Table SI. *Description of the studies contained in the 43 included articles*

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Ahrendt et al. (41)	To compare the outcomes of a telehealth-delivered comprehensive weight management group intervention (*Move!* Program) with a control (no intervention group)	Description: '*Move!*® Program': Diet information, physical activity information, and behaviour modification. Duration: 12 weeks Intensity: weekly (1 h) group session Approach: AB	Predominantly dietician with input from psychologist; physiotherapist and nurse	**Target population:** Overweight veterans **Country (state/location):** USA (South Dakota) ***Sample size: N=120*** *(GI) Treatment Group (N=60)* Age: R=18–85 years; $\bar{x}$=57 years; SD=10.1 years Sex: 55 M; 5 F *(GII) Control Group (N=60)* Age: R=18–85 years; M=62 years; SD=11.1 years Sex: 57 M; 3 F	Weight BMI Time-points of measurements: pre- and post-intervention then 12 months after intervention	Intervention group lost weight whilst control group gained weight resulting in significant group differences 1 year after baseline measurement.
Balamuruga n et al. (42)	To examine telehealth-delivered diabetes education (DSME-T) for patients with diabetes.	Description: "Diabetes Self-Management Education program": demonstration and interactive discussion using the American Diabetes Association curriculum for diabetes education. Duration: 3 months Intensity: biweekly group sessions (2 1-h sessions and 4 2-h sessions) Approach: AB	Nurse (registered)	**Target population:** Patients with diabetes **Country (state/location):** USA (Arkansas) ***Sample size: N=25*** Age: R=NR; $\bar{x}$=66.6 years; SD=10.6 years Sex: 6 M; 19 F	Self-reported self-care practices (daily glucose monitoring, daily foot examination) Preventative care practices (glycosylated haemoglobin checks, dilated eye examination, professional foot exam) Clinical measures (height, weight, blood pressure, HbA1C, HDL, LDL) Time-points of measurements: pre–post intervention.	Significant improvement in possessing knowledge and skills to manage diabetes, and significant decrease in feeling helpless to manage diabetes after completing the programme

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Bradford et al. (43)	To examine the effectiveness of home telehealth consultations in paediatric palliative care (home telehealth programme [HTP]) by comparing a control group (usual care) with a intervention group (usual care and telehealth consultations)	Description: "home telehealth program": symptom management, changes in patient condition and subsequent management options, the provision of emotional support to caregivers Duration: 10 weeks Intensity: variable; range: 1–4 video-conference sessions over 10 weeks Approach: ABC	"Paediatric palliative care staff" *[no other specified]*	**Target population:** Primary caregivers of patients aged 0–18 years who are diagnosed with a life-limiting condition and in are stable medically. **Country (state/location):** Australia (Queensland) ***Sample size: N=12*** *(GI)Intervention Group (N=6)* Age: R=25–45 years; $\bar{x}$=NR; SD=NR. Sex: 1 Father; 5 Mother. *(GII) Control Group (N=6)* Age: R=25–55 years; M=NR; SD=NR. Sex: 1 Father; 5 Mother.	Quality of Life in Life Threatening Illness-Family (QOLLTI-F) Time-points of measurements: Pre-intervention then every 2 weeks	No differences in caregiver quality of life between control and intervention groups based on the descriptive analysis.

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Carlson et al. (44)	To compare the effectiveness of an evidence-based group smoking cessation programme provided by video-conference vs face-to-face.	Description: "evidence-based group smoking cessation program": including self-monitoring; nicotine fading; information on cessation aids, cravings and withdrawal symptoms; stress management techniques and group support. Duration: 15 weeks Intensity: 8 sessions (5 weekly 90-min sessions then 3 less-frequent 90-min sessions) Approach: AB	Psychologist (remote); local social worker/nurse (onsite)	**Target population:** Smokers wishing to quit smoking **Country (state/location):** Canada (Alberta) ***Sample size: N=554*** *(GI)Tom Baker Cancer Centre (TBCC) (N=370)* Age: R=NR, $\bar{x}$=47.18 years, SD=11.26 years. Sex: 34.4% M; 65.6% F *(GII)Remote sites (N=184)* Age: R=NR, M=47.31 years, SD=11.18 years Sex: 27.2% M; 72.8% F	Self-reported smoking cessation (abstinence from tobacco for >3 months and abstinence from nicotine replacement for >2 months) Time-points of measurements: 3, 6 and 12 months *Meta-analysis*: Smoking cessation rate at 3 months	No significant differences found in smoking cessation rates between participants in TBCC and remote sites.

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Ciemins et al. (45)	To investigate a diabetes programme (Promoting Realistic Individual Self-Management - PRISM) by comparing telehealth sessions with face-to-face sessions	Description: "PRISM": interdisciplinary team approach for intensive diabetes management and education Duration: NR Intensity: Monthly consultations then quarterly consultations once patient is stable Approach: AB	Nurse; dietician; social worker (diabetes life coach)	**Target population:** patients with type 2 diabetes diagnosis **Country (state/location):** Canada (Montana) ***Sample size: N=206*** *(GI)Telehealth (N=118)* Age: R=NR, $\bar{x}$=61.3 years, SD=11.6 years. Sex: 49 M; 69 F *(GII)Face-to-face (N=88)* Age: R=NR, $\bar{x}$=62.3 years, SD=11.7 years. Sex: 23 M; 65 F	Dilated eye examiation Monofilament foot test Micro albumin/creatinine laboratory test Vascular risk factor control per ADA guidelines Kavookjian Diabetes Self-Management Tool Diabetes Knowledge Test Diabetes Health History Tool Time-points of measurements: Pre-intervention, 1, 2, 3 years *Meta-analysis*: N improved self-reported diabetes symptoms over past 6 months at 1 year	A significantly greater improvement in a monofilament foot test among face-to-face patient at 1 year post-intervention, but no differences in years 2 and 3 No other statistically significant differences detected between groups

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Dalleck et al. (46)	To compare cardiac rehabilitation via telehealth with conventional (face-to-face) intervention	Description: "telemedicine-delivered cardiac rehabilitation programme ": medical information, educational material, exercise prescription and supervision Duration: 12 weeks Intensity: 3 days/week (supervised exercise) Approach: AB	Exercise physiologist; dietician; cardiologist	**Target population:** patients who were eligible for phase II cardiac rehabilitation, including those who had had CABG, PTCA or another transcatheter procedure, myocardial infarction or valve surgery. **Country (state/location):** NR ***Sample size: N=226*** *(GI) Conventional (N=173)* Age: R=NR, $\bar{x}$=67 years, SD=11 years Sex: 58% M; 53% F *(GII) Telemedicine (N=53)* Age: R=NR, $\bar{x}$=68 years, SD=9 years Sex: 55% M; 45% F	Blood pressure Anthropometric measurements Lipid profiles Activity levels Dietary intake and behaviours Time-points of measurements: pre- and post-intervention *Meta-analysis*: Body mass index post-intervention	No significant differences in the change from baseline to post-programme values between the 2 groups Significant improvements for both groups with regards to body mass index, energy expenditure, stress, cholesterol levels after intervention period

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Davis et al. (47)	To examine the effectiveness of a family-based paediatric obesity treatment by comparing a treatment group with a control group (single physician appointment to discuss set topics)	Description: "family-based paediatric obesity group treatment": including discussions for parents and activities for children regarding nutrition, exercise and behavioural strategies; support with goal setting. Duration: 8 weeks Intensity: 4 (1 h) group sessions Approach: AB	Psychologist; school nurse	**Target population**: families of children who were overweight or obese (BMI 85th percentile for age and sex) and had no major developmental difficulties **Country (state/location):** USA (Kansas) ***Sample size: N=17*** mother child pairs Children's age: R=NR, $\bar{x}$=9.9 years, SD=0.34 years Children's sex: 41.2% M; 58.8% F *Note*: No information is available regarding the number or characteristics of participants in each group.	Body mass index (BMI) percentile 24-h dietary recall Seven-day physical activity recall (PAR) Time-points of measurements: pre- and post-intervention then 1 year post-intervention (N=14) *Meta-analysis*: Child BMI*z* post-intervention	No change in BMI percentile or nutrition and activity behaviours for either group at 2 months after or 1 year after pre-intervention measurement

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Davis et al. (48)	To investigate the effectiveness of a multidisciplinary behavioural group intervention for child obesity delivered via telehealth compared with a control group (face-to-face physician visit)	Description: "multidisciplinary weekly family-based behavioural group delivered via telemedicine": manualized group sessions for families based on cognitive-behaviour theory Duration: 8 months Intensity: 8 sessions once per week (for first 2 months) then 6 sessions once per month (for last 6 months) Approach: AB	Psychologist	**Study population:** Elementary school children classified as overweight/obese (BMI above 85 percentiles for age) **Country (state/location):** USA (Kansas) ***Sample size: N=58*** *GI: Telehealth (N=31)* Age: R=NR, $\bar{x}$=8.48, SD=1.73, Median=NR Sex: 22 M, 9 F *GII: Control (N=27)* Age: R=NR, $\bar{x}$=8.69 SD=1.78, Median=NR Sex: 19 M, 8 F	Child BMI percentile 24-h dietary recall Average min of moderate-vigorous activity per day (accelerometer) Child behaviour checklist (CBI) Behavioural feeding paediatric assessment scale Time-points of measurements: pre-intervention and post-intervention (8 months)	Equal outcomes for both groups: For both groups: differences between pre- and post-intervention measures were not statistically significant on any measures, although positive gains were noted

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Davis et al. (49)	To investigate telehealth vs telephone for the delivery of a multidisciplinary weekly family-based behavioural group intervention for child obesity.	Description: "multidisciplinary weekly Family-based behavioural group delivered via telemedicine": Manualized group sessions for families based on cognitive-behaviour theory. Duration: 8 months Intensity: 8 sessions once per week (for first 2 months) then 6 sessions once per month (for last 6 months) Approach: AB	Clinician	**Study population:** Children classified as overweight/obese (BMI above 85 percentile for age) attending 1 of the participating schools **Country (state/location):** USA (Kansas) ***Sample size: N=103*** *(GI)Telemedicine (N=42)* Age: R=NR, $\bar{x}$=9.39, SD=1.70, Median=NR Sex: 17 M, 25 F *(GII)Telephone (N=61)* Age: R=NR, $\bar{x}$=8.97, SD=1.96, Median=NR Sex: 29 M, 32 F	Child and parent BMI percentile 24-h dietary recall Average minutes of moderate-vigorous activity per day (accelerometer) Child behaviour checklist (CBI) Behavioural feeding paediatric assessment scale Obesity related QoL – Sizing me up (SMU and Sizing them up (STU) Time-points of measurements: Pre-intervention and post-intervention (8 months)	No significant differences between groups For both groups: differences between baseline and post-intervention measures were not statistically significant on any measures, although positive gains were noted

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Eriksson et al. (50)	To compare the effectiveness of video communication for post-operative home physiotherapy rehabilitation after shoulder joint replacement with conventional (face-to-face) physiotherapy.	Description: "video communication in post-operative home physiotherapy rehabilitation": supervision of exercise at home by a physiotherapist Duration: 8 weeks Intensity: initially 2–3 sessions per week then reducing to weekly or biweekly sessions. Approach: A	Physiotherapist	**Target population:** Adults with either primary osteoarthritis or rheumatoid arthritis who underwent the same shoulder joint replacement with hemiarthroplasty by the same orthopaedic surgeon, using the same surgical technique. **Country (state/location):** Sweden ***Sample size: N=22*** *(GI)Telehealth (N=10)* Age: R=53–85 years, $\bar{x}$=NR, SD=NR, Median=70 years Sex: 2 M, 8 F *(GII)Control (N=12)* Age: R=50–86 years, $\bar{x}$=NR, SD=NR, Median=73 years Sex: 3 M, 9 F	Visual analogue scale (VAS) for pain Range of motion (ROM) Shoulder function ability (Constant score and SRQ-S) Health-related quality of life (SF-36) Time-points of measurements: baseline (1 week before operation) then 8weeks after operation *Meta-analysis*: N satisfied to extraordinarily satisfied according to SRQ-S 8 weeks post-intervention	Significant improvements in VAS-pain, Constant score and SRQ-S for both groups post-intervention; telemedicine group improved significantly more in the 3 measurements than control group Significant improvement in most domains of SF-36 for both groups Telehealth group improved significantly more in terms of decrease in pain and vitality compared with control group

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Fortney et al. (51)	To examine the effectiveness of collaborative care for patients with depression delivered by telehealth compared with control group (practice-based, face-to-face) collaborative care	Description: "telemedicine-based collaborative care": including symptom monitoring, patient education, establishing self-management goals, medication adherence and side effect management Duration: up to 12 months Intensity: NR Approach: B	Nurse care manager; pharmacist; psychologist; psychiatrist	**Target population:** patients with depression **Country (state/location):** NR (Likely USA) ***Sample size: N=364*** *(GI)Telehealth (N=179)* Age: R=NR, $\bar{x}$=47.7 years, SD=12.5 years Sex: 32 M; 147 F *(GII)Face-to-face (N=185)* Age: R=NR, $\bar{x}$=46.8 years, SD=12.8 years Sex: 35 M; 150 F	Treatment response Remission Depression severity (Hopkins Symptom Checklist - HSCL) Health status (12-item Short-Form Health Survey) Quality of Well-Being scale Satisfaction with care (Consumer Assessment of Healthcare Providers and Systems) Time-points of measurements: Pre-intervention, 6 months, 12months and 18 months *Meta-analysis*: HSCL at 12 months	Telehealth group had better outcomes compared with face-to-face l group in terms of: treatment response and remission, depression severity and quality of well-being. No significant differences in outcomes for physical health.

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Fortney et al. (52)	To examine the effectiveness of telehealth collaborative care for patients with post-traumatic stress disorder (PTSD) compared with usual care.	Description: "telemedicine-based collaborative care": PTSD symptom monitoring, patient education, establishing patient self-management goals, medication adherence, counselling (CPT; cognitive processing therapy) and counselling adherence Duration: 12 sessions of telepsychology (CBT); twice weekly nurse contact Intensity: NR Approach: B	Nurses; pharmacists; psychologists; psychiatrists	**Target population:** rural veterans with PTSD ***Sample size: N=265*** *(GI) Usual Care (N=132)* Age: R=NR, $\bar{x}$=52.5 years, SD=13.6 years Sex: 90.9% M; 8.1% F *(GII) Telehealth (N=133)* Age: R=NR, $\bar{x}$=51.9 years, SD=14.0 years Sex: 88.7% M; 11.3% F	PTSD severity (Posttraumatic Diagnostic Scale: PDS) Depression severity (Hopkins Symptom Checklist - HCSL) Health status (12-item Short-Form Health Survey for Veterans) Time-points of measurements: pre-intervention, 6 and 12 months *Meta-analysis*: Mean PDS at 12 months post-intervention	Telehealth group had statistically significant decrease in PTSD severity at 6 and 12 months compared with usual care group. Telehealth group had significant increase in physical health at 6 months but not at 12 months compared with usual care group No significant group differences with regards to mental health
Franklin et al. (53)	To compare the use of video-conferencing and teleconferencing for provision of prolonged exposure (PE) intervention with treatment as usual (TAU) in veterans with post-traumatic stress disorder (PTSD)	Description: "smartphone technology to deliver prolonged exposure (PE) therapy": standard PE therapy delivered by Smartphone or video-conferencing compared with TAU (interpersonal contact but not PE intervention). Duration: 12 weeks with 10 sessions (PE groups) and 12 weeks (not otherwise specified) for TAU group. Intensity: approximately weekly sessions Approach: B	Psychologists, psychiatrists or social workers (TAU group); psychologists (PE group)	**Study population:** Veterans with diagnosed PTSD **Country (state/location):** USA ***Sample size: N=13*** Age: $\bar{x}$=50,0; SD=16.8 Sex: 12 M, 1 F *(GI)TAU (N=7*) Age=NR *(GII)Tele-conferencing -TC (N=3)* Age=NR *(GI)Video-conferencing (VC) (N=3)* Age=NR	Clinician-Administered PTSD Scale (CAPS) Posttraumatic Diagnostic Scale: PDS Beck Depression inventory - II Time-points of measurements: pre-intervention, completion (week 10) and 1 month after intervention *Meta-analysis*: PDS post-intervention	High dropout from study noted Significant differences favouring PE intervention groups over TAU with regards to PTSD symptoms

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Gardner-Nix et al. (54)	To examine the outcomes of a mindfulness-based meditation programme for chronic pain management through comparison of a telehealth-delivered intervention group, face-to-face intervention group and a wait-list control group.	Description: "distance education of a mindfulness-based meditation program": pain management techniques including cognitive re-appraisal, general health education and visualization techniques. Duration: 10 weeks Intensity: One (2-h) class per week Approach: B	"Instructor" [*no other specified]*	**Target population:** c Patients with chronic pain referred for a Mindfulness course **Country (state/location):** Canada (Toronto) ***Sample size: N=215*** *(GI) Face-to-face (N=99)* Age: R=NR, $\bar{x}$=51 years, SD=NR) Sex: 20% M; 80% F *(GII) Telehealth (N=57)* Age: R=NR, $\bar{x}$=54 years, SD=NR Sex: 12% M; 88% F *(GIII) Control (N=59)* Age: R=NR, $\bar{x}$=52 years, SD=NR Sex: 25% M; 75% F	Quality of life (Short Form–36 (SF-36v2): Physical Component Score (PCS) and Mental component Score (MCS) Pain catastrophizing (Pain Catastrophizing Scale) Usual pain ratings (Numerical Rating Scale for Pain) Time-points of measurements: pre- (week 1) and post- (week 10) intervention *Meta-analysis*: Mean (SF-36 PCS and SF-36 MCS) post-intervention	Patients in both intervention groups showed post-intervention improvements in terms of mental health and pain catastrophizing levels compared with the control group. The face-to-face group obtained significantly higher post-intervention scores on the physical dimension of quality of life and lower-pain ratings than the telehealth and control groups.

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Germain et al. (55)	To examine the effectiveness of cognitive behavioural therapy (CBT) for patients with post-traumatic stress disorder (PTSD) through comparison of a telehealth delivery vs face-to-face delivery	Description: "videoconferencing CBT": including anxiety management training, imaginary and in vivo exposure to avoided situations, and relapse prevention strategies Duration: 16–25 weeks (average of 19 sessions for telehealth group) Intensity: bi-weekly (60-min) sessions Approach: B	Psychologists	**Target population:** Patients with PTSD **Country (state/location):** Canada ***Sample size: N=48*** *(GI) Telehealth (N=16)* Age: R=NR, $\bar{x}$=43 years, SD=11 years Sex: 6 M; 10 F *(GII) Face-to-face (N=32)* Age: R=NR, $\bar{x}$=42 years, SD=12 years Sex: 13 M; 19 F	Modified PTSD Symptom Scale (MPSS) Beck Depression Inventory (BDI) Beck Anxiety Inventory (BAI) Assessment of Current Functioning Assessment of Current Functioning (ACF) Time-points of measurements: start of waiting period, pre- and post-intervention *Meta-analysis:* MPSS post-intervention	A significant decline in the frequency and severity of PTSD symptoms post-intervention in both conditions No significant difference between the 2 groups with regards to BDI, BAI or ACF

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Glueckauf et al. (56)	To examine the effectiveness of counselling on the psychosocial functioning of teenagers with epilepsy through comparison of a video-conference group, tele-conference group and a face-to-face group.	Description: "videoconferencing-based counselling": identifying treatment priorities and plan, assisting family members in attaining their specific counselling goals Duration: 6 sessions Intensity: bi-weekly (1.5–2 h) sessions Approach: B	"Counsellors" *[no other specified]*	**Target population:** Teenagers with seizure disorders **Country (state/location):** NR (likely USA) ***Teenagers' sample size: N=22*** Age: R=NR, $\bar{x}$=15.4 years, SD=2.5 years Sex: 14 M; 8 F ***Mothers' sample size: N=21*** Age: R=NR, $\bar{x}$=41.1 years, SD=5.5 years ***Fathers' sample size: N=15*** Age: R=NR, $\bar{x}$=43.5 years, SD=5.5 years *Note*: Families were allocated to 1 of the 3 conditions (videoconferencing- [*n*=10], teleconferencing- [*n*=4], face-to-face - counselling [*n*=8]).	Problem severity and frequency (ISS, IFS, ICS) Social Skills Rating System (SSRS) Modified Working Alliance Inventory (WAI) Treatment adherence (proportion of outside assignments completed, number of missed appointments) Time-points of measurements: pre-post intervention and then 6 months post-intervention	Parents reported significant reductions in problem severity and frequency and increases in pro-social behaviours across all 3 group conditions from pre- to post-intervention, but not maintained at 6-month follow-up. No differences in adherence were found across the 3 conditions

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Goetter et al. (57)	To examine the efficacy of telehealth-delivered intervention using mediated exposure and ritual prevention (ERP) for adults with obsessive compulsive disorder (OCD).	Description: "videoconference-mediated ERP": behavioural intervention Duration: 16–18 sessions Intensity: bi-weekly (90-min) sessions Approach: B	Psychologist (clinical psychology doctoral students)	**Target population:** Adult patients with a diagnosis of OCD **Country (state/location):** NR (likely USA) ***Sample size: N=15*** Age: R=NR, $\bar{x}$=32.2 years. SD=11.4 years Sex: 13.3% M; 86.7% F	Yale-Brown Obsessive Compulsive Scale (YBOCS) Clinical global Impression Scale (CGI) Quality of Life Enjoyment and Satisfaction Questionnaire short form (QLESQ) Reaction to Treatment Questionnaire (RTQ) Working Alliance Inventory (WAI-S) Client Satisfaction Survey (CSS) Telepresence in Videoconference Scale (TVS) Patient EX/RP Adherence Scale (PEAS) Time-points of measurements: pre-intervention, mid-intervention, post-intervention and 3-month follow-up	Significant change over time in YBOCS and QLSESQ 30% of participants who completed a 3-month follow-up assessment no longer met DSM-IV-TR criteria for OCD and 80% of participants were rated as very much or much improved on the CGI.

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Gonzalez & Brossart (58)	To examine the effectiveness of telehealth intervention on the psychotherapeutic outcomes of patients.	Description: "video-conferencing psychotherapy": Counselling utilizing a range of techniques including cognitive– behavioural, existential-humanistic, biopsychosocial, and psychodynamic-interpersonal. Duration: Variable, range 3–40 sessions Intensity: weekly sessions Approach: B	Counsellors (doctoral psychology students with master's level qualifications)	**Target population:** Patients receiving healthcare services from the study site (primary care facility) **Country (state/location):** USA (Texas) ***Sample size: N=41*** Age: R=14–57, $\bar{x}$=41.02 years, SD=2.71 years Sex: 0 M; 21 F	Clinical Outcomes in Routine Evaluation – Short Form B (CORE-B) Patient Health Questionnaire – 9 (PHQ-9), 12 Item Short Form Health Survey (SF-12) Moments of measurement: PHQ-9 and SF-12 administered pre-intervention and then every 4 sessions. CORE-B administered every 2 sessions (for some participants)	Statistically significant improvement across all mental health outcome measures Statistically significant decrease in physical well-being measure Indication that intervention outcome may be dependent on type and severity of diagnoses and situational context.
Gray et al. (59)	To examine the effectiveness of telehealth intervention in reducing post-traumatic stress disorder (PTSD) and depression symptoms in patients who have experienced sexual assault or domestic violence	Description: "telehealth treatment": cognitive processing therapy, prolonged exposure Duration: NR Intensity: weekly (60–90-min sessions) Approach: B	Counsellors (doctoral psychology students with masters level qualifications)	**Target population:** Patients who have experienced sexual assault and domestic violence **Country (state/location):** USA (Wyoming) ***Sample size: N=21*** Age: R=NR, $\bar{x}$=32.9 years, SD=10.2 years Sex: 7 M; 34 F	Post-Traumatic Stress Disorder Checklist (PCL) Centre for Epidemiological Studies Depression Scale (CES-D) Time-points of measurements: pre- and post-intervention	Significant decrease in PTSD and depression symptom severity

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Griffiths et al. (60)	To examine cognitive -behavioural therapy (CBT) delivered via telehealth to patients with depression and/or anxiety	Description: "CBT via telemedicine": including relaxation training, straight thinking, structured problem-solving and coping skills. Duration: 6–8 sessions Intensity: weekly (1-h sessions) Approach: B	Psychologist; nurse; social worker	**Target population:** Patients with depression and/or anxiety. **Country (state/location):** Australia (Queensland) ***Sample size: N=18*** Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR	Mental Health Inventory (MHI) – clients Health of the Nation Outcome Scale (HoNOS) – case managers Time-points of measurements: pre- and post-intervention	A significant improvement in patient MHI score and case managers' ratings on the HoNOS A moderate negative correlation between post-treatment MHI scores and telehealth acceptability

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Grogan-Johnson et al. (61)	To compare speech language therapy progress between telehealth-delivered intervention and conventional face-to-face intervention.	Description: "speech language therapy via videoconferencing": individual therapy sessions Duration: 4 months Intensity: NR Approach: B	Speech-language pathologists	**Target population:** children with speech, language and/or fluency disorders **Country (state/location):** USA (Ohio) ***Sample size: N=38*** Age: R=4–12 years, $\bar{x}$=NR, SD=NR Sex: 25 M; 13 F *(GI) Received telehealth intervention for 4months followed by face-to-face therapy for 4months (N=17):* Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR *(GII) Received face-to-face intervention for 4 months followed by telehealth intervention for 4 months (N=17):* Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR	Student progress reports – Rating student performance on each Individualized Education Plan (IEP) objectives using the scale: mastered, making adequate progress, making inadequate progress, and objective not initiated National Outcome Measurement System (NOMS) Goldman-Fristoe Test of Articulation (GFTA-2) Time-points of measurements: pre-intervention, 4 months (after first round of intervention) and 8 months (after second round of intervention) *Meta-analysis:* $N_{students}$ with increased GFTA-2 scores	The children made similar progress during the study whichever treatment method was used. No significant difference in GFTA-2 scores between students in the 2 treatment groups.

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Grogan-Johnson et al. (62)	To compare speech therapy progress of children with speech sound impairments by comparing telehealth-delivered intervention with conventional face-to-face intervention.	Description: "speech language therapy via videoconferencing": individualized speech sound intervention following a standardized protocol. Duration: 5 weeks Intensity: twice weekly (30-min sessions) Approach: B	Speech pathologist (graduate speech pathology students)	**Target population:** School aged children with speech sound impairments **Country (state/location):** USA ***Sample size: N=14*** *(GI)Telehealth (N=7):* Age: R=6.4–9.9 years, $\bar{x}$=8.4 years, SD=NR Sex: 4 M, 3 F *(GII) face-to-face (N=7):* Age: R=7.9–10.0 years, $\bar{x}$=9.0 years, SD=NR Sex: 5 M, 2 F	Goldman-Fristoe Test of Articulation 2 (GFTA-2; Sounds-in-Words and Sounds-in-Sentences subtests) (not norm referenced) Listener rating of sound production Time-points of measurements: pre- and post-intervention	No significant difference between the 2 groups' performance on the GFTA-2 or listener ratings post-intervention For both groups, a statistically significant difference in pre- to post-intervention performance was reported
Hassija (63)	Examine the effectiveness and of trauma-focused intervention delivered via telehealth to patients who have experienced of domestic violence and sexual assault	Description: Treatment was applied flexibly based on prolonged exposure or cognitive processing therapies, with counselling for additional concerns if needed. Treatment components were applied flexibly, depending on the needs of the client. Duration: variable (minimum 4 sessions) Intensity: weekly (60–90-min) sessions Approach: B	Psychologists (masters level psychologists supervised by doctoral level psychologists)	**Target population:** Participants referred for psychological services at a domestic violence and rape crisis centre. **Country (state/location):** USA (Wyoming) ***Sample size: N=15*** Age: R=19–52 years, $\bar{x}$=30.20 years, SD=9.25 Sex: 0 M, 15 F	Post-traumatic Stress Disorder severity: PTSD Checklist (PCL) Depression severity: Centre for Epidemiological Studies Depression Scale (CES-D) Time-points of measurements: Pre-Post intervention	Large reduction in both PTSD and Depression Severity * post-intervention

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Heitzman-Powell et al. (64)	To investigate a telehealth intervention: Online and Applied System for Intervention Skills (OASIS) for parents who have children with autism.	Description: "OASIS training program": 8 modules including introduction to autism and applied behaviour analysis [ABA] and practice/coaching and facilitated reflection regarding parent–child interaction Duration: 13–19 coaching sessions Intensity: (90–120-min) sessions Approach: B	Psychologist	**Target population:** Parents of children with autism. **Country (state/location):** NR (likely USA) ***Sample size: N=7*** Age: R=32–47 years, $\bar{x}$=37.3 years, SD=NR Sex: NR	Assessment of parent skill and knowledge Time-points of measurements: pre-post intervention	Parents increased their knowledge of ABA strategies and concepts by an average of 39 percentage points, and improved their implementation of ABA strategies with their children by an average of 41 percentage points between pre- and post- intervention

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Hepburn et al. (65)	To examine a cognitive - behavioural intervention delivered via telehealth to youth with autism spectrum disorder and anxiety through comparison with a (wait-list control) group.	Description: "Telehealth version of Facing Your Fears intervention": including cognitive-behavioural elements (such as psycho-education of anxiety, emotion regulation, and graded exposure or facing fears a little at a time), practice exercises and homework activities Duration: 11 sessions Intensity: 1 h sessions Approach: B	Psychologist	**Target population:** Parent/youth dyads (1 parent and 1 youth aged 7–19 years with diagnosed ASD and anxiety). **Country (state/location):** USA (Colorado) ***Sample size: N=33*** families *(GI) Telehealth* (N=17): Youth's age: R=NR, $\bar{x}$=11.53 years, SD=2.67 years Youth's sex: 14 M; 3 F *(GII) wait-list control* (N=16): Youth's age: R=NR, $\bar{x}$=12.12 years, SD=1.96 years Youth's sex: 13 M; 3 F	Screen for Anxiety and Related Emotional Disorders in Children (SCARED) Parenting Sense of Competence Scale (PSOC) Time-points of measurements: pre- and post-treatment	A statistically significant improvement on both measures post-intervention in the Telehealth group compared with the control group

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Holmqvist et al. (66)	To evaluate and compare web-based vs telehealth-based intervention for chronic insomnia	Description: "telehealth-based intervention": including relaxation training, cognitive therapy and mindfulness meditation Duration: 6 modules/weeks, (1.5-h) sessions Intensity: weekly Approach: B	Psychologist	**Target population:** people living with sleep disturbances in rural areas. **Country (state/location):** Canada ***Sample size: N=73*** Sex: 18 M; 55 F *(GI) web-based group* (N=39): Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR *(GII) telehealth-based* group (N=34): Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR	Insomnia Severity Index (ISI) Sleep diary measuring total sleep time (TST), sleep-onset latency (SOL), sleep efficiency (SE), number of night awakenings (NWAK), time awake in the night (WASO), sleep quality (SQ), and frequency of use of sleep medications. Multidimensional Fatigue Inventory (MFI-20) Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS-10) Work Social Adjustment Scale (WSAS) Clinical Global Improvement Scale (CGI) Time-points of measurements: pre-intervention, post-intervention (6 weeks) and 8 weeks' follow-up	No significant differences between groups on insomnia severity and other outcome variables over time

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Irby et al. (67)	To compare a telehealth programme for child obesity (TeleFIT) with a similar programme delivered face-to-face (Brenner Families In Training [FIT])	Description: "TeleFIT': Paediatric multidisciplinary obesity treatment (using the BrennerFIT programme). Duration: NR Intensity: sessions every 2–4 weeks Approach: A	Paediatrician; dietician; family counsellor; physical therapist; exercise physiologist; social worker	**Target population:** Obese children (body mass index at 95 percentiles or above) and their families **Country (state/location):** USA (North Dakota) ***Sample size: N=294*** *(GI)TeleFIT (N=35):* Age: R=NR, $\bar{x}$=11.2 years, SD=3.5 years Sex: 14 M; 21 F *(GII)Brenner FIT (N=259):* Age: R=NR, $\bar{x}$=12.1 years, SD=3.5 years Sex: 107 M; 152 F	Body mass index (BMI) z-score Time-points of measurements: pre-intervention then after 4 months of intervention *Meta-analysis*: $N_{Children}$ with improved BMI z-score post-intervention	No significant improvement in BMI between groups

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Jelcic, Agostini (68)	To compare telehealth-delivered lexical-semantic stimulation (LSS) with face-to-face delivered LSS and with unstructured cognitive intervention (UCS) for patients with early Alzheimer's disease	Description: "LSS-tele": lexical exercises focusing on the interpretation of written words, sentences, and stories Duration: 3 months Intensity: bi- weekly (1-h) sessions Approach: B	Neurologist; neuropsychologist; speech therapist; social worker	**Target population:** Patients with early stage Alzheimer's disease (mild memory decline) **Country (state/location):** Italy ***Sample size: N=27*** *(GI) LSS-telehealth (N=7):* Age: R=NR, $\bar{x}$=86.0 years, SD=5.1 years Sex: 2 M; 5 F *(GII) LSS-face-to-face (N=10):* Age: R=NR, $\bar{x}$=82.7 years, SD=6.0 years Sex: 3 M; 7 F *(GIII)UCS (N=10):* Age: R=NR, $\bar{x}$=82.3 years, SD=5.9 years Sex: 1 M; 9 F	Mini-Mental State Examination (MMSE) Verbal Naming Test Brief Story Recall Rey Auditory Verbal Learning (RAVL) Forward Digit Span Test Rey-Osterrieth Complex Figure (ROCF) Delayed Recall Test Digit Cancellation Test Trail Making Test (A and B) ROCF Copy Test Time-points of measurements: pre- and post-intervention *Meta-analysis*: Verbal Naming Test post-intervention	MMSE score significantly improved post-intervention for both LSS-tele and LSS-face-to-face intervention Episodic memory improved after LSS-face-to-face intervention, stabilized after LSS-tele intervention and declined in the UCS group Language scores improved in tele LSS group Improvement was not achieved in any measure for UCS group

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Juhn, McCarty (69)	To compare telehealth delivery vs face-to-face delivery for caregiver behavioural interventions (CATTS) for children with attention-deficit hyperactivity disorder (ADHD)	Description: "telehealth delivery of CATTS intervention": consensus-based pharmacotherapy, manualized caregiver behaviour training for ADHD Duration: 6 sessions Intensity: Sessions spaced 3–4 weeks apart Approach: B	Psychologist; "community therapist" (trained and supervised by a clinical psychologist)	**Target population:** Children with ADHD and 1 of their primary caregivers **Country (state/location):** USA (Seattle) ***Sample size: N=37*** *(GI) Telehealth (N=12):* Children's age: R=NR, $\bar{x}$=9.15 years, SD=2.45 years Children's sex: 8 M; 4 F *(GII) Face-to-face (N=25):* Children's age: R=NR, $\bar{x}$=9.39 years, SD=2.04 years Children's sex: 18 M; 7 F	Children's outcomes Vanderbilt ADHD Rating Scales (VADRS): Inattention, Hyperactivity, ODD, Role Performance Children's Global Assessment Scale (CGAS) Columbia Impairment Scale-Parent Version (CIS-P) Clinical Global Impressions of Improvement (CGI) Caregiver's outcomes Patient Health Questionnaire (PHQ-9) Parenting Stress Index (PSI) Caregiver Strain Questionnaire (CGSQ) Family Empowerment Scale (FES) Time-points of measurements: Pre-intervention then at 4, 10, 19, and 25 weeks (for child outcomes) *Meta-analysis*: Mean (VADRS-Inattention and VADRS-Hyperactivity) post-intervention	Children in both intervention conditions improved significantly from pre- to post-treatment. No statistically significant differences in children's outcomes for the 2 intervention groups at 25 weeks. Caregivers in the face-to-face group, but not caregivers in the telehealth group, reported improved scores pre- to post-intervention on the PSI, CGSQ, and FES.

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Kearns, Bowerman (70)	To compare telehealth vs face-to-face delivery for group diabetes education classes to individuals with diabetes mellitus	Description: "Group diabetes self-management education (DSME)": education regarding diabetes, medications, management, meal planning and physical activity Duration: 3 (3-h) sessions. This included 2 classes and 1 follow-up class. Intensity: NR Approach: AB	Dietician (diabetes educator); nurse (diabetes educator); exercise physiologist or physiotherapist (diabetes educator)	**Target population:** Adults living with diabetes mellitus residing in rural areas. **Country (state/location):** USA (New York) ***Sample size: N=66*** *(GI)Face-to-Face (N=39):* Age: R=NR, $\bar{x}$=54.9 years, SD=10.9 years Sex: 17 M; 22 F *(GII)Telehealth group (N=27):* Age: R=NR, $\bar{x}$=49.8 years, SD=11.5 years Sex: 8 M; 19 F	Problem Areas in Diabetes (PAID) – emotional functioning Diabetes Treatment Satisfaction Questionnaire (DTSQ) Weight Haemoglobin A1c levels Time-points of measurements: pre-intervention then 3 and 6 months post-intervention completion *Meta-analysis*: Haemoglobin A1c levels at 3 months	No significant change in weight between groups post-intervention Significant improvement in scores on PAID in both groups post-intervention Improved scores on DTSQ for face-to-face group post-intervention, but not for telehealth group

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Levy, Silverman (71)	To examine the outcomes for veterans who received physiotherapy via a tele-rehabilitation programme	Description: "Physiotherapy via in-home tele-rehabilitation program": Physiotherapy interventions able be delivered via telehealth Duration: Variable, mean number of total sessions=15.2; Mean number of sessions conducted via telehealth=11.3 Intensity: NR Approach: A	NR (assume physiotherapists)	**Target population:** Veterans referred for physiotherapy with diagnoses of musculoskeletal problems, multiple sclerosis or stroke. **Country (state/location):** USA ***Sample size: N=26*** Age: R=NR, $\bar{x}$=NR, SD=NR 69.2% were aged 64 years or older. Sex: 24 M; 2 F	Functional Independence Measure (FIM) Quick disabilities measure of arm, shoulder and hand (QUICKDASH) Montreal Cognitive assessment (MoCA) 2-min walk test (2MWT) Veterans 12 Item Health Survey (VR-2) Time-points of measurements: Pre-intervention and post-intervention	Significant effect sizes for in FIM and 2MWT and medium effect sizes for MoCA and VR-12. QUICKDASH sores improved, but not to level of statistical significance
Marhefka, Buhi (72)	To compare healthy relationships intervention delivered via telehealth (HR-VG) to a wait-list control group (WLC) for reducing sexual risk behaviour among women living with human immunodeficiency virus (HIV)	Description: "HR-VG": all core elements of HR (designed to promote disclosure decision-making and safer sexual behaviour) and activities from HR, with some modifications (i.e. role plays, condom skills practice, and other activities required minor adjustments to work over the videophone) Duration: 3 weeks Intensity: 6 (2-h) sessions Approach: B	Social worker (mental health counsellor)	**Target population:** Women with HIV **Country (state/location):** USA (Florida) ***Sample size: N=71*** *(GI)HR-VG (N=36):* Age: R=NR, $\bar{x}$=42.1 years, SD=9.4 years Sex: 0M; 36 F *(GII)WLC (N=35):* Age: R=NR, $\bar{x}$=43.7 years, SD=7.8 years Sex: 0 M; 35 F	Sexual Risk Behavior Assessment Schedule for Adults - report on their behaviour with their 3 most recent sexual partners over the last 3 months Time-points of measurements: pre-intervention then 6 months post-intervention	Of participants who engaged in unprotected sex at 6-month follow-up, telehealth participants had approximately 7 fewer unprotected sex occasions than control participants

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McCord, Elliott (73)	To measure the effectiveness of teleconferencing for mental health services	Description: "Tele-conferencing technology for counselling interventions": Interventions using techniques from cognitive-behavioural therapy, cognitive processing therapy, person-centred, and humanistic approaches. Duration: Variable, range 1–35 sessions (however reported that outcomes were measured after 4 sessions) Intensity: weekly (50-min) sessions Approach: B	Psychologist (doctoral students)	**Target population:** People referred for mental health services at study site. **Country (state/location):** USA (Texas) ***Sample size: N=68*** *(baseline data available for 59 and post- intervention data available for 25; however only demographics for 68 provided)* Age: R=9–73, $\bar{x}$=40.5 years, SD=14.0 years Sex: 20 M 48 F	Patient Health Questionnaire (PHQ9) 12 item Short Form Health Survey (SF-12) Time-points of measurements: Pre- and post-intervention (after 4 sessions)	Statistically significant improvements in depression ratings (PHQ9) Statistically significant improvement on QoL composite score (SF-12).

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Paneroni, Colombo (74)	To compare a home-based telehealth programme (TRP) with standard face-to-face rehabilitation programme (ORP) for patients with COPD	Description: "TRP": exercise monitoring, exercise intervention, educational program Duration: 40 days Intensity: 28 (100-min) sessions Approach: AB	"Physicians"; physiotherapists; nurses	**Target population:** patients living COPD within rural locations **Country (state/location):** Italy ***Sample size: N=36*** (GI)TRP (N=18): Age: R=NR, $\bar{x}$=65.72 years, SD=10.52 years Sex: 89% Ml 11% F (GII)ORP (N=18): Age: R=NR, $\bar{x}$=66.33 years, SD=6 years Sex: 83% M; 17% F	6-minute walking test (6MWT) Modified Research Council (MRC) scale - dyspnoea Saint George's Respiratory Questionnaire (SGRQ) - QoL Time-points of measurements: pre- and post-treatment *Meta-analysis*: MRC post-intervention	Both programs produced significant gains in walking capacity, dyspnoea and quality of life without statistical difference between groups

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Richter, Shireman (75)	To compare counselling delivered through telehealth in a clinic (ITM) vs counselling delivered by telephone at home (phone) for smoking cessation	Description: 'ITM counselling': education on smoking cessation, pharmacotherapy guidance and counselling based on motivational interviewing and cognitive behaviour therapy Duration: 4 sessions Intensity: NR Approach: B	"Counsellors"	**Target population:** Adults who smoke (5 cigarettes or more a day) attending a primary care physician participating in the study **Country (state/location):** USA (Kansas) ***Sample size: N=566*** *(GI) ITM group (N=280):* Age: R=NR, $\bar{x}$=47.27 years, SD=12.8 years Sex: 107 M; 173 F *(GII) Phone group (N=286):* Age: R=NR, $\bar{x}$=47.51 years, SD=13.0 years Sex: 96 M; 190 F	Biochemically verified 7-day point prevalence smoking cessation at 12 months Prolonged abstinence Time-points of measurements: 3, 6 and 12 months post-intervention	No significantly difference in 7-day point prevalence smoking cessation between groups at 12 months Verified abstinence at 12 months did not significantly differ between groups.

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Shepherd, Goldstein (76)	To examine outcomes of a psychological intervention delivered by telehealth to adult cancer patients	Description: "psychological intervention via videoconferencing": individualized treatment plan including standard cognitive-behavioural techniques Duration: Variable, range 1–6 sessions Intensity: Weekly or bi-weekly (1-h) sessions Approach: B	Psychologist (clinical)	**Target population:** Patients living with cancer **Country (state/location):** Australia (New South Wales) ***Sample size: N=34*** Age: R=28–70 years, $\bar{x}$=53 years, SD=10.53 years Sex: 18 M; 16 F	Hospital Anxiety and Depression Scale (HADS) Functional Assessment of Cancer Therapy-General (FACT-G) Version 4 - QoL Time-points of measurements: pre- and post-treatment, 1-month follow-up	Patient scores on HADS decreased with a large effect size for anxiety and moderate effect size for depression Patient scores for general wellbeing increased with large effect size for emotional-wellbeing and functional wellbeing.
Simpson, Bell (77)	To examine the effectiveness of cognitive behavioural therapy (CBT) delivered via telehealth for clients with bulimic disorders	Description: "CBT via videoconferencing": individualized intervention based on the standard CBT for bulimia nervosa, with additional components (e.g. cognitive schema and eating pathology, self-esteem, interpersonal issues and body-image) when appropriate Duration: NR Intensity: Variable, range 11–20 (1-h) sessions Approach: B	Clinical psychologist; psychologist; dietician	**Target population:** People with Bulimia Nervosa **Country (state/location):** UK (Scotland) ***Sample size: N=6*** Age: R=28–36 years, $\bar{x}$=31.6 years, SD=NR Sex: 1 M; 5 F	Self-report on the SEDS (Survey for Eating Disorders). Readiness to Change Scale Daily self-monitoring diaries Beck Depression Inventory-II (BDI-II) Border- line Syndrome Index (BSI) Bulimic Investigatory Test, Edinburgh (BITE) Time-points of measurements: pre- and post-intervention	At post-treatment, 3 of 6 participants showed a statistically significant reduction in bingeing, and 1 of 5 in purging. Clinically significant change in bulimic symptoms was found for 3 as measured by the BITE. A clinically significant reduction for 5 on the BDI-II and for 4 on the BSI.

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Staton-Tindall, Havens (78)	To examine the effectiveness of a telehealth intervention using motivational enhancement therapy (METelemedicine) to reduce alcohol use among a sample of at-risk, alcohol users in comparison to a no-intervention control group.	Description: "METelemedicine": including assessment, feedback, and motivational interviewing Duration: 5 sessions Intensity: monthly sessions Approach: B	Psychologist; social worker.	**Target population:** Offenders at-risk of alcohol use with AUDIT score (alcohol abuse risk score) above 8 **Country (state/location):** USA (Kentucky) ***Sample size: N=127*** Age: R=19–57 years; $\bar{x}$=30.5 years, SD=8.8 years Sex: 81% M; 19% F Demographics of individual groups not provided. 61 patients were assigned to telehealth group with 38 patients at completion.	Alcohol Use Subscale of the Addition Severity Index Time-points of measurements: pre-post intervention	3+ sessions of METelemedicine significantly reduced the likelihood of any alcohol use, and predicted fewer days of drinking in the follow-up period, fewer drinks per week, and fewer days experiencing alcohol problems.

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Tan, Teo (79)	To examine the effectiveness of telehealth intervention for women veterans with chronic pain and/or depression associated with trauma.	Description: "pain intervention via video-teleconferencing": home practice with the Stress Eraser biofeedback device Duration: 6 weeks Intensity: weekly sessions Approach: B	Psychologist	**Target population:** Female veterans who have impairments associated with trauma **Country (state/location):** USA (Texas) ***Sample size: N=34*** Age: R=22–67 years, $\bar{x}$=49.5 years, SD=10 years Sex: 0 M; 34 F	PTSD Check List – Civilian (PCL-C) Centre for Epidemiological Studies – Depression Scale (CEDS-D 10) Medical Outcomes Study Sleep Pain intensity and unpleasantness Pain Interference Short Form v1.0 of the Patient-Reported Outcomes Measurement Information System Time-points of measurements: pre- and post-treatment, then 6-week follow-up	Pain intensity did not significantly decrease from pre-treatment to post-treatment, or pre-treatment to follow-up. Statistically significant improvements were found in pain unpleasantness, pain interference, depressive symptoms, PTSD symptoms, and sleep disturbance. These improvements appeared to be maintained at 6-week follow-up.
Taylor, Cameron (80)	To investigate the effectiveness of telehealth delivery of Moving On After Stroke (MOST) to people who have experienced with stroke	Description: "videoconference delivery of MOST": including patient education of stroke-related issues, problem-solving and goal-setting skills and exercise (e.g. cardiovascular exercise, balance and strength) Duration: 9 weeks Intensity: bi-weekly (1-h) sessions Approach: AB	"Healthcare facilitators" *[no other specified]*	**Target population:** People who have experienced stroke **Country (state/location):** Canada (Ontario) ***Sample size: N=12*** Age: R=NR, $\bar{x}$=72.7 years, SD=14.4 years Sex: 5 M; 7 F	Focus groups and interviews Reintegration to Normal Living (RNL) Geriatric Depression Scale (GDS) Activity-Specific Balance (ABC) Berg Balance Scale (Berg) 6-minute walk test (6MWT) Time-points of measurements: pre- and post-treatment, then3 months post-intervention	Significant improvements post-intervention in patients' mood as measured by the GDS; walking distance measured by 6MWT and balance confidence as measured by ABC.

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Tokuda, Lorenzo (81)	To investigate the outcome of video-conferencing for shared group appointments for diabetes care (intervention) compared with treatment as usual by physician (TAU)	Description: "Video-shared medical appointments": Group I: Individual physician visit every 4–6 months Group II: Group education sessions (3–5 participants) with some behavioural and pharmacological interventions also provided. Duration: Group II: 5 months (6 sessions) Intensity: Group II: 4 sessions (120-min) once per week for 1 month then 2 sessions once every 2 months. Approach: AB	Nurse practitioner and clinical pharmacist (both certified diabetes educators)	**Target population:** Patients with documented diabetes and HdA1c levels equal to or less than 7% **Country (state/location):** USA (Hawaii) ***Sample size: N=100*** Group I (TAU) Age: R=NR, $\bar{x}$=61.6 years, SD=1.1 years Sex: 62 M; 7 F Group II (Intervention) Age: R=NR, $\bar{x}$=60.4 years, SD=1.4 years Sex: 31 M; 0 F	Glycosylated haemoglobin level (HbA1c), blood pressure and fasting lipid level Time-points of measurements: pre- and post-intervention (5 months) *Meta-analysis*: HbA1c post-intervention	Significant difference in HbA1c levels of telehealth group compared with TAU group; no significant change in blood pressure and fasting lipid level
Wood, Mulrennan (82)	To investigate the outcomes of telehealth clinics for people with cystic fibrosis (CF)	Description: "telehealth clinics as part of routine care": individualized interventions from CF team provided via teleconference Duration: 12 months Intensity: aimed for every 3 months, however scheduled to suit participants Approach: A	Multidisciplinary CF team including consultant physician, nurse practitioner, physiotherapist and dietician	**Target Population:** Adults (18+) with CF living in rural communities **Country (state/location):** Australia (Western Australia) ***Sample size: N=23*** Age: R=NR, $\bar{x}$=31.4 SD=10.2 years Sex: 9 M; 14 F	Healthcare utilization data Respiratory function (spirometry) Body mass index (BMI) Health related quality of life: Cystic Fibrosis Questionnaire- Revised (CFQ-R) Time-points of measurements: pre- and post-intervention (12 months).	Statistically significant improvement on "vitality" domain of the CFQ-R, but not other domains Increase in some aspects of healthcare utilization (antibiotic use and hospital admission), but this may be associated with earlier intervention and increased long-term outcomes

Reference (alphabetical order)	Purpose of study	Intervention Approach: A=Physical; B=Cognitive; C=Social emotional.	Allied health professional and nursing	Study population(s) (Group [G]); Age (range [R]; Mean [M]; Standard deviation [SD]) Sex (male [M]; female [F])	Outcome measure(s) and time-points of measurements	Authors' main conclusions/key findings in relation to intervention outcomes
Ziemba, Bradley (83)	To examine the effectiveness of telemedicine-administered cognitive behavioural therapy (CBT) compared with face-to-face CBT for military populations with post-traumatic stress disorder (PTSD)	Description: "telemedicine-administered CBT": CBT interventions based on the Beck model Duration: 10 weeks Intensity: once per week sessions Approach: B	"Licensed clinical therapist" *[no other specified]*	**Target population:** Military adults living with PTSD **Country (state/location):** NR (likely USA) ***Sample size: N=13*** (GI) Face-to-Face (N=6) Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR (GII) Telemedicine (N=7) Age: R=NR, $\bar{x}$=NR, SD=NR Sex: NR	Clinician Administered PTSD Scale (CAPS) Hamilton Anxiety Rating Scale (HAM-A) Montgomery-Asberg Depression Rating Scale (MADRS) Time-points of measurements: pre- and post-intervention	The CAPS, HAM-A, and MADRS each demonstrated lower scores, signifying improvement, and 69% of subjects experienced a clinically significant change in the CAPS.