



Available online at  
**ScienceDirect**  
www.sciencedirect.com

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



## LAW

# Design and implementation of a contracting method for telemedicine activities in the Rhône-Alpes region, France



*Conception et implémentation d'une méthode de contractualisation des activités de télémédecine en région Rhône-Alpes, France*

R. Ohannessian<sup>a,\*</sup>, L. Ponson<sup>b</sup>, P. Vandenberg<sup>b</sup>

<sup>a</sup> *Université Claude-Bernard Lyon 1, 43, boulevard du 11-Novembre-1918, 69100 Villeurbanne, France*

<sup>b</sup> *Direction de la stratégie et des projets, Agence régionale de santé Rhône-Alpes, 241, rue Garibaldi, 69418 Lyon cedex 03, France*

Received 16 November 2014; accepted 27 January 2015

Available online 13 February 2015

### KEYWORDS

Telemedicine;  
Health regional  
agency;  
Contract;  
Health legislation

### Summary

**Background.** – On July 21st 2009, France became the first European country to adopt telemedicine legislation. A Decree, No. 2010-1229 published in 2010, specified the need for telemedicine activities to be legally contracted with the *Agence régionale de santé* (ARS), the regional level of French Ministry of Health. In this paper, the contract management in ARS Rhône-Alpes for telemedicine activities is stated, along with the characteristics of telemedicine contracts received by the ARS Rhône-Alpes.

**Methods.** – Health information system (HIS) unit of the ARS Rhône-Alpes had the responsibility to design and implement the contracting method. The design consisted of writing a standard telemedicine legal contract, defining a contract assessment process and creating decision support tools for contract assessment. Implementation of the method began with the first telemedicine contract receipt on May 30th, 2014.

**Results.** – A five steps contract assessment process was designed relying on ARS Rhône-Alpes internal organization. On October 31st 2014, twelve telemedicine contracts were received, and 3 were validated and signed. Among the 12 received contracts, 4 concerned dialysis activities, and 2 concerned radiology activities. Implementation of contracting method was successfully managed with the administrative process being satisfactory from both parties; the agency staff and the telemedicine project leaders.

\* Corresponding author.

E-mail address: [robin.ohannessian@gmail.com](mailto:robin.ohannessian@gmail.com) (R. Ohannessian).

*Conclusion.* – Although 12 contracts were received compared to the estimated total of 60 telemedicine known activities and projects in the region, contracting telemedicine activities was an essential tool to support quality improvement of telemedicine activities and to ensure their integration into both national and regional health policies. The main identified weakness was the length of the administrative process. Further accomplishment is needed in the future to ensure all concerned telemedicine activities are contracted.

© 2015 Elsevier Masson SAS. All rights reserved.

## MOTS CLÉS

Télé médecine ;  
Agence régionale de  
santé ;  
Contrat ;  
Droit de la santé ;  
Législation

## Résumé

*Contexte.* – La France a été le premier pays européen à adopter une législation concernant la télé médecine, le 21 juillet 2009. Le décret n° 2010-1229 publié en 2010 spécifie la nécessité de contractualiser les activités de télé médecine avec les Agences régionales de santé (ARS). Cet article explicite la gestion des contractualisations au sein de l'ARS Rhône-Alpes, et détaille les caractéristiques des contrats reçus par l'ARS.

*Méthodes.* – Le pôle systèmes d'information de santé (SIS) de l'ARS avait la responsabilité de la conception et de l'implémentation de la méthode de contractualisation. La conception de la méthode consistait à la rédaction d'un contrat-type régional de télé médecine, à la définition d'une méthode d'instruction des contrats, et à la création d'outils d'aide à la décision pour l'instruction. L'implémentation de la méthode a débuté avec la réception du premier contrat de télé médecine le 30 mai 2014.

*Résultats.* – Une méthode d'instruction des contrats de télé médecine en 5 étapes a été conçu en se basant sur l'organisation interne de l'ARS Rhône-Alpes. Au 31 octobre 2014, douze contrats avaient été reçus, et 3 avaient été validés et signés. Parmi ces 12 contrats, 4 concernaient des activités de dialyse, et 2 concernaient des activités de radiologie. L'implémentation de la méthode d'instruction a été jugée comme satisfaisante de la part des équipes de l'ARS impliquées dans l'instruction des contrats, et de la part des porteurs de projets.

*Conclusions.* – Bien que seuls 12 contrats aient été reçus en comparaison des 60 projets ou activités de télé médecine estimées dans la région, le processus de contractualisation s'est révélé essentiel pour soutenir l'amélioration de la qualité des activités de télé médecine et leur intégration dans les politiques de santé nationales et régionales. La principale faiblesse identifiée était la durée du processus administratif nécessaire aux à la contractualisation. Il apparaît ainsi essentiel de maintenir ces efforts afin de contractualiser l'ensemble des activités régionales de télé médecine concernées.

© 2015 Elsevier Masson SAS. Tous droits réservés.

## Introduction

France is the first European country to adopt specific telemedicine legislation. On July 21st 2009, the law No. 2009-879 set a legal definition for telemedicine to be included into the *Code de la santé publique* [1]. On December 24th 2009, the law No. 2009-1646 also allowed telemedicine to be included into the *Code de la sécurité sociale* [2]. The Decree, No. 2010-1229, published on October 21st 2010 specified the need for telemedicine activities to be legally contracted with the regional health agency known as *Agence régionale de santé* (ARS) [3]. ARS is the regional level of the French Ministry of Health.

Telemedicine contract should be compliant with the regional health project and the regional telemedicine program. Contracts aim to increase development of telemedicine activities while assuring quality and safety of care.

Nevertheless, telemedicine contracts do not imply a financial obligation nor is considered as an authorization within the statutory regime for healthcare activities [4].

In 2011, a national telemedicine deployment strategy was launched by the French Health Ministry. The strategy includes experimentation, supporting, and financing for five national priorities: continuity of care in medical imaging, stroke management, health of detainees, chronic disease care management, and medico-social care as well as hospital at home programs [5]. Rhône-Alpes regional telemedicine program was validated on November 30th 2012 as part of the regional health project, and includes the five national priorities as well as 19 regional actions [6].

In 2013, ARS Rhône-Alpes decided to set up an overall process concerning contracting of telemedicine activities. The main objective of this article is to describe the method designed and implemented by ARS Rhône-Alpes to allow telemedicine activity contracts.

Download English Version:

<https://daneshyari.com/en/article/554258>

Download Persian Version:

<https://daneshyari.com/article/554258>

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