Leading practices for the future of telemedicine

From virtual visits to integrated care

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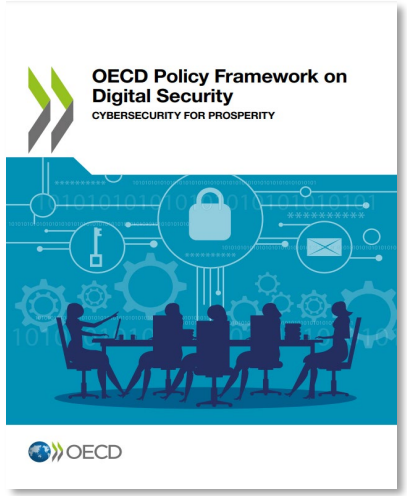
OECD: Setting standards – *Better Policy for Better Lives*

Health Data Governance

Digital Security



OECD AI Principles overview

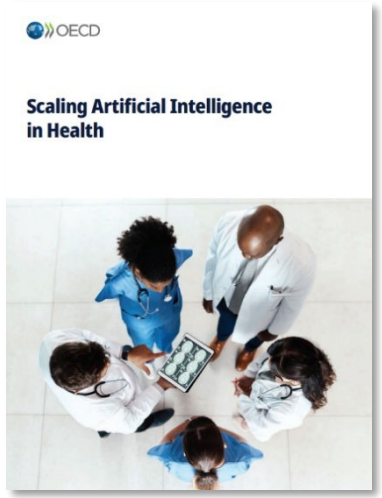
Values-based principles

- Inclusive growth, sustainable development and well-being
- Human rights and democratic values, including fairness and privacy
- Transparency and explainability
- Robustness, security and safety
- Accountability

Recommendations for policy makers

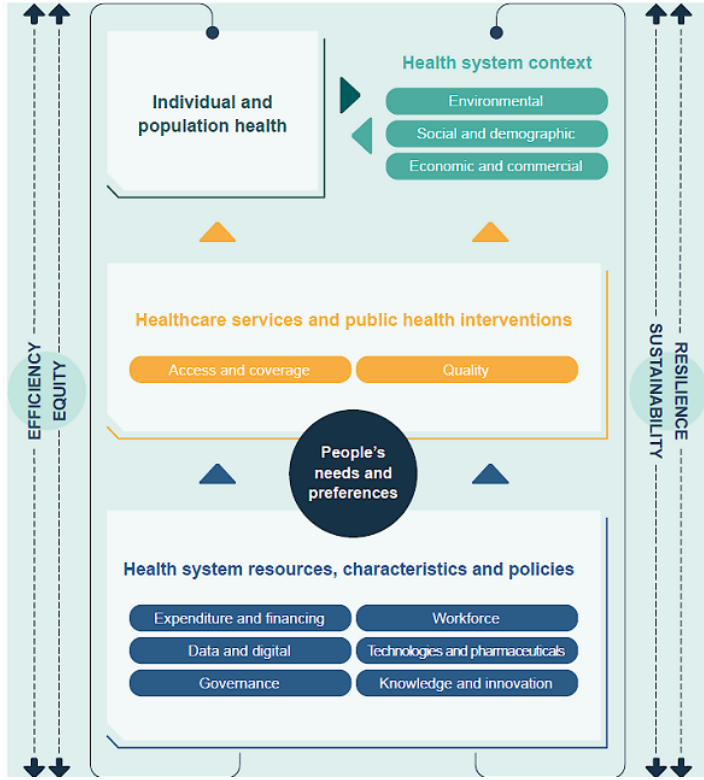
- Investing in AI research and development
- Fostering an inclusive AI-enabling ecosystem
- Shaping an enabling interoperable governance and policy environment for AI
- Building human capacity and preparing for labour market transition
- International co-operation for trustworthy AI

Scaling AI in Health



Measuring progress

Health System Performance Assessment Framework



Where do we go from pandemic-era virtual care?

How did countries adopt and implement telemedicine sustainably and equitably after the pandemic?

Considerations:

- ❑ Learn more about **which patients** are using remote care services, **why** they are using these services and **what happens after they use them**.
- ❑ Investigate whether **payment and organisational arrangements** for provision of telemedicine services, are **creating economic incentives** that encourage appropriate and effective use of services.
- ❑ Foster a model of **integrated care delivery** in which remote and in-person care services are fully coordinated and part of a **seamless care pathway**.

Source: OECD (2025), Leading practices for the future of telemedicine, https://doi.org/10.1787/496a8ffe-en

Countries adopted different routes to routine telemedicine

Health811
Access trusted health advice and supports — anytime, anywhere
Call 811 or chat online, ontario.ca/health811
24/7

HRSA
Office for the Advancement of Telehealth

CNTS
Centro Nacional de TeleSaúde

PeCAN
Prise en charge anticipée numérique

ezdrowie

e-Nabız

CROATIAN INSTITUTE OF EMERGENCY MEDICINE

Australian Government
Department of Health
MBS Online
Medicare Benefits Schedule

Countries adopted different routes to routine telemedicine

Country context	Implementation strength highlighted	Persistent challenge
Australia, Canada	Remote access and reach across distance	Embedding remote care into consistent hybrid pathways
France, Portugal	National reimbursement and broad scaling	Moving from volume expansion toward appropriate use
Germany	Evidence-linked digital applications and regulated infrastructure	Interoperability, adoption and pathway coherence
Poland / Croatia / Türkiye	Rapid expansion of digital infrastructure	Standardisation, measurement and equitable scaling
United States	Wide experimentation and multiple delivery models	Fragmented incentives, continuity and expenditure control

Transfer the capability, not the platform.

Leading practices of telemedicine implementation

To support the preparedness of countries for long-term, sustainable, effective use of telemedicine, four leading practices emerged across: **data collection (measurement), financing, governance, and integration into care**.

1 Granular Measurement:

The capacity to collect comparable data on the **who, why, and what** (i.e., outcomes) of remote care uses, and use this information in **evaluating services.**

I. Data granularity (demographics, modality, etc.) and availability

II. Establishment of an evaluation process, strategy, or office to analyse data and review policy decisions

III. Timely data with routine collection

2 Adaptive Financing:

Which **payment models** (including pricing) have been established, given the context of the health system; what are the incentives for **sustainable adoption** and the **responsible, effective use** of telemedicine

I. Understanding the range of financial models and incentives

II. Granularity of financial information (e.g. billing codes) with clear, consistent guidelines

III. Regular assessment of financial activity with links to telemedicine pricing / reimbursement

Leading practices of telemedicine implementation

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3 Inclusive Governance:

How the administration of telemedicine is organised, and **which models are effective**, given the context of the health system; **engagement with stakeholders** (especially patients and providers), and **procuring or developing technologies**

I. Inclusive governance: embedded engagement processes with end-users (public, patients, providers)

II. Established process (or guidance) for procurement of telemedicine platforms and devices, including standards for security, data management, and functionality

4 Integration into care:

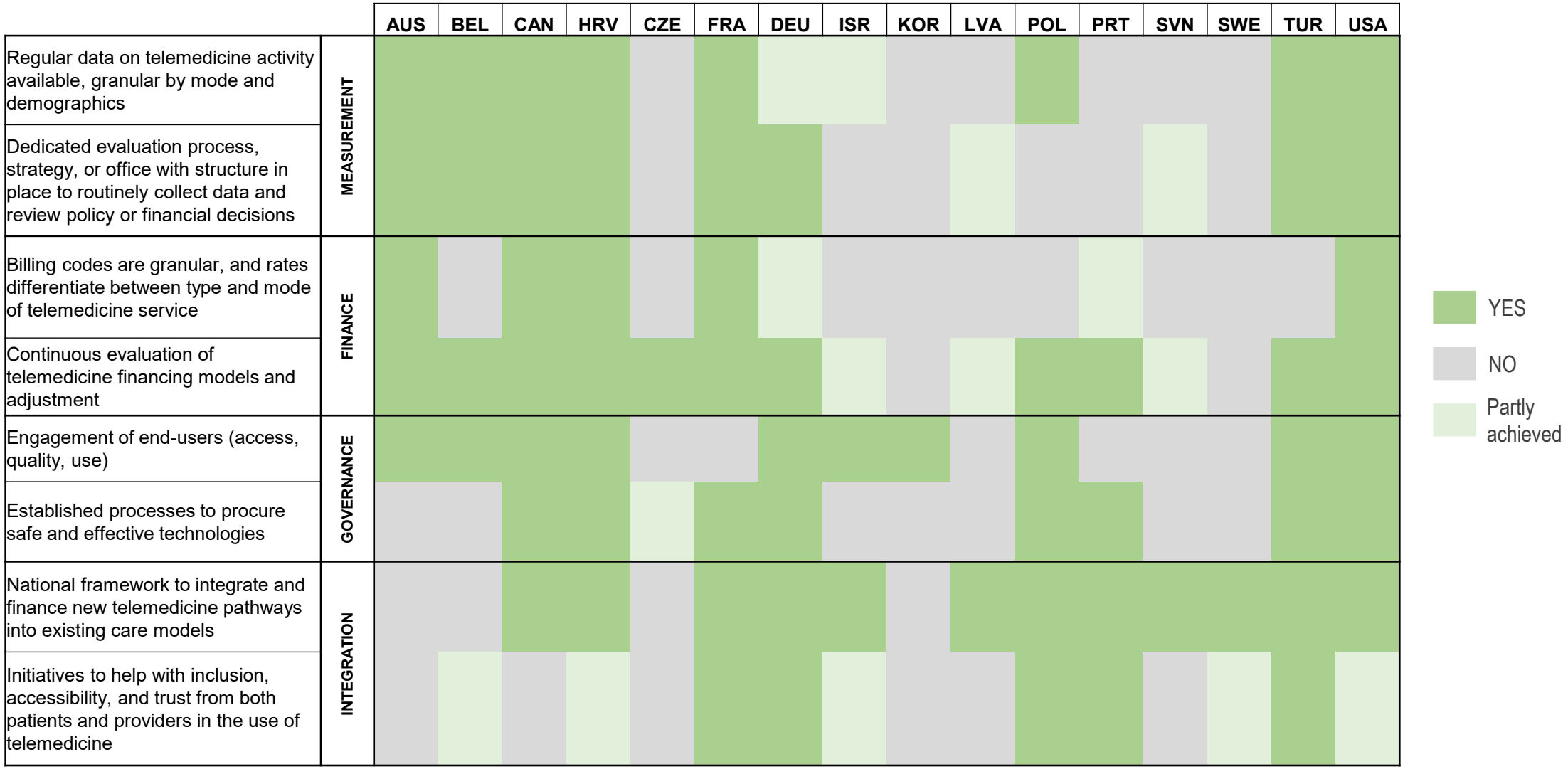
Understanding the role of telemedicine in **reshaping pathways**, and **leading practices** to evaluate, finance, govern, and incorporate **new care models into routine care**

I. Incorporation, financing, and promotion of telemonitoring

II. Established pathways and evaluation frameworks to integrate, finance, and scale new telemedicine care models

III. Initiatives to improve the accessibility, inclusion, and adoption of telemedicine

Findings from OECD countries (2025)



Where countries fell short

Leading countries did not “finish” implementation. They created feedback loops that allowed policy to evolve and best adjust to how this technology fits into patient pathways. **Information, flexibility, and engagement**

DATA GAP

Activity recorded, but limited information on purpose, modality, patient characteristics and outcomes.

PAYMENT GAP

Reimbursement enabled access, but often without a clear theory of substitution, value, or budget impact.

GOVERNANCE GAP

Rules existed, but patients, professionals, and industry were not always embedded in ongoing design and review.

PATHWAY GAP

Remote contacts were added to care rather than integrated with records, teams, escalation, and follow-ups.

Looking forward to **new technologies**, every unresolved gap becomes more consequential at scale and with algorithmic, automated interventions.

What should health systems do next?

1. Define the pathway before selecting the technology.
2. Measure modality, population, technology implementation, downstream use, outcomes, and equity.
3. Procure for learning: interoperability, continuous evaluation, and flexible implementation.
4. Align payment with pathway value, not volume without implication.
5. Keep inclusion and human accountability visible by design.

Successful systems do not merely adopt telemedicine. They build the capacity to adapt it.

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It is time to bring health into the 21st century

"The key barriers to building a 21st century health system are not technological.

They are in the **institutions, processes and workflows** forged long before the digital era."

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