



Title	Home Telehealth for Chronic Disease Management
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Reference	Technology report number 113, 2008. ISBN 978-1-897465-76-9 (print), 978-1-897465-77-6 (electronic)

Aim

To compare the use of healthcare services and outcomes of home telehealth with usual care, or no care, for managing patients with diabetes, heart failure, and chronic obstructive pulmonary disease (COPD); to review the cost-effectiveness literature and provide a framework for economic evaluation of home telehealth; and to present the ethical, legal, and psychosocial issues associated with home telehealth.

Conclusions and results

Home telehealth was found to be clinically effective for patients with diabetes (demonstrating better glycaemic control) and heart failure (lower mortality). Studies of COPD reported higher mortality among patients using home telehealth. However, due to the small number of studies, these results should be interpreted with caution. Most economic studies found it to be cost saving from a health system perspective. We developed a framework for economic evaluation and identified ethical, legal, and psychosocial issues.

Recommendations

Not applicable.

Methods

A systematic review and meta-analyses focused on the use of healthcare services and outcomes of home telehealth compared to usual care, or no care, in managing patients with diabetes, heart failure, and COPD. The cost-effectiveness literature was reviewed to provide a framework for economic evaluation of home telehealth and examine the ethical, legal, and psychosocial issues associated with home telehealth.

Further research/reviews required

To support Canadian policy makers in making informed decisions, more research (eg, multicenter RCTs) is warranted to accurately measure the clinical and economic impact of home telehealth in chronic disease management.

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