

Practical recommendations of the French Health Authority for the implementation of teleconsultation and tele-expertise activities

On June 20, 2019, the Haute Autorité de la Santé (French Health Authority) published a best practice guide for the implementation and exercise of teleconsultation and tele-expertise activities. These recommendations, intended for professionals, are designed to support the operational deployment of telemedicine in France.

They concern all acts of teleconsultation and tele-expertise, regardless of their location (city, health establishments, social and medico-social establishments, patients' homes, etc.) and methods of implementation (private practice, employee, etc.). Acts not eligible for reimbursement by the Health Insurance are also addressed.

At the request of the French Ministry of Health, the HAS has published several documents to facilitate the implementation of telemedicine by health professionals, and to inform patients.

It should be recalled that telemedicine is a form of remote medical practice through a device that uses information and communication technologies^[1]. Teleconsultation and tele-expertise are two of the five acts of telemedicine defined in the French Public Health Code. The purpose of teleconsultation is to allow a health professional to carry out a remote consultation with a patient. The purpose of tele-expertise is to enable a health professional to seek the opinion of one or more health professionals remotely because of their particular training or skills.

After having identified the eligibility criteria for these types of medical acts^[2], the HAS has now adopted a best practice guide for *"the quality and safety of teleconsultation and tele-expertise acts"*.

This guide details the prerequisites for a secure implementation of teleconsultation and tele-expertise activities. The HAS insists in particular on knowledge of the regulations governing telemedicine and the establishment of a specific organization, such as time slots devoted to the performance of this type of medical acts. It also recalls the need to have specific IT tools for the exchange, sharing and storage of data, including a secure health messaging system and a sharing platform guaranteeing the confidentiality and security conditions required for the processing of health data.

The HAS also describes the steps to be taken before performing these remote medical acts, such as informing and collecting the patient's consent and verifying the relevance of these acts based on the patient's situation and the availability of the latter's data.

With regard to the conduct of the acts, the HAS insists on the need to identify the patient and know his/ her geolocation. The health professional must authenticate himself/herself via a strong authentication process.

The recommendations specify that the health professional must record the teleconsultation report in its own patient file, as well as in the patient's shared medical record, wherever it exists. The report, as well as any medical prescriptions and other correspondence, are transmitted to the patient in a secure manner. Where appropriate, the report shall be transmitted under the same conditions to the primary care physician and other health professionals designated by the patient and involved in his/her care pathway.

The HAS thus makes it possible to establish a common framework of best practices for the implementation of teleconsultation and tele-expertise activities. It should be remembered that these recommendations may be adapted by professionals to take into account the specificities of their profession and their medical field, the pathology and local conditions of care of their patients.

Both healthcare professionals and providers of specialized platforms must ensure that all requirements applicable to telemedicine are duly met. As with face-to-face medical practice, telemedicine must comply with the legal and regulatory provisions applicable to the conditions of practice as well as with the rules of ethics and confidentiality and clinical practice standards. Security and protection of personal health data must also be ensured through information and communication technologies.

[1] Article L. 6313-1 of the French Public Health Code

[2] Cf. data sheet entitled "*Qualité et sécurité des actes de téléconsultation et de téléexpertise*" published by the HAS in April 2018.

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