

Summary of The "Carrefour de la Télésanté" 2014 which took place at la Cité des Sciences et de l'Industrie in PARIS on 16th and 17th October, 2014

Pirkko Kouri, PhD, PHN, RN, member of ISfTeH board of directors

**Pirkko Kouri, member of ISfTeH board of directors, Savonia University of Applied Sciences, Kuopio, FINLAND.
Email: pirkko.kouri@savonia.fi.**

The conference was organised by ISfTeH (International Society of Telemedicine and eHealth, which mission is to facilitate the international dissemination of knowledge and experience in Telemedicine and eHealth and providing access to recognized experts in the field worldwide) and CATEL (which is a French association created in October 1997). CATEL has become a network of more than 20 000 actors concerned by telemedicine e.g. practitioners, firms, associations, institutions, labs.

This conference was 19th of ISfTeH and 5th Carrefour de la Télésanté conference.

The conference had 450 participants gathered on the two days and 20 countries represented. During the presentations participants could ask questions or send comments via Twitter.

Main themes of the conference were following: an overview of success stories of eHealth applications around the world among the best ones; The new eHealth connected tools and services; Methodologies which should be implemented to support eHealth projects; eHealth and economic issues and eHealth and legal & regulatory frameworks - From solution security to user trust.

In many presentations were emphasised that the both working life and personal life is changing due to wide technology use. However new technology does not mean success in health. How to avoid failures and not waste money? In medical world devices are available and widely used, and there is a huge amount of medical

information and knowledge available. This is different with ordinary citizens and patients. The hospital care is in many ways moving into homes. Citizen has a (virtual) care-team around. The role of healthcare personnel is more as a counsellor or mentor, and person's self-care is supported via eHealth solutions e.g. self-medication aid for diabetes patients. Increasingly mobile phone solutions support and ensure people's health and well-being. At the same time patients are more charge of their health. (70% of chronically ill do not follow medical guidelines!). Mobile tools empower patients to take care of their health and wellbeing. Social media is producing more connectivity and 'peer services'. There is a continuous need versatile education and training (both healthcare staff and patients need).

Big data is here and now. There is a need to develop rapid methods how to make best of it. What is the impact of population health?

Technology is expensive. It is expected that e.g. patient monitoring will reduce costs of health care. There is a constant need for interdisciplinary IT architecture planning-implementing-evaluating-revising circle.

Legislation does not walk along with rapid eHealth development. There were questions: Who produces information, who owns information, where it is produced, who has access to information, who uses the information. Cross-border telemedicine and eHealth regulations are developed in the EU. Patient care in a distance and legislation on patient's country and legislation in 'care country' e.g. if Italian doctor treats patient in

France the doctor follows Italian legislation. Money transfers in cross-border care are not clear enough. In France telemedicine can be done only by authorised physicians (not by nurses, for instance).

Medical and fitness devices the border is not clear. Who is responsible of the IT-device?

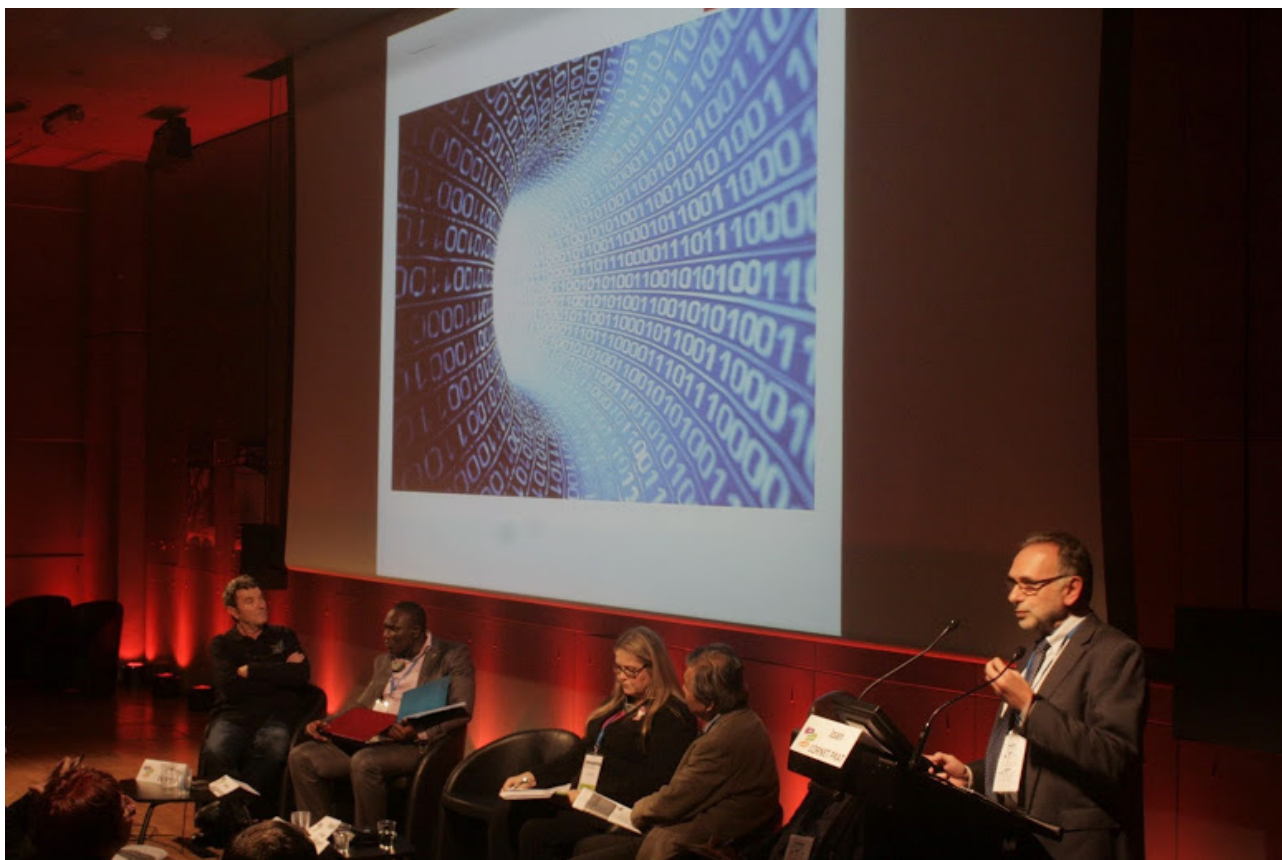


Photo taken by Véronique-Inès Thouvenot. Conference / Session I / Theme: The new eHealth connected tools and services?