FINANCIAL COMPENSATION FOR TELEMEDICINE IN FRANCE: A DESCRIPTIVE RETROSPECTIVE STUDY

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Abstract
Telemedicine is a growing medical practice. The development of routine telemedicine practice however, relies on the financial compensation provided for healthcare professionals. The objective of the study was to describe the financial compensation for telemedicine in France since 2011. Financial specifications were identified using the state health insurance (‘Assurance Maladie’) and health legislation. The retrospective descriptive study covered the year of initiation, status, type of activity, financial scheme and amount compensated. Diabetic retinopathy screening with telemedicine was the first and only telemedicine service provided with routine financial compensation in France. Ophthalmologists were compensated €11.30 per screening to provide biennial screening for diabetic patients (aged <70 years). Financial compensation for telemedicine services in chronic and/or complex wound care management was introduced in nine regions of France in 2015 as an experiment. Teleconsultation and tele-expertise performed by medical doctors were compensated €28 and €14 per teleconsultation respectively. In April 2016, teleconsultation and tele-expertise for “long term illness” (“Affection Longue Durée”) patients and from home/medico-social care were introduced to replace chronic and/or complex wound care management. Medical doctors were compensated per consultation; general practitioners: €26, specialists: €28 and psychiatrists: €43.70. Financial compensation for chronic heart failure (CHF), chronic kidney failure (CKF) and chronic respiratory failure (CRF) were later approved as an experiment through package and payment-for-performance schemes (€110 for CHF, €73 for CKF and CRF per patient for 6 months). Financial compensation for telemedicine in France and its impact need to be assessed in the future.

Keywords: telemedicine; financing; France; diabetic retinopathy; telemonitoring

Introduction
Telemedicine is a growing medical practice. The deployment of telemedicine in France was supported by the Ministry of Health with the launch of the national telemedicine deployment strategy. The strategy was adapted by region through the regional health agencies. The deployment strategy prioritised five sectors; teleradiology, telestroke, telemedicine in prison, telemedicine for chronic and/or complex diseases and telemedicine for ambulatory care. An increase in telemedicine research and interest in telemedicine practice in France was observed since the launch of the strategy. Routine telemedicine practice however, is not well financially compensated for healthcare professionals. Financial compensation is not currently provided in the five sectors prioritised in the strategy. The objective of this study was to provide a retrospective description of financial compensation for telemedicine in France since the launch of the national telemedicine deployment strategy in 2011.

Methods
Financial specifications were identified through the State Health Insurance (‘Assurance Maladie’) and health legislation in France. The retrospective descriptive study was comprised of the year of initiation, status, type of activity, disease/illness, form of telemedicine practice, financial scheme and amount compensated to physicians.

Results
Diabetic retinopathy screening with telemedicine was the first and only telemedicine service receiving routine financial compensation in France. Ophthalmologists were compensated €11.30 to
provide biennial screening for diabetic patients under the age of 70 years. Ophthalmologists were expected to perform at least 500 patient screenings per year for quality assurance purposes. The screening results of each patient were required to be sent to the screening prescriber within seven days. To date, there has been no official report on the number of screenings performed through the financial scheme for diabetic retinopathy screening with telemedicine.

Financial compensation in chronic and/or complex wound care management with telemedicine was introduced in nine regions of France; Alsace, Basse-Normandie, Bourgogne, Centre, Haute-Normandie, Languedoc-Roussillon, Martinique, Pays de la Loire, and Picardie. Financial compensation was launched in the nine regions in April 2015 as an experiment. The experiment for financing telemedicine practice was included in the French Social Security Financing Bill in 2014. Teleconsultation and tele-expertise were performed by physicians on a fee-for-service scheme of €28 and €14 respectively. No data was available on the activity performed in the scheme.

In April 2016, the scheme was cancelled and reinitiated with teleconsultation and tele-expertise for patients with long term illness from a patient home or medico-social care. A report on the experiment was presented to Parliament by the French High Authority for Health (Haute Autorité de Santé) on 30th September 2016 and was publicly presented in January 2017. The report stated that no telemedicine practice was financially compensated in the experiment.

An experiment for financing tele-monitoring of chronic heart failure (CHF), chronic kidney failure initiated in December 2016 through a package scheme (forfait) associated with a payment-for-performance mechanism. The package scheme covered €110 for chronic heart failure per patient for 6 months and €73 for chronic kidney failure and chronic respiratory failure per patient for 6 months. (Table 1)

The performance indicators chosen for the payment-for-performance mechanism were defined for each disease. The performance indicator was defined by the calculated change in percentage compared the health outcome from the year of initiation to the previous year. The performance indicator for chronic heart failure was a decrease of more than 20% of patients hospitalised for chronic heart failure. In chronic kidney failure, the performance indicator was a decrease by more than 10% of referrals to a tertiary centre or a more than 5% cost reduction. The performance indicator for chronic respiratory failure was a decrease by more than 10% of all hospitalisation cases, or a more than 10% cost reduction. (Table 2)

Companies providing telemedicine solutions to healthcare professionals received financial compensation by the state health insurance. These companies were compensated in the experiments for telemonitoring. The French Social Security Financing Bill for 2017 prolonged the experiment for financing telemedicine practice until 2019 and has expanded it to all regions in France.

Conclusion

Telemedicine has the potential to improve patient care and impact national health costs. In France, only one

Table 1. Financing for telemedicine services in France from 2014 to 2016.

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Type</th>
<th>Disease</th>
<th>Act</th>
<th>Scheme</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Ongoing</td>
<td>Routine</td>
<td>Diabetic Retinopathy</td>
<td>Teleconsultation</td>
<td>Fee-for-service</td>
<td>€11.30</td>
</tr>
<tr>
<td>2015</td>
<td>Cancelled</td>
<td>Trial</td>
<td>Complex and/or chronic wounds</td>
<td>Teleconsultation</td>
<td>Fee-for-service</td>
<td>€28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tele-expertise</td>
<td></td>
<td>€14</td>
</tr>
<tr>
<td>2016</td>
<td>Ongoing</td>
<td>Trial</td>
<td>Long term illness</td>
<td>Teleconsultation</td>
<td>Fee-for-service</td>
<td>€26 (GP); €28 (specialists), €43.7 (psychiatrists) €40 per patient per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tele-expertise</td>
<td>Package</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Ongoing</td>
<td>Trial</td>
<td>Chronic heart, kidney, and respiratory failure</td>
<td>Telemonitoring</td>
<td>Package</td>
<td>€110 per patient per semestera</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Payment for Performance</td>
<td>€73 per patient per semesterb,c</td>
</tr>
</tbody>
</table>

GP: general practitioner.

Table 2. Performance indicators in the experiment of financing telemonitoring chronic diseases in France in 2016.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Performance indicator 1</th>
<th>Performance indicator 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic heart failure</td>
<td>&gt; 20% decrease in patients hospitalised</td>
<td></td>
</tr>
<tr>
<td>Chronic kidney failure</td>
<td>&gt; 10% decrease of referrals</td>
<td>&gt; 5% cost reduction</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>&gt; 10% decrease of all hospitalisation cases</td>
<td>&gt; 10% cost reduction</td>
</tr>
</tbody>
</table>

telemédicine practice, diabetic retinopathy screening with telemedicine, received financial compensation for routine telemedicine deployment. There is no available data on the effectiveness and impact of financial compensation for diabetic retinopathy. Experimentation to provide financial compensation for
telemedicine. The experiment for financing telemedicine practice has been extended to 2019, potentially delaying the national deployment of telemedicine. The evaluation of the medical, public health and economic impact of telemedicine in France needs further study in the future.

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Conflict of Interest. The authors declare no conflicts of interest.

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