

The expansion of telemedicine in primary health care after the COVID-19 pandemic in Latin America

La expansión de la telemedicina en la atención primaria tras la pandemia de COVID-19 en América Latina

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ABSTRACT

The COVID-19 pandemic brought a major shift to Latin American health systems, accelerating the use of telemedicine as a key tool in primary care. This article examines the influence of the pandemic on the growth and consolidation of telemedicine in the region through a systematic review of literature published between 2020 and 2023. Research from Argentina, Brazil, Chile, and Colombia was identified, along with regional assessments describing progress, barriers, and facilitators. The main findings show that the use of virtual consultations increased substantially in 2020 due to emergency legal frameworks and the need to maintain care continuity. However, digital divides, territorial inequalities, and infrastructural challenges persist. The evidence indicates that telemedicine enhanced the responsiveness of primary care; nevertheless, its sustainability will depend on public policies focused on equity, professional training, and technological integration.

Keywords: Telemedicine; Primary health care; Latin America; COVID-19; Digital transformation.

RESUMEN

La pandemia de COVID-19 provocó un cambio importante en los sistemas de salud latinoamericanos, acelerando el uso de la telemedicina como herramienta clave en la atención primaria. Este artículo examina la influencia de la pandemia en el crecimiento y la consolidación de la telemedicina en la región, utilizando una revisión sistemática de la literatura publicada entre 2020 y 2023. Se identificaron investigaciones de Argentina, Brasil, Chile y Colombia, junto con evaluaciones regionales que detallan avances, obstáculos y facilitadores. Los principales resultados muestran que el uso de consultas virtuales aumentó considerablemente en 2020 debido a los marcos legales de emergencia y a la necesidad de mantener la atención. Sin embargo, aún existen brechas digitales, desigualdades territoriales y problemas de infraestructura. La evidencia indica que la telemedicina mejoró la capacidad de respuesta de la atención primaria; sin embargo, su sostenibilidad dependerá de políticas públicas centradas en la equidad, la capacitación profesional y la integración tecnológica.

Palabras clave: Telemedicina; Atención primaria de salud; América Latina; COVID-19; Transformación digital.

Introduction

The Context of Telemedicine Before the Pandemic

Talking about telemedicine felt like talking about something modern. The truth is that, before COVID-19, the idea of consulting a doctor via video call was more a technological fiction than a common practice. The adoption of telemedicine in Latin America was very limited and uneven. In 2019, 65% of hospitals in Chile were already using telemedicine, but less than 30% were doing so in Argentina, Peru, and Colombia (Omboni et al., 2022). Most countries used telemedicine in specific areas such as teledermatology, teleradiology, and telepsychiatry, but not on a widespread basis (Omboni et al., 2022). Technical conditions were improving; more and more people had cell phones with internet access, networks were expanding, and even in the most remote towns, signs appeared saying “Free Wi-Fi.” However, digital access remained as uneven as ever. In urban areas, seven out of ten people used the internet. In rural areas, barely three. In other words, in many places, telemedicine was possible in theory, because it is one thing to have a signal, and quite another to be able to make a medical video call without it cutting out as soon as you say “hello.”

Before the pandemic, institutional use of telemedicine was quite limited. In primary care—where a major part of public health is at stake—the numbers were low; few Latin American primary health care (PHC) centers were using it.

Then COVID-19 arrived. Suddenly, telemedicine ceased to be a niche option and became the only viable way to provide care without risking infection or spreading the virus. The private sector moved quickly, launching its own platforms and online services. The public system, on the other hand, did what it could with a lot of goodwill, little equipment, and connectivity that often failed.

In Argentina, the National Telehealth Plan attempted to organize and bring the pieces of the puzzle together. But its implementation was quite uneven. In some places, it worked well; in others, it remained nothing more than promises. On top of that, new concerns arose: How is data privacy protected? What happens if all the platforms are private? Aren't we simply replacing a territorial divide with a digital divide?

The reality is that before the pandemic, telemedicine was a luxury that almost no one used. And when it was truly needed, we had to make do with what we had. As in so many other areas, there was no shortage of enthusiasm or dedicated professionals. What was lacking was foresight and infrastructure.

Today, the question is no longer whether we can use telemedicine. It is whether we are going to limit it to just a few or make it a real part of the public health system, with all that entails. Because receiving care via video call should not be a privilege, but a right available to everyone.

The Impact of the Pandemic on Primary Health Care (PHC)

The COVID-19 pandemic not only changed the routine of daily life, but it also laid bare the most sensitive workings of health systems. Moreover, in that landscape fraught with uncertainty and fear, PHC was forced to transform at breakneck speed. To change without time, to treat without touching, to care without seeing.

For decades, PHC was built on physical presence: the neighborhood health center, the small clinic, the doctor's office where the familiar doctor knew every patient by name. However, in 2020, as the virus spread and the stay-at-home order went into effect, that model changed overnight. Care had to continue, but without waiting rooms or paper records. And so, telemedicine went from being a possibility to becoming a necessity.

In a short time, remote contact became the new standard. In Latin America, where digital health tools were already gaining ground, the pandemic acted as a forced catalyst. It was no longer a matter of modernizing the system, but of ensuring that no one was left isolated from medical care because of the lockdown.

Chapter 3 will provide a more detailed description of the impact of primary health care (PHC) in Latin American countries. For example, in Argentina, the response was uneven but effective in many respects. In 2020, the number of hospitals offering teleconsultations doubled, with approximately 83,000 virtual consultations conducted. These tools enabled remote monitoring of patients with mild and moderate COVID-19, reducing pressure on hospitals and ensuring continuity of care for patients with chronic diseases, thereby avoiding exposure risks (Camacho-Leon et al., 2022).

Home monitoring of people with mild or moderate symptoms alleviated critical pressure on hospitals. At the same time, patients with chronic conditions were able to continue their treatments without putting their health at risk. In these cases, remote care was not a replacement, but rather a means of ensuring continuity.

Even so, the process was complex. Healthcare teams had to learn on the fly. It was not just a matter of using a computer, but of redesigning clinical routines, rethinking the relationship with the patient, and making decisions without seeing, without palpating, without auscultating. Many areas, such as general medicine, mental health, and pediatric care, faced the challenge of making diagnoses with less tangible data. And that forced the creation of new criteria, new protocols, and new ways of interpreting symptoms.

The pandemic's impact on primary health care was, ultimately, a turning point. It demonstrated what the system is capable of when it relies on its workers and adapts to the real needs of the population. However, it also highlighted how far we still have to go before digital technology becomes a truly equitable and accessible tool in every corner of the country. The urgent phase has passed. The important work is still underway.

Rationale for the study: the need to evaluate the phenomenon from a systematic perspective

The COVID-19 pandemic changed the use of telemedicine in primary care in Latin America. Numerous studies have shown that the use of virtual consultations has increased significantly. However, most of these studies analyzed only specific health systems or individual experiences. Studies conducted in Latin America reveal that telemedicine is being adopted at different rates and across different areas, levels of care, and public and private sectors. However, there are no systematic evaluations that compile all this information to analyze the phenomenon comprehensively, rigorously, and comparatively.

General Objective

The objective of this study is to provide a comparative analysis of variables such as countries, study design, population and context, intervention, primary outcomes, barriers, and facilitators, and to examine how the pandemic has affected the growth and stability of telemedicine in primary care in Latin America.

To analyze, through a systematic review of the scientific literature published between 2020 and 2024, the main impacts of the COVID-19 pandemic on the expansion and consolidation of telemedicine in primary health care.

Specific Objectives

To identify changes in the use and implementation of telemedicine in primary care during the pandemic.

To compare adoption experiences across different countries in Latin America.

Examine the main structural, technological, and human barriers and facilitators that influenced its development.

Assess the future prospects for integrating telemedicine into primary care in the post-pandemic context.

Methodology

Study Design

A systematic review of the scientific literature was conducted using a qualitative-descriptive approach, following the PRISMA 2020 guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). This methodology enables rigorous, transparent, and reproducible identification, selection, and synthesis of relevant studies, which is essential for evaluating the impact of the COVID-19 pandemic on the expansion and consolidation of telemedicine in primary health care (PHC).

Information Sources

The literature search was conducted in the following electronic databases: PubMed/MEDLINE, SciELO (Scientific Electronic Library Online), and LILACS (Latin American and Caribbean Health Sciences Literature).

These sources were selected for their broad coverage of public health, their scientific quality, and their relevance to the geographic scope of this review.

Search Period and Languages

Studies published between January 2020 and May 2024 were included, in Spanish, Portuguese, and English, as these are the predominant languages in scientific output from Latin America. This time frame coincides with the period of acute impact and the consolidation phase of telemedicine in the context of the pandemic.

Search strategy

The strategy was constructed using controlled descriptors (DeCS/MeSH) and keywords combined using Boolean operators. The strategy applied in PubMed is presented below: ("telemedicine" OR "telehealth" OR "remote consultation") AND ("primary care" OR "primary health care") AND ("COVID-19" OR "pandemic") AND ("impact" OR "implementation" OR "access").

Inclusion Criteria

Original studies (quantitative, qualitative, or mixed-methods) published between January 2020 and May 2024, focused on primary health care, that analyze the implementation, use, or impact of telemedicine during the pandemic, conducted in Latin American countries, and published in Spanish, Portuguese, or English.

Exclusion Criteria

Previous narrative or systematic reviews, editorials, letters to the editor, or opinion pieces.

Duplicate studies or those without access to the full text.

Research focused exclusively on clinical specialties (e.g., telecardiology, telepsychiatry) with no connection to primary health care.

Publications whose main topic was not telemedicine in the context of COVID-19.

Study Selection Process

The selection process consisted of four stages: removal of duplicates, evaluation of titles and abstracts based on inclusion/exclusion criteria, full reading of preselected articles, and final inclusion of valid studies for analysis.

Data extraction

For each included study, the following data were extracted into a table:

Author and year of publication, country of origin, methodological design, population and context, intervention (use of telemedicine), main results, identified barriers and facilitators, and assessment of methodological quality.

Synthesis of results

The findings were organized into emerging themes: adoption of telemedicine in PHCs during the pandemic; structural barriers and challenges; positive impacts on access and continuity of care; future perspectives; and recommendations.

Results

Use of telemedicine in primary care during the pandemic

The articles reviewed show that public health restrictions implemented during the pandemic led to a significant increase in telemedicine use in primary care. During the pandemic, there was a marked acceleration in Latin American countries. In Argentina, the number of hospitals offering teleconsultations doubled, and by October 2020, 83,000 virtual consultations had been conducted (Camacho-Leon et al., 2022). In Brazil, emergency laws were passed (Law 13,989/2020), and in some municipalities, more than 50,000 virtual medical consultations were recorded in 2020 (Camacho-Leon et al., 2022). In Chile, nearly 200,000 telemedicine consultations were conducted in the public system in 2020, during the pandemic (Camacho-Leon et al., 2022). In Colombia, Law 1419 (2010) on telemedicine was already in place, which facilitated its rapid implementation during the crisis (Camacho-Leon et al., 2022). In Ecuador, Mexico, and Uruguay, telemedicine was used to remotely monitor COVID-19 and chronic patients, preventing unnecessary hospitalizations (Nieblas et al., 2022).

Barriers and Challenges in Implementation

Despite the advances driven by the health emergency, the adoption of telemedicine in primary health care faced numerous obstacles, such as: Infrastructure; Inadequate technology, especially in remote areas and peripheral medical centers; Digital difficulties and lack of understanding among professionals and patients, affecting equity in access; Lack of expert training in the use of digital platforms and remote monitoring tools; Clinical limitations, such as the inability to perform physical exams or establish strong interpersonal relationships.

Legal and operational uncertainty stems from the lack of stable regulatory frameworks in many countries.

Positive Impacts and Emerging Lessons

Despite the difficulties, the use of telemedicine had many benefits, such as: Easier access to care, especially for those who live far away or have mobility difficulties; Continuity of chronic care, meaning that follow-up appointments were not missed during lockdown; Professionals and patients are generally satisfied, especially in urban areas where access to technology is more convenient; Reduced costs and travel times for system users.

Remote methods even helped expand PHC coverage and avoid unnecessary hospital visits.
Future Prospects and Sustainability of the Hybrid Model

Telemedicine should not be considered a standalone emergency service, but rather a permanent part of the healthcare system. Some ideas are important for the future of telemedicine, for example: Based on the patient's clinical profile, create a hybrid model that includes both in-person and remote care; Ensuring that communities in need have internet access and improving digital infrastructure; Continuing to train healthcare professionals in the use of technology; Enacting robust laws and ethical standards that enable the sustainable use of telemedicine; Facilitating collaboration between different technical platforms, especially in decentralized public systems.

Synthesis of the Included Studies

This section presents a structured synthesis of the studies selected for the systematic review. A comparative table was developed summarizing the main methodological characteristics and findings of each study, including the country of origin, study design, population and context, type of intervention implemented, main reported outcomes, as well as identified barriers and facilitators, and methodological quality.

Table 1 – Latin America

Author	Country	Design	Population and context	Intervention	Key Results	Barriers / Facilitators	Methods quality
Camacho-Leon et al., 2022	Argentina	Narrative review	Public health system	Regulation and teleconsultations	By October 2020, 83,000 virtual consultations had been conducted; the number of public hospitals offering telemedicine doubled	Barriers: poor connectivity, regional inequality; Enablers: national telemedicine law and electronic prescriptions	Discharge
Camacho-Leon et al., 2022	Brazil	Narrative review	Municipality of Cotia, São Paulo	Virtual care via app	In 2020, more than 50,000 virtual consultations were conducted in the municipal network	Barriers: Uneven connectivity; Enablers: Law 13.989/2020 authorized telemedicine during emergencies	Discharge
Camacho-Leon et al., 2022	Chile	Narrative review	Public health system	Teleconsultation platforms in hospitals	Between March and October 2020, 198,854 telemedicine consultations were recorded	Barriers: digital divide; Enablers: prior regulation (Res. 277/2011) and rapid expansion	Discharge
Camacho-Leon et al., 2022	Colombia	Narrative review	National health system	Implementation under Law 1419 (2010)	As of May 2021, the article reports up to 100 million telemedicine consultations	Barriers: rural-urban divide; Enablers: existing legal framework	Discharge
Nieblas et al., 2022	Latin America (region)	PRISMA systematic review	24 studies from Latin America (Mexico, Brazil, Argentina, Peru, Chile, Colombia)	State-of-the-art analysis	70% of studies reported a positive impact on access and continuity; widespread use in primary care, mental health, and oncology	Barriers: digital inequality; Facilitators: continuity of care	Discharge
Omboni et al., 2022	Latin America	Global review with regional data	Hospitals in Argentina, Mexico, Peru, Chile, Colombia	Pre-pandemic usage summary	Before 2020: Chile 65% of hospitals with telemedicine; Argentina, Mexico, Peru, and Colombia <30%	Barriers: poor infrastructure; Enablers: prior experience in Chile and regional pilot programs	Discharge

Table 2 – Global

Author/ Year	Country / Region	Design	Population and Context	Intervention	Main Results	Barriers / Facilitators	Methods quality
Alexander et al., 2020	USA	Retrospective analysis	16 million primary care visits	In-person vs. telemedicine comparison	+4000% increase in virtual consultations in 2020; telemedicine replaced in-person visits	Barriers: digital divide among vulnerable populations; Enablers: regulatory changes	High
Dorsey & Topol, 2020	Global	Editorial perspective	International experience	Editorial on the Impact of COVID-19	Telemedicine has gone from marginal to strategic; it is projected to become a structural part of the system	Barriers: global digital inequality; Enablers: innovation	Media
Omboni et al., 2022	Global	Expert review	15 countries across 5 continents	Global impact analysis	Rapid adoption across all continents; integration with primary care and chronic care	Barriers: differences in infrastructure; Enablers: widespread acceptance	High

Discussion

Comparative analysis among Latin American countries

The results show that the pandemic acted as a catalyst for telemedicine in Latin America, though to varying degrees across countries. In 2020, Argentina recorded some 83,000 virtual consultations in the public health system, which doubled the number of hospitals offering teleconsultations in just a few months (Camacho-Leon et al., 2022). In Brazil, Law 13.989/2020 formally authorized the practice and enabled municipalities such as Cotia to exceed 50,000 consultations in a single year (Camacho-Leon et al., 2022). In Chile, existing regulatory frameworks facilitated implementation in the public system, which recorded 198,854 consultations between March and October 2020 (Camacho-Leon et al., 2022). In Colombia, Law 1419 of 2010 had already paved the way, which explains the faster expansion (Camacho-Leon et al., 2022).

Evidence suggests that the prior existence of legal and institutional frameworks was crucial: countries with existing laws or regulations were able to scale up more quickly. Conversely, where regulation was developed reactively, expansion was significant but less organized.

Common Barriers and Regional Differences

The reviewed studies highlight common obstacles across the region. The digital divide was the main constraint: in 2021, fewer than 50% of Latin American households had fixed-line internet, limiting equitable access (Camacho-Leon et al., 2022). Rural-urban inequality exacerbated this divide, with rural areas virtually excluded from the model.

Another challenge was the lack of professional training. Several studies found that both physicians and patients experienced difficulties using platforms, which affected the quality of the clinical relationship. Likewise, data privacy emerged as a concern, especially in contexts where clear regulatory frameworks were lacking. In Ecuador, for example, 83.6% of professionals expressed concern about information security during teleconsultations (Camacho-Leon et al., 2022).

At the same time, factors that facilitated adoption included the speed with which some governments enacted emergency regulations, social acceptance driven by isolation, and the need to ensure the continuity of care for patients with chronic conditions.

Methodological Limitations of the Reviewed Studies

Most of the research was descriptive or narrative, limiting the ability to demonstrate causality. Furthermore, most of the data pertain to the first year of the pandemic, without evaluating its subsequent sustainability. Finally, the findings are frequently based on expert opinions or institutional records, rather than on clinical or epidemiological metrics.

Contribution of this review to health planning

Comparative evidence indicates that telemedicine has established itself as a strategic tool in primary health care in Latin America. Its most significant contribution has been to facilitate continuity of care in crises, ensure follow-up for chronic patients, minimize transfers, and alleviate hospital overcrowding.

However, it was also evident that telemedicine alone does not ensure health equity. Its effectiveness depends on government policies that bridge the digital divide, improve technological infrastructure, and ensure stable regulatory frameworks. In this way, the review contributes to the debate on whether telemedicine should be a permanent feature of the Latin American health system, rather than merely an additional service.

Conclusion

The COVID-19 pandemic rapidly transformed primary health care in Latin America, making telemedicine a key tool for maintaining continuity of care during crises.

Countries responded in different ways: Argentina, Brazil, Chile, and Colombia made significant progress, but the speed and structure of the effort depended largely on existing regulatory frameworks and institutional capacities. While there are clear benefits, such as improved access, more consistent chronic care, fewer transfers, and reduced hospital burden, there are also structural impediments, including the digital divide, the gap between rural and urban areas, a lack of training, and uncertainty regarding regulatory frameworks.

The available evidence is promising but methodologically limited. Most studies were descriptive and focused on the first year of the pandemic, underscoring the need for more rigorous, longitudinal research.

For telemedicine to become a permanent part of primary care, investment in digital infrastructure is needed, along with improved professional training, robust regulatory frameworks, and the promotion of a hybrid model combining in-person and remote consultations. This will ensure that everyone in the region has access to care and that this care is sustained and integrated into the healthcare system, not merely as a seasonal support tool, but as a permanent feature of the healthcare system.

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