



# Improving the patient experience: evaluation of the contribution of a remote patient monitoring system



**Corinne ROCHETTE** - CleRMa EA 3849

**Dr Anne Sophie MICHALLET** – Oncologist physician CLB Lyon

**Stéphanie MALARTRE –SAPIENZA** – Nurse - OMA CLB Lyon

**Sophie RODIER** - CleRMa EA 3849

**François CASSIERE** - CleRMa EA 3849



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5<sup>th</sup> & 6<sup>th</sup> March 2019  
Luxembourg

10<sup>th</sup> Symposium « Regards croisés sur les transformations de la gestion et des organisations publiques »

# Agenda

1. Context and challenges around transformations of the health world
2. Origins of the research
3. Theoretical positioning and research question
4. Methodology
5. Results
6. Contributions and opportunities

Context and  
challenges

Origins of the research

Research question and  
theoretical positioning

Methodology

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Contributions,  
and opportunities

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# Public, societal and managerial policy issues



## • Transforming the care model: a thorny issue.

Economic cost

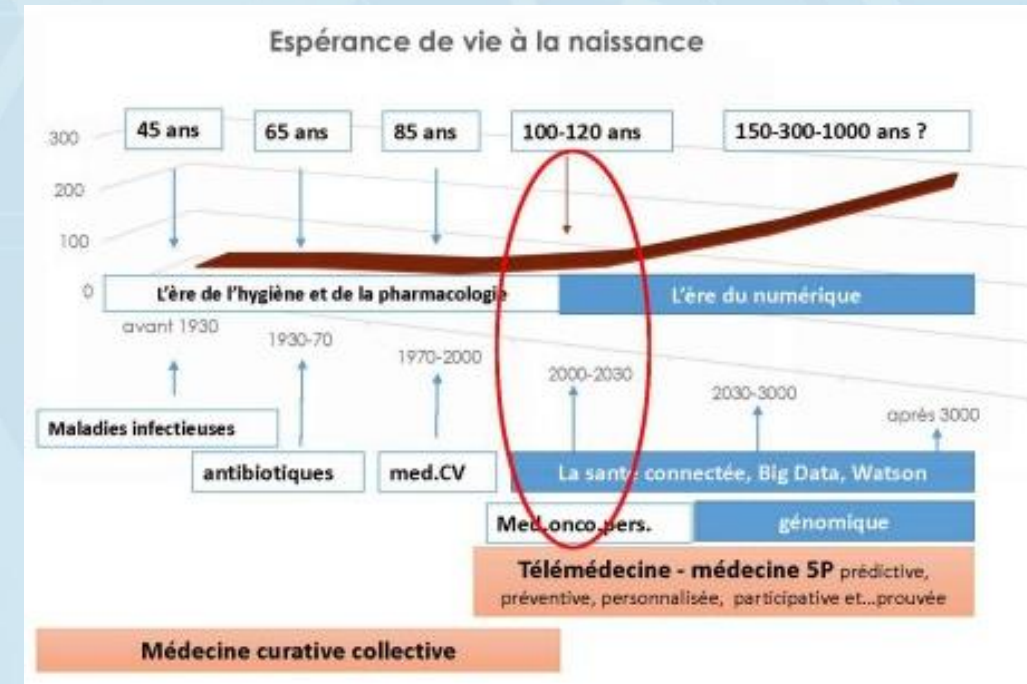
Difficult access to care (delays)

Reduction of time spent in hospital

Persistence of a management model characterized by patient passivity

Chronicization of many diseases including some cancers  
10 million people, 2 million patients with cancers

Insufficient city/hospital articulation



## The 2022 health plan (September 2018)

- To put the patient back at the heart of care
    - To evaluate his satisfaction,
    - To encourage his participation,
  - To create a collective of care at the service of the patient
  - Bringing together the city and the hospital around a territorial health project
- ⇒ To identify the best way to ensure patient monitoring for a 4 P medicine (predictive, preventive, personalized, participatory) and support the patient towards and in his autonomy.



## • Implementing innovative organizational modes

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A research program initiated in June 2018 focused on the patient experience and continuity of care of an OMA (Outpatient Medical Assistance) device for remote patient tracking.



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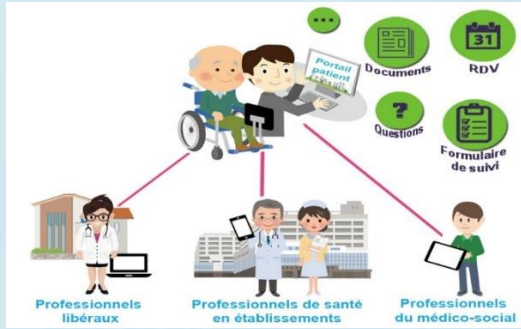
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# Conceptual and theoretical framework



## Continuity of care and treatment

- **Informational** continuity
- **Relational** continuity
- **Continuity of approach** (organizational aspect)

(Reid, Haggerty & McKendry, 2002 ; Lohfeld, Brazil and Willison, 2007)

## Patient experience

The disease affects quality of life (Bourdon et al., 2016) but **Factors act positively** on the experience

- **Engagement in the care process** (Dentzer, 2013; Gruman, 2013; Okun, Schoenbaum and Andrews, 2016),
- **Expertise in the shared experience** of the disease (Pomey et al., 2015)
- **An "active" dimension** in its ability to become involved in its treatment and/or to modify the care itinerary (Batifoulier et al., 2008)
- **Reduction of time spent in hospital** through adaptation of treatment protocols and ambulatory care (Bourdon, 2017)

## Organizational innovation

(Birkinshaw et al., 2008; Damanpour and Aravind, 2012)

**Patient navigation**  
(patient navigator and nurse navigator)

(Freeman, 1990)

# Develop an evaluation focused on the perception of the recipient.

- The generated studies focus mainly on **professional perception and quantitative (medico-economic) data**,
- Need **to develop studies on the perception of recipients** (patients and their families)
- See how this device improves the patient experience? Does it contribute to the perception of better management of the journey? Does this device contribute to the transformation of the hospital, to the patient participation and openness to the city?

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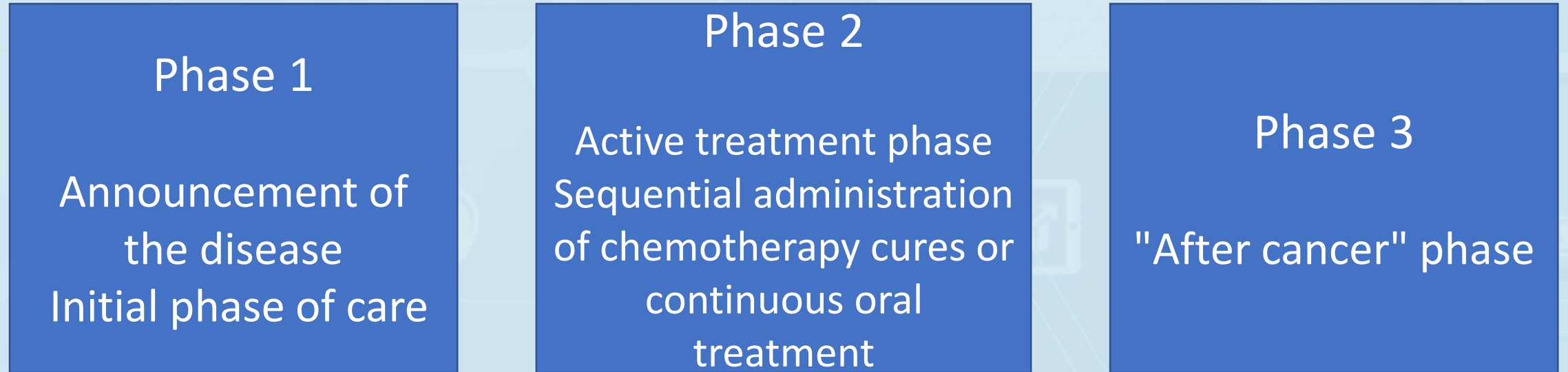
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# Care journey in onco-hematology



The OMA Léon Bérard Centre program (Lyon)

Context and challenges

Origins of the research

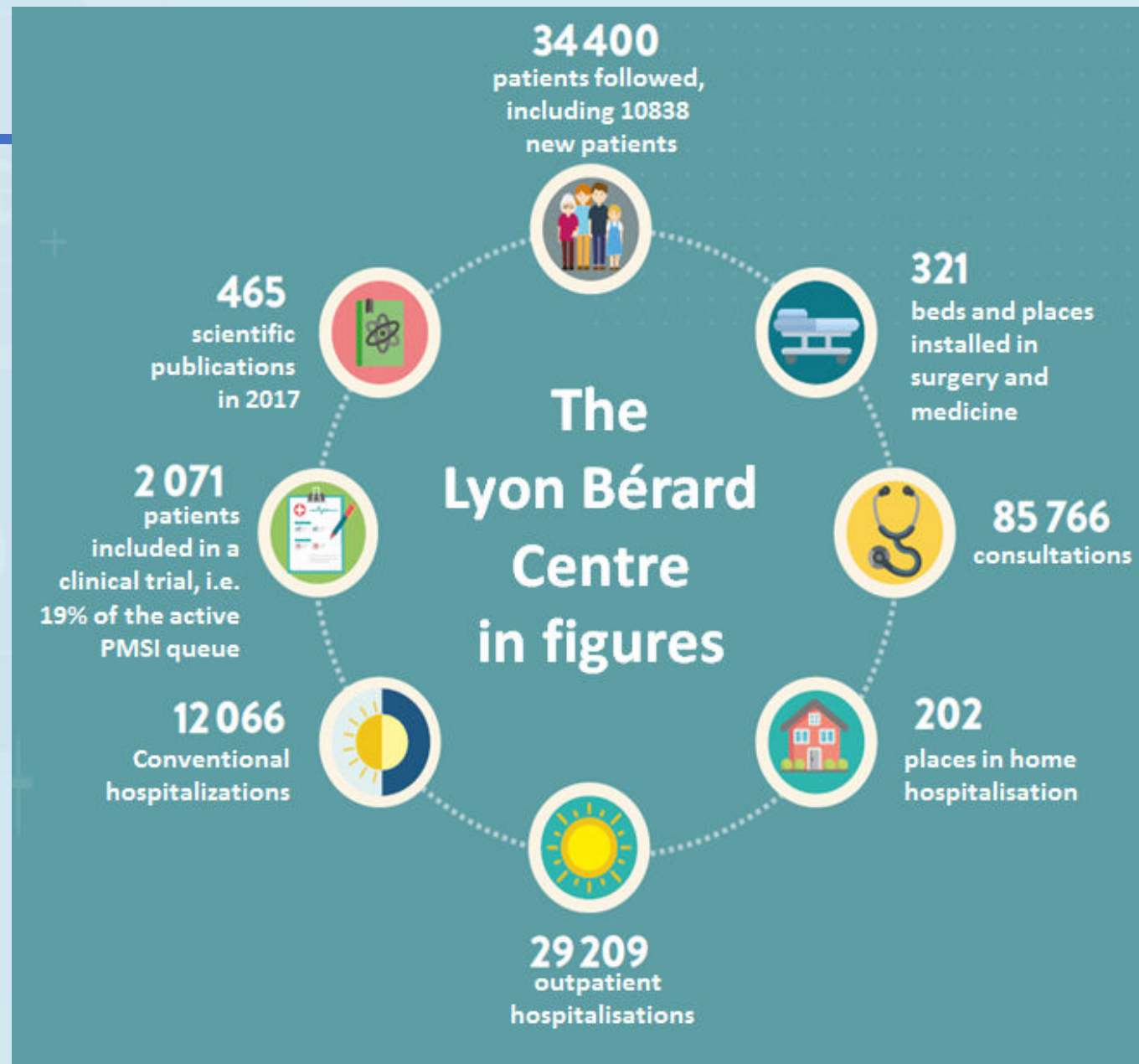
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# Some figures



The case study : the service of onco-hematology

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# AMA (OMA) Léon Bérard Centre : key points

**Implementation:** 2016

**Principle :**

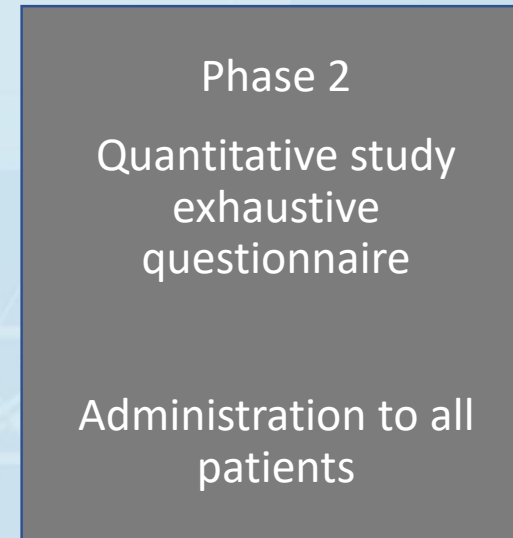
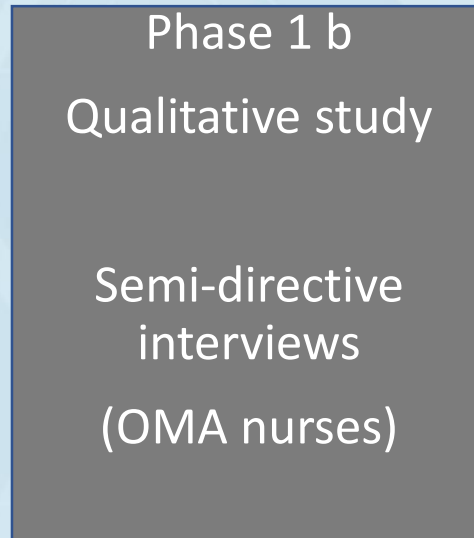
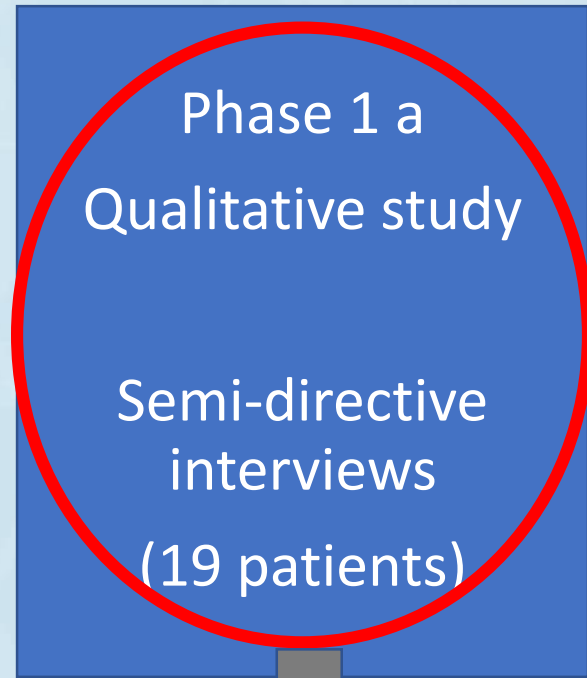
Bi-weekly outbound calls scheduled by a nurse

**Objectives :**

- Improve active phase monitoring of treatment
- Anticipate and manage risk at home
- Manage and detect possible toxicities as early as possible
- Ensure proper compliance
- Breaking the isolation

**Resources:** 3 OMA nurses, 350 patients have benefited or are benefiting from this follow-up (active line 70/day)

# Research program to evaluate the device, focusing on the perception of the recipient patients



Face-to-face or telephone interviews  
Average duration: 28 mns  
Age 22- 94 years, 7 men & 12 women

4 themes :

- 1° what the OMA system means to them
- 2° the contributions of this monitoring,
- 3° the limits of the device,
- 4° their wishes / evolution of the system and elements of improvement.

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## A very positive perception of the LBC => strong words

Patients **associate the program with the Léon Bérard Centre** more than with the service.

and to the **expertise of the staff** of the Centre.

*« It's great... Léon Bérard I'll promote it to them »*

*"I'm lucky to be followed by Léon Bérard"*

*"I didn't think it could exist and now I don't understand why it doesn't exist everywhere"*

*"The role of AMA has been magical."*

# AMA a "pleasant surprise" for important benefits

*"The doctor had told me about it, then A (IAMA) was introduced to me but I discovered the device as I progressed".*

*"It brings comfort, safety and security. It helps to reassure everyone, including the family"*

The device is **not understood in a homogeneous way at the beginning**

**Real benefits for patients in terms of:**

**Information**

**Comfort: reinsurance, speed**

**Safety and security**

**Psychological support**

**And so on...**

# The well calibrated device format

*"I wouldn't have dared to call and would have stayed with my anxieties."*

*"It is important to always have the same person, this allows a personalized follow-up, facilitates anticipation and avoids telling each time one's story".*

*"If all goes well, there's no reason to monopolize the line."*

A contribution of outbound calls to keep in touch / inbound calls

2 calls / week => good frequency (duration from 5 mns to 20 minutes according to needs)

Monitoring by a referent nurse = a central element

The possibility of contacting IAMA is being used wisely.

# The place and role of the AMA Nurse

## **A two-level translator**

- => makes medical information accessible
- => Translates the patient's words and pains for a better assessment of his or her condition and anticipation of its evolution

## **Psycho-social support**

- => a holistic approach of the patient

***A coordinating and substitute role for certain tasks with a medical content***

*"the nurse is close to us, she interprets and translates the given information by the doctor, she takes the time that the doctor does not have"*

*"They made the connection with the doctor it was awesome."*

*"They made the connection with the doctor it was Tremendous."  
"If it hadn't been for this device, I would have sometimes come to the emergency room."*

## Limits to the device?

- Very high or even total satisfaction, but identifiable tracks for improvement

**Announcing the disease to loved ones is a difficult step** => workshop?

- **Maintain physical meeting times**  
think of a dedicated physical space

- **Transition times to be explored more precisely**
  - Evening and weekend interruptions => inbound calls
  - Need for a smooth transition to program termination

*"My friends didn't know how to behave, their eyes bothered me"*

*"In the evening and on weekends I call the Léon Bérard standard, the file is less known. »*

*"The end of treatment is a little scary."*

# Scientific contributions

- **Identification of the components of the monitoring experience by AMA for a first modeling**
- **Positive contribution of the remote patient monitoring system and experience**
  - Improvement of quality of life and care experience,
  - Individualization of care
  - Development of a form of autonomy despite the perception of a strong dependence on the system,
  - Allows to release resources: medical-physician time,
  - Allows fine data collection for early and individualized management
- **New skills for caregivers (anticipation, assessment, patient education)**
- **An organizational innovation that remains very hospital-centric and a relatively closed ecosystem**

# Managerial contributions

- Communication of the results to carers, doctors and management for support to the device for deployment on other pathologies,
- Highlighting the added value of caregivers
- Evolution towards the integration of digital tools (My CLB)

## To come

- Short-term: Quantitative phase of research on all patients followed or having been followed to validate the modeling of the OMA device
- In the medium term: Experimentation on another service



# Thank you for your attention

**Corinne ROCHETTE** - CleRMa EA 3849

Contact : [corinne.rochette@uca.fr](mailto:corinne.rochette@uca.fr)

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