



Coronavirus (COVID-19): remote care through telehealth

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BACKGROUND: On the 11th of March 2020 the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic.² Since then healthcare worldwide has had to rise to the challenge of how to deliver healthcare safely to people with health needs without overtly exposing them to this virus. Telehealth is used to describe interventions delivered over distance and is made up of the following three components. First the patient provides data, second the information is transferred electronically and then third the clinician provides feedback.³ Cochrane has put together a special collection highlighting all the evidence currently summarised in systematic reviews with relevance to telehealth.¹ This will hopefully assist health care providers in knowing the best ways to offer telehealth in order to gain the most benefit.

CLINICAL BOTTOM LINE: Automated telephone reminders are ideal for improving immunization and screening rates and are also beneficial for people with diabetes and hypertension.⁴ Interactive telemedicine is beneficial again for people with diabetes and will not cause people with heart failure to have a change in their condition and so healthcare for people with both conditions can be managed effectively this way.⁵ A new qualitative review looking at healthcare workers perceptions of using mobile technology has also shown that telehealth can be beneficial not only for patients but also for the workers.⁶

References

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Table 1. Summary of effect of remote care through Telehealth

Cochrane Review	Recommendations	Evidence	Harms
Automated telephone communication systems (ATCS) for preventive healthcare and management of long-term conditions ⁴	ATCS improves immunization rates in children and adolescents	Evidence base was from 7 randomised controlled trial (RCT) studies including 16,179 participants which were combined to provide a moderate level of evidence with Relative Risk (RR) of 1.25 (Confidence Interval (CI) 1.18 to 1.32) in children and an RR of 1.06 (CI 1.02 to 1.11) in adolescents	No harms were noted for these interventions
	ATCS seems to improve rates of physical activity with numbers of people walking frequently increasing and with slight increases to overall physical activity. However, these changes did not go on to affect clinical outcomes	RCT evidence was limited to 6 studies that were narratively summarised to provide a low level evidence base	
	ATCS improves screening rates for breast, colorectal and cervical cancer screening	RCT evidence was available from 13 studies containing 117,856 participants. Using a multimodal intervention screening rates for breast cancer were increased by RR 2.17 (CI 1.55 to 3.04), for colorectal cancer by RR 2.19 (CI 1.88 to 2.55) and for cervical cancer a narrative increase was noted. The evidence supporting this was considered to range from high to moderate level	
	ATCS for management of long-term conditions	For patients with diabetes mellitus ATCS seemed to be beneficial in lowering the mean glycated haemoglobin (HbA1c) and for people with hypertension ATCS appeared to lower systolic blood pressure (SBP) with a mean decrease of 1.89 (CI 2.12 to 1.66) but there appeared to be no effect on clinical outcomes for patients with cancer or heart failure.	
Interactive telemedicine (TM): effects on professional practice and health care outcomes ⁵	Interactive TM delivered in addition to, or as an alternative to, usual care (UC) compared with UC alone for people with diabetes	TM appeared to lower HbA1c % (mean difference (MD) (95% CI): -0.31 (-0.37 to -0.24)), and LDL cholesterol (MD: -12.45 (-14.23 to -10.68) mg/dL, blood pressure MD: systolic BP (SBP): -4.33 (-5.30 to -3.35) mmHg; diastolic BP (DBP): -2.75 (-3.28 to -2.22) mmHg)	There was no difference in harms recorded between groups
	Interactive TM delivered in addition to, or as an alternative to, UC compared with UC alone for people with heart failure	There is currently no evidence to suggest that TM results in increased hospital admissions but neither is there evidence for improved patient outcomes	
Health workers' perceptions and experiences of using mobile communications (mHealth) technologies to deliver primary healthcare services: a qualitative evidence synthesis ⁶	Key messages	<i>'Health workers welcomed the benefits of mHealth, and described how they used mobile phones to improve their work and relationships with each other and with clients. However, they also experienced challenges, including poor network coverage and access to electricity. People implementing mHealth programmes should try to address these challenges and build on health workers' positive experiences.'</i>	There were concerns about boundaries between health workers and clients and concerns about potential increased cost
	The main findings of this qualitative review	mHealth changed how connected health workers found themselves and which workers felt improved coordination and continuity of care. Health workers also felt that the use of mobile phones helped them improve relationships with their clients	