

Ufsc digital health center: Support and development of digital health solutions for the SUS

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Abstract

Objective: To present the trajectory, structure, and results of the Digital Health Center (Núcleo Saúde Digital-UFSC), highlighting its contribution to strengthening Primary Health Care through digital health solutions within the scope of the SUS (Unified Health System). **Methods:** This is a descriptive technical-scientific report regarding the activities of Digital Health-UFSC since its inception in 2008. It presents the Center's key areas of action (tele-diagnosis, tele-consulting, tele-care, tele-education, and Formative Second Opinions), the team involved, implementation methodology, collaboration with health managers, and the use of its proprietary platform. The analysis is based on operational data and performance indicators derived from activities carried out between 2015 and 2025. **Results:** The Center recorded nearly 4 million telediagnosis reports issued and over 500,000 teleconsultations, with a direct impact on reducing referrals to specialized care, enhancing the problem-solving capacity of Primary Health Care, and improving care coordination. Tele-education initiatives reached over 140,000 SUS professionals, demonstrating high completion and engagement rates. The production of 186 Formative Second Opinions resulted in over 225,000 views, fostering continuing education within primary care settings. **Conclusions:** Digital Health-UFSC was established as an efficient model for teaching-service integration, exerting a positive impact on expanding access to care, improving care quality, and strengthening health care networks within the SUS, in alignment with national digital health guidelines.

Key-words: Telehealth; Digital Health; Primary Health Care; Teleconsulting; Telediagnosis; Continuing Health Education; Unified Health System (SUS).

Resumen

Centro de salud digital de la ufsc: Apoyo y desarrollo de soluciones de salud digital para el sus.

Objetivo: Presentar la trayectoria, la estructura y los resultados del Centro de Salud Digital-UFSC, resaltando su contribución al fortalecimiento de la Atención Primaria de Salud mediante soluciones de salud digital en el Sistema Único de Salud (SUS) brasileño. **Métodos:** Este es un informe técnico-científico descriptivo sobre las actividades del Centro de Salud Digital-UFSC desde su implementación en 2008. Se presentan sus áreas de acción (tele-diagnóstico, tele-consulta, tele-asistencia, tele-educación y segunda opinión formativa), el equipo involucrado, la metodología de implementación, la articulación con los gerentes y el uso de su propia plataforma. El análisis se basa en datos operativos e indicadores de desempeño de las acciones realizadas entre 2015 y 2025. **Resultados:** El Centro registró 4 millones de informes emitidos a través de tele-diagnóstico y más de 500.000 tele-consultas, con un impacto directo en la reducción de derivaciones a atención especializada, aumentando la efectividad de la APS y la coordinación de la atención. Las iniciativas de tele-educación alcanzaron a más de 140.000 profesionales del SUS (Sistema Único de Salud), con un alto nivel de aprobación y participación. La producción de 186 segundas opiniones formativas generó más de 225.000 visitas, promoviendo la educación continua en atención primaria. **Conclusiones:** El Centro de Salud Digital-UFSC se ha consolidado como un modelo eficiente para la integración de la docencia y el servicio, con un impacto positivo en la ampliación del acceso, la mejora de la calidad de la atención y el fortalecimiento de las redes de atención dentro del SUS, en línea con las directrices nacionales de salud digital.

Palabras clave: Telesalud; Salud Digital; Atención Primaria de Salud; Teleconsultoría; Telediagnóstico; Educación Continua en Salud; Sistema Único de Salud (SUS).

Núcleo saúde digital ufsc: Apoio e desenvolvimento de soluções em saúde digital para o sus

Objetivo: Apresentar a trajetória, a estrutura e os resultados do Núcleo Saúde Digital-UFSC, destacando sua contribuição para o fortalecimento da Atenção Primária à Saúde por meio de soluções em saúde digital no âmbito do SUS. **Métodos:** Trata-se de um relato técnico-científico descritivo sobre a atuação do Saúde Digital-UFSC desde sua implantação em 2008. São apresentados seus eixos de ação (telediagnóstico, teleconsultoria, teleatendimento, tele-educação e Segunda Opinião Formativa), equipe envolvida, metodologia de implantação, articulação com gestores e uso da plataforma própria. A análise baseia-se em dados operacionais e em indicadores de desempenho das ações desenvolvidas entre 2015 e 2025. **Resultados:** O Núcleo registrou quase 4 milhões de laudos emitidos em telediagnóstico e mais de 500 mil teleconsultorias, com impacto direto na redução de encaminhamentos para atenção especializada, ampliando a resolatividade da APS e a coordenação do cuidado. As ações de tele-educação alcançaram mais de 140 mil profissionais do SUS, com alta taxa de aprovação e adesão. A produção de 186 Segundas Opiniões Formativas resultou em mais de 225 mil acessos, promovendo educação permanente na atenção primária. **Conclusões:** O Saúde Digital-UFSC consolidou-se como um modelo eficiente de integração ensino-serviço, com impacto positivo na ampliação do acesso, na qualificação do cuidado e no fortalecimento das redes de atenção no SUS, alinhado às diretrizes nacionais da saúde digital.

Palavras-chave: Telessaúde; Saúde Digital; Atenção Primária à Saúde; Teleconsultoria; Telediagnóstico; Educação Permanente em Saúde; Sistema Único de Saúde (SUS).

INTRODUCTION

The National Telehealth Program, established in 2007, aimed to expand the provision of Continuing Health Education (EPS-Educação Permanente em Saúde), with a focus on Primary Health Care (APS), through the delivery of tele-education initiatives, second-opinion consultations, and tele-diagnostics. The Telehealth Technical-Scientific Center at the Universidade Federal de Santa Catarina (Telessaúde-UFSC) was one of the centers implemented under the pilot project. Its activities commenced in 2008, involving a collaborative effort among the University Hospital, the UFSC Graduate Program in Public Health, the Council of Municipal Health Secretaries (COSEMS-Conselho de Secretários Municipais de Saúde), and the State Health Secretariat. As stipulated in the national project, computers and multimedia kits were distributed to facilitate the establishment of a network of continuing education services¹.

With the establishment of the Telehealth Brazil Networks Program (Programa Telessaúde Brasil Redes) in 2011, Telessaúde-UFSC expanded its scope of operations to include teleconsultations regarding clinical management, work processes, and management support; the development and provision of learning objects across various tele-education modalities; and the diversification of tele-diagnostic services.

In 2014, it supported the implementation of the e-SUS system in Santa Catarina, and in 2018, it was designated to provide the National Tele-diagnostic Service in Dermatology. Beginning in 2023, it initiated support for centers in the early stages of implementation, providing technological infrastructure and sharing knowledge and management strategies.

The Integrated Telemedicine and Telehealth System (STT-Sistema Integrado de Telemedicina e Telessaúde) is a virtual platform developed by the Cyclops Group/UFSC in collaboration with SES/SC and Telessaúde-UFSC.

Its purpose is to provide remote diagnostic reports across various modalities, enable patients to access their exam results, and offer webinars, both synchronous and asynchronous teleconsultations, distance learning courses, videos, and other supportive materials for professional training and development¹.

In addition to the aforementioned characteristics, a virtual office for teleconsultations and a shared environment for synchronous discussions were launched in 2023. The system is integrated with the Ministry of Health's web services and official monitoring systems, and is prepared to transmit data to the National Health Data Network. Maintenance of the STT is partially funded by the Center. However, its continued development relies on securing additional funding sources to ensure it remains up-to-date and effective.

In June 2025, the Telessaúde-UFSC Center transitioned to the brand UFSC Digital Health Center (Núcleo Saúde Digital UFSC), broadening the scope of its health solutions and adopting the slogan "Connecting to Care." This transition reaffirms the Center's commitment to fostering collaboration and intersectoral work, bridging the realms of education (UFSC) and service delivery (health departments). Furthermore, the foundational principles of the EPS guide the mission of the UFSC Digital Health Center: to coordinate, develop, enhance, and support the implementation of digital health solutions in order to improve the quality of and expand access to public health services, as well as to consolidate Health Care Networks within the scope of the SUS (Unified Health System). The core concepts guiding the Center's activities are that integrating digital health initiatives and extensive coverage maximizes outcomes, and that all activities must be undertaken with a view toward long-term sustainability and the effective transfer of knowledge and technology.

The UFSC Digital Health seeks continuous dialogue with professionals and managers to align

its offerings with actual support needs and the specific characteristics of service networks. In conjunction with regulatory frameworks, the Center plays a role that extends beyond mere training of health teams; it actively intervenes at critical junctures in user access to health services. The strategy employed invariably involves engaging local health system management and professionals to foster a growing understanding that telehealth serves the population's needs just as effectively as in-person care. The expectation is that, through its utilization and application, professionals will take ownership of this knowledge and ensure the sustainability of these initiatives.

METHODOLOGY

The core unit is based within the Department of Public Health at UFSC, and its collective activities involve 335 individuals. The internal team (n=62) consists predominantly (61.3%) of professors, staff members, and undergraduate and graduate students from various fields: Collective Health, Medicine, Dentistry, Nursing, Nutrition, Psychology, Physical Education, Pedagogy, Journalism, Film, Design, Computer Science, Administration, and Law. Professionals from diverse specialties are contracted to address specific needs across the various modalities of telehealth (including report generation and consultations), as well as to fulfill strategic administrative roles within the financial sector, user support, and operational management (covering telediagnosis, teleconsultation, and tele-education). Adhering to the principles of sustainability and knowledge and technology transfer, professionals from various specialties—who are permanently assigned to the service network—actively participate in responding to teleconsultations (n=220) and issuing telediagnostic reports (n=53). The core unit provides training and ongoing supervision to ensure the quality of the telehealth initiatives under its purview.

Implementation Workflow

The implementation of the core's telediagnosis, tele-consulting, and tele-care initiatives follows the organizational logic of the various local health care networks and comprises four stages: context analysis and problem definition; workflow structuring; implementation; and monitoring and support. Upon receiving a request for participation from states, municipalities, or local health centers, the corresponding operational sector takes charge of the implementation process by organizing meetings and workshops with service managers. The first stage involves: providing clarifications regarding the operational mechanics of the specific service modality; mapping existing protocols and

referral pathways; and quantifying both the backlog of unmet demand and the available service capacity. In the second stage, new workflows are defined to address identified demands, and formal agreements, regulatory frameworks, and policy decisions are established to structure the local telehealth network. The implementation stage entails: establishing telehealth service points; registering and credentialing health professionals in alignment with the territorial layout of the care network; and training these professionals through tele-education initiatives. The selection of teleconsultants and report-generating specialists, as well as the acquisition of telediagnosis equipment, where necessary, falls under the local manager's responsibility. The core ensures specialist coverage during the initial implementation phase for a pre-agreed period and provides backup coverage during periods of professional leave (such as vacations or sick leave) or when there is a backlog of unmet demand. The implemented units are subject to continuous monitoring until their operational processes are fully consolidated. UFSC Digital Health periodically assesses the quality of service delivery through sample-based evaluations of the activities under its direct responsibility, as well as those conducted by its partners and the professionals within the implemented networks. Whenever a need is identified, the program facilitates necessary adjustments and provides additional training to the stakeholders involved. User support is available during standard business hours via various communication channels. For cases involving the issuance of critical diagnostic reports, the system features an automated alert mechanism that notifies the professionals and managers directly involved.

Operational Workflows Telediagnosis

Tele-diagnosis is defined as the issuance of a professional report or opinion mediated by information and communication technology, involving the transmission of graphs, images, and data. UFSC Digital Health offers and/or supports six types of telediagnosis: dermatology, stomatology, electrocardiography, encephalography, spirometry, and polysomnography. The operational workflow begins with a request submitted by a physician or dentist, followed by the examination, and concludes with the issuance and viewing of the report (Figure 1). The entire process is carried out within the STT system. The specialist assesses the quality of the examination and the completeness of the information, then issues a report or opinion, including an indication of a probable diagnosis. In dermatology and stomatology, specialists assign a risk classification that helps regulate and

appropriately prioritize cases on the waiting list. The "blue" and "white" classifications group together situations that do not require specialized care. In such instances, the reporting specialist provides guidance on clinical management. When

appropriate, the specialist recommends supplementary examinations that, if arranged in advance, optimize the patient's initial consultation.

Figure 1. Operational workflow for tele-diagnosis at the UFSC Digital Health Center.



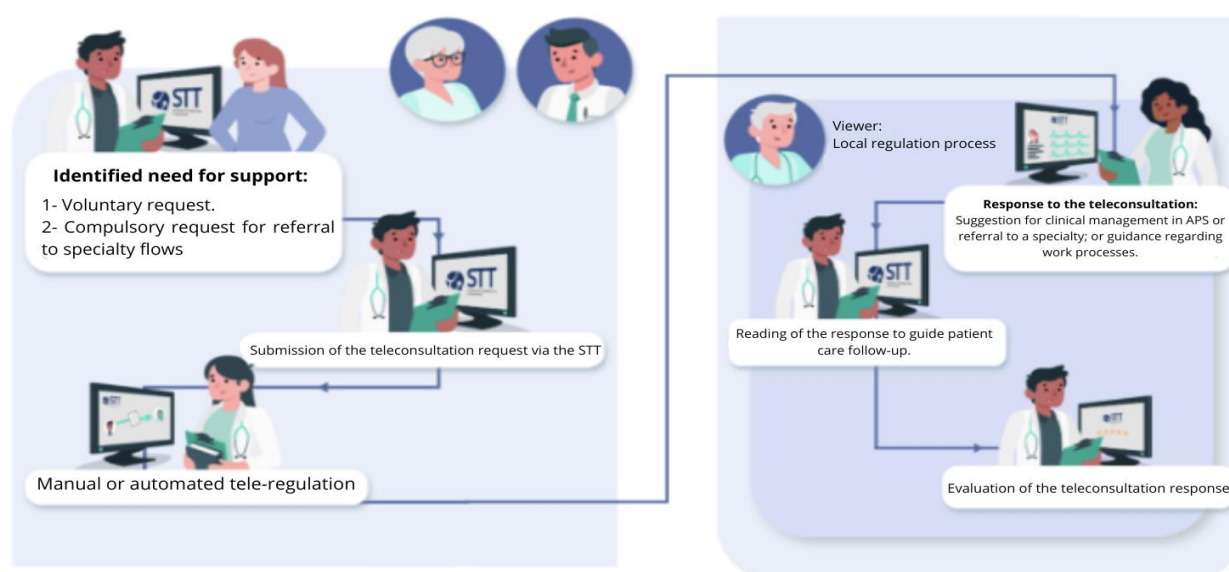
Source: Prepared by the UFSC Digital Health Center, 2025

Teleconsulting

Teleconsulting is an established strategy designed to support clinical care inquiries, improve workflow organization, and enhance referral processes to specialized care. It is directed at Primary Health Care (APS) professionals, operates in an asynchronous format, and is managed through the STT system. Teleconsulting may be requested on an ad hoc or mandatory basis, integrated into regulatory workflows for access to specialized services, with the aim of enhancing the quality of care and optimizing referrals. The implementation of teleconsulting requires a formal agreement between the Telehealth Hub and the Central Regulation Units, including the definition of workflows, training of teleconsultants, and sensitization of local teams. Continuous monitoring of the service is conducted through standardized

indicators displayed on dashboards, enabling the tracking of response quality, turnaround times, intervention effectiveness, and the reduction of unnecessary referrals.

The operational model is structured around defined stages: a request by the APS professional, tele-regulation of the demand, a response from the teleconsultant, and service evaluation. Responses are formulated based on scientific evidence and aim to foster the continuing education of APS professionals, enhance decision-making, and guide referrals, including prior management and the ordering of diagnostic tests. This dynamic strengthens APS's problem-solving capacity, fosters shared responsibility for care, and facilitates coordination across the various points of the Health Care Network (Figure 2).

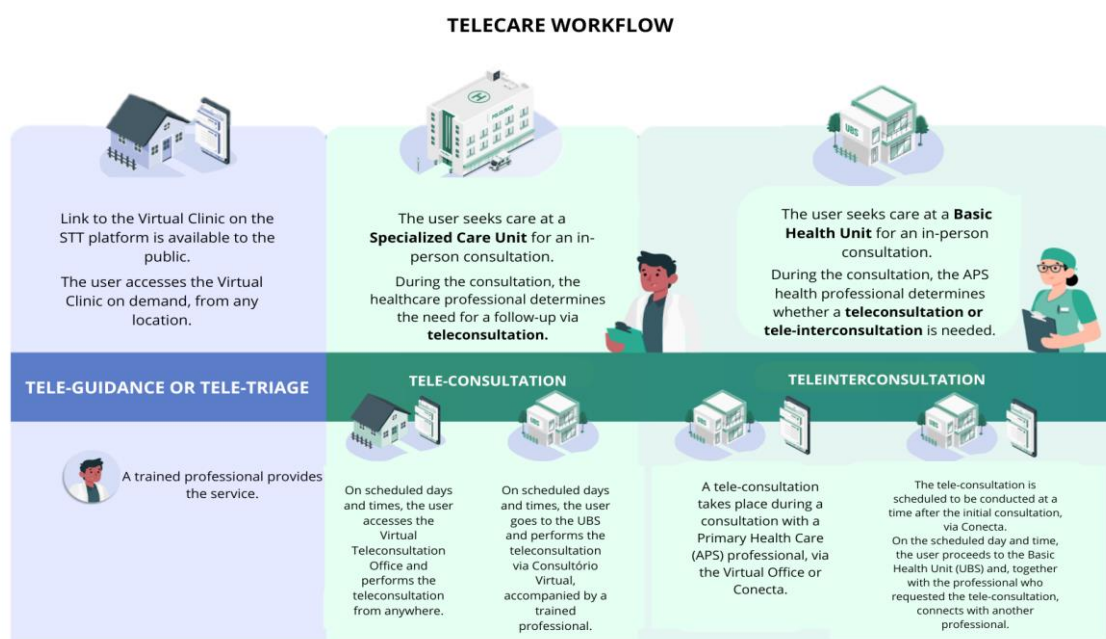
Figure 2: Operational Workflow of Teleconsulting at the UFSC Digital Health Center

Source: Prepared by the UFSC Digital Health Center, 2025

Telecare Services

Telecare consists of remote assistance, mediated by technology, involving healthcare professionals and users engaging in various forms of synchronous interaction. In the case of tele-guidance or tele-triage, the user accesses the Virtual Clinic via a publicly available link, without the need for a prior appointment. They are attended to by a trained professional, preferably one with access to the electronic health record to allow for the immediate documentation of the consultation. Teleconsultations are conducted by appointment, either at the user's home or at a healthcare facility. Tele-interconsultations, remote interactions between healthcare professionals for the exchange of opinions, are conducted at a Basic Health Unit in the user's presence (Figure 3).

The STT features two synchronous interaction tools that enable chat, audio, and video, and support sending and receiving attachments.

Figure 3: Operational Flow for Telecare services

Source: Prepared by the UFSC Digital Health Center, 2025

Tele-education

The tele-education initiatives of UFSC Digital Health prioritize APS professionals, aligning with national policies on EPS and APS and with digital health guidelines. The model is structured around three core premises: the integration of education, service delivery, and management; sustainability with a focus on local autonomy; and the utilization of up-to-date educational technologies.

These initiatives are organized into two primary formats: web conferences and self-paced online courses, both accessible via the STT platform. Course topics are selected primarily based on the specific needs and demands of partner institutions or the Program Center. The web conferences, conducted in real time, typically last between one and two hours; they incorporate interactive tools, and recordings are subsequently made available for later viewing.

The online courses follow the Massive Open Online Course (MOOC) format, with workloads ranging up to 100 hours. Course content is organized into instructional units comprising video lectures, supplementary materials, and assessment activities designed to encourage the practical application of the knowledge acquired. The Virtual Learning Environment is intuitive and may feature discussion forums, AI-driven virtual tutors, and direct communication channels. The support team provides ongoing monitoring to help reduce dropout rates and continuously enhance the quality of the educational offerings, drawing upon participant evaluations and data regarding reasons for non-completion.

Formative Second Opinion (SOF-Segunda Opinião Formativa)

Formative Second Opinions are developed based on inquiries received during teleconsultations, addressing questions that arise in professionals' daily practice. Topics with the highest frequency or greatest clinical and epidemiological relevance are selected; subsequently, a methodological process is initiated that yields structured responses grounded in updated scientific literature².

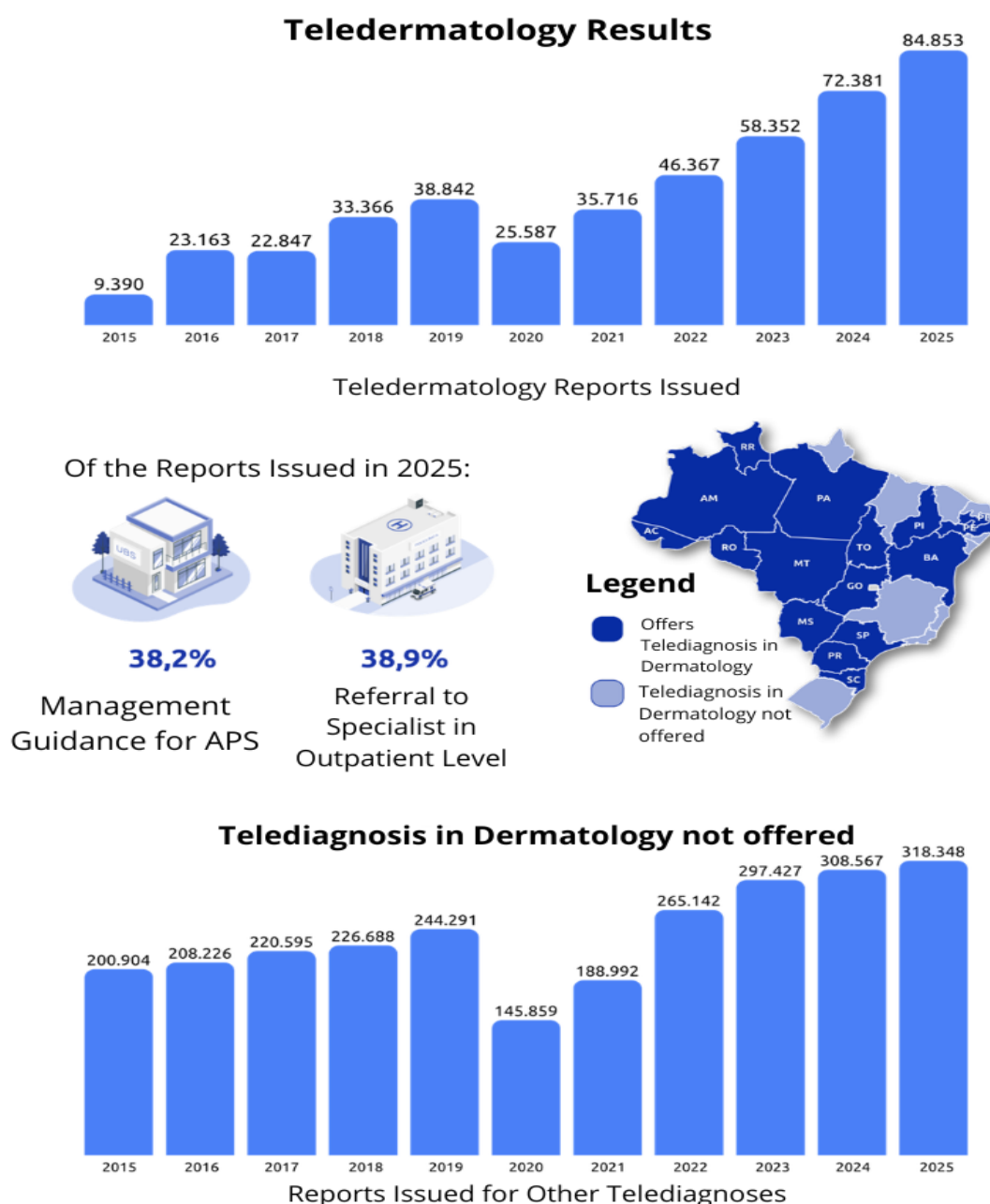
The development process follows four stages: selection, drafting, review, and publication. Once a topic is chosen, the specific question is refined, and the corresponding response is constructed through literature reviews utilizing reliable databases such as PubMed, Cochrane, UpToDate, and LILACS, among others. Subsequently, the drafted content is validated by an experienced APS professional to ensure

alignment with SUS regulations and current clinical guidelines. Only after this rigorous process is the SOF made publicly available via the APS Virtual Health Library, where it can be accessed by any interested professional.

RESULTS

Tele-diagnosis

Since implementing its first tele-diagnosis service, UFSC Digital Health has issued nearly 4 million reports. Over the last 10 years, significant growth has been observed, with more than 3 million reports issued, accounting for 75.9% of the total. As of 2025, 72 tele-diagnosis networks have been implemented. Tele-diagnosis in dermatology has been implemented in 16 Brazilian states and in 17 Special Indigenous Sanitary Districts across the North, Northeast, and Central-West regions. Tele-diagnosis in stomatology has been implemented in Santa Catarina and Paraná. Both modalities have the potential to improve the quality of referrals and assist in the regulation and timely care of cases involving greater complexity and urgency. More than one-third of the reports indicate the possibility of management within Primary Health Care (Figure 4).

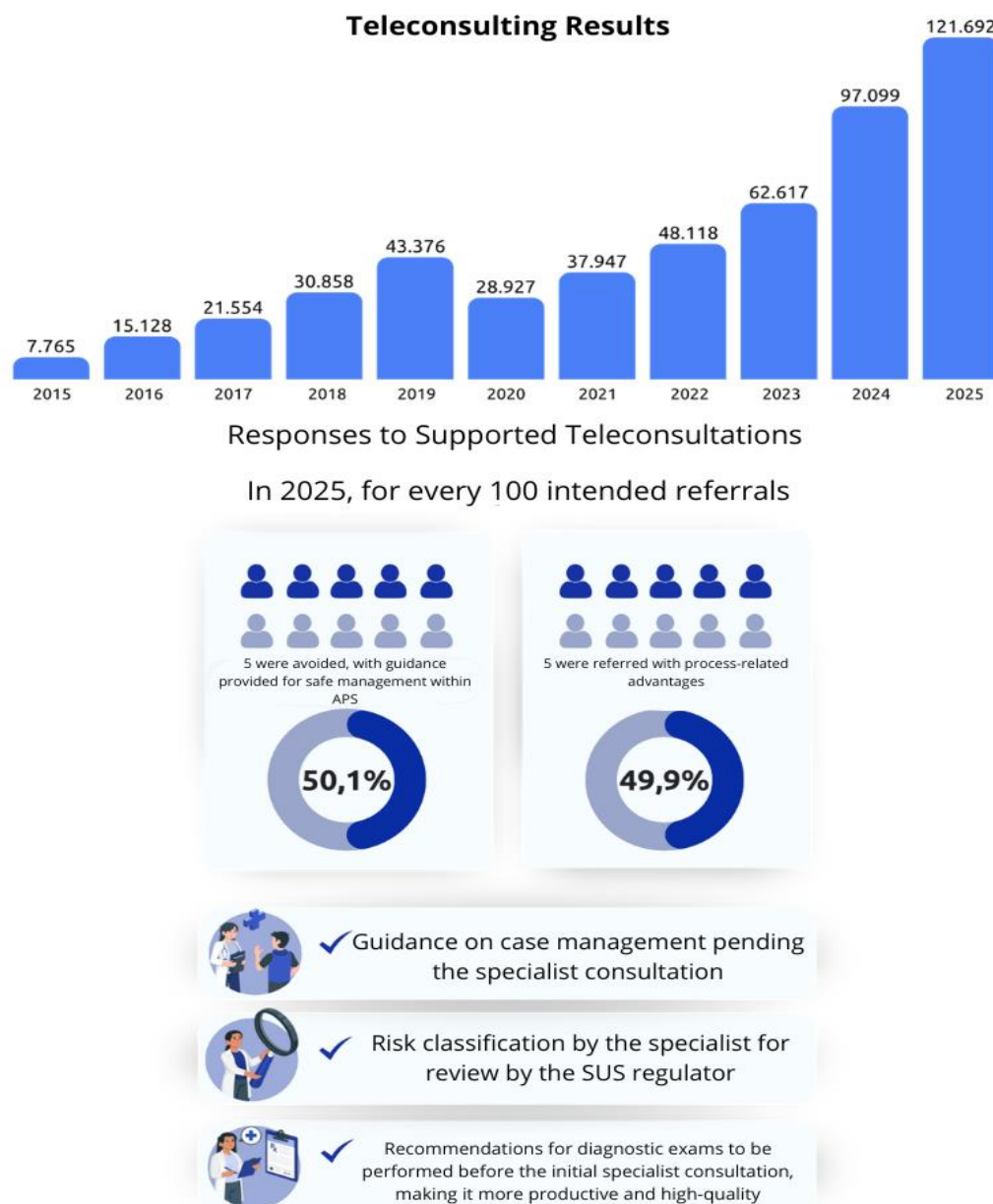
Figure 4: Tele-diagnosis Results from the UFSC Digital Health Center, 2015 to 2025.

Source: Prepared by the UFSC Digital Health Center, 2025

Teleconsultations

Teleconsultations, which have been expanding since 2015, demonstrate the potential to broaden access to and enhance the quality of healthcare. Over this period, more than 500,000 teleconsultations were conducted, potentially reducing waiting lists for access to specialized care. These results underscore the positive impact of teleconsultations on managing pent-up demand and improving access to specialized services within the SUS, spanning 51 medical specialties across 120 teleconsultation networks in Santa Catarina (Figure 5).

The potential for increasing the problem-solving capacity of Primary Health Care (APS) is noteworthy, with 50.1% of cases receiving clinical management guidance at this level of care (Figure 5). This specialized support is reliably provided through teleconsultation, ensuring safety from both a clinical perspective and a health data protection standpoint.

Figure 5: Results of Teleconsultation Activities by the UFSC Digital Health Center, 2015–2025.

Source: Prepared by the UFSC Digital Health Center, 2025

Telecare Services:

The telecare tools (Consultório Virtual and Conecta), currently in the implementation phase, have been integrated into the routine operations of the health service in just one municipality in Santa Catarina (population: 33,000), specifically through tele-guidance. Since the service's launch in November 2022, and having successfully moved past the pilot project phase, a total of 11,778 tele-guidance sessions have been conducted, averaging 471 sessions per month. Approximately

68% of these interactions involved administrative requests, such as the issuance of vaccination certificates and health cards, reflecting the municipality's specific local needs and characteristics. The implementation of this tele-guidance service has assisted users in resolving inquiries about available services and treatments, thereby eliminating unnecessary travel, facilitating timely referrals for care, and reducing the operational burden on Basic Health Units.

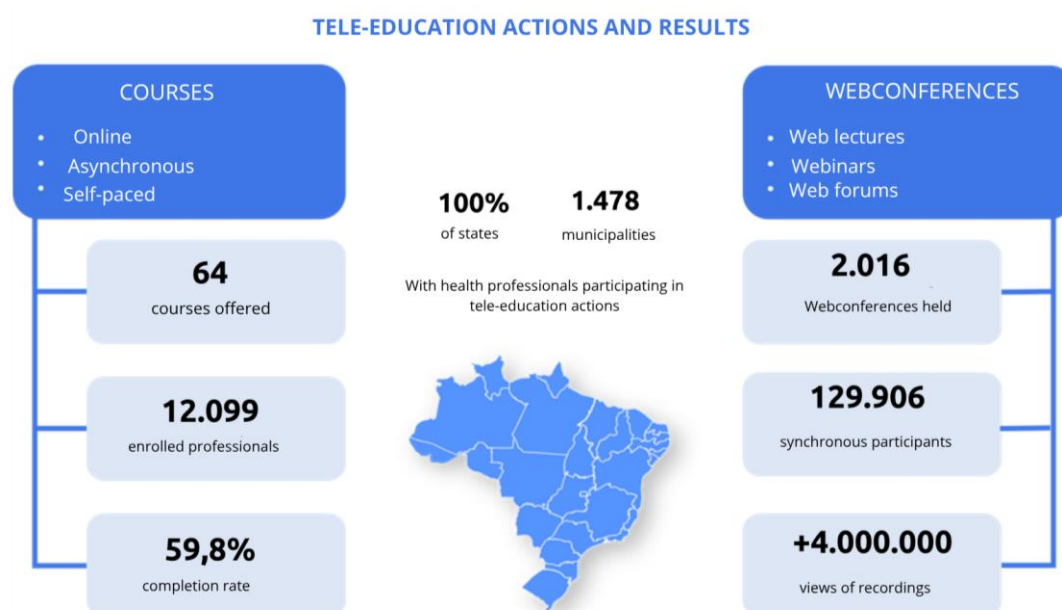
Tele-education:

Between 2015 and 2025, UFSC Digital Health offered 2,016 web conferences and 64 courses, totaling 6,364 hours of educational activities. These initiatives reached 129,906 SUS workers via web conferences and certified 7,238 course participants from 1,478 municipalities across all Brazilian states. The majority of participants were from the Southern region (83.2%), though the participation of health

professionals from the Northern region was also noteworthy.

Most participants were from APS, particularly nurses, technicians, physicians, and community health agents. Course evaluations indicated strong approval, with over 92% positive ratings across both technical and pedagogical aspects. The course completion rate stood at 59.8%, a figure considered high for free, self-paced online courses. (Figure 6).

Figure 6: Tele-education Results of the UFSC Digital Health Center, 2015 to 2025.



Source: Prepared by the UFSC Digital Health Center, 2025

Formative Second Opinion (SOF):

As of 2024, 186 SOFs have been produced, demonstrating the core group's ongoing commitment to strengthening Primary Health Care (APS) through knowledge dissemination. The reach of this initiative is evidenced by the more than 225,000 views recorded since the Core Group began its activities.

SOFs clarify clinical queries and serve as tools for continuing education, fostering professional development by providing access to systematized, reliable information. This approach promotes collaborative practice among health teams, encourages the adoption of safer clinical practices, and contributes to improving services provided within APS.

DISCUSSION

The data on the UFSC Digital Health are significant, and the consolidation of the service's sustainability, as well as the transfer of knowledge and technology, can be observed in the successful experiences reported at meetings and conferences, where municipalities and states present the results of our joint efforts. Notable examples include the awards received by Balneário Camboriú, which took first place at the 18th Mostra Brasil Aqui tem SUS³, and by Joinville, at the 1st Mostra Catarinense Aqui tem SUS, for its telehealth initiative in orthopedics⁴.

The initiatives offered by the Center have been an effective strategy for enhancing the quality of APS within the SUS. By supporting clinical decision-making, organizing work processes, and anticipating referral protocols, these initiatives expand access, reduce waiting lists, and strengthen care coordination. Teleconsultations have been integrated into regulatory workflows as a prerequisite step prior to referrals, resulting in a reduction of at least 40% in requests for specialist referrals⁵. This integration reduces waiting times and facilitates timely care. Studies demonstrate that the mandatory adoption of teleconsultation as an intermediary step between APS and specialized care reduces network fragmentation and fosters shared clinical approaches across different levels of care^{6,7}. Furthermore, incorporating risk stratification into responses enhances access to services and improves the clinical effectiveness of referrals.

Tele-diagnosis complements this logic by enabling specialized examinations, such as electrocardiograms and dermatoscopy, to be performed in primary care units, with reports provided remotely. More than one-third of the cases analyzed by specialists are manageable within APS, demonstrating the potential of this technology to prevent unnecessary referrals and enhance local problem-solving capacity⁸. In municipalities with well-structured teleradiology networks, a significant reduction in hospitalizations for cardiovascular diseases has been observed, with a positive impact on vulnerable populations, specifically beneficiaries of the Bolsa Família program⁹.

Therefore, the use of digital health and telehealth solutions within APS operationalizes care coordination by facilitating communication and the management of care pathways, elements that constitute the very essence of coordination and are fundamental to high-quality primary care.

The sustainability of telehealth services depends on integrating these workflows into service routines and on the active engagement of local managers and professionals. The presence of specialists affiliated with public networks, continuous training,

and the monitoring of operational indicators foster the institutionalization of these initiatives^{10,11}. Institutional support is recognized as a decisive factor for the adoption and continued use of digital tools in Primary Health Care (APS), particularly in regions facing structural limitations¹².

Finally, tele-education and formative second opinions integrate with clinical practice by offering longitudinal training and content developed in response to actual queries raised by health professionals. This combination of technical and educational support strengthens professional autonomy, encourages evidence-based decision-making, and enhances the responsiveness of APS services. Tele-education initiatives also demonstrate high engagement and approval among SUS staff, particularly when aligned with the concrete demands of their daily work routines^{13,14}.

CONCLUSION

The UFSC Digital Health Center has been bridging academic knowledge and service practice to develop an integrated model tailored to the needs of users of the Unified Health System. It was established as a successful model for integrating education and service delivery, contributing to expanded access, enhanced quality of care, and strengthened care networks, in alignment with national digital health guidelines.

In Santa Catarina, this strategy has supported efforts to enhance APS's problem-solving capacity, in consonance with the SUS Digital agenda and adapted to local specificities. All data on the Hub's activities and outputs are available for public consultation via a dashboard on its official website¹⁵.

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