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Connecting remote communities with specialist cardiovascular care: a general practitioner-cardiologist teleconsultation pilot

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Introduction: Patients living in island and mountainous communities face geographical barriers to specialist cardiovascular care.[1,2] Within the European HealthChain project, the University Hospital Centre Rijeka implemented a teleconsultation pathway connecting hospital cardiologists with general practitioners in remote areas.

Patients and Methods: Between May and November 2025, four general practitioners (one from an island, two from mountainous areas and one from the Rijeka urban area) participated in a pilot programme involving 25 patients. A secure telemedicine application (MediLink, developed by the IT partner Bit4bytes) supported video consultations, messaging and exchange of medical information with hospital cardiologists. Implementation included on-site training delivered with the IT partner and ongoing project-team support. Patient disposition after consultation, participant satisfaction and practical implementation barriers were assessed descriptively. Satisfaction was assessed using a post-consultation questionnaire comprising five-point Likert items.

Results: Patients were aged 32–78 years, with a mean age of 60 years; 14 were men and 11 were women. Arrhythmias and heart failure were the most common reasons for consultation. Following teleconsultation, 23 patients (92%) were managed locally by their general practitioner, while two (8%) were referred to the hospital centre for further assessment or treatment. Patients, general practitioners and cardiologists reported high satisfaction, with mean overall satisfaction index scores of 4.99, 4.99 and 5.00, respectively, on a five-point scale. Implementation barriers included inadequate audiovisual equipment in some practices and the need for training and continuing technical support. Direct communication between clinicians and technology providers helped address operational difficulties.

Conclusion: General practitioner–cardiologist teleconsultation supported local management of most patients in this pilot and offers a practical approach to improving access to specialist advice in geographically dispersed communities. Successful implementation requires adequate equipment, training and clearly defined communication pathways. Larger studies should evaluate effects on travel burden, waiting times, workload and healthcare utilisation.

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LITERATURE

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