

# French teleconsultation providers struggle in first year of reimbursement

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Uptake of remote consultations has been slow in France's first year of reimbursement with its statutory insurer *l'Assurance Maladie* paying for just 60,000 appointments. HBI speaks to KRY's French subsidiary Livi, which says that complex and changing regulations have stopped the public payor market growing, but B2C remains strong.

"Honestly I don't think the reimbursement is going to pick up fast," says general manager for Livi France Jonathan Ardouin, explaining that although more individual doctors may start to use teleconsultations over the next 6-12 months it's increasingly hard for independent telehealth players to meet reimbursement criteria.

Livi is the French and UK brand of Sweden's largest telehealth player KRY. Its model across all markets is to work predominately with a public payor and to employ its own doctors to deliver care.

The challenging criteria include limiting teleconsultations to an 'official' doctor – known as a *medecin traitant* – by only reimbursing patients for teleconsultations if it is through that doctor, or if she/he is not available. The statutory insurer is also only guaranteeing reimbursement if they have seen their doctor face-to-face within the past 12 months.

To complicate matters more, the insurer will only reimburse patients seeing other doctors if that doctor worked for a territorial organisation like a *centre de sante* (health centre). Livi operates through one of these in the outskirts of Paris, so its doctors fall within this reimbursement mechanism.

France introduced reimbursement for teleconsultations in September 2018.

Ardouin goes on: "From September to December, the demand for teleconsultations grew very rapidly. But then from January 2019, the insurer restrained the reimbursement conditions and decided that from then our patients wouldn't be reimbursed for video consultations. We were very confused."

He says that after this happened, Livi took out a lawsuit against *Assurance Maladie* that was settled in June this year. "The judge finally specified the new criteria for reimbursement. It now works the same as before except with the additional constraint that the clinic you're doing the consultation with has to be local, in theory within the department."

Livi still offers its solution B2C for patients who want to use its services but cannot be reimbursed. It says only 10-15% of the 35k consultations it has delivered over the past year were reimbursed by *Assurance Maladie*. Livi is now looking to strike partnerships other *centres de sante* around France in order to increase its catchment area as well as strike partnerships with other health systems and retain its B2C market.

“The big disappointment in the numbers is not so much the 60,000 consultations but the very small number of doctors who have equipped themselves with video consultation equipment,” says Ardouin. In fact, less than 1% of doctors (1,647) billed *Assurance Maladie* for a teleconsultation in the past year according to official data.

Data from *Assurance Maladie* shows that consultations reached an estimated 11,500 in August making a year total of 60,000 from September 15, 2018, when reimbursement was introduced. The last actual data showed 10,000 consultations in July. The majority of these consultations are from patients tele-consulting their ‘official’ doctor (85%), while just 8% were with ‘other’ doctors in *centres de sante*.

Doctolib – the online booking platform – is one provider selling teleconsultation technology to individual doctors. It is likely to benefit the most from individual doctors increasingly buying technology to use video consultations themselves, as it already has a huge customer base of doctors using its booking platform.

Since the beginning of the year, the number of statutory insurance-reimbursed consultations has been growing at a monthly compound rate of 21%, although Livi’s own growth rate plateaued because of the video consultation reimbursement ban. Ardouin estimates that unreimbursed consultations have outnumbered reimbursed ones by roughly 2:1 (100,000 unreimbursed ones).

Nicolas Revel, general director of *l’Union nationale des caisses d’assurance maladie* (the body which oversees the statutory insurer), was nonetheless upbeat saying: “The increase (in teleconsultations) is clear and will accelerate going forward as it increasingly involves other professions in the sector like nurses and pharmacists.”

The consultations are reimbursed at the same level as physical consultations: €25 for a general practitioner and €30 for a specialist.

**Our Analysis:** The next 12 months of video consultations in France will be key to determining whether it is technology providers like Doctolib, who do not employ doctors, or care providers like Livi, who do, who will eventually dominate the French market.

At the moment it seems like Doctolib has the upper hand but policymakers cannot continue to keep ignoring the country’s medical deserts. France has a massive shortfall of doctors in its rural areas. Ardouin says that if even if a doctor buys a new piece of software it does not automatically create more time in their diary. The same logic applies to the whole workforce... technology doesn’t create more doctors but it can allow whole systems to better organise how those doctors are used.

We would welcome your thoughts on this story. Email your views to [Rachel Lewis](#) or call 0207 183 3779.

