

## The Potential for Telehealth Consultations in Cardiology and Dermatology in Newfoundland & Labrador

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### The Issue

- Labrador-Grenfell Health (LGH) asked the Contextualized Health Research Synthesis Program (CHRSP) to look at potential health and economic benefits of telehealth consultations.
- CHRSP worked with the Canadian Agency for Drugs and Technologies in Health (CADTH) and LGH to identify and appraise relevant literature and to refine the research question. Ultimately, the scope of the study included Cardiology and Dermatology telehealth specialist-patient consultations, defined as communication about health conditions between specialists and patients who are geographically distant from each other.
- Our report does not extend to any telehealth communications among health professionals that do not involve the patient being present, nor does it include remotely-administered diagnostic testing, remote medical interventions, or remote monitoring activities.

### The Question

*“What does the scientific literature tell us about the clinical effectiveness and cost-effectiveness of telehealth technologies for specialist-patient consultations in the fields of cardiology and dermatology, considering the expected patient populations and given the social, geographic, economic, health system, health technology, and political contexts of Newfoundland and Labrador?”*

### The Results

- There is insufficient evidence to **conclusively support** telecardiology or teledermatology consultations as effective alternatives to face-to-face consultations. As such, the study can only **suggest** the potential effectiveness of the telehealth consultations assessed in the report.
- When teledermatology consultations are compared with conventional face-to-face consultations, the available evidence **suggests** that teledermatology consultations result in reliable diagnoses and management plans for most dermatologic conditions.
- Available evidence **strongly cautions against** the use of store-and-forward (SF) teledermatology consultations for *pigmented or atypical lesions*; studies show higher incidence of inappropriate, potentially life-threatening management plans under SF telehealth when compared with face-to-face consultations.
- Evidence **suggests** that telecardiology and teledermatology consultations may increase the number of such consultations while reducing inappropriate in-person referrals.
- Evidence **suggests** that telecardiology and teledermatology are cost-effective from a societal perspective when telehealth communications infrastructure is in place and operational, as is the case in NL. Evidence further suggests that telecardiology and teledermatology are cost-effective from a patient/client perspective.
- The available evidence **suggests** that patient satisfaction with teledermatology is equal to face to face consultations.
- No evidence from the research literature supported or contradicted the possibility that telehealth services would increase physician specialist workloads or overall cost to the health service payer/health system.

### The Local Context

- Demographics in NL are expected to support the need for, and use of, telecardiology/teledermatology programs.
- NL already has comprehensive, multi-functional and well-established telehealth infrastructure. This will contribute to overall cost-effectiveness for telecardiology/teledermatology programs in the province.
- Telecardiology and teledermatology consultations may reduce costs currently incurred for patient travel; they may also reduce unnecessary referrals and societal costs resulting from lost work time.
- Evidence indicates that patients in NL are responding favorably to telehealth programs; as such, telecardiology and teledermatology are likely to be publicly accepted and supported.

Read the full report here: [www.nlcahr.mun.ca/chrsp](http://www.nlcahr.mun.ca/chrsp)