

Telehealth helps cardiac and respiratory patients, AHRQ review finds



[The U.S. Agency for Healthcare Research and Quality \(AHRQ\)](#) conducted an extensive

review of past research on telemedicine interventions to determine how the implementation of telehealth technologies in the healthcare setting has changed costs and patient outcomes.

The agency found that telehealth monitoring (remote monitoring of patients using technologies such as video-conferencing) is [most successful for cardiac and respiratory patients](#). For these conditions, telehealth can reduce mortality and hospital admission frequency and improve quality of life.

The review's findings

While one of the purposes of telemedicine is to reduce healthcare costs by providing better preventive care and helping to prevent hospital admissions, there remains limited information on how the utilization of these technologies is changing costs. The research that has been done shows that adoption of telemedicine has not been a resounding success across the board; in many of the reports, results were inconclusive.

AHRQ released its report in December, following a request from Senators Bill Nelson (R-Fla.) and John Thune (R-S.D.), who asked for a comprehensive review of the research done on telehealth and remote monitoring. With support from many stakeholders, they hoped to determine the value of these services, "particularly for the chronically ill, with a focus on expanding access to care and reducing costs." This type of information is critical in guiding healthcare policy decisions.

Despite stakeholders' optimism about telehealth's potential, just "thirteen percent of the reviews considered by AHRQ in its report indicate that telehealth provides a benefit in terms of reduced costs and utilization," according to Healthcare IT News. "34 percent say there is a potential benefit; 31 percent were inconclusive; and 22 percent found no benefit."

The report noted that significant barriers exist that limit the implementation and adoption of telehealth technologies. Some of these barriers include a dearth of evidence-based research and issues with provider support, reimbursement, and scalability.

Recommendations

The agency recommended additional research to determine the effectiveness of telehealth in areas that "do not yet have a sufficient evidence base to support important decisions about practice and policy." They identified triage in urgent care, serious pediatric conditions, and behavioral and physical health integration as three areas that warrant more primary research.

They also recommended further research on organizational and payment models, according to Healthcare

Informatics.

Pushback

Following the release of its report, other organizations spoke out to urge AHRQ to expand the scope of its evaluation.

The Healthcare Information and Management System Society (HIMSS) and the Personal Connected Health Alliance (PCHA) argued that international studies should also be considered, not just individual studies done within the United States. In a letter submitted to AHRQ, the two organizations said, “We would like to note the need for AHRQ to review international studies that – when properly analyzed – can aid US policymakers in understanding additional applications of new and novel technology.” They also argued that patient engagement is an important metric that AHRQ should have included in its list of positive outcomes.

The pushback from these groups shows the difficulty of evaluating telehealth in a policy context, and of implementing new technology in an industry that's slow to change. For now, patients with chronic cardiac or respiratory problems can celebrate that management of their conditions might soon become much easier.

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