

Telemedical Care and Associated Limiting Factors for its Expansion over Time

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Description

Telemedicine has bridged the distance gap between patients and pediatric urologists for over a decade, yet many pediatric urologists have not embraced it as a major part of their practice. The purpose of this systematic review is to evaluate and clarify the optimal role of telemedicine in pediatric urology, as well as the benefits, barriers, risks, and other important considerations that must be accounted for in its optimal adoption. The words telehealth and telemedicine denote interactive health care communication *via* electronic means between patients and providers. Such telemedical communication has been used to expand the reach of health care expertise for roughly half a century, and has included text, audio, video, and audio-video technologies in real-time or store-and-forward communications. Technology has obviously been a limiting factor in the comprehensiveness of telemedical care and in its expansion over time, and it goes to reason that the more specialized a sought-after expertise becomes, the more limited in-person access to it may become, especially to those who are in more rural settings.

Telemedicine being Bridge between Patients and Urologists

Exemplifying this lack of access to specialized care at a worldwide level, reports indicate that as of the year 2020, 62% of the world's countries do not have even a single urologist. To this end, and for over a decade now, telemedicine has been used to bridge the distance gap between patients and urologists specializing in pediatric care. Nevertheless, many pediatric urologists have yet to embrace telemedicine as a regular part of their practice. Is this due to a lack of its utility among pediatric patients? Is it because it's safe implementation is not feasible? Or perhaps there is concern that it will not provide safe care for patients or yield equivalent outcomes? The purpose of this

systematic review is to evaluate and clarify the optimal role of telemedicine in pediatric urology and to elucidate the benefits, barriers, risks, and other important considerations that must be accounted for in its optimal adoption. Adoption of telemedicine has greatly accelerated within all specialties in the wake of the COVID-19 pandemic. Urology is no exception, with the American Urological Association (AUA) reporting a six-fold increase in the percentage of urologists normally using telemedicine programs in 2020 compared to 2019.

Optimal Role of Telemedicine in Pediatric Urology

The literature on telemedicine in pediatric urology varies in quality of evidence but unites in the position that telemedicine can safely and practicably improve patient access to pediatric urologic care, satisfy both patient families and clinicians, and provide equivalent outcomes. This has been demonstrated in post-operative care and in other cases where a skilled physical exam is not essential. 17 papers met inclusion criteria. Varied approaches to the topic included surveys, controlled studies, retrospective studies, and descriptive opinion pieces. Quality of evidence varied, representing at least 1851 virtual encounters, 409 in-person encounters, and 68 clinician opinions. Four papers included a comparison or control group, and none utilized randomization. All 17 papers support expanded application of telemedicine in pediatric urology with varied evidence that telemedicine improves patient access to pediatric urologic care, satisfies both patient families and clinicians, is safe, provides equivalent outcomes, and is practicable. Implementation of telemedicine in pediatric urology should be expanded as it can practicably and safely improve patient access to pediatric urologic care, satisfy both patient families and clinicians, and maintain outcomes.