



Non-Face-to-Face Care Indicators of the Catalan Health System

RESULTS REPORT
2025 edition



Generalitat de Catalunya
Fundació TIC Salut i Social

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GLOSSARY

SC	Specialized Care
HC	Hospital Care
Nf2fC	Non-Face-to-Face Care
PC	Primary Care
PCCW	Primary Care Clinical Workstation
HC3	Shared Clinical Record of Catalonia
LMS	La Meva Salut
SEM	Medical Emergency System
MH	Mental Health
PU	Provider Unit

1.

Introduction

1.1. Non-face-to-face care in Catalonia

Healthcare has undergone a significant transformation in recent decades: first, in 2003, with the transition from paper to electronic health records and the progressive construction of the corresponding data architecture; more recently, COVID-19 boosted non-face-to-face relationship models, highlighting the need to adapt health systems to ensure continuity of care, reduce the risk of contagion, and optimise available resources. As a result, the pandemic removed pre-existing barriers to adoption and accelerated digital transformation. In this context, non-face-to-face care (hereinafter, Nf2fC) is currently a key tool for improving accessibility and efficiency in healthcare services.

Catalonia is a pioneering region in the adoption of digital health solutions in Europe and has been promoting the integration of innovative technologies in the provision of health services for decades. Nf2fC services offer multiple opportunities, such as improving the suitability of the site and the resources dedicated to serving patients and avoiding non-value-added travel, which has a positive impact on the carbon footprint and on efficiency losses for the system. Nf2fC can also promote a better work-life balance for patients, reduce congestion in healthcare facilities, and optimise the working time of healthcare professionals. Although important steps have been taken, there are still opportunities to advance in the systematisation of the measurement of the impact of Nf2fC, a key aspect to promote informed decision-making in the management and planning of the system.

Therefore, developing specific indicators is crucial to evaluate the impact of Nf2fC services on the health system and its quality of care, because it facilitates a better understanding of the evolution of these services and allows for data-driven decision-making for their improvement and expansion. In this context, this report aims to show the evolution of Nf2fC indicators in Catalonia, due to their potential usefulness for the agents of the system and the improvement of the quality of care. Initially, the indicators are shown according to the different channels (telephone care, eConsultation, video

call, etc.) of each area (primary care, hospital care, and mental health), and, finally, by the transversal digital services supporting the system (Mi Salut and 061 Salut Respon).

1.2. Current status of Nf2fC in the Catalan healthcare system

The Catalan healthcare system has developed various digital solutions that have transformed the provision of non-face-to-face care services (Nf2fC). This section briefly describes the most common Nf2fC channels in the healthcare system and their use in different care settings.

1.2.1. Generalised Nf2fC channels

- **Telephone care:** Synchronous communication between patient and professional for health consultations, follow-ups, and advice.
- **eConsultation:** Asynchronous teleconsultation service integrated into Mi Salut that allows communication between professionals and citizens.
- **Video calls:** Remote consultation that, in addition to telephone consultations, allows for visual and contextual evaluation of the patient.

These channels are available in primary care (PC), hospital care (HC), and mental health (MH); however, for HC and MH, deployment is very limited, and there are no known initiatives to promote the dissemination of these channels with the aim of expanding the availability of Nf2fC and improving patient access and follow-up. This difference in the use of Nf2fC channels between primary care and other settings is due to the existence of a single information system (PCCW) in primary care, which facilitates deployment. Consequently, within the HC field, Catalan Institute of Health (ICS) hospitals, which share the same information system (SAP-ARGOS), make more frequent use of Nf2fC channels, especially video calls.

In addition to these generalised Nf2fC channels, there are two cross-cutting digital support services across the system: La Meva Salut (app and web interface) and 061 Salut Respon.

Table 1 describes the available Nf2fC channels according to the type of care and the associated

information system, where colours indicate the degree of deployment of each channel.

Type of care	Type of information systems	Telephone consultations	Video calls	eConsultation
Primary Care	PCCW	●	■	●
Hospital Care	SAP-Argos	●	■	■
	no SAP-Argos	●	■	■
Mental Health	PCCW	●	●	●
	non-PCCW			
061 Salut Respon		●	●	▲
La Meva Salut		▲	▲	●

- Widely deployed channel
- Channel available, moderate deployment
- ▲ Channel not available

Table 1. Nf2fC channels according to the types of care and the type of information

1.2.2. Nf2fC in primary care

Primary care is the most advanced area in terms of Nf2fC. Thanks to the existence of a single

information system, the primary care clinical workstation (PCCW), visits have been coded in a standardised way since 2010, enabling traceability (**Table 2**).

Format	Modality	Code	Type of visit
Non-face-to-face	Synchronous	9T	Telephone consultation
		9Ev	Video consultation
	Asynchronous	9E	Management without the patient
		9EC	eConsultation
In person		9C	Visits to the centre
		9D	Home visit
		9R	Appointment at the centre

Table 2. Coding of visits in PC according to the type, format, and modality of visit

1.2.3. Nf2fC in hospital care

Hospital care (HC) is at an earlier stage regarding Nf2fC data recording. Coding in the Shared Clinical Record (HC3) via the corresponding Minimum Basic Data Set (hereinafter, MBDS) of non-face-to-face visits began during COVID-19 and still presents a partial and uneven degree of data recording among providers. Modalities recorded as Nf2fC in this area include:

- Telephone consultation
- Video consultation
- eConsultation
- Telemedicine: such as teledermatology (interconsultations of PC professionals in dermatology services in the area) and other specialties.

Although the coding of these modalities is defined, their recording is not yet systematic or widespread, which must be taken into account in the interpretation of the results. **Table 3** shows the coding of visits in hospital care in HC3 according to the means and modality of the visit.

Format	Modality	Code	Type of visit
Non-face-to-face	Synchronous	C0	Telephone consultation
		C1	Video consultation
	Asynchronous	D0	eConsultation
		D1	Telemedicine (teledermatology and others)
In person		A	Visits to the centre
		B	Home visit

Table 3. Coding of visits in HC according to the type, format, and modality of visit

1.2.4. Nf2fC in mental health

Mental health (MH) is the area in which the incorporation of the Nf2fC is most recent. As of 2025, there are only 15 MH centres that record activity in the PCCW.

1.2.5. Nf2fC in the 061 Salut Respon service

061 Salut Respon (hereinafter, 061) is the non-face-to-face care line of the Medical Emergency System (hereinafter, SEM) and offers non-face-to-face health care 24 hours a day, 365 days a year. This service was rolled out gradually from 2014 onwards and currently has a team of more than 200 health professionals, including healthcare professionals, nursing professionals, and specialised technical professionals who

provide information, guidance, and support on health issues, as well as advice on prevention and health promotion.

While the service is more focused on resolving health questions or problems that are not an emergency, in the event of a health emergency the service also has the ability to deploy an at-home visit from a health professional, an ambulance, or a medical helicopter. In addition, the service manages continuous home care and the monitoring of chronic patients, offering a comprehensive response to the health needs of the population. The 061 Salut Respon also has a mobile application.

1.2.6. Nf2fC in La Meva Salut

La Meva Salut (hereinafter, LMS) is a personal health digital space that since 2015 has allowed citizens to easily access their health information and interact remotely with the Catalan Health System.

LMS has both a web environment and a mobile application from which clinical reports, diagnoses, and results of clinical analyses and tests can be viewed and downloaded. It also allows access to the current medication plan to go directly to the pharmacy, request an appointment in primary care, and access various digital health services. The eConsultation service allows you to consult with healthcare professionals, carry out procedures, and send documents.

As of the closing date of this report, the team does not yet have the data corresponding to this area.

1.3. Set of indicators for non-face-to-face care

In this context, the creation of a set of **indicators of non-face-to-face care** is an initiative developed by the Fundació TIC Salut Social with the purpose of generating knowledge about the real and effective use of non-face-to-face care (Nf2fC) in the Catalan Health System, based on administrative record data. As regards the indicators, and based on the available information, the following are defined:

- **Proportion of non-face-to-face visits:** Percentage of non-face-to-face visits, by type, with respect to the total number of visits.
- **Types of Nf2fC:** Percentage of the type of Nf2fC visit performed, according to classifications specific to each type of care (hospital care: types and circumstances of the visit; 061 Salut Respon: type of visit).

These indicators are defined according to the following criteria:

- **By age:** Number of visits (face-to-face and non-face-to-face) broken down by age groups.

- **By sex:** Number of visits (face-to-face and non-face-to-face) broken down by sex.
- **By level of care:** Breakdown of the number of visits according to the level of care.
- **By health region:** Number of visits made in each health region.
- **By month and year:** Analysis of the temporal trend of visits, including the growth rate of non-face-to-face visits compared to face-to-face visits.

1.3.1 Data sources

The data used to prepare this report and the website have been provided by the Catalan Health Service at the request of the Fundació TIC Salut Social. The information analysed comes from different sources depending on the healthcare setting:

- For **the primary care (PC)**, the data comes from PCCW. This set covers the period from January 2023 to February 2025.
- For **hospital care (HC)**, the data corresponds to an extraction from the specialised outpatient care MBDS. This set covers the period from January 2023 to May 2025. Unlike the previous ones, these are linked to the billing of the centres, so they may be slightly biased.
- As for **mental health (MH)**, in September 2025, there are only 15 MH centres that record activity in the PCCW. Given that this report aims to show general trends in Catalonia, this edition does not include an analysis of MH data.
- Regarding **the 061 Salut Respon service**, the data covers the period from January 2024 to April 2025.

The data from **La Meva Salut** has not yet been delivered and will be included in future versions of the report, once they are available.

2.

Main findings on non-face-to-face care in the Catalan healthcare system

2.1. Primary Care

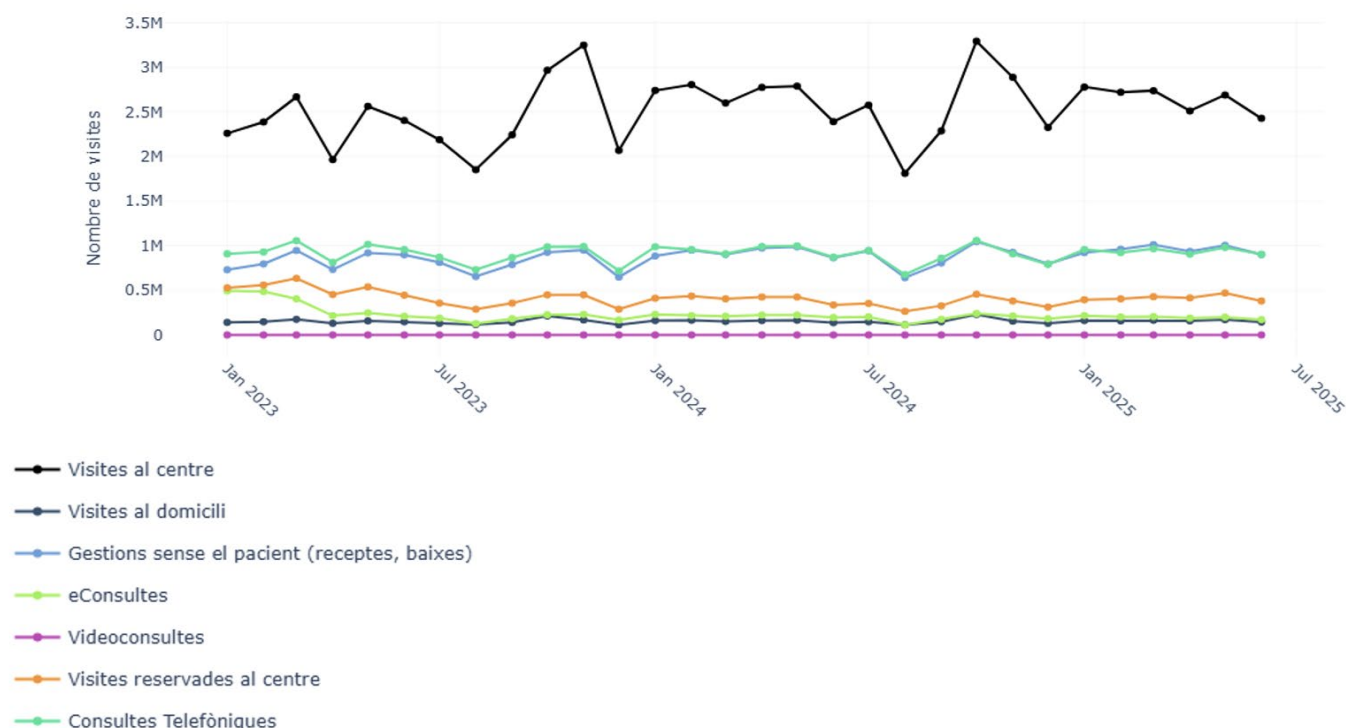


Figure 1. Evolution of the monthly volume of visits in all PC services

In **primary care**, the most frequent visits are visits at the centre, followed by **consultations without the patient** (prescriptions, sick leave) and **telephone consultations** with very similar

values. **Non-face-to-face visits** represent a **39.4%** of the total number of visits to PC during the analysed period.

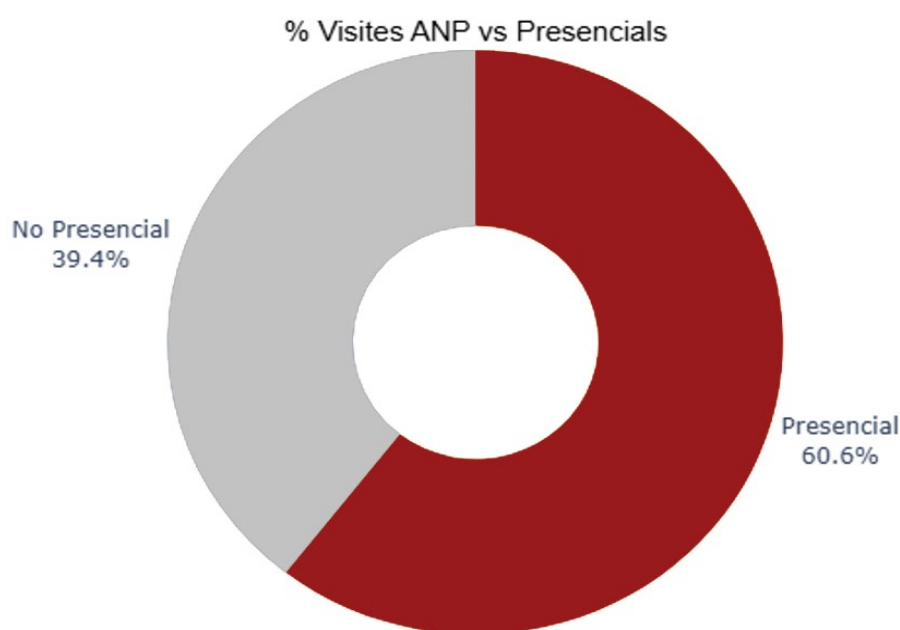


Figure 2. Distribution of PC visits according to whether they are face-to-face or non-face-to-face (January 2023–June 2025)

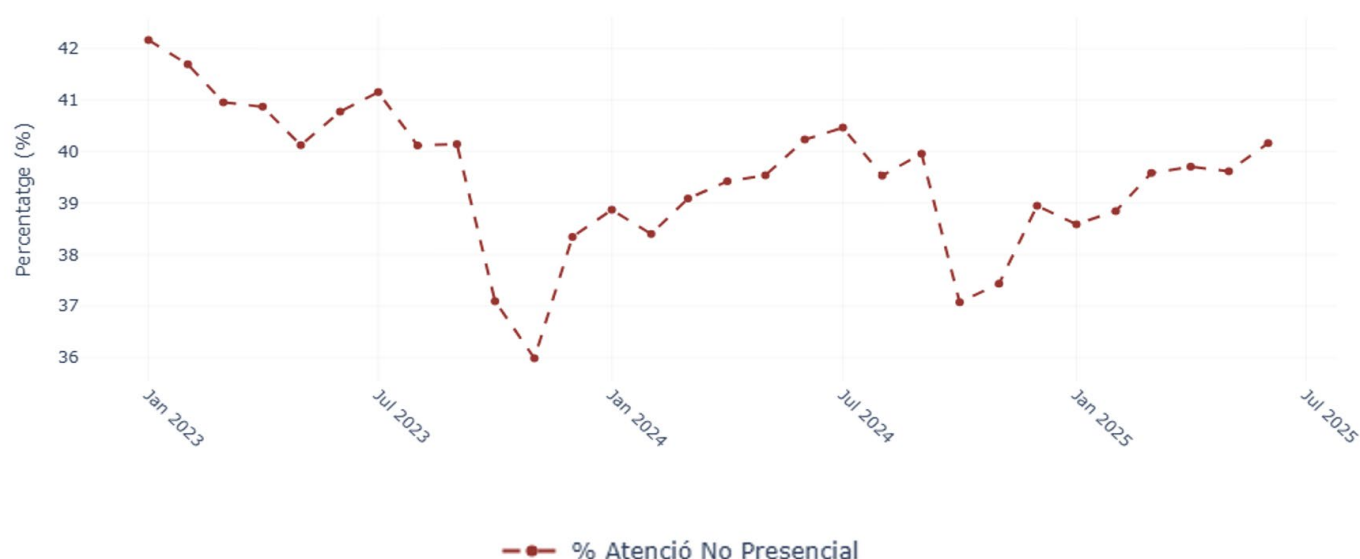


Figure 3. Monthly evolution of Nf2fC visits to all PC services (January 2023–May 2025) (%)

At the beginning of the period, Nf2fC visits represented **42%** of the total, and throughout the analysed period it is observed that they have

a cyclical behaviour, with the lowest occurring in October and November and the peak occurring in June and July.

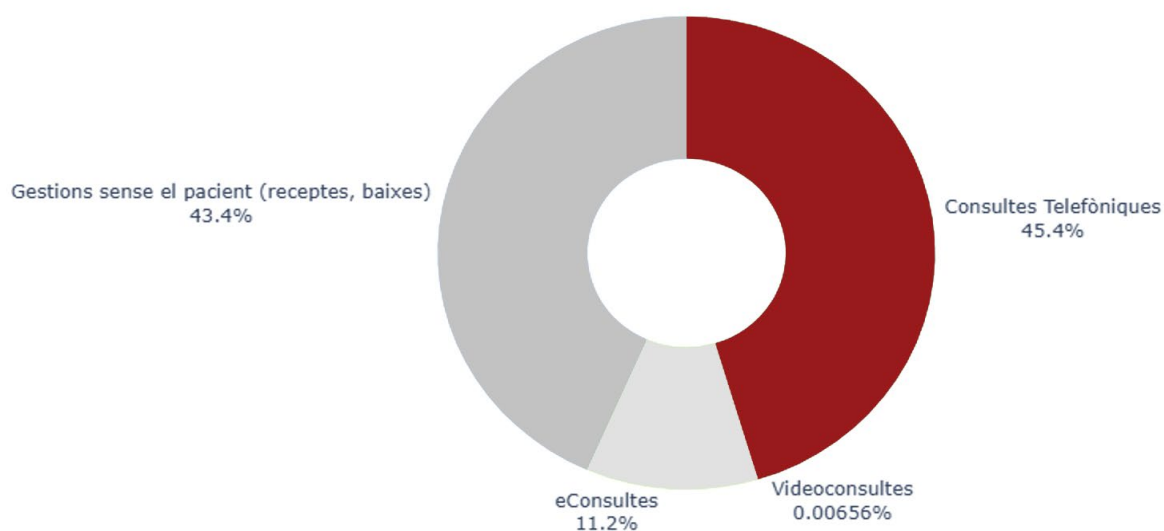


Figure 4. Composition of the Nf2fC in PC (January 2023–May 2025) (%)

Regarding the composition of Nf2fC, **telephone consultations (45.4%)** and **consultations without the patient (43.4%)** stand out. **eConsultations** represent **11.2%** of the total, while **video calls** have an almost residual use

(**0.006%** of the total number of non-face-to-face visits).

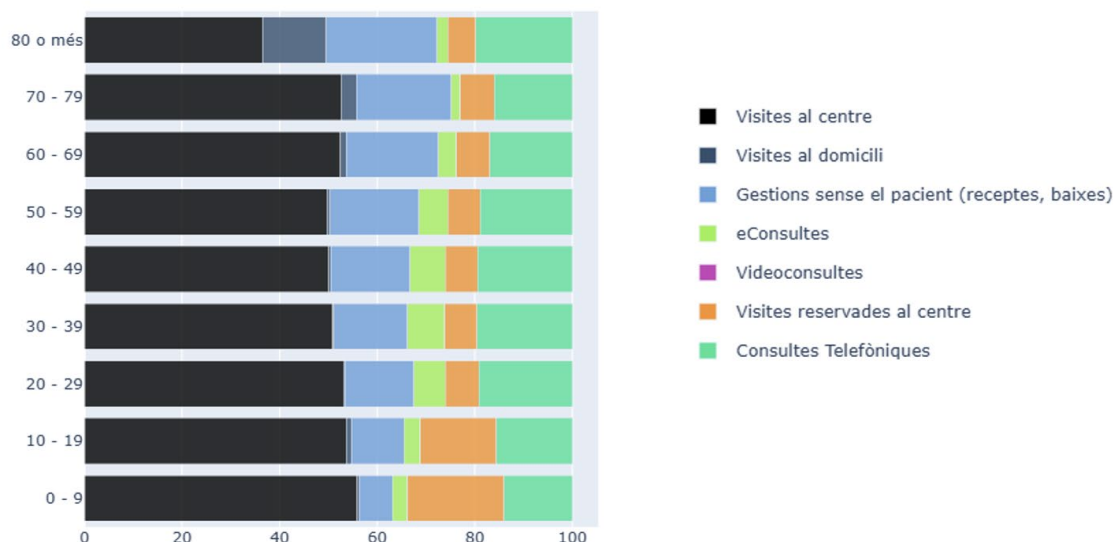


Figure 5. PC visits by age group
(January 2023–May 2025) (%)

The analysis by age groups shows that **telephone consultations** and **consultations without the patient** are the most commonly used modalities of Nf2fC across all age groups. Regarding the former, it is worth noting that they have a slightly lower frequency in the age ranges between 0–19 and 60–79 years. In contrast, we see that consultations without a patient tend to increase gradually with age.

On the other hand, it is also observed that the **use of home visits** is relatively pronounced in the group of **80 years or older**, while the **eConsultations** show greater use among the group between **20 and 59 years old**.

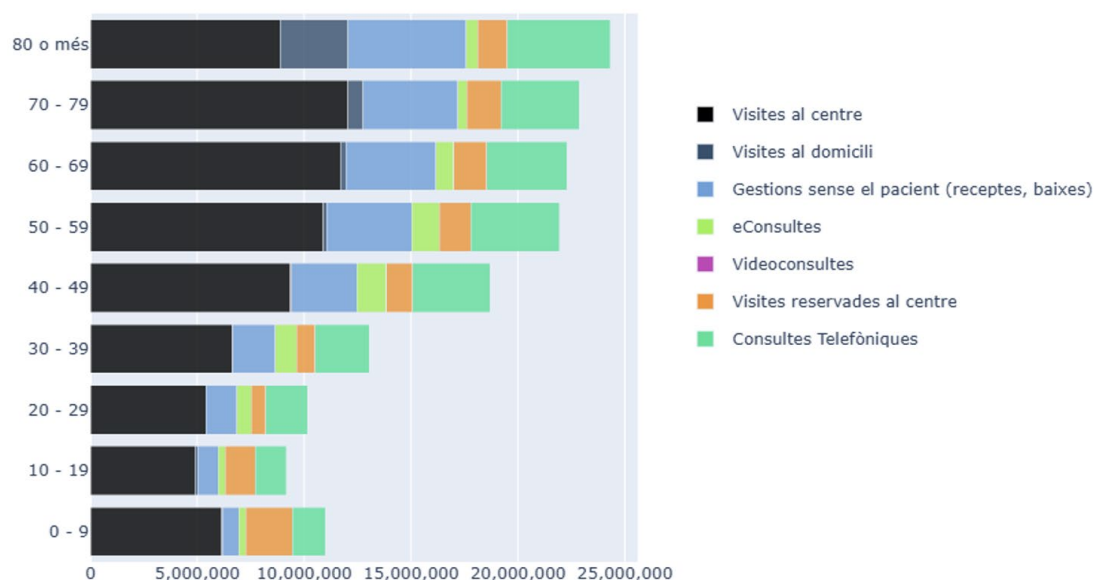


Figure 6. PC visits by age group
(January 2023–May 2025) (N)

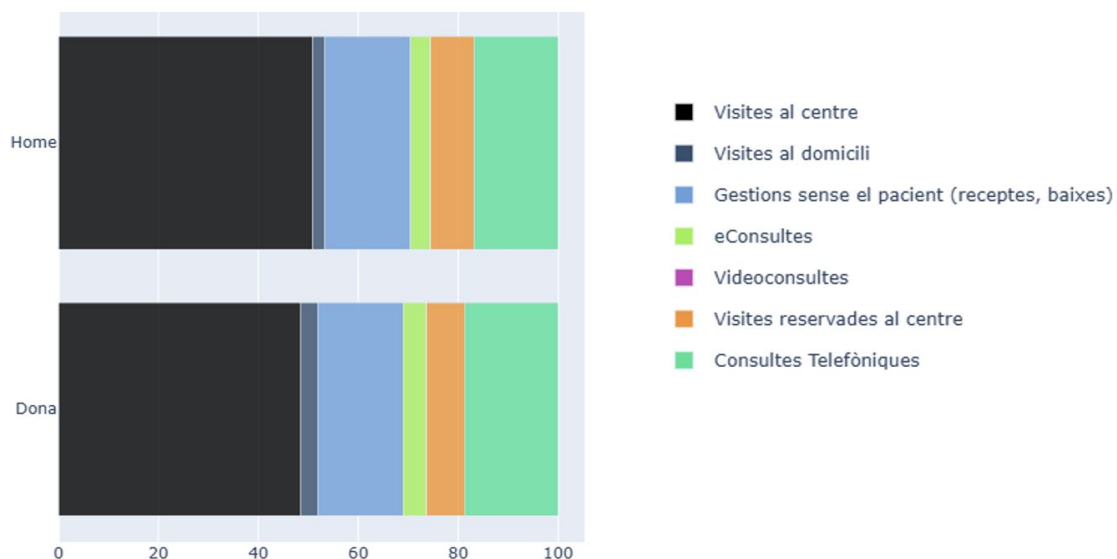


Figure 7. PC visits by sex
(January 2023–May 2025) (%)

The differences between sexes are not significant, but the most marked difference is in the slightly higher use of consultations at the

centre by men, while women use telephone consultations and home visits more often.

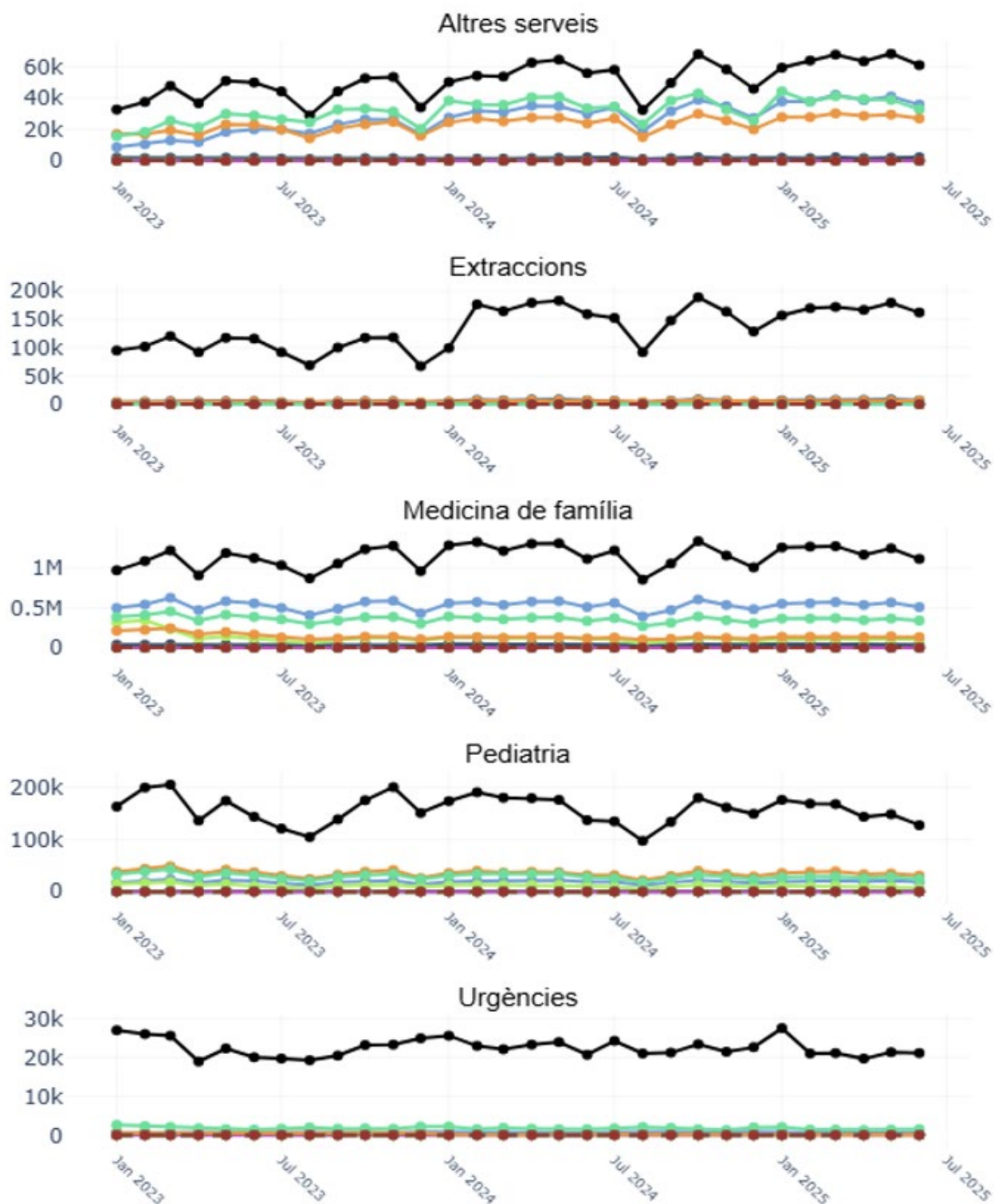


Figure 8. Monthly evolution of the use of PC services according to the professional service (January 2023–June 2025) (N)

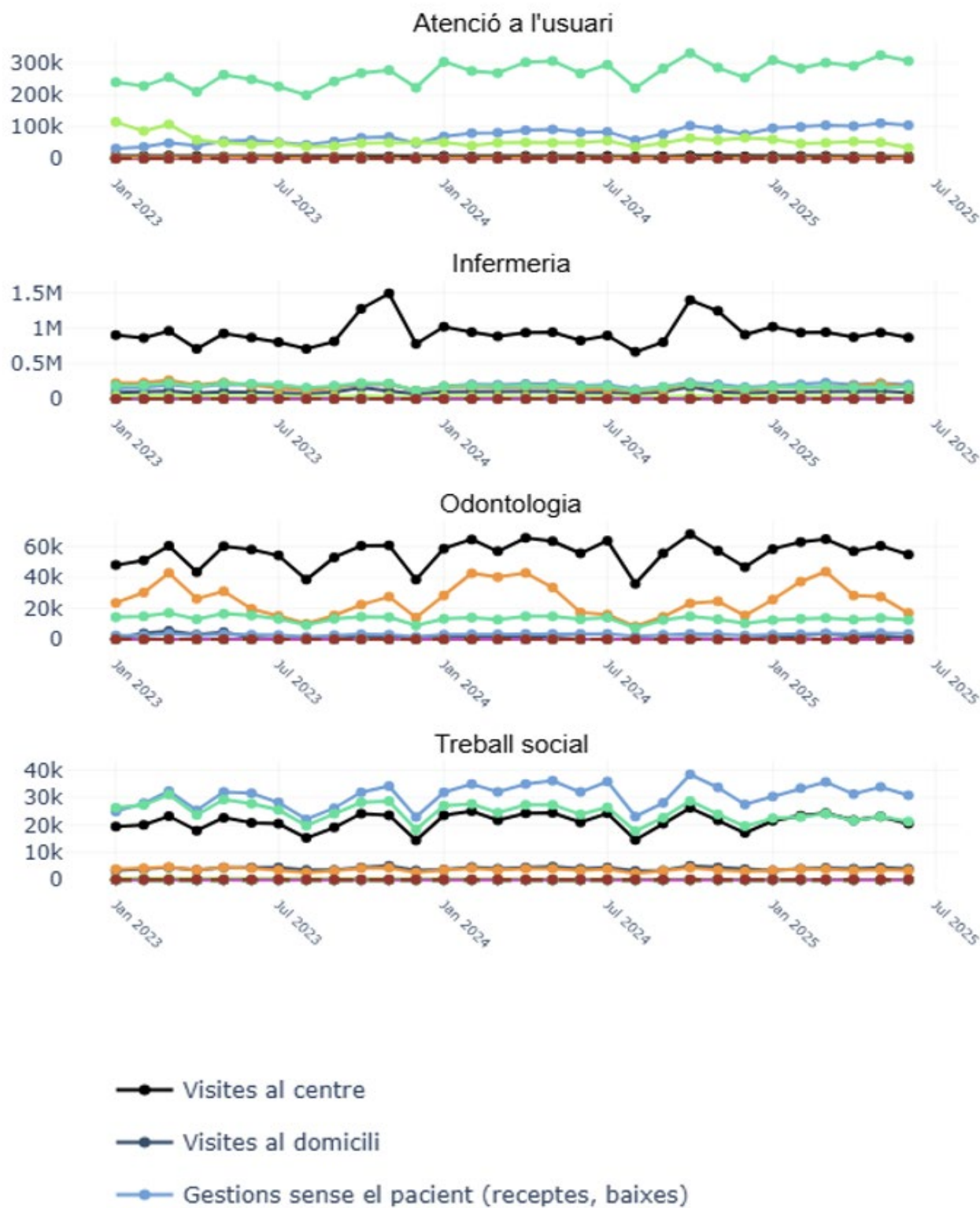


Figure 8. Monthly evolution of the use of PC services according to the professional service (January 2023–June 2025) (N)

Although **non-face-to-face care carries significant weight across all health regions, a certain degree of heterogeneity in the use of Nf2fC in PC** is observed across the territory.

Some reasons for these differences could be, among others, that in rural areas digital connectivity is limited or that the aging population has fewer digital skills; on the other hand, in

metropolitan or semi-urban areas, Nf2fC may be more attractive to young patients or workers, who value avoiding unnecessary travel.

2.2. Hospital care (outpatient consultations)

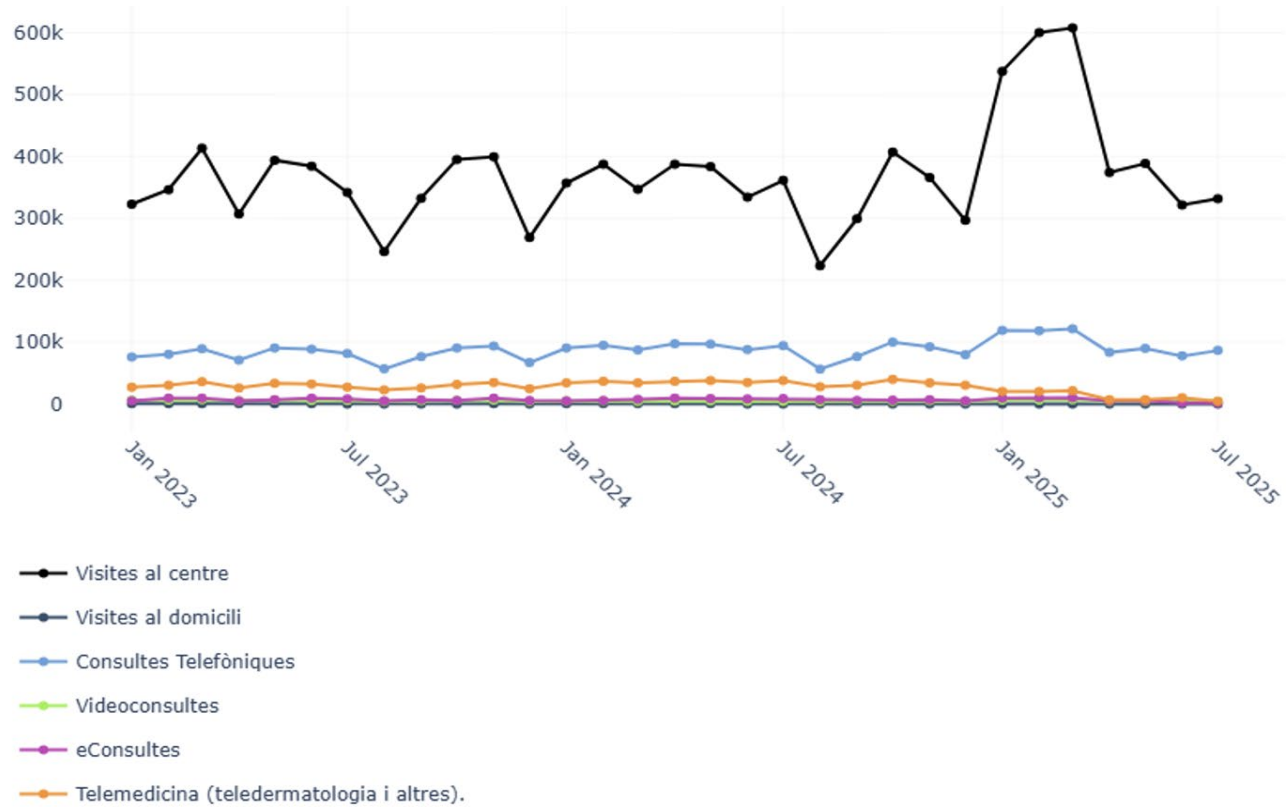


Figure 11. Monthly evolution of Nf2fC services in HC (January 2023–June 2025) (N)

As would be expected, **face-to-face visits are the most common. Telephone consultations** are the second most prevalent, while there

is also a notable volume of visits related to **telemedicine.**

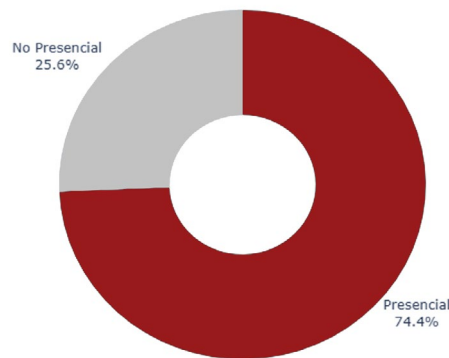


Figure 12. Distribution of HC (January 2023–June 2025)

During the period analysed, **non-face-to-face visits account for one quarter** of the total

number of hospital outpatient consultations.



Figure 13. Monthly evolution of Nf2fC visits to HC (January 2023–June 2025) (%)

The **proportion of non-face-to-face visits** has remained relatively stable over time, standing between **25%** and **30%**, which suggests a gradual consolidation of this model of care. However, a decline in this percentage is observed

from 2025 onwards, dropping to a minimum of 20% before gradually recovering; this fluctuation is mainly associated with a temporary reduction in telemedicine.

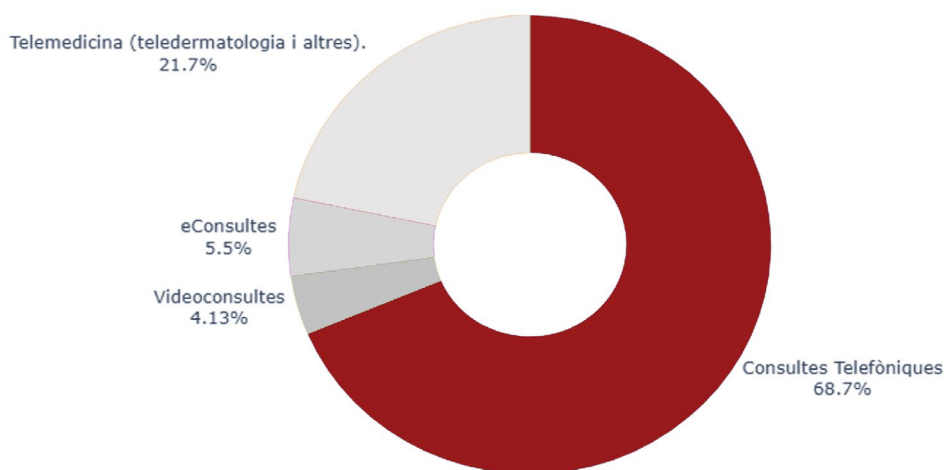


Figure 14. Composition of Nf2fC in HC (January 2023–June 2025) (%)

Within non-face-to-face care, telephone **consultations predominate (68.7%)**, followed by **telemedicine (21.7%)**. **eConsultations**

(5.5%) and **video consultations (4.13%)** currently have a more limited level of implementation.

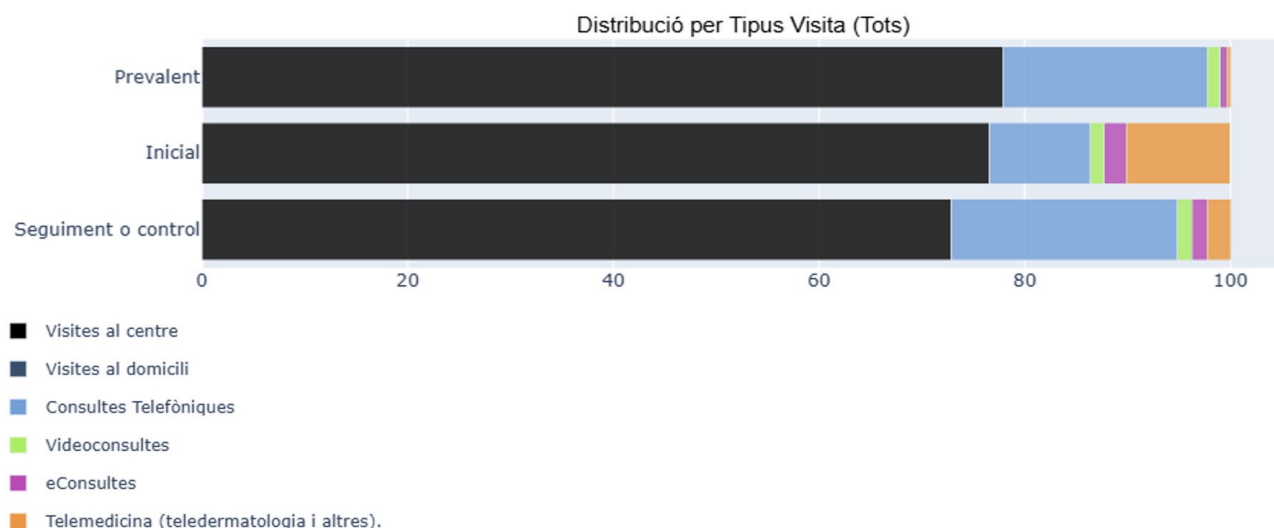


Figure 15. Type of visits to HC
(January 2023–June 2025) (%)

The analysis by **type of visit** shows that in-centre visits are the most common across prevalent, initial, and follow-up or monitoring visits. **Telephone consultations** are the

second most frequent modality in all cases. It is worth noting that **telemedicine takes on a significant role in initial visits**, where it accounts for **more than 10%**.

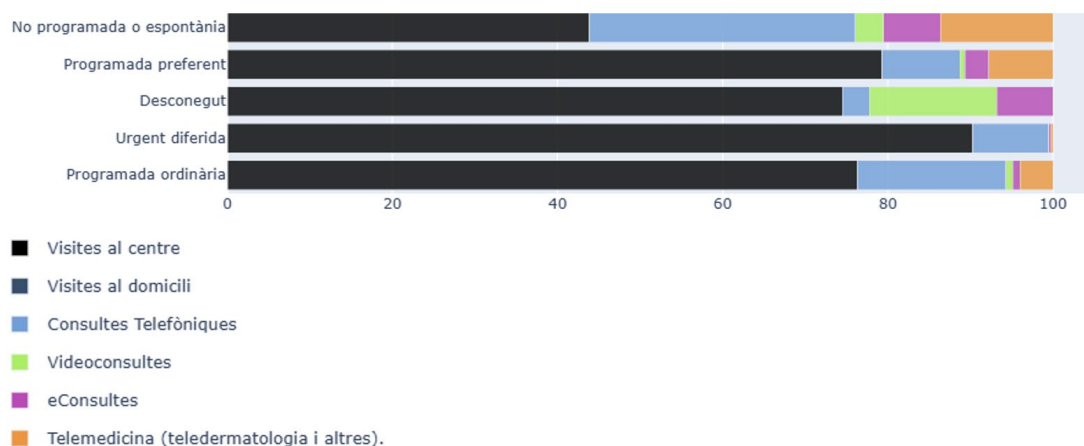


Figure 16. Circumstances of visits to HC
(January 2023–June 2025) (%)

When analysing usage **depending on the circumstances of the visit**, a **greater**

heterogeneity in the distribution of the types of consultation is observed.

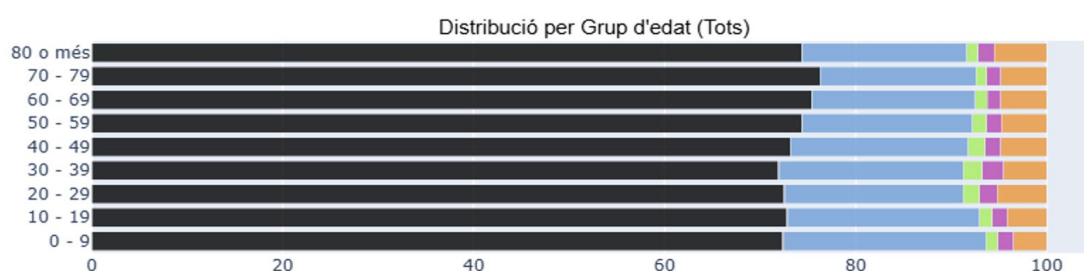


Figure 17. Visits to HC by age group
(January 2023–June 2025) (%)



Figure 18. Visits to HC by sex
(January 2023–June 2025) (%)

The use of the different visit modalities is **fairly homogeneous between sexes and age groups.**

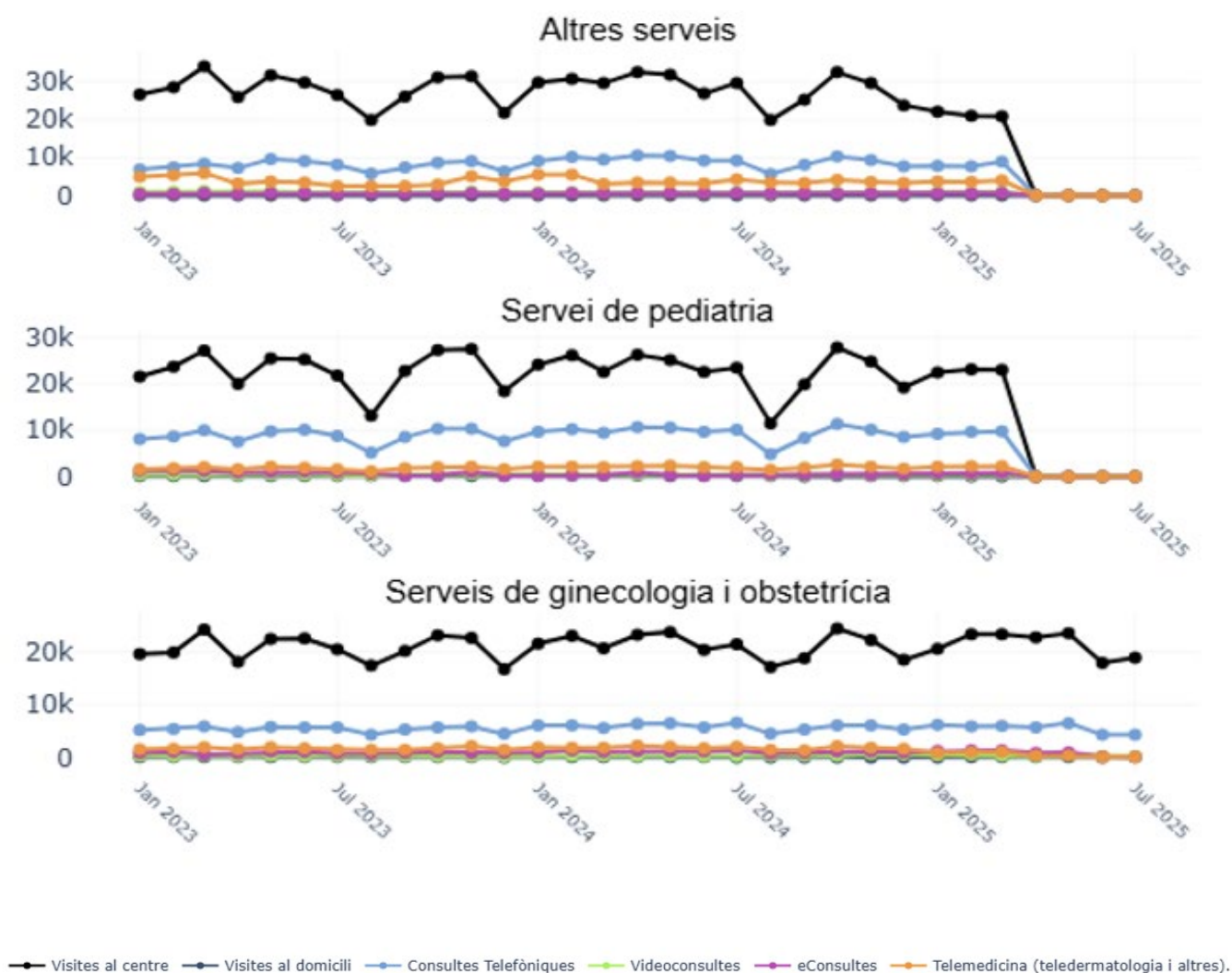


Figure 19. Evolution of monthly use of HC services according to professional service
(January 2023–June 2025) (N)

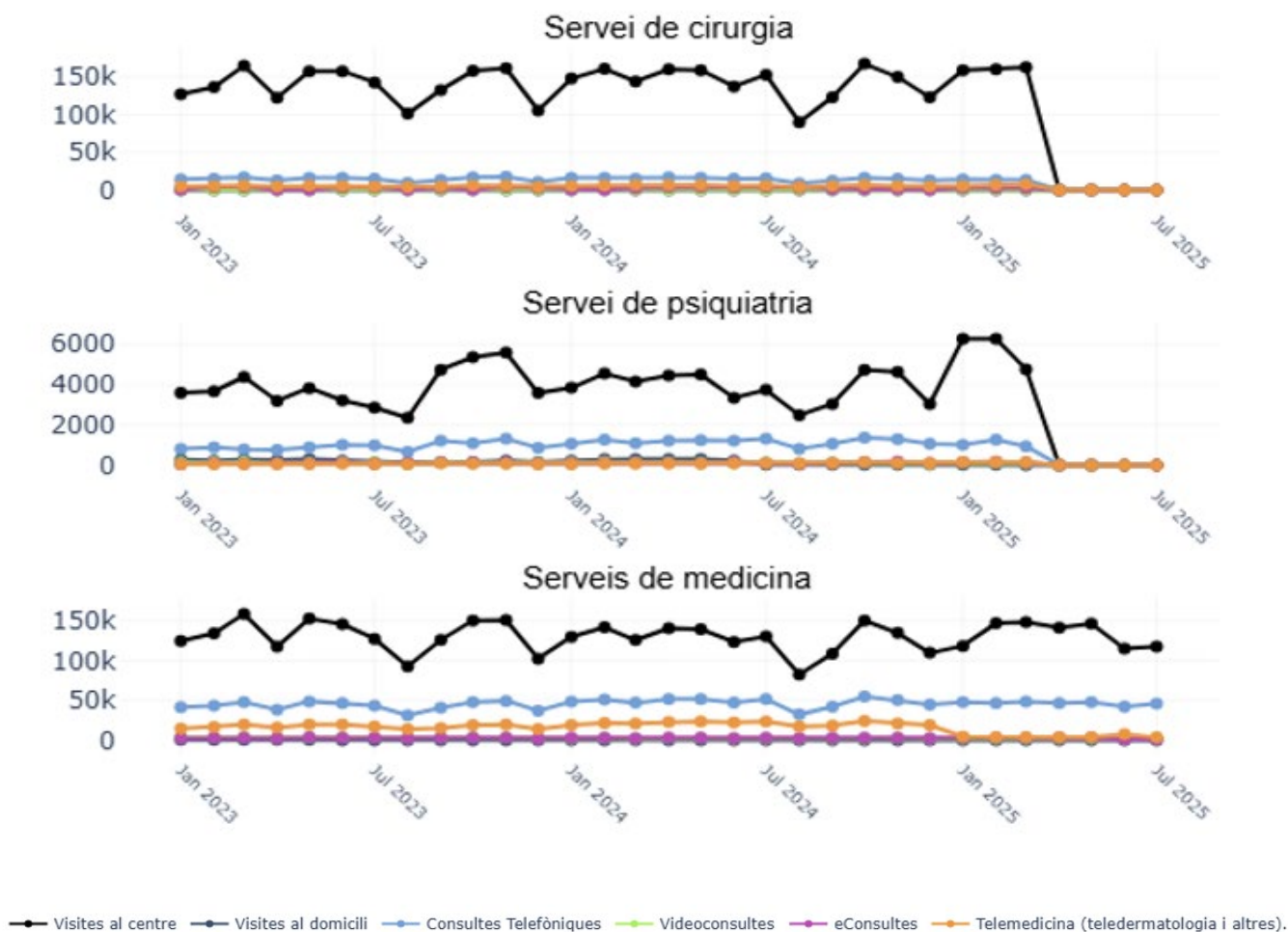


Figure 19. Evolution of monthly use of HC services according to professional service (January 2023–June 2025) (N)

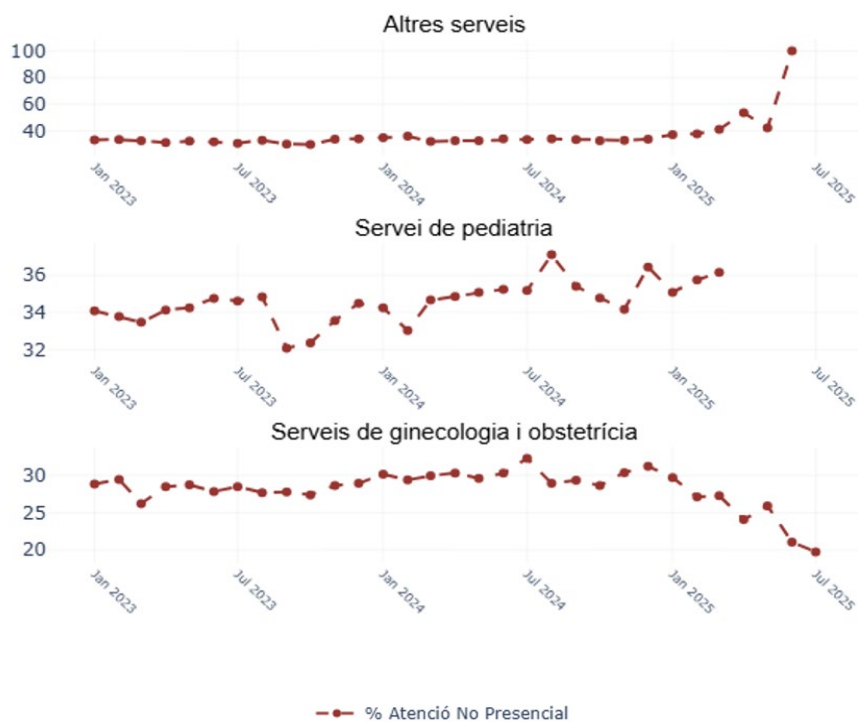


Figure 20. Evolution of monthly use of Nf2fC services in HC according to professional service (January 2023–June 2025) (%)

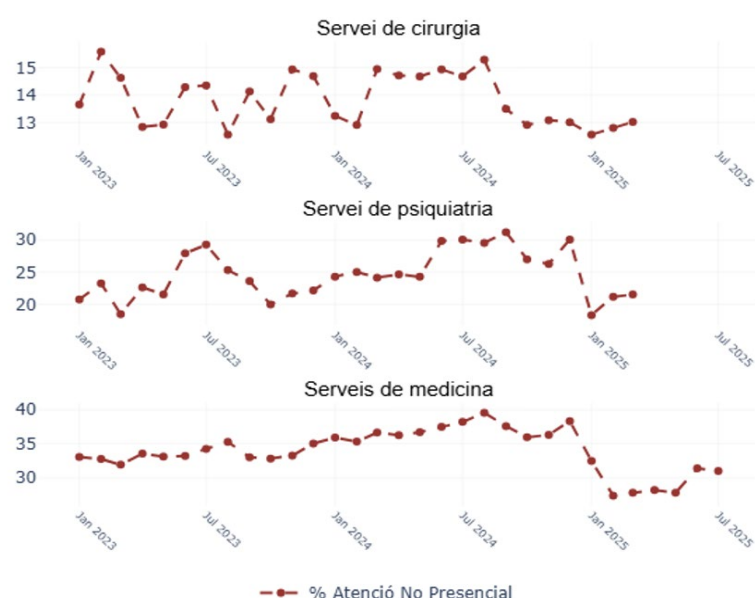


Figure 20. Evolution of monthly use of Nf2fC services in HC according to professional service (January 2023–June 2025) (%)

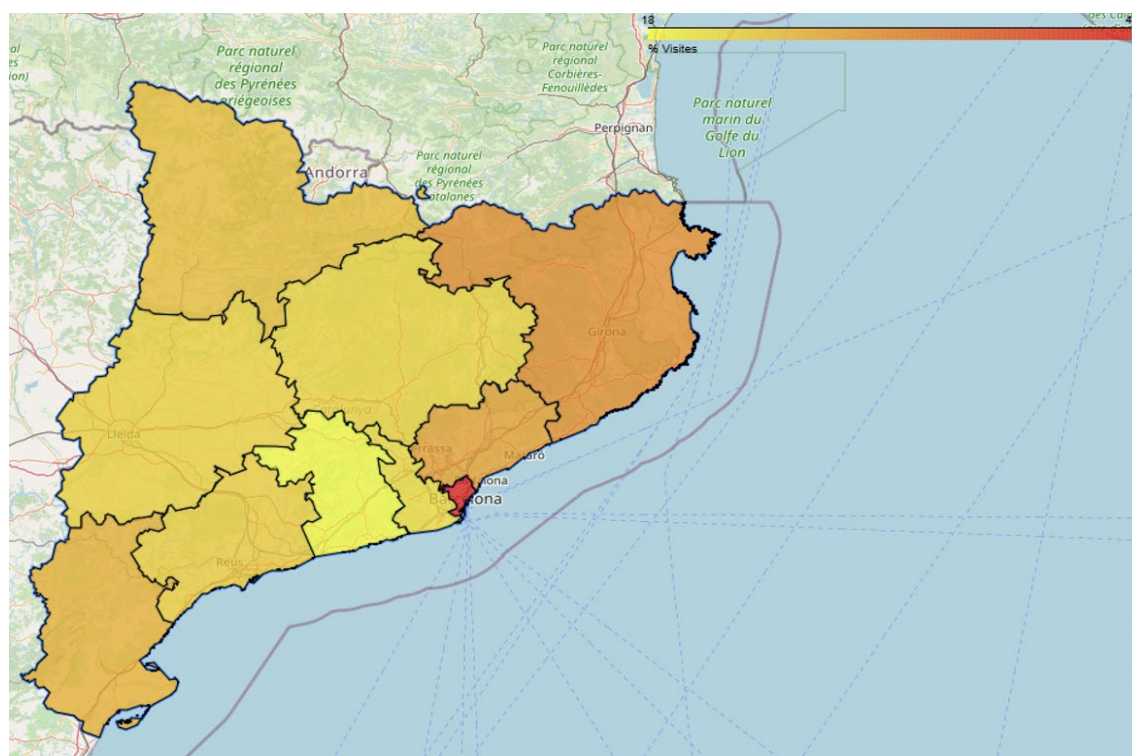


Figure 21. Level of use of Nf2fC in AH in health regions (January 2023–June 2025) (%)

Significant territorial differences are observed in the use of Nf2fC. In the Barcelona Health Region, non-face-to-face visits account for up to **45%** of the total, whereas in the rest of the territory their presence is significantly lower, ranging between **18%** and **41%**. This may be because large, tertiary hospitals have better integrated digital tools for monitoring chronic patients or managing scheduled visits, whereas

smaller or regional hospitals may have less systematic pathways for delivering non-face-to-face follow-up care.

2.3. 061 Salut Respon

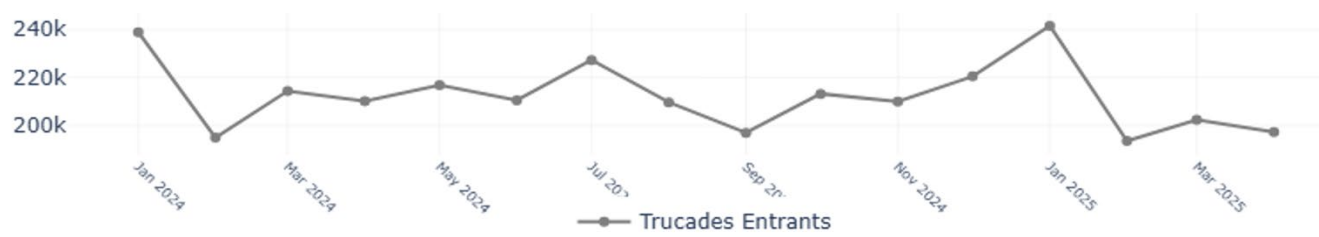


Figure 22. Evolution of the number of calls to 061 Salut Respon (January 2024–April 2025)

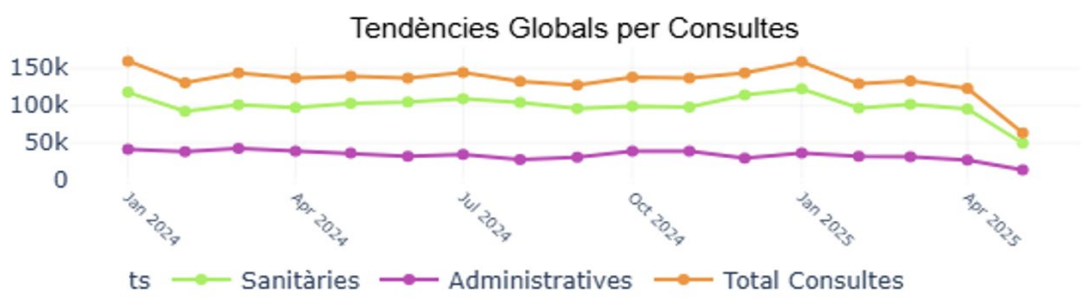


Figure 23. Evolution of consultations to 061 Salut Respon according to type (January 2024–May 2025)

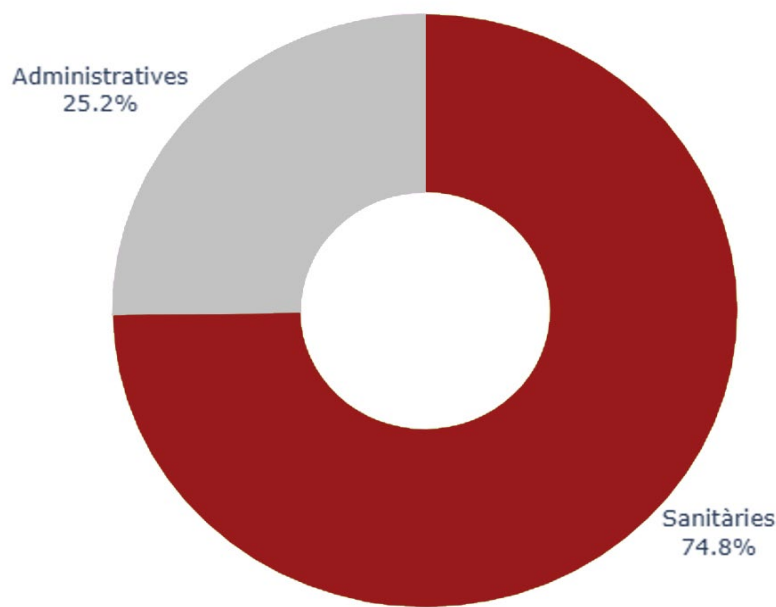


Figure 24. Composition of 061 Salut Respon service consultations according to type (January 2024–May 2025)

Around **75% of the calls** made to the 061 service are **health consultations**, while the rest have an administrative or informational character.

This proportion **remains stable** throughout the period analysed.



Figure 25. Evolution of resource mobilisation indicators
(January 2024–May 2025)

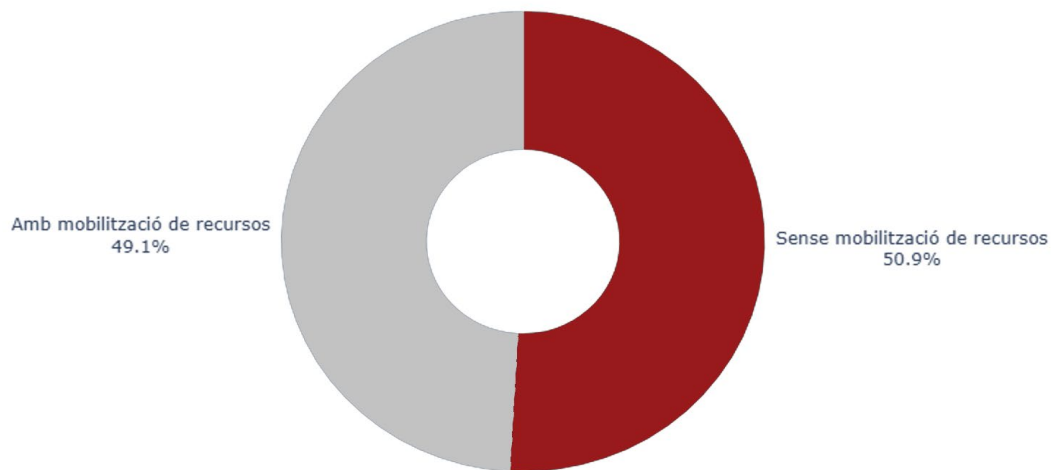


Figure 26. Distribution of consultations in the 061 service according to whether they involve resource mobilisation
(January 2024–May 2025)

Approximately **half of the consultations do not include mobilisation of assistance resources** over time and these consultations **can be considered completely non-face-to-face** (such as deploying a doctor, an ambulance, or a home visit). This proportion also remains constant

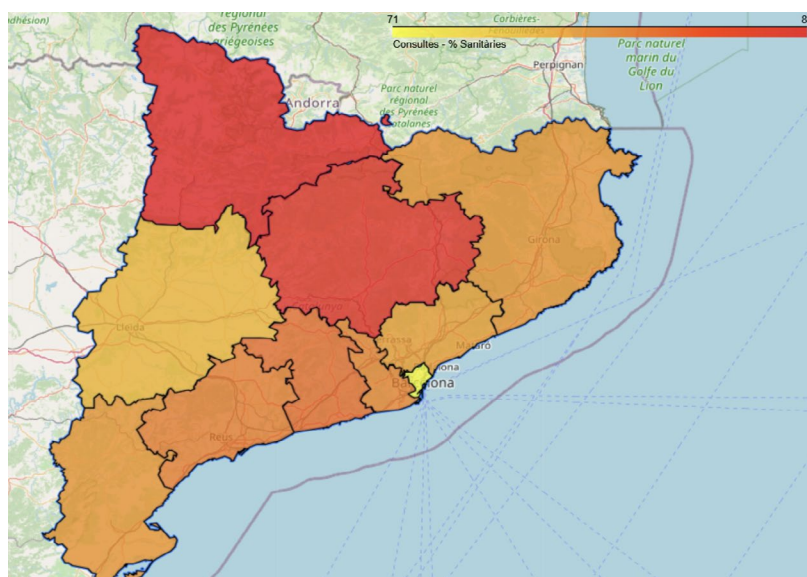


Figure 27. Health consultations to 061 compared to the total consultations in the health regions
(January 2024–May 2025) (%)

Territorial differences are observed in the proportion of healthcare-related consultations. In **Barcelona City**, the percentage is slightly lower (71%), whereas in regions such as **Alt Pirineu i Aran and Central Catalonia**, it rises to **80%**, indicating a greater reliance on the 061 service

for clinical matters. One explanation could be that, in rural areas or areas with less physical accessibility to health services, 061 is functioning as an essential gateway to health care, especially outside of normal hours.

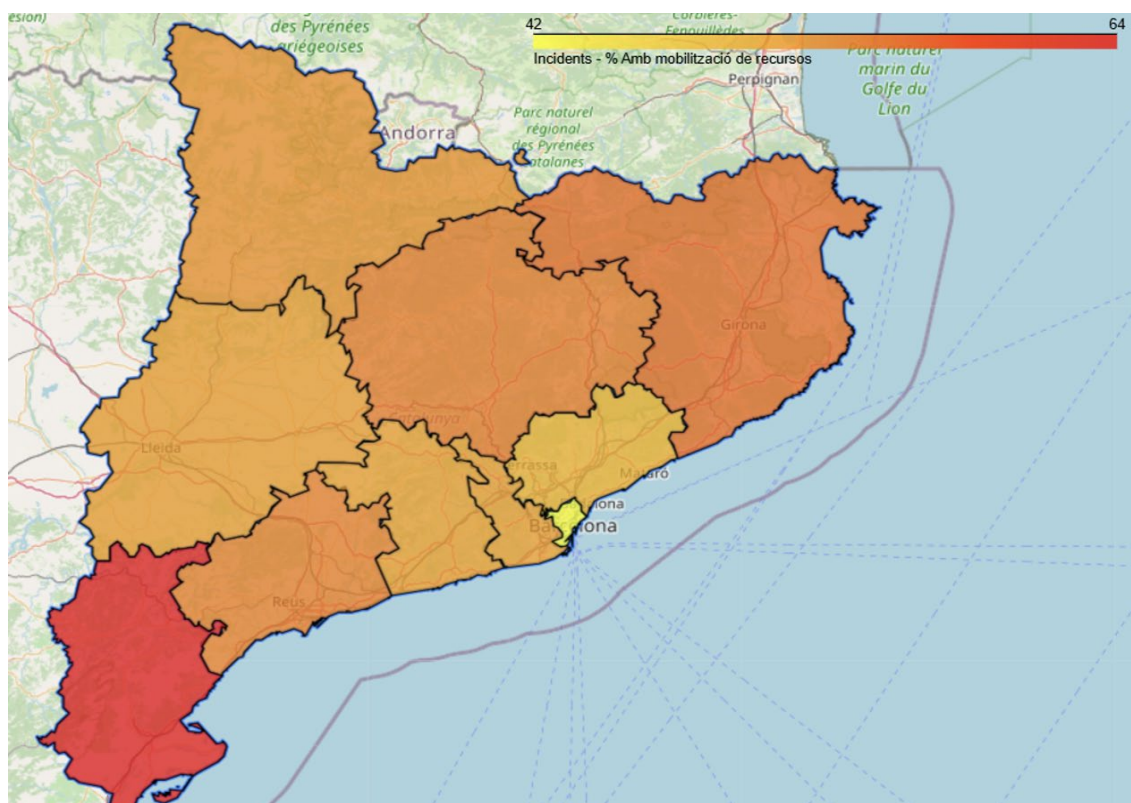


Figure 28. Incidents involving resource mobilisation in health regions
(January 2024–May 2025) (%)

There is also **territorial variability** in consultations that involve the **mobilisation of resources**. In **Barcelona City**, these types of interventions are less frequent, whereas the highest proportion of incidents requiring on-site intervention is recorded in **Terres de l'Ebre**. This

fact could be explained by the level of physical accessibility to health services as in the previous case, or because there is no guarantee of communications and, therefore, the use of Nf2fC channels is prevented.

3.

Conclusions

From the data collected in this report, the following conclusions are drawn:

- When discussing Nf2fC, telephone consultations are always the most prevalent. In PC, the use of visits without the patient (sick leave, prescriptions) should also be highlighted.
- In primary care, non-face-to-face care plays a leading role, accounting for more than one third of all visits and even constituting the majority in some regions, although a slight decline has been observed compared to early 2023.
- In HC, the proportion of non-face-to-face visits to outpatient consultations represents more than a quarter, a trend that remains relatively stable and is concentrated, above all, in the hospitals of Barcelona City.
- Regarding the 061 service, it can be observed that the proportion of health consultations remains stable over time and represents around 75% of the total calls. This proportion varies slightly between territories. Likewise, approximately half of the consultations involve the mobilisation of healthcare resources, a proportion that has also remained stable over time. Territorially, this use is less in some regions and more intensive in others.

4.

Reflections

- The existence of diverse information systems can be considered a barrier to the deployment of the Nf2fC. For this reason, and also because it is the patient's first contact with healthcare, in PC, the deployment of Nf2fC channels is greater than in other areas.
- The team considers that, due to its complexity, the type of care provided in HC could benefit more than other areas from the relationship established with healthcare professionals in order to make greater use of Nf2fC. For example, in the case of monitoring chronic and complex diseases over long periods.
- It is important to emphasize that the entire activity of the Emergency Medical System has a non-face-to-face component, and constitutes a key access point to the system. More than half of the contacts of citizens with the SEM are resolved by the professionals of 061 Salut Respon without mobilising other SEM resources.

5.

Appendix: Access to indicators via the web platform

Currently, the collected indicators and data are accessible through the provisional website: <https://observatori-anp.onrender.com>, in which they are presented interactively to facilitate consultation and analysis. This platform allows users to view trends and obtain detailed information on the use of different Nf2fC tools in various regions and care levels. Soon, the platform will be integrated into the official website of the Fundació TIC Salut Social.

In the interface developed within the framework of this project, the data will be updated periodically, following the availability and update criteria established by CatSalut.

6.

Literature

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