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The use of telemedicine skyrocketed during the COVID-19 pandemic

- The complicated health situation allowed to overcome regulatory barriers and the reluctance of patients and providers towards telemedicine.
- According to an OECD report, the number of teleconsultations increased significantly, playing a vital role in maintaining access to care, but only partly compensating reductions in face-to-face care.
- Many of the changes that have enabled greater use of teleconsultations during the pandemic are temporary and have not become permanent.



Telemedicine uses a wide variety of data to improve patient care./ Freepik

The use of telemedicine, or remote clinical consultations, was limited in most countries before the pandemic, held back by **regulatory barriers and hesitancy** from patients and providers. In early 2020, as COVID-19 massively disrupted in-person care, governments changed the playfield and acted decisively and broadly to promote the use of this discipline.

Consequently, the number of **teleconsultations reached unprecedented numbers**, playing a vital role in maintaining access to care, but **it wasn't enough to offset reductions in face-to-face care**. This is one of the conclusions reached by a recent [study](#)

published by the Organisation for Economic Co-operation and Development (OECD), entitled "The COVID-19 Pandemic and the Future of Telemedicine".

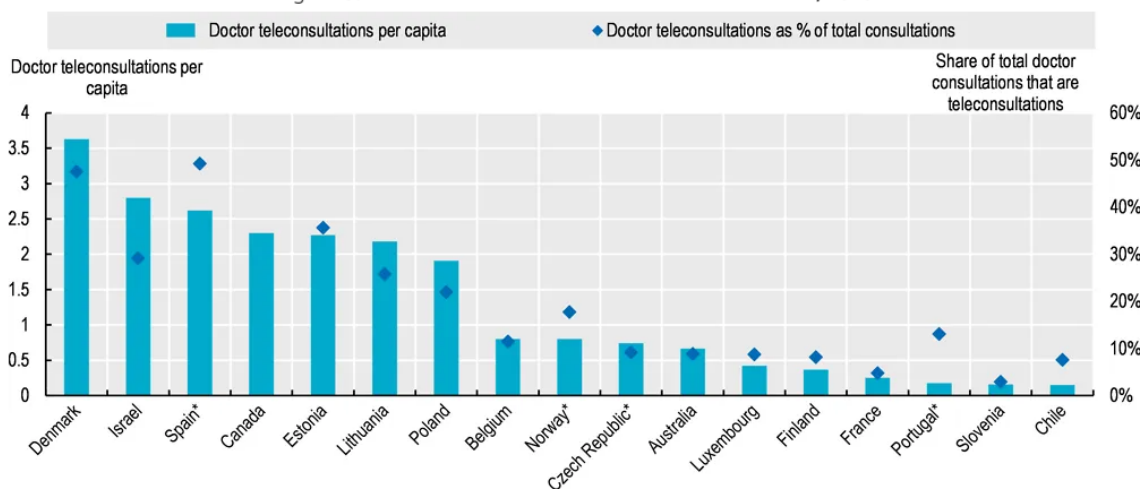
The document also proposes **policy priorities for using telemedicine** in the near future like learning more about which patients are using remote care services, why they are using these services and what happens after they use them. It is as well highlighted the need to investigate whether telemedicine payment and prices are creating economic signals and incentives that promote value for money. Finally, foster integration between remote and in-person care services is needed so that these are fully coordinated and part of a seamless care pathway.

Telemedicine before the SARS-CoV-2

Prior to the pandemic, nine countries (Estonia, Hungary, Iceland, Ireland, Korea, Luxembourg, Mexico, Türkiye and the United States) allowed only in-person medical consultations. While it was possible to use telemedicine services in other states, **many governments had specific requirements to telemedicine that effectively disincentivised its use**. And although the number of services was growing in territories such as Australia, Canada and Portugal, teleconsultations were only between 0.1% and 0.2% of all appointments, according to the study.

Among the nations that participated in the OECD Survey on Telemedicine and COVID-19, 23 out of 31 are currently allowing teleconsultations to be performed by health workers other than doctors, six more that before the pandemic (Estonia, Germany, Iceland, Luxembourg, Portugal and the United States).

Figure 3. Doctor teleconsultations in OECD countries, 2020



Despite the rapid adoption of policies to promote the use of telemedicine, only seventeen countries state that rules and regulations governing the provision of telemedicine services are well established and clear.

An uncertain future

During the pandemic, eight countries (Belgium, Czech Republic, England, Estonia, Hungary, Korea, Latvia and Luxembourg) have begun paying for teleconsultations through government/compulsory schemes, and other eight (Belgium, England, Estonia, Germany, Hungary, Ireland, Latvia and Switzerland) have done the same for remote patient monitoring services.

However, many of the changes that have enabled greater use of teleconsultations during the pandemic are temporary and have not become permanent. For example, in sixteen OECD countries, changes to regulations are transitory and subject to ongoing or periodic review, just like changes regarding financing in twelve states.

Given the circumstances, **it is unclear whether remote care substitutes for or complements in-person care**, and whether telemedicine adds value when it does not deliver extra benefits and could be replaced with cheaper alternatives with identical or better outcomes

Reference:

OECD. "[The COVID-19 Pandemic and the Future of Telemedicine](#)". OECD Publishing (2023)

ABOUT eCAN Strengthening eHealth for Cancer Prevention & Care

The eCAN Joint Action aims to provide a framework of recommendations for the integration of telemedicine and remote monitoring in health care systems. The objective is to reduce cancer care inequalities across the European Union, particularly for cross-border emergencies and health crises, such as COVID-19.

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