END OF ILLNESS

David B. Agus, M.D.



The LUCKY YEARS

*How to Thrive in the
BRAVE NEW WORLD
of Health*

DEEP MEDICINE

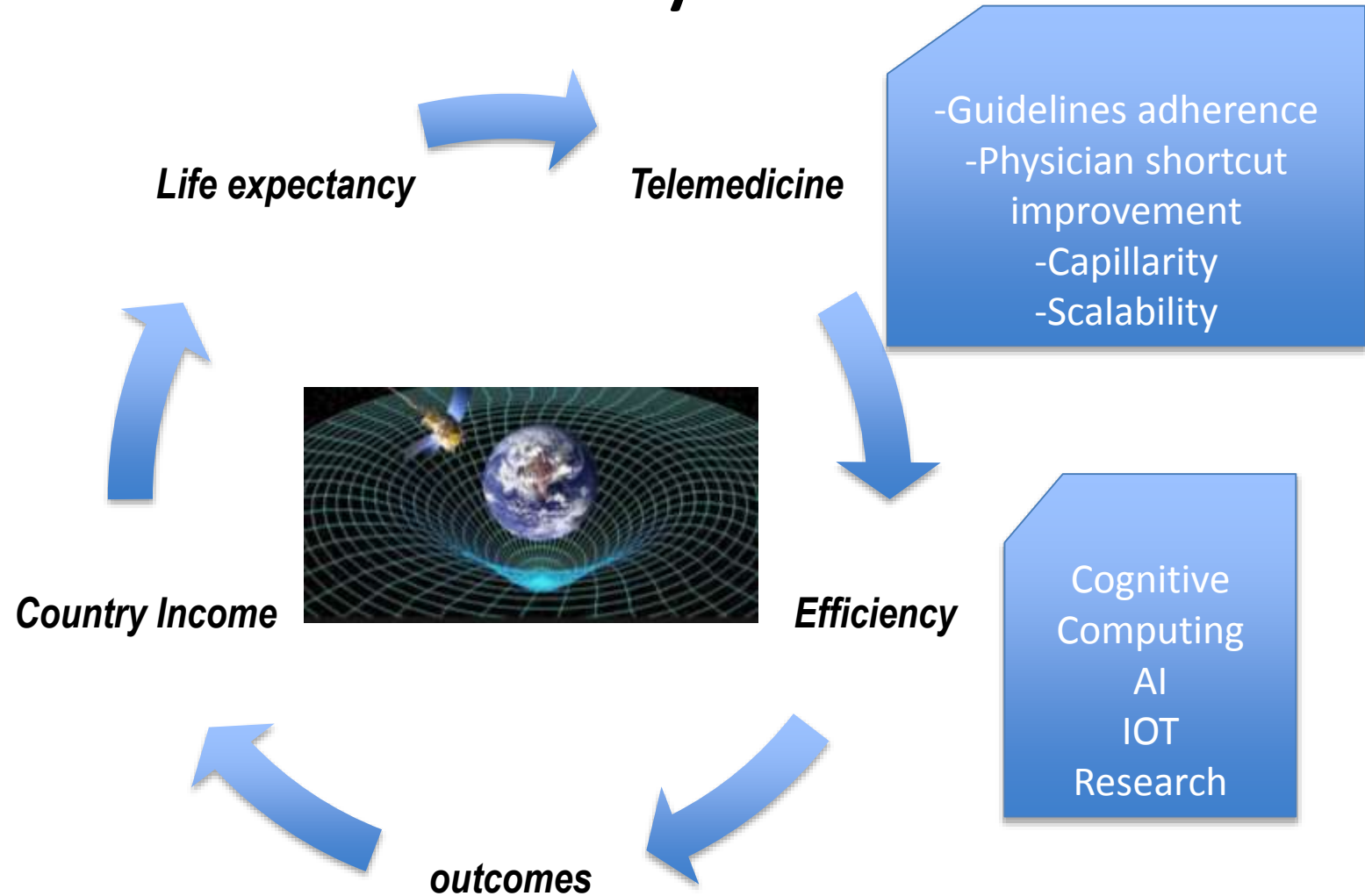
HOW ARTIFICIAL
INTELLIGENCE
CAN MAKE
HEALTHCARE
HUMAN AGAIN

ERIC TOPOL

With a foreword by
ABRAHAM VERGHESE,
author of *Cutting for Stone*



Virtuous Cycle



The time dimension replaces the space dimension

robertobotelho@mac.com



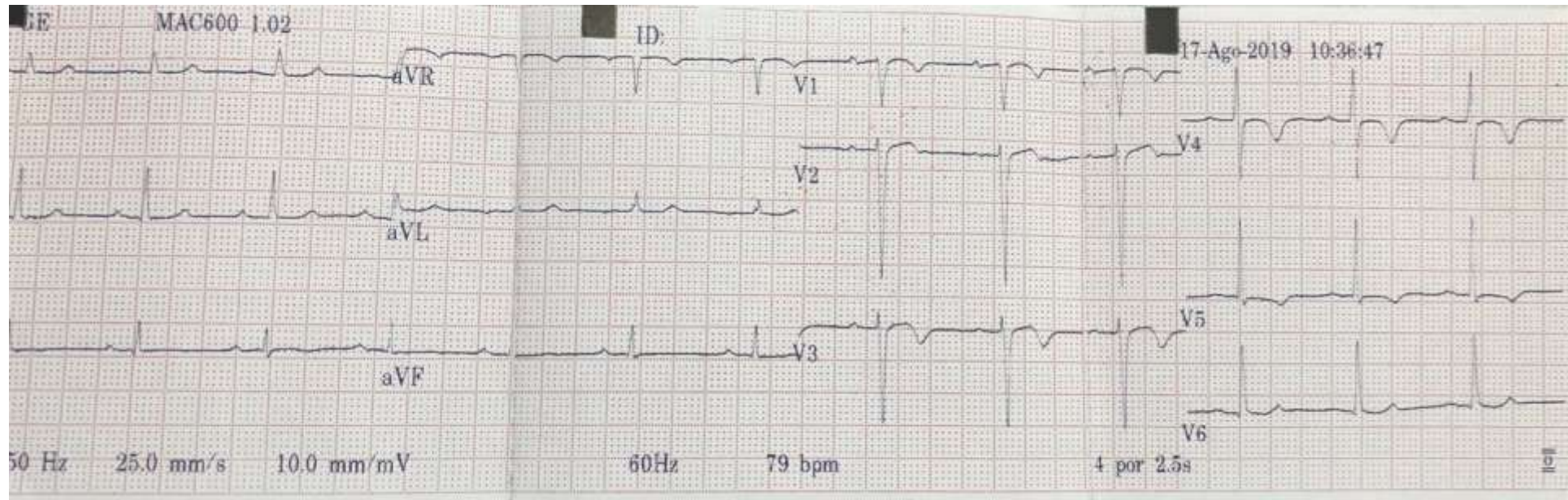
Guarda dos dados

- A guarda das informações relacionadas ao atendimento realizado por telemedicina deverá atender à legislação vigente e estará sob ***responsabilidade do médico*** responsável pelo atendimento.
- O prontuário do paciente é propriedade física da instituição onde o mesmo é assistido, a quem cabe o dever da guarda do documento.
- Os dados ali contidos pertencem ao paciente e só podem ser divulgados com sua autorização ou a de seu responsável, ou por dever legal ou justa causa

Sistemas

- Os dados e imagens dos pacientes devem trafegar obedecendo às normas do CFM (guarda, manuseio, integridade, veracidade, confidencialidade e privacidade.)
- Os sistemas informacionais devem atender aos padrões de representação, terminologia e interoperabilidade de informações de forma a possibilitar o Sistema de Registro Eletrônico/Digital unificado do paciente
- Deve ser utilizado um Sistema de Registro Eletrônico/Digital de informação, proprietário ou de código aberto, que capture, armazene, apresente, transmita ou imprima informação digital e identificada em saúde, e que atenda integralmente aos requisitos do Nível de Garantia de Segurança 2 (NGS2) e o padrão ICP-Brasil.

Anterior STEMI?



09:19

← Saúde



Configurações

CARDIONOMOUS



NÃO INFARTO

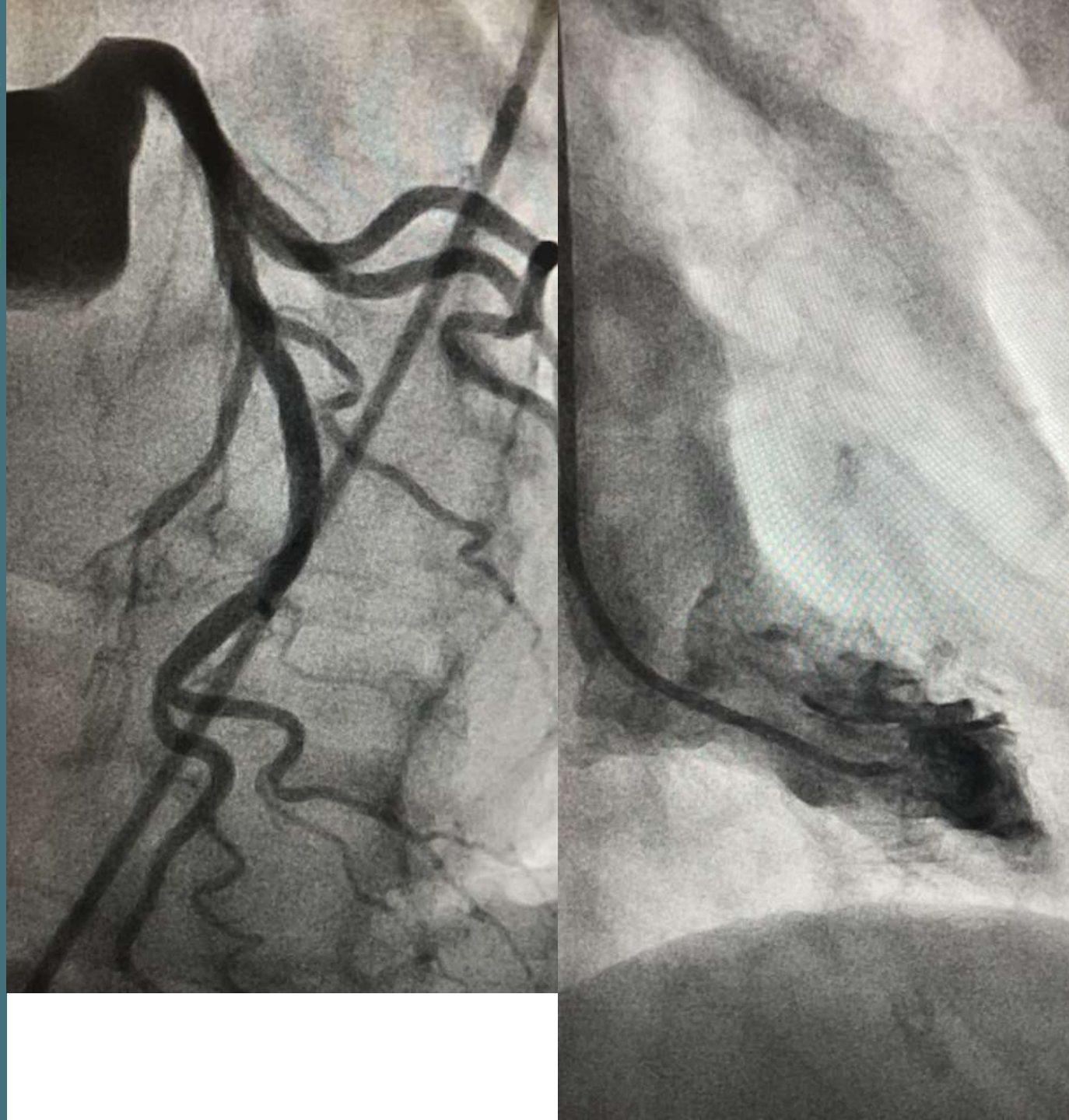


Isto não é um diagnóstico.

Visite seu médico.

Para mais informações visite:

<https://www.cardionomous.ai>



- Lack of reimbursement
- complex licensing requirements
- high cost of the technologies
- Reliability and privacy
- Cybersecurity

