



Telehealth Unlikely to be Cost Effective for Patients with Long Term Conditions



Telehealth does not seem to be a cost effective addition to standard support and treatment for patients with long term conditions, finds a study published on bmj.com.

The findings follow a *BMJ* study published last month showing that telehealth does not improve quality of life for patients with long term conditions. Telehealth uses technology to help people with health problems live more independently at home. For example, blood pressure or blood glucose levels can be measured at home and electronically transmitted to a health professional, reducing the need for hospital visits.

Telehealth has been promoted to reduce healthcare costs while improving health related quality of life, but there is very little good quality evidence on the effect of telehealth on service use and costs. So, a team of UK researchers examined the costs and cost effectiveness of telehealth compared with usual care over 12 months in 965 patients with a long term condition (heart failure, COPD or diabetes). The study is part of the Whole Systems Demonstrator Trial - one of the largest and most comprehensive investigations of telehealth and telecare ever conducted. Of the 965 patients, 534 received telehealth equipment and support, while 431 received usual care. The results took account of costs to both health and social care systems.

The cost per quality adjusted life year (QALY) - a combined measure of quantity and quality of life - of telehealth when added to usual care was £92,000. This is well above the cost effectiveness threshold of £30,000 set by the UK National Institute for Health and Clinical Excellence (NICE). The probability of cost effectiveness was low (11%).

Even when the effects of equipment price reductions and increased working capacity of services were combined, the probability that telehealth is cost effective was only about 61%, at a threshold of £30 000 per QALY. The authors say that the QALY gain by people using telehealth in addition to standard support and treatment was similar to those receiving usual care, and total costs for the telehealth group were higher. As such they conclude that “telehealth does not seem to be a cost effective addition to standard support and treatment.”

Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial *BMJ* 2013; 347: doi: <http://dx.doi.org/10.1136/bmj.f1035> (Published 22 March 2013).

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