



CARES



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



STUDY VISIT N°2NOUVELLE-AQUITAINE

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Axelle Auffret

Telehealth and e-Pathway Project Manager at the Regional Health Agency Nouvelle-Aquitaine

Christian Caubet

Project director at ESEA ("E-Health in Action", the institutional eHealth operator attached to the Regional Health Agency)

Feedback on the regional Telemedicine Programme in nursing homes (*EHPAD*)

3





Background

2014 TLC 55 Nursing homes 2013 1st TLC 6 nursing homes 2012 Regional telemedicine programme

2019

Nursing homes, medico-social structures

2018

Pricing TLC

2018

Nursing homes project 400

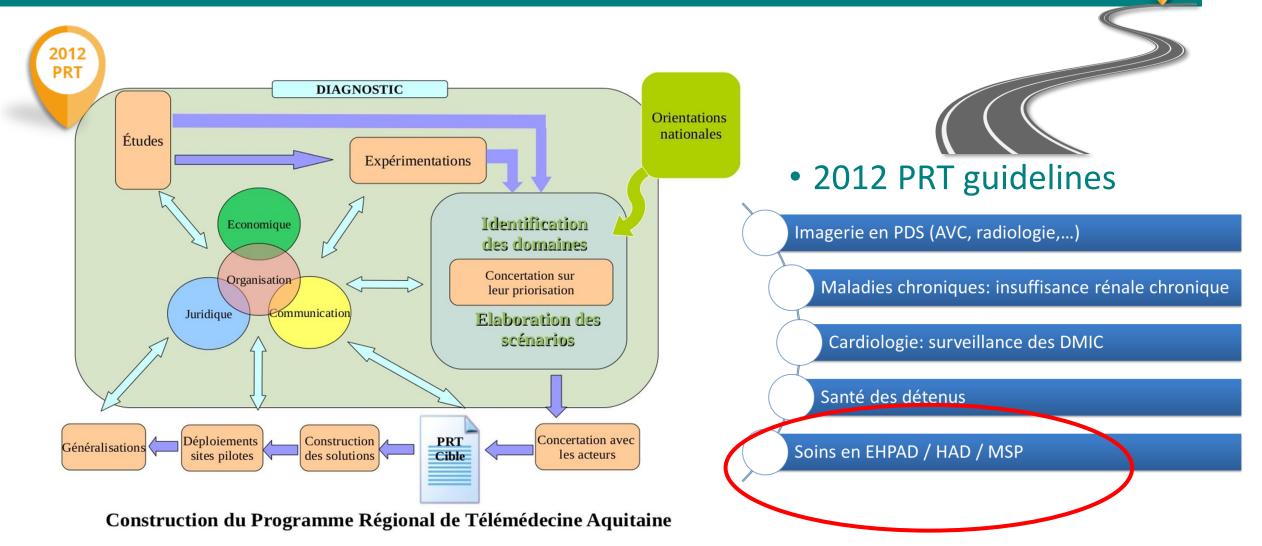
2019

Pricing **TLX**





Regional support: Regional Telemedicine Programme (*PRT*) launched in 2012







Regional support: 1st experiment: 6 nursing homes + 1 Hospitalisation At Home



- Wounds and pressure sores project
- 6 nursing homes
 - + 1 Hospitalisation At Home

Working with Professor Salles' team at the Xavier Arnozan Gerontology Unit -

Bordeaux University Hospital:

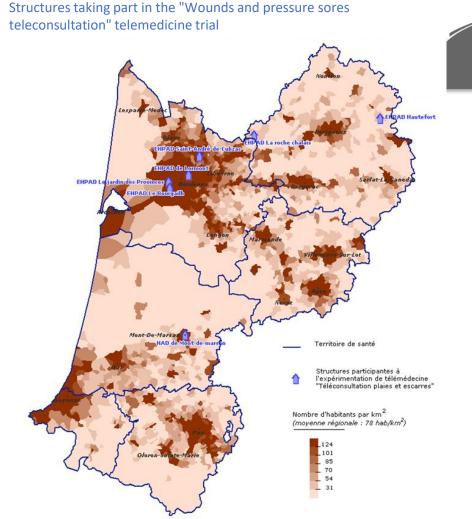
- a geriatrician
- a nurse
- a dietician
- an occupational therapist



2 half-days a week







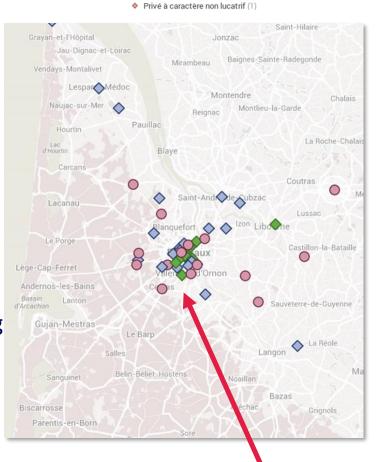
Le 23/11/2012



Regional support: Industrialisation -> 55 nursing homes + 1 Hospitalisation At Home



- Change of operator
- Contract with a new operator for a minimum of 4 years
 - Targets: 55 nursing homes potentially concerned
- Stage 1: migration of establishments participating in the "Wounds and Pressure Sores" project: the expert centre at the gerontology centre of Bordeaux University Hospital, volunteer structures from among the 6 nursing homes and the Hospitalisation At Home.
- Stage 2 : roll-out to other establishments and implementation of other thematic teleconsultations defined by a group of experts.



Bordeaux

Privé à caractère lucratif (24)

Privé à caractère non lucratif (16)

Public (18)

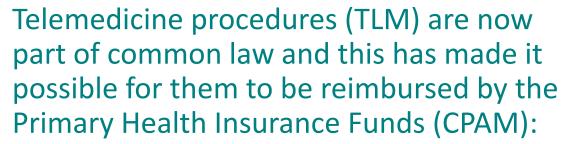






Regional support: Supporting legislation





Specifically:

- 15 September 2018: reimbursement of teleconsultations begins
- 8 February 2019: tele-expertise reimbursed







Awereness of the actors:

- Telemedicine is now an integral part of patient care.
- Financial recognition of procedures and time spent
- New organisations need to be set up.
- Massive arrival of new offerings for professionals
- Evolution of software solutions: Software As A Service mode for the most part.
 - A rethought regional strategy (ARS ESEA):
 - -> Free choice of teleconsultations solutions
 - -> Specific ARS funding for coordination
 - -> Enhanced methodological support.



Regional support: Generalisation -> 607 nursing homes target



- Aquitaine region merged with 2 other regions
 - 940 nursing homes in the new region
- 95 additional nursing homes equipped through various projects: 95+55 -> 150
- Call for applications (nursing homes):
 - 36 projects selected involving 457 nursing homes



The main principles:

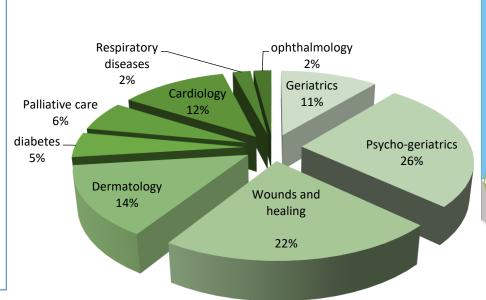
- Development of teleconsultation/tele-expertise procedures
- Organisation of care within the framework of 2 regional care networks (letter of commitment from the experts)

Specific features:

Nursing homes: dynamics of clusters of establishments with a dedicated coordinator

Financial support:

- Start-up grant for each facility (€6,000 for nursing homes)
- Coordination support package for clusters of nursing homes (€30,000)









Regional support: ESEA, E-Health in action

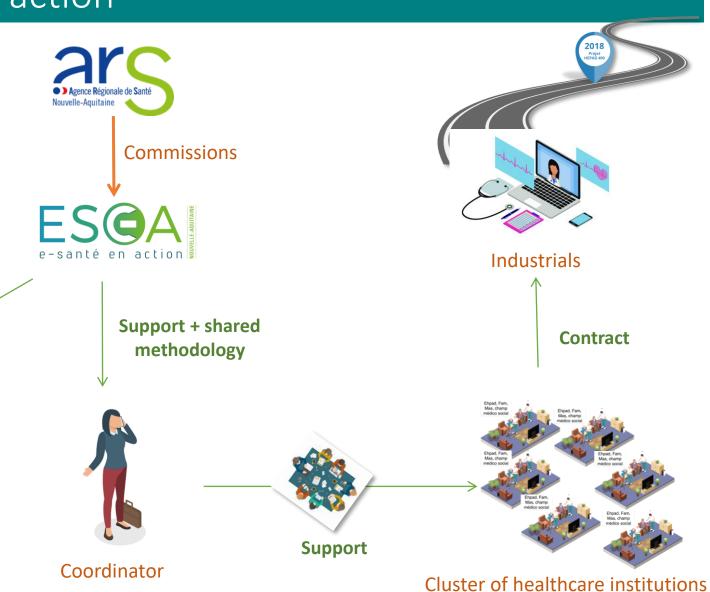
Support











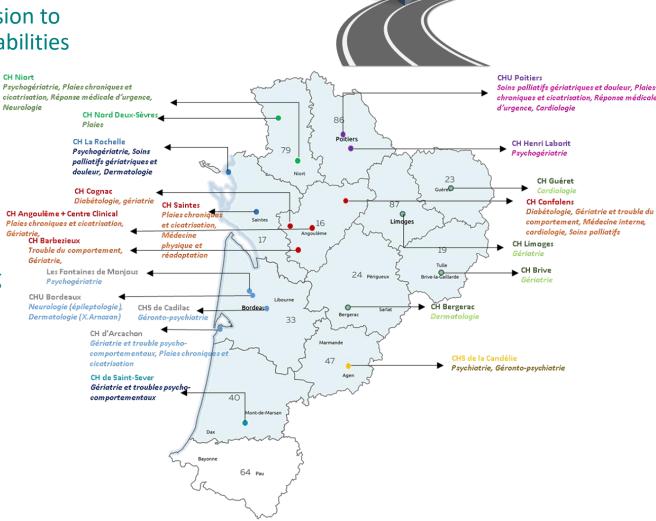
Regional support: Enlargement: 607 + 199 = 806 medico-social establishments



(2019-2020) -> Nursing home extension + extension to establishments accommodating people with disabilities

27 new projects selected = 199 structures

- 3 nivels of support:
- Territorial (project by project)
- Regional :
 - Telemedicine day for project coordinators
 - Common tools: methodology and reporting
- Digital:
- E-Learning platform



FAM, MAS





Key figures for the deployment of telemedicine in nursing homes

- 100% of nursing homes in the Nouvelle-Aquitaine region have been equipped with a digital tablet
- 78% of EHPADs have received support in deploying teleconsultations and remote expertise
 - 84% of them are operational (= equipped + trained)
- + More than 90 teleconsultation or tele-expertise channels have been set up
 - supported by local expert centres
 - are based on tools chosen by each centre (no technical solution imposed by ARS Nouvelle-Aquitaine region)



Ongoing support

- End of funding for nursing homes cluster coordinator posts
- → Autonomisation of nursing homes
- → Rethinking ESEA: support role / regional coordination
 - Responding to bottom-up requests from nursing homes
 - Training / Information
 - Organisation of experience sharing: conferences, round tables, etc.
 - Communicating on the range of services on offer
- Regional and local activity monitored by ARS and ESEA
 - Annual activity report
 - Survey of all nursing homes in the region in 2023

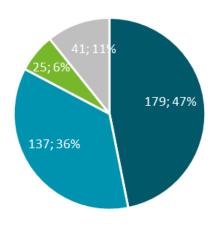




Main results of the 2023 regional survey

- 67% of those questioned are aware of the services available in their nursing home
- 45% felt they needed new channels
- 38% have mastered the use of the tools
- 45% think they need training (staff turnover)
- 23% face network problems
- 32% have carried out tele-consultations or tele-expertise in the last 12 months

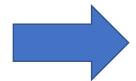
Frequency of telehealth activity in the Nouvelle-Aquitaine region



- 42% of the nursing homes interviewed use teleconsultation or tele-expertise.
- A majority of them state that this use is regular

About the regional strategy for the deployment of telemedicine in nursing homes

- + More than 10 years of support based on an agile and adaptive regional strategy
- The funding of coordination time as part of clusters has given a boost to the introduction of telemedicine, but has not always empowered nursing homes.



Telemedicine = PEOPLE + ORGANISATION + tools





Positive aspects of telemedicine in nursing homes Barriers to deployment



- Improves access to care for nursing home residents
- Limits time-consuming and disruptive travel for residents
- Reduces costs
- Establishes effective collaboration between the doctor required and the nurse accompanying the patient
- Overall, saves medical time

- Access to the network (technical delays in deploying solutions in expert centres)
- Lack of nurses in nursing homes
- Lack of knowledge of existing services
- Turnover of professionals and difficulty in making long-term commitments
- Patient preference for face-to-face consultation
- Lack of acculturation



Outlook

- Improving communication on the offer
 - Helping/encouraging expert centres to make their services more accessible (setting up a directory of telehealth services).
- Increase the volume of services on offer to make them more accessible
 - Increase the number of doctors required
 - Encourage the involvement of private practitioners
 - Encourage expert centres to develop their services
- Improve organisations and devise new models
 - For experts: encourage self-financing of telemedicine coordination posts to increase their volume and make them more efficient
 - For nursing homes: enhance the value of older people being accompanied by nurses during teleconsultations (nurses from nursing homes or district nurses).





Contacts in Nouvelle-Aquitaine for the Interreg Europe CARES project



Juliette Vas

CARES project officer j-vas@gerontopole-na.fr

Laura Guérin

Europe department manager l-guerin@gerontopole-na.fr