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EDITORIAL

Telemedicine and women's health

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Telemedicine describes remote clinical services that include diagnosis, monitoring, advice, reminders, education, intervention, and remote admissions and involves the use of information and communication technologies to transmit voice, data, images, and information to deliver health services, over both long and short distances without moving health care recipients or health professionals.

The use of telemedicine to transmit images, video, and medical data began in the late 1950s and the first case of a real-time video telemedicine consultation was the use of interactive television (IATV) to transmit neurological examinations in 1959 [1].

Subsequent technological improvements on the internet and advancements in memory, storage capacity, data standardization, and availability through backup servers as well as online security, the development of mobile applications, virtual servers, cloud technology, digitization of information, and usage of existing computing devices have made telemedicine more readily available for both patient and physician [1].

The rationale behind telemedicine is to provide faster, more efficient, cheaper delivery of health care without the constraints of time and distance. The advantages are increased access to specialized and timely urgent care, increased capacity and efficiency of specialists, reduced wait times for appointments and follow-up visits, reduced discomfort, and anxiety associated with patients traveling to receive services, decreased travel costs, connections of health-care professionals for knowledge sharing, integration with conventional care delivery models, and keeping the patients in their homes and communities longer [1].

Other situations that may require remote support are the immobility of the patient and the lack of immediate availability of health-care providers for various reasons. Physician demographics, particularly their geographic distribution across a country, affect the supply of and access to specialist health services. In general, there is major inequity between urban and rural areas and between more and less privileged regions in urban areas, with a tendency toward the worse indicators being from remote areas [1].

More recently, the COVID-19 pandemic has resulted in many patients being quarantined and many others reluctant to travel for fear of infection. In the first wave of the pandemic, a study was conducted to determine the effects of telephone visits for menopause care on patient satisfaction and to determine the factors associated with visit type preference at the Menopause Clinic at Mount Sinai Hospital in Toronto, Canada [2].

Good quality care via telemedicine requires appropriate storage of all medical records in an electronic medical record (EMR) which includes imaging, history, clinical examination details, records of referrals, prescriptions, feed-back to referring clinicians and to the patient and planning of follow-up visits [1].

Of course, this must be supported by hardware providing fast, reliable 4G/5G communication via a safe and secure network. Fast reliable connectivity is essential for seamless video conferencing, and poor connectivity may result in communication gaps and consequently poor treatment decisions. Lack of familiarity with telemonitoring gadgets and software tools may also lead to communication problems and miscommunication [1].

A change is happening in the medical treatment perspective, from episodic care to continuous care, disease treatment to health promotion, and a individual providers to a team of healthcare workers. The focus has shifted towards well-informed patient and community-oriented care instead of focusing on the healthcare provider and institutionalized care.

Patients' roles and expectations are also changing as increasing life span leads to an aging population, many of whom want to spend their old age in their own homes, either alone or supported by carers [1].

The acceptance of telemedicine among patients is much higher than among healthcare providers. This may partly be due to greater patient awareness of technologies developed to support mobile phones, tablets, and computers but it also seems true that patients are largely in favor of sharing their clinical information with providers and family members. Many patients regard virtual consultations and prescriptions as equivalent to face-to-face visits. It has been shown that Internet-based educational programs improved adherence to drug therapy and that teleconsultation decreased absenteeism for scheduled follow-up appointments. In particular, the elderly are satisfied with virtual communications with their health providers, compared to face-to-face visits [1].

There are limitations to teleconsultations from the physicians' perspective. National policies, restrictions, and guidelines around teleconsultations are major barriers. The physician must

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be aware of and abide by legal requirements applicable not only to where he or she is working but also to those regulations present where the patient is located. These may also involve the provision of e-prescriptions. The requirement of informed consent prior to any teleconsultation seems prudent [1].

Reimbursement is another challenge. Globally, many health systems actively promote telehealth and provide reimbursement for clinicians whilst, in others, patients are required to reimburse the clinician. It would be helpful if the payment policy for reimbursement of teleconsultations was clearly defined by every health system. Until that has been established, it may be hard for a group practice or a hospital to invest in telemedicine infrastructure.

Ideally, each nation or state should adopt national telehealth and/or telemedicine standards, guidelines, and policies, incorporating the measures noted above, which conform to international standards and are able to be updated regularly.

Clearly, it is essential, not only that hardware, software and medical records are of the highest standard but also that health-care providers are appropriately trained and upskilled in conjunction with all support staff.

Examples of innovative direct-to-consumer (D2C) telehealth initiatives include '*Ask an expert',* a pioneering system that allows users to check symptoms and book live video doctor appointments. By incorporating artificial intelligence (AI) service within the relevant health app, users can book video appointments with certified doctors 24/7 to obtain medical advice, and manage and order prescriptions online [3,4].

Another D2C healthcare platform offers 24-h teleconference access to licensed and credentialed physicians. Providers, patients, and members can access this care through a variety of platforms, including mobile, web, and phones that support multi-way video, phone, or secure messaging interactions. The relevant app connects people with doctors over secure video, without the need for an appointment. The sponsor company provides services to both patients and clinicians including real-time insurance eligibility, online maps for pharmacy selection, and self-scheduling of appointments. For clinicians, benefits include live video visits on mobile and web, EMR integration, secure messaging, enhanced availability modes, pre-visit review, and post-visit wrap-up [5].

Specific to women are 'femtech' diagnostic tools, products, services, wearables, and software that use technology to address women's health issues, including menstrual health, reproductive health, sexual health, maternal health, and menopause. Several femtech start-ups are specifically focused on menopause [6–8].

These groups aim to deliver perimenopause and menopause consultations, provide better communication between motivated menopause doctors and patients, share evidence-based menopause information via their websites, webinars, and social media channels, work Medicare for rebates for telehealth services, increase menopause awareness, educate, and empower women, and train health-care professionals [8].

These companies must comply with safety standards and quality under current policies in the country of operation. Hence, these platforms are secure and evidence-based networks specifically oriented toward the care of individual patients. Online appointments are frequently longer than the usual 10–15-min face-to-face consults. Another advantage is not being restricted by the traditional doctor's office scheduling; the necessary time to educate women about their symptoms can be taken. Patients' recent lab work and mammogram results can be accessed by physicians [9].

Menopause-specific telemedicine clinics have the ability not only to offer medical consultations and prescriptions but also to provide added services including dieticians, psychologists, wellness coaches, and so on [9].

Nevertheless, there are drawbacks to menopause-only telemedicine. Many women passing through the menopause transition will not fit the so-called menopause-only model and will have co-morbidities. Telemedicine will never completely replace regular clinical examinations, and screening tests do not provide a service to address acute clinical problems such as vaginal discharge, unexpected bleeding, or breast lumps.

The iron triangle of health care is constituted of access, quality, and cost of health provision. Improving quality and expanding access in health while reducing cost is possible with telemedicine. Cost analyses have shown a reduction in the overall cost of care delivery if telehealth is utilized [1]. More qualitative research is needed to better understand teleconsultations and how they result in changed workflows and a new kind of patient-doctor relationship, and how they ultimately impact patient outcomes.

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References

[1] Gogia S, editor. Fundamentals of telemedicine and telehealth. London: Academic Press Publications.
[2] Wright E, Shaltout O, Zokvic MA, et al. Delivery of menopause care during a pandemic: an evaluation of patient satisfaction with telephone visits. Menopause. 2021;29(2):184–188.
[3] Samsung and Babylon introduce 'Ask an Expert, powered by Babylon' to offer live video doctor appointments and symptom checker. [cited 2018 May 31]. https://news.samsung.com/
[4] Samsung Health Aşk an Expert. [cited 2018 Jul 31]. https://www.youtube.com/watch?v=2rHLLFu36Ec.
[5] Amwell (company). [cited 2022 Jun 30]. https://en.wikipedia.org/wiki/Amwell_(company)
[6] Gennev website. [cited 2022 Jul 20]. https://gennev.com/.
[7] Electra Health website. [cited 2022 Jul 20]. https://www.elektra-health.com/.
[8] Wellfemme website. [cited 2022 Jul 20]. https://wellfemme.com.au/.
[9] Debra Witt. Telemedicine for menopause: relief is just a video chat away. [2020 Jun 23]. https://getinthegroove.com/telemedicine-for-menopause-relief-is-just-a-video-chat-away/.