

Limited evidence to support use of interactive telemedicine

Clinical Question	Compared to usual care (face-to-face care or telephone consultation), how effective, acceptable and costly is interactive telemedicine (TM)?
Bottom Line	There was no difference between groups for all-cause mortality for patients with heart failure (moderate to high certainty of evidence) at a median of six months follow-up. Admissions to hospital ranged from a decrease of 64% to an increase of 60% at median eight months follow-up (moderate certainty of evidence). There was some evidence of improved quality of life (moderate certainty of evidence) for those allocated to TM as compared with usual care at a median three months follow-up. In people with diabetes there were lower HbA1c levels in those allocated to TM than in controls (high certainty of evidence) at a median of nine months follow-up. TM patients also had decreased LDL and blood pressure (moderate certainty of evidence). Studies involving different mental health and substance abuse problems reported no differences in the effect of therapy delivered over video-conferencing, as compared to face-to-face delivery.
Caveat	The cost to a health service, and acceptability by patients and health care professionals, was not clear due to limited data reported for these outcomes. Since only 10 of the included studies evaluated the effect of TM on practice-related outcomes, it was not possible to draw any conclusions about how the use of TM might affect professional practice.
Context	TM is the use of telecommunication systems to deliver health care at a distance. It has the potential to improve patient health outcomes, access to health care and reduce healthcare costs. As TM applications continue to evolve it is important to understand the impact TM might have on patients, health care professionals and the organisation of care.
Cochrane Systematic Review	Flodgren G et al. Interactive telemedicine: effects on professional practice and health care outcomes. Cochrane Reviews, 2015, Issue 9. Art. No.: CD002098. DOI: 10.1002/14651858. CD002098.pub2. This review contains 93 studies involving 22,047 participants.
