



Telemedicine: Effectiveness and Impact on Health Systems



Evidence showed that prior to the pandemic, telemedicine when used, was an effective, safe, patient-centred and cost-effective service. As the body of evidence certainly grew since the pandemic, it has emerged that when telemedicine is used inappropriately, it is not anymore deemed effective or cost-effective.

The key is to identify what the high-quality value-adding uses of telemedicine are, so they can be more widely adopted and used by patients. A systematic review of the literature on telemedicine between 2020 and 2022 was carried out to find relevant evidence to clarify its impact. The evidence was based on the use of telemedicine in OECD countries.

Evidence from OECD countries suggested that telemedicine may have exacerbated inequalities in access to care; access among poorer, older and rural patients remains concerning – they are among the groups that are most likely to lack the health and digital literacy to use telemedicine.

There is a substantial body of evidence to show that telemedicine delivered safe, effective and responsive services, but this contrasted against the view of several physicians. In Canada and Australia, a large proportion of physicians felt the quality of care was equivalent to in-person consultations. However, in Sweden, Austria and Norway, concerns remained regarding whether remote consultations could replace in-person consultations for services such as psychotherapy, care visits, or in instances when in-person relationships had not been established.

They were also concerned that physicians would be delivering remote care services to patients with health issues that were suitable for self-care, which would most likely lead to increased health spending and high opportunity costs in forgone care for patients with serious medical problems.

Emergency physicians and other specialists were concerned that patients referred to them did not have an in-person consultation or were not given an appropriate examination. In Canada, there was concern that for-profit

services were offering access to care by providers that patients hadn't consulted with prior, which threatened continuity of care and jeopardised system efficiency.

Additionally, telemedicine can lead to subsequent in-person care, in which case it would have been more appropriate to have initially conducted an in-person appointment. This is especially the case under certain provider payment scheme where it may lead to higher spending at no extra value for health systems.

In a 2021 Canadian survey, 81% of people using video consultation revealed that it had avoided them at least from one in-person visit to the doctor or emergency room. Similarly, other studies reflected these findings, where by ehealth interventions, mobile health-enabled integrated care, and smartphone app-based models of care have also reduced rates of hospitalisations, leading to lower costs.

On the other hand, tele consultations can increase the number of patients seen by a doctor in the day, increasing providers' stress levels as they endure longer on-screen hours and higher workloads.

Source: [OECD](#)

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