To increase and organize the evidence for the use of telehealth, the Center for Connected Health Policy (CCHP) has been examining published studies that have been designed to measure the use of telehealth in achieving one or more of the goals of the Triple Aim. CCHP has been cataloguing studies published in peer reviewed journals that meet certain criteria. This catalogue of palliative care studies is one result.

CCHP employed several search parameters when selecting palliative care studies. All studies selected were published post 2010, have a study period of no less than 6 months, and had a primary focus on the outcomes, quality, and or costs of a selected telehealth modality. No constraints were placed on sample size or country of origin.

Due in part to the nature of palliative care cases, U.S. studies have yet to meet the 6 month duration inclusion criteria. The inclusion of international articles focused on quality or outcomes allowed this catalogue to be initially created.

PubMed, Science Direct, EBSCO, NEJM, ProQuest, ResearchGate, and Medline were used in the peer-reviewed articles search. If CCHP was unable to obtain a copy of the full article, it was not included in the catalogue. Search terms included but were not limited to: telehealth and palliative, telehomecare, telemedicine and palliative care, telehealth and progressive disease, technology and palliative care, telehealth and chronic disease, and palliative care.

This catalogue was prepared by Julianne Draeger and the work supervised by Mei Wa Kwong and Christine Calouro.
International Summaries:


<table>
<thead>
<tr>
<th>State/Country</th>
<th>Sample Size</th>
<th>Telehealth Modality Type</th>
<th>Method</th>
<th>Outcome</th>
<th>Quality</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland, AUS</td>
<td>100</td>
<td>Live Video</td>
<td>Retrospective Review</td>
<td>X</td>
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Summary

We compared the records of paediatric palliative consultations undertaken face-to-face, with telemedicine consultations undertaken in patients' homes. A convenience sample of consecutive paediatric palliative care patients was identified from the hospital's palliative care database. A total of 100 consultations was reviewed (50 telemedicine consultations during home visits and 50 face-to-face consultations) according to 14 established principles and components of a paediatric palliative care consultation. In the telemedicine group there was a higher proportion of patients in a stable condition (58% vs 7%), and a lower proportion of patients in terminal phase (2% vs 17%). Discussion about pain and anorexia were significantly more common in the telemedicine group. Discussion about follow up was significantly more common in the telemedicine group (86% vs 56%), whilst resuscitation planning was more common in deteriorating patients receiving inpatient care. All other components and principles of a palliative care consultation were documented equally regardless of method of consultation. The findings confirm that palliative consultations via telemedicine are just as effective as face-to-face consultations in terms of the documented components of the consultation.

Access:

https://www.ncbi.nlm.nih.gov/pubmed/?term=Principles+of+a+paediatric+palliative+care+consultation+can+be+achieved+with+home+telemedicine

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Rio de Janeiro, BRA</td>
<td>12</td>
<td>Live Video</td>
<td>Prospective, Longitudinal, Qualitative, Descriptive, Case Series Study</td>
<td>X</td>
<td>X</td>
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</table>

**Summary**

**Objective:** To examine telemedicine as a form of home and additional support for traditional outpatient care as a way to remotely monitor and manage the symptoms of patients with advanced cancer.

**Methods:** In total, 12 patients were monitored through monthly consultations with a multidisciplinary healthcare team and weekly web conferences. To evaluate and treat pain and other symptoms, the Edmonton Symptom Assessment System (ESAS) was applied during all remote or in-person interviews.

**Results:** During monitoring, the team contacted the patients on 305 occasions: there were 89 consultations at the hospital, 19 in-person assistances to the family (without the patient), 77 web conferences, 38 telephone calls, 80 emails, and 2 home visits. The mean monitoring time until death was 195 ± 175.1 days. Eight patients who completed the ESAS in all interviews had lower mean distress symptom scores according to web conferences than in person.

**Conclusions:** Telemedicine allowed greater access to the healthcare system, reduced the need to employ emergency services, improved assessment/control of symptoms, and provided greater orientation and confidence in the care given by family members through early and proactive interventions. Web conferences proved to be a good adjuvant to home monitoring of symptoms, complementing in-person assistance.

**Access:**