FAQ:

1. How much cheaper and more accessible is telemedicine than the usual face-to-face interaction option? How much do people prefer this option?

According to a recent Cisco global survey (https://newsroom.cisco.com/press-release-content?type=webcontent&articleId=1148539), 74% of patients prefer easy access to healthcare services over in-person interactions with providers. In today's healthcare world, convenience is key, and this is one of the advantages of telemedicine. Adding virtual care to your practice offers patients simple, on-demand care - without the usual wasted time and cost of most in-person visits. Patients who live in remote locations, or who are home-bound or just can not take off time from work, can access care virtually. Video conferencing, smartphone apps, and online management systems connect more patients with providers than ever before.

Remote analysis and monitoring services and electronic data storage significantly reduce healthcare service costs, saving money for you, your patients, and insurance companies. Telemedicine also reduces unnecessary non-urgent ER visits and eliminates transportation expenses for regular checkups.

Recently, the American Hospital Association (http://www.aha.org/research/reports/tw/15jan-tw-telehealth.pdf) reported on a telemedicine program that saved 11% in costs and more than tripled ROI (https://evisit.com/roi-calculator/) for investors.

Beyond these general cost-savings, telehealth can help boost revenue by turning on-call hours into billable time, attracting new patients, reducing no-shows, and even reducing overhead for physicians who decide to switch to a flexible work-from-home model for part of the week.

2. How are you going to find volunteers?

Since we have a half system where the volunteer part exists at the expense of the paid part, volunteers will be brought in on a paid basis. But we will also encourage the help of regular doctors, understandably not on a full-time basis. We are also going to collaborate with universities/medical academies so that professors, teachers, or students can give interesting and unique lectures on our health and especially hygiene.

Involving volunteers is principal, so we will try to collaborate with many organizations (such as) to develop our ambition to reach and help more and more people.

3. Which diseases can you identify with this method, and which can not, i.e. how effective can remote sessions be?

Telemedicine can be used for a wide variety of health services. Here is a shortlist of common conditions a primary care doctor may treat via telemedicine:

Allergies
Arthritic
Pain
Asthma
Bronchitis
Colds and Flu
Diarrhea
Infections
Insect Bites
Pharyngitis
Conjunctivitis
Rashes
Respiratory Infections
Sinusitis
Skin Inflammations
Cellulitis
Sore Throats
Sprains & Strains
Bladder Infections
UTIs
Sports Injuries
Vomiting

Telemedicine services can range widely by specialty. A surgeon might use telemedicine to do post-operation check-ins with patients, to make sure their wound is not infected. A gynecologist might use a live telemedicine solution to provide birth control counseling. An endocrinologist may do live video chats with patients to discuss recent lab results and answer questions. The list goes on. If you are still curious about what services telemedicine is best used for, review this list of Medicare-reimbursed telemedicine services below (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf). It is by no means a

complete list, but it shows you the wide range of health services via telemedicine that is already reimbursable.

4. How is the device guarded?

Since our gadget will be in public places, so that it was as accessible as possible, then accordingly under it will be allocated a separate room (to it no requirements, so free will find), which will either be guarded (if this place has a guard) or locked. Also, the tablet will automatically lock and will use mechanical tricks to ensure safety and in the case of theft quickly find the thief or vandals.

5. What to do in case of a breakdown?

In incredibly exceptional cases, it will be cheaper not to fix the tablet, but to replace it. Such cases will rarely occur, since the gadget is guarded and protected against theft, and since it will be attached to the surface, nothing but the protective glass will be impossible to break. So, changing the protective glass is fairly inexpensive, about $5, and anyone can install it if needed. The tablet will also use a special version of Android firmware, to provide cybersecurity from hackers (which is very unlikely).

Still, it is better to try to minimize the likelihood of this option than to come up with new methods of fixing gadgets.

6. How big is the security advantage against infection? Will the room be disinfected? If so, how?

The first, most necessary, and important lesson will be a tutorial on using the tablet and cleaning the room after. Along with the right equipment will be available antiseptic wet wipes or other things that fit the role of disinfectant.

7. Will it be easy to understand how to use the app?

We have consulted with mentors and conducted a small survey at the school among students and teachers, with absolutely no description of the app, so having tested it and accepted the necessary modifications we can safely say that the UX/UI will be understandable to most of the users, and we will make various changes depending on the feedback. We are well aware that for many people this format will be new, so the task of making a clear interface will always be a priority.

8. What about pricing?

Now for the prices. The most affordable and suitable tablet will cost $50. If a projector is needed - another $100, but this device is optional. That is in the minimum package we get a satisfactory price of $50. If we talk about the server part - then this is where the main costs are. After all, video streaming is quite a

demanding thing for system resources, and since we are working with budget devices, this situation becomes even more complicated. Therefore, to save resources and the server, and given the fact that the speed of the Internet is very limited (as well as its quantity), then in this case the video will be used only in exceptional cases on an individual basis.

9. Are there any ready-made projects or organizations in this area? How is your solution different from others? What are the tricks/features?

Telehealth is a topic already in a long era. So, when did telehealth start? For some context, in the 1940s in Pennsylvania, radiology images were sent 24 miles between two townships via telephone line in the world's first example of an electronic medical record transfer. A Canadian doctor built upon this technology in the 1950s, constructing a teleradiology system that was used in and around Montreal. As these practices became more widespread, so did motion pictures, and with the advent of modern film, technology came serious plans for video medicine. Today, telehealth technology serves many rural communities without local physician access, and this was the basis behind the University of Nebraska's research. In the early 1960s, telemedicine appeared in urban communities as well, touching down in the world of emergency medicine. Remote medicine had officially hit the streets. Therefore, there are already major players on the market to compete with.

But never has the idea been so global. Most of the time it is just an ordinary business decision. Thus, the first goal of our project is to show the strengths of this treatment method, to create a volunteer organization that can spread and implement the idea in the poorest countries of the world. That is to make public medicine accessible, cheap, and functional.

It is also worth discussing just the specific problems of already existing projects:

1. They are not unified. Each hospital makes its app, there are different booking methods everywhere, not to mention the fact that some hospitals simply do not have that option available. We want to create one comprehensive platform that covers everything.
2. They are only looking for their self-serving profits. No public medicine in this regard.
3. Most of them are complicated to use, the interface does not allow you to figure it out quickly without any help.
4. They are limited in what they can do. Not designed to work in places without the best infrastructure, no psychological help/email capability.

Someone has to solve these shortcomings, so our team decided to take on these problems.

10. Are there any worldwide organizations that do the same?

At the moment, there are a lot of public health organizations (APHO - American Public Health Organization, APHL - Association of Public Health Laboratories, ASTMH - American Society of Tropical Medicine and Hygiene, NIH - National Institutes of Health, WHO - World Health Organization, etc.). Although no one has yet tried to apply telemedicine in this field. Our goal is not only to cure people, but also to teach them hygiene, first aid, and other primary medical knowledge that will be useful for life. So they can not only apply these skills for themselves but also share useful information with their children, family, and friends.

11. What is next?

We plan to supply a med kits along with the tablets, so that we can provide practical help to patients in the same way as in educational.

12. Social media?

Our Instagram: @publicmed.mp