

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

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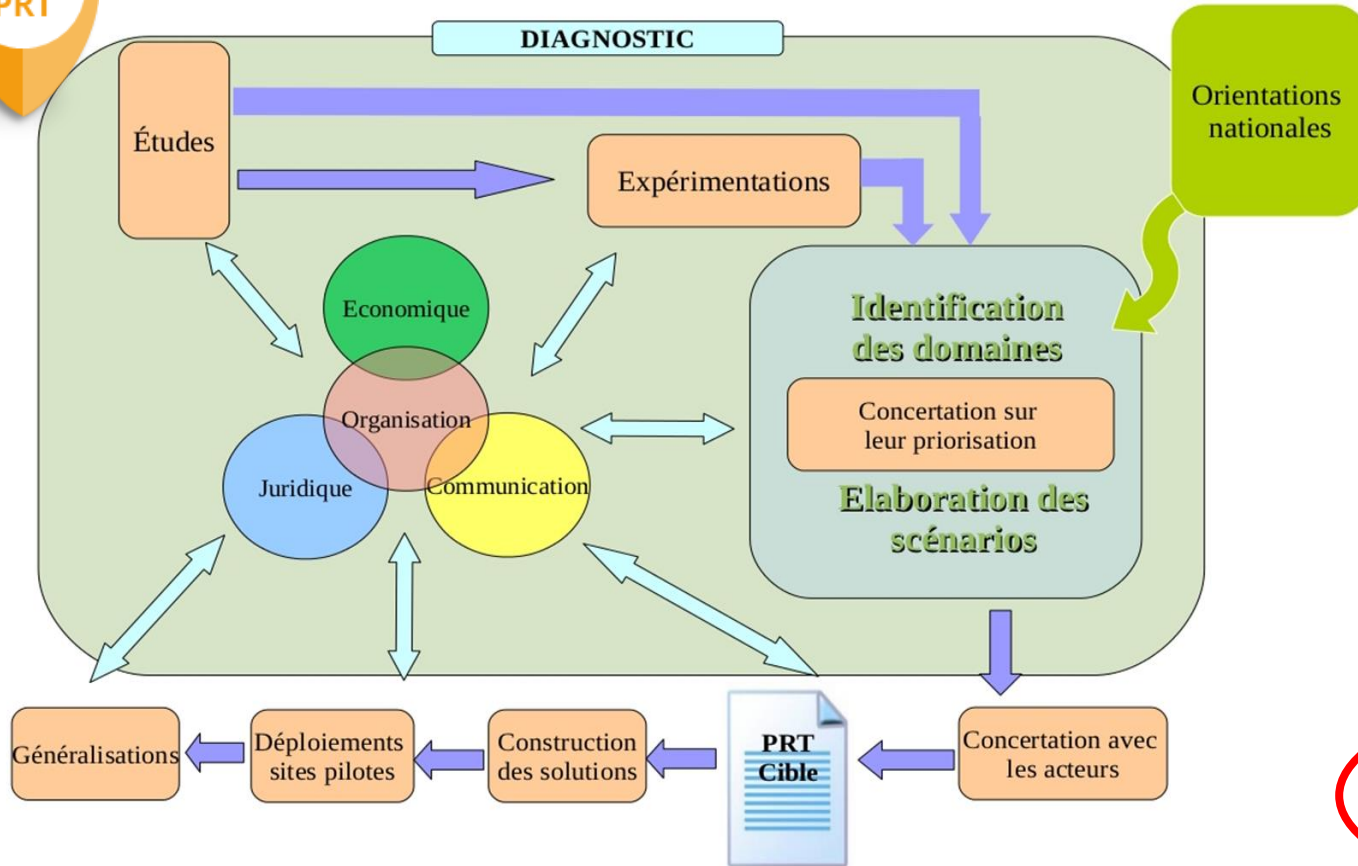
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# Background



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

2012  
PRT



Construction du Programme Régional de Télémedecine Aquitaine



## • 2012 PRT guidelines

- Imagerie en PDS (AVC, radiologie,...)
- Maladies chroniques: insuffisance rénale chronique
- Cardiologie: surveillance des DMIC
- Santé des détenus
- Soins en EHPAD / HAD / MSP**

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



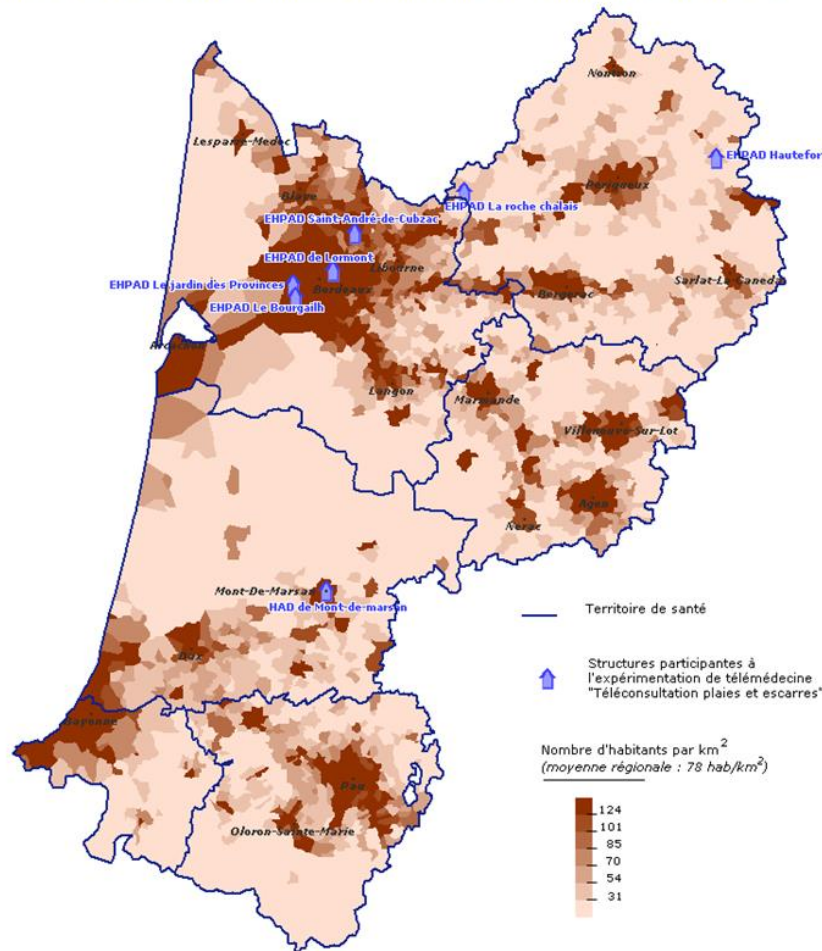
- **Wounds and pressure sores project**
- 6 nursing homes  
+ 1 Hospitalisation At Home

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



Structures taking part in the "Wounds and pressure sores teleconsultation" telemedicine trial



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



2014  
TLC 55  
Ehpad



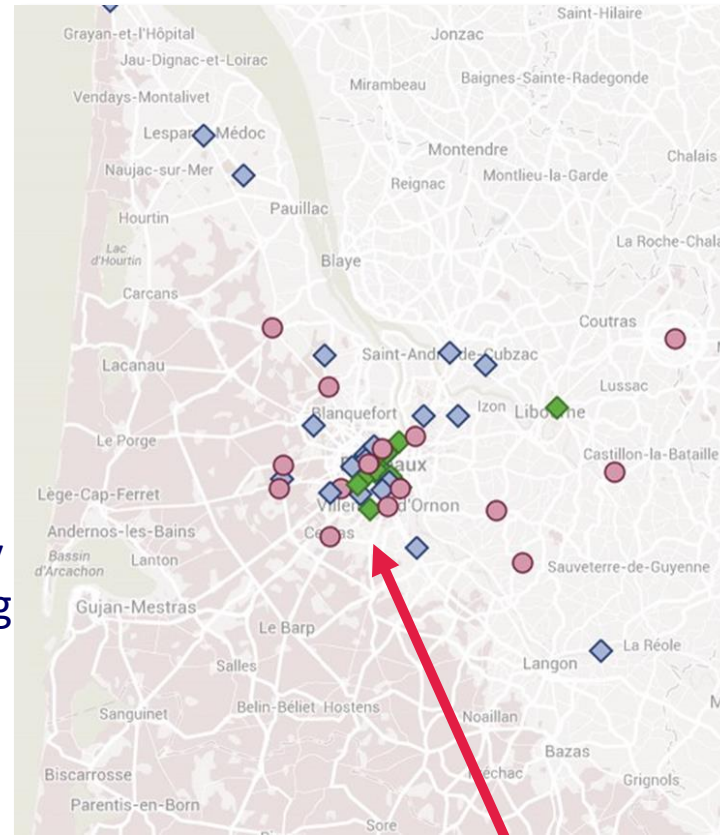
## Change of operator

- 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.

- ◆ Privé à caractère lucratif (24)
- Public (18)
- ◆ Privé à caractère non lucratif (16)
- ◆ Privé à caractère non lucratif (1)



Bordeaux



# Regional support: Supporting legislation



Telemedicine procedures (TLM) are now part of common law and this has made it possible for them to be reimbursed by the Primary Health Insurance Funds (CPAM):

Specifically:

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



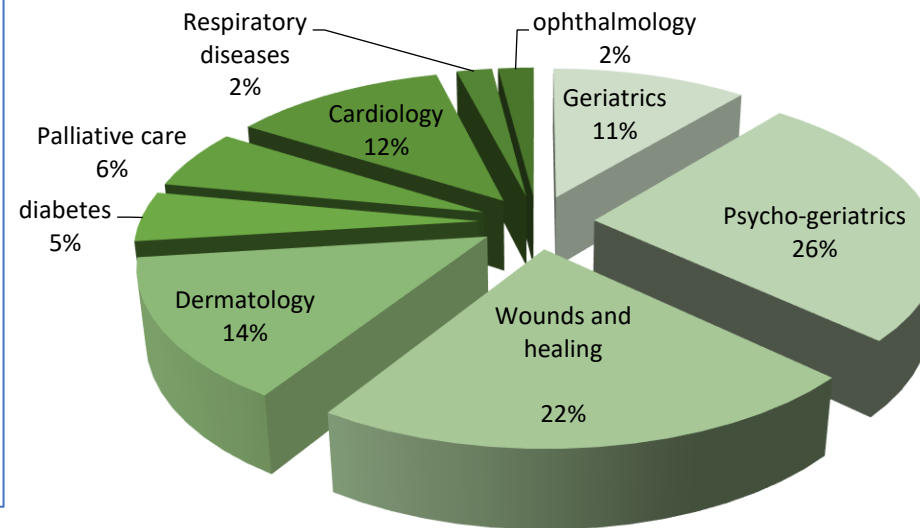
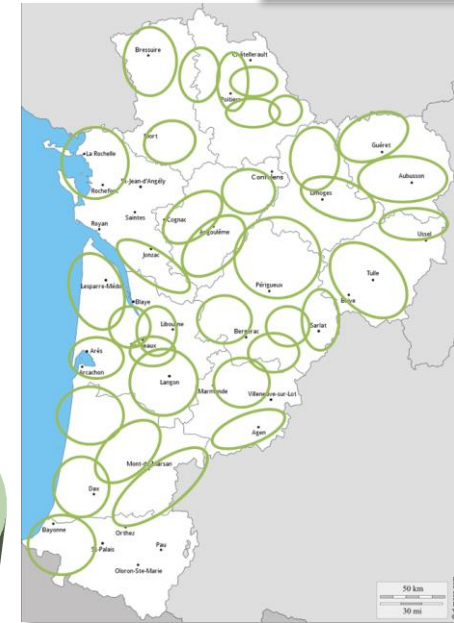
## Awereness of the actors:

- 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



Commissions



Industrials

Contract

Support

Support + shared methodology

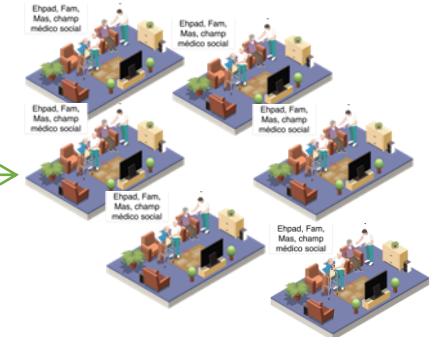


Healthcare institutions  
(nursing homes..)



Coordinator

Support



Cluster of healthcare institutions





# 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)

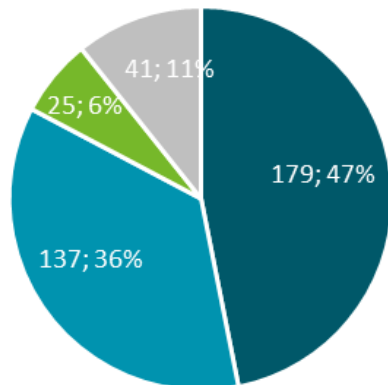
# Ongoing support

- 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

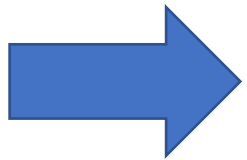


■ non démarré ■ faible (< 12/an) ■ en routine (≥ 12/an) ■ pas d'information

- 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



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