
POSTER ABSTRACT**Telemedicine in the Public Health System of Buenos Aires: Integrating Access, Efficiency, and Equity**

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Background: In Buenos Aires, a city of over three million residents—one million of whom rely on the public health system—many outpatient consultations were being scheduled for simple administrative or follow-up tasks, such as reviewing test results, renewing prescriptions, or initiating referrals to specialised services like mental health or speech therapy. These encounters often generated unnecessary in-person visits, contributing to congestion in primary care centres and longer waiting times for patients requiring face-to-face attention.

The post-pandemic context, combined with increasing citizen familiarity with digital services, created an opportunity to introduce telemedicine as a sustainable and equitable solution within the public sector.

Approach: To address this challenge, the Ministry of Health of the City of Buenos Aires established a centralized telemedicine service in 2023. The system was designed and developed entirely in-house by the City's information technology teams and is fully integrated with the digital health record of each user. A multidisciplinary team of health professionals received specific training in remote consultation, communication, and clinical documentation. Using data analysis from appointment bookings, the team identified patients requesting appointments for low-complexity issues.

Through a dedicated call center managed by the Ministry, these users were contacted and offered the option of a teleconsultation. The model prioritises accessibility, ensuring that both patients and professionals receive support in using the platform. The programme also includes continuous training sessions and feedback loops to improve user experience and professional adoption.

Results: Initial implementation has shown encouraging results in 13,580 cases.. The introduction of teleconsultations has led to a reduction in unnecessary in-person visits, allowing primary care professionals to dedicate more time to complex cases. This has resulted in greater efficiency, improved continuity of care, and enhanced user satisfaction. For patients, the telemedicine service offers a more convenient and timely access point to the health system, reducing travel

time and waiting periods. For professionals, it has optimised scheduling, improved coordination across services, and fostered a more flexible model of care delivery.

Beyond efficiency, the initiative has contributed to a cultural shift: while initial resistance was observed—mainly due to unfamiliarity with digital tools—ongoing training and communication have led to increasing acceptance by both users and professionals.

Implications: The experience of Buenos Aires demonstrates that telemedicine can be effectively implemented in large urban public health systems when approached as a comprehensive strategy rather than a purely technological solution. Success depends on three key elements: (1) investing in user and professional training; (2) integrating teleconsultations within existing clinical pathways; and (3) ensuring strong data governance and interoperability.

This project highlights that telemedicine, when embedded in a broader vision of equity and accessibility, not only enhances service efficiency but also strengthens the relationship between citizens and the public health system.