

Sagda Osman¹, Kate Churruca¹, Louise A. Ellis¹, Dan Luo¹, Jeffrey Braithwaite^{1,2}

¹Australian Institute of Health Innovation, Macquarie University, Australia, ²NHMRC Partnership Centre for Health System Sustainability, Australia.

BACKGROUND

- Telehealth can be a viable solution to address healthcare accessibility issues faced by underserved communities.
- When telehealth is introduced to the healthcare system, it interacts with other agents in the system which could lead to outcomes/consequences other than those initially planned.¹
- There is no published review that covers the unintended consequences of telehealth in Australia in terms of both positive and negative unplanned outcomes.
- We used a Critical Interpretive Synthesis (CIS)² due to its exploratory nature and flexibility in including diverse types of studies such as studies that don't focus on unintended consequences of telehealth directly nor ostensibly but could still be informing, nonetheless.

OBJECTIVES

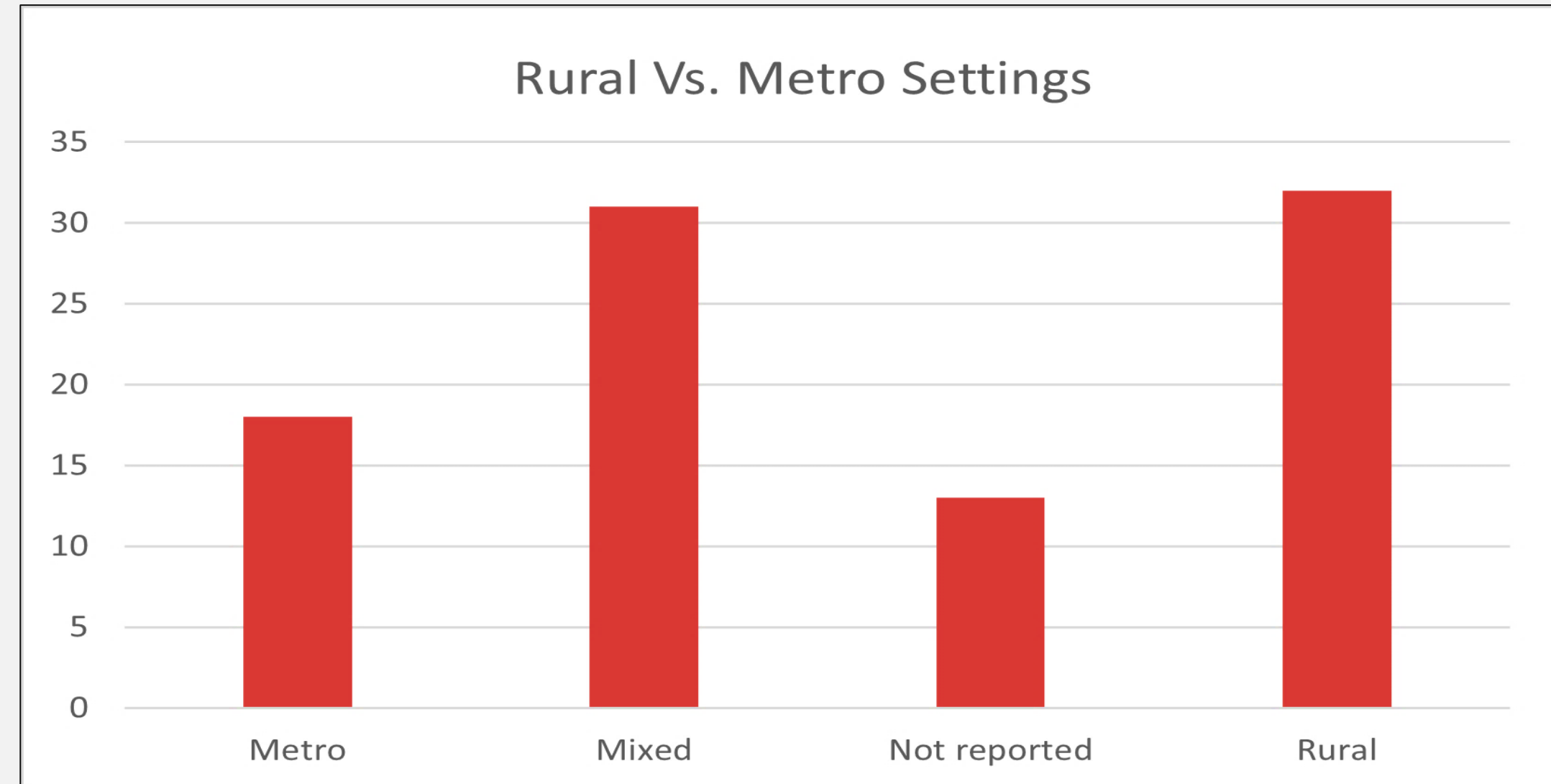
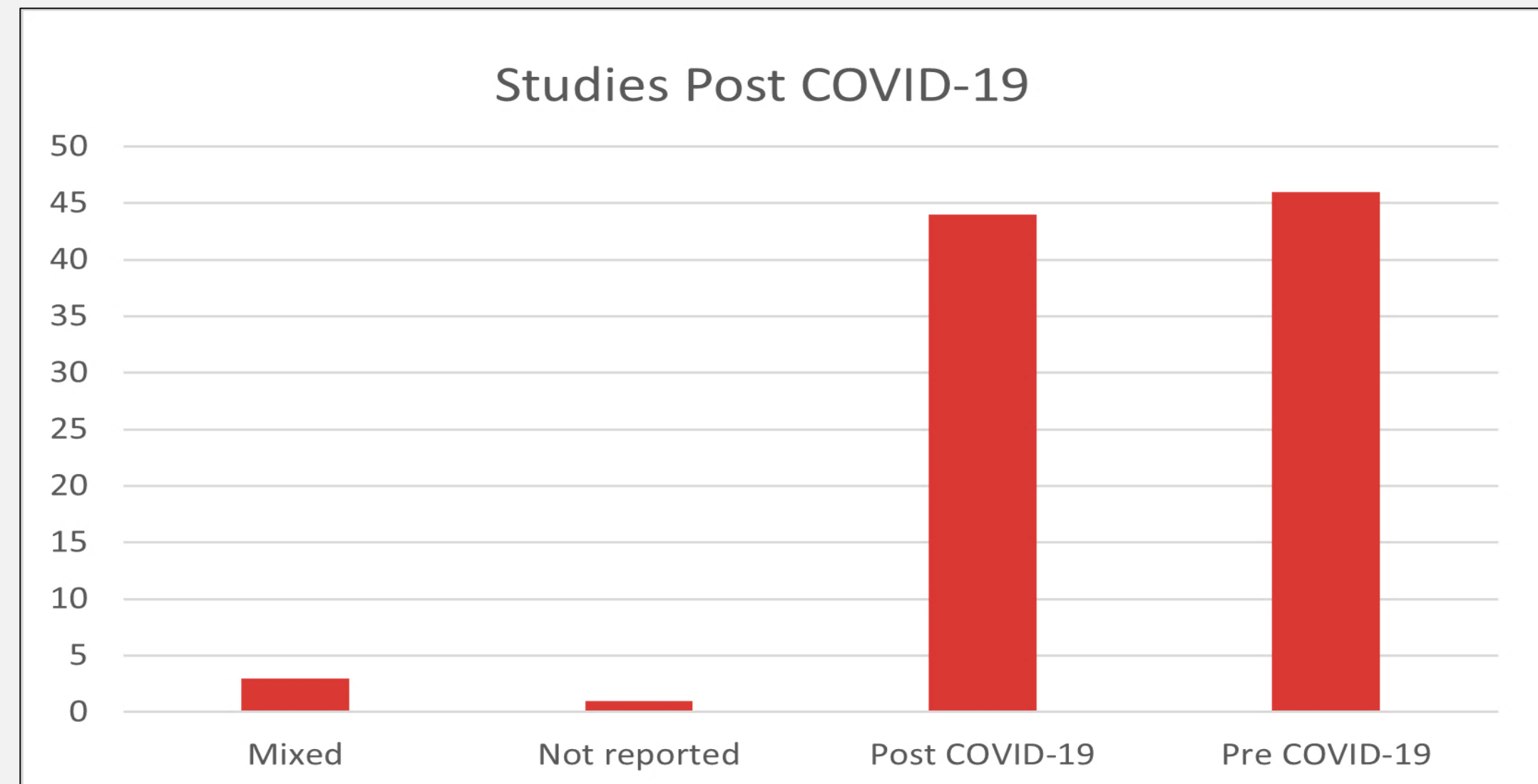
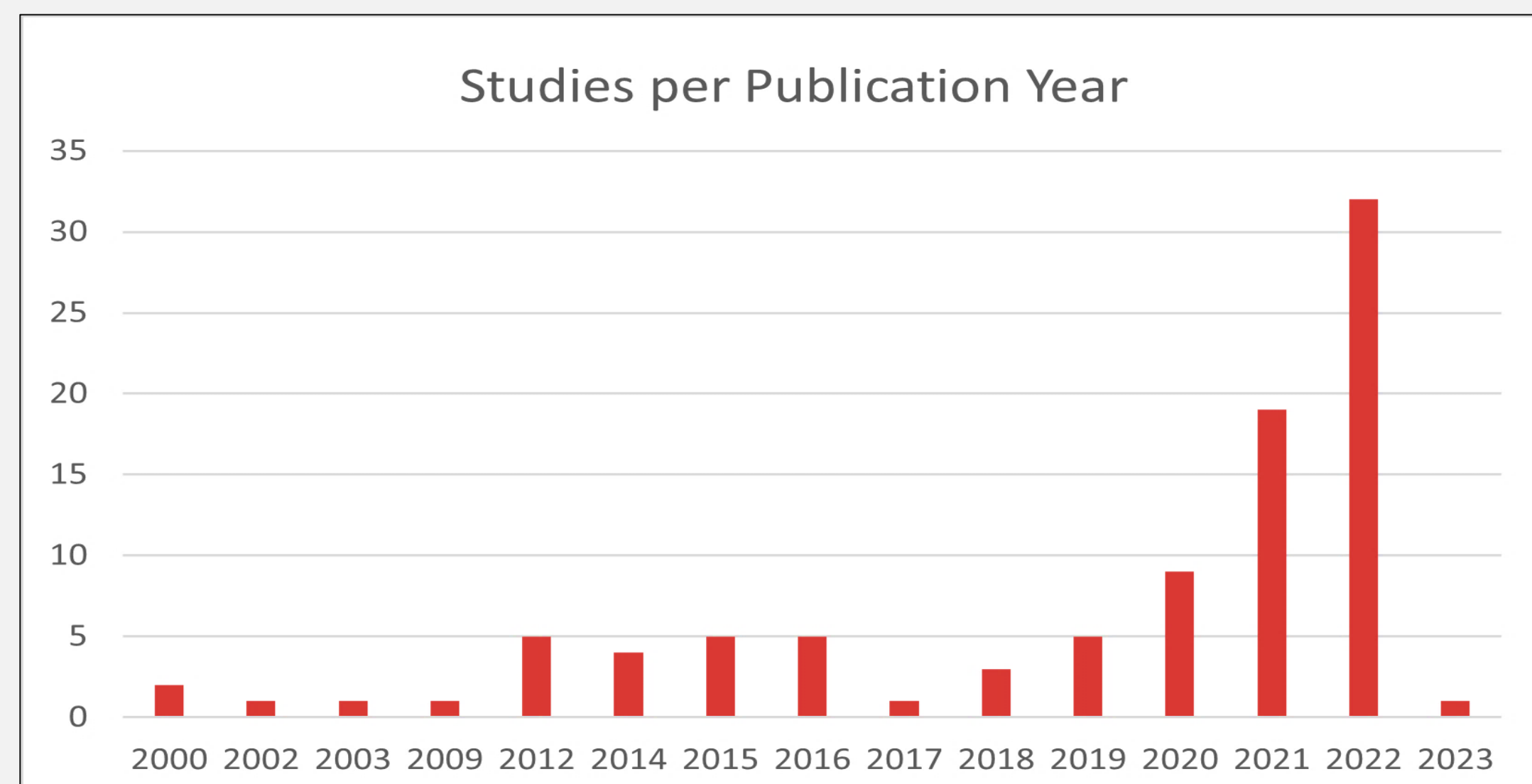
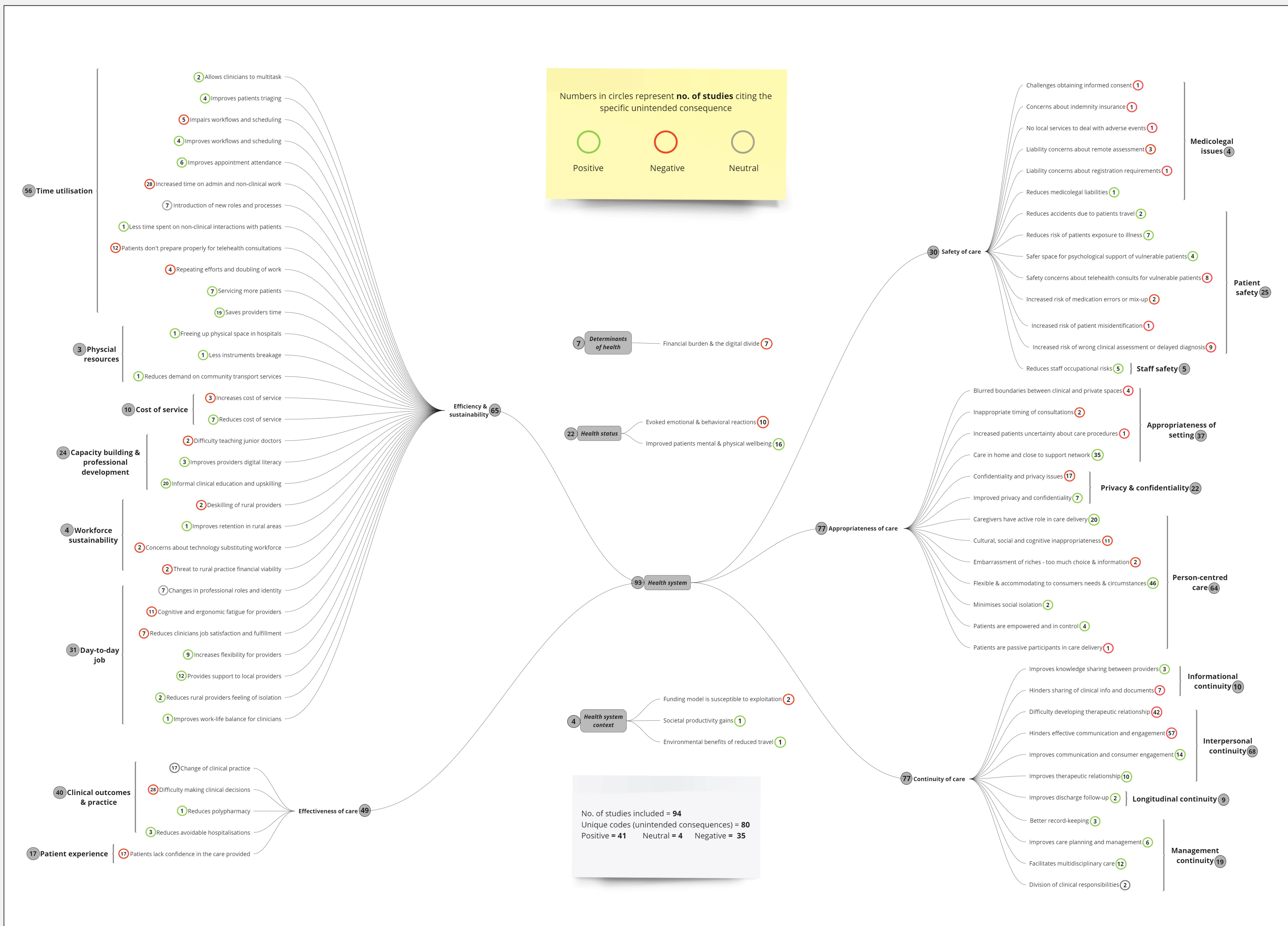
To synthesise evidence on telehealth unintended consequences in Australia, not only on a micro and meso level, but also on a macro or national policy level.

RESULTS

- A total of 94 studies were included in this review.
- 64% studies were published from 2020 onwards.
- 53% Mixed-methods, 45% qualitative, 2% quantitative.
- 47% of the studies took place post COVID-19, 49% pre COVID-19, 3% mixed, 1% not reported.
- 34% were in rural setting, 19% metro, 33% mixed, and 13% not reported.
- Only 14% of the studies were theoretically informed, and all but one used a linear approach to telehealth evaluation.

METHODS

- Databases: Ovid Medline, Embase, CINAHL, and Scopus.
- No date limit.
- Country: Australia.
- Settings: Multiple.
- Inclusion criteria: Empirical qualitative or mixed-methods studies evaluating synchronous or hybrid telehealth and/or its unintended consequences, and quantitative studies focusing solely on unintended consequences.
- Search was carried out in Nov 2022.
- No systematic appraisal was conducted to ensure no studies were excluded that may contain relevant information. As common in CIS, studies were appraised according to relevancy based on the assessment of the first author.



Mind map of unintended consequences and number of studies citing each consequence

DISCUSSION AND IMPLICATIONS

There is a lack of empirical studies on the unintended consequences of telehealth in Australia. Although the evidence presented here is a starting point, what is needed is empirical research with designs suited to study the complex nature of telehealth implementation. Implications for telehealth evaluation programs and policymaking efforts in low-, middle-, and high-income countries include:

- Telehealth hinders interpersonal continuity and supports longitudinal and management continuity. This suggests telehealth is more suited as a complimentary model and not a substitute to in-person care where stronger interpersonal and therapeutic relationship building takes place.
- Telehealth supports clinicians in their day-to-day job especially in areas where there are workforce shortages. Conversely, concerns were raised about workforce deskilling and telehealth threat to rural practice and how that could impact healthcare accessibility, safety and efficiency.
- Telehealth could exacerbate health inequity due to the added financial burden on consumers.

Contact Details

Sagda Osman
PhD Candidate
Australian Institute of Health
Innovation
Macquarie University
Australia
Email: sagda.osman@mq.edu.au
Twitter: @SEK_Osman_
LinkedIn: Sagda Osman



Scan this for
references & list of
included studies