1. Projects

Territorial teleconsultation – an e-health solution for new localities?

Ongoing research
Begin: October 2023
End: April 2026

The Covid-19 crisis sparked a surge in home teleconsultations facilitated by dedicated platforms. However, an alternative e-health solution has existed in France since 2019: teleconsultation cabins, or "territorial" teleconsultation, a term coined by geography researcher Philippe Vidal. Vidal wants to examine whether territorial teleconsultation could be a viable solution to medical desertification, something argued for by private operators to justify its implementation.

Research participants

- Philippe Vidal

The Covid-19 pandemic has underscored various digital-related needs. Lockdowns and mobility restrictions intensified the use of digital technology across various aspects of life, particularly in healthcare access (e-health). Within e-health, which encompasses a wide range of medical applications and activities, teleconsultation has emerged as a prominent proposal. According to the Cour des Comptes (France's leading audit institution), the number of reimbursed teleconsultations grew from 140,000 in 2018 to 18.4 million in 2020. A significant portion of these teleconsultations are carried out autonomously, whereby patients independently manage the process using their own IT resources and relying on their own ability to describe their symptoms. This may involve personal measurements of health data (temperature, blood pressure, etc.), which places the responsibility for diagnosis on the patient and thereby introduces the potential for measurement errors with significant consequence

In addition to autonomous teleconsultation, "territorial" teleconsultation has emerged. Territorial teleconsultation involves patients visiting a facility equipped with a teleconsultation booth or terminal to secure an appointment with a doctor. The premise is to position these terminals in proximity to local residents, often in places not traditionally dedicated to healthcare. According to the researchers' ongoing database, which encompasses over 3,000 cases and which will be completed by 2026, 90% of these locations are pharmacies, with the remaining 10% situated in retirement homes, municipal facilities, supermarket pharmacies, nurses' surgeries, nursing homes, universities, and company headquarters. This diversity of locations has been steadily expanding since 2018, with a promising development in the optical sector, where specific teleconsultation terminals are increasingly being equipped for ophthalmological examinations. These terminals or booths contain blood pressure monitors, thermometers, dermatoscopes, oximeters, and otoscopes, providing healthcare professionals on the other side of the screen with reliable information during visual and verbal exchanges. Territorial teleconsultation has been deployed rapidly in France since 2019, promising to combat medical deserts, address emergency room crises, and pre-emptively respond to the escalating care needs associated with an aging population. Approximately 3,000 devices have been installed to date, and private operators estimate that between 25,000 and 30,000 such devices could be in place across the country by 2030. These developments would not be without significant implications for the organisation of healthcare in France, particularly in primary care and local medicine. The significance of these figures is heightened when considering the projected age profile of France's population in the coming years, which will inevitably increase the demand for accessible healthcare. This study aims to evaluate the efficacy of territorial teleconsultation in addressing the issue of medical deserts, with four specific sub-goals framing the assessment process:

- Spatial Analysis: Conduct a spatial analysis to determine if the devices are strategically placed in close proximity to the needs of the local population. The study will employ the Localised Potential Accessibility Index (LPA) to evaluate the medical density of each municipality in relation to the requirements of the local population.
- Volumetric Survey: Undertake a volumetric survey at 12 locations to measure the number of teleconsultations occurring per device. This analysis goes beyond potential coverage, rather seeking to determine whether the system effectively compensates for the absence of General Practitioners (one terminal = one GP).
- Geographical Reach Survey: Conduct a survey of the same 12 locations to examine the geographical reach of the teleconsultation terminals and booths. This investigation aims to understand the spatial impact of the system and its area of use.
- Mayoral Survey: Conduct a survey among mayors who are actively involved in deploying teleconsultation terminals and booths, because they view these as instruments for local development. This will highlight their motivations, the challenges faced, successes, and disappointments concerning territorial teleconsultation equipment—a tool upon which they have pinned their hopes.

The project will last three years, allowing for a comprehensive and long-term analysis of the socio-territorial impact of teleconsultation devices. It relies on both quantitative methods (spatial analysis linked to the Localised Potential Accessibility - LPA) and qualitative methods (field surveys).

Mobility

For the Mobile Lives Forum, mobility is understood as the process of how individuals travel across distances in order to deploy through time and space the activities that make up their lifestyles. These travel practices are embedded in socio-technical systems, produced by transport and communication industries and techniques, and by normative discourses on these practices, with considerable social, environmental and spatial impacts.

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