

CHAPTER 9

Telehealth and its Place in Primary Care

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Introduction

With the increasing world population, the need for health services has also increased. Along with advancing technologies, the scope of health services provided has become wider. It has become imperative to use scientific and technological opportunities to meet this broadening scope of supply and demand and to provide higher quality health services (Önal & Kaya, 2020). Telehealth refers to the use of information and communication technologies for health. The World Health Organization (WHO) stated that although it has been applied in the past, its use has increased significantly and has become more popular with the COVID-19 pandemic. (WHO, 2021). The first use of telehealth services started with the use of store-and-forward applications where information is stored and transmitted for diagnosis and second opinion. Today, real-time conversations can be held between the patient and the healthcare provider with interactive video calls, and patients can be monitored with wearable equipment. The scope of the services provided has expanded with these developments, and a wide range of services can now be provided from emergency intervention to chronic disease management, preventive services, and rehabilitation (Moore et al., 2017).

The use of telehealth services in primary care provides an opportunity to increase access to health services (Hickson et al., 2015). In addition to facilitating access, telehealth services increase the quality of the service provided, decrease costs, promotes health information and quality of life in patients, improve physician-patient relationships, and prevent time losses caused by commutes for both physicians and patients (Moore et al., 2017). This chapter examines the concept of telehealth and its use in primary health care.

The Concept of Telehealth

Telehealth can be summarized as remote health. WHO defines telehealth as “the use of information and communication technologies in the exchange of information, research, and evaluation necessary for the diagnosis, treatment, and prevention of disease and injury by all health professionals in health care services where distance is a critical factor, and in the continuing education of health care providers as they work to improve the health of individuals and their communities” (WHO, 2016).

According to the American Telemedicine Association (ATA), telehealth is “management and delivery systems in health and care that use technology to increase capacity and access” (ATA, 2020). In the United States of America (USA), The Center for Connected Health Policy (CCHP) defines telehealth as “a method that enables the delivery and improvement of health care, public health, and health education services

using information and communication technologies” (CCHP, 2023).

Telehealth and telemedicine are often used interchangeably, but telehealth refers to a broader scope of services that cover telemedicine. Telemedicine refers specifically to remote clinical services, while telehealth refers to remote nonclinical services, such as patient education, administrative meetings, and continuous medical education, in addition to clinical services (CCHP, 2023).

Key Components of Telehealth

Live Video Conferencing

It is the most widely used form of telehealth service. This practice is also called real-time. It refers to live and two-way communication between the healthcare provider and the patient (ATA, 2020). The video link can be established between a patient and a physician, or between a physician and a specialist for consultation purposes (Olson & Thomas, 2017).

Live video interviews were conducted using audiovisual technologies. Surrounding camera systems, videoscopes and webcams can be used in the interviews. Video calls can be made through a computer monitor, plasma television, projector, or tablet. With live video calls, patients with limited mobility, patients who have geographical difficulties in accessing health services, and patients who do not want to or do not have the opportunity to come to psychiatric interviews in person can receive health services at home. Physicians can seek support from specialists located elsewhere. Health professionals can conduct training programs with participants in different locations. Patients can use these technologies to receive disease management or other important health information (CCHP, 2023).

Store-and-Forward (Asynchronous)

In telehealth services, store-and-forward refers to situations where the interaction is not done simultaneously. It is used when live video or face-to-face interaction is not required. Medical information such as digital images, documents, and prerecorded videos are stored and electronically transmitted to an advanced health center or reporting center for later evaluation (Olson & Thomas, 2017; ATA, 2020; CCHP, 2023). This method is used to aid in diagnosis and consultation between medical professionals. The health professionals and the patient do not need to be present at the same time. This increases the efficiency of health services as it allows health professionals to assess the patient at a time convenient for them (CCHP, 2023). With these technologies, store-and-forward systems are most commonly used in radiology, pathology, dermatology, and ophthalmology. In radiology, X-rays and MRIs can be transmitted to specialists. In dermatology, primary care providers can take photographs of patients' skin conditions and forward them to the dermatologist. In ophthalmology, eye scans for diabetic retinopathy, a disease that is a major cause of blindness among people with diabetes, can be digitally recorded by retinal cameras and transmitted to a specialist for review (CCHP, 2023).

Remote Monitoring

Remote monitoring is the transfer of health data, usually collected from the patient at home through sensors and monitoring equipment, to an external monitoring center. Remote monitoring is an increasingly important area of telehealth (CCHP, 2023). A wide range of health data, such as blood pressure, blood sugar, oxygen saturation, pulse, body temperature, and body weight, can be collected by remote monitoring programs (CCHP, 2020). It allows patients to be followed-up after discharge, reducing the rate of

readmission to the hospital. The quality of life of elderly and disabled individuals can be improved through monitoring programs (CCHP, 2023).

Mobile Health

Mobile health is defined as the use of devices that can connect to the wireless internet, such as remote monitoring devices, personal digital assistants, and cell phones in the provision of health services. Telephone hotlines, reminder text messages, and accessing electronic patient data via mobile phones are examples of mobile health applications (WHO, 2016). Healthcare is usually delivered through an application downloaded to mobile devices. Sending messages to people to promote health behaviors and the e-pulse application used in Turkey can be given as examples of mobile health (CCHP, 2023; Republic of Turkey Ministry of Health, 2020b).

History Of Telehealth

The use of digital technologies in healthcare began in the 1950s when two hospitals in the USA succeeded in sharing X-ray images with each other over telephone lines (Rivera-Ruiz et al. 2008). With the decision taken at the 58th World Health Assembly in 2005, WHO urged member states to plan appropriate telehealth practices in their countries (58th World Health Assembly, 2005). In the same year, the Global Observatory for e-Health (GOe) was launched, whose aim is to monitor the development of telehealth applications in countries and their impact on health. In 2016, mobile health was officially defined by the WHO, and it was stated that mobile health increases access to health services and information and promotes disease self-management (Executive Board 132nd Session). At the World Health Assembly in 2018, it was stated that the use of digital technologies contributes to achieving sustainable development goals and their use should be prioritized (71st World Health Assembly, 2018).

Developments and innovations in the field of telehealth around the world have continued at an increasing pace, and the COVID-19 pandemic further increased the importance of telehealth. The restrictions during the pandemic, such as social distancing and the desire to keep people away from high-risk environments, such as hospitals, transformed telehealth practices into an urgent necessity rather than a potential opportunity (Whitelaw et al, 2020; WHO; 2021).

Telemedicine practices, which started in the 1950s, came to the agenda in Turkey in the 2000s and were put into practice. In the action plan prepared by the Ministry of Health in 2006, four actions related to e-health were included and the implementation of Tele-Medicine systems was accepted as one of these actions (see Information Society Strategy and its annex approved by the High Planning Council Decision dated 11/07/2006 and numbered 2006/38, Official Gazette dated 28/07/2006 and numbered 26242). In 2007, teleradiology, telepathology, and teleECG services were established, and in 2008, the number of hospitals covered by the program was increased. The images created with the software installed on the laptop computer used by family physicians and the ultrasonography probe integrated into the computer were analyzed and reported by experts at a hospital. A teleconsultation application was implemented between the Gazi University Faculty of Medicine, Department of Pediatrics and ten health centers via the web (Onal & Kaya, 2020).

As of January 1, 2015, the e-Pulse system, through which the medical history of patients benefiting from health services can be accessed, has been put into use

(e-Nabız, Republic of Turkey Ministry of Health, 2020b). With the 2015 “Directive on the Application Procedures and Principles of Telehealth Services,” it was aimed to provide medical consultancy on all kinds of health problems that may arise in air and sea vehicles navigating within the Turkish Search and Rescue Region, to provide expert consultation when necessary and to conduct activities such as emergency health services (Çapacı & Özkaya, 2020). In 2019, with the COVID-19 pandemic, healthcare services in many health institutions started to be provided via telemedicine. A video call system was launched through e-Nabız, and it was aimed to enable COVID-19 positive or contacted persons to access online health services. The system was piloted in the cities of Ankara, Yalova, Kırıkkale, and Istanbul and implemented in family medicine centers in Samsun (Ministry of Health, 2021). In the Ege University Faculty of Medicine Hospital, Telemedicine Polyclinic System was put into practice to prevent delays in the follow-up of patients with chronic diseases due to the COVID-19 pandemic, and remote video examination service planned as a telehealth practice was initiated in many health institutions in Ankara to reduce the risk of COVID-19 transmission in different branches and to ensure the continuation of health services by protecting public health (Ege University, 2021).

In February 2022, the discussions on the provision of remote healthcare services in Turkey were addressed by the Ministry of Health and the “Regulation on the Provision of Remote healthcare services” numbered 31746 was published. The Regulation sets the legal framework for remote healthcare by regulating the procedures and principles for these activities.

Telehealth Applications in Primary Healthcare Services

Prenatal and Postnatal Care and Telehealth

Telehealth services are being used in the prenatal period to monitor the health status of the pregnant woman, provide genetic counseling, and monitor chronic medical conditions and in the postnatal period to monitor and promote breastfeeding. In the prenatal period, a pregnant woman is assessed to determine whether she is eligible for remote health care. Risky pregnancies are usually excluded from this service. Patients who are deemed suitable for remote monitoring are provided with a package containing items, such as a fetal pulse monitor, urine kit, and blood pressure kit. Nurses can follow-up the pregnancy of patients who make an appointment to receive virtual antenatal care (Wenata & Dira, 2022).

Chronic conditions during pregnancy can be monitored with telehealth applications. For example, with a glucometer that transmits measured blood glucose data to a secure server, the health professional monitoring the pregnant woman can receive notifications to review her blood glucose levels and electronically communicate recommendations to the patient for changes in diabetes management (Greiner, 2017).

Telehealth interventions to support breastfeeding are referred to as telelactation. It is implemented by supporting breastfeeding mothers using any real-time audiovisual technology available (e.g., smartphones, tablets, or computers) (Uscher-Pines et al., 2017). Studies have shown that telelactation increases mothers’ perceived self-efficacy in breastfeeding and supports exclusive breastfeeding. The advantage of this service over face-to-face education is that mothers recovering after giving birth have the opportunity to access the service in their own homes without having to go to a healthcare institution with their babies, and their requests for problem solving can be met quickly. In this

respect, it is stated that telelactation has preventive effects on early weaning and formula supplementation (Macnab et. al, 2012; Hubschman-Shahar, 2022). Telelactation services can be particularly beneficial for individuals living in rural areas (Uscher-Pines et al., 2020; Demirci et. al, 2019).

Geriatric Health and Telehealth Applications

Telehealth is important for geriatric health as it enables access to health services without leaving the home environment. Each component of telehealth can be used in the field of geriatric health. The vital signs of elderly individuals can be monitored using wearable devices, such as clothes, belts, watches, and glasses. Individuals wear these measuring devices on their body and either transmit the data to the health institution via a computer or do it via video conferencing (Gokce Kutsal, 2021). It is stated that monitoring elderly individuals with chronic diseases at home improves their quality of life, provides clinical improvement and reduces their symptoms, and increases their compliance with treatment (Armstrong et al., 2007). Telehealth services reduce health inequalities by giving older people living in rural areas the opportunity to access health information (Demir Avcı & Gozum, 2018).

With the sensors installed in the homes of elderly individuals, their well-being is secured by monitoring the activities carried out by the individual at home. Telecare devices that automatically call for help in the event of a fall or other domestic emergency (such as fall detectors worn as belts that detect a jarring sensation of sudden movement and changes in position from vertical to horizontal) increase the confidence of elderly individuals to live independently (Blythe et. al, 2005). Older people with cognitive impairments can receive assistance in daily activities by using systems that send a text message when the user approaches their front door, reminding them to pick up their keys, check their cell phone, or lock the door (Hawley-Hague et al., 2014).

Chronic Diseases and Telehealth Applications

Chronic diseases are seen as one of the main application areas of telehealth services. Telehealth applications for chronic disease management are used for diagnosis, treatment, home care, primary and secondary preventions, disease management, and palliative care (Hanlon et al., 2017). Informatics-based applications used in disease management can help patients maintain self-management of diseases, leading to a healthier process, reducing the workload on health care systems and reducing the cost of health services (Baran et al., 2022).

The best recommended model for telehealth in hypertension management is the combination of remote monitoring and transmission of blood pressure data with video consultation and education about lifestyle and risk factors (Omboni, 2020).

The medication and medical nutrition therapy, compliance with physical activity programs, and optimal glycemic control of individuals with diabetes can be monitored with telehealth applications, and appropriate measures can be taken at an early stage (Gürçay and Taskun Yılmaz, 2022). It was found that patients with diabetes who were followed-up at home with reminder text messages, and patient checks via text messages. Web-based education and follow-up programs showed a significant decrease in HbA1c levels, successful cognitive-social adaptation to the disease, and these practices positively affected diabetes self-management (Zhai et al., 2021). Another study found that web-based programs for nutrition tracking and physical activity promotion and monitoring

can improve glycemic control, waist and hip circumference, functional capacity, physical activity level, and quality of life of patients with diabetes (Ming et al., 2016). With telehealth methods, such as photographic imaging and online communication via video conferencing, diabetic foot ulcers can be detected and prevented at an early stage (Hazenberget al., 2020).

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