

George Institute for Global Health: Optimising telemedicine delivery in out patients



Professor Christine Jenkins,
lead researcher and head of
the respiratory program at the
George Institute

When COVID brought on the sudden and dramatic transformation of health service delivery in the form of virtual care, Professor Christine Jenkins knew that telehealth was a necessity during lockdowns.

"However, I wondered if it would serve the patients' best interests as an alternative to in-person consultations once restrictions were lifted," explains Professor Jenkins.

"We should not assume it is the best option for care when there is the potential to see patients again. I fear that cost containment and pragmatic concerns are driving the reinforcement of telemedicine as the default option, and quality of care and patient outcomes are not being prioritised."

Professor Jenkins hypothesises that there is the possibility that diagnoses will be missed, and investigations and management will be delayed.



Most of the telehealth consultations are happening by phone. This is asking the patient to go into a consultation with the physician blindfolded."

Professor Christine Jenkins

Weighing the risks and benefits

The research includes semi-structured interviews with 60 patients and carers, 24 specialists, and 16 administrators. The goal of the study is to define perspectives on the benefits and risks of changing to the widescale use of telehealth modes of service delivery.

"We hope to identify barriers and facilitators to telehealth, and the contexts in which it works best, along with those for which it is important to preserve in-person consultations," says Professor Jenkins.

The aim of the project is to obtain insights about the advantages and disadvantages of telehealth from health professionals, administrators, patients, and carers who have experienced both face-to-face and telehealth consultations across respiratory, neurology, and cardiology services.

Further research needed

The effects of switching to telehealth formats have not been adequately investigated and more work is required in order to identify outcomes.

"We continue to be very interested in telehealth and believe the strengths and weaknesses of this mode of service delivery are still inadequately explored. Although it suits patients and sometimes also clinicians, it may not be the best mode for achieving quality outcomes for chronic disease management," says Professor Jenkins.

More research can explore patient satisfaction and health-related outcomes. It can look at whether to maintain the widespread use of telehealth services or seek to reinstate face-to-face in-person care to optimise patient outcomes. However, these outcomes may differ according to medical specialty, and timing.

Professor Jenkins of the George Institute for Global Health was the lead researcher of the project that received an Avant Foundation grant. She is head of the respiratory program at the George Institute and has led many investigator-initiated and competitively-funded clinical trials in airways disease.