

# Good Practice

## Telemedicine in nursing homes programme: deployment in the Nouvelle-Aquitaine region

*Detailed information on the Telemedicine in nursing homes programme, inspired by the Interreg Europe Good Practice template*

### 1. Author contact information

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Are you involved in an Interreg Europe project?  Yes

Please select the project acronym: **CARES: Remote Healthcare for Silver Europe**

### 2. Organisation in charge of the good practice

Organisation in charge: Regional Health Agency (ARS) Nouvelle-Aquitaine

### 3. Good practice general information

Thematic objective of the practice:	Increased availability of telecare and telemedicine services for the European population, making care fairer within the region	
Geographical scope of the practice:	Regional	
Location of the practice	Country	France
	Region	Nouvelle-Aquitaine

Practice image



Source : *Freepik*

Title of the practice

Telemedicine in nursing homes programme: deployment in the  
Nouvelle-Aquitaine region

## 4. Good practice detailed information

### Short summary of the practice:

Programme from the Regional Health Agency that has supported the deployment of telemedicine in more than 700 nursing homes in the Nouvelle-Aquitaine region

### Why?

- Since 2010, telemedicine pilot projects have been supported in medico-social structures and nursing homes (EHPAD: Establishment of accommodation for dependent older adults). The 1<sup>st</sup> experiment was in 2013 with 6 nursing homes and 1 Hospitalisation At Home (HAD enables to provide important medical and paramedical care at home for a limited period, only works on medical prescription).
- Since **2018**, teleconsultations have started to be reimbursed in France by the Primary Health Insurance Funds and the Regional Health Agency (ARS, representing the State) has initiated programmes to widespread the deployment of telemedicine in order to develop the use of teleconsultation and tele-expertise.
- This support was based on **2 successive regional calls for applications** (1 in 2018 dedicated to nursing homes and 1 in 2019 also open to other medico-social structures). In total, following these 2 calls, **78% (=more than 700 nursing homes) of nursing homes in the NA region have been supported** by the ARS NA and ESEA (E-Health in Action: the institutional operator attached to the ARS) in the deployment of teleconsultations and tele-expertise.

### Detailed information on the practice:

>The development of telemedicine is one of the priority areas of the regional plan of ARS NA for access to healthcare in the Nouvelle-Aquitaine region.

### For whom?

Nursing homes (and medico-social structures)

### Area:

Nouvelle-Aquitaine region

### What is it for?

In order to deploy telemedicine in nursing homes and medico-social structures, **clusters of 10 to 15 establishments have been created** and have been **piloted by a cluster coordinator** funded by the ARS.

>One of these establishments was identified as the **pilot establishment/project leader** and had to take responsibility for managing the roll-out of the activity, coordination, etc. The pilot establishment also had to appoint the cluster coordinator.

>These clusters of establishments had to create a chain of telemedicine actors: an expert centre (eg: an hospital) + requesting establishments (nursing homes) + 2 medical specialities

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Objectives:

- **Structuring major regional projects for the deployment of teleconsultation/tele-expertise and supporting pilot projects with medico-social structures**
- **Structuring regional offers of technical solutions that can be used in telemedicine** (including national tools)
- **Methodological support for project leaders** in the development of their projects and in **monitoring initial telemedicine usage**

>An agile and adaptive support strategy

**There are 3 levels of support:**

- >Territorial (project by project)
- >Regional (common tools: methodology and reporting)
- >Digital (E-Learning platform)

→ESEA (E-Health in Action: the institutional e-health operator attached to the ARS): entity with a support / regional coordination role

- >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 the ARS NA and ESEA

- >Annual activity report
- >Organisation of surveys

**Next steps:**

- **Improving communication on the offer**

>Helping/encouraging expert centres to make their services more accessible (setting up a directory of telehealth services)

- **Increase services 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)

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**Timescale (start/end date):**2012 – 2023

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**Financial resources:**

- Coordination aid package granted to each pilot establishment in a cluster of 10 to 15 nursing homes to finance coordinator time: €30,000 (package to cover project management costs for 0,5 FTE for 1 year)
- Package to launch the process: €6,000 per nursing home
- Equipment package: €8,000 per nursing home

**Resources needed:**

This project has now ended and the establishments no longer receive funding. Cluster coordinators are no longer in their positions.

**Human resources:**

- 1 cluster coordinator to roll out the project to the 10 to 15 establishments

**Material resources:**

- 1 digital tablet per nursing home supplied by the ARS Nouvelle-Aquitaine

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**Evidence of success (results achieved):**

- 100% of nursing homes (=921) in Nouvelle-Aquitaine have been equipped with a digital tablet to carry out teleconsultations and maintain family ties
- 78% of nursing homes in Nouvelle-Aquitaine have received support for the deployment of teleconsultation and tele-expertise acts (84% of them are operational (=equipped + trained))
- More than 90 teleconsultation or tele-expertise chains of telemedicine actors have been opened > they are supported by local expert centres and based on tools chosen by each centre.
- **For residents:** improved access to care and less travel required
- **For professionals:** effective collaboration between the doctor and the nurse accompanying the patient, saving medical time
- **For the National Health Insurance Fund:** reduced costs

Source: *Regional Health Agency Nouvelle-Aquitaine*

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**Challenges encountered**

- Access to internet (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
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The telemedicine in nursing homes programme presents several aspects that could be potentially interesting for other regions to learn from:

**Potential for learning or transfer:**

- The involvement of ARS NA and ESEA in structuring major regional projects, offering technical solutions, providing methodological support, and coordinating support at different levels (territorial, regional, digital) demonstrates a **comprehensive approach**.
- The evidence of success provided, including the high percentage of nursing homes equipped with digital tablets, and the positive outcomes demonstrates the **measurable impact** of the deployment in NA.
- The **agile and adaptive support strategy** employed by the ARS NA and ESEA, including training, information sharing, organisation of experience sharing events, and monitoring of regional and local activities, highlights the importance of flexibility and responsiveness.
- The success of telemedicine deployment in the region is in partly due to the **regulatory and pricing framework** which favours its development. This suggests that regions looking to implement similar programmes should ensure that regulatory barriers are minimised and that pricing structures support the adoption of telemedicine.

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**External website (optional):**

- > <https://www.nouvelle-aquitaine.ars.sante.fr/telemedecine-5>
  - > <https://www.esea-na.fr/>
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