



Comparative Effectiveness Review Disposition of Comments Report

Research Review Title: *Improving Rural Health Through Telehealth-Guided Provider-to-Provider Communication*

Draft report available for public comment from October 12, 2021, to November 9, 2021.

Citation: Totten A, Womack DM, McDonagh MS, Davis-O'Reilly C, Griffin JC, Blazina I, Grusing S, Elder N. Improving Rural Health Through Telehealth-Guided Provider-to-Provider Communication. Comparative Effectiveness Review No. 254. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 22(23)-EHC023. Rockville, MD: Agency for Healthcare Research and Quality; December 2022. DOI: <https://doi.org/10.23970/AHRQEPCCER254>. [Posted final reports](#) are located on the Effective Health Care Program search page.

Comments to Draft Report

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each draft report is posted to the EHC Program website or AHRQ website for public comment for a 3- to 4-week period. Comments can be submitted via the website, mail, or email. At the conclusion of the public comment period, authors use the commentators' comments to revise the draft report.

Comments on draft reports and the authors' responses to the comments are posted for public viewing on the website approximately 3 months after the final report is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This document includes the responses by the authors of the report to comments that were submitted for this draft report. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.

Summary of Peer Reviewer Comments and Author Response

This research review underwent peer review before the draft report was posted for public comment on the EHC website. Peer review comments included the following themes:

- *Impact of COVID-19.* Several reviewers requested information regarding the impact of the pandemic on telehealth use. We have added statements in the report that the original search did not identify COVID-19 literature; however, we expect the update search to include some literature addressing the impact of the pandemic.
- *Harms.* Peer reviewers requested additional information on whether the studies have addressed potential harms or unintended consequences. We have added text about the lack of harms to the limitations of the literature and the implications for decision-making sections as well as the results for Key Question 4.
- *Scope and definitions.* Several reviewers requested additional information on the scope (limited to rural) and the definitions of telehealth, provider-to-provider telehealth, and rural population. We have added details to the introduction and methods to clarify the scope as well as our operational definitions relevant to the population, intervention, comparisons, outcomes, settings, and study designs of interest for this review.

Public Comments and Author Response

| Commentator & Affiliation | | | |
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| Public Reviewer #1 Aimee Cegelka, American Geriatrics Society | General | 2. Regarding the scope of the report, it is not clear if this systematic review included studies describing the Veterans Affairs studies or descriptions of models to reach Veterans in rural settings. | Studies of VA programs were included. Details on the included programs can be found in Appendix Evidence Tables. |

Source: <https://effectivehealthcare.ahrq.gov/products/rural-telehealth/research>

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| Commentator & Affiliation | | | |
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| Public Reviewer #1 Aimee Cegelka, American Geriatrics Society | General | 4. The authors did not comment on the populations served by the rural telehealth programs: the age of the participants, their race, their ethnicity, and gender. This description could be noted in the descriptions of the studies, in the Tables provided, or in a Supplement. | Reporting of details around the patient population were limited to patient setting in this review of a broad selection of provider-to-provider telehealth due to time and space constraints. |
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| Commentator & Affiliation | | | |
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| Public Reviewer #1 Aimee Cegelka, American Geriatrics Society | General | 6. The reader does not have a good feel for patient safety/unintended consequences during the studies. | Reported outcomes, including harms, varied widely across studies. Many studies did not explicitly define, and then measure potential harms or unintended negative consequences of telehealth. |
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| Commentator & Affiliation | | | |
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| Public Reviewer #1 Aimee Cegelka, American Geriatrics Society | General | <p>8. In order to provide age-friendly care with strategic use of provider-to-provider telehealth consultation, providers should consider if a patient lives at home, assisted living, hospital, or long-term acute care. Geropsychiatry consultations or e-consults are important in the context of delirium or loss of mobility. It is important to consider how geriatrics to EMS staff communication or police or fire departments can address acute deterioration in health for older adults. A point to make systematic communication amongst providers using telehealth may reduce provider burnout.</p> <p>Thank you again for the opportunity to provide feedback. If you should need any additional information, please do not hesitate to contact Aimee Cegelka, Senior Manager of Education and Special Projects at acegelka@americangeriatrics.org or 212-308-1414.</p> | <p>Thank you for your comment. Studies of geropsychiatry consultations or e-consults would have been eligible for inclusion if they met all other inclusion criteria.</p> |
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| Commentator & Affiliation | Section | Comment | Response |
|---|---------|--|---|
| Public Reviewer #2 Ryan Mahon | General | Comments on Introduction section of the draft report. Was it is conscious decision to exclude sexual orientation and gender identity. I am a minority member of both those groups and find it very difficult to find a provider in my rural home, as do many of my friends, without traveling long distances. Also I don't think I saw Two-Spirit mentioned. This concept is related to, but separate from SOGI, but probably should be included. There was no mention of any of these groups in the report. It seems like they ought to appear somewhere as a consideration in planning for this aspect of health care. Thank you for your consideration. | This review was limited by the published evidence available. We did not restrict inclusion of studies by sexual orientation, gender identify, or any other population characteristics aside from being a member of the rural community. |