The Effectiveness of Telehealth-based Teaching Initiatives for Chronic illness Patients

Cink Gwahsmi*

Department of Life Science, University of Liverpool, UK

Abstract

Telehealth is the delivery of health care and education over great distances using electronic and telecommunication technology. Telehealth intended objective is for it to become a mainstream method of providing health care to the general public. Because of its importance in reducing hospital visits from patients with COVID-19 or other illnesses, as well as promoting home isolation in persons with moderate symptoms, telehealth received additional attention during the current coronavirus sickness (COVID-19) pandemic. The needs of people with chronic conditions are commonly overlooked during pandemics. Some patients are turning to Telehealth services like video consultation and remote monitoring due to a lack of regular clinic visits. The safety of key clinical professionals is also ensured by telehealth. Furthermore, Telehealth has the potential to minimise the number of unnecessary hospital visits, alleviating the demand on already overburdened healthcare resources.

Keywords

Telehealth, Chronic disease, Healthcare, Telemedicine

Correspondence to:

Cink Gwahsmi

Department of life science,

University of Liverpool, UK

Email: Gwahsmi.c-ul@gmail.com

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1. Introduction

As a result of these changes, healthcare professionals are seeking for strategies to reduce the cost of chronic disease treatment without sacrificing care quality. Telemedicine, which includes remote patient monitoring, can help to lower the cost of chronic disease care. Doctors and specialists can treat a patient‘s condition remotely using live video and audio, mobile devices, and other smart digital tools, minimising the need for in-person consultations. Learn more about the advantages of telemedicine in the management of chronic diseases. Patients with chronic diseases may need to adjust their lifestyle in addition to medicine and other forms of treatment if they want their condition to improve. Changes in nutrition, quitting smoking, and getting more exercise are all possibilities [1]. When left to their own devices, however, some patients may struggle to stick to these kinds of treatment regimens, causing their illness to worsen. However, when health care providers can remotely monitor a patient‘s status, they will be able to determine whether the patient is adhering to treatment requirements. The doctor may have the patient walk on a Bluetooth scale to observe how their weight has changed if they have been overeating and not getting enough exercise. Doctors can use mobile devices and live video and audio to remind patients to take their medications, eat well, and remain active, enhancing the patient‘s recovery chances. Patients with chronic conditions may notice a new symptom every now and then. This could be a little worry, an indication that their health is deteriorating, or the beginning of a new chronic ailment [2]. If they have to travel considerable distances for consultation, some patients may delay consulting with their care provider about this new symptom until their health deteriorates. The benefits of efficient use of home and community-based services to improve the health of people who wish to live in their own homes rather than in long-term care institutions have long been recognised by users of the Chronic Care Model. Evidence shows that keeping people in their homes instead of long-term care facilities necessitates a number of key elements, including a knowledgeable, proactive interprofessional team; dynamic communication between caregivers, patients, healthcare system members, and community resource providers; mutual goals of care; tailored, consistent education for both the patient and caregivers; and the use of evidence-based practise [3]. Due to social determinants of health, such as low access to care due to cost, insufficient numbers of primary care providers and specialists, transportation issues exacerbated by decreased functional ability, and a lack of knowledge of available community resources, this level of care coordination is difficult in rural areas. As a result, people with MCC who live in rural areas require additional treatments in order to stay in their communities [4]. Telehealth has been used to provide care to patients with MCC who have limited access to healthcare by removing access, distance, and transportation restrictions. For the purposes of this article, telehealth refers to the delivery of remote health care to patients via a range of technologies, such as phones, smartphones, and mobile wireless devices, with or

without a video link. Increased communication with healthcare practitioners who provide education, counselling, or remote monitoring of chronic illnesses to improve health outcomes is one of the most consistently recognised benefits of telehealth interventions [5]. Furthermore, telehealth has been demonstrated to enhance health, save expenses, and has the potential to scale to a broader population. While the present data supports moving from telehealth effectiveness research to implementation and practice-based research, there is limited information on the dose of telemedicine intervention required to enhance outcomes or reduce costs. As a result, there is a knowledge gap when it comes to creating rigorous implementation initiatives involving the dose of telehealth intervention required.

2. Conclusion

Telehealth is frequently recommended as a way to reduce health disparities, such as those who endure a higher burden of sickness, injury, disability, or mortality due to chronic conditions. However, in telehealth studies, health care disparities such as lack of insurance, access, and quality are rarely measured. In addition, there were huge quantities of missing data in respect to health determinants including access to care. Access to telehealth is hampered by the digital divide. As we try to reduce health disparities in the context of the determinants of health, understanding the findings of telehealth trials in the context of the population will become increasingly crucial. The efficacy of health interventions is affected by age, gender, income, education, rurality, and race. The National Quality Forum standards for telehealth include measuring these demographics in connection to effectiveness, cost, and cost-effectiveness, as well as the patient experience. These domains must be present in any future telehealth efforts and evaluated in relation to health determinants.

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