

Teleconsulting for nurses in primary care: The experience of the Bahia Telehealth Center of the National Telehealth Brazil Networks Program

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Abstract

Objective: Present the experience of Bahia Telehealth by offering teleconsulting (TLCS) to the primary health's nurses Bahia. Method: Retrospective study using the electronic register of the national Telehealth's Brazil in the period between May 2015 and July 2017. In this article were evolved the profile of the nurse; the type of doubt; the degree of satisfaction the user of teleconsulting and with the solution of the doubt; and the response time. Results: 437 nurses, 91% women, 76% with age between 24 and 37 years, 22% lived in the metropolitan region; 1,456 asked TLCS types the more frequently doubt was about administrative procedure (24%), followed by the vaccination / preventive medicine (13%). In 1048 TLCS the nurses were Satisfied (47%); or very Satisfied (46%). Of the nurses had the doubts completed solved (84%), had the doubts partial solved (14%) and (3%) didn't have it solved. When the answer was dissatisfied or very dissatisfied or without answer a phone call research was mad to complete the teleconsulting. 80% of the 1457 TLCS were answered up to 72 hours. The answer's delay (20%) did not influence the nurse's satisfaction. Conclusion: The teleconsulting was effective in the nurse's practice of the primary care in health .

Keywords: Telehealth; Primary Health; Teleconsulting; Nurse.

Resumen

Teleconsultoría para enfermeros en la atención básica: La experiencia del Núcleo de Telesalud Bahia del Programa Nacional Telesalud Brasil Redes.

Objetivo: Presentar una experiencia del Núcleo de Telesalud de Bahía sobre la oferta de teleconsultoría (TLCS) para enfermeros de la atención básica en Bahía. Método: Estudio retrospectivo de mayo de 2015 a julio de 2017 del registro electrónico del Programa Nacional Telesalud Brasil Redes. Fueron evaluados el perfil del enfermero, el tipo de duda, el grado de satisfacción del usuario, si la duda fue solucionada y al tiempo de respuesta. Resultados: 437 enfermeros, 91% mujeres, 76% con edad entre 24 a 37 años, localizada preferencialmente en la región Metropolitana (22%), solicitaron 1.456 TLCS. Los tipos de duda más frecuentes fueron: procedimiento administrativo (24%) seguido de vacunación / medicación preventiva (13%); entre otros. De las 1.048 TLCS las enfermeras respondieron con relación al grado de satisfacción. Están Satisfechos (47%) y Muy Satisfechos (46%) y tuvieron a resulta a duda atendida totalmente (84%), atendida parcialmente (14%) y no atendida (3%). En los casos de insatisfecho, muy insatisfecho y / o no atendida fue realizado total a una investigación direccionada a telefónica complementariamente. Del total de 1.456 TLCS, 80% fueron respondidas en un plazo de 72 horas. La demora de la respuesta (20%) no influyó el grado de satisfacción del usuario. Conclusión: A TLCS fue eficaz en la práctica del enfermero en la atención primaria en salud.

Palabras-clave: Telesalud; Atención Primaria a la Salud; Teleconsultoría; Enfermera.

Resumo

Teleconsultoria para enfermeiros na atenção básica: A experiência do Núcleo de Telessaúde Bahia do Programa Nacional Telessaúde Brasil Redes.

Objetivo: Apresentar a experiência do Núcleo de Telessaúde da Bahia na oferta de teleconsultoria (TLCS) para enfermeiros na atenção básica na Bahia. Método: Estudo retrospectivo de maio de 2015 a julho de 2017 do registro eletrônico do Programa Nacional Telessaúde Brasil Redes. Foram avaliados o perfil do enfermeiro, o tipo de dúvida, o grau de satisfação do usuário com a TLC, o grau de satisfação com a resolução da dúvida e o tempo de resposta. Resultados: 437 enfermeiros, 91% mulheres, 76% com idade entre 24 a 37 anos, advindas da região Metropolitana (22%), solicitaram 1.456 TLCS. Os tipos de dúvida mais frequente foram procedimento administrativo (24%) seguido de vacinação/medicação preventiva (13%); dentre outros. 1.048 das TLCS foram classificadas quanto ao grau de satisfação como Satisfeito (47%) e Muito Satisfeito (46%) e tiveram a resolução da dúvida atendida totalmente (84%), atendida parcialmente (14%) e não atendida (3%). Nos casos de insatisfeito, muito insatisfeito e/ou não atendida foi realizada uma pesquisa dirigida por telefone em complemento. Do total de 1.456 TLCS, 80% foram respondidas em até 72 horas. A demora na resposta (20%) não influenciou o grau de satisfação do usuário. Conclusão: A teleconsultoria foi eficaz na prática do enfermeiro na atenção primária à saúde.

Palavras-chave: Telessaúde; Atenção Primária a Saúde; Teleconsultoria; Enfermeiro.

Introduction

The Telehealth Brazil Networks Program was an initiative of the Secretariat of Work and Education in Health, of the Health Ministry, upon its creation by the Decree n° 35/2007¹. Since then, telehealth centers where implanted all over the Brazilian territory having as goals the offer of teleconsulting, telediagnosis and teleeducation for the Health Attention Networks. The teleconsulting (TLCS) is defined as a registered consultation and carried out among workers, professional and managers of the health area, based on two-way telecommunication instruments, with the purpose of clarifying doubts about clinical procedures, health actions and questions related to the work process². This has shown to be an important tool for communication and support on the professional qualification for population service.

The Telehealth Center of the state of Bahia (BA Center), of the National Telehealth Brazil Networks Program, was implanted in June 2013 with the goal to cover the 417 municipalities of the state³. The state of Bahia has specific characteristics by its vast geographical dimension such as the remote location of some municipalities just as of the great assistance empty space, constituting a great challenge for the implantation of telehealth in the state that, nowadays, has full state coverage inside of the structural limitations of internet access. The BA Center offers teleconsulting, telediagnosis and teleeducation for the Primary Care Network, attending the orientations of the Primary Care Department, from the Health Ministry, in the state having the nurse as the main user in the Family Health Strategy. In this context, the goal of this study was to carry out a qualitative and quanti-

tative analysis of the TLCS offer for the nurses that act in the Health Family Strategy, of the National Health System, in the state of Bahia.

Method

Retrospective study, descriptive analytical, in the period of may 2015 until July 2017, of the evaluation of the teleconsulting offer to nurses that act in the Family Health Strategy in the state of Bahia, based on the information contained in the database of the Bahia Telehealth Center in the Teleconsulting National Platform in the System of Monitoring and Evaluating of the National Telehealth Brazil Networks Program (SMART), both, of the Health Ministry. In this period a total of 8.116 professionals in the National TLCS Platform were registered, and of these, 2.363 nurses and 437 are linked to the BA Center. The gender data, age and local of the work place were obtained directly from the database. The kind of doubt was classified in themes by the teleregulator in the BA Center, nurse with more than 15 years of graduation, using the International Primary Care Classification (CIAP). The CIAP classification is self-declared by the nurse in the TLCS act of solicitation and properly identified by the code 'regciap1' in the plane table of the National Telehealth Platform. In the first round of organizing CIAP's data, collected by the teleregulator, the majority of the TLCS were classified as 'administrative proceeding' and 'education in health/advising/diet'. Therefore, a second classification was carried out, stratifying the themes through the reading and the detailed analysis of the actual TLCS, always having as a base the CIAP classification, carrying out a refinement of the classification of the doubts' themes. With the goal to evaluate the efficiency of the TCLS for the nurse that was selected as an indicator for the level of satisfaction, based on the Likert scale, the answering time and whether the doubt was properly answered or not. The answering time was classified as up to 72 hours, according to the guideline of the National Telehealth Brazil Networks Program. If the user manifests: level of satisfaction as indifferent, unhappy or very unhappy and/or the item 'doubt resolution' as 'didn't answer the question' an investigative analysis was carried out starting from the critic described by the applicant, identified with the respective codes: solatisf; solclassif; solcrit-sug; in the National Platform. In the cases of unhappiness, identified by the code Solcritsug, without answers to the critics in the National Platform a direct telephone contact was carried out with the applicant and sent by e-mail a form for the description of the critic. In all the 'unhappy' cases, it was sought to understand and clarify the reason of the unhappiness referred and afterwards, it was correlated to the critic with the main doubt, for the right conclusion. To analyze the response time the data was identified using the codes: Soltpresp (general response time of a TLCS); Soltp02 (average time of acceptance of teleregulation and the sending of the teleregulation in time of each application),

Solttemresp (date when the TLCS was sent to the applicant). To calculate the average time in number of answer of the teleconsultant of each application, the following calculation was made: soltp03 + soltp02 – soltresp; data collected on the National Platform.

Results

In total, 437 nurses that act in primary care in the state of Bahia applied 1.456 TLCS for the Bahia Telehealth Center in the period of may 2015 until July 2017.

Of 437 nurses, 91% were female and the majority was young (76%) with an average age group of 24 to 37 years. Regarding the location of the nurses, the Metropolitan area (22%) prevailed, despite the low coverage of the Family Health Strategy in the Salvador municipality and possibly by the possibility of the remote second opinion by a specialist, followed by the South region (20%), Southeast region (16%), East Midlands (13%), North Midlands (12%), Extreme South (5%), Northeast (4%), North (4%) and West (4%).

The 1.456 TLCS were analyzed regarding the kind of doubt, the response time, the quality of the answer to the doubt ad the level of satisfaction of the nurse.

The most demanded themes were Administrative Procedure (24%), Vaccination/Preventive Medication (13%), Education in Health/Advising/Diet (11%), Questions about Pregnancy (7%), Medication/Prescription/Renovation (5%), Infections that cause complications during pregnancy (3%), Exfoliating Cytological Test/Histology (2%), Preventive Medicine (2%), Family Planning (2%), Leprosy and other infectious diseases (2%), Tuberculosis (1%), other problems during Pregnancy/Labor – (1%); appointment with the AB Nurse professional (1%); Referred to other health professional/nurse (1%), Microbiological Immunological Examination (1%). Table 1 lists the TLCS themes based in the stratification by the CIAP classification.

Table 1 - Themes of teleconsulting, according to the CIAP classification

Theme of the consultation	Number
Diverse Themes	354
Administrative Procedure	354
Vaccination/Preventive Medication	190
Education in Health/Advising/Diet	102
Questions about Pregnancy	92
Medication/Prescription/Renovation/Injection	71
Infections that cause complications during pregnancy	48
Exfoliating Cytological Test/Histology	30
Medication/Prescription/Renovation/Injection	28
Family Planning, Others	26

Leprosy and other infectious diseases	22
Appointment with the AB Nurse professional	19
Tuberculosis	19
Other problems during Pregnancy/Labor	69
Referred to other health professional/nurse	17
Microbiological Immunological Examination	15
Total	1.456

Source: SMART/2017

As demonstrated on table 1, a considerable quantitative of TLCS were classified by the CIAP as administrative procedure (345 TLCS). In the detailed reclassification of these it was possible to highlight that the biggest percentage of the doubts were related to the management of the Citizen Electronic Medical Record (PEC in Portuguese) 31%, followed by doubts about management of the electronic health systems 9%, with the subtheme National Program of Enhancing the Access and Quality in primary care (PMAQ-AB in Portuguese). According to the Health Ministry, by the Decree nº 1.645 from October 2nd 2015, the PMAQ-AB has the goal to induce the expansion of access and the improvement of the quality in primary care, with the guarantee of a comparable national, regional and local quality standard, to allow bigger transparency and effectiveness in the governmental actions directed to primary care in Health. In turn, the e-SUS Primary Care System is composed by software systems that help the work process in the Basic Health Units, this strategy has the objective to implement these technologies to make the work process of the health times and management easier, reducing the time spent with the bureaucracy of the use and feeding of the health information systems that make interface with the AB. The e-SUS AB System is specially composed by the Simplified Data Collection System (CDs) and the System with Citizen Electronic Medical Record (PEC), however for scenarios of distinct informatization, the CIT resolution nº 7/CIT/MS, from November 24th 2016 and the Decree of the Health Ministry Number 97, from January 6th 2017, are normative that regulate this strategy. It is worth to highlight that in the interval of this study it was being implemented the e-SUS AB system, the PEC and the external PMAQ evaluation, all of the systems of electronic registration of the Health Ministry, in the state of Bahia. The remote support to the nurses by the offer of the TLCS contributed effectively as support in the implantation of these systems in primary care in Bahia. Other relevant point of the importance of the TLCS in the remote support for the qualification of the nurse's work was that in the period related to the year 2017 the update of the National Immunization Program came out, which is based in the Decree from the Health Ministry Number 1.533 from August 18th 2016, justifying the elevated number (190 TLCS) of applications in this theme. Other than that, regarding the 354 TLCS in diverse themes, these were grouped by the low number separately as illustrated on Table 2.

Table 2 - Others themes of teleconsulting, according to the CIAP classification

Theme of the consultation	Number
Complementary Exams	34
Non-communicable chronic diseases	25
Infectious Diseases	44
Chronic Ulcer	10
Procedures	19
Preventive Procedures	8
Reference and counterreference	17
Tobacco abuse	5
Chronic Alcohol Abuse	1
Congenital Malformations	9
Animal Bites	10
Other signs and general symptoms	23
Sadness/Feeling of depression/Concern/ Fear	14
Signs/Symptoms on the Mouth/tongue and lips, others	9
Signs/Symptoms in the Child, others	7
Signs/Symptoms in the adolescent, others	3
Signs/Symptoms on the skin, others	12
Sings/Symptoms of the Circulatory System, others	6
Signs/Symptoms of the Digestive System, others	12
Signs/Symptoms of the Female Genitalia, others	34
Signs/Symptoms of the Masculine Genitalia, others	2
Signs/Symptoms of the Lymphematological System, others	19
Signs/Symptoms of the Endocrine System, others	5
Signs/Symptoms of the Musculoskeletal System, others	6
Signs/Symptoms of the Respiratory Tract, others	5
Signs/Symptoms of the Urinary Tract, others	5
Signs/Symptoms of the Neurological Sys- tem, others	10
Total	354

Regarding the other TLCS themes there is a relation with the regionalization of health by microregion having as base the information from the Notebook of Evaluation and Monitoring of Primary Care in the State of Bahia, material available in the SESAB Institution's website⁴, where one can notice the significant number of doubts about questions related to pregnancy and infections that can complicate during pregnancy, especially in the East macroregion that was the one that presented the biggest number of cases (1.822) of congenital syphilis, and with 1.408 cases being only of residents of the Salvador municipality, just as the TLCS (21%) applications in these themes; followed by the macroregions Centre-North (16%), Northeast (12%) and Central-East (5%).

Regarding the level of satisfaction, 1.048 TLCS that answered to the evaluation questionnaire were analyzed, available in the electronic form that followed the answering of the TLCS, according to the Likert scale. Of these, the level of satisfaction of the nurse with the obtained answer varied from Happy (47%); Very Happy (46%); Indifferent (3%); Very Unhappy for (3%) and Unhappy (2%).

On the item 'resolution of the doubt', the results showed that in 876 TLCS (84%) the answer 'totally attended to the doubt, in 145 TLCS (14%) 'partially attended' and in 27 (3%) the answer 'didn't attend' to the main doubt.

In the cases where the answers were classified as 'partially attended' or 'didn't attend' the main doubt or the nurse was 'very happy' or 'happy' a meticulous revision on the "critic" field of the form was held, so was a research by phone that showed that this group of nurses had difficulties with the use of the TLCS electronic system, a fact that can explain the contradiction in the answer to both variables. Of the 81 professionals that answered as: "Very Unhappy", "Unhappy" or "Indifferent" as their level of satisfaction, 41 answered the critic field, and for the others the teleregulation auditor report was consulted. Related to the critic with the theme it was possible to observe that the biggest proportion of dissatisfaction was related to the TLCS classified as vaccination/prescription/medication; Administrative Procedure and Education/Advising and Diet. The possible explanation is that these were also themes that had the biggest demand of TLCS.

In the group of dissatisfied a directed research was carried out, being identified as the main causes of dissatisfaction: the answer wasn't complete and/or the teleconsultant, possibly, didn't understand the doubt and so didn't answer the question in a satisfactory way. In the meticulous review of these TLCS it was verified that these were poorly structured which complicated, probably, for the teleconsultant to offer an answer that attended the applicant's doubt. Other points worthy of highlight regarding the dissatisfaction is that this was related with the applicant's expectation in receiving in the answer the practical backing for the definition of conducts, which isn't in the of the National Telehealth Brazil Networks Program that recommends that the answers

should follow the scientific evidences, or in the own dissatisfaction of this with the organization of the network on primary care of his/hers municipality.

Regarding the response time, 80% of the TLCS were answered in the period of 72 hours, following the recommendation of the National Telehealth Brazil Network Program and 20% with time bigger than 72 hours, without relation to the level of satisfaction of the nurse, verified by the research of satisfaction by phone carried out with the unhappy and very unhappy groups. The main cause of these delays was related to the limited number of teleconsultants for the demand, ratifying the need of health professional teams to act exclusively in telehealth.

Discussion

Teleconsulting showed to be effective, totally attending to the doubts of most of the 437 applicant Nurses that act on primary care, not being influenced by delays on response time, when this happened.

In the experience of the Bahia Telehealth the nurses are, in fact, the professionals that use the offer of the National Telehealth Brazil Networks Program more often, being in accordance with the experiences of other participating telehealth centers, of the same program⁵⁻¹⁰.

Regarding to the profile of the user Nurse, the young nurses are the one who use telehealth the most and this is in accordance to other experiences including international ones where it is shown that telehealth, through the offer of teleconsulting, positively influences the recruitment and fixation of professionals in the workstations¹⁰⁻¹¹.

According to Almeida et al.¹³ of the professionals that use the telehealth service, the average age of the nurses is 33 years, consonant with the found data. In this same study, it is also highlighted that the nurses are among the categories that mostly use the mobile devices to access the Internet, in this case to access contents for autolearning in the Basic Health Unit where they act, denoting the perception of the young nurse about the importance of the TLCS for continuing education and the conduction of health problems of the assisted community.

Regarding the kind of doubt, having in mind that the nurses are involved in questions of the assistance and administrative area, there was a prevalence of the kind of doubt that was classified as "administrative process and education in health/advising/diet". This result is similar to the described by Faria et al.⁸ that identified a high rate of the demand in 'education in health', although the grouping for the analysis and classification might have been different from this study and from the Correia et al.⁶ one, that reported the 'work process' and the 'role of the Nurse in the Family Health Strategy (ESF)' a one of the most relevant topics.

According to Alkimim et al.⁵ the meticulous analysis of the applications of the teleconsultings can be considered as an indicator for the enhancement of the actions in tele-

health, in this case also related to the National Telehealth Brazil Networks Program by means of the elaboration and offering of educational contents for capabilities and updates in a wide scale. Accordingly, we verified that the kind of more frequently doubts were related to the difficulties in the exercise of the nurse, rapidly implying the need of the elaboration of educational contents for the permanent education of these professionals in themes pointed by them, therefore in an effective way for the professional qualification and the service to the local population.

Regarding the level of satisfaction, this study showed that an average of 96% of the nurses were satisfied with the answers to the TLCS. It is a positive evaluation of the TLCS offer and that is according to the other experience reports Centers members of the National Program, as described by Alkimim et al.⁵ and Harzem et al.⁷ reiterating the importance of telehealth to eliminate geographical barriers between professionals in primary care and the specialized teleconsultants located in the telehealth centers. As for the case of the dissatisfaction reported by some nurses it is important to highlight that, according to the results found on this study, the primary care professional has as expectation in the TLCS the support in decision making, including the local administrative questions. This data is of extreme relevance for the strategical planning of the actions of the National Telehealth Brazil Networks Program and for the improvement of the professionals that act as teleconsultants and that must have the formation on the teaching, researching and adequate assistance to exercise such kind of job.

Other interesting point that is observed is that the applicant not always explains with clarity the doubt, limiting, consequently, the analysis and answer by the teleconsultant. These results agree with the observed by Alkimim et al.⁵ and Haddad et al.¹⁵ that report that it is expected a certain adaptation time by the health professionals, in general, for the adherence and adequate use of the electronic registration system for the offering of teleconsultings as a support tool for the professional's day-to-day.

The Silveira.¹⁴ study highlights the response time as a limitation for the adherence of the users in the use of TLCS which disagrees with our results where the delays on the answer didn't influence the level of satisfaction of the nurse.

Telehealth is provoking changes in the management, health and health work paradigms, from the increasingly limited use of the technologies just as in the expansion of the offer of broadband internet. Studies like these prove the importance and impact of the offering of the remote second opinion of a specialist, of the teleconsulting, for the health professional that acts in primary care; consequently, in the modernization of the organization of the Health Attention Networks including in the regulation on the National Health System. To Franco et al.¹² for example, when one intends to change a model it is necessary to predict devices that change the health work processes. Suggestive, therefore, of an indicator to orient the management of its actions, aiming

to consolidate the system.

Other studies are needed for the definition, evaluation and validation of indicators of the telehealth work processes aiming the full incorporation of this in the National Health System.

Conclusion

The experience of the Telehealth Bahia Center of the National Telehealth Brazil Networks Program in the offering of the teleconsulting for nurses of the primary care showed that the main user is the younger nurses, that the more frequent doubt is in the questions related to the management in Primary Care in the National Health System and that this is satisfied with this kind of offer independently of the incorporation of teleconsulting in the Nurse's practice in primary care.

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