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ORIGINAL ARTICLE /*Remote consultation*

Evaluation by 30 chronically ill patients of a connection to their specialist physician, using a telemedicine-telementoring interface

Évaluation par 30 patients atteints de maladies chroniques d'une connexion avec leur médecin spécialiste, utilisant une interface de télémédecine-télémentorat dans leur hôpital

M.M. Bernard[a,*], **E. Dresco**[a], **T. El Gharbi**[a], **O. Gallon**[a], **K.G. Ouechni**[b], **L. Turner**[a]

[a] *Centre hospitalier Sud Essonne, site de Dourdan, 2, avenue du Potelet, 91410 Dourdan, France*
[b] *PACE 2000 International Foundation, 356, Woodroffe Avenue, Suite 206, Ottawa, ON K2A 3V6, Canada*

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Synchronous telemedicine;
Home-based teleconsultations;
Patient—doctor live relationship;
Chronically ill patients

Summary
Background. — The quality of a live patient—doctor relationship is a keystone of care, influencing patient satisfaction, compliance to treatments and outcomes.
Patients. — Thirty chronically ill patients, aged 27—79 years (53% aged 60+), were enrolled in a ''real life situation'', following the registry of clinical appointments, to assess a telemedicine interface in a live connection with their doctor.
Methods. — Customized VC was equipped with the symmetric sharing of medical results, supported by a secure intranet.
Results. — Traveling time to hospital was 5—40 min (mean: 21 ± 17 min). In the past two years, patients made 1—20 visits (mean: 7 ± 5 visits) to their hospital; the average in-hospital waiting

* Corresponding author.
E-mail address: mmbernard@outlook.com (M.M. Bernard).

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time was 5—60 min (mean: 23 ± 26 min). The enrollment process allowed for less than 15 minutes' training. Twenty-four (80%) patients however rated it as satisfactory. Possible mutual understandings and perceptions exchanged during the teleconsultation were rated as satisfactory by 12 patients (43%) and excellent by 16 (57%). Two patients did not respond. Twenty patients (72%) fully supported the use of the interface for maintaining a personal and confidential relationship with their doctor; 5 patients (18%) simply approved; one considered it somewhat useful and 2 disapproved. The responses were not linked to the age ($r = 0{,}127$).
Conclusions. — This study shows patient satisfaction and compliance to teleconsultations, alternating with traditional medical care. A randomized medico-economic assessment is justified.

MOTS CLÉS
Télémédecine synchrone ;
Téléconsultations à domicile ;
Relation médecin—patient en direct ;
Maladies chroniques

Résumé
Contexte. — La qualité de la relation médecin—patient est une clé de voûte des soins, influençant la satisfaction des patients, l'observance aux traitements et leurs résultats.
Patients. — Trente patients atteints de maladies chroniques, de 27 à 79 ans (53 % 60+), ont été recrutés « en vie réelle », suivant le registre des consultations, pour évaluer une interface de télémédecine en connexion directe avec leur médecin.
Méthodes. — Une visioconférence personnalisée est équipée de partage en totale symétrie, de résultats médicaux, sur un réseau intranet sécurisé.
Résultats. — Le temps de déplacement à l'hôpital était de 21 ± 17 min. Durant les deux dernières années, les patients ont fait 7 ± 5 visites à leur hôpital ; le temps d'attente à l'hôpital était de 23 ± 26 min. Le mode de recrutement a laissé moins de 15 min à la formation. Cependant, 24 patients (80 %) l'ont estimée satisfaisante. Les possibilités de compréhension mutuelle et de perception des échanges au cours de la téléconsultation ont été jugées satisfaisantes par 12 patients (43 %), excellentes par 16 (57 %). Deux patients n'ont pas répondu. Vingt patients (72 %) ont pleinement approuvé l'utilisation de l'interface pour le maintien d'une relation personnelle et confidentielle avec leur médecin ; 5 (18 %) l'ont simplement approuvée ; 1 l'a considérée quelque peu utile et 2 l'ont désapprouvée. Les réponses ne sont pas liées à l'âge ($r = 0{,}127$).
Conclusions. — Cette étude montre la satisfaction et l'adhésion des patients à la téléconsultation en alternance avec leur parcours traditionnel. Une évaluation médico-économique randomisée est justifiée.

Introduction

When researching international publications, one finds that telemedicine refers to various processes: a 2007 study found as many as 104 peer-reviewed definitions of telemedicine [1]. The American Telemedicine Association (ATA) defines telemedicine as ''the use of medical information exchanged from one site to another via electronic communication to improve a patient's health status... It is a delivery tool or system. Videoconferencing, remote monitoring, Continuous Medical Education, patient portals, and medical call centers, are all considered part of telemedicine-telehealth (ATA 2007)''.

The French decree on telemedicine and its possible implementations [2] provides a more specific and restricted definition: ''telemedicine refers to the performance of medical acts on a remote location, using Information Communication Technology devices... It is comprised of teleconsultations, tele-expertise, telemonitoring, and telemedical assistance''. Furthermore, ''teleconsultations allow for a medical consultation to be performed by a medical practitioner with his remote patient''. This latter definition has been our focus, since the quality of a live patient—doctor relationship is a keystone of care, which influences patient satisfaction, compliance to treatments and outcomes. To date, there is little research to document the specific needs and the acceptance of a telemedicine consultation interface by patients and by physicians.

Objectives

We focused on the evaluation and deployment of a computer interface enabling a patient—doctor teleconsultation and the development of a confidential and productive relationship with his home-based patient. Considering that facilitating a live and in-depth patient—doctor relationship