

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

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Abstract

Background: Digital health technologies, including telehealth, mobile health (mHealth), and digital monitoring technologies, are increasingly integrated into nursing practice to improve patient-centered care, healthcare accessibility, and clinical outcomes. **Objectives:** This study evaluated the integration of telehealth, mobile health (mHealth), and digital monitoring technologies into nursing practice and examined its relationship with patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses. **Materials and Methods:** A quantitative descriptive correlational cross-sectional study was conducted among 200 registered nurses from selected multispecialty hospitals in Tamil Nadu using convenience sampling. Data were collected using a researcher-developed Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies Integration Questionnaire and a Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes Scale. **Results:** Most nurses demonstrated a moderate level of technology integration (51.0%), while 48.0% reported moderate patient-centered care, healthcare accessibility, and clinical outcomes. Technology integration showed a strong positive correlation with these outcomes ($r = 0.76$, $p < 0.001$), with significant associations observed for selected demographic variables ($p < 0.05$). **Conclusion:** Strengthening nurses' digital competencies and organizational support can enhance digital health technology integration and improve nursing care outcomes.

Keywords: Telehealth; Mobile health (mHealth); Digital health technologies; Patient-centered care; Healthcare accessibility; Clinical outcomes.

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BACKGROUND OF THE STUDY

Digital health technologies have transformed healthcare delivery by improving access to healthcare services and enhancing the quality of patient care [1]. Telehealth, mobile health (mHealth), and digital monitoring technologies facilitate remote consultations, continuous patient monitoring, and timely clinical decision-making, thereby strengthening patient-centered nursing practice [2].

The adoption of digital health technologies has increased substantially worldwide, particularly following the COVID-19 pandemic, which accelerated telehealth services, virtual consultations, and remote patient monitoring across healthcare settings [3]. Telehealth has been shown to improve healthcare accessibility, patient satisfaction, and continuity of care [4]. The rapid expansion of virtual care has further promoted the integration of telehealth, mobile health (mHealth), and digital monitoring technologies into routine healthcare delivery [20].

Nurses play a key role in integrating telehealth, mobile health (mHealth), and digital monitoring technologies into clinical practice, enhancing patient engagement, chronic disease management, communication, and clinical decision-making [5]. Strengthening nurses' digital competencies is essential for effective technology utilization and improved healthcare efficiency [6,16].

Despite the increasing adoption of digital health technologies, evidence on their integration into nursing practice and its impact on patient-centered care, healthcare accessibility, and clinical outcomes remains limited, particularly in India. Therefore, this study evaluated their integration into nursing practice and its relationship with these outcomes among registered nurses [7].

OBJECTIVES OF THE STUDY

1. To assess the level of integration of telehealth, mobile health (mHealth), and digital monitoring technologies into nursing practice among registered nurses.
2. To assess the level of patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses.
3. To determine the relationship between the integration of telehealth, mobile health

(mHealth), and digital monitoring technologies and patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses.

4. To determine the association between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and selected demographic variables among registered nurses.
5. To determine the association between patient-centered care, healthcare accessibility, and clinical outcomes and selected demographic variables among registered nurses.

HYPOTHESES

H₁: There is a significant relationship between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses.

H₂: There is a significant association between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and selected demographic variables among registered nurses.

H₃: There is a significant association between patient-centered care, healthcare accessibility, and clinical outcomes and selected demographic variables among registered nurses.

CONCEPTUAL FRAMEWORK OF THE STUDY

The study was based on the Donabedian Structure–Process–Outcome (SPO) Model (1966), which guided the evaluation of the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and its impact on patient-centered care, healthcare accessibility, and clinical outcomes.

Structure (Independent Variables)

- Integration of telehealth
- Integration of mobile health (mHealth)
- Integration of digital monitoring technologies
- Digital infrastructure
- Nurses' digital competency

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

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- Clinical outcomes

Process

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- Utilization of digital health technologies
- Remote patient monitoring
- Virtual communication
- Health education and follow-up
- Clinical decision support

Influencing (Demographic) Variables

- Age
- Gender
- Educational qualification
- Clinical experience
- Area of work
- Type of hospital
- Previous telehealth training
- Frequency of technology use

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Outcome (Dependent Variables)

- Patient-centered care
- Healthcare accessibility

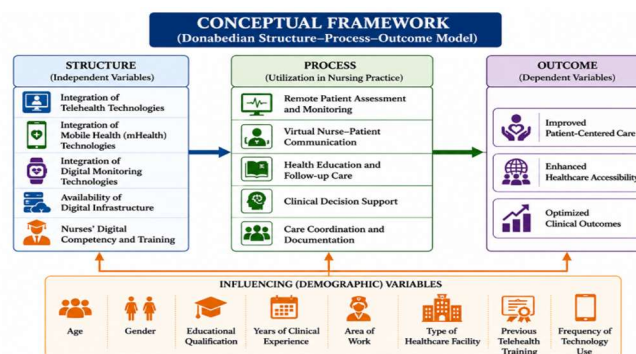


Figure 1. Conceptual Framework Based on the Donabedian Structure–Process– Outcome (SPO) Model

REVIEW OF LITERATURE

Studies have demonstrated that telehealth significantly enhances healthcare delivery by facilitating remote consultations, continuous patient monitoring, and timely clinical decision-making [1]. The integration of telehealth and eHealth technologies into nursing practice has strengthened clinical decision-making and improved the quality of patient care [2].

Evidence indicates that mobile health improves patient engagement, medication adherence, and chronic disease management [8]. Mobile health

technologies also contribute to efficient healthcare service delivery and support evidence-based nursing practice [10].

Despite the growing adoption of digital health technologies, several barriers continue to hinder their effective implementation in nursing practice. The Technology Acceptance Model (TAM) states that perceived usefulness significantly influences technology acceptance [11]. The Unified Theory of Acceptance and Use of Technology (UTAUT) further emphasizes the importance of organizational support and facilitating conditions for successful implementation [13].

RESEARCH METHODOLOGY

A quantitative research approach was adopted.

Research Approach

Research Design

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

A descriptive correlational cross-sectional design was employed to assess digital health technology integration and its relationship with patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses.

- Nurses on long-term leave during the data collection period.
- Nurses who were unwilling to participate.

Setting

The study was conducted among registered nurses working in selected multispecialty hospitals in Tamil Nadu, India.

Population

The target population comprised registered nurses employed in selected multispecialty hospitals in Tamil Nadu.

Variables

Study Variables

- Integration of telehealth, mobile health (mHealth), and digital monitoring technologies.
- Patient-centered care, healthcare accessibility, and clinical outcomes.

Demographic Variables

Age, gender, educational qualification, clinical experience, area of work, hospital type, previous telehealth training, and technology use frequency.

Sample and Sampling Technique

A total of 200 registered nurses were selected using a non-probability convenience sampling technique.

Inclusion Criteria

- Registered nurses with a minimum of six months of clinical experience.
- Nurses who were willing to participate in the study.
- Nurses who were available during the period of data collection.

Exclusion Criteria

- Nursing interns and student nurses.

Description of the Tool

Section A: Demographic Variables
Included age, gender, educational qualification, clinical experience, work area, hospital type, previous telehealth training, and digital technology use.

Section B: Telehealth Integration Questionnaire
A researcher-developed 25-item questionnaire assessed the integration of telehealth, mobile health (mHealth), and digital monitoring technologies into nursing practice (score: 0–25): Low (0–8), Moderate (9–16), and High (17–25). Reliability: Cronbach's $\alpha = 0.87$.

Section C: Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes Scale

A researcher-developed 20-item scale assessed patient-centered care, healthcare accessibility, and clinical outcomes (score: 20–100): Low (20–46), Moderate (47–73), and High (74–100). Reliability: Cronbach's $\alpha = 0.90$.

VALIDITY AND RELIABILITY

The research instrument was validated by experts in nursing, digital health, and research methodology to ensure content validity. The reliability of the Telehealth Integration Questionnaire and the Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes Scale was assessed using Cronbach's alpha, yielding coefficients of **0.87** and **0.90**, respectively. These findings indicate that both instruments possessed good internal consistency and were suitable for use in the present study.

PILOT STUDY

A pilot study was conducted among **20 registered nurses** from a hospital that was not included in the main study to assess the feasibility and practicability of the research methodology and data collection procedures. Participants involved in the pilot study were excluded from the main study to avoid contamination of the findings.

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

DATA COLLECTION PROCEDURE

Administrative permission was obtained from the selected hospitals before initiating data collection. Written informed consent was obtained from all participants prior to their enrolment in the study. Data were collected using a structured questionnaire, and confidentiality, anonymity, and voluntary participation were maintained throughout the study. The data collection process was completed over a period of four weeks.

PLAN FOR DATA ANALYSIS

Descriptive statistics: Frequency and percentage.

Inferential statistics: Pearson's correlation coefficient (r) and Chi-square (χ^2) test were used to determine the relationship between the study variables and their association with selected demographic variables.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the Institutional Ethics Committee before commencement of the study. Administrative permission was obtained from the respective hospital authorities before data collection. Written informed consent was obtained from all participants after explaining the purpose of the study. Confidentiality, anonymity, and voluntary participation were strictly maintained throughout the research process, and the collected data were used exclusively for research purposes.

RESULTS

Table 1: Frequency and Percentage Distribution of Demographic Variables of Registered Nurses (N = 200)

Demographic Variable	Frequency (n)	Percentage (%)
Age (Years)		
21–30	82	41.0
31–40	76	38.0
>40	42	21.0
Gender		
Male	36	18.0
Female	164	82.0
Educational Qualification		
Diploma	38	19.0

B.Sc. Nursing	118	59.0
M.Sc. Nursing	44	22.0
Clinical Experience		
<5 Years	68	34.0
5–10 Years	82	41.0
>10 Years	50	25.0
Area of Work		
Medical Ward	52	26.0
Surgical Ward	48	24.0
Intensive Care Unit	42	21.0
Emergency Department	30	15.0
Obstetrics & Gynaecology	18	9.0
Paediatric Ward	10	5.0
Type of Hospital		
Government	96	48.0
Private	104	52.0
Previous Telehealth Training		
Yes	92	46.0
No	108	54.0
Frequency of Technology Use		
Daily	108	54.0
Weekly	48	24.0
Occasionally	30	15.0
Rarely	14	7.0

Interpretation

Table 1 shows that most registered nurses were aged 21–30 years (41.0%), female (82.0%), and held a B.Sc. Nursing qualification (59.0%). The highest proportion had 5–10 years of clinical experience (41.0%). Most participants worked in medical and surgical wards, and 52.0% were employed in private hospitals. More than half (54.0%) had not received previous telehealth training, whereas 54.0% reported using digital health technologies on a daily basis.

Table 2: Distribution of the Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies Among Registered Nurses (N = 200)

Level of Integration	Frequency (n)	Percentage (%)
Low	28	14.0
Moderate	102	51.0
High	70	35.0

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

Interpretation

Table 2 shows that the majority of registered nurses (102, 51.0%) demonstrated a moderate level of integration of telehealth, mobile health (mHealth), and digital monitoring technologies into nursing practice. A high level of integration was observed among 70 (35.0%) participants, whereas only 28 (14.0%) reported a low level. Overall, the findings indicate a moderate level of integration of telehealth, mobile health (mHealth), and digital monitoring technologies among the study participants.

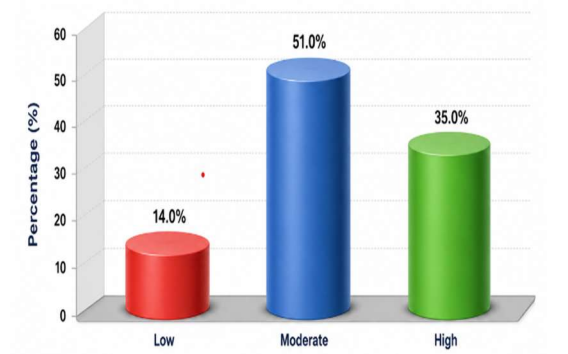


Figure 2: Distribution of the Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies Among Registered Nurses (N = 200)

Table 3: Distribution of Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes Among Registered Nurses (N = 200)

Level	Frequency (n)	Percentage (%)
Low	24	12.0
Moderate	96	48.0
High	80	40.0

Interpretation

Table 3 shows that most registered nurses reported a moderate level of patient-centered care, healthcare accessibility, and clinical outcomes (48.0%), followed by a high level (40.0%) and a low level (12.0%). Overall, the findings indicate moderate to high patient care outcomes among the participants.

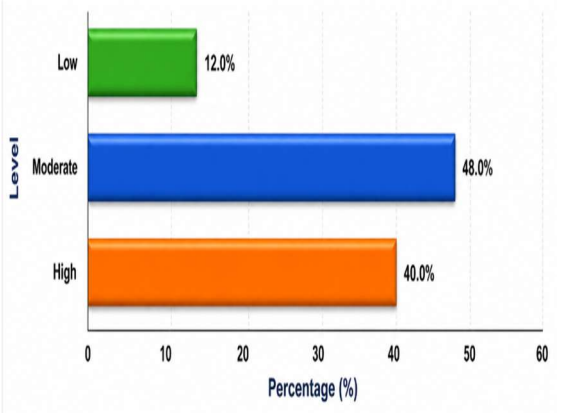


Figure 3: Level of Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes Among Registered Nurses (N = 200)

Table 4: Correlation Between the Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies and Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes (N = 200)

Variables	r-value	p-value
Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies vs. Patient-Centered Care, Healthcare Accessibility, and Clinical Outcomes	0.76	< 0.001

Interpretation

Table 4 demonstrates a strong positive and statistically significant correlation between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and patient-centered care, healthcare accessibility, and clinical outcomes ($r = 0.76$, $p < 0.001$). This finding indicates that higher technology integration is associated with better nursing care outcomes. The correlation suggests that increased adoption of digital health technologies may enhance the quality and accessibility of nursing care.

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

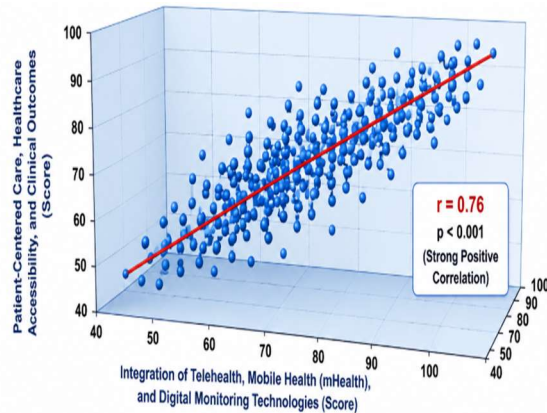


Figure 4: Correlation Between Technology Integration and Patient Care Outcomes (N = 200)

Table 5: Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies (N = 200)

Demographic Variable	Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies		Patient-Centered Care, Healthcare Accessibility & Clinical Outcomes	
	χ^2	P-value	χ^2	P-value
Educational Qualification	10.82	0.004*	8.76	0.013*
Clinical Experience	12.14	0.002*	10.36	0.006*
Area of Work	9.86	0.020*	8.42	0.031*
Type of Hospital	8.42	0.015*	7.84	0.020*
Previous Telehealth Training	15.28	<0.001*	11.62	0.003*
Frequency of Technology Use	13.74	0.002*	10.28	0.006*

* Statistically significant at $p < 0.05$

Interpretation

Table 5 shows statistically significant associations between the study variables and selected

demographic characteristics of registered nurses ($p < 0.05$). Educational qualification, clinical experience, area of work, type of hospital, previous telehealth training, and frequency of technology use were significantly associated with both technology integration and patient-centered care, healthcare accessibility, and clinical outcomes. These findings indicate that demographic and professional characteristics influence the effective integration of digital health technologies and contribute to improved patient-centered care and clinical outcomes.

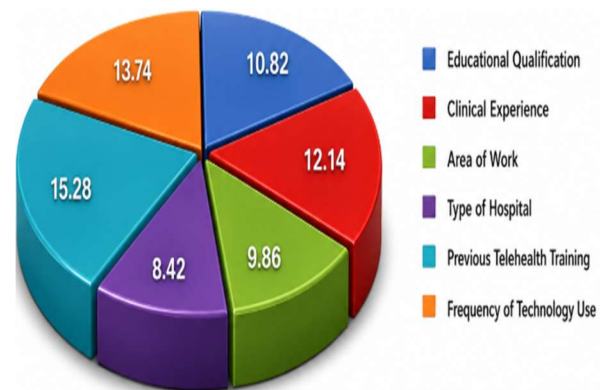


Figure 5: Association Between Demographic Variables and the Integration of Telehealth, Mobile Health (mHealth), and Digital Monitoring Technologies (N = 200)

DISCUSSION

The findings revealed that the majority of registered nurses had a moderate level of integration of telehealth, mobile health (mHealth), and digital monitoring technologies (51.0%), while 48.0% demonstrated a moderate level of patient-centered care, healthcare accessibility, and clinical outcomes. These findings are consistent with Bashshur et al. [3], who reported that telehealth improves healthcare delivery and chronic disease management.

A strong positive correlation was identified between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and patient-centered care, healthcare accessibility, and clinical outcomes ($r = 0.76$, $p < 0.001$). This suggests that greater adoption of digital health technologies contributes to improved nursing practice and better patient outcomes. These findings are supported by Marcolino et al. [9], who demonstrated that mHealth interventions positively influence patient engagement and clinical outcomes.

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

Significant associations were observed between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and educational qualification, clinical experience, area of work, type of hospital, previous telehealth training, and frequency of technology use ($p < 0.05$). This suggests that professional competency and institutional support are important for successful telehealth implementation. Similar findings were reported by Venkatesh et al. [13], who emphasized the role of technology acceptance in the adoption of digital health technologies.

SUMMARY

The present study evaluated the integration of telehealth, mobile health (mHealth), and digital monitoring technologies into nursing practice among 200 registered nurses working in selected multispecialty hospitals in Tamil Nadu. The findings showed that most participants demonstrated a moderate level of integration and moderate patient-centered care, healthcare accessibility, and clinical outcomes. A significant positive relationship was observed between the integration of telehealth, mobile health (mHealth), and digital monitoring technologies and patient-centered care, healthcare accessibility, and clinical outcomes. Significant associations were also identified between the study variables and selected demographic characteristics.

CONCLUSION

The study concludes that the integration of telehealth, mobile health (mHealth), and digital monitoring technologies positively influences patient-centered care, healthcare accessibility, and clinical outcomes among registered nurses. Strengthening nurses' digital competencies, expanding telehealth training, and enhancing organizational support are essential for promoting effective integration of these technologies and improving the quality of nursing care.

NURSING IMPLICATIONS

Nursing Practice

- Promote the integration of telehealth and digital technologies in routine nursing care.
- Enhance nurses' digital competencies to improve patient-centered care and clinical outcomes.

Nursing Education

- Incorporate telehealth and digital health into nursing curricula.
- Conduct continuing education programmes on emerging digital healthcare technologies.

Nursing Service

- Strengthen telehealth services to improve healthcare accessibility and continuity of care.
- Encourage digital monitoring for chronic disease management and follow-up.

Nursing Administration

- Provide regular training on digital health technologies.
- Ensure adequate technological infrastructure and institutional support.

Nursing Research

- Undertake multicentre and longitudinal studies on digital health interventions.
- Explore innovative digital health strategies to enhance nursing practice and patient outcomes.

LIMITATIONS

- The study included only 200 registered nurses from selected multispecialty hospitals in Tamil Nadu.
- Convenience sampling and the cross-sectional design limit generalizability and causal inference.

RECOMMENDATIONS

- Conduct multicentre studies with larger and more diverse samples.
- Evaluate the effectiveness of telehealth training and compare the integration of telehealth, mobile health (mHealth), and digital monitoring technologies across healthcare settings.
- Investigate organizational factors influencing technology integration and develop evidence-based strategies to strengthen the integration of telehealth, mobile health (mHealth), and digital monitoring technologies in nursing practice.

SOURCE OF FUNDING

Focuses on evaluating the integration of telehealth, mobile health, and digital monitoring technologies into nursing practice to improve patient-centered care, enhance healthcare accessibility, and optimize clinical outcomes

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this study.

AUTHORS' CONTRIBUTION

All authors contributed substantially to the conception and design of the study, data collection, statistical analysis, interpretation of findings, manuscript preparation, critical revision, and approval of the final version of the manuscript.

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