SUPPORTIVE CARE
OUTSIDE HOSPITAL
A FRENCH EXPERIENCE

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Medical Oncologist
CMO
• Lot of progresses in patient care in oncology
  – New treatments
  – Imaging
    • « Classical »
    • Functional
  – New insight in tumor biology / genetics
  – Global care
    • Supportive care
CONSEQUENCES

• Prolonged survival
  – For patients with locally advanced /metastatic disease

• Extensive indications for adjuvant therapies
  – For patients with localized disease

• More and more patients receiving anti-cancer treatments
• They all need supportive care
CONSEQUENCES (2)

• Development of outpatients care
  – Day hospital
  – Home care
    • Oral treatments

• How to give patients access to supportive care for patients outside hospital?
ACCESS TO SUPPORTIVE CARE

• Not easy inside hospital
• *Even more difficult outside*

• The patients stay less and less time in the hospital
• Home care
  – First line health care professionals
    • GP, private practice nurse, pharmacist

• Identify patients needs
• Get access to supportive care when needed
COLLABORATION HOSPITAL / HOME CARE

Hospital

• Nurses coordinators
  – Keep contact
    • With patients and caregivers
    • With home care health professionals

• Access to supportive care will be mandatory for hospital to get accreditation for cancer patients care (French National Cancer Institute)
  • Pain
  • Psychological care
  • Nutrition
  • Physiotherapy
  • Social support
  • End of life care
Collaboration Hospital / Home Care

Home care
• Home hospital (« Hospitalisation à domicile »)
• Private non profit structures
• Like an hospital at home
  – Brings material, drugs, specialists…
  – Collaborate with GP
• Only for eligible patients
  – Patients requiring complex treatments (ie parenteral nutrition, chemo ..)
• Minority of patients
Home care

• Private practice Home Care Professionals
  – GP, Nurses, Pharmacist

• Form most patients

• Health Law last year created « Plate-forme Territoriale d’Appui »
  
  *Territorial Support Platform*
  – Structure to help HCP
  – Main idea: have only one interlocutor for HCP for all problems and help them to work together
Les réseaux de santé franciliens soins palliatifs, gérontologie et cancérologie.
AN EXAMPLE: ONCO 94

• Geographically defined territory of intervention
• Mobile team
  – Physician, nurse, psychologist
• First for cancer patients
  – Then geriatric, end of life
• Now all chronic serious situations
  – Cardiac, neurology ....
• Help HCP to evaluate patient et adapt treatment
  – Phone counseling
  – Home intervention
    • Always with GP
  – Social support resources will be included
610,000 people
• Development of patient electronic files
  – Access to real time information is an issue

• Connected devices
  – Improve patient follow-up
  – PRO

• A role for Artificial Intelligence ?