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HEALTH ECONOMICS

# Organization of the Swiss model of primary care telemedicine: Is adoption by the French health system possible?

## *Organisation du modèle suisse de télémédecine des soins primaires : un transfert en France est-il possible ?*

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**Summary** Primary care (PC) telemedicine is hardly developed in France, contrary to Switzerland where specific policies of health insurance including this service were developed. Policyholders have to undergo a teleconsultation prior to physical encounters with health professionals (gatekeeping) in return for discounts on their insurance premiums. This article describes the Swiss model by analysing the determinants of its large presence and reports the hurdles to a transfer to France. The legal obligation for Swiss insurers to provide a minimal basket of care to their policyholders associated with flexibility allowed in the modalities of the delivery of care favoured this organizational innovation. At the same time, the financial burden of the health insurance premiums turned Swiss people away from the traditional model with total freedom of choice of the practitioner, in return for less freedom and lower premiums granted by gatekeeping models. In the telemedicine one, teleconsultation of first resort is mainly provided by the leading call centre platforms Medgate and Medi24. Several studies assessed the quality, the safety and the efficiency of this model. PC telemedicine found its place in the liberal Swiss health system, which remains expensive and unfair. Because of a socialized system, the generalisation of PC teleconsultation in France is possible if private insurers who launched this service, independent physicians and the French primary health insurance fund cooperate to preserve the solidarity between healthy and sick people. Faced with the concerns of healthcare professionals about the management of PC by private partners, a citizen debate seems timely.
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**Résumé** La télémédecine de premier recours est peu développée en France, à l'opposé de la Suisse où des contrats d'assurance santé spécifiques intègrent ce service. En échange de primes d'assurance moins coûteuses, les usagers s'engagent à téléconsulter en premier recours (système de « gatekeeping »). Cet article décrit le modèle suisse, analyse les facteurs ayant favorisé son développement et reporte les points d'achoppement à un transfert au système de soins français. Il en ressort que cette innovation organisationnelle a été favorisée par l'obligation légale pour les assureurs suisses de couvrir un panier minimal de soins à leurs assurés, tout en disposant d'une liberté de modalité de délivrance des soins. Parallèlement, le poids des primes d'assurance a détourné les Suisses du modèle traditionnel avec libre choix du praticien de premier recours pour des modèles alternatifs à choix limité et moins coûteux. Dans le modèle télémédecine, le premier recours est principalement assuré par les plateformes d'appels Medgate ou Medi24. Plusieurs études ont évalué la qualité, la sécurité et l'efficience de ce modèle. Ainsi, la télémédecine de premier recours s'est intégrée au système de santé libéral suisse, système qui demeure cher et peu équitable. En raison d'un système socialisé, l'implémentation de ce modèle en France est possible si les assureurs privés développant cette offre, les médecins libéraux et la caisse nationale d'assurance maladie coopèrent afin de maintenir la solidarité entre personnes bien portantes et malades. Face aux inquiétudes des professionnels de santé quant à la gestion des soins primaires par des partenaires privés, un débat citoyen semble opportun.
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## Introduction

Telemedicine is hardly developed in France in the field of primary care (PC). No programme is proposed to the population as a whole and reimbursed by the French primary health insurance fund. One private insurer recently announced the launch of PC teleconsultations and raised the debate concerning its legitimacy in the regulation of PC. In Switzerland, PC telemedicine has been implemented for 10 years and is now largely adopted. The main objective of this work was to report the Swiss model of PC telemedicine and to identify the determinants allowing its large presence. The secondary objectives were to review its scientific validation and to report the hurdles to a transfer of this model to the French health system.

## Specific place of PC telemedicine in the liberal Swiss health system

PC telemedicine constitutes an ''alternative model'' of health insurance proposed by most health insurance funds. In the standard model, there is freedom of choice of the PC practitioner and of specialist outpatient care. However, limitation of this freedom can be proposed against discounts on the premiums if the policyholder adheres to a network of integrated care. In the telemedicine model, the policyholder commits to contacting a call centre platform before consulting a doctor in a practice in case of a healthcare issue. Thus, the teledoctor plays a gatekeeper role in the referral of the patient to specialized care.

The liberal model of financing and organization of the Swiss health system, which is based on managed competition, contributed largely to the development of PC telemedicine. Managed competition tries to reconcile the virtues of competition between several health insurers with mechanisms of solidarity. Indeed, in a pure health insurance market without any regulation, the ''bad risks''—the sick and expensive people—would be ousted from the market quickly. The Swiss federal health insurance act, LaMal (Loi sur l'assurance maladie Suisse) establishes this compromise through several mechanisms (Box 1) [1].

## Alternative models and PC telemedicine

The promise of these alternative models was to optimize the care pathway of patients by ensuring encounters within the healthcare system were medically justified. Three alternative models dominate the marketplace in Switzerland:

- Health Maintenance Organization (HMO): the doctors are gathered in a practice and authorized by the insurer. The policyholder commits to consulting them in the first instance;
- family doctor: the policyholder commits to first consulting an independent general practitioner (GP);
- telemedicine: the policyholder commits to first contacting a call centre platform.

In practice, many policies with more or less constraints were developed. An overview of the financing of LaMal with the place of telemedicine is reported in Fig. 1.

The second objective was to contain the insurance premiums levels by making policyholders sensitive to the differences in price between insurers, thus more mobile. These models should have strengthened the competition in favour of the policyholders. Actually, they remain faithful and do not change insurers even if premiums increase [2].

No detailed mention of alternative models is made in LaMal, while PC telemedicine has been practiced for more

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