



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
Canada
+15878858911
editorial-office@sciformat.ca

ARTICLE TITLE TELEMEDICINE AS A RESPONSE TO INEQUALITIES IN ACCESS TO HEALTH CARE

DOI [https://doi.org/10.31435/ijitss.1\(49\).2026.5339](https://doi.org/10.31435/ijitss.1(49).2026.5339)

RECEIVED 11 January 2026

ACCEPTED 17 March 2026

PUBLISHED 25 March 2026

LICENSE



The article is licensed under a **Creative Commons Attribution 4.0 International License**.

© The author(s) 2026.

This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

TELEMEDICINE AS A RESPONSE TO INEQUALITIES IN ACCESS TO HEALTH CARE

Olga Sławatyniec (Corresponding Author, Email: olgaslaw2@gmail.com)
MD, 4th Military Clinical Hospital with Polyclinic, Wrocław, Poland
ORCID ID: 0009-0007-0373-1588

Wiktoria Sobieraj
MD, Lower Silesian Center for Oncology, Pulmonology and Hematology, Wrocław, Poland
ORCID ID: 0009-0007-5412-6302

Julia Pająk
MD, 4th Military Clinical Hospital with Polyclinic, Wrocław, Poland
ORCID ID: 0009-0007-0882-9365

Anna Kamosińska
MD, 4th Military Clinical Hospital with Polyclinic, Wrocław, Poland
ORCID ID: 0009-0005-0718-2112

ABSTRACT

The aim of this study was to assess the impact of telemedicine on reducing healthcare inequalities. The analysis was based on a literature review, that included reports from World Health Organization, OECD publications, and national studies on e-health, telemedicine, and the social determinants of health.

The results indicate that telemedicine significantly improves access to healthcare services, reduces geographical barriers, and enhances the overall efficiency of healthcare system. At the same time, it carries the risk of secondary digital exclusion, particularly among older adults and populations with low levels of digital literacy. These findings highlight the importance of public policy and health education in addressing these challenges.

The study concluded that widespread implementation of telemedicine can contribute to reducing healthcare inequalities, provided appropriate infrastructure and educational support. Recommendations include integrating telemedicine with traditional care, adapting legal regulations, and continuously monitoring its impact on different social groups. With appropriate support, telemedicine has the potential to improve healthcare accessibility and equity, making it a valuable tool for modern healthcare systems.

KEYWORDS

Telemedicine, e-Health, COVID-19, Telehealth, Health Inequalities, Health Equity

CITATION

Olga Sławatyniec, Wiktoria Sobieraj, Julia Pająk, Anna Kamosińska. (2026) Telemedicine as a Response to Inequalities in Access to Health Care. *International Journal of Innovative Technologies in Social Science*. 1(49). doi: 10.31435/ijitss.1(49).2026.5339

COPYRIGHT

© The author(s) 2026. This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

Introduction

Inequality in access to healthcare constitutes a significant public health issue. This phenomenon encompasses disparities in the availability of medical services among various social groups, arising from geographical, economic, political, socio-cultural, demographic, and infrastructural factors [1]. The evolution of information and communication technologies (ICT) over the past several decades has profoundly impacted the capacity for organizing and administering healthcare services. Telemedicine emerges as a promising intervention in this domain; as delineated by the World Health Organization (WHO), it represents a specialized form of digital health service centered on the remote provision of clinical care - encompassing interactions between patients and providers as well as consultations among healthcare practitioners - delivered via synchronous or asynchronous digital modalities. Telemedicine is a subset of the broader concept of telehealth, which encompasses various other digital health activities; however, telemedicine focuses primarily on the provision of direct clinical care at a distance [2].

The aim of this study is to analyze the impact of implementing telemedicine as a tool for health service delivery, with a particular focus on its resulting benefits and potential limitations. A central component of this work is an assessment of the extent to which telemedicine can contribute to improving health equity, alongside the identification of the conditions necessary for its effective and equitable implementation within the healthcare system.

The constitutional right to healthcare and the amendment of the Code of Medical Ethics provisions regarding telemedicine.

Pursuant to Article 68, Section 1 of the Constitution of the Republic of Poland: 'Everyone shall have the right to have his health protected.' Furthermore, under Section 2 of the same Article: 'Equal access to health care services, financed from public funds, shall be ensured by public authorities to citizens, irrespective of their material situation. The conditions for, and scope of, the provision of services shall be established by statute' (English translation of the Constitution of the Republic of Poland based on the version provided by the Sejm of the Republic of Poland) [3]. Public authorities are obligated to provide a healthcare system that effectively protects the health of citizens, guarantees access to treatment regardless of financial status, is universal, and ensures equal access to services [4].

As indicated by the Constitutional Tribunal in its judgment (Ref. No. K 14/03), Article 68, Sections 1 and 2 of the Constitution of the Republic of Poland impose an obligation on public authorities to ensure actual, rather than merely formal, access to the healthcare system. At the same time, the Constitution imposes an obligation on the legislature to define the detailed scope and conditions of health services. The Constitutional Tribunal has held that the right to health protection implies the possibility of utilizing a functioning system, rather than a necessity to provide every specific medical service regardless of statutory regulations and the limitations of public funds [5].

Despite the obligation identified by the Constitutional Tribunal to ensure actual access to the healthcare system, the realization of this right remains significantly limited in practice. Numerous analyses indicate that inequalities in access to healthcare constitute a significant problem affecting Polish society [6, 7, 8]. In order to improve the functioning of the healthcare system and reduce existing disparities, telemedicine is increasingly being highlighted as a tool that can contribute to expanding the accessibility of medical services and fulfilling the constitutional principle of equal access to healthcare [9].

The COVID-19 pandemic clearly showed the need for the development of telemedicine. The Supreme Medical Council described the teleconsultation as a 'method commonly used worldwide, which helped us so much in caring for patients during the pandemic'. As a result, Article 9 was introduced in the amendment to the Code of Medical Ethics on January 1, 2025. This article specifies that a physician undertakes patient care after a prior assessment of the patient's condition and chooses a form of consultation (including an in-person visit or a teleconsultation) that ensures the available quality and continuity of medical care for the patient [10, 11]. Teleconsultations have become a permanent part of the healthcare system, functioning within it independently of the epidemic situation. This solution can serve as an effective tool for ensuring continuity of treatment for the patient. However, while recognizing the benefits and appreciating the potential, one must also keep in mind the associated risks. Teleconsultations are not a universal solution; their application must be evaluated on an individual basis, considering the safety of both the patient and the physician [11].

The impact of the COVID-19 pandemic

The COVID-19 pandemic was a turning point for the development of telemedicine, as the existing healthcare model proved insufficient during that time. Due to sanitary restrictions in healthcare facilities and the need to protect medical personnel, traditional in-person visits had to be largely replaced by remote consultations [12, 13]. Prior to the pandemic, telemedicine services played a marginal role, primarily due to ambiguous legal regulations, insufficient digital infrastructure, and low levels of acceptance among both physicians and patients [13, 14]. Remote medical services were primarily perceived as an optional tool for supporting the monitoring of patients with chronic diseases. In many OECD member countries, medical teleconsultations accounted for just a small fraction of all visits and were often below 1%, which was frequently caused by legal regulations requiring the patient's physical presence [13]. As SARS-CoV-2 infections spread, significant disruptions in access to in-person care occurred, leading governments and health institutions worldwide to modify regulations and introduce adequate funding systems. This resulted in the rapid expansion of telemedicine. It was integrated into standard healthcare models, and the number of teleconsultations increased significantly, allowing for the use of telemedicine on a much broader scale [13, 15, 16]. In Poland in 2020, the number of remote consultations rose to 56.8 million in primary care and 16.3 million in specialized care; during certain periods, they accounted for as much as 80% of all patient visits. At that time, this type of medical service was primarily used for issuing prescriptions, whereas physical visits were more frequently used for diagnostic tests and issuing referrals [14]. After the restrictions imposed during the pandemic were lifted, the use of telemedicine gradually declined but it did not return to pre-pandemic levels. This situation signals a lasting shift in the way medical services are provided [17]. In later periods, the share of tele-visits continued to decrease and eventually stabilized in Poland at around 12–15% of all medical consultations, which is a result significantly higher than before the pandemic [14].

Health inequalities in access to care: mechanisms and causes

Public health focuses on protecting and improving the health of populations by preventing disease, prolonging life, and promoting human health through coordinated efforts and the informed choices of individuals, society, and both public and private organizations [18]. One of the crucial challenges in public health is health inequality, which refers to differences in the ability of various social groups to access medical services [19]. According to the definition provided by the World Health Organization, health inequalities are systematic, socially determined, and therefore avoidable, as well as unjust differences in health status [20]. Inequalities understood in this way can affect many aspects of health that vary between individuals or social groups, including geographic, socioeconomic, demographic, and digital factors [21].

The introduction of telemedicine as a method of delivering healthcare services through digital technologies has revolutionized access to medical care while improving treatment efficiency and patient convenience. In recent years, increasing attention has been paid in the literature to the potential of telemedicine for reducing health inequalities. A significant example is geographic inequality, which affects individuals in rural areas as well as patients with disabilities or limited mobility [22, 23].

Rural areas are typically characterized by poor access to public transport. While the average distance from rural localities in Poland to primary care facilities is approximately 5 km, there are towns where residents must travel more than 15 to 20 km to reach the nearest clinic [24]. Consequently, through remote consultations, telemonitoring, and digital health education systems, patients from rural areas with limited medical infrastructure can access specialized care without the need for long commutes, which significantly reduces costs for both patients and providers as well as the time required to use medical services [24, 25].

Longer travel times to medical facilities can have a negative impact on chronically ill patients by exposing them to clinical deterioration and creating a higher risk of absence during the follow-up period [26]. A study by Xylander et al. (2024) demonstrated that telemonitoring for patients with chronic heart failure was associated with a reduced negative impact of large distances between patients and treatment centers on health outcomes. This indicates that telemedicine can reduce inequalities in access to care resulting from geographic barriers [25].

A significant aspect is also the use of telemedicine by people with disabilities, with a particular focus on patients with limited mobility. It allows for the breaking of transport barriers and facilitates access to medical care by eliminating the need to travel to healthcare facilities. This creates a prospect of increased access to health services for individuals who may experience limitations in using traditional forms of care due to mobility difficulties, dependence on caregivers, or significant distances from specialist centers [27].

A systematic review conducted by Shin et al. (2025) evaluated the effectiveness of early medical interventions delivered via telemedicine for children with developmental disorders and their families. The authors focused on analyzing the implementation process and the efficacy of these interventions compared to conventional forms of in-person therapy. Results from some of the analyzed studies indicate that telemedicine can serve as an alternative to traditional face-to-face early intervention by providing comparable effects in improving selected developmental outcomes. In certain cases, it may also play a complementary or reinforcing role alongside in-person therapy [28].

Positive aspects of using telemedicine in healthcare are also evident in psychiatry. A study by Choi et al. (2014) regarding the treatment of depression in older adults found that both in-person therapy and remote sessions were effective in lowering depression scores and reducing the impact of disability. Importantly, at the 36-week follow-up, participants using remote therapy achieved significantly better results than those treated traditionally. The authors suggest that the more focused nature of sessions conducted via telecommunication tools may have contributed to these long-term benefits [29].

Another group of patients that can significantly benefit from telemedicine services consists of individuals with chronic diseases who require regular visits to monitor the progress of their treatment. A study by Battineni et al. (2021) showed that the use of telemedicine in the prevention and monitoring of cardiovascular diseases promotes better control of risk factors, reduces the number of hospitalizations, and increases patient engagement in the treatment process. The authors emphasize that telemedicine solutions can provide essential support for healthcare systems, especially in conditions where access to in-person care is limited [30].

Additionally, remote patient monitoring technologies enable continuous tracking of health indicators along with the real-time assessment of vital signs and rapid response to clinical changes, which allows for timely interventions and personalized care plans for chronically ill patients. Such an approach is associated with an increased sense of security and patient comfort, thereby improving treatment adherence and long-term health outcomes [23].

It should also be emphasized that telemedicine significantly streamlines administrative processes such as issuing electronic prescriptions, referrals, and medical certificates for temporary incapacity to work [22].

Risks and Challenges

Despite the numerous benefits telemedicine offers in multidimensionally reducing health inequities, it is associated with significant risks and challenges. A key aspect is the phenomenon of digital exclusion, which encompasses a lack of access to adequate information and communication technology (ICT) infrastructure, economic barriers hindering the use of remote tools, and limited digital literacy coupled with insufficient patient support in this area [31]. Evidence indicates that digital exclusion is linked to adverse health outcomes, including restricted access to medical resources, psychosocial issues, potential cognitive decline, and an increased risk of disease with poorer prognoses [32].

Particular attention must be paid to the elderly, who - within the context of an aging society - represent a demographic with increasing healthcare needs while simultaneously facing a high risk of digital exclusion. Consequently, the ongoing digitalization of healthcare, if implemented without adequate support for seniors, may lead to the secondary health exclusion of this population segment [33]. These barriers may be mitigated by implementing educational programs, change management strategies, and maintaining a balance between remote consultations and traditional in-person medical visits [34].

A further challenge of remote consultations is the inability to perform a comprehensive physical examination, which remains an essential component for establishing an accurate diagnosis and determining treatment pathways. A systematic review by Lu et al. (2022) indicates that the efficacy of such examinations depends on the clinical area, the type of intervention, and the medical specialty. Furthermore, the lack of a unified methodology and standardization complicates a definitive assessment of their diagnostic value [35].

Another significant obstacle to the broader acceptance and implementation of telemedicine is the concern regarding the privacy and security of telehealth systems. In accordance with the GDPR, medical entities must process data using appropriate technical and organizational measures to ensure confidentiality and data protection [36, 37]. Both healthcare providers and patients must be assured that information transmission during telemedicine sessions remains private. While most telemedicine platforms utilize high-level encryption, none are entirely immune to data breaches. In light of these concerns, it is essential that healthcare professionals are aware of risk management strategies and familiarize themselves with the potential threats and legal implications associated with telemedicine [37].

Conclusions

Telemedicine is a promising healthcare delivery method whose advancement was greatly catalyzed by the COVID-19 pandemic [16]. It is now recognized as a safe, effective element of health services and a means to reduce widespread health disparities, a goal that currently stands as a primary public health objective [1]. Telemedicine has served populations in remote regions, while also facilitating systematic monitoring and the continuity of care for patients with chronic conditions. Its role in supporting the treatment process for individuals with mobility impairments and their caregivers is equally substantial. Evidence confirms that telemedicine is comparable to traditional in-person care regarding clinical efficacy, costs, and overall patient results [16, 38, 39, 40].

However, as the benefits of widespread telemedicine adoption expand, new limitations have also emerged. Disparities in digital literacy, unequal internet access, and a lack of appropriate electronic devices among certain social groups may impede the utilization of remote services. Under such circumstances, telemedicine has the potential to exacerbate existing health inequities rather than alleviate them [41]. Furthermore, the inability to perform a comprehensive physical examination remains a significant barrier, which may compromise diagnostic accuracy and treatment efficacy in specific clinical scenarios [42].

Telemedicine offers a holistic perspective on the human living environment, incorporating social determinants that directly impact population health. Its further evolution necessitates strategic systemic interventions, including stable regulatory frameworks, investment in technological infrastructure, and the enhancement of digital literacy among both patients and healthcare providers [43]. While the complete eradication of health inequities remains a distant objective, telemedicine appears to play a pivotal role in the consistent pursuit of their minimization [1].

Declaration on the use of AI: In preparing this work, the authors used Gemini for the purpose of improving language and readability, text formatting, and verification of bibliographic styles. After using this tool/service, the authors have reviewed and edited the content as needed and accept full responsibility for the substantive content of the publication.

REFERENCES

1. Wypych-Ślusarska, A., Głogowska-Ligus, J., & Słowiński, J. (2019). Społeczne uwarunkowania nierówności w zdrowiu (Social determinants of health inequalities). *Pielęgniarstwo i Zdrowie Publiczne*, 9(3), 229–236.
2. World Health Organization Regional Office for Europe. (2025). *Scaling up telemedicine in the WHO European Region*. World Health Organization.
3. *Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r.*, Dz.U. 1997 nr 78, poz. 483 (1997).
4. Oręziak, B. (2018). Telemedycyna a konstytucyjne prawo do opieki zdrowotnej w kontekście wykluczenia cyfrowego. *Zeszyty Prawnicze*, 18(1), 117–141.
5. Trybunał Konstytucyjny. (2004). *Wyrok z dnia 28 stycznia 2004 r., sygn. K 14/03*. *Monitor Polski*, nr 2, poz. 15.
6. Cieślak, I., Cieślakowski, B., Biłozor, A., & Senetra, A. (2025). Spatial analysis of medical service accessibility in the context of quality of life and sustainable development: A case study of Olsztyn County, Poland. *Sustainability*, 17, 6687.
7. Zienkiewicz, T., Zalewska, A., & Zienkiewicz, E. (2025). Regional disparities and determinants of paediatric healthcare accessibility in Poland: A multi-level assessment of socio-economic drivers and spatial convergence (2010–2023). *Sustainability*, 17, 8210.
8. Zienkiewicz, E., Zienkiewicz, T., & Dziaduch, S. (2018). Regional differences in access to health care in Poland from the perspective of health care resources. *Annals of Agricultural and Environmental Medicine*, 25(1), 77–81.
9. Latif, F. (2025). Implementation and progress of telemedicine in Poland: Comparative analysis with EU member states. *Annales Universitatis Mariae Curie-Skłodowska, Sectio H Oeconomia*, 59(1), 113–130.
10. Naczelna Izba Lekarska. (2025). *Kodeks etyki lekarskiej: Nowelizacja z dnia 1 stycznia 2025 r. (art. 9)*.
11. Zoń, K. M. (2025). Teleconsultation in the light of the provisions of the new code of medical ethics: The text of Article 9 from the draft to the resolution. *Przegląd Prawa Medycznego*, 7(2), 71–90.
12. OECD. (2023). *The future of telemedicine after COVID-19* (OECD Policy Responses to Coronavirus [COVID-19]). OECD Publishing.
13. OECD. (2023). *The COVID-19 pandemic and the future of telemedicine* (OECD Health Policy Studies). OECD Publishing.
14. Zakrzewski, K. M., Mularczyk-Tomczewska, P., Koweszko, T., Mosiołek, A., & Silczuk, A. (2025). Telemedicine in Polish primary care during and after the COVID-19 crisis: A retrospective analysis of over 720,000 consultations. *Frontiers in Public Health*, 13, 1695625.
15. Shaver, J. (2022). The state of telehealth before and after the COVID-19 pandemic. *Primary Care*, 49(4), 517–530.

16. Furlepa, K., Śliwczyński, A., Kamecka, K., et al. (2022). The COVID-19 pandemic as an impulse for the development of telemedicine in primary care in Poland. *Journal of Personalized Medicine*, 12(7), 1165.
17. Chandrasekaran, R. (2024). Telemedicine in the post-pandemic period: Understanding patterns of use and the influence of socioeconomic demographics, health status, and social determinants. *Telemedicine and e-Health*, 30(2), 480–489.
18. Cabaj, J. L., Musto, R., & Ghali, W. A. (2019). Public health: Who, what, and why? *Canadian Journal of Public Health*, 110(3), 340–343.
19. Instytut Praw Pacjenta i Edukacji Zdrowotnej. (2026). *Walka z nierównościami w dostępie do opieki zdrowotnej*. <https://ippep.pl/walka-z-nerownosciami-w-dostepie-do-opieki-zdrowotnej/>
20. World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*.
21. Arcaya, M. C., Arcaya, A. L., & Subramanian, S. V. (2015). Inequalities in health: Definitions, concepts, and theories. *Global Health Action*, 8, 27106.
22. Aliński, M. (2025). Telemedicine as an innovative healthcare service: Opportunities and challenges. *Warsaw Forum of Economic Sociology*, 16(32).
23. Afrihyia, E., Yeboah Forkuo, A., Mustapha, A. Y., Chianumba, E. C., & Omotayo, O. (2025). Telemedicine and remote patient care: Expanding access and reducing inefficiencies in the healthcare system. *World Scientific News*, 205, 164–191.
24. Lechowski, Ł., & Jasion, A. (2021). Spatial accessibility of primary health care in rural areas in Poland. *International Journal of Environmental Research and Public Health*, 18(17), 9282.
25. Xylander, A. A. P., Cichosz, S. L., Hejlesen, O., et al. (2024). Telemedicine as a tool for bridging geographical inequity: Insights in geospatial interactions from a study on chronic heart failure patients. *BMC Public Health*, 24, 2953.
26. Kelly, C., Hulme, C., Farragher, T., & Clarke, G. (2016). Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review. *BMJ Open*, 6(11), e013059.
27. Wilroy, J. D., Kim, Y., Lai, B., et al. (2022). How do people with physical/mobility disabilities benefit from a telehealth exercise program? A qualitative analysis. *Frontiers in Rehabilitation Sciences*, 3, 932470.
28. Shin, Y., Park, E. J., & Lee, A. (2025). Early intervention for children with developmental disabilities and their families via telehealth: Systematic review. *Journal of Medical Internet Research*, 27, e66442.
29. Choi, N. G., Hegel, M. T., Marti, N., Marinucci, M. L., Sirrianni, L., & Bruce, M. L. (2014). Telehealth problem-solving therapy for depressed low-income homebound older adults. *American Journal of Geriatric Psychiatry*, 22(3), 263–271.
30. Battineni, G., Sagaro, G. G., Chintalapudi, N., & Amenta, F. (2021). The benefits of telemedicine in personalized prevention of cardiovascular diseases: A systematic review. *Journal of Personalized Medicine*, 11(7), 658.
31. Cortelyou-Ward, K., Atkins, D. N., Noblin, A., Rotarius, T., White, P., & Carey, C. (2020). Navigating the digital divide: Barriers to telehealth in rural areas. *Journal of Health Care for the Poor and Underserved*, 31(4), 1546–1556.
32. Xue, Z., Zhou, N., Wu, Y., et al. (2026). Digital exclusion in healthcare services: A scoping review. *International Journal for Equity in Health*, 25, 37.
33. Dudkowski-Sadowska, A. M. (2022). E-health in care of the elderly in Poland: An opportunity for equality in health or a secondary exclusion? *Medycyna Ogólna i Nauki o Zdrowiu*, 28(2), 132–136.
34. Kruse, C. S., Kareem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of Telemedicine and Telecare*, 24(1), 4–12.
35. Lu, A. D., Veet, C. A., Aljundi, O., Whitaker, E., Smith, W. B., & Smith, J. E. (2022). A systematic review of physical examination components adapted for telemedicine. *Telemedicine and e-Health*, 28(12), 1764–1785.
36. Romaszewski, A., Kielar, M., Gajda, K., & Trąbka, W. (2018). Bezpieczeństwo danych osobowych w systemie ochrony zdrowia – nie tylko RODO. *Zeszyty Naukowe WSZiB w Krakowie*, 49, 46–59.
37. Tomczyk, T., & Ostrowska-Dankiewicz, A. (2025). Functioning of telemedicine in the Polish system health protection. *European Research Studies Journal*, 28(2), 88–102.
38. Ramaswamy, A., Yu, M., Drangsholt, S., Ng, E., Culligan, P., Schlegel, P., & Hu, J. (2020). Patient satisfaction with telemedicine during the COVID-19 pandemic: Retrospective cohort study. *Journal of Medical Internet Research*, 22, e20786.
39. McMaster, T., Wright, T., Mori, K., Stelmach, W., & To, H. (2021). Current and future use of telemedicine in surgical clinics during and beyond COVID-19: A narrative review. *Annals of Medicine and Surgery*, 66, 102378.
40. Sasangohar, F., Bradshaw, M., Carlson, M., Flack, J., et al. (2020). Adapting an outpatient psychiatric clinic to telehealth during the COVID-19 pandemic: A practice perspective. *Journal of Medical Internet Research*, 22, e22523.

41. Simon, J., Eggleston, A., Bright, D., Driscoll, P., Morrison, J., Yang, T. Y., & Liss, D. T. (2024). The role of telehealth in improving care connections and outcomes for community health center patients with diabetes. *Journal of the American Board of Family Medicine*, 37(2), 206–214.
42. Gajarawala, S. N., & Pelkowski, J. N. (2021). Telehealth benefits and barriers. *The Journal for Nurse Practitioners*, 17(2), 218–221.
43. Furlapa, K., Tenderenda, A., Kozłowski, R., Marczak, M., Wierzba, W., & Śliwczynski, A. (2022). Recommendations for the development of telemedicine in Poland based on the analysis of barriers and selected telemedicine solutions. *International Journal of Environmental Research and Public Health*, 19(3), 1221.