# The Multifaceted Applications of Telemedicine in Contemporary Healthcare: Review of Its Impact on Pediatrics, Dermatology, Psychiatry, and Anesthesia

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#### Abstract

Telemedicine has emerged as a transformative force in modern healthcare, enhancing access to medical services across various specialties, including pediatrics, dermatology, psychiatry, and anesthesia. This technology addresses barriers related to geography and financial constraints, improving health outcomes for diverse populations. This review systematically analyzes current literature on telemedicine applications across the aforementioned specialties. It highlights technological advancements, implementation strategies, and outcomes related to patient care. Data were sourced from peer-reviewed journals, clinical studies, and healthcare reports to provide a comprehensive overview of telemedicine's efficacy and challenges. Findings indicate that telemedicine significantly improves access to care, particularly in underserved areas. In pediatrics, it allows for remote consultations, enhancing the management of chronic illnesses. In dermatology, telemedicine facilitates timely diagnosis through virtual assessments. For psychiatry, it offers a vital platform for mental health interventions, reducing barriers to treatment. In anesthesia, telemedicine supports pre-operative assessments and post-operative follow-ups, ensuring patient safety and satisfaction. The integration of telemedicine into healthcare delivery across pediatrics, dermatology, psychiatry, and anesthesia demonstrates its potential to enhance patient care, increase efficiency, and reduce healthcare costs. Continued investment in telemedicine technologies and training for healthcare professionals is essential for maximizing these benefits.

Keywords: Telemedicine, Pediatrics, Dermatology, Psychiatry, Anesthesia.

### Introduction

Advanced technology coupled with high-quality network services allows the enhancement of healthcare delivery, hence increasing accessibility for a larger population. Telemedicine is a superior technology that facilitates access to preventative care and enhances long-term health outcomes. This is especially applicable

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to those encountering financial or geographical barriers to accessing appropriate care. Telehealth can enhance the efficacy, organization, and accessibility of healthcare. The research in this domain remains nascent, however it is proliferating. Telephone-based treatment and telemonitoring of vital signs in individuals with heart disease reduced mortality and hospitalization risks while enhancing quality of life. Numerous persuasive justifications exist for individuals to get a diagnostic or rehabilitation plan. This may instill confidence in patients that they are obtaining optimal treatment quality. Telemedicine is an exemplary option for addressing mental health concerns. It mitigates some factors that hinder patients from obtaining this essential medication [1-3].

Telemedicine allows patients to get medical care at their leisure, ensuring safety for both the physician and the patient. This suggests that an individual may not need time off from employment or the organization of childcare. Visiting the doctor's office involves sitting in proximity to others, which may lead to illness. This poses particular risks for those with chronic medical conditions or compromised immune systems. It mitigates the risk of acquiring an infection in the medical facility (Mansoor et al., 2020). Telemedicine service providers may incur reduced overhead costs. Clinicians may discover that telemedicine enhances their revenue by enabling them to attend to a greater number of patients. When caregivers consult patients online, they are not susceptible to the illnesses that the patient may transmit. The patient may be satisfied with their physician if they do not need to go to the office, endure wait times for treatment, or risk infection from the hospital [4,5].

Telemedicine has enhanced the ability of healthcare practitioners to attend to many patients remotely. Moreover, having shown its value, it is likely to endure for an extended period. While initial video conferencing facilitated the entry of several providers into telehealth, the emerging telemedicine technologies promise even greater advantages. For instance, during a patient consultation, physicians may use natural language processing to automatically record notes. During emergency operations, professionals will provide input remotely. The data collected by healthcare devices may be sent to an Internet of Things (IoT) cloud platform, where it is aggregated by the healthcare provider. This data will then be sent to IoT systems used by healthcare practitioners for patient management. Recent improvements in telemedicine technology include Artificial Intelligence (AI) to enhance physician efficiency. This technology utilizes wearables and remote patient monitoring tools to keep patients informed and employs robots to provide specialized care in previously inaccessible places [6-8].

Telemedicine technology has significant potential for patients in isolated regions. The most substantial impact occurs in several nations where healthcare services are limited or nonexistent. To guarantee an accurate medical history, both patients and physicians must implement adequate hardware and software security measures. Certain clinics provide virtual consultations with a physician via Internet video conferencing. When an in-person consultation is unnecessary, these sessions allow patients to maintain therapy with their regular physician. Online consultations with a physician or nurse practitioner are an alternative kind of interactive appointment. Numerous prominent businesses provide access to automated medical facilities as part of their healthcare services. Conversely, a nursing call center employs nurses who guide at-home therapy using a question-and-answer approach [9-11].

This technology enables individuals to manage blood pressure meds, replenish prescriptions, and remember their appointments. Furthermore, patients may communicate their symptoms to physicians via email, complete a series of self-assessments, and enroll in structured training programs customized to their particular ailment. In these circumstances, electronic health technology facilitates chronic disease management by providing patients with care monitoring applications and cell phones [12,13]. This article provides an overview of telemedicine and its need in healthcare. Key capabilities, characteristics, obstacles, and applications are succinctly addressed.

Telemedicine is a healthcare service facilitated by telecommunications and electronic information technology. It denotes the whole array of deliverables intended to empower people and their doctors or healthcare professionals. It encompasses several applications, such as online patient consultations, remote monitoring, telehealth nursing, and remote physical and psychiatric rehabilitation. It facilitates superior healthcare options, enhances the quality and efficacy of emergency services, diminishes diagnostic time,

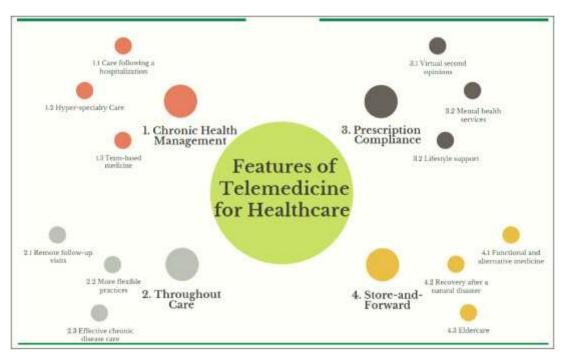
and conserves resources for both physicians and patients by optimizing clinical processes and minimizing travel expenditures to hospitals [14,15].

Telemedicine has enhanced accessibility to superior healthcare services. Patients will now get more tailored clinical care. They may access to medical professionals using video application software, enabling remote consultations, while clinicians use enhanced technologies for networking, data storage, report administration, and capitalizing on one other's specialized expertise. This enhances the quality of medical practice, enabling physicians to allocate less time to rural assignments and provide more attention to patients. Telemedicine facilitates the practice of private healthcare professionals and improves the patient experience. Patients will no longer endure lengthy waits, and clinicians will access patient information more readily and effectively via electronic files, hence reducing total wait times. Moreover, remote consultations enable physicians to allocate less time per patient, hence increasing their capacity to handle a larger volume of patients [15,16].

Escalating healthcare expenses and the need for improved treatment are prompting an increasing number of institutions to explore the advantages of telemedicine. They want enhanced communication between doctors and distant patients, as well as more efficient use of healthcare services. Telemedicine enhances connectedness, leading to a reduction in hospital readmissions and improved adherence to prescribed treatment regimens among patients. The benefits of enhanced interaction in telemedicine also apply to doctor-to-doctor communication. Physicians may use telemedicine to establish support networks for skill sharing and enhanced healthcare delivery. Telemedicine is a method of providing medical care over the Internet, often via video conferencing. This technology offers several benefits for both patients and healthcare practitioners. Despite existing technological challenges and criticism, telemedicine may augment and improve the entire patient experience [17-19].

## Capabilities And Attributes of Telemedicine Within Healthcare Management Systems

The notion of telemedicine and its accompanying services have been firmly established and validated for societal benefit. Figure. 1 illustrates the many attributes and amenities provided by the telemedicine idea, particularly within the healthcare sector. This technique facilitates chronic health management, prescription adherence, remote services, and comprehensive treatment in critical and severe instances, hence enhancing the healthcare and medical care domain. Furthermore, a range of tele-wearables facilitates patient recovery and provides continuous updates on their health condition in an innovative manner [20,21].



Telemedicine is a groundbreaking technology, sometimes referred to as disruptive innovation. Consequently, to serve a faraway patient, telemedicine utilizes several electronic communication methods, including teleconferencing, image-sharing, and remote patient monitoring. Physicians may also use automation to provide high-quality care to their patients. They must enhance their IT support systems and adopt a novel approach to file management. A virtual consultation facilitates primary care doctors in obtaining professional counsel when they have questions about sickness or treatment. Exam reports, medical history, results, X-rays, or other imaging are sent to the expert for the physician's review. The expert may respond online and arrange a video consultation with the physician. These virtual consultations may obviate the need for superfluous in-person referrals to experts, diminish wait periods for professional input, and eradicate the requirement for wasteful travel. Telemedicine tactics are more effective when a physician can see the patient, diagnose a condition, and document the experience [22-25].

An electronic personal health record system utilizes health records for monitoring and preservation purposes. We may use a web-enabled gadget, such as a PC or smartphone, at any moment. A personal health report will promptly provide critical information to emergency responders during a crisis, including diagnoses, prescriptions, drug references, and the physician's contact details. This technology has been designed to aid consumers in effectively organizing their medical records in a secure area. Recovery programs must set objectives for improving patient behavior, which is becoming more straightforward owing to mobile health technology. It enables patients to monitor caloric intake, document vital signs, track physical activity, and manage medication dosages and schedules. In addition to diabetes, the concept of patient self-management in telemedicine may be applied to other chronic conditions, including hypertension and certain digestive ailments [26-28].

Telemedicine options will substantially aid physicians. Nevertheless, when integrated with Artificial Intelligence (AI), its efficacy may be significantly enhanced. It may streamline fundamental procedures by alleviating physician workloads and enhancing job satisfaction. The program transmits data promptly and with excellent quality to guarantee the seamless execution of an appointment. It would allow a more thorough examination of a patient's health and assessments for any anomalies by physicians. Patients are urged to review a physician's available time slots, forthcoming appointments, and the option to postpone. Healthcare analytics is often used to engage with collected data and visualize it via a user interface. Over the long run, store and forward methodologies suggest enhanced time and cost efficiency. Telemonitoring relies on diverse electronic technologies that relay patient data directly to a healthcare provider's analytical interface [29,30].

This technology has shown its value and needs across several functions in the telehealth and medical sectors. It is significantly transforming surgery, medical education, and training. Upon the doctor's approval of the requested appointment, the patient must get confirmation. Profiles may include internal information, including evaluations, modifications, and essential hospital notifications. Physicians may also plan meetings. Scheduling and rescheduling are basic functionalities of contemporary telemedicine software. Upon notification of an appointment, doctors may get the patient's medical record and pertinent information to facilitate an appropriate consultation and diagnosis [31,32].

Virtual Reality (VR) technologies have revolutionized communication applications in telemedicine equipment, enhancing their immersive quality. In virtual reality, physicians and their colleagues may now see a 3D monitor while doing surgical operations. Through video conferencing, doctors and surgeons may operate on patients located thousands of kilometers distant. This facilitates collaboration across intercontinental medical teams and allows for video consultations about difficult and critical circumstances. The telehealth platform may use virtual reality to replicate patient data and create a graphical environment for video conferencing, therefore enhancing communication with a physician. This approach is beneficial in rural or remote areas and is essential for delivering local healthcare to people. This foster enhanced confidence in the local healthcare system in remote regions. This indicator signifies increased financing for local health services catering to a rural patient demographic. This technology enables all patients to stay connected with family and friends [33-35].

#### Telemedicine in Healthcare: Key Application Domains

Telemedicine technology provides access to a range of treatment alternatives, including primary care consultations, psychotherapy, physical therapy, and others. It administers therapy via wireless devices, including computers and cell phones. Video conferencing is mostly used in telemedicine. Certain services, conversely, choose to provide therapy via email or telephone communication. Patients often use telemedicine with their primary care physician. This technology is beneficial for patients who need to maintain physical distance or are unable to attend a healthcare facility. It enables practitioners to provide longer or weekend hours without the expense of operating the office [36-38]. This also enhances the appeal of practices to the increasing cohort of patients who want telemedicine as their primary care option. It is an economical and straightforward method to aid those with serious diseases in controlling their condition, participating in their treatment, and avoiding the exacerbation of problems. A multitude of unique technologies is used in the engineering domain. Healthcare and its related domains [39-42]. These are beneficial for addressing several issues about design, production, and the establishment of a sustainable environment [43-45].

Telemedicine often facilitates the connection between physicians attending to a patient in one location and specialists situated in another, using telecommunication for assistance. This is particularly advantageous for rural or hard-to-access regions where specialists are not easily available. It is used to conduct remote consultations with reduced expense and duration. The emergence of the internet era facilitated substantial advancements in telemedicine practices. The advent of this advanced technology, which enables high-quality video streaming, facilitates the provision of remote healthcare to patients in their homes, workplaces, or assisted living facilities as an alternative to in-person consultations for both general and specialized care. Numerous individuals assert that telemedicine has been around in various forms since the invention of the telephone. Images may be sent instead of data via the cellphone. Telemedicine is an established element of healthcare delivery in several nations. It has a remarkable array of uses, enabling patients to schedule follow-up appointments via video, enhancing adherence to aftercare visit protocols, and alleviating the burden on both patients and physicians [46-48].

Contemporary mobile health applications facilitate telemedicine and integrate an interactive clinical interface with software. The management of patients with mild ailments, the exchange of investigative data, or imaging results are instances of noncritical occurrences. Patients may purchase medications and get prescriptions using a specialized application. Intimate collaboration with payment gateways. Analyses and information transfer occur in real time. These telemedicine solutions are often interconnected, enabling patients and clinicians to work effortlessly via a single application for communication and data sharing. Direct patient data may be readily obtained and sent to the relevant physician. This evidence might be a transcript of an appointment, or a test result stored in an Electronic Health Record system folder. Furthermore, it enables physicians to analyze data after its collection [49-51].

Telemedicine extensively utilizes sensitive medical records. It is used for acquiring, maintaining, and disseminating data, which aids in evaluating critical criteria in this domain. Telemedicine is a platform that enables anyone to consult with a physician remotely. Mobile apps provide a link between the device and the medical center's internal systems [52-54]. Specialized modules may include alerts, research documentation, and data visualizations to support clinical decision-making. This program employs a remote control to assist those with severe as well as chronic diseases. Any patient brought to the hospital and retained for surgical treatment occupies a valuable bed. Home health Telemedicine gathers vital signs provides webinar services and may trigger alerts at a nurse's station [55-58].

#### The Applications of Telemedicine in Pediatrics, Dermatology, Psychiatry, and Anesthesia

Telemedicine has transformed healthcare by offering remote medical services, increasing access to treatment, and improving patient outcomes across several disciplines. Telemedicine has markedly enhanced accessibility to pediatric treatment, particularly in marginalized and distant regions. It enables pediatricians to do virtual consultations, oversee chronic illnesses, and provide follow-up treatment without requiring inperson visits. Telemedicine may facilitate regular check-ups, vaccines, and the management of chronic conditions such as asthma and diabetes. Research indicates that telemedicine may decrease hospital admissions and emergency department visits, resulting in cost savings and enhanced patient satisfaction. Nonetheless, obstacles like as technological difficulties and the need for dependable internet connectivity may impede its widespread implementation [59,60].

Telemedicine has revolutionized dermatology by facilitating remote diagnosis and management of skin disorders. Teledermatology enables doctors to assess skin lesions, rashes, and other dermatological conditions via high-resolution photos and video consultations. This method is especially advantageous for individuals residing in remote regions or those experiencing mobility challenges. Teledermatology has shown efficacy in diagnosing and controlling illnesses such as acne, eczema, and psoriasis. Nonetheless, constraints such as the incapacity to conduct physical tests and the need for high-quality imaging equipment may present difficulties [61,62].

Telepsychiatry has emerged as a crucial instrument for delivering mental health services, particularly during the COVID-19 epidemic. It enables psychiatrists to do examinations, treatment sessions, and medication management remotely via videoconferencing and telephone communications. Telepsychiatry provides accessibility to mental health care, mitigates stigma, and improves patient confidentiality. Research indicates that telepsychiatry is as beneficial as in-person treatment for several mental health disorders, such as depression, anxiety, and PTSD. Nonetheless, obstacles such as license prerequisites and the need for dependable technology may affect its execution [63-66].

Telemedicine has been used in anesthesia, especially for preoperative consultations and postoperative treatment. Anesthesiologists may use telemedicine for preoperative evaluations, to confer anesthetic strategies with patients, and to provide postoperative treatment. This method may diminish the need for physical appointments, elevate patient contentment, and augment communication among healthcare professionals. Nonetheless, the intricacy of anesthetic management and the need for direct evaluations may limit the use of telemedicine in this field [67-70].

## Conclusion

Telemedicine has the potential to revolutionize healthcare delivery across several disciplines by augmenting access to treatment, increasing patient outcomes, and decreasing healthcare expenditures. Despite its various advantages, problems like technological difficulties, licensing obligations, and the need for dependable internet connectivity must be resolved to allow its widespread use. With the ongoing advancement of technology, telemedicine will assume a progressively significant function in contemporary healthcare.

Telemedicine is an essential tool that connects physicians with patients to facilitate enduring lifestyle modifications. It offers substantial advantages for medical office personnel. This significantly alleviates the stress of patient check-in and focuses on higher-value duties. Through online visit capabilities, doctors may attend to their patients while possibly supporting other impacted practices. This also mitigates distance constraints by facilitating the exchange of information on diagnosis, treatment, and illness prevention between the physician and the patient via electronic channels. The most comprehensive telemedicine application may provide health coverage to those living in remote places where access to excellent care is otherwise unattainable.

In recent years, this technology has shown the capacity to enhance the quality of healthcare facilities by facilitating the flow of information across several remote locations. It enhances accessibility for underprivileged regions, facilitating the scheduling and conducting of appointments. Individuals with decreased mobility get medical advice and medicines more expediently. Medical treatments, diagnostics, and procedures must be administered in their facility. Telemedicine reduces the need for travel for both physicians and patients worldwide, transforming the lives of those with illnesses by ensuring they get adequate medical care.

#### References

- L.S. Wilson, A.J. Maeder, Recent directions in telemedicine: review of trends in research and practice, Healthcare informatics research 21 (4) (2015 Oct) 213.
- S. Hajesmaeel-Gohari, K. Bahaadinbeigy, The most used questionnaires for evaluating telemedicine services, BMC Med. Inf. Decis. Making 21 (1) (2021 Dec), 1-1.
- D. Lupton, S. Maslen, Telemedicine and the senses: a review, Social. Health Illness 39 (8) (2017 Nov) 1557-1571.
- F. Sarhan, Telemedicine in healthcare. 1: exploring its uses, benefits, and disadvantages, Nurs. Times 105 (42) (2009 Oct 1) 10–13.
- A. Moghadas, M. Jamshidi, M. Shaderam, Telemedicine in healthcare system, 2008, in: World Automation Congress, IEEE, 2008 Sep, pp. 1–6.
- R. Chunara, Y. Zhao, J. Chen, K. Lawrence, P.A. Testa, O. Nov, D.M. Mann, Telemedicine and healthcare disparities: a cohort study in a large healthcare system in New York City during COVID-19, J. Am. Med. Inf. Assoc. 28 (1) (2021 Jan) 33–41.
- C.D. Flumignan, A.P. Rocha, A.C. Pinto, K.M. Milby, M.R. Batista, A´.N. Atallah, H. Saconato, What do Cochrane systematic reviews say about telemedicine for healthcare? Sao Paulo Med. J. 137 (2) (2019 Apr) 184–192.
- B.J. Kaspar, Legislating for a new age in medicine: defining the telemedicine standard of care to improve healthcare in Iowa, Iowa Law Rev. 99 (2013) 839.
- K.L. Rockwell, A.S. Gilroy, Incorporating telemedicine as part of COVID-19 outbreak response systems, Am. J. Manag. Care 26 (4) (2020 Apr 1) 147–148.
- R. Bashshur, G. Shannon, E. Krupinski, J. Grigsby, The taxonomy of telemedicine, Telemedicine and e-Health 17 (6) (2011 Jul 1) 484–494.
- K.F. Funderskov, D. Boe Danbjørg, M. Jess, L. Munk, A.D. Olsen Zwisler, K.B. Dieperink, Telemedicine in specialized palliative care: healthcare professionals and their perspectives on video consultations—a qualitative study, J. Clin. Nurs. 28 (21–22) (2019 Nov) 3966–3976.
- J. Lokkerbol, D. Adema, P. Cuijpers, C.F. Reynolds III, R. Schulz, R. Weehuizen, F. Smit, Improving the cost-effectiveness of a healthcare system for depressive disorders by implementing telemedicine: a health economic modeling study, Am. J. Geriatr. Psychiatr. 22 (3) (2014 Mar 1) 253–262.
- B.L. Charles, Telemedicine can lower costs and improve access, Healthc. Financ. Manag. 54 (4) (2000 Apr 1) 66.
- R.S. Weinstein, A.M. Lopez, B.A. Joseph, K.A. Erps, M. Holcomb, G.P. Barker, E.A. Krupinski, Telemedicine, telehealth, and mobile health applications that work: opportunities and barriers, Am. J. Med. 127 (3) (2014 Mar 1) 183–187.
- E. Parimbelli, B. Bottalico, E. Losiouk, M. Tomasi, A. Santosuosso, G. Lanzola, S. Quaglini, R. Bellazzi, Trusting telemedicine: a discussion on risks, safety, legal implications and liability of involved stakeholders, Int. J. Med. Inf. 112 (2018 Apr 1) 90–98.
- X. Wang, Z. Zhang, J. Zhao, Y. Shi, Impact of telemedicine on healthcare service system considering patients' choice, Discrete Dynam Nat. Soc. (2019 Jan 1), 2019.
- A.S. Albahri, J.K. Alwan, Z.K. Taha, S.F. Ismail, R.A. Hamid, A.A. Zaidan, O.S. Albahri, B.B. Zaidan, A.H. Alamoodi, M.A. Alsalem, IoT-based telemedicine for disease prevention and health promotion: state-of-the-Art, J. Netw. Comput. Appl. 173 (2021 Jan 1), 102873.
- R.L. Bashshur, G.W. Shannon, E.A. Krupinski, J. Grigsby, J.C. Kvedar, R.S. Weinstein, J.H. Sanders, K.S. Rheuban, T.S. Nesbitt, D.C. Alverson, R.C. Merrell, National telemedicine initiatives: essential to healthcare reform, Telemedicine and e-Health 15 (6) (2009 Jul 1) 600–610.
- S. Manchanda, Telemedicine–getting care to patients closer to home, Am. J. Respir. Crit. Care Med. 201 (12) (2020 Jun 15) P26–P27.
- W. El-Shafai, F. Khallaf, E.S. El-Rabaie, F.E. Abd El-Samie, Robust medical image encryption based on DNA-chaos cryptosystem for secure telemedicine and healthcare applications, Journal of Ambient Intelligence and Humanized Computing (2021 Mar 26) 1–29.
- M.A. Kadir, Role of telemedicine in healthcare during COVID-19 pandemic in developing countries, Telehealth and Medicine Today (2020 Apr 30).
- M. Mars, Telemedicine and advances in urban and rural healthcare delivery in Africa, Prog. Cardiovasc. Dis. 56 (3) (2013 Nov 1) 326–335.
- P.Y. Chau, P.J. Hu, Investigating healthcare professionals' decisions to accept telemedicine technology: an empirical test of competing theories, Inf. Manag. 39 (4) (2002 Jan 1) 297–311.
- P.J. Heinzelmann, N.E. Lugn, J.C. Kvedar, Telemedicine in the future, J. Telemed. Telecare 11 (8) (2005 Dec) 384-390.
- A. Kohnke, M.L. Cole, R. Bush, Incorporating UTAUT predictors for understanding home care patients' and clinician's acceptance of healthcare telemedicine equipment, J. Technol. Manag. Innovate. 9 (2) (2014 Jul) 29-41.
- S.S. Bajowala, J. Milosch, C. Bansal, Telemedicine pays billing and coding update, Curr. Allergy Asthma Rep. 20 (10) (2020 Oct) 1–9.
- J.C. Lin, Y. Kavousi, B. Sullivan, C. Stevens, Analysis of outpatient telemedicine reimbursement in an integrated healthcare system, Ann. Vasc. Surg. 65 (2020 May 1) 100–106.
- M. Javaid, A. Haleem, R.P. Singh, R. Suman, Significance of Quality 4.0 towards comprehensive enhancement in the manufacturing sector, Sensors International (2021 Jun 24), 100109.
- A.Y. Ning, C.I. Cabrera, B. D'Anza, Telemedicine in otolaryngology: a systematic review of image quality, diagnostic concordance, and patient and provider satisfaction, Ann. Otol. Rhinol. Laryngol. 130 (2) (2021 Feb) 195–204.
- Z. Salehahmadi, F. Hajialiasghari, Telemedicine in Iran: chances and challenges, World J. Plast. Surg. 2 (1) (2013 Jan) 18.

- A. Von Wangenheim, L.F. de Souza Nobre, H. Tognoli, S.M. Nassar, K. Ho, User satisfaction with asynchronous telemedicine: a study of users of Santa Catarina's system of telemedicine and telehealth, Telemedicine and e-Health 18 (5) (2012 Jun 1) 339–346.
- H. Ayatollahi, N. Mirani, F. Nazari, N. Razavi, Iranian healthcare professionals' perspectives about factors influencing the use of telemedicine in diabetes management, World J. Diabetes 9 (6) (2018 Jun 15) 92.
- S. Bahl, R.P. Singh, M. Javaid, I.H. Khan, R. Vaishya, R. Suman, Telemedicine technologies for confronting COVID-19 pandemic: a review, Journal of Industrial Integration and Management 5 (4) (2020 Dec 1).
- P.S. Whitten, F.S. Mair, A. Haycox, C.R. May, T.L. Williams, S. Hellmich, Systematic review of cost-effectiveness studies of telemedicine interventions, BMJ 324 (7351) (2002 Jun 15) 1434–1437.
- M. Hooshmand, K. Yao, Challenges facing children with special healthcare needs and their families: telemedicine as a bridge to care, Telemedicine and e-Health 23 (1) (2017 Jan 1) 18–24.
- L.A. Vasquez-Cevallos, J. Bobokova, P.V. Gonza'lez-Granda, J.M. Iniesta, E.J. Go'mez, M.E. Hernando, Design and technical validation of a telemedicine service for rural healthcare in Ecuador, Telemedicine and e-Health 24 (7) (2018 Jul 1) 544-551.
- M. Kerleau, N. Pelletier-Fleury, Restructuring of the healthcare system and the diffusion of telemedicine, Eur. J. Health Econ. 3 (3) (2002 Sep 1) 207-214.
- R. Ishfaq, U. Raja, Bridging the healthcare access divide: a strategic planning model for rural telemedicine network, Decis. Sci. J. 46 (4) (2015 Aug) 755–790.
- M. Javaid, I.H. Khan, R. Vaishya, R.P. Singh, A. Vaish, Data analytics applications for COVID-19 pandemic, Current Medicine Research and Practice 11 (2) (2021 Mar 1) 105.
- A. Haleem, M. Javaid, R. Suman, R.P. Singh, 3D printing applications for radiology: an overview, Indian J. Radiol. Imag. 31 (1) (2021 Jan) 10–17.
- A. Haleem, M. Javaid, S. Rab, Impact of additive manufacturing in different areas of Industry 4.0, Int. J. Logist. Syst. Manag. 37 (2) (2020) 239–251.
- R. Suman, M. Javaid, S.K. Choudhary, A. Haleem, R.P. Singh, D. Nandan, S. Ali, S. Rab, Impact of COVID-19 Pandemic on Particulate Matter (PM) concentration and harmful gaseous components on Indian metros, Sustainable Operations and Computers 2 (2021 Jan 1), 1-1.
- P. Gupta, A. Haleem, M. Javaid, Designing of a Carburettor Body for Ethanol Blended Fuel by Using CFD Analysis Tool and 3D Scanning Technology, 2019, 78: 466-472.
- Javaid M, Babu S, Rab S, Vaishya R, Haleem A. Tribological Review of Medical Implants Manufactured by Additive Manufacturing. InTribology and Sustainability (pp. 379-395). CRC Press.
- S.B. Larsen, N.S. Sørensen, M.G. Petersen, G.F. Kjeldsen, Towards a shared service centre for telemedicine: telemedicine in Denmark, and a possible way forward, Health Inf. J. 22 (4) (2016 Dec) 815–827.
- K. Kidholm, A.G. Ekeland, L.K. Jensen, J. Rasmussen, C.D. Pedersen, A. Bowes, S.A. Flottorp, M. Bech, A model for assessment of telemedicine applications: mast, Int. J. Technol. Assess. Health Care 28 (1) (2012 Jan) 44-51.
- S. DeSilva, S.S. Vaidya, The application of telemedicine to pediatric obesity: lessons from the past decade, Telemedicine and e-Health 27 (2) (2021 Feb 1) 159–166.
- R. Philips, N. Seim, L. Matrka, B. Locklear, A.C. Moberly, M. Inman, G. Essig, Cost savings associated with an outpatient otolaryngology telemedicine clinic, Laryngoscope investigative otolaryngology 4 (2) (2019 Apr) 234-240.
- E.T. Chen, Considerations of telemedicine in the delivery of modern healthcare, American Journal of Management 17 (3) (2017 Sep 1) 20–28.
- R.L. Bashshur, G.W. Shannon, B.R. Smith, D.C. Alverson, N. Antoniotti, W.G. Barsan, N. Bashshur, E.M. Brown, M.J. Coye, C.R. Doarn, S. Ferguson, The empirical foundations of telemedicine interventions for chronic disease management, Telemedicine and e-Health 20 (9) (2014 Sep 1) 769–800.
- E.O. Justice, E-healthcare/telemedicine readiness assessment of some selected states in Western Nigeria, Int. J. Eng. Technol. 2 (2) (2012 Feb) 195–201.
- S. Sohn, T.M. Helms, J.T. Pelleter, A. Müller, A.I. Kro€ttinger, O. Scho€ffski, Costs and benefits of personalised healthcare for patients with chronic heart failure in the care and education program "Telemedicine for the Heart, Telemedicine and e- Health 18 (3) (2012 Apr 1) 198–204.
- A.W. Mariani, P.M. P^ego-Fernandes, Telemedicine: a technological revolution, Sao Paulo Med. J. 130 (5) (2012) 277-278.
- O.E. Williams, S. Elghenzai, C. Subbe, J.C. Wyatt, J. Williams, The use of telemedicine to enhance secondary care: some lessons from the front line, Future healthcare journal 4 (2) (2017 Jun) 109.
- M. Javaid, A. Haleem, R.P. Singh, R. Suman, Industrial perspectives of 3D scanning: features, roles and it's analytical applications, Sensors International (2021 Jun 30), 100114.
- B. Purohit, P.R. Vernekar, N.P. Shetti, P. Chandra, Biosensor nanoengineering: design, operation, and implementation for biomolecular analysis, Sensors International (2020 Sep 9), 100040.
- A. Haleem, M. Javaid, R.P. Singh, R. Suman, S. Rab, Biosensors applications in medical field: a brief review, Sensors International (2021 May 13), 100100.
- P. Chandra, Miniaturized label-free smartphone assisted electrochemical sensing approach for personalised COVID-19 diagnosis, Sensors International 1 (2020), 100019.
- Curfman, Alison L., et al. "Telehealth: improving access to and quality of pediatric health care." Pediatrics 148.3 (2021).
- Lakshin, Georgy, et al. "Telemedicine in the pediatric surgery in Germany during the COVID-19 pandemic." Pediatric surgery international 37 (2021): 389-395.
- Mansoor, M., Awan, T. M., & Syed, F. (2020). Positive emotions as underlying mechanism between customer gratitude and behavioral intentions. Journal of Administrative and Business Studies, JABS, 6(1), 09-20.
- Burke Jr, Bryan L., et al. "Telemedicine: pediatric applications." Pediatrics 136.1 (2015): e293-e308.

- Trettel, A., L. Eissing, and M. Augustin. "Telemedicine in dermatology: findings and experiences worldwide–a systematic literature review." Journal of the European Academy of Dermatology and Venereology 32.2 (2018): 215-224.
- Recupero, Patricia, and C. Fisher. "Resource document on telepsychiatry and related technologies in clinical psychiatry." Tele psychiatry in Clinical Psychiatry. American Psychiatric Association Council on Psychiatry and Law (2014): 1-18.

Sugarman, Dawn E., and Alisa B. Busch. "Telemental health for clinical assessment and treatment." bmj 380 (2023).

- Brunt, Thomas J., and Oliver Gale-Grant. "Telepsychiatry: what clinicians need to know about digital mental healthcare." BJPsych Advances 29.4 (2023): 230-238.
- Chen, Justin A., et al. "COVID-19 and telepsychiatry: Early outpatient experiences and implications for the future." General hospital psychiatry 66 (2020): 89-95.
- Kamdar, Nirav, and Laleh Jalilian. "Telemedicine: a digital interface for perioperative anesthetic care." Anesthesia & Analgesia 130.2 (2020): 272-275.
- Khera, Kushal D., et al. "Pre-anesthetic medical evaluations: criteria considerations for telemedicine alternatives to face to face visits." Health Services Research and Managerial Epidemiology 9 (2022): 23333928221074895.
- Kamdar, Nirav V., et al. "Development, implementation, and evaluation of a telemedicine preoperative evaluation initiative at a major academic medical center." Anesthesia & Analgesia 131.6 (2020): 1647-1656.
- Ghomrawi, Hassan MK, Jane L. Holl, and Fizan Abdullah. "Telemedicine in surgery—Beyond a pandemic adaptation." JAMA surgery 156.10 (2021): 901-902.

التطبيقات المتعددة للتطبيب عن بُعد في الرعاية الصحية المعاصرة: مراجعة لتأثيره على طب الأطفال، الأمراض الجلدية، الطب النفسى، والتخدير

## الملخص

الخلفية :أصبح التطبيب عن بُعد قوة تحوّلية في مجال الرعاية الصحية الحديثة، حيث يُعزّز الوصول إلى الخدمات الطبية في تخصصات متعددة، بما في ذلك طب الأطفال، الأمر اض الجلدية، الطب النفسي، والتخدير. تُسهم هذه التقنية في معالجة الحواجز المرتبطة بالجغر افيا والقيود المالية، مما يحسّن من النتائج الصحية لمختلف الفئات السكانية.

المنهجية :تُحلَّل هذه المراجعة الأدبيات الحالية حول تطبيقات التطبيب عن بُعد في التخصصات المذكورة. تسلط الضوء على التطور ات التكنولوجية، استر اتيجيات التنفيذ، والنتائج المتعلقة بر عاية المرضى. تم جمع البيانات من المجلات المُحكَمة، الدر اسات السريرية، والتقارير الصحية لتقديم نظرة شاملة حول كفاءة التطبيب عن بُعد وتحدياته.

النتائج تشير النتائج إلى أن التطبيب عن بُعد يُحسّن بشكل كبير من الوصول إلى الرعاية، لا سيما في المناطق المحرومة. في طب الأطفال، يُمكّن من تقديم الاستشارات عن بُعد مما يُعزز إدارة الأمراض المزمنة. في الأمراض الجلدية، يُسهّل التشخيص في الوقت المناسب من خلال التقييمات الافتراضية. بالنسبة للطب النفسي، يُوفر منصة حيوية للتدخلات المتعلقة بالصحة النفسية، مما يُقلل من الحواجز أمام العلاج. وفي التخدير، يدعم التطبيب عن بُعد التقييمات السابقة للجراحة والمتابعة بعد الجراحة، مما يضمن ورضاهم.

الخلاصة :يُظهر دمج التطبيب عن بُعد في تقديم الرعاية الصحية عبر تخصصات طب الأطفال، الأمراض الجلدية، الطب النفسي، والتخدير إمكاناته في تحسين رعاية المرضى، وزيادة الكفاءة، وتقليل تكاليف الرعاية الصحية. يعد الاستثمار المستمر في تقنيات التطبيب عن بُعد وتدريب المهنيين الصحيين أمرًا ضروريًا لتعظيم هذه الفوائد.

الكلمات المفتاحية :التطبيب عن بُعد، طب الأطفال، الأمر اض الجلدية، الطب النفسي، التخدير