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EDITORIAL

Evidence-based telemedicine, selected and evaluated by patients in a connected e-health world

Télémedecine factuelle, choisie et évaluée par les patients dans un monde connecté de e-santé

KEYWORDS

Telemedicine;
Connected patient;
Hospital consortia;
Medical device

MOTS CLÉS

Télémedecine ;
Patient connecté ;
Groupement
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The French Society of Telemedicine (SFT-Antel) celebrates the 10th anniversary of its founding in 2016. Its goal is to spread awareness of new medical practices and organisations enabled by information and communication technologies. In a world in the midst of a technological upheaval, it is necessary for patients not to pay the price of unreliable or short-lived innovations. The SFT-Antel's main mission for the past 10 years has been to ensure that clinical telemedicine practices and the use of connected devices provide a real medical service to patients. It is directly involved in the deployment of the French national telemedicine programme, called for by the French public authorities in June 2011. The themes of its recent congresses were chosen to complement this primary national programme developed and adapted by each French Regional Health Agency.

The theme of the 2015 congress, ‘‘Telemedicine: an asset for hospital consortia (HC)’’, revisited telemedicine practices (as defined by the telemedicine decree of 19 October 2010) with the aim of improving the integrated care pathway of people suffering from illness within a given healthcare district and between the different institutions of a HC.¹ Telemedicine can contribute to achieving the efficiency of ‘the right care at the right place and at the right cost’. It has often been said that, for a telemedicine project to succeed, you first need to write a collective medical project on what is needed to improve access to care, on new practices and on new professional organisations set up to achieve success. Digital tools are only the means for making this project operational [1]. The same applies to HC who are required to write a medical project for the district, ratified by all health stakeholders (professionals and institutions), where clinical telemedicine, with teleconsultations and tele-expertise exchanges between institutions, contributes to the success of the medical project. The 2015 congress was rated highly by many participants. It asked the right questions, especially those regarding the liability of institutions organising telemedicine and those regarding the financial incentives given to public healthcare institutions to get involved in the practice without fear of seeing their activity diminish. It was an innovative congress as it had for the first time a dedicated session to the use of telemedicine in the development of outpatient surgery [2]. The French national agency for supporting performance organised and chaired the session.

¹ Hospital consortia are the result of new health legislation in France, which groups together different health institutions within a specified healthcare district under a consortium. Their purpose is to provide patients with a shared medical project and an integrated care pathway across all institutions.

In 2016, we are still practising telemedicine with a mixture of enthusiasm, hesitation and uncertainty (mainly financial), among both healthcare professionals and institutions, public authorities and digital manufacturers. By co-building projects with healthcare professionals, digital manufacturers will find the enduring economic model that they are hoping for. The commercial success of industrial projects, both for connected devices and for mobile applications, involves this partnership [3].

New clinical telemedicine practices must be welcomed by patients. The medical service provided is the main performance indicator of the established organisations. Connected health tools enable each patient to be involved in assessing this modern medical practice, which is both more participatory and personalised. Medicine in the digital era must be based on the evidence of a medical service provided to patients, especially when it relies on connected health and telemedicine. It is the 5P medicine: personalised, participatory, predictive, preventive, and proven [4]. The “connected” patient not only becomes an actor in their own health, but also a shrewd assessor of the remote care they receive after having given their consent. The assessment of telemedicine should take into account the choice of patients and not only the cost-effectiveness for the care provider [5].

It falls to the SFT-Antel to help healthcare professionals, whether medical or non-medical, to judiciously use telemedicine in their professional practice. It is not about an exclusive use of telemedicine, which would involve a complete substitution of conventional face-to-face medicine and a modification of the humanity of this profession. It is about developing a form of telemedicine that primarily improves access to care and that structures new care pathways for patients suffering from chronic diseases associated with ageing.

Let us start 2016 with the correct definitions of the vocabulary used in the field of digital health. Thus, connected health with the use of connected health devices for the ‘quantified self’ could also take its place in the practice of telemedicine. 2016 could see the recognition of a category of connected devices used in medicine without the need to label them as “medical devices”. The representatives of learned societies and of health authorities agree on the necessity of adapting the regulation of these connected devices to the characteristics of the market, which is experiencing rapid innovation. Thus, the French National Authority for Health is developing a frame of reference aimed at assessors within learned societies, consumer protection organisations, as well as within manufacturers and private companies. With the help of this handbook, users will be able to get clear, honest and complete information; healthcare professionals will be able to identify risks and to develop a state of vigilance in relation to connected health devices; manufacturers will be able to get the keys to improve the quality of the marketed products.

Our journal *European Research in Telemedicine*, now in its fourth year, will maintain awareness of these innovations and will facilitate their assessment, both of their performance and of their limitations. This is also the evidence-based clinical telemedicine that the SFT-Antel wishes to popularise!

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Disclosure of interest

The authors declare that they have no competing interest.

Appendix A. Supplementary data

The French version of this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.eurtel.2016.01.002>.

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