

Telehealth Research Recap: Quality of Care



Comparing the Quality of Telehealth and In-Person Care

Studies have shown there are no significant differences between the quality of care delivered remotely and care delivered in person for various conditions including, but not limited to, mental health disorders like depression and anxiety.^{1,2} One study found that telehealth generates health outcomes similar to in-person care for patients with hypertension and type 2 diabetes.³ Findings of similar quality for telehealth and in-person care are significant for individuals in remote or underserved areas where telehealth may increase access to health care. Research assessing rural emergency department patients treated using telehealth found similar clinical outcomes when compared to in-person care.⁴ As telehealth becomes integrated into care delivery, its capacity to uphold the same standards of care as in-person services underscores its potential as a viable and effective health care delivery model.

Hospitalizations and Readmissions

Telehealth interventions have been effective in reducing avoidable hospital admissions, including for chronic diseases like diabetes and hypertension.^{5,6} Patients with diabetes use remote patient monitoring (RPM) to prevent disease progression and reduce the likelihood of hospitalizations.⁷ Additionally, RPM use for patients with hypertension was associated with reductions in hospitalizations. By increasing access to health care, telehealth can help patients maintain control over their health, ultimately reducing the risk of hospitalizations.⁸

Improving Outcomes in Cancer Care

Telehealth for cancer care is feasible and safe, resulting in similar outcomes in emergency department visits, admissions, and severe adverse

events.⁹ Patients using telehealth coaching for rehabilitation had similar outcomes for activity participation but reported significant improvements in activity satisfaction.¹⁰ Additionally, telehealth facilitates care coordination among multidisciplinary teams.¹¹ These findings support the role of telehealth in cancer care.

Quality of Care and Health Equity

The use of telehealth varies across different demographic groups.¹² Figure 1 shows the differences in telehealth use by race and ethnicity within both urban and rural communities.¹³ It is important that telehealth is accessible and provides quality health care through integrated services. Studies on telebehavioral health outcomes in rural and underserved communities found no clinical differences in symptoms, increased contact with health care professionals, and greater likelihood of follow-up.^{14,15} Addressing disparities is crucial for ensuring that telehealth fulfills its potential to provide high-quality health care to diverse populations.

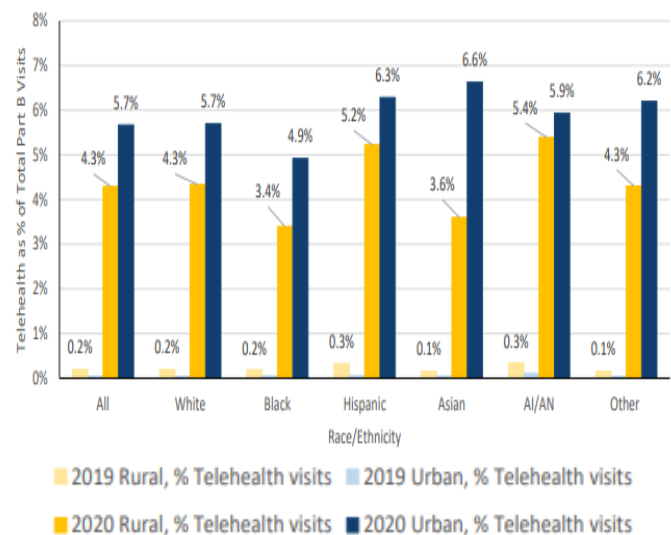


Figure 1. Telehealth as a percent of Medicare Part B visits by Race/Ethnicity and Rural/Urban Location¹⁶

Resources

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- ¹² Samson L., Tarazi W., Turrini G., et al. Medicare Beneficiaries' Use of Telehealth Services in 2020- Trends by Beneficiary Characteristics and Location (Issue Brief No HP-202127). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2021
- ¹³ Ibid.
- ¹⁴ McCord, Carly et al. "Comparison of in-person vs. telebehavioral health outcomes from rural populations across America." *BMC psychiatry* vol. 22,1 778. 10 Dec. 2022, doi:10.1186/s12888-022-04421-0
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- ¹⁶ Ibid.