Thursday, October 16

9:30 - 10:30 am: ISfTeH Board

11:00 am - 12:30 pm: CATEL "Accompagnement’s" GA and CATEL "Réseau" GA

2:00 - 3:00 pm: OPENING CEREMONY

- Welcome and presentation of CATEL
- Welcome and presentation of ISfTeH

Didier ROBIN, President of CATEL

Pierre TRAINEAU
Director General of CATEL

Yunkap Kwankam
Executive Director ISfTeH
(International Society for Telemedicine and eHealth)

André Petitet,
Director and Chairman of the International Commission of CATEL
Board member of the ISfTeH
3:00 - 16:30 pm: Session 1 - New eHealth connected tools and systems

The new eHealth connected new tools and services?

Chair
Gérard COMYN, Vice-President of CATEL and former head of the unit "ICT for Health" to the European Commission

De nombreux objets communicants envahissent le secteur médical, certains d'utilisation déjà bien maîtrisée (tensiomètres, oxymètres), d'autres venant d'horizons non nécessairement médicaux (bien-être grand public). Cette situation ouvre de nouvelles perspectives, mais pose aussi de nombreux problèmes. Une vision prospective est nécessaire afin de créer les bonnes conditions pour le développement de ces solutions : elle vous sera proposée par Joan Cornet, Directeur de mobileworldcapital, au cours de la session dédiée aux objets connectés lors du Carrefour de la Télésanté. Suivra une présentation par le Dr. Aizan Hirai (Japon) d'un exemple pratique utilisant de tels objets communicants, puis une proposition de cadre pour le développement d'un agent mobile par le Pr. Justice EMUOYIBOFARHE, Nigeria. Enfin Pirkko Kouri, membre du board de Directeurs de l'ISfTeH, résumera brièvement le contenu de cette session.

FRANCE

Prospective vision of mobile health technologies, and impact of connectivity in health systems
Joan CORNET PRAT, director of the mHealth Competence Center at mobile World capital Barcelona

Apps and other mHealth solutions promote wellness and prevention. Linked to smart sensors and ICT systems; they expedite the detection of chronic diseases and assist in their treatment and monitoring. And they deliver information and support decisions of clinical personnel where and when needed. Taken together, these innovations will not only lead to better health and quality of life, more effective and efficient healthcare systems, and economic growth.

SPAIN

Monitoring System for Self-administration of Insulin by Elderly Diabetes Patients
Doctor Aizan HIRAI MD, PhD and Director of Chiba Prefectual Hospital in Japan.

With the rapidly increasing number of elderly diabetes patients, improper insulin self-injection due to dementia is an emergent issue. Therefore, we have developed a monitoring system for insulin self-medication. The system includes two sensors in a box containing the insulin injection. Data from these sensors is uploaded to a server via the internet, and can be accessed by professionals such as medical doctors, nurses, and home care workers, in order to provide support to the patient.

JAPAN

A Context Aware Mobile Agent Middleware Framework For Remote Patient Monitoring
Justice EMUOYIBOFARHE, Professor of Computing, Faculty of Engineering and Technology, department of Computer Science an engineering, Ladoke Akintola University of Technology, Ogbomoso

This work presents the development of an interoperable model for a localised context aware mobile agent middleware framework for a rural e-Healthcare Information Infrastructure (LAUe-HCMS) with Service-Enabled Middleware Support for remote patient monitoring. With the rising concern of doctors to patient ratio and the corresponding increase of aged persons and delicate outdoor patient requiring continuous care, the use of pervasive and wearable devices, intelligent mobile agents was employed.

NIGERIA
Co-chair
Pirkko KOURI, Principal Lecturer in Healthcare Technology at Savonia University, ISfTeH (International Society for telemedecine and eHealth) Board Member and secretary of Finnish Society for Telemedicine and eHealth (FSTeH)

Every country is challenged to prepare healthcare professionals for a future that has ever growing use of eHealth and where information management is a central part of professional practice. The definition of eHealth is consisting of all information and communication technologies (ICT), tools and services in health care. The role between healthcare personnel and patient is changing due patient’s eHealth literacy and user skills. The personnel must update their eHealth skill regularly and be aware of new applications and tools.

FINLAND

4:45 - 6:15 pm : Session 2 - Success stories of use of eHealth in the world

Overview of success stories of eHealth applications around the world among the best one

Chair
Philippe DE LORME, Deputy Director and Chief telemedicine project, CHU de Rouen
France

Telehealth Network of Minas Gerais: a sustainable public telehealth network for remote municipalities in Brazil
Beatriz Alkmim, Head of Telehealth Center of University Hospital, Federal University of Minas Gerais

The Telehealth Network of Minas Gerais (TNMG) is a Brazilian public and sustainable telehealth initiative that offers telediagnosis and teleconsultation services mainly for primary care of small and remote municipalities. The service started in 2005 as a research project in 82 villages and nowadays operates in 710 municipalities. Until July 2014, 1.8 Million EKGs and 60,000 teleconsultations were performed. A cost-benefit analysis showed that for each dollar spent, four dollars has been saved.

BRAZIL

Broadband Satellite Based Tele-Eye care for Indigenous and Older Australians Living is Very Remote Area
Yogesan KANAGASINGAM - National Research Director at the Australian e-Health research Centre

The aim of the project is to bring specialist eye care to the Indigenous and older Australian living in very remote areas using broadband satellite technology. We have seen 980 patients from two different States. 82 cases of diabetic retinopathy were diagnosed. Two patients were diagnosed with proliferative DR and two with severe non-prolific DR. The project has improved access to ophthalmic services. It was demonstrated that the broadband satellite service provides adequate connection for eye related remote consultations.

AUSTRALIA
Measuring the Benefit of e-Ambulance in Kochi Prefecture  
Masatsugu TSUJI - Graduate School of Applied Informatics, University of Hyogo

This study is the first attempt to evaluate the economic effect of the e-ambulance project by using CVM, to the best of our knowledge. In measuring benefit, WTP (willingness to pay), which is the monetary amount that residents want to pay for receiving the e-ambulance service is estimated based on the survey to residents. The total cost of the system consists of initial fixed and annual operating costs. The B/C ratio is 0.459, and benefits are about half of costs for the three year project.

1 700 wearing patients of pacemakers telefollowed daily by the University Hospital of Bordeaux: return on a regional success story in the innovative economic model  
Doctor Sylvain PLOUX, Hospital practitioner. Department of cardiology-electrophysiology and heart stimulation. University Hospital of BORDEAUX

Le CHU de Bordeaux est actuellement leader en France de la télésurveillance des dispositifs cardiaques implantables communicants (pacemakers, défibrillateurs automatiques implantables) avec plus de 1700 patients télésuivis quotidiennement. Notre activité s’inscrit dans le cadre d’un réseau régional de télésurveillance initié en 2012 avec le soutien de l’agence régionale de santé d’Aquitaine. Ainsi le CHU de Bordeaux assure le télésuivi de 11 établissements de santé partenaires (publiques ou privés) en Aquitaine.

CORDIVA: a system of remote monitoring which showed its ability with 16 000 patients affected by heart failure in Germany  
Viviane SCENTOURE, co-ordinator nurse, ALERE  
FRANCE

Steffen SONNTAG, Cardiologist and Medical Director Europe of ALERE  
GERMANY

Co-chair  
Moretlo MOLEFI, Managing Director, Telemedicine Africa  
SOUTH AFRICA
6:15 - 6:45 pm: OFFICIAL SPEECHES

OFFICIAL SPEECHES - WELCOME FROM THE FRENCH AUTHORITIES

Marisol TOURNAINE
Minister of Social Affairs and Health
(to be confirmed)

Axelle LEMAIRE
Secretary of State for Digital, with the Minister of Economy, Industry and Digital
(to be confirmed)

6:45 - 7:30 pm: Press point

Press conference
Guided visit of the Forum meetings and exchanges

7:30 - 10:00 pm: Diner cocktail

French model of eHealth ecosystem
eHealth toast by a partner provider
International and foreign federations overview
Friday, October 17

8:30 am - 9:00 am : Welcome

9:00 - 10:30 am : Session 3

Which legal and regulatory frameworks have been adopted?
From solution security to user trust

Chair
Nathalie BESLAY, Jurist specialized in Health at BESLAY + LAWYERS
FRANCE

Impact of e-Health on health law (in Europe) and on healthcare systems
Stefaan CALLENS, professor at the KU Leuven and lawyer
BELGIUM

Since ICT is playing an important role in society, ICT-developments will influence healthcare systems and health law. E-Health and in particular telemonitoring will influence:
- The way health institutions are organized
- The different networks of hospitals
- The on call services of healthcare providers
- The way the industry is involved in the delivery of health care.

Telemonitoring will also lead to new healthcare actors with who legal contracts have to be drafted. The seminar explains the influences on health law and on health care.

What development of the e-pharmacy?
Speaker in the process of identification
FRANCE

Telemedicine, E-Health and the Law: A View from Both Sides of the Atlantic
Terrence LEWIS, Associate Counsel for the University of Pittsburgh Medical Center ("UPMC")
UNITED STATES OF AMERICA AND EUROPEAN UNION

Co-Chair
Valeriy STOLYAR, secretary of the Russian Association of Telemedicine and member of cardiovascular Scientific Surgery Center of the Russian Academy
RUSSIA
11:00 am - 12:30 pm: Session 4 - Economic impact of eHealth in countries that invest

How does eHealth contribute to economic development of the nations that invest?

Chair
Denise SILBER, President of BASIL STRATEGIES and founder of the conference
Doctors 2.0 & You
UNITED STATES OF AMERICA – FRANCE

Tele-education or telemedicine: what is the way for sub-Saharan Africa?
Maurice MARS, Research Professor at the University of Kwazulu Natal,
Department of telehealth in medical school, Nelson Mandela R
SOUTH AFRICA

Africa needs more doctors and health workers. Tele-education offers a simple and viable solution to the shortage of skilled teachers within medical schools and nursing colleges within Africa. The success of existing programmes in Africa demonstrates the willingness of health professionals to embrace this method of teaching. A co-ordinated approach is required to bring the existing programmes together to expand their scope and reach.

A teledermatology system in a rural geriatric service
Adolfo Luiz Falcão SPARENBERG, Cardiologist, MSc Biomedical Engineering
BRAZIL

This presentation describes a Teledermatology initiative established in a Geriatric ward of a Rural Hospital in Brazil - Centro de Saude da Reserva (CSR) -. Based on "CampusMedicus", the project is the result of a partnership established between the CSR and the German Company Klughammer. Results covering a 2-month period show that specialized Teledermatology counselling represent a unique opportunity towards providing dermatological assistance to elderly citizens living in a geriatric unit.

Humanitarian Telemedicine: Potential Telemedicine Applications to Assist Developing Countries in Primary and Secondary Care
Alexandra BONNEFOY - Research Fellow at the European Space Policy Institute (ESPI)
UNITED KINGDOM

Humanitarian telemedicine (or the delivery of remote medical care to underserved regions), not only has the potential to improve healthcare for all, especially in regions where doctors are scarce, but also de-isolates and in turn empowers local health professionals. Furthermore, as a key component of individual growth, an increased and improved access to health care has the potential to lead to greater individual economic opportunities, and in turn national economic transformation.

The engagement of Réunica in supporting the implementation of telemedicine projects: examples of projects helping to improve the quality of life of patients and the economic and territorial development.
Stéphane SEBASTIANI - Network Director of Social Delegations Réunica group
FRANCE
2:00 - 3:30 pm : Session 5 - Methodological support and efficiency of eHealth

**Which methodologies should be implemented to support eHealth projects? How efficient is it for countries that use it?**

**Chair**

Robert LAUNOIS, Scientific Director REES

FRANCE

**A Methodology for the Implementation of Person-centered Telehealth Research**

Claudia BARTZ - Coordinator for the International Council of Nurses eHealth Programme

This paper describes how the concept of person-centeredness can be integrated with telehealth research methodologies. After extensive literature review, using telehealth research reports which had, as participants, people with diabetes, a framework for the assessment of person-centered research was devised, based on three ethical concepts that guide human subjects research: respect, benefit and justice. Participants themselves can contribute to the research design, interventions and outcomes.

SWITZERLAND

**Momentum success factors and the ITACA project**

Tino MARTI, International Project Manager

The Momentum Thematic Network is a platform across which the key players share their knowledge and experience in deploying telemedicine services into routine care. We have identified the critical success factors to deploy telemedicine services in different contexts throughout Europe. The case of ITHACA (Badalona, Spain) will be used as a demonstration site of critical success factors. ITHACA is an innovative integrated telemedicine service that optimises the care of patients with high-blood pressure.

SPAIN
**The secrets of the Telehealth: how to deploy these services at a large-scale?**

*Momentum through Europe*

Marc LANGE, Secretary General of ETHEL

To date, only few telehealth projects have successfully shifted from lab to routine care. Even fewer have gone from small- to large-scale deployment. Lack of clinical evidence, user adoption, reimbursement and business models have been identified as the main explanations for this situation. An element that has been much less studied is the lack of deployment method. This is also a pitfall and the European project Momentum has identified a list of Success Factors which are Critical for the deployment of telehealth on a large scale.

**BELGIUM**

*Co-chair*

*In the process of identification*

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3:30 - 4:00 pm : CLOSING SESSION

**Synthesis of Carrefour de la Télésanté**

Frank LIEVENS,

Secretary General of the ISfTeH

and

By a representant of the Scientific Council of CATEL