



# **Convention on Health Analysis and Management**

## **CHAM 2015**

### **Regional Connections: From Homes to Hospitals**

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#### **1. France is a telemedicine pioneer but needs to develop it further**

It is now 20 years that France has been using telemedicine solutions. Their development has, however, met financial, invoicing, and visibility obstacles. France is renowned for experimentation but is sometimes lacking when it comes to rolling out a solution for general use.

#### **2. Breaking free of isolation and achieving savings: the dual advantage of telemedicine**

As well as combatting regional isolation, telemedicine is also a major source of savings. We must not forget that social security patients are taxis' main customers! It is therefore a matter of urgency that telemedicine is accurately costed and promoted.

#### **3. Prevention and avoidable hospitalisation**

The main challenge of connected things in the health field is the daily monitoring of patients with chronic diseases (respiratory failure, diabetes, etc.). Indicators collected on a daily basis could trigger alerts and change patient treatments, to prevent them from ending up in hospital or A&E. In other words, this means reinforcing prevention in crisis situations and restricting hospitalisation to the cases that really need it.

#### **4. The role of the primary care physician in telemedicine and in optimizing the use of the overall care system**

Having access to a specialist via a telemedicine system could relieve the primary care physicians of part of their role. However, doctors seem willing to see this type of change in their practice. The main obstacle is actually technological. In practical terms, primary care physicians are not generally equipped for telemedicine. Doctors must be supported in this move, which would allow isolated regions to boost the effective medical time they can devote to their residents. It is therefore essential to base our thinking on how the overall care system is used and how to improve it.