



**HITH 2021 – Virtual ASM**  
Thursday 11 – Friday 12 November 2021

Answers to questions posed to Michel Calmon during Plenary Session 3 -  
**HAH in France : Organisation, Development and Lessons from COVID Session**

**Question 1** - What is the response to "traditional" hospital-based physicians to HaH - are they supportive, opposed, or just don't understand it?

**Response** - Traditional hospital-based physicians are supportive to HAH when they need to free up beds in their medical department. It depends also on the fare system: If hospitals are paid on a financial system based on hospitalisation days, hospitals have no interest to prescribe HAH. If they have a financial interest to reduce their length of stay, they are keen to develop HAH.

**Question 2** - I understand there has been very high level political support - can Australia learn from this? Is this federal support or by region?

**Response** - In France, Ministry of health have developed a road map about HAH and supports strongly the HAH development which contributes to reduce the health costs. Health regional authorities (Agences Régionales de Santé) are also very supportive about HAH, demanding to traditional hospital and elderly homes to prescribe HAH. In France the funding of health is organised at the national level, not at the regional one.

**Question 3** - It is fantastic how much government and patient support there is for HaH in France. How is the medical care usually provided for HaH patients (pre pandemic) - is this by the GP or a HaH doctor?

**Response** - In the original model, GPs were at the centre of the organisation. However, in France and at the moment, the number of GPs is decreasing rapidly. They are often overbooked and less likely to treat patients in HAH. Consequently, the role of HAH doctors is evolving from a coordination role to a true medical practitioner role. The number of HAH practitioners is increasing rapidly and their profile is more clinical than it was in the past.

**Question 4** - What was the death (at home) rate for those requiring oxygen at home on HaH?

**Response** - No death at home was observed for those requiring oxygen at home on HAH. Only 8% patients were re-hospitalised.

**Question 5** - Did you treat children with COVID or only adult patients?

**Response** – We only treated adult patients.

**Question 6** - What interventions were given to those having rehab at home after COVID - presumably Physiotherapy but how often / what sort of program was provided? How long were they treated for? How many days per week?

**Response** – Physiotherapist at home 3 days a week from 2 - 3 weeks to several months + dietician intervention.