THE JOURNAL OF TELEMEDICINE

Khalilolahi et al., Telehealth in medical tourism, Winter 2026 3(1), 29-41

REVIEWS

The Role of Telehealth in Medical Tourism: A Scoping Review

Shadi Khalilolahi, Farnia Velayati*, Lida Fadaizadeh

ABSTRACT

Telehealth has rapidly expanded within medical tourism, yet the nature and range of its applications remain unclear. This scoping review, guided by the Arksey and O'Malley (2005) framework and reported in accordance with PRISMA-ScR, examined the role of telehealth in medical tourism. Searches of PubMed, Scopus, Web of Science, and LILACS were conducted in April 2025, with no date or language restrictions applied; studies examining any telehealth technology for international medical travel were included, while book chapters, letters, and reports were excluded. Of 253 identified studies, eight met the inclusion criteria.

Received 13/04/2026
Accepted for publication 07/06/2026
Published 21/06/2026

* ***Correspondence to***: *Farnia Velayati, Telemedicine research center, Masih Daneshvari hospital, Daarabad, Tehran, Iran, ZIP code: 19575-154. Phone: +98 21 2610 5385 Email:* farnia.velayati@sbmu.ac.ir

About the authors:

Shadi Khalilolahi; PhD. Student in Tourism Management, Telemedicine Research Center, National Research Institute of Tuberculosis and Lung Diseases (NRITLD), Shahid Beheshti University of Medical Sciences, Tehran, Iran.

PhD. Student in Tourism Management, College of Management, University of Tehran, Tehran, Iran.

Farnia Velayati; PhD in Health Information Management, Telemedicine Research Center, National Research Institute of Tuberculosis and Lung Diseases (NRITLD), Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Lida Fadaizadeh; MD, Associate Professor of Anesthesia, head of Telemedicine Research Center, National Research Institute of Tuberculosis and Lung Diseases (NRITLD), Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Findings revealed a diverse range of technologies—from early videoconferencing to artificial intelligence, virtual reality, and smart health systems—used across multiple countries. Reported benefits included reduced travel and costs, improved patient trust and decision making, enhanced continuity of care, and mitigation of language and cultural barriers. However, evidence remains largely descriptive and heterogeneous. The review maps an emerging evidence base and highlights the need for rigorous comparative studies to evaluate the specific effectiveness of different telehealth modalities on medical tourism outcomes.

Keywords: Medical Tourism; Telemedicine; Remote Consultation; Health Services Accessibility; Scoping Review

INTRODUCTION

Medical tourism is defined as traveling abroad to access higher-quality or more affordable non-emergency medical services (1, 2). Alongside this expansion, telehealth, the use of information and communication technologies for remote healthcare delivery, has introduced both opportunities and challenges for medical tourism stakeholders (3, 4). By enabling remote consultations, pre-travel assessments, and post-operative follow-ups, telehealth may reduce the need for physical travel, lower treatment-related costs, and help bridge language and cultural gaps between international patients and foreign providers (5-7). Preliminary evidence suggests that these technologies can accelerate service delivery, enhance continuity of care, and improve patient satisfaction, thereby potentially influencing the competitiveness of medical tourism destinations (7-9).

Although telehealth's potential in medical tourism is increasingly recognized, the evidence is fragmented across countries with varied healthcare systems. Individual studies have explored the topic in both emerging (Azerbaijan, India, Indonesia, Turkey) and established (China, UAE) medical tourism hubs, examining technologies ranging from simple videoconferencing to artificial intelligence and virtual reality (6, 7, 10, 11). Yet, no review has mapped the specific telehealth technologies and the types of outcomes studied (e.g., cost reduction, patient satisfaction, travel reduction) across this diverse landscape.

Objectives

The present study aimed to map the existing evidence on the role of telehealth in medical tourism through a scoping review.

METHODS

This scoping review was conducted in accordance with the Arksey and O'Malley (2005) framework, and reporting follows the PRISMA-ScR checklist (12).

Step 1: Identifying the Research Question

The research question of this study was: "What is the role of telehealth in the development of medical tourism?"

Step 2: Identification of relevant studies

The search for relevant articles was conducted in April 2025. The search was performed in the following databases: Scopus, Web of Science, LILACS, and PubMed. No date

restrictions were applied; the search covered all records from the database's inception through the search date. The keywords used included “Telemedicine”, “eHealth”, “mHealth”, “Telehealth”, “Teleconsultation”, “Medical Tourism”, and “Health Tourism”. In searching for relevant articles, search keywords, synonyms, and their combinations with the ‘OR’ and ‘AND’ operators were used. No language and time restrictions were applied, and search keywords were selected based on MeSH and related studies. An example of the search strategy in this article is as follows: TS= (telehealth OR eHealth OR mHealth OR telemedicine OR "virtual care" OR videoconferencing OR teleconsultation OR "remote consultation" OR "tele screening" OR "virtual consultations" OR "remote monitoring" OR "remote follow up")) AND TS= ("medical tourism" OR "health tourism" OR "care tourism"). Additional details on the search strategy for each database are provided in Supplementary Table S.1.

For this review, “telehealth” was defined broadly to encompass any use of information and communication technologies for remote healthcare delivery, including video consultations, remote patient monitoring, mobile health (mHealth), AI-driven diagnostic support, and VR/AR applications for patient education and surgical planning.

Step 3: Study selection

After searching the databases, retrieved articles were imported into EndNote software (version 17), and duplicates were removed. All articles were screened by two reviewers (Sh. Kh and F. V) based on title, abstract, and full text, and any disagreements were resolved through discussion and consensus. All studies, including quantitative, qualitative, and mixed-methods research, as well as review articles and conceptual papers, that discussed the role of telemedicine technology in medical tourism were included in the study. This inclusive approach was chosen to map the full range of published evidence, as recommended for scoping reviews. Exclusion criteria included articles that addressed medical tourism or telemedicine alone without examining their intersection. Book chapters, letters to the editor, and reports were excluded to focus on peer-reviewed literature, which provides a more standardized evidence base. Finally, the remaining articles were reviewed for relevance to the study, and a decision was made on their inclusion or exclusion.

Step 4: Data Extraction

The data extraction form was prepared based on the required data, including authors’ names, study year, country, research method, telehealth technology, and a summary of each study's results.

Step 5: Conclusion, synthesis, and reporting of results

The extracted data were synthesized narratively. First, a descriptive numerical summary of the included studies (e.g., year, country, design, technologies) was presented. This was followed by a thematic narrative synthesis of the main findings related to the role and impact of telehealth in medical tourism. Reporting followed the PRISMA-ScR checklist (12). Consistent with the scoping review methodology, a formal quality appraisal of the included studies was not performed, as the objective was to map the extent and nature of the evidence rather than to synthesize the quality of the findings.

Ethical Statement

This scoping review analyzed only publicly available, published literature and did not involve human participants or animals. This article has been reviewed and approved by Masih Daneshvari Tuberculosis and Pulmonary Diseases Educational, Research, and Treatment Center of Shahid Beheshti University of Medical Sciences, with the approval ID: IR.SBMU.NRITLD.REC.1404.059.

RESULTS

Of the 270 studies identified across five databases, 46 were excluded for duplication. After reviewing the titles of the remaining 224 articles, 197 articles were excluded, and the abstracts of the remaining 27 studies were reviewed. Then, 14 articles were excluded from this total, and the full texts of 13 articles were reviewed. Finally, 5 of the remaining 13 articles met the exclusion criteria and were excluded from the study, and 8 articles met the inclusion criteria and were included. The results and the screening process for the studies are presented in Figure 1.

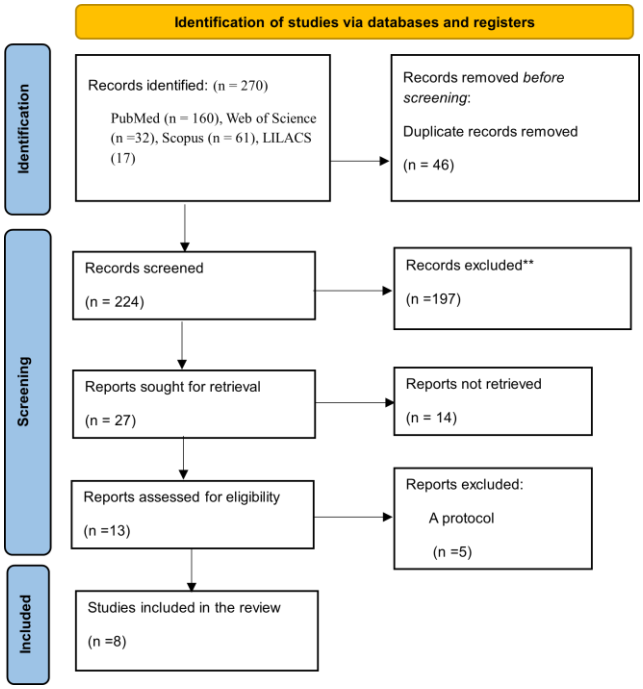

FIGURE I. SELECTING PAPERS ACCORDING TO THE PRISMA-SCR CHECKLIST (12)

Figure 2, an original figure created by the authors, shows that the eight included studies were published between 2015 and 2024 and originated from India (n=2) (7, 10), Turkey (n=2) (9, 13), China (n=1) (6), Azerbaijan (n=1) (14), Indonesia (n=1) (5), and the UAE (n=1) (11).

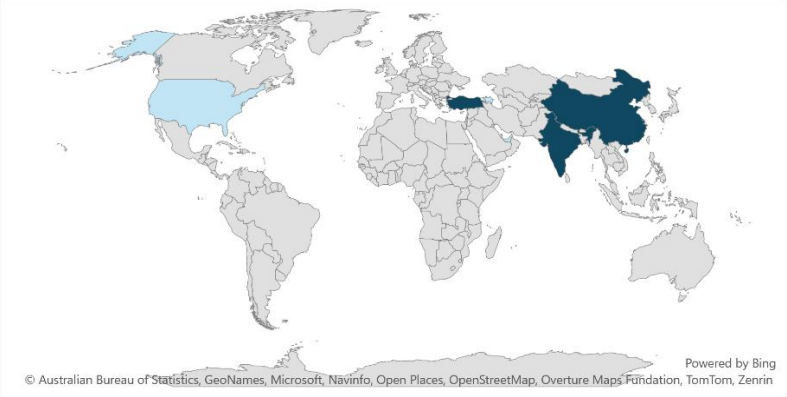

FIGURE II. GEOGRAPHICAL DISTRIBUTION OF STUDIES CONDUCTED (AN ORIGINAL FIGURE)

Synthesis of Findings

The included studies examined a diverse range of technologies, which can be grouped into three overlapping categories:

1. Basic technologies: early videoconferencing, telephone, and email for remote consultations and record transfer (11, 13).
2. Advanced technologies: e-hospital platforms, mobile health applications, and remote monitoring for chronic disease and post-operative care (10, 11).
3. Emerging intelligent technologies: artificial intelligence, virtual reality (VR), augmented reality (AR), the Internet of Medical Things (IoMT), and smart health systems (10).

This progression reflects a paradigm shift from basic communication tools to comprehensive, intelligent infrastructures designed to enhance the patient experience and strengthen competitiveness in the global medical tourism industry.

Aykın et al. (2023) identified the role of telehealth in medical tourism, ranging from the transmission of digital images and patient records for diagnostic consultations to remote monitoring of physiological data for chronic disease management, and interactive physical examinations of patients using medical video endoscopes and ultrasounds via high-quality videoconferencing links. Using a qualitative-analytical approach, this study showed that technological advances in these areas have not only reduced patients' travel costs and time but also increased service quality, patient trust, and competition among countries. Telehealth is also introduced as a key solution for rapid, continuous access to medical services (especially during crises such as the COVID-19 pandemic). In fact, the development of technological infrastructure and investment in telehealth can create a significant competitive advantage for countries in the global medical tourism market (9). Çabuk et al. (2023) concluded that telehealth-enabled pre-travel counseling and follow-up after the patient's return can serve as a facilitating tool, a reinforcement, and even a partial replacement for some aspects of medical tourism, but realizing this positive effect requires education and awareness among health professionals. Also, the use of telehealth helps patients receive better services and, as a result, increases their confidence in traveling to another country for medical treatment. (13)

Al-Khatib et al. (2023) identified the role of telehealth technology in medical tourism in reducing costs, increasing access to specialized knowledge, improving continuity of services for international patients, and expanding the market. They concluded that continuous support after treatment is necessary. Using this technology will reduce complications, shorten the length of care, and build a good reputation for the medical tourism destination. Telehealth reduces the need for frequent and expensive travel by providing remote consultations and follow-up care. This will encourage patients who have undergone medical tourism for such conditions to recommend this destination to others (11).

In a study by Dar et al. (2022), smart health systems and their role in the development of medical tourism were studied. With an analytical approach, the authors showed that the use of new technologies such as telehealth, the Internet of Medical Things (IoMT), big data, and artificial intelligence improves service quality, increases patient safety, optimizes information management, and builds trust among health tourists. The results emphasized that by providing digital platforms and online services, smart health care systems facilitate destination selection, treatment coordination, patient condition monitoring, and post-treatment follow-up, thereby reducing patients' travel time and costs. Hence, the development and implementation of smart health systems can create a sustainable competitive advantage for countries in the global medical tourism arena and play a key role in attracting international patients (10).

Gu et al. (2021) investigated the impact of telehealth on patient satisfaction and willingness to travel to Azerbaijan. They showed that the quality of telehealth communication increases satisfaction among medical tourists and their willingness to participate in medical travel. As a result, they can seek advice from their doctor more quickly than with traditional medical practices. Also, this research states that the perceived value and cost of telehealth services play an important role in medical tourists' decision-making for choosing tourism destinations (14).

Hong and Yang (2016) concluded that telehealth platforms in medical tourism not only help patients avoid the difficulties of identifying a destination and connecting with a suitable healthcare provider, but also that many hospitals are investing to make their services more visible and convenient for their clients from overseas. These technologies also minimize language and cultural barriers and improve service convenience, thereby increasing the number of patients seeking medical tourism (6).

Kothari (2015) confirmed that telehealth can improve quality, efficiency, and customer service in medical tourism roles by better coordinating care between providers in patients' homes and foreign countries, pre- and post-treatment care, and optimizing patient and family travel. In other words, developments in remote monitoring technology make post-operative home monitoring possible, potentially decrease the risk of hospitalization or reduce the length of hospital stays in the immediate postsurgical period, and improve the level of customer service provided to medical tourists (7).

Overall, the impacts of telehealth on medical tourism clustered around four themes:

- Cost and travel reduction: nearly all studies highlighted that telehealth decreased the need for physical travel, thereby lowering treatment and travel expenses for international patients (3, 9, 11).

- Patient trust and decision making: telehealth enabled consultations and virtual facility tours, and improved patients' confidence in choosing a destination and provider (7, 9, 13).
- Continuity and quality of care: post-treatment follow-up via remote monitoring reduced complications and hospital stay, while ensuring seamless coordination between home and destination providers (7, 9).
- Accessibility and inclusivity: technologies helped bridge language, cultural, and geographical barriers, potentially expanding the market reach of medical tourism destinations (6, 13).

Despite these benefits, several challenges were noted, including legal and regulatory uncertainties (6, 15), lack of standardized quality assessment across borders (6), ethical concerns (4), and inadequate technological infrastructure in some settings (4, 9). In Table 1, information from the articles is presented in summary form.

TABLE I. CHARACTERISTICS OF STUDIES FROM THE SYSTEMATIC SCOPING REVIEWS

No	*Author (year)*	*Country*	*Research method*	*Telehealth Technology*	*Summary of results (Impact on Medical Tourism)*
1	Çabuk, et al (2024) (13)	Turkey	Cross-sectional survey (348 healthcare professionals)	Telemedicine applications (telephone/video calling, e-hospital services)	• Most medical tourists supported telehealth, especially for pre-examination services. • Female staff showed greater willingness to use it for post-examination care. • Telehealth is perceived to reduce language, cultural, and geographical barriers.
2	Aykin et al (2023) (9)	Turkey	Qualitative review-	Telemedicine (including tele-radiology, tele-pathology, tele-psychiatry, tele-surgery, tele-electrocardiography, tele-dermatology, tele-home care), AI-integrated wearable devices, XR/Metaverse health services	AI and telemedicine reduce travel time and costs. • VR allows virtual tours of medical centers; AR aids surgical planning. • Enables remote diagnosis, monitoring, and post-surgery follow-up.
3	Al Khatib et al. (2023) (11)	UAE	Systematic review and Case study	videoconferencing, remote monitoring and mobile health applications, used to offer telemedicine services.	•Telemedicine reduces costs and improves continuity of care. • Positive experiences increase patient loyalty and recommendations. • Legal, sustainability, and cultural challenges remain.
4	Dora Candra (2023) (5)	Indonesia	Review study	Telemedicine, e-health, ICT-based health services	• Technology can integrate preventive health into medical tourism packages. • Enhances accessibility, continuity, trust, and global competitiveness. • Builds on existing medical tourism infrastructure and government support.
5	Dar et al (2022) (10)	India	qualitative review study	mobile health, telehealth, blockchain, cloud computing, the Internet of Medical Things (IoMT), virtual reality, and artificial intelligence contribute to improving	•Smart systems improve service quality for medical tourism, safety, and information management. • Facilitate destination selection and post-treatment follow-up. • Create a sustainable competitive advantage.

				the delivery and consumption	
6	Gu, et al (2021) (14)	China, Azerbaijan	Cross -sectional survey(quantitative)	Telehealth and telemedicine platforms	•Communication and information quality positively affect satisfaction and willingness to travel; •Enhances continuity of service for international patients. predicts medical travel intention. • Perceived value and cost mediate decision-making. User satisfaction rises with telehealth and telemedicine • Users decide if they are willing to pursue medical travel.
7	Hong and Yan (2016) (6)	China, USA	Conceptual paper, Case study	E-Hospital platform (teleconsultations, joint consultations)	•Telemedicine platforms reduce language/cultural barriers and save patients' effort. • Challenges: lack of cross-border quality standards, legal/ethical issues. • Hospitals invest in platforms to attract overseas medical tourists
8	Kothari & Peshwe (2015) (7)	India	Review article	Videoconferencing, remote monitoring, digital records	•Telemedicine can improve quality, efficiency, and customer service in medical tourism • Telemedicine improves pre- and postoperative care coordination. • Can reduce hospitalization length and complications. • Envisions growth of "virtual tourism" increasing industry revenue.

DISCUSSION

This scoping review mapped the emerging evidence on the role of telehealth in medical tourism, revealing a clear trajectory from basic communication tools toward integrated intelligent systems. The progression reflects a paradigm shift: earlier studies focused on data transfer and videoconferencing (7, 11, 13), while recent work incorporates AI, VR, and interconnected smart health platforms (9, 10). This aligns with broader trends in digital health and suggests that medical tourism destinations are beginning to leverage advanced telehealth to enhance their competitiveness.

The findings indicate that telehealth is now widely applied across the medical sector, encompassing video consultations for clinical and educational purposes, remote consultations (6), post-operative care (7), and even remote surgical procedures (6, 16). When integrated into the services offered by healthcare providers, these technologies enable medical tourists to access portions of their required medical care remotely (9). Consequently, the use of telehealth services can facilitate decision-making and enhance the confidence of health tourists when selecting a medical destination (14). This aligns with the findings of Medhaker, that telehealth technologies have simplified patients' ability to research and compare treatment options, costs, and healthcare facilities online, thereby promoting more informed and transparent decisions (15). Moreover, digital communication platforms enable seamless coordination among healthcare providers across countries, ensuring continuity of care for medical tourists, as confirmed by Bovsh et al. (2023) (16).

The results of this study indicate that countries engaged in health tourism have adopted diverse strategies for integrating telehealth into the development of this sector. In Turkey (9) and Indonesia (5), emphasis is placed on using these technologies to attract tourists and increase market share. Similarly, studies from China and the United States highlight the role of international platforms, such as E-Hospital (6), in facilitating patients' access to foreign medical services and overcoming language and cultural barriers (6, 13). Indeed, telehealth can function both as a mechanism for attracting foreign patients and as a means of reducing the outflow of domestic patients (6). Also, the use of online platforms and telehealth services enhances communication between patients and healthcare providers, streamlining processes related to consultation, treatment, and follow-up care (6). Telehealth technologies reduce healthcare costs (9, 15), increase access (11, 14, 17), improve the quality of care (9), and enhance continuity of services after treatment (9, 11, 16) for medical tourists.

In this regard, Shanza Khan et al. (2023) identified telehealth as an emerging technology in the health sector, emphasizing its potential to improve treatment outcomes, broaden access to up-to-date medical knowledge, and stimulate growth in medical tourism (18). Telehealth technologies facilitate pre-travel medical consultations (7), provide continuous communication to address patients' inquiries regarding travel and treatment and shorten the decision-making process for selecting treatment destinations by reducing the need for in-person visits (6, 7), and enable initial assessment (7, 9), exchange of medical records (6), and even post-treatment follow-up (7), without the need for re-travel.

These findings align with those reported by Anawade et al. (2024), Aykin et al (2023), and Haleem et al. (2022) (4, 9, 19) who demonstrated that in pandemic contexts or when in-person visits are financially burdensome, telehealth solutions—such as video conferencing and other virtual technologies, reduce the frequency of medical visits. Consequently, telehealth saves time for both patients and providers, lowers treatment and out-of-pocket expenses, and facilitates the monitoring and management of patients' recovery after discharge (19).

Studies have indicated that integrating telehealth with medical tourism can help overcome language barriers and provide a more comprehensive, seamless experience for international patients. However, several challenges have also been identified, including legal constraints (6), lack of standardization (6, 20), quality of service (20), ethical issues (5), and inadequate infrastructure (5). This highlights an urgent need for policymaking (5), standardization, and human resource training (14) in this area. Overall, the adoption of telehealth within the medical tourism industry has been shown to strengthen foreign patients' trust (8), improve users' experience (5), and reduce costs and time (9, 11). All these factors ultimately increase the attractiveness of a host country as a preferred medical destination (11).

On the other hand, despite the widespread acceptance of the use of telehealth technology and the extensive benefits it brings to patients and health systems, some researchers believe that with the development of telemedicine, the level of patients' dependence on medical tourism will decrease and consequently, lower associated income for the tourist destination country will happen (21). By enabling patients to access services such as consultations, treatment follow-ups, and certain diagnostic procedures remotely, the need for physical travel is reduced, potentially diminishing the incentive to visit healthcare

destinations in person (21). Nonetheless, it is important to recognize that telemedicine is not a replacement for primary treatment but rather serves as a complementary tool to strengthen the overall care system (7). Studies further have indicated that the use of this technology reduces anxiety and increases satisfaction among health tourists (5, 14).

Cultural and language barriers were frequently cited as obstacles that telehealth could mitigate (6,13). However, the effectiveness of telehealth in bridging these gaps likely depends on the availability of multilingual platforms and culturally competent providers, both of which have been rarely examined.

Limitations of the Review

Several limitations must be considered when interpreting the findings. First, the evidence base is 8 studies and methodologically heterogeneous, comprising both original research and review articles. Second, the predominance of descriptive and conceptual papers means that reported outcomes are often based on expert opinion rather than empirical measurement; the true effect of telehealth on medical tourism metrics (e.g., patient volume, revenue) remains unknown. Third, although no language restrictions were applied, the search was conducted using English terms, and all included studies were in English, which may have resulted in the omission of relevant literature in other languages.

Implications for Policy, Practice, and Future Research

Despite its limitations, this review offers several actionable insights. For policymakers in medical tourism destinations, investing in telehealth infrastructure, particularly interoperable platforms that enable remote consultations, follow-up, and secure data exchange, appears to be a strategic priority for attracting and retaining international patients. Healthcare organizations can leverage the findings to design patient-centered telehealth services that address the full care continuum, from pre-travel education to post-discharge monitoring, while being mindful of cultural and linguistic needs. For researchers, the review clearly identifies the following gaps. There is an urgent need for primary empirical studies that (a) compare the effectiveness of specific telehealth on patient outcomes, (b) measure the economic impact of telehealth on medical tourism flows and destination revenue, and (c) explore the patient perspective through longitudinal, qualitative designs in diverse cultural settings.

CONCLUSION

This scoping review provided a comprehensive map of the current evidence on telehealth's role in medical tourism, highlighting its potential to reduce travel and costs, enhance patient trust, and improve continuity of care. However, the evidence is largely descriptive and fragmented across a small number of countries. The integration of emerging technologies such as AI, VR, and smart health systems into medical tourism services is still in its infancy. Policymakers and healthcare organizations can use these findings to guide strategic investment in telehealth. Still, they must do so cautiously, as robust empirical data on comparative effectiveness and economic return are lacking. Future research should prioritize rigorous evaluation designs to move the field from evidence of concept to evidence of impact.

Declaration of the Use of Artificial Intelligence Tools

The authors declare that no artificial intelligence (AI) or AI-assisted technologies were used in the writing, data analysis, or preparation of this manuscript.

Contributorship Statement

FV and SK conceived the article and developed the outline. SK drafted the manuscript; LF and FV contributed to its revision.

All authors reviewed, commented on, and approved the final manuscript, as well as taking responsibility for its content.

Funding Statement

This research did not receive any specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Declaration Of Conflicting Interests

The authors declare no conflicts of interest regarding the research, authorship, and publication of this article.

Data Availability Statements

All included studies are publicly available through their original publications. No new primary data were generated.

REFERENCES

1. Pessot E, Spoladore D, Zangiacomi A, Sacco M. Natural resources in health tourism: a systematic literature review. Sustainability. 2021;13(5):2661. DOI: https://doi.org/10.3390/su13052661
2. Crooks VA, Kingsbury P, Snyder J, Johnston R. What is known about the patient's experience of medical tourism? A scoping review. BMC Health Services Research. 2010;10(1):266. DOI: https://doi.org/10.1186/1472-6963-10-266
3. Ryu SHoTE, Context, and Transformation." Healthcare Informatics Research vol. 16,1 (2010): 65–66. DOI: https://doi.org/10.4258/hir.2010.16.1.65
4. Anawade PA, Sharma D, Gahane S, Anawade Sr PA, Sharma DS. A comprehensive review on exploring the impact of telemedicine on healthcare accessibility. Cureus. 2024;16(3). DOI: https://doi.org/10.7759/cureus.55996
5. Dewi RDC. The development of medical tourism with preventive technology: Medical wellness. Consilium Sanitatis: Journal of Health Science and Policy. 2023;1(3):137-46. DOI: https://doi.org/10.56855/jhsp.v1i3.414
6. Hong YA. Medical tourism and telemedicine: A new frontier of an old business. Journal of Medical Internet Research. 2016;18(5). DOI: https://doi.org/10.2196/jmir.5432
7. Peshwe A, Kothari P. Telemedicine: part of virtual medical tourism. 2015. Available from: https://www.cabidigitallibrary.org/doi/full/10.5555/20153336863
8. Ezeamii VC, Okobi OE, Wambai-Sani H, Perera GS, Zaynieva S, Okonkwo CC, et al. Revolutionizing healthcare: how telemedicine is improving patient outcomes and expanding access to care. Cureus. 2024;16(7). DOI: https://doi.org/10.7759/cureus.63881
9. Aykın Ö, Uluhan F, Gümüş İ, Çabuk Ş, Bozbayır U, Duran V, et al. Artificial intelligence and telemedicine applications in health tourism marketing. Eurasian Journal of Health Technology Assessment. 2023;7(2):134-49. DOI: https://doi.org/10.52148/ehta.1396111
10. Dar H, Kashyap K. Smart Healthcare System (SHS): Medical Tourism Delivering, Consumption, and Elevating Tool in the Ages of Smart Technologies. Tourism Planning and Development. 2023;20(3):397-415. DOI: https://doi.org/10.1080/21568316.2022.2109206

11. Al Khatib I, Ndiaye M, Ahmed N, editors. Medical Tourism: the use of telemedicine for international patient continuity of care–a review. 2023 IEEE International Conference on Technology and Entrepreneurship (ICTE); 2023: IEEE. DOI: https://doi.org/10.1109/ICTE58739.2023.10488635
12. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Annals of internal medicine. 2018;169(7):467-73. DOI: https://doi.org/10.7326/M18-0850
13. Çabuk Ş, Avcı HH, Avcı S. Evaluation of telemedicine and health tourism awareness of healthcare professionals. Archives of Current Medical Research. 2024;5(2):75-83. Available from: https://dergipark.org.tr/en/download/article-file/3643916
14. Gu D, Humbatova G, Xie Y, Yang X, Zolotarev O, Zhang G. Different roles of telehealth and telemedicine on medical tourism: An empirical study from Azerbaijan. Healthcare (Switzerland). 2021;9(8). DOI: https://doi.org/10.3390/healthcare9081073
15. Medhekar A. Digital health innovation enhancing patient experience in medical travel. Opportunities and challenges in digital healthcare innovation: IGI Global; 2020. p. 13-35. Available from: https://acquire.cqu.edu.au/articles/chapter/Digital_health_innovation_enhancing_patient_experience_in_medical_travel/16564335
16. Bovsh LA, Hopkalo LM, Rasulova AM. Digital relationship marketing strategies of medical tourism entities. Integrating digital health strategies for effective administration: IGI Global; 2023. p. 133-50. Available from: https://books.google.com/books?hl=en&lr=&id=5SzCEAAAQBAJ&oi=fnd&pg=PA133&ots=tev-TYAXJk&sig=5e9lCttglTkrL16n_97jnisYx6Q#v=onepage&q&f=false
17. Horn BP, Barragan GN, Fore C, Bonham CA. A cost comparison of travel models and behavioral telemedicine for rural, Native American populations in New Mexico. Journal of Telemedicine and Telecare. 2016;22(1):47-55. DOI: https://doi.org/10.1177/1357633X15587171
18. Khan S, Khan MZ, Saeed R, Ahmed J, Naveed AK, Shah HH. Age of robotic surgery and telemedicine: is Pakistan lagging behind? Annals of Biomedical Engineering. 2024;52(6):1537-41. DOI: https://doi.org/10.1007/s10439-023-03337-4
19. Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. Sensors International. 2021;2:100117. DOI: https://doi.org/10.1016/j.sintl.2021
20. McLean TR, McLean PB. Is a black market in telemedicine on the horizon? The International Journal of Medical Robotics and Computer Assisted Surgery. 2007;3(4):291-6. DOI: https://doi.org/10.1002/rcs.167
21. Turner L. Transnational medical travel: ethical dimensions of global healthcare. Cambridge Quarterly of Healthcare Ethics. 2013;22(2):170-80. DOI: https://doi.org/10.1017/S0963180112000540

SUPPLEMENTARY MATERIAL

TABLE S.II. DATABASE SEARCH RESULTS

Database	*Search strategy*	*Number*
PubMed	(("telehealth"[Title/Abstract] OR "ehealth"[Title/Abstract] OR "mhealth"[Title/Abstract] OR "telemedicine"[Title/Abstract] OR "virtual care"[Title/Abstract] OR "videoconferencing"[Title/Abstract] OR "teleconsultation"[Title/Abstract] OR "remote consultation"[Title/Abstract] OR "telescreening"[Title/Abstract] OR "virtual consultations"[Title/Abstract] OR "remote monitoring"[Title/Abstract] OR "remote follow up"[Title/Abstract]) AND "medical tourism"[Title/Abstract]) OR "health tourism"[Title/Abstract] OR "care tourism"[Title/Abstract]	*160*
Web of Science	TS=(telehealth OR ehealth OR mhealth OR telemedicine OR "virtual care" OR videoconferencing OR teleconsultation OR "remote consultation" OR telescreening OR "virtual consultations" OR "remote monitoring" OR "remote follow up")) AND TS=("medical tourism" OR "health tourism" OR "care tourism")	*32*
Scopus	(TITLE-ABS-KEY ("telehealth" OR "ehealth" OR "mhealth" OR "telemedicine" OR "virtual care" OR "videoconferencing" OR "teleconsultation" OR "remote consultation" OR "telescreening" OR "virtual consultations" OR "remote monitoring" OR "remote follow up") AND TITLE-ABS-KEY("medical tourism" OR "health tourism" OR "care tourism"))	*69*
LILACS	Telemedicine And Health Tourism OR Medical Tourism	*17*
Google Scholar	"Medical Tourism" or" health tourism" and "Telehealth" OR "telemedicine"	*872*