



What Is the Difference Between Telehealth and Telemedicine?

Telemedicine is the practice of medicine via the electronic exchange of medical information – typically using two-way voice and/or visual communication by telephone, satellite or computer – to connect patients to physicians and specialists when in-person visits are not possible. Telemedicine has become an important way for people living in rural, urban and other underserved areas to access primary and specialized clinical care, as well for homecare patients to get treatment while remaining in their homes.

Telehealth is the broader term used to describe both the clinical and non-clinical services these technologies can provide to advance health care. The term telehealth includes the important provision of primary and specialty health care through video conferencing and other collaborative network technologies, as well as the facilitation of services such as remote medical education, research and health care administration.

Why Is Telehealth Needed?

Due to population growth, aging and other factors, demand for physicians is outpacing supply, especially in the area of basic primary care.

- Thirty-seven percent of rural residents and 21 percent of urban residents currently do not have access to a primary care physician due to local shortages – amounting to 60 million people nationwide.ⁱ
- The Association of American Medical Colleges has estimated a potential shortage of more than 159,000 full-time physicians by 2025, with patients in certain geographic areas and/or requiring certain specialized care among the hardest hit.ⁱⁱ
- Fewer medical students are entering primary care and instead are selecting more lucrative specialty care fields. From 1996 to 2006, there has been a 51 percent decline in students entering family practice residencies.ⁱⁱⁱ

The barriers to accessing health care are especially high for patients living in rural areas, correlating with an overall poorer level of health.

- Almost one in three adults living in rural America is in poor to fair health and nearly half have at least one major chronic illness.
- Yet rural residents have, on average, fewer physician contacts per year than those in urban communities. Rural residents have only 40.1 medical specialists per 100,000 people, compared to 134.1 per 100,000 in urban settings. And only about 10 percent of physicians practice in rural America, despite the fact that nearly one-fourth of the population lives in these areas.
- Rural residents tend to be poorer. On average, per capita income is \$7,417 lower in rural areas than in urban areas, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas. Nearly 24 percent of rural children live in poverty.^{iv}

- Vast stretches of open land and transportation difficulties can make it difficult for rural residents to reach health care providers. Nearly 70 percent of rural residents have limited or no access to public transportation.^v

What Are the Benefits of Telehealth?

- In addition to extending the reach of physicians and providers to patients – and closing the gap on lack of access to primary care – a report from the University of Texas Medical Branch found that widespread implementation of telemedicine could save our nation's health care system more than \$4 billion annually.^{vi}
- Multiple studies have been published demonstrating the effectiveness of telemedicine and telehealth in various practice areas. Just recently, for example, a study showed that the use of phone and Internet between patients and health care providers is an effective way to reduce risk factors for coronary heart disease and the risk of further events after a heart attack.^{vii}

What Is the Current State of Telehealth in the United States?

- Fourteen academic institutions in states from Arizona to Virginia have dedicated telemedicine centers.^{viii}
- According to Gartner Research, by 2013, 25 percent of patient encounters in North America, Western Europe and Asia/Pacific that could be conducted virtually, will be.^{ix}
- The North American telemedicine market is expected to grow 46 percent over the next five years to more than \$6 billion by 2012 from \$900 million in 2007, according to a Datamonitor report from research and consulting firm Frost & Sullivan.

Sources

ⁱ The Robert Graham Center analysis of “medically disenfranchised” populations. For more information, see NACHC and the RGC. *Access Denied*. March 2007. <http://www.nachc.com/access-reports.cfm>

ⁱⁱ Association of American Medical Colleges. *The Complexities of Projecting Physician Supply & Demand Through 2025*. November 2008. <http://www.aamc.org/workforce/annualmeeting08/salsberg20081.pdf>

ⁱⁱⁱ National Association of Community Health Centers. *Primary Care Access: An Essential Building Block of Health Reform*. March 2009. <http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf>

^{iv} Gamm, Larry D., Hutchison, Linnae L., Dabney, Betty J. and Dorsey, Alicia M., eds. (2003). *Rural Healthy People 2010: A Companion Document to Healthy People 2010. Volume 1*. College Station, Texas: The Texas A&M University Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center.

^v The National Advisory Committee on Rural Health and Human Services. *The 2005 Report to the Secretary: Rural Health and Human Services Issues*. April 2005. <ftp://ftp.hrsa.gov/ruralhealth/NAC2005.pdf> 5Bureau of Primary Health Care, HRSA, DHHS, 2006 and/or 2007 Uniform Data System

^{vi} *The Telehealth Promise*, May 2008

^{vii} *European Journal Of Cardiovascular Prevention and Rehabilitation*, June 2009

^{viii} American Telemedicine Association. Telemedicine Links, *Telemedicine in Academic Medical Centers*. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3309>

^{ix} Shaffer, Vi, Handler, Thomas J. M.D., Edwards, Jonathan and Runyon, Barry. (2009). *Gartner Predicts 2009: Healthcare IT Moves from Transactional to Transformational*.