

RESPONSE TO ON THE COSTS OF HOME-BASED TELEMEDICINE PROGRAMS: A COMMENT ON MICHAUD ET AL.

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Dear Dr. Babidge:

We thank Dr. Kidholm for his knowledgeable comments on our study (1), and we would like to clarify aspects of our methodology.

Dr. Kidholm notes potential concerns about our conclusion that “All selected studies indicate that home telemedicine programs reduce care costs, although detailed cost data were either incomplete or not presented in detail.” In this statement, we attempted to highlight the difficulty for relevant stakeholders to make informed decision for future adoption and/or implementation based on the existing evidence even though all included studies in our review concluded home monitoring programs reduced costs in the absence of detailed cost information. We agree that we could have made the conclusion clearer in the study by reflecting the uncertainty and methodological problems embedded in the included studies with low level of quality of evidence as shown in the previous study (2). We also agree that the advance of technology and the prevalent use of patients’ own monitoring devices should be taken into account when considering the economic consequences of home telemedicine programs.

In addition, we recognize that most reviews of economic evaluations of telemedicine do not follow the guideline for economic evaluation. However, the primary objective of our study was to understand the cost structures and cost components of home telemedicine based on a systematic review approach instead of a scoping review of full-scale economic evaluation of telemedicine that Drs. Kidholm and Kristensen conducted (3). Moreover, because we aimed to identify costs of home telemedicine programs in the published literature to facilitate the future adoption, implementation, and sustainability, we limited the studies with telemedicine in the U.S. setting due

to the difference and diversity of healthcare systems and culture abroad. Moreover, we inclined not to miss any potential eligible studies by limiting the study design to randomized control trials only and conducting searches not only in the Medline database, which were used in Drs. Kidholm and Kristensen’s review, but also expanding our search to Embase, CINAHL, and Cochrane databases to retrieve as many potential studies as possible.

We are also aware of the concern that no study published after 2010 was included in our review, yet the search timeline was set from January 1, 2000, to November 30, 2017. This reflects a severe paucity in the existing literature of reporting economic evidence of telemedicine in the U.S. setting, as also shown in Drs. Kidholm and Kristensen’s study- no study from the United States was included based on their review criteria.

In summary, we concur with Drs. Kidholm and Kristensen’s conclusion from their review that inclusion of other databases for the literature search, other disease groups, and other types of telemedicine may have altered the review results, as demonstrated by our study.

REFERENCES

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