



A NEW ERA IN TELEMEDICINE: OPPORTUNITIES, CHALLENGES, AND WHAT COMES NEXT



In early 2020, the use of telemedicine was very limited Then the COVID-19 pandemic changed everything

OECD Health Policy Studies



The COVID-19 Pandemic and the Future of Telemedicine



In January 2020:

- Telemedicine services still represented only a small fraction of all health care activity and spending
- Providers and patients faced barriers to telemedicine use, like lack of reimbursement, unclear liability, and privacy concerns

Just a few weeks later:

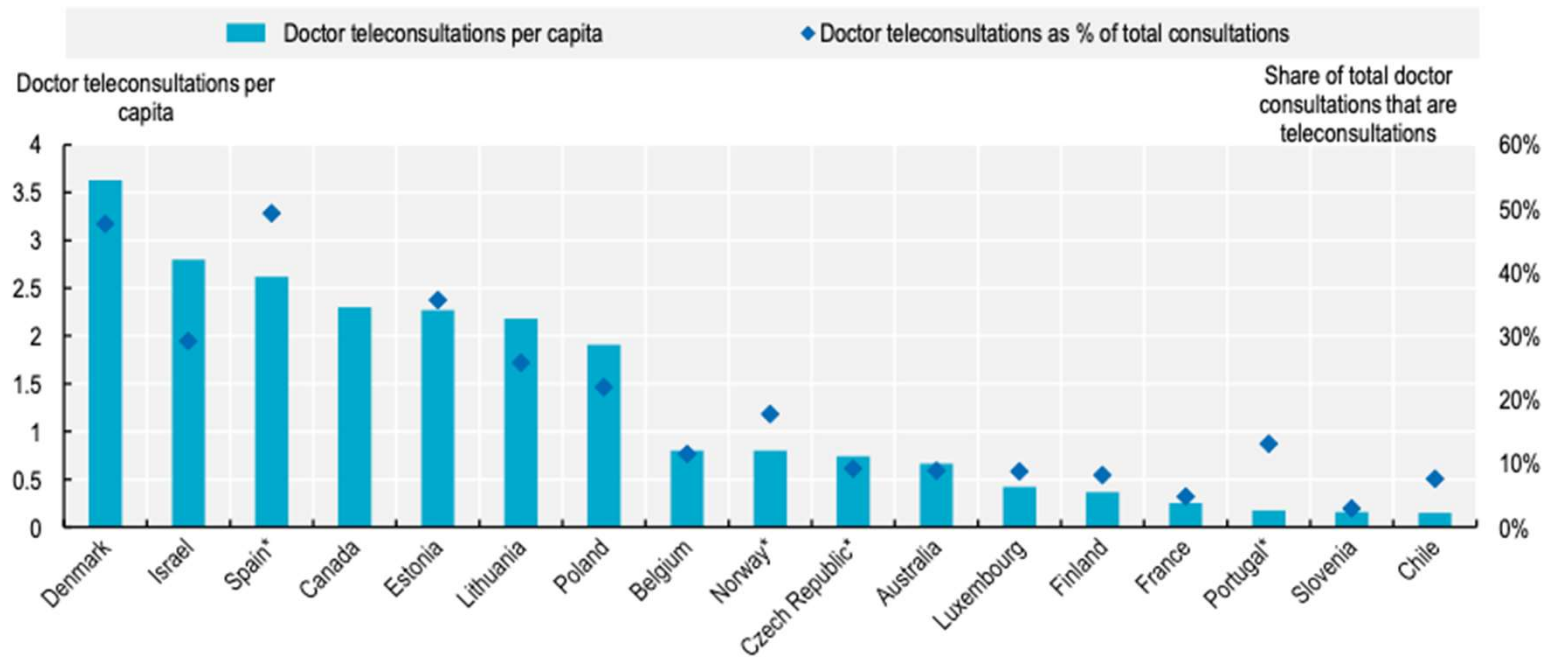
- The COVID-19 pandemic massively disrupted in-person care.
- Governments acted decisively and broadly to promote the use of telemedicine.

<https://doi.org/10.1787/ac8b0a27-en>



The use of telemedicine skyrocketed, partly compensating for reduced in-person care

Doctor teleconsultations per capita and as a share of total doctor consultations, in 2020



Note: All values are provisional; * Norway excludes teleconsultations by medical specialists, Spain covers consultations to generalist and paediatricians who work in primary health care centres of the National Health System; values for the Czech Republic are estimates. Data for Portugal are from the "Portal da transparência", a data website of the National Health Service. Source: OECD Health Statistics (2022); OECD ad-hoc data collection on teleconsultations (2022).



Positive impact on access and patient experience, More analysis needed on equity and efficiency



- Telemedicine has been **crucial in maintaining access** to care during the pandemic, but inequalities in access remain a key concern
 - Patient experiences with telemedicine are **positive and satisfaction is very high**
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- Some physicians expect to **reduce their use of telemedicine services** or even stop using them altogether following a period of increased use in 2020.
 - Quick scale up of telemedicine may have led to **unnecessary and substandard care**
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- A key underlying uncertainty is **whether telemedicine services substitute for or complement in-person care**, and whether remote care is good value for money.
- **Lack of data** collection in OECD countries hinders better understanding.



In the context of performance, most country experts considered it unlikely that telemedicine promotes duplication of care and unnecessary procedures/visits, or increases the risk of malpractice and medical negligence

Agreement among experts (in 22 countries) on the likelihood and expected impact of possible risks of remote care

Telemedicine services...	Number of countries where experts agree that the likelihood of the risk materialising is:			Number of countries where experts agree that the impact of the risk would be:		
	Unlikely	Likely	Very Likely	Low	Moderate	High
... lead to incorrect diagnoses	18	4	-	5	7	10
... promote duplication of care and unnecessary procedures/visits	17	4	1	12	9	1
... increase inappropriate antibiotic prescribing	17	3	1	10	7	4
... are vulnerable to medical fraud and abuse	16	5	1	14	5	3
... compound inequalities in access to care and/or care outcomes	9	10	3	8	12	2
... are vulnerable to data and privacy breaches	10	10	2	3	12	7
... are vulnerable to ransomware attacks that limit provision	11	10	1	5	9	8
... increase the risk of malpractice and medical negligence	17	5	-	10	7	5

Note: Answers from England are for general practice.

Source: OECD Survey on Telemedicine and COVID-19 (2022).



Policy priorities for telemedicine use in the near future

Promoting high-quality person-centred telemedicine services:



Learn more about which patients are using remote care services, why they are using these services and what happens after they use them

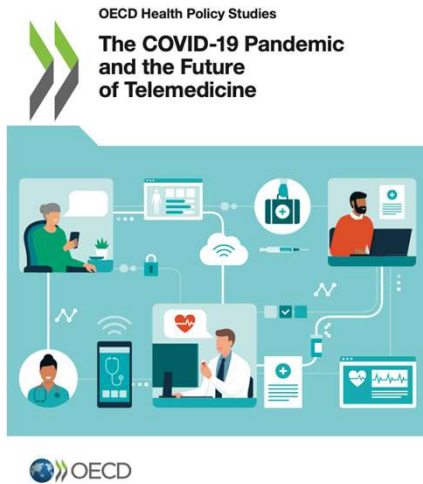
Investigate whether telemedicine payment and prices are creating economic signals and incentives that promote value for money



Foster integration between remote and in-person care services so that these are fully coordinated and part of a seamless care pathway



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