

## Observations and evolution prospects for the PAERPA program within the frame of PTAs implementation.

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Since 2016, the French Ministry of Social Affairs and Health has been rolling out their PAERPA program in one pilot territory per region, aiming at improving care for the ageing population and preventing the loss of its autonomy.

Alcimed has supported several **territories** in the implementation of this program, both on the formalization of management procedures and on more operational aspects, capitalizing on the results of innovative actions carried out in the first pilot territories.

The firm is now sharing its insight on the conditions for a successful roll-out and on the prospects of the PAERPA program in the context of the PTAs (Territorial Support Platforms) implementation.

### What is the PAERPA program?

In 2014, the French national PAERPA program was launched in 9 experimental territories by the French Health Ministry. It is an initiative targeting people aged 75 and over, whose autonomy is likely to deteriorate because of medical and/or social reasons.

This initiative promotes pro-active actions to reduce the risk of the loss of autonomy, and in particular, actions on avoidable hospitalization factors for the elderly. This approach thus aims to promote an optimal coordination between the different players around the elderly person, whether they are health, medico-social or social professionals. In addition, it aims to prevent unnecessary or avoidable hospitalizations and pathway disruptions, as well as to identify at-risk people.

### Implementation of a CTA (Territorial Support Coordination) and driving innovative actions: a pragmatic challenge

The PAERPA program is mainly organized around the CTA (Territorial Support Coordination), a resource team made up of the territorial coordination arrangements and the dedicated services from the Departmental Council. This team aims to support health, medico-social and social professionals at every stage of the pathway by quickly providing - when necessary- one or more professionals from the resource team to help assess the elderly person's needs. The team gathers the patient's consent, organizes a "proximity clinical coordination" that establishes the person's personalized healthcare plan, and then ensures the implementation of the suggested concrete actions.

A CTA can take various organizational forms and carry out various missions depending on the territory's priorities. Its main challenge is to position itself as a referent and facilitator of care for private healthcare professionals, and as the coordinator of the various actions undertaken by local organizations (gerontological networks, hospitals, nursing homes, mobile geriatric teams, MAIA, etc.). It is also the operational manager of the implemented actions, reporting to departmental, regional and national steering bodies of the PAERPA program.

Marie-Sophie Ferreira, Project Manager in the Public Health Policy BU at Alcimed, comments: *"The success of the implementation of PAERPA in a territory highly depends on the quality of the strategic thinking conducted between the supervisory authorities and the CTA operator in the earliest stage of the project. The essential phases are to define the specific tasks for the CTA, anticipate difficulties and plan the implementation steps. When*

*launching the program, one of CTA's challenges is to quickly reach efficiency in mobilizing private and hospital-based healthcare professionals and in rolling out concrete actions, in order to achieve quick and visible results in the field."*

Thus, a pragmatic CTA also ensures the efficient management of the innovative actions promoted by the PAERPA program, such as temporary accommodation in nursing homes after hospitalization and pooling of nurses on a night-shift between several nursing homes. ANAP<sup>1</sup> is currently working on the implementation of these two actions in the first pilot territories.

In these two examples, it appears that the formalization of the procedures and tools to be used is essential to the success of the actions implementation. In particular, it helps limit additional workload that could be generated within the structures involved.

In terms of concrete results that can be quickly observed by professionals in the field, it appears that these innovative actions contribute to:

- opening up collaborations and exchanges between stakeholders, in particular between nursing homes and hospitals, by enriching knowledge on each side of each other's needs and capacities.
- the evolution of internal practices in the various structures involved. *"For example, the development of temporary accommodation, which encourages teams to focus their effort on helping the elderly return home, has changed habits and operations in nursing homes."* – explains Marie-Sophie Ferreira.

After receiving testimonies from the first territories about the benefits generated by the PAERPA program, its sustainability is now put into question. With no agreement reached at the country scale, public authorities have recently established PTAs<sup>2</sup> as an answer to this question.

### **A desirable convergence between PAERPA and PTAs to sustain the system**

Rolling-out the PAERPA program -and its resulting issues- is very similar to the PTAs' implementation, notably a capitalization and coherence challenge. Although they differ in terms of targeted populations (people aged 75 and over for PAERPA vs. people in complex situations for PTAs), both systems undoubtedly have many things in common, such as their objective to offer healthcare professionals a readable and integrated coordination of care. Their means to achieve this objective are also similar, including the creation of a single entry point for information and guidance, the implementation of a shared information system accessible to the various professionals involved in a case, the activation of external expertise mechanisms, and the application of governance methods on a tactical and strategic scale.

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<sup>1</sup>ANAP: French national agency for performance support, which aims at helping healthcare and medico-social institutions improve services provided to patients and users by developing and disseminating recommendations and tools and monitoring their implementation. ANAP thus enables institutions to improve their management system, optimize their real estate assets, and monitor and increase their performance, helping them limit their expenses.

<sup>2</sup>PTAs' objectives as stated in the LMSS (Modernization of the healthcare system law) - article 74 :

- Provide support to professionals, in particular to general practitioners, for complex situations regardless of the age, disability or pathology involved.
- Result in a more readable and integrated support system within the territories

Marie Sophie Ferreira concludes: *“The main challenge for the supervisory authorities, in conjunction with the various operators in the territories, is today to succeed in converging the two systems. On top of this, it will also require the coordination or integration of the other systems in the territories in order to support professionals, such as the MAIAs<sup>3</sup>. The goal is to find a balance between maintaining initiatives and dynamics in place in the territories while pushing for the integration of missions, in order to avoid the pitfall of a multiplication of systems.”*

## **About Alcimed** - [www.alcimed.com](http://www.alcimed.com)

Founded in 1993, Alcimed is an Innovation and New Business Consulting firm specialized in sectors driven by innovation: life sciences (food, biotech, healthcare), energy, environment, aeronautics, chemicals, cosmetics, materials, building, transportation, space and defense. Our purpose is to help both private and public decision-makers exploring and developing uncharted territories, dealing with new technologies, new offers, new geographies, possible futures, and new ways to innovate. Alcimed's clients are: industrial leaders, start-ups, SMEs, major companies, private equity players and public institutions. Alcimed's team is made up of 200 highly-skilled, multicultural, passionate individuals with a double culture in science/technology and business. The company, headquartered in Paris, accounts 8 offices in 6 countries: Belgium, France, Germany, Singapore, Switzerland and USA. Alcimed is a member of CroissancePlus and the ACI (Association des Conseils en Innovation).

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<sup>3</sup> MAIA stands for a method of action for the integration of support and care services in the field of autonomy. <https://www.cnsa.fr/parcours-de-vie/maia>