

Editorial

Telehealth – Promise or Peril?

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In the midst of the Internet boom, the U.S. Science Panel on Interactive Communication and Health (Eng, 1999) presented a compelling document to address the extensive potential that new technologies might offer for advancing health. The Panel offered a new term, Interactive Health Communication (IHC) to highlight the promise. IHC was defined as: interaction of an individual—consumer, patient, caregiver or professional—with or through an electronic or communication technology device to access or transmit health information, or to receive/provide guidance and support on a health-related issue. Broader terms such as telehealth and telemedicine are often used.

Today, telehealth encompasses the full spectrum of applications using digital technology and telecommunications systems for health, including health professions education, continuing education, consumer health education, community health information networks, public and school health, research, administration, assessment, teleconferencing, and applied health informatics (e.g., computer modeling, database development, storage/retrieval/mining, electronic record development, consultation, third party billing, etc.). While these terms are often interchanged with similar intent, the field has been moving in a variety of ways. This issue of the *Journal* offers a variety of articles with original research and ideas that explore how the field has advanced.

This new communication technology and Internet boom has brought us closer to what McLuhan envisioned as a global village despite the diversity of consumers. In the United States, women have become the leading users of the Internet and the “wired and retired” continue to be a growing segment of society apt to use the Internet to access health information resources. Of course there are pitfalls, as those who could benefit from IHC often remain marginalized. Regardless, what has become clear is that as the users grow, they require credible sources providing tailored communication. Merely placing a library of data and information and increasing “access” does not de facto improve knowledge, understanding, or health. Current wisdom continues to suggest what is needed is information tailored to the way the individual comprehends, thinks, and behaves. Essentially, we need to match health consumer demands with applications that address his or her individual needs.

The three areas of telehealth applications can be summed up well with our public health jargon: primary, secondary, and tertiary prevention. Translated for the public: staying healthy, getting better, and living with disease. It has been clear for some time that disease prevention and health promotion are the principal ways to insure public health. Yet, most consumer demand in IHC is similar to traditional health care delivery; it

relates to the other areas when salient information is required to address new exigencies—personal illness, signs and symptoms of disease, new treatment modalities, etc. Health Information “therapy” might add another salient element to the health provider’s treatment plan.

While all areas of advancing health are important, the greatest promise in increasing quality health lies in prevention, early detection, and health literacy. However, over-emphasis on health system applications at traditional health facilities focusing on electronic medical records and related areas implies disease and clinical data mitigated by health professionals.

One idea might be the promise of individual “health citizens” developing a personal lifetime health “page.” This page can be established based on individual health needs and history, geographic susceptibility, age/gender sensitivity, as well as genetic predisposing factors (family, genetic markers etc.). Given the well-established preventive services recommendations from immunizations, screenings, nutrition, prophylaxis (e.g. aspirin for cardiovascular disease), etc., such an interactive page can be updated and provide reminders, queries, and plans for personalized health care that includes prevention and other areas that actually contribute to “health as we know it.” With data, video, and text available on this page, health information could become more ubiquitous with the page accessible on new age internet devices—whether handhelds, televisions, or computers. This page could easily be encrypted for security, owned by the individual, and tailored to health literacy and knowledge base so that consumers could self-manage, interpret, and act so that they could function well in the complex health system.

Transformation of the telecommunication e-everything hype into hope for better health is a challenge for all of us in the field of health communication. While the progress and application are ultimately at the individual level, they require global thinking and development of networks. Ultimately, IHC should be developed in partnership of all in the health polity—medicine, industry, health delivery, etc. along with the telecommunication sector. Our challenge ahead is to transform data and health information into health intelligence that can be used to benefit the health and well being of people worldwide.

Reference

- Eng T.R., Gustafson D.H. (1999). *Wired for Health and Well-Being: the Emergence of Interactive Health Communication*. Washington, DC: Science Panel on Interactive Communication and Health, US Department of Health and Human Services, U.S. Government Printing Office. Available at: <http://www.health.gov/scipich/pubs/finalreport.htm>