



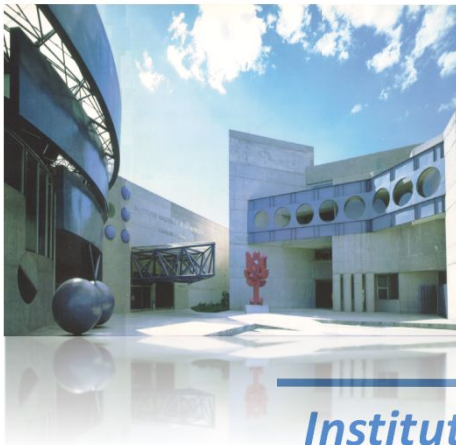
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# The Promise and State of Telemedicine

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**Mexico City 2016. 09. 20**

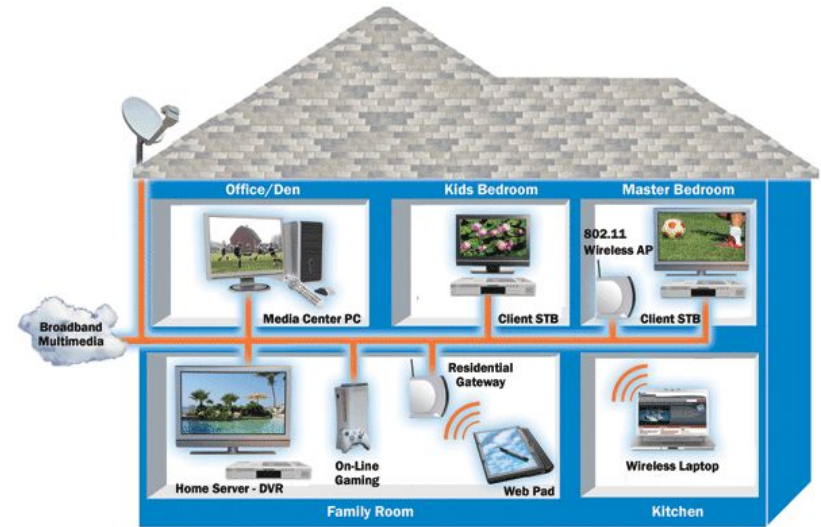
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**2** People who create teleconference applications has greatly expanded



**1** Largest class of people interact with INTERNET  
In a small way network operators of home network



**3** Telemedicine developments have accelerated due to fast Internet bandwidth





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# \*The Good & Bad news

- ① **Practice** takes many forms, from the direct diagnosis and treatment in remote sites by doctors over video-conference to automated home monitoring patients
- ② **Telemedicine** described as “The Next Big Thing” whose global market is predicted to grow from \$1 Billion in 2016 to \$6 Billion in 2020
- ③ **Despite** decades of research and practice the widespread adoption is “a work in progress” with a poor record of implementation and a very patchy history of adoption



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# \*The 3 risk of implementation

1

2

3



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# \* List of culprits for failed Telemedicine

- ① **Telemedicine** services were not adequately recognized or reimbursed by insurers
- ② **Equipment** was too hard to use
- ③ **Picture** or sound quality was poor
- ④ **Doctors** were too busy with other obligations or not interested in seeing patients by teleconference
- ⑤ **Great** success when the doctor who championed telemedicine was involved but fell apart when he left
- ⑥ **Scheduling** was too complicated and inefficient
- ⑦ **Access** to necessary medical records was incomplete or too complicated
- ⑧ **Staff** were not trained well enough or were expected to “fit telemedicine into” their regular workday
- ⑨ **Demand** for services at the patient care side was not as large or predictable as expected
- ⑩ **Services** lost money because delivery of care was more expensive than expected



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## \* How does different types of people impact over telemedicine projects?

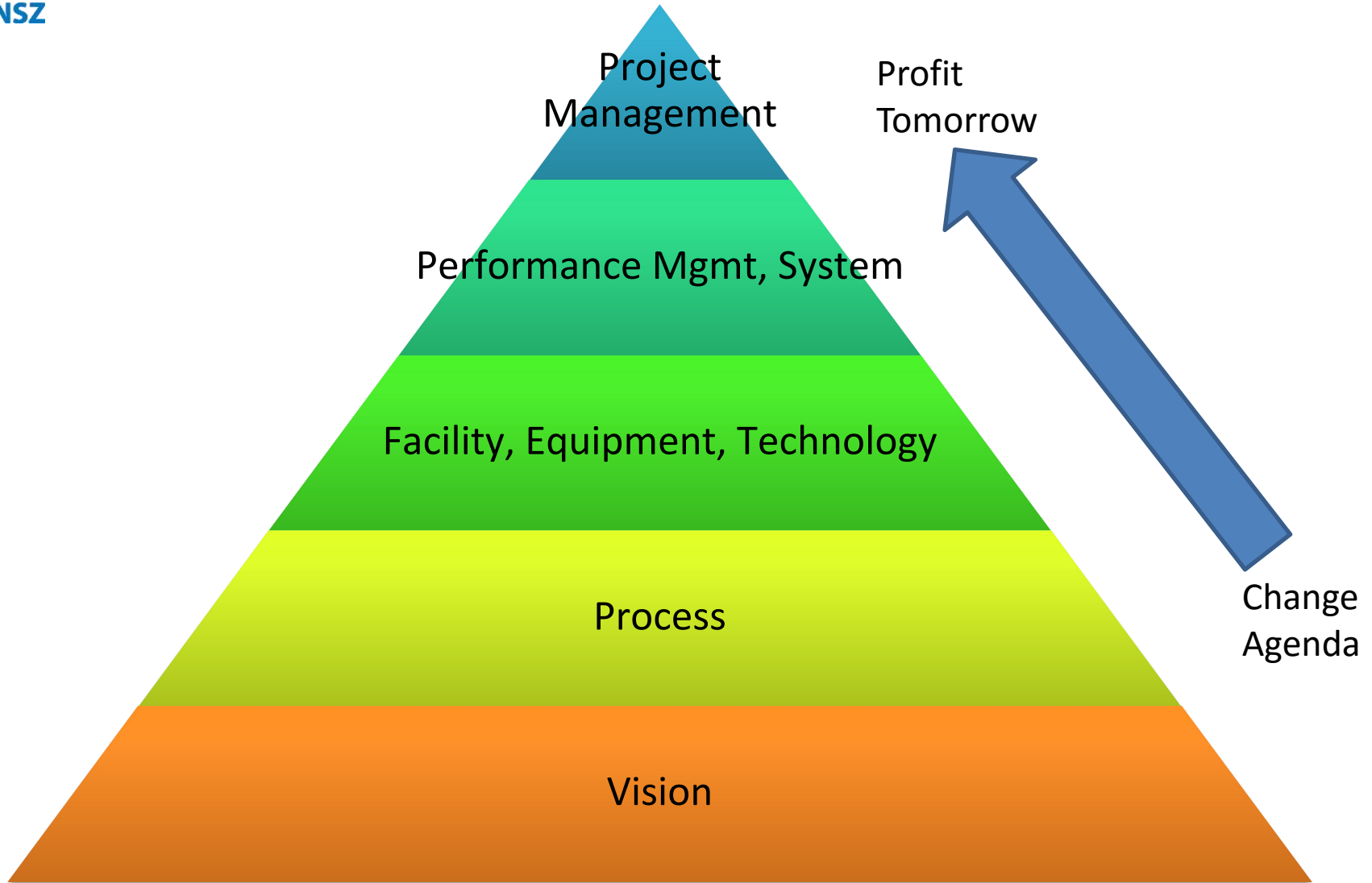
- ① **Innovators** smallest segment with a strongest passion for the new. BUT, Their intense focus may BLIND them to essential practicalities as external factors: licensure or reimbursement or internal as: organizational constraints or politics.
- ② **Early Adopters** keenly interested in “leaping in” before the mainstream is even aware. They may identify opportunities and solutions and may tweak innovations in ways that facilitate broader adoption.
- ③ **Early Majority** less awed by innovation, but are responsive to the excitement and hype of the Early Adopters. A more pragmatic and realistic scan.
- ④ **Late Majority** They are averse to adopt technologies until they become a proven standard.
- ⑤ **Laggards** are the last to get comfortable with change and innovation, loudly challenge initiatives.



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# \*Steps for success

## On Telemedicine Implementation







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## MEXICO DIGESTIVE DISEASE WEEK

Cancún Center • Hotel Fiesta Americana Grand Coral Beach

"Innovate to Learn"



Tuesday 18 CANCUN Convention CENTER  
TELEMEDICINE  
EARLY GASTRIC CANCER SYMPOSIUM  
ESD MASTERS Live Demo from JAPAN

**CANCÚN**  
**2014**  
del 15 al 19  
noviembre

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Osaka JP, Kyoto JP, Kyushu JP







Mexican Association of Gastrointestinal Endoscopy

# XLIII Gastrointestinal Endoscopy Week

Mazatlan, Sinaloa Mexico

“Development, Fortitude, Consolidation”

ESD LIVE DEMO from ASIA

2015 September, Sunday 20th 17PM-19PM

Convention Center room Mazatlan II




YOSHIDA NAOHISA MD   
Kyoto Prefectural University of Medicine




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Osaka Medical Center



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# \* Latin endoscopy 2014-2016

March 31st, 2016



March 12th, 2015



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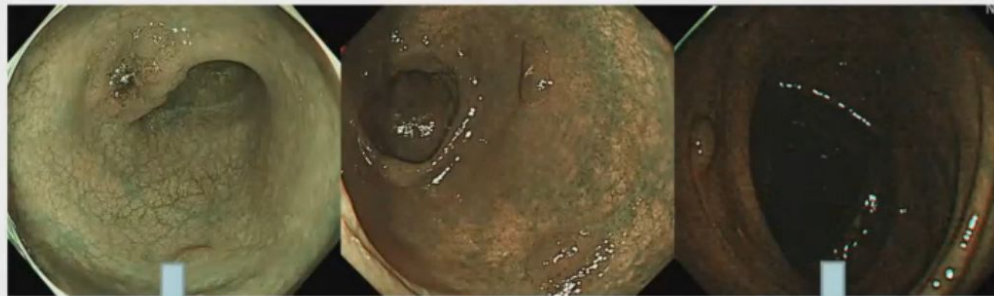
Mexico city, Kyoto JP, Kyushu JP, Mazatlan MX

## How about NBI?

**ELITE**  
CF-HQ290  
Similar to  
EXERA III 190

**ELITE**  
PCF-Q260AZI

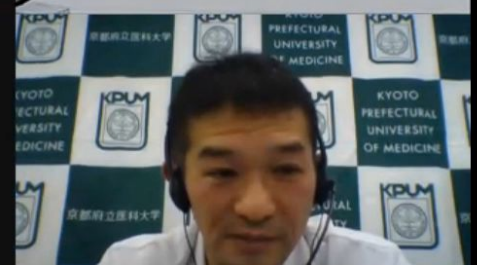
**SPECTRUM**  
PCF-Q260AZI  
Similar to  
EXERA II 170



↓  
bright  
High resolution

↓  
Dark  
Low resolution

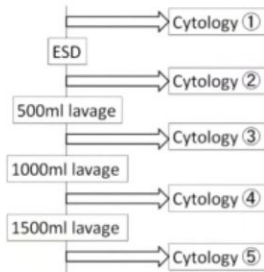
Tele-Pointer



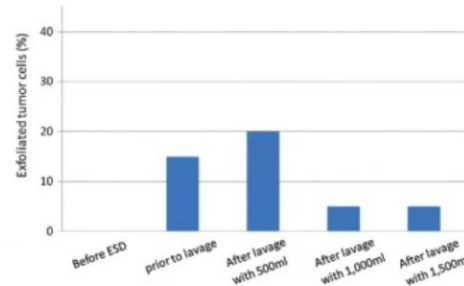
# Mexico city, Kobe JP, Kyushu JP, Mazatlan MX



Intraluminal lavage to remove exfoliated tumor cells after colorectal endoscopic submucosal dissection



**Fig. 1** Lavage fluid was collected at five different time points: before ESD, prior to lavage after ESD, after lavage of 500, 1000, and 1500 ml



**Fig. 2** Exfoliated tumor cells before ESD, prior to lavage, and after lavage of 500, 1000, and 1500 ml

**Table 2** Five patients who had exfoliated tumor cells after ESD

Patient	Before ESD	Prior to lavage	After 500 ml lavage	After 1000 ml lavage	After 1500 ml lavage
A	No	Yes	No	No	No
B	No	Yes	Yes	No	No
C	No	Yes	Yes	Yes	Yes
D	No	No	Yes	No	No
E	No	No	Yes	No	No

ESD endoscopic submucosa dissection

Inoue T, Fujii H, et al. Surg Endosc. 2015





# Mexico city, Osaka JP, Kyushu JP, Mazatlan MX

Does new technology replace human diagnosis?

---eyes can only see what the brain knows---

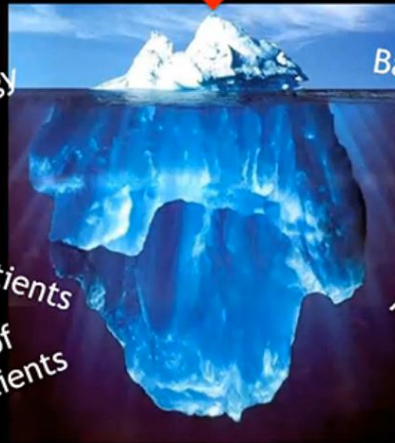
New imaging technology



Knowledge of  
GI pathophysiology

Explanation to patients

Selection of  
high-risk patients



Basic skills of endoscopy

Adequate air  
insufflation

Administration of  
mucolytics &  
defoamings

Osaka Medical Center for Cancer and Cardiovascular Diseases





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\* Aug 2016

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# \* Message to take home

- ① We LIVE in a **WORLD** full of amazing people tackling incredible challenges in their daily jobs.
  - a. **What** happens when leaders go above and beyond this knowledge with their peers?
  - b. **How** will you take these ideas and build upon them to become the next thought leader?
- ② We are helping to spread ideas “ **that we’re proud of** ”.
- ③ Powerful ideas and works... “**SPREAD**”.
  - a. **Create** content that is **INVALUABLE** when spread, and then **PACKAGE** it so it’s easy to for others to share and grow from.



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