Dear readers,

you see before you a special issue of the journal “Population and Economics” devoted to the study of social and economic issues of the development of telemedicine.

We considered it important to make this special issue, because in 2017 the “Digital Economy of the Russian Federation” program was adopted¹, and in 2018 a law on telemedicine was issued². This means that the speed of development of telemedicine in Russia is to increase. So, it’s time for a discussion about the economic efficiency and social aspects of the development of telemedicine, which will allow timely response to problem fields in the development of telemedicine.

Since the Russian practice of research in the field of telemedicine economics is still modest, we offer to your attention an overview of the articles of foreign authors on the economic effects of introducing telemedicine technologies (A. Maslov’s article). The history and problems of the emerging digital healthcare in Russia are analyzed in N. Rusanova’s article. Some aspects of the development of telemedicine in Russia — the study of the attitude of the population towards the introduction of medical online consultations (article by I. Kalabikhina and D. Matyushina), the availability of telemedicine care in Russia (E. Rozhkov’s article), features of the development of telemedicine in the Arctic zone of Russia (M. Natenzon’s article) — will disclose social and organizational perspectives and barriers to the spread of telemedicine to readers.

In this issue we have introduced a new rubric — “Regional experience of social policy”, in which we offer the reader materials on the experience of developing robotic medical evacuation systems at the Lomonosov Moscow State University and the All-Russian Center for Catastrophe Medicine “Protection” (article by V. Sadovnichy with colleagues), territorial health maps in Tatarstan (Z. Ziganshina’s article) and the development of information technology in medicine at the university base in Samara (article by G. Kotelnikov and colleagues).

The terminology in the field of telemedicine is just emerging. In English, concepts such as telemedicine, e-medicine and e-health are used. In Russian,

we often arbitrarily deal with terminology, replacing the terms telemedicine, telemedicine technology, digital medicine and digital healthcare with one another. We still have to distinguish between these concepts — both for research and management purposes.

The definitions used by the authors of this issue relate to the definition laid out in the so-called telemedicine law:

“Telemedicine technologies are information technologies that ensure the remote interaction of medical workers among themselves, with patients and (or) their legal representatives, identification and authentication of these individuals, documenting their actions during councils, consultations, remote medical supervision of the patient’s health.”

High expectations are placed on telemedicine — both in terms of improving the quality of medical care, and in overcoming inequalities in health indicators associated with geographical remoteness. However, in order to make state-level decisions on the priorities for the introduction of digital technologies in healthcare, a scientific basis is needed; empirical data on possible institutional and technological barriers for introduction of telemedicine under Russian conditions are required; it is necessary to calculate the economic effects of telemedicine technologies on the basis of real financial costs for healthcare and today’s demographic and epidemiological realities.

The articles presented in this issue are a kind of background for further research in the field: they, on the one hand, show a high level of development of telemedicine technologies, but, on the other hand, they also reveal gaps in studies on the economic effects of telemedicine in Russia.

We hope that in the coming years Russian science will manage to overcome this gap, and that the next issue on this topic will include an analysis of the effects of using modern digital technologies for demography and public health, and for the healthcare economy.

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