

EXPANDING SCOPE AND IMPROVING TERRITORIAL ORGANIZATION OF HEALTHCARE SERVICES COULD IMPACT ON CANCER CARE COORDINATION: A CASE STUDY OF DAC SANTÉ 94-OUEST IN FRANCE

Philippe Atlan¹⁻²; Camille Bernard¹; Delphine Bouissou¹; Emmanuelle Seclepepe¹; Stephanie Mahieu¹; Bernard Ortolan¹⁻³; Mario Di Palma¹⁻²

1. DAC 94 Santé Ouest, Chevilly-Larue, 2. Gustave Roussy, Villejuif, 3. CPTS de la Bièvre, L'Hay-lès-Roses, France

Introduction

Ensuring access, continuity, and coordination of cancer care beyond hospital is a critical challenge.

In France, "Les Dispositifs d'Appui à la Coordination des Soins – DACs" address this by bridging hospital services and community practitioners.

This study focuses on "DAC Santé 94-Ouest," serving the west district of Val-de-Marne, France. DACs merge pre-existing organizations to improve patient care but may lose expertise.

DAC Santé 94-Ouest, formerly "Réseau de Santé Onco94-Ouest" focused on cancer patients, now includes medico-social members (MAIA*) and handles a wider range of diseases.

The study explores how this expansion and national health incentives affect the quality of oncology care and identifies potential coordination metrics.

* MAIA : Méthode d'Action pour l'Intégration des services d'aide et de soins dans le champ de l'Autonomie

Mission

Goal to support the HCP and social workers already in place around the patient without replacing them (according to principle of non-subsidiarity).

Context of complexity made by multiple needs in Supportive Care.

Powerful and convenient way to play as unique interlocutor for patients, family caregivers and their HCP.

Bridging gaps from access to continuity of care.

Team

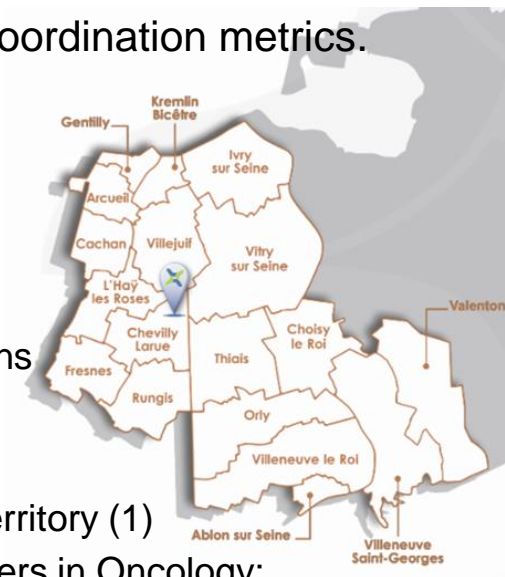
3 poles : ❶ coordination of patient's medical and social needs; ❷ territorial animation and projects; ❸ HR and administrative tasks.

Multidisciplinary of professionals (medical and medico-social sectors) acting as course-coordinators, allows a versatile approach to the encountered situations.

DAC94-OUEST

Territorial Scope In 2024

- 18 municipalities - 560,000 dwellers
- 5 CPTS – Multidisciplinary Professional Associations
- 9 MSPs - Multidisciplinary Healthcare Houses
- Department Val de Marne 94 :
- 9 Oncological Care Facilities present in the territory (1)
- Proximity to 2 CLCC – Reference PublicCenters in Oncology: Gustave Roussy (94) & Institut Curie (Paris V)
- Density of General Practitioners = 126/ 100,000h (2)



Methods

DAC interactions with hospital and community HCP as well as exchanges with patient, family, and caregiver associations, all along cancer patient care are recorded and equated as means to address patient needs by enhancing access to supportive care.

In practice, DAC support is gradually provided from phone information and meetings to care propositions and patient monitoring, including visits at home.

In this work, activity metrics and KPIs for home care such as death rate & location, request origin, have been retrieved from data recorded with digital tools routinely used for patient monitoring. Activities during a 12-month period for the structure under its respective states of DAC Santé 94 Ouest (S2/2022-S1/2023) and previously of an oncology network (in 2016) were analysed and compared.

Although the activity increased by 50%, there were fewer (-14%) oncological patients than in 2016

(NB : extent to new categories of patients including long COVID and medical-social complexities).

Cancer patients represented 36% of new reported patients vs 67% in 2016.

As for other chronic diseases, cancer-related requests from Healthcare Professionals were prominent and even increased over time: (incl. shorter-assistance (80% vs 50%).

Nevertheless, the rules of the game have changed, within and around !

Indeed, moving to DAC implied :

- Empowering Team toward Missions with more social concerns
- Enlarging patient profiles scope :
 - "tout âge/ toute pathologie" ;
 - In the vanguard of emerging community health concerns (e.g. Long Covid);

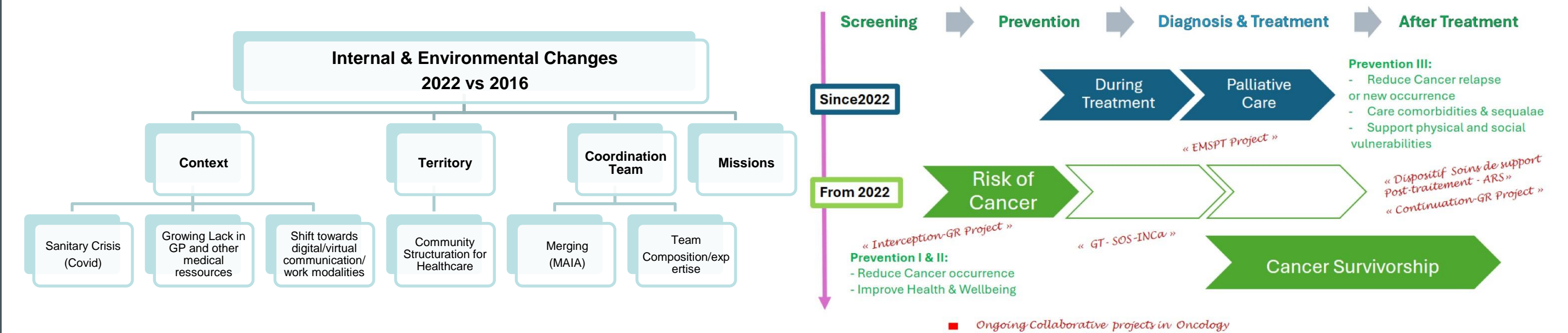
Evolving in new territorial picture

- including helping vs limiting factors for coordination of care : e.g. CPTS, MSP vs lack of GPs
- Using new communication/work modalities

And provided opportunities for

- Joining innovative trails in Oncology Supportive Care (e.g. cancer prevention I,II,III)

DAC 94 Ouest in Cancer Supportive Care Today vs before 2022 (as Cancer Health network)



In 2022/2023 vs 2016,

More Ongoing Patients (+40,8%) with Less Ongoing cancer Patients (-29%)

More New Requests (+60,4%) with Less New Requests referring to Cancer Patients (-14%)

New Requests referring to Cancer Patients :

72% vs 77% addressed by HCP, of whom 80% (vs 60%) hospital-based.

- 33% vs 30% included patients for their **complex situation requiring at least one visit at home;**

- Among other requests, (for "shorter-time assistance"), the ones from professionals increased overtime : 80% vs 50%.

When compared to other patients, cancer patients counted for :

35% (n =632) vs 67 % (n= 394) of newly referred situations;

62% (n= 76) vs 49 % (n=79) of patients requiring **at least one home-visit.**

Regarding follow up of newly referred cancer patients :

42% vs 57% were, at referring time, already under Exclusive Palliative Care (EPC);

25% (n=57) vs 29% (n=76) led to death within the same 12-month period, with

40% (vs 60 %) passed away in Palliative Care Units (PCUs);

"Total PCU deaths / Exclusive Palliative Care (EPC)" ratio was 0.95 (vs. 1.05) .

Additional data for 2022/2023 : (n= 224; (H/F ratio =47/53%) ; 73% (n=96) EPC at referring time. 57 deaths occurred during the same period with 35% at home (or residency) ; 40% in PCU; 16% hospital services, 3% Emergency wards).

Results

Ongoing and Newly Referred Patients 2022-2023 vs 2016

Nb of Patients	Overall Categories		Cancer Patients	
	2022-2023	2016	2022-2023	2016
Ongoing	762	541	269 (35%)	379 (70%)
Newly Referred	632	394	227 (36%)	263 (67%)
Included (complex situations)	156 (25%)	127 (32%)	76 (33%)	79 (30%)
Short-time assistance	476 (75%)	265 (68 %)	151 (67%)	184 (70%)
Professional vs Patients and/or Caregivers			80% / 20%	50% / 50%

Conclusions

In France, the potential role of DACs (new multi-professional ambulatory units for the coordination of care and support) in the management of supportive care for cancer patients is a current topic of reflection for improving patient follow-up outside the hospital walls.

Despite its reduced focus on oncology, DAC Santé 94 Ouest leverages its expertise and well-established partnerships to play a crucial role in cancer care coordination. This enables the implementation of measures such as post-cancer support, home care for antitumor treatments, and the reduction of unplanned hospitalizations. These efforts benefit cancer patients throughout their healthcare journey, including prevention and palliative care.

References

- 1-Source ONCORIF;
- 2- Atlas de la démographie médicale en France. Conseil National de l'Ordre des Médecins, Juin 2023;
- 3- Poster AFSOS, Oct.12-13 2017;
- 4- Projet Interception GR,

Abbreviations: CLCC: Centre De Lutte Contre Le Cancer; HCP: Health Care Providers/Professionals; HR: Human Resources; KPI: key performance indicator

Thanks to our teams - DAC, CPTS & GR- for support !