



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



STATE OF THE ART

The place of personalised medical e-consultancy in the practice of telemedicine[☆]



La place du téléconseil médical personnalisé dans les pratiques de télémedecine

P. Simon

French Society of Telemedicine (SFT-Antel), 5, rue Jules-Jouy, 75018 Paris, France

Received 29 July 2015; accepted 30 July 2015
Available online 29 August 2015

KEYWORDS

Personalised medical e-consultancy;
Telemedicine;
Teleconsultation;
Medical emergency

Summary

Context. – Personalised medical e-consultancy (PMC) is a remote medical practice. For 15 years, it has been growing in some developed countries. PMC provides a response suited to the increasingly significant demand from our consumer society, which has become a society of immediacy and urgency. PMC is a difficult and risky practice for physicians. It requires a great deal of experience of medical practice. The organisers of PMC platforms and doctors who work there must respect current legislation and regulations.

Methods. – This state of the art is based on a review of medical literature published between 1st January 1995 and 31st December 2014 and referenced in Medline.

Results. – The author gives a definition of PMC compared to other healthcare information methods. It is worth reminding that the PMC is a recent medical practice which falls under the code of medical ethics and which requires an obligation of means. Based on a comparative analysis of a few European models (SAMU-Centre 15, NHS Direct and Medgate), the author draws the outlines of this medical practice in France. He specifies the limitations of PMC in comparison with a face-to-face consultation or teleconsultation. The benefits of PMC for the population are described, as well as its potential medical and economic impact in reducing the consumption of healthcare goods, especially on visits to hospital emergency services. The potential risks are analysed in terms of current regulations, especially those governing the practice of telemedicine which includes PMC.

[☆] This article is also available in French as a supplementary file.
E-mail address: pierre.simon22@gmail.com

MOTS CLÉS

Téléconseil médical
personnalisé ;
Télémédecine ;
Téléconsultation ;
Urgence médicale

Conclusion. — This state of the art shows that PMC is part of telemedicine and responds to a societal demand, which must be taken into account by health authorities. However, its limitations and risks argue in favour of its integration into a care pathway in which a standard consultation and a teleconsultation, as defined by the telemedicine decree, keep their specificity.

© 2015 Published by Elsevier Masson SAS.

Résumé

Contexte. — Le téléconseil médical personnalisé (TMP) est une pratique médicale à distance qui existe depuis une quinzaine d'années dans certains pays développés. Le TMP apporte une réponse adaptée à une demande de plus en plus importante de la société de consommation, devenue une société de l'immédiateté et de l'urgence. La pratique du TMP est difficile et risquée pour les médecins. Elle nécessite une bonne expérience de la pratique médicale. Les organisateurs des plateformes de TMP et les médecins qui en sont les acteurs doivent respecter la législation et la réglementation en vigueur.

Méthodes. — Cette mise au point repose sur une revue de la littérature scientifique médicale publiée entre le 1^{er} janvier 1995 et le 31 décembre 2014 et référencée dans Medline.

Résultats. — L'auteur donne une définition du TMP par rapport aux autres modes d'information en santé. Il est rappelé que le TMP est une pratique médicale récente qui relève du Code de déontologie médicale et de l'obligation de moyens. S'appuyant sur une analyse comparative de quelques modèles européens (SAMU-Centre 15, NHS Direct et Medgate), l'auteur dresse les contours de cette pratique médicale nouvelle en France. Il en précise les limites par rapport à une consultation classique et/ou à une téléconsultation. Les bénéfices du TMP pour la population sont décrits, ainsi que son possible impact médico-économique pour réduire la consommation en biens de santé, notamment sur les passages aux urgences hospitalières. Les risques potentiels sont analysés au regard de la réglementation en vigueur, notamment de celle qui régit la pratique de la télémédecine dont le TMP devrait faire partie.

Conclusion. — Cette mise au point montre que le TMP relève bien de la télémédecine et répond à une demande sociétale qui doit être prise en compte par les autorités sanitaires. Toutefois, ses limites et ses risques plaident en faveur de son intégration dans une filière de soin où la consultation classique et la téléconsultation telle que définie au plan réglementaire conservent toute leur spécificité.

© 2015 Publié par Elsevier Masson SAS.

Introduction

In 2006, the sociologist Nicole Aubert asserted that "the transformation of the relationship with time that has occurred over the past 15 or so years constitutes one of the most striking characteristics of how contemporary society functions" [1]. The advent of information and communication technologies (ICTs) has transformed our society into "a society of the 'here and now' where three new ways of experiencing time have appeared at the forefront: urgently, instantaneously and immediately" [1]. Such a change affects all sectors: economy, business and trade, leisure activities, and information. It also affects the health-care sector.

First of all, the immediate need for healthcare advice became apparent over the past 15 years. One such example is the steady increase in calls to the SAMU-Centre 15, the French command and control hub that handles emergency

medical assistance. Twenty-five million calls were recorded in 2008 [2] when only 10 million led to the creation of a medical file; over 31 million calls were recorded in 2013, which correspond to 15 million instances of medical care provision, namely a 5–10% rise depending on the regions [3]. This strong increase in calls to the Centre 15 is to be viewed in parallel with the decrease of over 50% in road traffic accidents over the past 10 years, bearing in mind that the SAMU-Centre 15 was created in 1969 to provide care for road accidents. This contrasting development in the use of the Centre 15 by the French population led the French public authorities to set up a modernisation programme for the SAMU (the French emergency medical assistance services) [2,3]. In comparison with the United Kingdom, NHS Direct received 5 million calls a year during the period when it was most used [4].

Then there is the immediate need for a medical consultation. This can no longer be satisfied "immediately"

Download English Version:

<https://daneshyari.com/en/article/554233>

Download Persian Version:

<https://daneshyari.com/article/554233>

[Daneshyari.com](https://daneshyari.com)