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Conference Abstract

Deploying and assessing telemedicine in the Paris region: progress report

Isabelle Durand-Zaleski, AP-HP, URCEco Paris, France

Kevin Zarca, AP-HP, URCEco Paris, France

Nathanael Charrier, AP-HP, URCEco Paris, France

Laurent Treluyer, ARS Ile de France Paris, France

Christine Calinaud, ARS Ile de France Paris, France

Correspondence to: **Isabelle Durand-Zaleski**, AP-HP, URCEco Paris, France, E-mail: isabelle.durand-zaleski@sap.aphp.fr

Abstract

Background: ARS IDF is the Regional Health Agency of Ile-de-France, the single authority in charge of healthcare policy in the capital region of FRANCE and covers a population of 12 millions with a healthcare budget of 30 billion€. The region has 419 hospitals and 2,000 long term and social care institutions with 190,000 healthcare professionals. The missions of ARS cover prevention, healthcare delivery, and social care. A 5-year plan was established to foster the development of telemedicine in 5 major directions: managing chronic illness, ensuring continuity of care for patient in nursing homes and long term care institutions, improving stroke management, ensuring access to care for inmates and ensuring 24h access to imaging specialists. The objectives of the ARS IDF were 1) to select telemedicine projects that fit the national requirements and the specific health problems of the region and 2) to design for each project an evaluation protocol. We report here on the protocols.

Material and Methods: A call for telemedicine projects was launched in early 2012 and selected 12 pilot projects in addition to 2 projects already funded. Thus, a total of 14 telemedicine pilots, addressing the need of: elderly patients in nursing homes or rehabilitation facilities, inmates with skin diseases, premature or acutely ill newborns requiring specialized neurological or eye advice, patients suffering from psychiatric disorders or end-stage renal failure are currently being deployed, with a total budget of 10M€

The evaluation protocols were designed based on the current templates available, MAST and the King's Fund Telehealth study (2012). The trial designs and choice of endpoints were adapted to fit the requirements of each telemedicine project. The stakeholders were involved at the onset of the evaluation projects to discuss trial design and data availability. Specific constraints included the limitations imposed by the National Commission for Data Protection and the absence of record linkage between acute and social care institutions.

Results: In most cases, neither individual nor cluster randomization was acceptable by stakeholders and we used alternative controlled designs such as stepped wedge or controlled before after. The stepped wedge design appeared well suited to the progressive extension of telemedicine over groups of nursing homes or maternity wards. The endpoints chosen were:

- 1- service utilization and cost in all projects,
- 2- clinical effectiveness for teleconsultations in neonatal intensive care units, rehabilitation facilities and in prisons
- 3- social care outcomes for teleconsultations in long term care facilities and psychiatric wards
- 4- carer experience for teleradiology in newborns with suspected brain damage

The plan is to include a total of 4,000 patients over a 2-year period. Based on the results, ARS IDF may propose a widespread adoption in the entire region. Evidence required for telemedicine is beyond clinical benefits and cost-effectiveness. Preliminary work on protocols has shown the need for strong governance, staff training and system redesign including task shifting and cutting across boundaries and financial incentives.

Keywords:

telemedicine, France, chronic conditions, elderly, protocol

Presentation available at: <http://www.kingsfund.org.uk/events/third-annual-international-congress-telehealth-and-telecare>