Telehealth Consultations: Assessing Effectiveness

SYSTEMATIC REVIEW

Studies published
1996 through May 2018

Included 233 studies
Across three settings

QUALITY OF STUDIES

Strength of Evidence (SOE)
Moderate, Low or *Insufficient*

Risk of Bias
42% High, 47% Moderate, 11% Low

SETTINGS

Inpatient (n=54)	Emergency (n=73)	Outpatient (n=106)
Remote ICU & Specialty	Pre-Hospital & ED	Several Specialties

MODERATE SOE

Reduced ICU & Hospital Mortality
No Difference in Length of Stay

Remote ICU

Reduced EMS Mortality & Decision Time
No Difference in Telestroke Mortality & Harms

EMS

EMS & Specialty

Telestroke

Improved Access & Clinical Outcomes
(Wound Healing, Psychiatry Symptoms & Response to Treatment)

Several Specialities

LOW OR *INSUFFICIENT* SOE

Remote ICU: *Cost*, *Harms*
Specialty Consultation: Cost, *Harms*, Mortality, Other Clinical Outcomes, Satisfaction, Wait Times

Telestroke: Time to Treatment, tPA Administration
Specialty Consultation: Clinical outcomes, Cost, *Harms*
EMS or Urgent Care: Cost, *Harms*

Several Specialties (Cancer, Dental, Dermatology, Infectious Disease, Multiple Specialties, Opthalmology, Orthopedics, Single Condition with Diagnostic Technology): Clinical Outcomes
Across Several Specialties: Cost, *Harms*, Management & Utilization, Satisfaction

RISK OF BIAS

Remote ICU	Telestroke	Several Specialties
33%	48%	44%
48%	39%	50%
19%	13%	6%

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