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EDITORIAL

Telemedicine or the art of strengthening the cohesion of teams of healthcare professionals☆

La télémédecine ou l'art de renforcer la cohésion d'équipe

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We are used to assigning a rational meaning to things as a way of reassuring ourselves, of justifying their need and their costs.

Deploying telemedicine constitutes for everyone the organisational response to an ageing population, to an increasing number of patients suffering from chronic illnesses and polypathologies, to demographic issues (unequal distribution of healthcare professionals across the country) and economic issues (healthcare systems are today faced with cuts to lengths of hospital stays and to transport costs). Nevertheless, this obscures the fact that its deployment responds to the constant progress of knowledge by providing the right care to the right patient at the right time [1].

If we live for longer, we do not necessarily live autonomously and in good health. In the vast field of eHealth, on which much ink is currently being spilt, some still ask the question of what is telemedicine, where does it start in this market of eHealth and where does it finish. How will it strengthen the cohesion of care teams, what societal transformations will it engender, what new relationships will it create amongst the different actors?

Very often by virtue of the so-called complexity of its regulation that we like to brandish to deny our ignorance and our fear of change, and thereby curbing its development and not taking action, we create an inaccessible monster. Whereas it is just the remote practice of medicine by medical professionals whose links with all healthcare professionals are becoming more and more compelling.

Nonetheless, every medical act must respect the French Public Health Code and just because it is done remotely does not mean that they are exempt from it, just as the reciprocity links between healthcare actors. Safety, ethics and respect for the patient follow [2].

Acts of telemedicine

The French decree of 19th October 2010 perfectly defines the five acts of clinical telemedicine, although there is also some confusion amongst the different acts [3]. Likewise, should we not question the direction of its development?

How can we remember that?

Since we are talking of medical acts, by definition the physician as well as one or several actors are involved, but all are focussed on care, on the patient [4].

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Let us review these five acts by linking the actors together and we will soon notice that the act will be performed only once there is a perfect cohesion between the different complementary actors.

Teleconsultation: a consultation!

A medical consultation always brings together a physician and their patient. Doing this remotely does not change the actors, only the mode of functioning, if that.

The physician, with the patient's file at hand and with the help of a videoconferencing system, questions and examines the patient, establishes a diagnosis and writes a prescription.

In order for this teleconsultation to take place in the best conditions, it is possible and desirable for the healthcare professional to prepare for it, or for two non-physician healthcare professionals to share.

Tele-expertise: an expert opinion!

Here we are talking about the role of the physician, of the expert. With expertise come opinions and guidance.

In fact, this is simply the telephone call the physician used to make to their colleague, asking for an opinion.

The same is done now, but just in a more organised manner by planning it, dedicating more time to it, receiving the patient's file beforehand and consulting it. All this is done thanks to the logistical organisation of another healthcare professional.

Thanks to videoconferencing, the two physicians can exchange over the patient's file. In the age of ''24/7 Skype'', it would be paradoxical if this type of exchange did not come and complement the ''phone a friend'' idea.

The expert writes their report, which is placed in the patient's file.

Remote monitoring

Remote monitoring: as the word implies, we are monitoring! But what? Why? We are still talking about a medical act: the objective of any questioning or examination results is always to help a physician establish a diagnosis.

We are in 2015 in the magical world of connected objects which, within the framework of a medical follow-up, enable large amounts of data to reach healthcare professionals. These data are only of interest if they are exploited by a healthcare professional to establish a diagnosis and to treat their patient, not just for preventive care. Remote monitoring is really only that. Passing on predigested data, preferably by an intelligence processed by algorithms in an expert system.

This is why these objects must prove their reliability with a CE marking (to indicate conformity to European directives) and must be medical devices as a way of reassuring both patients and caregivers on the accuracy of the results.

Nonetheless, this is an act where the role of other actors appears regularly and so their level of involvement in all telemedicine projects must be identified and defined.

Team cohesion is therefore essential for the setting up of an effective remote monitoring system because the physician alone will not have the time to manage it. Let us give them back their role of expert where they intervene to establish a diagnosis once the results from the indicators require it.

Telecare

Telecare: or remote support and assistance, but who is assisting whom?

It is a medical act, so presumably a physician is involved, but who else? A colleague like another healthcare professional involved in their medical acts.

Why? To provide them with remote assistance for the act they are performing and for which they need help to be more effective. There again, we are witnessing the benefits of complementarity between healthcare professionals and of cooperative working.

Emergency medical dispatch

The legendary Centre 15 (the French command and control hub that handles emergency medical assistance) and its physicians establish via telephone an initial diagnosis with a patient in order to determine and trigger the response best suited to the type of call.

Is there no possible optimisation to be found within the larger framework of telemedicine and can the links not be better defined between the users and the healthcare professionals and between professionals to ensure the completeness of the care provided throughout?

Is it possible to treat remotely as well as when face-to-face?

The medical file available providing the history of the patient's illness, being in contact with the patient via videoconference, being able to question the patient, having examination results and photos at hand: how could the physician be hindered in establishing their diagnosis? It is thanks to new technologies that different actors and files are brought together and that distances are abolished. But this remote care performed with the help of new tools at the disposal of patients and healthcare professionals cannot happen without changing order, hierarchy, habits, rites, reflexes, etc.

Resistance to change varies in strength from one person to the next.

Telemedicine enables a pedagogical transmission and changes the relationship between the different actors. Human relationships change, are reinforced.

Those concerned should be accompanied through this change.

The medical project

A successful clinical telemedicine project cannot happen without starting by writing a medical project [5]. Even if at the start of a project there is often a physician managing the project, it quickly becomes evident that, without prior consideration of an entire team of patients, different