TITLE: Telemedicine Consultations for Patients in Long-Term Care: Clinical Effectiveness, Cost-Effectiveness, and Guidelines

DATE: 15 September 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities?

2. What is the cost-effectiveness of the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities?

3. What are the evidence-based guidelines regarding the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities?

KEY FINDINGS

One systematic review and one economic evaluation were identified regarding the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the results by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and September 3, 2015. Internet links were provided, where available.
The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

<table>
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<tr>
<th>Table 1: Selection Criteria</th>
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<tr>
<td>Population</td>
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<td>Frail, elderly residents in long term care facilities requiring consultation, follow-up or treatment for non-emergent medical conditions (chronic illnesses, mental health, etc.); Consultations could include, but are not limited to: dermatology (e.g. for cancer spots), dialysis, wound care, pre- or post-surgical care, internal medicine, psychiatric care</td>
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<td>Intervention</td>
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<td>Telemedicine/telehealth/videoconference health consultations with a video component</td>
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<td>Comparator</td>
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<td>In-person care</td>
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<td>Outcomes</td>
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<td>Q1: Clinical effectiveness (good quality of care, positive patient outcomes, harm, reduction of risk regarding transport of frail patients)</td>
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<td>Q2: Cost-effectiveness (including transport costs, wait times)</td>
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<td>Q3: Guidelines, treatment algorithms, regarding the use of telemedicine in long term care</td>
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<td>Study Designs</td>
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<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines</td>
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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

One systematic review and one economic evaluation were identified regarding the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities. No relevant health technology assessments, randomized controlled trials, non-randomized studies, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One systematic review was identified regarding the use of telemedicine to facilitate the delivery of health care interventions and consultations for patients in long-term care facilities. The
authors reported that telemedicine was feasible and stakeholders were satisfied with telemedicine for the following specialties: allied health, general practice, psychiatry, dermatology, multiple specialties, neurology, and geriatrics.¹

One economic evaluation² was identified regarding the cost-effectiveness of telemedicine to facilitate the delivery of psychiatric care for patients in long-term care facilities. The authors reported that telemedicine for psychiatric care was cost-effective and provided time savings, in addition to provided services that might otherwise not be available to rural nursing home residents.²
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Economic Evaluations


Guidelines and Recommendations
No literature identified.

PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Randomized Controlled Trials – Telemedicine for Nursing Support

   PubMed: PM24559218

Non-Randomized Studies

No Comparator or Control Group

   PubMed: PM25306294

Mixed Patient Population

   PubMed: PM25399997

Review Articles


   See: page 2

   PubMed: PM22687259

Additional References – Position Statement