



AMERICAN
HOSPITAL
OF PARIS

SUPPORTIVE CARE OUTSIDE HOSPITAL

A FRENCH EXPERIENCE

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CONTEXT

- 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

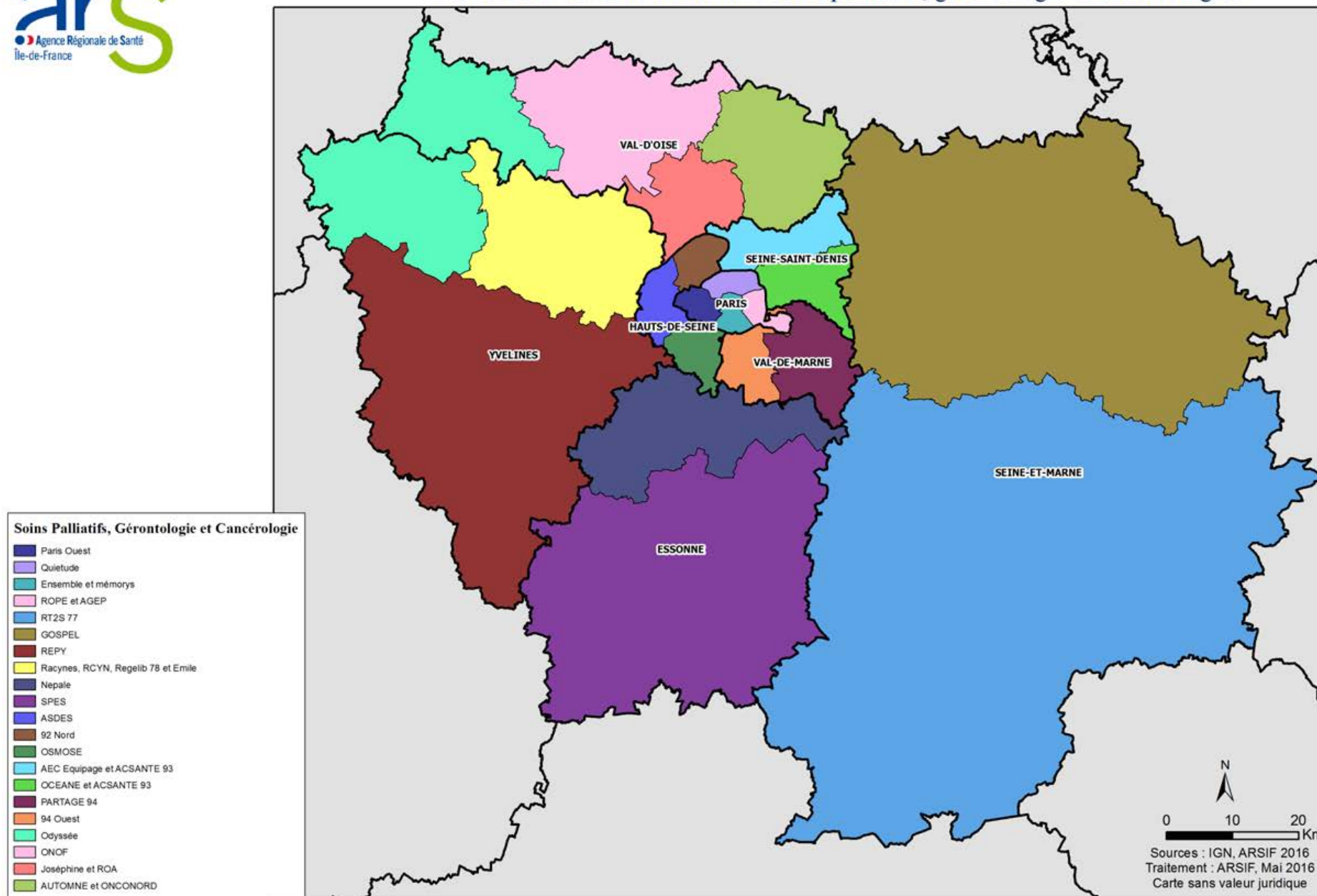
- Home hospital (« *Hospitalisation à domicile* »)
- Private non profit structures
- Like an hospital at home
 - Brings material, drugs, specialists...
 - Collaborate with GP
- Only for eligible patients
 - Patients requiring complex treatments (ie parenteral nutrition, chemo ..)
- Minority of patients

COLLABORATION HOSPITAL / HOME CARE

Home care

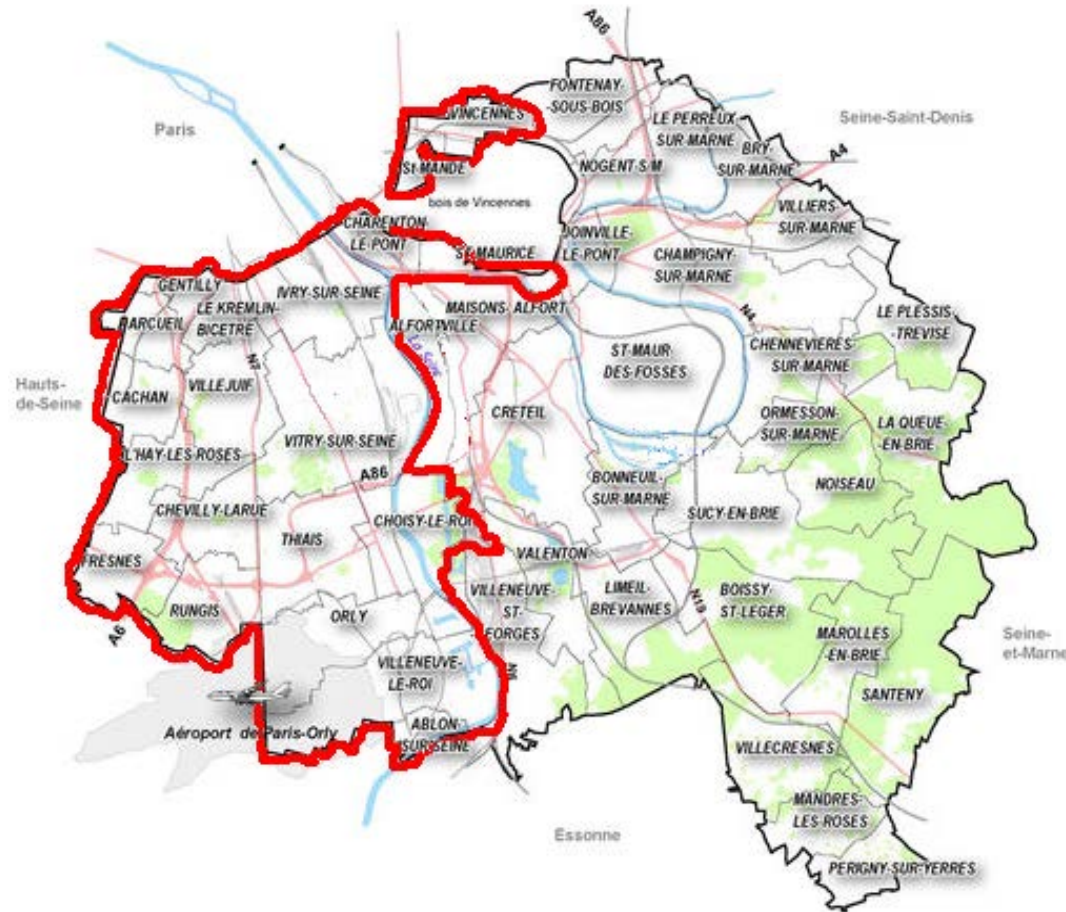
- Private practice Home Care Professionals
 - GP, Nurses, Pharmacist
- Form most patients
- Health Law last year created « Plate-forme Territoriale d'Appui »
Territorial Support Platform
 - Structure to help HCP
 - Main idea: have only one interlocutor for HCP for all problems and help them to work together

Les réseaux de santé franciliens soins palliatifs, gériatrie et oncologie.



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

PERSPECTIVES

- 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 ?



Association Francophone pour les Soins Oncologiques de Support

www.afsos.org

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