Clinical medicine has traditionally been done with both patient and doctor face-to-face at the bedside. However, on March 22nd, 1905, Willem Einthoven transmitted the first electrocardiogram from his laboratory to the hospital just over a mile away. He called this “Het tele-cardiogram”, and later in 1924 received a Nobel Prize for development of the electrocardiogram. Since then, telemedicine or “the remote delivery of health care and information” has been applied via radio, closed-circuit television (See Boston Logan Airport), and even via satellite (See STARPAHC).

Modern telemedicine is being described in a much different way, with a focus on wellness and preventative care. The term telehealth is now being used as an umbrella term that encompasses telemedicine and e-health and is involved in the motivations for the transition from institution-centrist to a more patient-centrist care model. These motivations are summed up, in short, by the often-used phrase “affordable access to quality care.”

Telehealth applications should, therefore, aim to increase the availability of care while also reducing costs for care. At the same time, the quality of care being provided should not decrease. This research aims to answer: What kind of a project is contemporary telehealth? What are its goals?

**Introduction**

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**Methods**

- Analysis of use of the terms “Telemedicine” and “Telehealth” in academic literature, i.e. Web of Science and Pubmed databases, from 1995 to 2011.
- Analysis of use of the terms “Telemedicine” and “Telehealth” in nonacademic, popular sources, i.e. newspapers and websites, from 1995 to 2011.

**Results**

- One form of telehealth has aimed to avoid the regulatory problems posed by state licensure difficulties and non-payment from insurance by:
  1. direct billing for online patients.
  2. allowing online patients to only see a “tele-doctor” from their state of residence.

- A second form of telehealth has aimed to amass “big data”. This second form changes patients to:
  1. Become more informed and responsible for their own care.
  2. Empower themselves as patients by joining a community of patients with similar results.
  3. Inform science and medicine by amassing large quantities of patient information.

- A third form of telehealth uses mobile devices to:
  1. Advocate a future free from doctors in all but the most serious cases.
  2. Personalize health care by using relevant patient data accumulated over time.

**Conclusion**

From these results, it seems like the efforts of telehealth have been split into three camps of actors with somewhat overlapping motivations.

The first set of actors are motivated by economic pressure, or consumer demand to see a doctor but on the patient’s terms.

The second set of actors have a patient-driven motivation with the notion that lots of data will improve patient care, and expose things that mainstream medicine is ignoring. Longevity studies that use personalized patient information have been proposed to lend an increased quality of care as well as a “participatory” medicine not possible through institutional medicine.

The third set of actors are motivated by the idea that healthcare can be delivered more efficiently and effectively through exclusively technological means.

In short, each set of actors currently represents one or two of the motivations described by Perednia in 1995, while none achieve all three very well.

**Literature Cited**


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