

The Future of Telehealth: Engineering New Platforms for Care

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ABSTRACT

The COVID-19 pandemic accelerated the adoption of telehealth, transforming it from a complementary service to a foundational component of healthcare delivery. While initial adoption was reactive, the future of telehealth demands a proactive engineering approach to build integrated, scalable, and patient-centered platforms. This paper examines the evolution of telehealth, identifies its current technological trends, and examines the engineering principles necessary to support its growth. Emphasis is placed on user experience design, data privacy, AI integration, and the expansion of services in underserved communities. We discuss the challenges and innovations required to overcome interoperability limitations, enhance accessibility, and secure sensitive health information. Drawing from telecommunications history, the paper proposes a modular and interoperable architecture that aligns technological capabilities with human needs. The future of telehealth hinges on building robust platforms that are equitable, secure, and intelligently designed—capable of closing healthcare gaps while optimizing clinical efficiency across geographic and socioeconomic boundaries.

Keywords: Telehealth, Health Technology Engineering, Digital Health Platforms, AI in Healthcare, Remote Monitoring, Interoperability, Healthcare Equity, Patient-Centered Design.

INTRODUCTION

With advances in technology, telehealth has become a crucial part of the healthcare system, evolving in response to growing demands. By 2020, online meetings and telehealth interactions became common, aided by accessible medical research through preprints and forums. The pandemic heightened interest in telehealth, leading to curbside screenings, remote monitoring, messaging, video visits, and nationwide prescriptions. However, the trend is still developing, and telehealth platforms need improvement to optimally align engineering and usage. The pandemic revealed interoperability issues within telehealth platforms, prompting a reflection on future developments. Insights from telecommunications history suggest that widespread connectivity is essential for creating robust platforms that serve diverse user needs. Future telehealth systems aim to integrate advanced engineering tools with user-friendly interfaces, emphasizing interoperability and accessibility. The design will enhance engineering software architecture for better integration within the ecosystem and with open-access services. Simultaneous service implementation will reflect real-life usage patterns. The engineering focus will include software and algorithm design with less reliance on complex manuals, alongside stringent information security and privacy protocols. The ultimate goal is to elevate telehealth to the maturity level seen in telecommunications systems [1, 2].

Historical Overview of Telehealth

Telehealth emerged with the telephone and evolved through NASA's initiatives, connecting rural patients to medical professionals, enhancing medication compliance. NASA developed technology for transmitting X-rays, laying the groundwork for future telehealth advancements. The 2000s tech boom introduced internet capabilities, personal computers with cameras, and smartphones, integrating telehealth into everyday life. Initially, telehealth involved simple phone consultations to advise on non-urgent medical issues. Patients could call a dedicated line to receive recommendations, transitioning to video conferencing as smartphones and apps became prevalent, simulating in-office visits without the wait. By

the late 2010s, telehealth expanded across specialties, facilitating easier access to urgent care, with patients receiving email links to connect with their doctors quickly. Future telehealth developments incorporated wearable technology and artificial intelligence, enabling remote assessments that enhanced monitoring of chronic conditions and behavioral therapy cues. The potential of AI performing entire consultations without human interaction raises new questions about patient experiences and engagement with technology. Despite expectations, telehealth utilization remains lower than anticipated among healthcare professionals, necessitating an understanding of patients' perceptions to enhance acceptance and usage. Factors like income, education, and technology access influence telehealth adoption. Socioeconomic inequities can hinder the effectiveness of telehealth services aimed at underserved populations. Ultimately, patient willingness to embrace telehealth is vital for its success, making it crucial to comprehend their motivations and experiences with new health technologies [3, 4].

Current Trends in Telehealth Technology

The adoption of telehealth technologies has skyrocketed in recent years due to the rapid growth in the healthcare industry on a global scale and the increasing consumer demand for remote health services. It is predicted that the global digital healthcare market will reach at least \$510 billion by 2025, with a 20% increasing rate during the 2022-2025 period. This growth is primarily driven by the COVID-19 pandemic and the evolving digital lifestyles of consumers. In response to the pandemic, telehealth services have been utilized to rapidly expand the service capacity of healthcare providers, providing patients with health information and services from anywhere. For new startups, telemedicine platforms, remote monitoring, and diagnostics are the primary areas emphasized, while large organizations are investing in developing telehealth capabilities within their ecosystems. Healthcare pilot studies across industries have confirmed that health insurance carriers or agencies can save at least \$6 billion annually by converting their traditional in-person check-ups to a telehealth service. This is effective only if telehealth services are covered as regular services in the health insurance coverage. Some healthcare insurance carriers in the U.S. currently offer telehealth technology and services as a regular service; however, the full potential of telehealth technologies has not been reached yet. Another driving challenge for telehealth growth is the increasing consumer demand for personalized services and the integration of telehealth services with other digital health services paid for by healthcare insurance coverage. On the other hand, some technokinetic psychological barriers have been preventing patients, particularly senior citizens, from actively utilizing telehealth services. New platforms, technologies, and services can be engineered to solve these barriers and difficulties. Improved methodologies to refine technologies and services and a design framework for a large-scale telehealth platform are proposed in these notes. Detailed descriptions of current telehealth technology services and their capabilities are listed [5, 6].

Engineering Principles in Telehealth Platforms

The blueprint for a large-scale telehealth platform is designed to manage patient journeys, referrals, and health information, alongside infrastructure, security, and approval processes. This design adopts a sharing economic approach, allowing hospitals, independent health professionals, and pharmacies to participate and serve unlimited patients simultaneously. It emphasizes a streamlined process and integrated workflows, enabling institutions to join without major system changes. The platform acts as a central service for patients, facilitating access to various healthcare providers and rescheduling appointments based on preference. The collaborative nature prioritizes patient benefits as the success measure for all involved. Costs associated with travel and healthcare services are reduced, while providers can better allocate resources remotely. These platforms aim to deliver digital healthcare services and promote new collaborations, enhancing access and care for patients globally. Telehealth is defined as a modular application design for improved telehealth delivery. With advancements in telehealth hardware, applications will connect easily with platforms and diagnostic tools. Reducing the certification timeline allows for better integration of software and hardware, turning every health service into a telehealth service. Fully integrated telehealth systems will significantly boost care accessibility worldwide, modernizing health routines and enhancing self-care capabilities [7, 8].

User Experience Design in Telehealth

Telehealth is a digital healthcare service platform providing comprehensive healthcare services digitally, unlike traditional telemedicine, which mainly relies on video consultations. This trend has gained traction among mobile device companies and software developers, creating platforms for telehealth services. Telehealth enhances patient accessibility and convenience beyond what traditional telemedicine offers. It includes features like alert notifications, healthcare education, telemonitoring, appointment scheduling, and user account management. The platform connects to the history of healthcare, showing alert notifications on the dashboard concerning appointments, health campaigns, or educational resources for

patients' healthy lifestyles. The healthcare education aspect equips patients with knowledge for better health management, promoting prevention over treatment. Telemonitoring enables monitoring of patients outside facilities through wearable devices and biological sensors, with results sent to the healthcare system for remote support. Patients can monitor vital health statistics, including heart rate and glucose levels, in real-time to manage their conditions. Appointment management is crucial for chronic illness care, allowing patients to search for and select suitable healthcare professionals providing telehealth services. Medical records serve as a repository for examination evidence, medication orders, and follow-up recommendations, containing both textual and multimedia data. Healthcare providers upload records and laboratory test results, ensuring patients have access to their complete medical history, including medication orders. Patient account management requires accurate identification and insurance checks to safeguard patient rights. The functionality of telehealth is designed to replicate the healthcare experience of visiting a hospital, optimizing digital service provision [9, 10].

Data Security and Privacy in Telehealth

In telehealth and telemedicine, healthcare data security and privacy issues involve access control and content privacy. Various mechanisms and standards have been proposed to enhance the security of networking and application protocols. Recent developments include biometric methods using physiological observations, particularly video and audio, aimed at protecting telehealth facilities from unauthorized access. Patient data privacy in the cloud has garnered significant attention, addressing multi-keyword search over encrypted data and searchable symmetric encryption. However, most privacy-preserving cloud data management schemes fail to meet all targeted properties, limiting their effectiveness in telemedicine. Other proposals, like secure wavelet-based computation frameworks and general homomorphic encryption schemes, also seek to address e-health big data privacy, but typically involve data encryption that leads to excessive space and representation overhead. These methods often cannot meet telemedicine's security requirements; for example, encryption must support computation, which is not advisable in telehealth settings. Streaming video requires total privacy, yet no homomorphic mechanism can ensure this. Furthermore, potential video conferencing attacks could exploit base frequencies of floating-point numbers, necessitating a design-time privacy that often conflicts with data formats or communication protocols. Telemedicine is a growing sector within e-health, encompassing applications like t-Health and mobile health, alongside technologies such as e-consultation, video conferencing, tele-monitoring, and e-prescription. Telemedicine systems facilitate the transmission of health-related data for consultations, monitoring, diagnosis, and treatment. Ensuring the security and privacy of streamed video, images, and health records is critical due to the risks organizations and individuals face in both real-time and post-communication contexts [11, 12].

Integrating AI In Telehealth Solutions

Telehealth solutions are integrating artificial intelligence (AI) tools to enhance patient experiences and assist healthcare providers. AI plays a significant role in telehealth, such as improving mobile triage and providing physicians with essential patient details for diagnosis. Future telehealth will involve automated symptom inquiries before video or audio appointments. Based on symptoms, AI will direct patients to the appropriate clinic department, optimizing care delivery. Additionally, AI enhances patient education regarding drug interactions and potential complications, allowing physicians to focus on clinical decisions. Scheduling platforms using AI recommend appointment slots based on entered symptoms, streamlining the booking process and improving clinic efficiency. AI can analyze patient data patterns, such as continuous glucose monitoring, to ease care management for chronic conditions like type 1 diabetes, providing valuable insights to both clinicians and patients. Natural language processing AI could support patient-clinician dialogues by pinpointing key inquiry aspects. The ongoing integration of AI solutions aims to transform telehealth by closing care gaps and enhancing service delivery [13, 14].

Challenges In Telehealth Implementation

The COVID-19 pandemic significantly accelerated telehealth adoption in the U.S. and globally. By March 2021, 28.7% of visits were via video and 22.2% via audio, contrasting sharply with just 3% and 2% pre-pandemic. A survey found that 68.5% of patients were satisfied with telehealth for primary care, and 78.6% with specialty care. Telehealth has potential benefits such as reducing outpatient visit demands, enhancing diagnoses, and decreasing hospital admissions, which could lead to better health outcomes. Health-Tech startups are expected to thrive by improving user experience and service design, but the rapid growth poses challenges related to quality assurance, regulatory compliance, and research design. Initiatives like Health from Home aim to support patients with respiratory illnesses, emphasizing the need for empirical research to identify valuable home care services. The complexities of the digital age increase risks in global supply chain management, highlighting the opportunities telehealth provides in

navigating a changing health ecosystem. Understanding the implications of telehealth for health work and visits calls for focused implementation efforts. While telehealth growth offers significant opportunities for patient engagement, its challenges could deepen over time, requiring additional support to optimize its use [15, 16].

Telehealth In Rural and Underserved Communities

Healthcare disparities, access, affordability, and health status affect rural and underserved communities. These challenges are central to telehealth, which has been accelerated by COVID-19, highlighting existing inequities. There is now an opportunity to develop new care delivery platforms to address these gaps in rural areas, where telehealth adoption has struggled. Public health policies can be utilized to implement telehealth effectively, ensuring health systems focus on infrastructure, training, and data access for underserved groups. The pandemic led to a significant increase in telehealth for various patient conditions, suggesting telehealth is here to stay and will gain importance due to its value and cost benefits. While telehealth has improved access for some, others, especially those lacking internet or technology, remain disadvantaged, exacerbating social inequalities. COVID-19 has highlighted a persistent gap in rural telehealth access, leading health systems to confront equity challenges as they balance remote and in-person care. Understanding telehealth equity issues is crucial for health systems to mobilize community resources effectively and address gaps in access. It is essential to identify at-risk population subgroups to develop targeted strategies for improvement. As telehealth resources expand, health systems must proactively address concerns to avoid a significant digital divide, ensuring vulnerable rural populations do not miss out on essential telehealth services [17, 18].

Future Innovations in Telehealth

The COVID-19 pandemic highlighted telehealth's capacity to deliver healthcare without face-to-face interaction. As technology advances, there's a shift toward digital healthcare services. Telehealth platforms facilitate video and voice calls and record information from services, yet they often lack comprehensive analysis and data sharing capabilities. Engineers must enhance these platforms, potentially developing new ones with better features. While some platforms offer scheduling and billing, they do not encompass all necessary functions. With patients' medical histories stored on these platforms, integration tools with wearable devices for monitoring health metrics like blood pressure and heart rate are essential. Automating these measurements can create valuable insights for patient and provider applications. Most health applications rely heavily on smartphones, and telehealth services may use cloud servers, storing data both remotely and on patients' devices. Legal issues regarding the privacy of newly generated records and patient data usage need to be addressed to ensure compliance and safeguard personal information. Regulatory concerns may necessitate revisions to patient files, although all data remains controlled by telehealth providers rather than the patients themselves [19, 20].

Regulatory and Policy Considerations

The COVID-19 pandemic catalyzed significant growth in telemedicine, increasing telehealth visits and reimbursements. To promote accessible telemedicine, regulations and policies are essential, including legislation, ethical measures, and incentivizing technology. With current public health emergencies, Congress has the chance to expand telemedicine through funding to participating states. This could involve extending eligibility for current Medicaid providers and ensuring in-person covered essential care is also available for audio-only and video visits. To curb fraud in expanding states, a requirement for an initial face-to-face visit within the first 90 days of eligibility could be implemented. Permanent interstate licensure waivers could support provider networks, enabling telemedicine across state lines, even in states that reverted to earlier relaxations. Such waivers could reduce paperwork and encourage providers to offer telemedicine. As telemedicine expands, issues of safety and security regarding patient protection have emerged, with many platforms implemented lacking prior validation. As the pandemic situation improves, healthcare systems might fully transition to telemedicine to cut costs, raising the question of how to identify secure systems. Platforms like Zoom and Skype, while popular, have not undergone validation. A national database of validated systems could be created and maintained by the Department of Health and Human Services or a similar authority [21, 22].

Economic Impact of Telehealth

The COVID-19 pandemic accelerated telehealth adoption, with U.S. adult visits surging from 30% to 76%. Remote healthcare is now seen as the new normal, transforming patient access. Key issues include health insurance coverage and reimbursement policies. Insurers have had to adapt contracts due to the pandemic, leading to a struggle between those seeking to regulate telehealth and those advocating for its expansion. Over 500 advocacy groups have urged a one-year extension of telehealth services for Medicare beneficiaries. Health insurers support safeguarding expanded telehealth to promote healthcare innovation. The American Medical Association has outlined steps to ensure telehealth continuity, focusing on patient

engagement and access barriers. Telehealth could yield over \$6 billion annually for U.S. companies, with many North American providers offering affordable platforms for safe patient-doctor interactions. Insurers now include telehealth in their coverage, allowing for various services such as health assessments, triages, and medication refills. These services are classified as low-risk virtual visits, requiring HIPAA compliance for data protection. However, certain patients, like those with epilepsy or pregnant women, may not qualify for online assessments [23, 24].

Patient And Provider Perspectives on Telehealth

Many shifts in telehealth were underway before COVID-19, but the pandemic accelerated its adoption. The federal government and several states relaxed regulations, enabling more extensive use of telemedicine across state lines, broadening provider access, and easing billing restrictions. While some patients embraced this change, concerns remain about the future. Many temporary pandemic-related changes may revert to previous regulations, raising licensure issues for cross-state telemedicine and reimbursement challenges. Public assistance programs expanded coverage during the crisis, leaving uncertainty about whether commercial insurers will maintain similar reimbursement rates for telehealth. Patients show a desire for in-person visits, reflecting a wish to return to pre-pandemic norms, yet they acknowledge the need for technology solutions and adequate infrastructure support. Continued government involvement in promoting telehealth use is crucial, especially with the expansion of broadband services. Post-COVID data on service access is limited, but prior information indicated that those lacking telehealth options might have avoided or chosen different services altogether [25, 26].

Global Perspectives on Telehealth

Telehealth has rapidly become a key option for patients seeking medical care during the COVID-19 pandemic, and its growth is likely to persist. Initially limited to specialized rural areas, telemedicine enables medical assessments through audio and video technologies. With increased demand for physician access, telehealth proved invaluable. The American Medical Association prioritized it in 2020, while Medicare and Medicaid removed restrictions on visit locations. Nonetheless, the future of telemedicine remains uncertain. Although COVID-19 has highlighted its technological and social capacity, the lack of reimbursement raises doubts about its sustainability. Many practitioners question the value of telehealth without financial incentives, viewing it as an inconvenience. As healthcare providers explore other treatment methods, telehealth is expected to maintain its relevance, but practices must carefully consider their future patient care approaches. The emergence of diseases like COVID-19 has spurred the adoption of digital surveillance tools like contact tracing and symptom reporting. Companies now provide health security solutions that consolidate data from various sources, enabling policymakers to track disease origins, combat counterfeit items, and manage health risks through data collaboration. Advanced software can analyze complex data and deliver accurate predictions, while user-friendly digital alerts can promote compliance with health guidelines and facilitate the acquisition of essential supplies like masks [27, 28].

The Role of Telehealth in Crisis Situations

The COVID-19 pandemic caused a global crisis, significantly impacting the healthcare sector. As COVID-19 patients surged, healthcare delivery transformed, leading to a decline in in-person visits, especially for non-respiratory issues, as patients shunned crowded hospitals. This resulted in the suspension of well visits and elective procedures to conserve resources. Consequently, telehealth solutions gained prominence, with many patients using them for the first time. Before the pandemic, telehealth was rarely used due to systemic inertia, reimbursement issues, and tech limitations. COVID-19 shifted perceptions, prompting providers to adopt video conferencing for consultations. XR telehealth became essential during the pandemic, with patients and providers eager to continue remote care afterward. Despite its advantages, there are still satisfaction gaps in building therapeutic relationships. Ongoing research in XR telehealth may enhance patient engagement and outcomes. Rapid innovation led to telehealth usage skyrocketing from near-zero in mid-March to 90% of outpatient visits by April, with virtual contact and immersive technologies becoming standard across various medical specialties. Healthcare organizations recognized the importance of continuous health monitoring and advocated for policy changes to support telehealth reimbursement [29-32].

CONCLUSION

Telehealth has emerged as a transformative force in modern healthcare, catalyzed by global disruptions and sustained by technological advancements. However, the journey from novelty to norm demands a paradigm shift in engineering. Future telehealth platforms must move beyond video calls and messaging toward holistic, modular systems that seamlessly integrate with wearable devices, AI-driven diagnostics, and secure cloud infrastructures. These systems must also be designed with equity in mind, ensuring accessibility for rural and underserved populations through thoughtful infrastructure, education, and policy support. Addressing barriers such as technophobia, regulatory inconsistencies, and privacy

concerns is critical to maximizing adoption and trust. By learning from the telecommunications sector and embedding user experience and interoperability into platform design, healthcare systems can transition to a digitally resilient model. The next generation of telehealth must not only deliver care—it must redefine it, ensuring that every individual, regardless of location or status, has access to high-quality, intelligent, and secure healthcare services.

REFERENCES

1. Sharma A, Pruthi M, Sageena G. Adoption of telehealth technologies: an approach to improving healthcare system. *Translational medicine communications*. 2022 Aug 9;7(1):20.
2. Mahtta D, Daher M, Lee MT, Sayani S, Shishehbor M, Virani SS. Promise and perils of telehealth in the current era. *Current cardiology reports*. 2021 Sep;23:1-6. [springer.com](https://www.springer.com)
3. Brown CT, Zinko R, Ngamassi L, Ndembe E, Furner C. Barriers to intention to adopt telemedicine: The interplay between exposure, trust, and convenience. *Health Marketing Quarterly*. 2025 Feb 3;42(1):1-23.
4. Jin MX, Kim SY, Miller LJ, Behari G, Correa R. Telemedicine: current impact on the future. *Cureus*. 2020 Aug 20;12(8).
5. Mantovani A, Leopaldi C, Nighswander CM, Di Bidino R. Access and reimbursement pathways for digital health solutions and in vitro diagnostic devices: current scenario and challenges. *Frontiers in medical technology*. 2023 Feb 20;5:1101476. [frontiersin.org](https://www.frontiersin.org)
6. Nkurunziza JM, Udaheureka JC, Dusenge JB, Umutesi F. Overview of Trending Medical Technologies. *Glob. Clin. Eng. J*. 2022;43:16-46. [semanticscholar.org](https://www.semanticscholar.org)
7. Chitungo I, Mhango M, Mbunge E, Dzobo M, Musuka G, Dzinamarira T. Utility of telemedicine in sub-Saharan Africa during the COVID-19 pandemic. A rapid review. *Human behavior and emerging technologies*. 2021 Dec;3(5):843-53. [wiley.com](https://www.wiley.com)
8. Michaelchuk W, Oliveira A, Marzolini S, Nonoyama M, Maybank A, Goldstein R, Brooks D. Design and delivery of home-based telehealth pulmonary rehabilitation programs in COPD: a systematic review and meta-analysis. *International journal of medical informatics*. 2022 Jun 1;162:104754. [HTML]
9. Ezeamii VC, Okobi OE, Wambai-Sani H, Perera GS, Zaynieva S, Okonkwo CC, Ohaiba MM, William-Enemali PC, Obodo OR, Obiefuna NG. Revolutionizing Healthcare: how Telemedicine is improving patient outcomes and Expanding Access to Care. *Cureus*. 2024 Jul 5;16(7). [cureus.com](https://www.cureus.com)
10. Boppana VR. Impact of Telemedicine Platforms on Patient Care Outcomes. *Innovative Engineering Sciences Journal*. 2022;2(1).
11. Iqbal Y, Tahir S, Tahir H, Khan F, Saeed S, Almuhaideb AM, Syed AM. A novel homomorphic approach for preserving privacy of patient data in telemedicine. *Sensors*. 2022 Jun 11;22(12):4432.
12. C. Pendergrass J, Heart K, Ranganathan C, Venkatakrishnan VN. A Threat Table Based Approach to Telemedicine Security. 2013. [PDF]
13. Ali F, Hamid U, Zaidat O, Bhatti D, Kalia JS. Role of artificial intelligence in TeleStroke: an overview. *Frontiers in neurology*. 2020 Oct 7;11:559322
13. Poonasuph R. The Design Blueprint for a Large-Scale Telehealth Platform. *International Journal of Telemedicine and Applications*. 2022;2022(1):8486508.
14. Lieneck C, Weaver E, Maryon T. Outpatient telehealth implementation in the United States during the COVID-19 global pandemic: a systematic review. *Medicina*. 2021 May 9;57(5):462.
15. Luo J, Tong L, Crotty BH, Somai M, Taylor B, Osinski K, George B. Telemedicine adoption during the COVID-19 pandemic: gaps and inequalities. *Applied clinical informatics*. 2021 Aug;12(04):836-44. [thieme-connect.com](https://www.thieme-connect.com)
16. Chang JE, Lai AY, Gupta A, Nguyen AM, Berry CA, Shelley DR. Rapid transition to telehealth and the digital divide: implications for primary care access and equity in a post-COVID era. *The Milbank Quarterly*. 2021 Jun;99(2):340-68. [nih.gov](https://www.nih.gov)
17. Fisher K, Magin P. The telehealth divide: health inequity during the COVID-19 pandemic. *Family Practice*. 2022 Jun 1;39(3):547-9.
18. Breton M, Sullivan EE, Deville-Stoetzel N, McKinsty D, DePuccio M, Sriharan A, Deslauriers V, Dong A, McAlearney AS. Telehealth challenges during COVID-19 as reported by primary healthcare physicians in Quebec and Massachusetts. *BMC family practice*. 2021 Dec;22:1-3. [springer.com](https://www.springer.com)

19. Shaver J. The state of telehealth before and after the COVID-19 pandemic. *Primary care*. 2022 Apr 25;49(4):517.
20. Omboni S, Padwal RS, Alessa T, Benczúr B, Green BB, Hubbard I, Kario K, Khan NA, Konradi A, Logan AG, Lu Y. The worldwide impact of telemedicine during COVID-19: current evidence and recommendations for the future. *Connected health*. 2022 Jan 4;1:7. [nih.gov](https://doi.org/10.1016/j.chh.2022.01.001)
21. Patel SY, Mehrotra A, Huskamp HA, Uscher-Pines L, Ganguli I, Barnett ML. Variation in telemedicine use and outpatient care during the COVID-19 pandemic in the United States: study examines variation in total US outpatient visits and telemedicine use across patient demographics, specialties, and conditions during the COVID-19 pandemic. *Health Affairs*. 2021 Feb 1;40(2):349-58. [nih.gov](https://doi.org/10.1136/hlthaff.2020.015811)
22. Lavin L, Gibbs H, Vakkalanka JP, Ternes S, Healy HS, Merchant KA, Ward MM, Mohr NM. The Effect of Telehealth on Cost of Health Care During the COVID-19 Pandemic: A Systematic Review. *Telemedicine and e-Health*. 2025 Mar 1;31(3):310-9. [\[HTML\]](https://doi.org/10.1089/telem.2024.0011)
23. Karimi M, Lee EC, Couture SJ, Gonzales A, Grigorescu V, Smith SR, De Lew N, Sommers BD. National survey trends in telehealth use in 2021: disparities in utilization and audio vs. video services. *US Department of Health & Human Services*. 2022 Feb 1.
24. Ugwu CN, Ugwu OP, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Ejemot-Nwadiaro RI, Okon MB, Egba SI, Uti DE. Medical preparedness for bioterrorism and chemical warfare: A public health integration review. *Medicine*. 2025 May 2;104(18):e42289.
25. Xu P, Hudnall M, Zhao S, Raja U, Parton J, Lewis D. Pandemic-triggered adoption of telehealth in underserved communities: Descriptive study of pre-and postshutdown trends. *Journal of Medical Internet Research*. 2022 Jul 15;24(7):e38602. [jmir.org](https://doi.org/10.2196/2021.12.19)
26. VanderWerf M, Bernard J, Barta DT, Berg J, Collins T, Dowdy M, Feiler K, Moore DL, Sifri C, Spargo G, Taylor CW. Pandemic action plan policy and regulatory summary telehealth policy and regulatory considerations during a pandemic. *Telemedicine and e-Health*. 2022 Apr 1;28(4):457-66. [liebertpub.com](https://doi.org/10.1089/telem.2021.0011)
27. Toll K, Spark L, Neo B, Norman R, Elliott S, Wells L, Nesbitt J, Frean I, Robinson S. Consumer preferences, experiences, and attitudes towards telehealth: qualitative evidence from Australia. *PLoS One*. 2022 Aug 31;17(8):e0273935. [plos.org](https://doi.org/10.1371/journal.pone.0273935)
28. Predmore ZS, Roth E, Breslau J, Fischer SH, Uscher-Pines L. Assessment of patient preferences for telehealth in post-COVID-19 pandemic health care. *JAMA Network Open*. 2021 Dec 1;4(12):e2136405-. [jamanetwork.com](https://doi.org/10.1001/jamanetworkopen.2021.36405)
29. Chang MH, Moonesinghe R, Truman BI. Telehealth availability and usage among Medicare beneficiaries during the COVID-19 pandemic, October and November 2020. *Journal of Public Health Management and Practice*. 2022 Jan 1;28(1):77-85.
30. Nneoma UC, Fabian O, Valentine EH, Paul-Chima UO. Innovations in Renewable Energy for Health Applications. *system*. 2025;1:2.
31. Ongesa TN, Ugwu OP, Ugwu CN, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Okon MB, Ejemot-Nwadiaro RI. Optimizing emergency response systems in urban health crises: A project management approach to public health preparedness and response. *Medicine*. 2025 Jan 17;104(3):e41279.
32. Kong L, Hu K, Walsman M. Caring for an aging population in a post-pandemic world: Emerging trends in the US older adult care industry. *Service Science*. 2021 Dec;13(4):258-74.

CITE AS: Kibibi Wairimu H. (2025). The Future of Telehealth: Engineering New Platforms for Care. INOSR Experimental Sciences 15(2):63-69.
<https://doi.org/10.59298/INOSRES/2025/1526369>