Telehealth is expanding access to care for people with disabilities.

Can you have a consultation with your doctor without leaving your home? What about reviewing your latest blood pressure readings with your nurse or having a session with your therapist from the comfort of your living room? These ways of interacting with your healthcare team are becoming increasingly popular with patients and providers.

The term “telehealth” refers to the use of telecommunications technologies to exchange health information and provide healthcare services. Other related terms are “e-health” or “telemedicine.” Telehealth is not a separate medical specialty. Products and services related to telehealth are often part of a larger part of healthcare institutions in information technology or healthcare delivery.

Telehealth Examples

- **Videoconferencing**: Videoconferencing between a patient and a health professional can be used in diagnosing a problem and for treatment planning. This might originate from a remote clinic to a physician’s office using a direct transmission link or may include communicating over the Internet with a service such as Skype. Another use of videoconferencing might be a specialist assisting a general practitioner to diagnose a patient or consult on treatment options. This may involve a patient “seeing” a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to a specialist for viewing later. Telehealth is popular with radiologists who “read” thousands of images remotely each year.

- **Web-based portals for patient information**: These may include portals that allow patients to access their own medical records or lab results, or educational websites that provide information on specific conditions, diseases, or health topics.

- **Remote patient monitoring**: Remote monitoring uses devices to remotely collect and send data to a monitoring station for interpretation. Monitoring might include a specific vital sign, such as blood glucose, heart ECG, or a variety of indicators for homebound
patients. These services can be used to supplement the use of visiting nurses and can dramatically reduce the travel time required by home health providers to visit and check on their patients.

- **Phone-based education or therapy**: Phone-based counseling can be used by nurses, social workers, therapists, and other providers to improve adherence to healthy behaviors and to enhance coping skills. Phone-based therapies can also be used to treat depression, anxiety, and other mental-health issues without patients having to leave their homes.

**Benefits**

Telehealth has several advantages over traditional visits with healthcare providers. Telehealth services can be exchanged over geographic region, time, social, and cultural barriers. As such, telehealth can improve access to care, reduce costs, and allow care providers to reach more patients. Telehealth services may be particularly useful to people who are ill, have mobility difficulties, or travel long distances to their providers.

Telehealth services have become more accepted in recent years by patients, healthcare providers, and insurance companies. Recent surveys have shown a rapid increase in the number of specialty and subspecialty areas that have successfully used telemedicine. Telehealth services have been successfully used by many medical subspecialties, including radiology, dermatology, ophthalmology, mental health, cardiology, and pathology.

The Institute of Medicine, a well-regarded health advocacy group, has recommended care coordination and self-management as
To learn more about improving mood in people with spinal-cord injury (SCI) or multiple sclerosis (MS), researchers at the University of Washington are doing two different studies using telephone-based counseling. People living with SCI or MS anywhere in the United States may be eligible for these studies, since they are carried out entirely by phone.

- The inMotion study intends to evaluate the effect of exercise as an alternative method of improving mood in persons with SCI or MS. Participants receive phone calls and physical activity counseling, and will receive up to $120 for their participation. People aged 45 or older with SCI or MS may be eligible to participate. For more information on the inMotion study, call 866-928-2114 or e-mail agerrtcc@uw.edu.

- The Take Charge study is for people with MS. Its purpose is to see if self-management treatments, when delivered by telephone, can help reduce pain, depressed mood, or fatigue. The study also wants to determine if these treatments can help reduce the negative consequences these problems often cause in terms of a person’s mood, daily activities, and enjoyment of life. Participants will receive up to $120. For more information on the Take Charge study, call 888-634-6778 or e-mail msrrtc@uw.edu.

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