

Alcimed

Press Release

Telemedicine in France

Between fantasies, hope and reality

Lyon, March 1, 2018 - In a dynamic environment surrounding telemedicine in France, Alcimed, a consulting company specialized in innovation and new businesses, takes a look at this ecosystem and its projected future.

What is telemedicine?

The Ministry of Solidarity and Health defines telemedicine as "a form of remote medical practice that uses information and communication technologies"¹. The concept as such is not innovative and may date back to the 19th century, the 1970s, the mid-1990s or the 2010's, depending on the technology considered.

What sets the newest technology apart from its predecessors, such as radiotelegraphy (also called wireless telegraphy) from the 1940s are three important points:

1. The increasing desire of healthcare officials to integrate telemedicine into the care pathway, making it possible to bridge the hospital-community gap
2. An increased level of maturity of new information and communication technologies (NICTs) offering new functionalities both in terms of communication vectors (online chat, videoconferencing, etc.) and data sharing (first visual diagnosis based on images or videos, digital prescriptions, etc.)
3. The current healthcare landscape: the expansion of medical deserts for which telemedicine can be a governmental solution

Telemedicine is on the move in France

Telemedicine in 2018:

- Consultations in the context of Long-Term Care (LTC)
- Available in areas where access to care is limited
- Maximum cost equal to that of a physical consultation (i.e. €25 for a general practitioner)

Telemedicine is recognized by French law since 2009 and until recently it was greatly developed and used through experimental pilot programs, particularly on a regional level. As stated by Clémence Mainpin, project manager at the Directorate-General for Caregiving (DGOS), in November 2017, "91% of medical projects of territorial hospital groups (GHT) include a telemedicine component"¹. **Since the 1st of January 2018, telemedicine has moved away from the experimental context and has become, at least in specific contexts (see box), regulated and above all financed.** As part of this scheme, Agnès Buzyn, the Minister of Solidarity and Health, plans to carry out approximately 500,000 teleconsultations in 2019 and even 1.5 million in 2021.

¹ <http://solidarites-sante.gouv.fr/soins-et-maladies/prises-en-charge-specialisees/telemedecine/article/la-telemedecine>

Nevertheless, private actors did not wait until 2018 to develop their telemedicine services. More and more offers are becoming available and cover a range of services for both patients and healthcare professionals; from online appointment scheduling, agenda management, teleconsulting through e-prescription services to the e-delivery of medications. *"Companies such as MédecinDirect, Doctolib and MesDocteurs, were created well before 2018 and had developed their business models nearly 10 years earlier, working towards improving the supply of care in problematic medical demographics,"* says Benjamin D'HONT, an e-health explorer at ALCIMED.

The mentioned business models are based on the involvement of different stakeholders who cover the costs of care together. As such, telemedicine is divided into two sectors: a Business to Patient (B2P) sector, with insurance providers playing a very strong role, and Business to Business (B2B) in which services are offered to companies as a benefit for their employees. The B2B component answers the needs of a segment of the population that is not routinely covered by current telemedicine initiatives (see box): teleconsultations for those without long-term care needs who require or request immediate medical advice for themselves or for example for their children, at a time when conventional care is unavailable.

The organization of telemedicine healthcare provision is undergoing a first major change through the diversification of access channels and health care providers with actors such as Axa and the VYV Group (providing health insurance products and services through its subsidiaries) entering the field, causing some doctors to react vehemently. Among their arguments, they highlight the differences in the frameworks in place governing the actions of medical professionals and private actors. While the practice of telemedicine for the former is regulated, restricted and complex, the latter face (according to doctors) much less stringent pricing and organizational requirements.

Entry barriers and outlooks on the medium-term

The development of telemedicine as a routine practice is still in its infancy. In France, an often highlighted barrier is the complex process of implementing reforms in the healthcare system. However, issues arise not only in France, as a US study published in January 2018 in the *Journal of Telemedicine and Telecare*² showed that many barriers for the development of telemedicine services are recurrent internationally.

These barriers include **organizational** aspects (cost and reimbursement, legal liability, privacy protection, data security), **human** aspects (particularly patients' willingness to use the services) and **technical** aspects (qualification of medical personnel, interoperability of systems, etc.). *"Another essential barrier to overcome, in my opinion, is the current lack of a digital infrastructure throughout the country that would support telemedicine and ensure that even in ultra-rural areas, a videoconference with a specialist would be possible."* adds Benjamin D'HONT.

As is the case with many digital developments, appropriate training and education will be key in facilitating the adoption of telemedicine in the country. Guidance for the two key stakeholders involved in teleconsultation should be provided. Physicians should be supported, encouraged and trained, while patients should be informed about the availability of teleconsultation in their care pathway. **This will definitely take time, but evolutions in the regulatory and social framework allow us to imagine 2018 as "The first year of the expansion of telemedicine in France" as the DSIH rightly calls it.**³

Commentaire [BL1]: Isn't this press release outdated then?

² <https://www.ncbi.nlm.nih.gov/pubmed/29320966#>

³ <http://www.dsih.fr/article/2804/2018-l-an-1-de-l-expansion-de-la-telemedecine-en-france.html>

ABOUT ALCIMED - www.alcimed.com

Founded in 1993, Alcimed is an Innovation and New Business Consulting firm specialized in sectors driven by innovation: life sciences (food, biotech, healthcare), energy, environment, aeronautics, chemicals, cosmetics, materials, building, transportation, space and defense. Our purpose is to help both private and public decision-makers exploring and developing uncharted territories, dealing with new technologies, new offers, new geographies, possible futures, and new ways to innovate. Alcimed's clients are: industrial leaders, start-ups, SMEs, major companies, private equity players and public institutions. Alcimed's team is made up of 200 highly-skilled, multicultural, passionate individuals with a double culture in science/technology and business. The company, headquartered in Paris, accounts 8 offices in 6 countries: Belgium, France, Germany, Singapore, Switzerland and USA. Alcimed is a member of CroissancePlus and the ACI (Association des Conseils en Innovation).

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