Telehealth Consultations: Assessing Effectiveness

**Studies published**
1996 through May 2018

**Included 233 studies**
Across three settings

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

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

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

**Reduced ICU & Hospital Mortality**
No Difference in Length of Stay

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

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

**Risk of Bias**
- 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, Ophthalmology, Orthopedics, Single Condition with Diagnostic Technology): Clinical Outcomes Across Several Specialties: Cost, Harms, Management & Utilization, Satisfaction

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