



CARES



Remote Healthcare for Silver Europe Soins de santé à distance pour l'Europe de la Silver



STUDY VISIT N°2NOUVELLE-AQUITAINE

Nursing home "Les Jardins de l'Ombrière", Eysines 23 November 2023







Teleconsultation at home for older adults

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TELECONSULTATION AT HOME FOR OLDER ADULTS /LOCAL RESOURCE CENTRE

Hélène MOMBEREAU

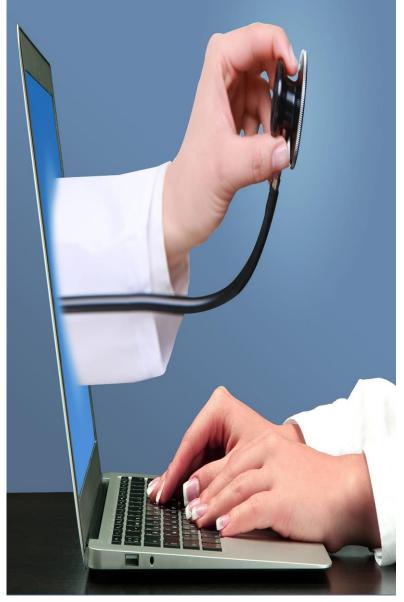




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PRESENTATION OF MY PROJECT









Les Jardins de l'Ombrière
Pôle Ressources de Proximité

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I. PRESENTATION OF THE COORDINATOR

I. HÉLÈNE PRESENTATION

My career path My qualifications Telemedicine

A nurse coordinator in a nursing home since 2010, I trained in telemedicine in 2017 and now carry out teleconsultations at the nursing home "Les Jardins de l'Ombrière". I was able to see the benefits and advantages of this practice very quickly.

In 2019, with the opening of the Local Resource Centre (*PRP*), whose role is to support the region's elderly, we wanted to give frail seniors the same benefits of teleconsultation, in **their own homes**.







II. PRESENTATION OF THE LOCAL RESOURCE CENTRE (PRP)



THE LOCAL RESOURCE CENTRE

Definition

- The nursing home "Les Jardins de l'Ombrière" is extending its services to older people living at home. The Local Resource Centre supports the region's older people:
 - To prevent the risks associated with frailty as we age
 - To help build relationships and combat isolation

Objectives of TLC at home

- Improve the quality of medical care for frail people at home;
- Enhance the medical skills of all those involved by enabling them to meet and discuss during appointments with patients;
- Improve public medical cooperation between the health and medicosocial sectors;
- Shorten the time taken to obtain a consultation;
- Improve patient comfort;
- Benefit from a multidisciplinary medical approach to patients.

The challenges of TLC at home

- Opening up access to care in all areas of the area affected by desertification,
- Ensuring access to care according to need
- Keeping people at home
- Breaking the isolation of vulnerable people by providing access to care

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III. PARTNERS AND BENEFICIARIES



THE STAKEHOLDERS AND SUCCESS FACTORS OF THE PROJECT

Local partners

- SAD/SSIAD: home support services
- CPTS: healthcare professionals working in the same area
 - MSP: local health services
 - DAC/CLIC: regional coordination support
- Private practitioners in the area (nurse/ speech therapists/ private doctors....)

Patients

- People with disabilities
- Frail older people
- Continuous carers
- Isolated people

Partners with technical and methodological resources

- GIP ESEA: ensures and supports
 the proper use of reference
 systems
 - Groupe Mieux Vivre IT
 specialist: provides maintenance
 and technical support for digital
 tools
 - EXPERT CENTRES: provide
 highly specialised
 multidisciplinary hospital skills

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IV. AREAS



GERIATRICS



- ETHICAL ADVICE AND PALLIATIVE CARE
- Objectives:
 Advice and
 recommendations
- & Professionals:
 Geriatrician
- Equipment: Basic teleconsultation (TLC) tools



- NEPHROLOGY ADVICE
- Objectives: Advice, follow-up and recommendations
- & Professionals:
 Geriatrician /
 Nephrologist
- Equipment: Basic TLC tools



- **■** DIABETES ADVICE
- Objectives:
 Follow-up and advice
- Professionals:
 Endocrinologist
- Equipment: Basic
 TLC tools



- CARDIOLOGY
 ADVICE / FOLLOWUP
- **Objectives:**
- **A** Professionals:
- Equipment: Basic

 TLC tools and + or

 specific equipment



DERMATOLOGY



- **DERMATOLOGY ADVICE**
- Objectives: Advice, recommendations, prescription
- Professionals: Pr of dermatology at the University Hospital
- **Equipment:** Basic TLC tools; mobile camera

WOUNDS AND HEALING



- **WOUND AND HEALING ADVICE**
- Objectives: Advice, recommendations
- Professionals: Wound and healing nurse, geriatrician
- Equipment: Basic TLC tools; mobile camera



PSYCHIATRY



PSYCHOGERIATRICS



ODONTOLOGY



■ DENTAL CHECK-UP

- Objectives: Advice and followup of psychiatric pathology
- Professionals: Psychiatrist and geriatric psychiatrist
- Equipment: Basic TLC tools

- Objectives: Advice and recommendations on behavioural disorders
- Professionals: Psychogeriatrist
- Equipment: Basic TLC tools

- Objectives: Assessment, diagnosis and subsequent intervention at the University Hospital
- Professionals: Pr in dental surgery at the University Hospital
- Equipment: Basic TLC tools and endobuccal/dental camera



PHYSICAL MEDICINE AND REHABILITATION



- **PARKINSONIAN SYNDROMES**
- Objectives: Therapeutic advice, follow-up
- Professionals: Neurologist geriatrician
- Equipment: Basic TLC tools, mobile camera

MEDICAL FOLLOW-UP AT HOME (PLANNED)



- MEDICAL FOLLOW-UP BY THE GP
- **Objectives:**
- **Professionals:**
- **Equipment:**



OTHERS

- Tell us what you need
- Make a request
- I will analyse your request
- We will find solutions

TOOLS



Unconnected equipment

- Glucometer
- Blood pressure mor
- Scale
- Pulse oximeter



Connected equipment

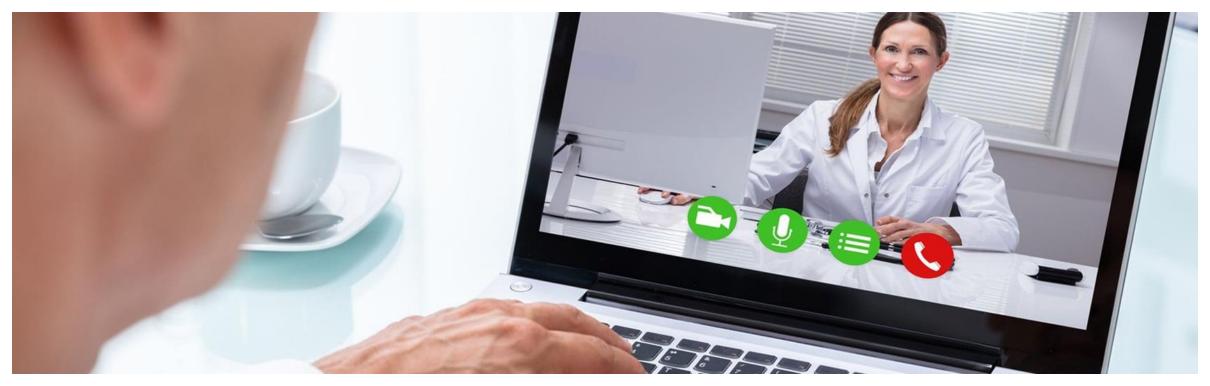
- Otoscope
- Stethoscope (October)
- Electrocardiogram (planned)
- Audiometer
- Dermatoscope
- Others? What do you need?





Les Jardins de l'Ombrière
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V. COURSE OF A TELECONSULTATION



Secure Health Messaging (MS Santé)

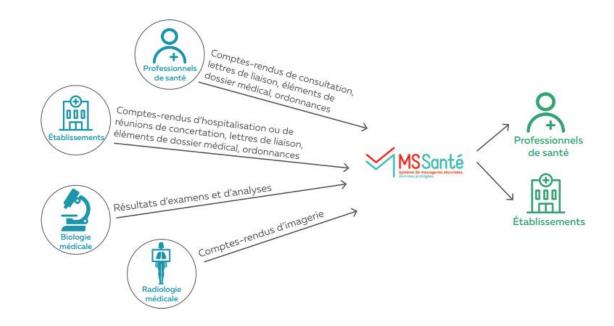
MS Santé is a secure electronic messaging system reserved for authorised professionals.

There are several MS Santé operators connected to each other via the "MS Santé trust space".

Example of use: Exchanging data required for healthcare users, receiving and sending documents such as reports, discharge letters, etc.



LE MAIL SÉCURISÉ DES PROFESSIONNELS





Paaco-Globule

Paaco-Globule is the **regional e- Pathway service for communication and coordination**.

Aimed at healthcare professionals, it facilitates the sharing and exchange of information on a patient's care, enabling coordination across the region.

The tool offers a range of secure functions for monitoring, coordinating and planning care, communicating about a patient, etc.



LE CARNET DE LIAISON DES PROFESSIONNELS



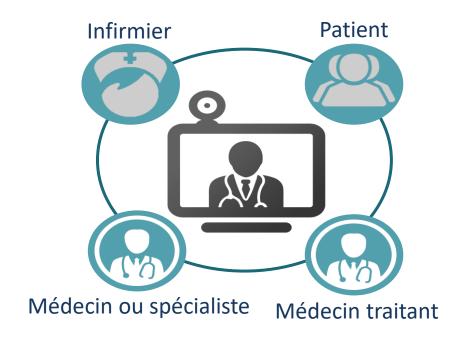


Teleconsultation tools

Secure tools implemented as part of the teleconsultation activity and meeting the regulatory framework for security and interoperability.

These digital solutions enable the medical professional and the patient (potentially accompanied if necessary) to be linked by videoconference.

Additional functionalities (connectivity tests, diaries, etc.) can also be offered.

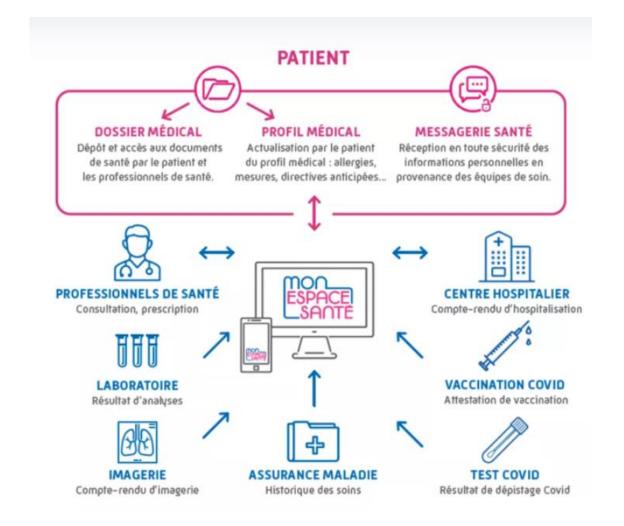




My Health Space (Mon Espace Santé - MES)

My Health Space (MES) is France's digital health record. Supported by the French national health service, it enables healthcare documents to be stored and filed, and shared and exchanged with healthcare professionals. The **DMP** (Shared Medical Record), an integral part of MES, gathers and tracks all patient information.

It promotes better coordination, quality and continuity of care.





DESCRIPTION OF THE ORGANISATIONAL ARRANGEMENTS BETWEEN LOCAL STAKEHOLDERS AND THE "DIGITAL HOSPITAL"

The local stakeholder defines the needs and passes them on to the coordinator.

The coordinator obtains the agreement of the GP.

The coordinator makes the request to the specialist via MS Santé and informs the local stakeholder.

The coordinator, the patient and the specialist carry out the teleconsultation session using the teleconsultation tool.

The local stakeholder obtains the patient's consent and the name of the GP.

All information is sent to the coordinator via Paaco-Globule.

The local stakeholder sends the list of patients' names and details (medical and paramedical information via Paaco-Globule) and gives the administrative documents to the Local Resource Centre coordinator.

The coordinator contacts the patient and informs him/her.

The coordinator sends the written and signed report (received by MS Santé and uploaded to the patient's DMP) to the GP and the local healthcare professional. It will then be archived and made available to all healthcare professionals via Paaco-Globule.





VI. CONCLUSION



CONCLUSION AND OUTLOOK

Limits of TLC carried out by a private nurse

- Schedules defined by the specialists are difficult to integrate into the round of a nurse,
- Activities related to TLC (preparation and coordination) are time-consuming and not currently financed (only acts, i.e. 20 to 30 minutes of TLC, can be quoted as a nursing act).
- Investment in suitable equipment is not costeffective.
- Lack of skills in the field of TLC and absence of technical support for digital tools.

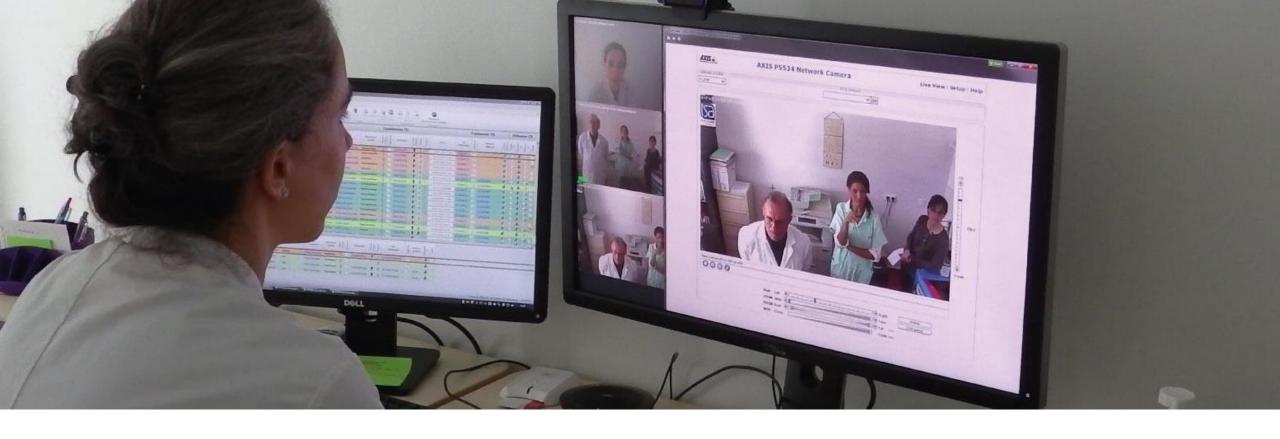
Perspectives

- Creation of an entity specially dedicated to the practice of teleconsultation "the digital hospital" to enable:
 - Ensure the preparation/coordination of care,
 - Enable investment in appropriate equipment
 - Define a territory
 - Create a directory of hospital specialists who practice teleconsultation.

I would like to thank all participants.

Let's be partners in the future!





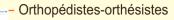
Telehealth in geriatrics

Pr Nathalie SALLES Bordeaux University Hospital



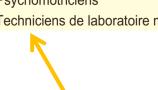
Professions de santé concernées par le télésoin

- Audioprothésistes
- Diététiciens
- Épithésistes
- Ergothérapeutes
- Infirmiers
- Manipulateurs d'électroradiologie médicale
- Masseurs-kinésithérapeutes
- **Ocularistes**
- Opticiens-lunetiers



- Orthophonistes
- Orthoprothésistes
- Orthoptistes
- Pédicures-podologues
- Pharmaciens
- Podo-orthésistes
- Psychomotriciens
- Techniciens de laboratoire médical

LE TÉLÉSOIN



Pharmacy Amendment 15 to the

Medical Agreement (Sept. 2019)

Value of teleconsultation assistance

1st year: fixed price of €1,225

350€ thereafter

flat rate for time spent:

between €200 and €400 per year



Telecare (Art. 13)

Health Law 2019





Amendment 6 to the **Nurses Agreement** (April 2019)

Assisted teleconsultation (home or dedicated location)

From 1 January 2020, charges will apply for private practice nursing:

- 15 per act for teleconsultation
- 10 if TLC combined with another procedure

CNAM funding: €525 per year to pay for software and hardware



Order of 1 August 2018 approving amendment no. 6 to the national agreement organising relations between private practitioners and the health insurance scheme signed on 25 August 2016

Teleconsultation

Doctor; nurse (Art. 51)

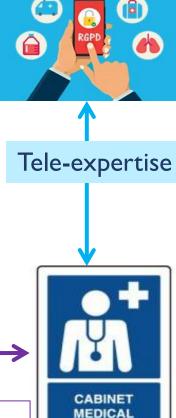


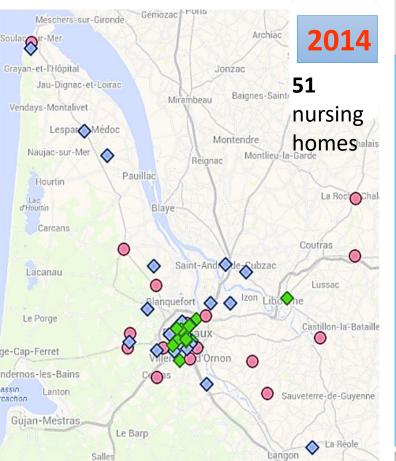


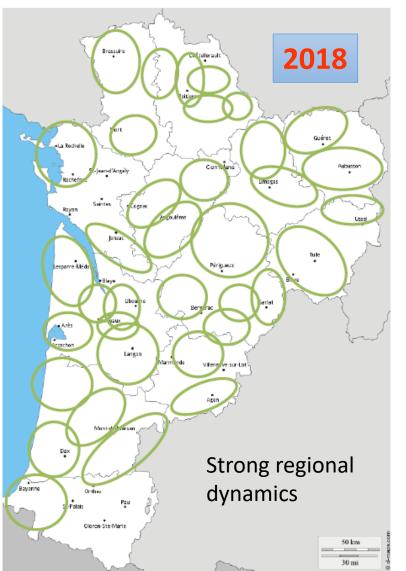
Fiche Mémo

Téléconsultation et téléexpertise Mise en œuvre

Mai 2019













Call for applications "telemedicine in nursing homes" 6 PROJECTS IN GIRONDE

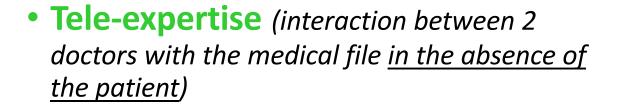
6 clusters (68 nursing homes) contacted the clinical gerontology centre at Bordeaux University Hospital

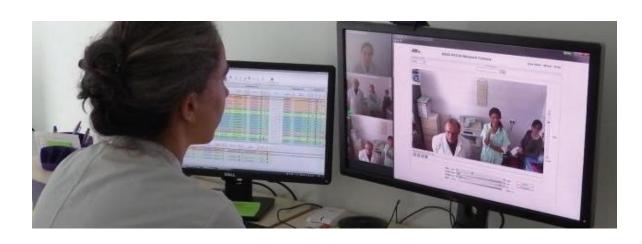




What telemedicine procedures are used in nursing homes?

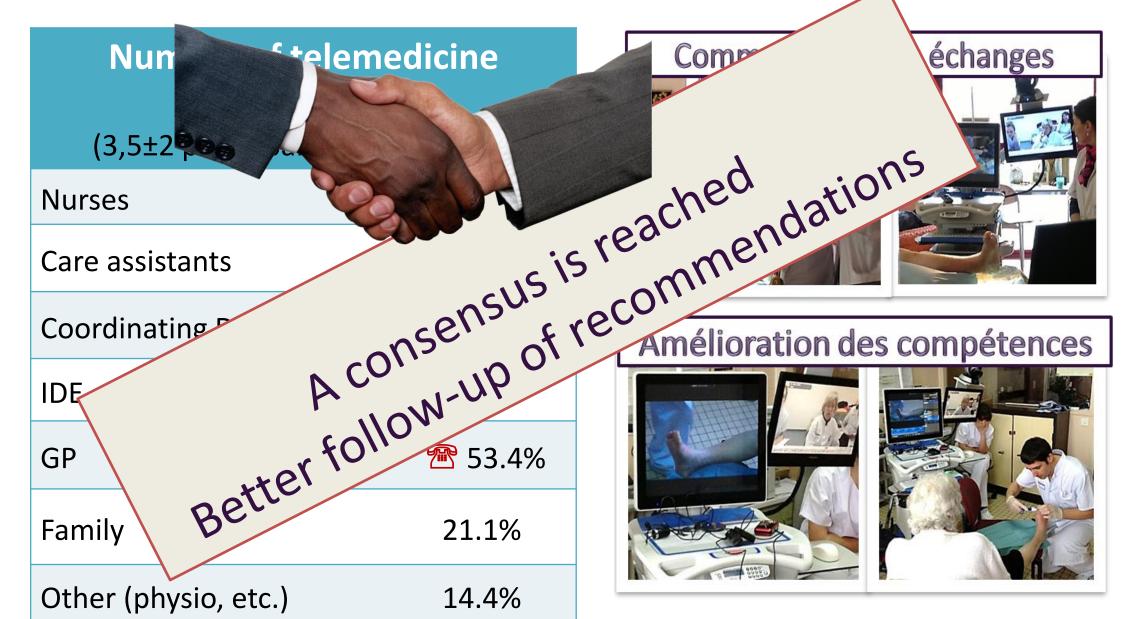
• Teleconsultation (virtual, interactive consultation in the presence of the patient, who may be assisted by a medical or non-medical health professional)







Participants at the nursing home



Telemedicine leads to an increase in the skills of carers

The presence of care teams at the patient's bedside is positively associated with therapeutic optimisation



(STOPP Psychotropic for example...)

STOPP strategy

Positively associated with the presence of carers (nurses and social workers)

Positively associated with the presence of the coordinating doctor

Positively associated with the presence of a psychologist

(OR=1.6, 95% IC [1.04 - 2.95]; p=.03)



Therapeutic strategy

START and STOPP

(OR= 1.6, 95% IC [1.04-2.48]; p=.03)

(OR= 1.7, 95% IC [1.10-2.60]; p=.02)

Telemedicine leads to an increase in the skills of carers

The presence of care teams at the patient's bedside is positively associated with therapeutic optimisation



START strategy

Positively associated with the presence of a family member

(OR = 1.5, 95% IC [1.03-2.45]; p=.08)

Positively associated with the presence of carers in nursing homes (OR = 1.8, 95% IC [1.24 – 3.17]; p=.008)

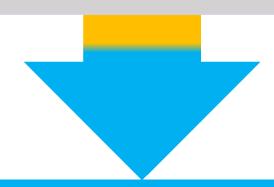


Therapeutic strategy

START and STOPP

Telemedicine leads to an increase in the skills of carers

The presence of care teams at the patient's bedside encourages learning about technical care.



SKILLS DEVELOPMENT

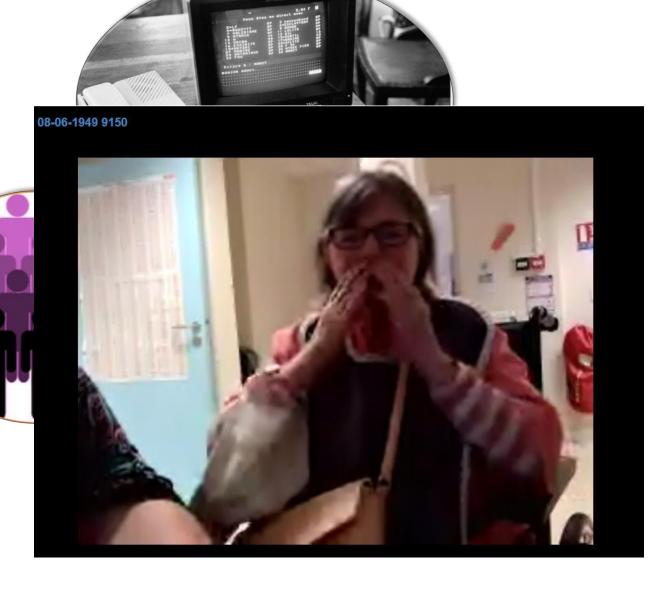




Anthropological study "Teleconsultation in geriatrics"

- For patients aged over 80, the TV screen is **a key factor** in enabling them to take control of their own health and care.

The patient is immediately integrated into the consultation





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