

# Digital CACTUS

## Digital CAre Contribution to the Transformation of User Services

### KEYWORDS

Blended care, chronic conditions, multimorbidity, digital health, patient-physician relationship, Sustainable care, Person centered care

### DURATION

36 months

### ABSTRACT

In Western countries, about 40% of adults have chronic conditions and 25% have multiple chronic conditions and are considered as having multimorbidity. Healthcare systems are ill-equipped to handle this current epidemic of chronic conditions and multimorbidity: 1) they are reactive rather than proactive, 2) they are fragmented (i.e., patients receive care from several clinicians with little coordination between clinics), 3) they are limited in time and space (i.e., medical advice can only be sought during business-hours and at designated locations), and 4) they are profession- rather than patient-centered. Healthcare organizations are investigating blended care models that augment traditional face-to-face interactions with technology-mediated ones, such as teleconsultation, secured messaging systems, or remote patient monitoring tools. Tools used for blended care form a continuum from active communication tools, such as video consultation, phone calls, or asynchronous message exchanges, which can increase convenience and accessibility of care for patients; to continuous remote patient monitoring tools and automated just-in-time interventions which automatically deliver the right intervention at the right time. Blended care can support person-centered, proactive care, which may reduce the need for face-to-face visits. However, digital health solutions that are not well designed may disrupt workflows, cause digital exclusion, and increase costs. We propose to uncover both the potential gains and side-effects of blended care. We wish to 1) anticipate how the digital transformation of care may change patient-clinician relationships and outcomes; 2) identify which blended care tools could benefit patients care journey and the system, and in which situations; 3) estimate the type and volume of face-to-face interactions that could be avoided, replaced or enriched by technology-mediated ones in the care systems involved in the project. WP1 aims to conduct an experience feedback survey of technology mediated care interactions in the different participating countries. This survey will rely on mixed methods to capture patients perspective on the impact and side-effects of the digital transformation of care on the patient-clinician relationship (balance between autonomy and vulnerability, preservation and transformation of relational dimensions of care: presence, listening, empathy, support, attention to individual values, emotions, stories and journey). WP2 aims to develop and validate a patient-reporter-tool, usable by care organizations, to understand when and where the current organization of care may generate burden of treatment or glitches. The tool will help patients recreate their care journey and pinpoint the specific situations where their care would have benefited from technology mediated interactions with the system. Beyond helping care organizations to identify areas of improvement, this tool will help to identify whether different care modalities, mediated by technology, could have alleviated the burden or avoided the glitches. WP3 aims at mapping the potential impact of implementing each of the technological tools of blended care through a large international outpatient and inpatient survey using the tool developed

in WP2. The obtained map would account for both 1) the specificities of population surveyed (e.g., age, disease, health and digital literacy, etc.); 2) the organizations involved; and 3) patients' preferences towards each technology, as captured during WP1. Our project aims to provide health authorities and policymakers with evidence on how technological tools should be implemented to optimize the delivery of health and care services (what approach to care works best, for whom and in which circumstances), while preserving the humanistic values of patient-clinician relationships. This will help to increase the sustainability of the care system and of life while experiencing care.

## PARTNERS

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