Innovations in Designing Territorial Platforms for Elderly Homecare Services in France

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Abstract - **With the evolution of the demographic situation and the increase of the life expectancy, elderly people represent a large portion of the population. Their healthcare has become a real concern. As a result of important changes in the way of life, many of the elderly people live away from their children, so that they have to resort to getting services from local institutions when they become dependent. There are not enough accommodation establishments for the elderly people, and many of them prefer to stay at home. Our work takes into account the widespread wish of the elderly to stay at home longer, event when they become dependent. In this paper, we propose a new model regarding establishments for the elderly called "outside the walls" which may offer a solution, providing an appropriate and full array of services for homecare. The observation of some experiments for this model enables to consider that it may help to provide homecare services on a larger scale and open the way to the necessary transformations.**

Keywords - Territories; Healthcare; Digital Transformation; innovations; France; elderly people.

I. INTRODUCTION

With the demographical transition, the healthcare system has to face the problem of the increasing number of the elderly patients. The current frequency of chronic diseases requires to provide adequate care and monitoring for the elderly. This situation demands a transformation in the healthcare organization in order to cope with the lack of appropriate structures [1].

Until now, the usual model of structure offering accommodation and healthcare for the elderly in France has been the accommodation establishment for dependent elderly, EHPAD. An EHPAD is an establishment where dependent elderly people can get both accommodation and healthcare services; a doctor coordinates a team of professionals with some specialists; the staff is mainly composed of nursing auxiliaries, nursing assistants and nurses. It is managed according to a three-party agreement with the Healthcare Regional Agencies (ARS), the Departments Councils and the establishments.

This model is now often reconsidered because of real problems of quality in the services provided, but also of the inadequacy between the needs and the wishes of the elderly and their families and the life in such establishments. Due in great part to limitations on healthcare expenditures, the present situation risks getting worse in the near future with both the demographical evolution and the increased life expectancy: actually, many diseases and disabilities aggravate with age.

An important effort is now dedicated to the improvement of the quality of services. However, the question remains on the number of establishments that need to be planned for. EHPADs have also been strongly impacted by the health crisis linked to the Covid pandemic, in particular during the first wave of spring 2020, when people over 75 years of age, particularly those living in EHPADs, accounted for a large proportion of deaths.

Meanwhile, many elderly people are expressing their wish to stay at home longer, even when advancing in age and in spite of diseases. "The solution is certainly in a universal offer, under common law, which would allow the elderly population to stay as long as possible at home (…)." [2].

Different models for implementing and managing appropriate services at home have been investigated during the workshops in the consultation process for the report about "Concertation old age and autonomy" managed by D. Libault [3]. The EHPAD and the multi services organization for support and healthcare at home may have the same legal structure, in a model where EHPAD plays the leading role. The stakeholders may also assemble their services through a gerontological web platform without forming a legal structure.

The concept "outside the walls" refers to the extension of the services provided to beneficiaries at home on the territorial area of the EHPAD. It emerged from the idea of providing services from skilled professionals working in those institutions to the elderly at home. Two main models of EHPAD may be distinguished: the traditional one and an innovative "EHPAD outside the walls".

After this introduction (Section 1), we propose to examine the background of the EHPAD "outside the walls" (Section 2). We present our scientific positioning and the methodology used in Section 3. Then, in Section 4, we present the concept of territorial EHPAD and we intend to observe it through some case examples in order to highlight the main results of present experimentations. We aim at

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analyzing how they can satisfy the needs from different viewing angles: for the elderly and their families, but also for the healthcare professionals who are involved and finally for the healthcare system. After a discussion around the main challenges of this new model (Section 5), we plan to address the questions of transformation of the healthcare system through such territorial innovation (Section 6).

II. THE BACKGROUND

The combined effects of the post-World War II increase of births and the extension of the life expectancy due to scientific progress led to important changes in the demographic situation. The proportion of elderly people in the total of the population was in France in 2018 nearly at the European level, as shown on the chart from Figure 1.

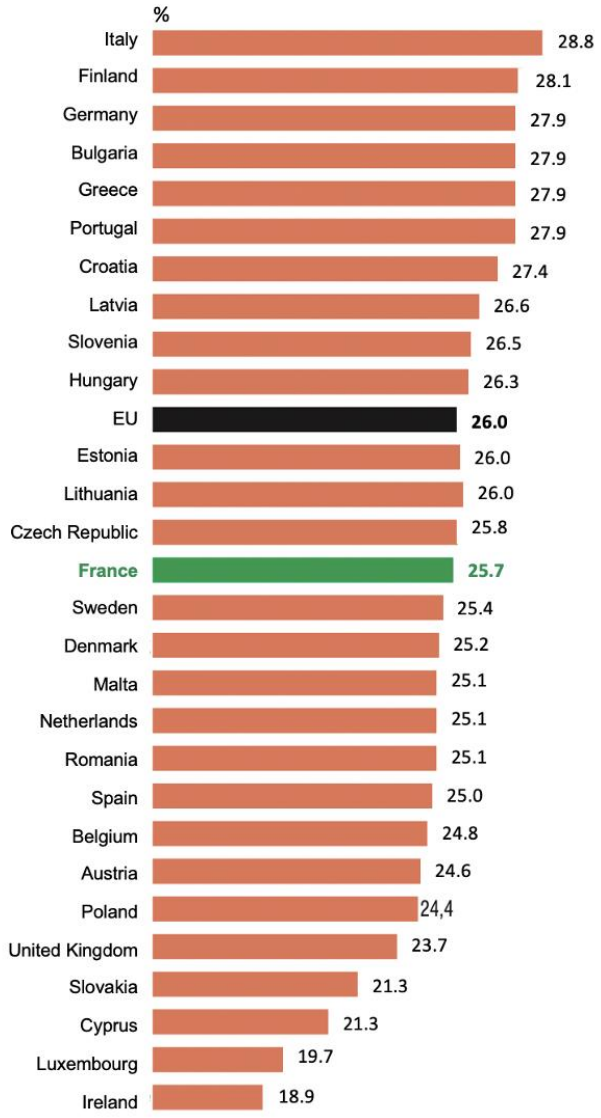

Figure 1. Proportion of people aged 60 or older in the European Union in 2018 - Insee – Extracts in 2019 from Eurostat [7].

The increase in the number of rooms in EHPADs in France was only 2% annually between 2009 and 2018 [7]. With this progression, the total capacity was less than 595 000 rooms in 2018. As for homecare for the elderly, an indicator may be the number authorized for the homecare nursing services, which reached 127 000 in 2018.

Meanwhile, as in other countries, France has to face the issue of the increase in the number of elderly people with loss of independence or autonomy. According to the projections by the French national institute of statistical and economic studies (Insee), 4 million senior citizens would be in loss of autonomy in 2050 [8], as specified in Table I:

TABLE I.
NUMBER PEOPLE AGED 60 OR OLDER IN LOSS OF AUTONOMY
Source – Insee, Omphale projections [8].

Year	2015	2027	2050
Number of elderly people	16 235 900	19 933 500	24 274 500
Number of elderly people in loss of autonomy	2 488 900	2 958 300	3 989 200
At home	1 948 700	2 347 400	3 160 200
In an institution	540 200	610 900	828 900

As a consequence, the care for the elderly people has become a real concern with changes in the way of life: they are often away from their families because of the jobs. They need care as soon as they become dependent.

III. SCIENTIFIC POSITIONNING AND METHODOLOGY

This proposal associates a teacher-researcher in information and communication sciences and an associate researcher, strongly involved in field actions. We place ourselves in an interdisciplinary perspective of action research by also mobilizing management sciences to produce knowledge for action. We are in a position that can be described as "observational participation".

We link the two aspects of information (production and use of data) and communication (cooperation to build new practices together). According to F. Bernard, we focus on four converging aspects: link (interactions), meaning (in situation), production of knowledge, for action [4]. We insist on different notions such as situations, in particular situations of activity or information communication, interactions and ecosystems (systemic approaches in their global context), according to A. Mucchielli approach of “situational and interactionist semiotics” [5], with all the importance of the emotions or feelings and the consideration of human body as a media as for F. Martin-Juchat [6].

Uses of new tools are also essential in a context of global digital transformation: namely, they should enhance data analysis at the territorial level for a better knowledge of the social and healthcare needs; for the follow-up care, they should also help a better coordination between all the stakeholders, whether professionals or relatives. Our approach is also positioned in the main challenge of

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improving resilience, not only in the sector of elderly people houses but of the whole healthcare system.

IV. The Concept of Territorial EHPAD

In an opening process and a territorial approach, more EHPADs conduct proactive actions for extending their services outdoors allowing access to other persons than their own residents: it might be for the meals, with sometimes the creation of a specific place for conviviality, a concert performance, or some consultations, for instance when they have organized kinesitherapy, dentistry or ophthalmology on site, etc. Some actions aim at avoiding a negative image and the feelings of a closed space; they contribute to diversify the activities for the residents; other actions are developed for economic purposes, trying to make profitable some services that satisfy the residents' needs. In this orientation, a recent measure consists in the installation of rooms dedicated to temporary stays.

This ongoing process of the territorial opening is part of the current transformation of those structures and the change from a facility-centered logic to a services-oriented logic with the opening on its territorial ecosystem. Another step might be reached with providing services outdoors and build a new patient at home-centered model. Recent call for applications or for projects initiated by some Regional Healthcare Agencies unveil the national orientations for encouraging the EHPADs to their transformation.

In the region Pays de la Loire, the reflection led since 2018 results in the innovative concept of territorial gerontologic services cluster where the EHPADs have to take a central place for providing their expertise. The creation of such clusters requires to define the skills needed and the role of each services provider for organizing the complete homecare support to the elderly people with loss of autonomy. The objective is not merely the coordination between different stakeholders, but above all the creation of an overall basket of elderly' homecare-centered services: the elderly patients' needs and their evolution have to be covered by graduated and quality services, and moreover the continuity and fluidity of their healthcare pathways have to be guaranteed. The reflection points out some missing services within the existing ones provided by homecare stakeholders, due in particular to the hours for their interventions: there is for instance to organize complementary healthcare services for the night.

In a recent call for applications, the ARS Ile-de-France defined the concept of territorial EHPAD in order to support projects for the transformation of the existing structures already settled in their territories and to accompany them aiming to obtain a complete range of services for all the situations of the elderly at home on their geographical proximity. The territorial EHPAD has to position itself both "within its walls" and "outside the walls", in an evolution towards a resource platform as a network in coordination with the hospitals, the ambulatory field, the social stakeholders and the voluntary associations.

Thus, the EHPAD is considered as the appropriate structure for innovation in order to diversify its services delivery and lead experiments based on both its team expertise and new technologies as sensors or telemedicine. In a territorial approach, it has to play a role in developing prevention of the loss of cognitive and physical autonomy or undernourishment. This positioning on the territory requires at the same time to strengthen actions "within the walls" creating new collective spaces and opened events, to develop solutions for providing respite to the elderly at home' families and caregivers, and to organize partnerships with other stakeholders for maintaining the elderly patients at home.

There are different stages in this evolution: first, it may be offering the services provided inside the establishment to the elderly in the territory. Another positioning consists in providing temporary reception when needed for the elderly; finally, services may be organized "out of the doors". Figure 2 formalizes those new trends.

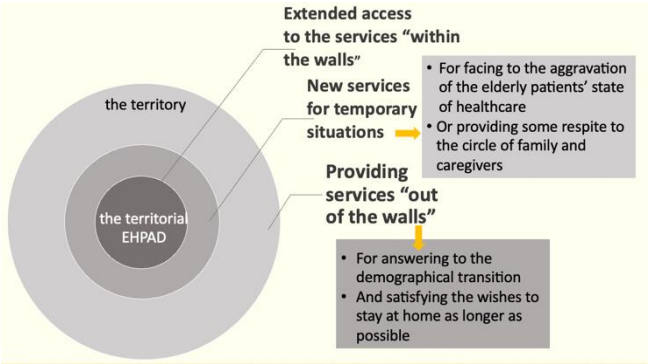

Figure 2. The different axes of the transformation in direction to the territorial EHPAD

V. The Services Provided for Homecare Support

With the increase of the life expectancy, the EHPAD model is challenged from different angles: the very old people are more dependent and have sometimes cognitive or behavioral disorders and several chronical diseases; so, they need more interventions for their healthcare. The problem of recruitment and keeping skilled staff in spite of difficult working conditions is added to this situation.

Moreover, the current demographical transition brings with it a visible social evolution in the worsen isolation for the elderly and their strong wishes to stay at home as long as possible. Building a sufficient number of EHPADs to satisfy the needs does not seem realistic, mainly for financial reasons.

The three different fields of services offered by the EHPAD are: accommodation, vulnerability and healthcare with similar situations to those at home. For the elderly at home, the services have to be provided in answer to their needs in their life pathways, which are both healthcare and dependence.

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Among the main breaking points in those pathways, the support for healthcare during the nights and the weekends is identified as causing problems for keeping the patients at home. Security surveillance devices are now more widely used but there are not sufficient. Very often, the patients' conditions demand the intervention of a healthcare provider at their bedsides.

Furthermore, the elderly' s transfers to the emergency department are too frequent. Such situations must be avoided because they present risks of aggravation of the patients 'state of health.

For providing services efficiently, the EHPAD have to work in relation with all the different stakeholders in the patients' healthcare and monitoring, in an intensified partnership to operate on a network with all the different structures that intervene at home in order to complete the services delivery for providing the effective management of the support to the elderly homecare. Figure 3 highlights the positioning of the EHPAD among the homecare stakeholders acting in a patient-centered network:

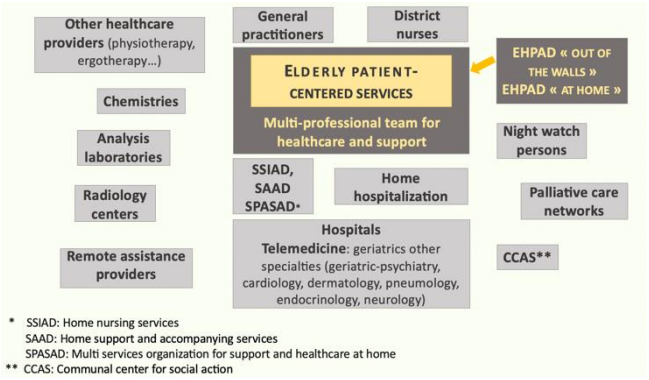

Figure 3. Configuration for assembling graduated services for the elderly' homecare

The objective is to provide a wide range of services for appropriate support at home in the assistance and the graduated patients' care. There is to outsource some services in order to combine them with different home interventions aiming at securing the home support for keeping the patients at home: it consists mainly in strengthening the actions of the existing homecare structures for the patients' healthcare. Thus, the EHPAD is placed at the center for organizing the care of the elderly who wish to stay at home and guaranteeing the fluidity of the patients' pathways.

The EHPAD have to identify how to outsource their services organized indoors in the objective to maintain the elderly patients at home, which skills or expertise are required and which resources assign to this new activity. Moving to the patients' homes takes time besides the interventions. The partnerships have to guarantee a permanent monitoring of the elderly patients in a coordinated response to all the changes. It is important to be coordinated with the hospital in the proximity for managing any aggravation and preparing any potential transfer to the hospital. EHPADs need to re-define their services to ensure they are meeting the needs for elderly patients, as described in Figure 4.

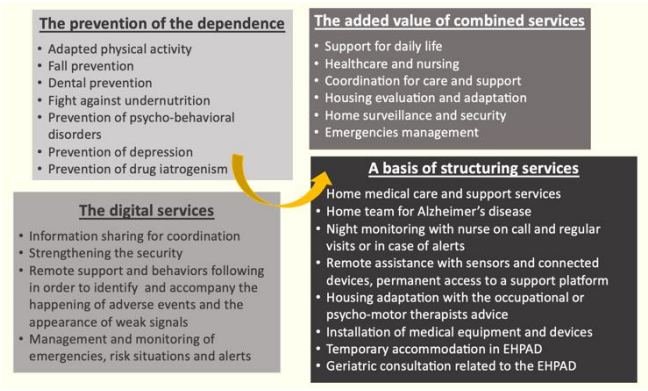

Figure 4. Process of identification of complementary services for the elderly' homecare

Thanks to their expertise and daily practice in geriatrics, the EHPADs may create value in the elderly' homecare, especially for the patients' healthcare continuous monitoring, and also with specific actions aimed at stimulating the patients' autonomy. The option of night home visits of coordinators and nurses from the EHPAD to the elderly' bedside is very important in emergency situations.

VI. The Innovation in the Elderly Homecare

With the demographic transition, it is becoming compulsory at the same time to optimize the organization in order to mutualize the resources and to provide appropriate healthcare to older patients for enabling them to stay at home. Providing additional interventions by specialized professionals is the way to avoid breaches in the elderly' homecare pathways.

A. The integration of services in a territory-scale gerontological pole

The implementation of gerontological poles around the EHPAD at the scale of the territories is a way to fill the gap between the services delivery and the elderly' homecare needs without creating a new structure. Homecare must be considered in a global approach including the medical, psychological and social scopes, which leads to the integration of different services towards a global offer: an integrated social and service network platform [9]. The major breakthroughs are set in the reduction of the compartmentalization within the various structures belonging to different healthcare, medico-social and social fields.

B. Strengthening the older patients' healthcare services

With an increased life expectancy, the elderly' healthcare monitoring is more demanding and requires to

manage some complex cases, due to the interaction of multiple pathologies including several chronic ones. Furthermore, the older patients often have both diseases and disabilities; they may be afflicted by neurodegenerative diseases or psychiatric disorders or become highly dependent. So, the EHPADs have to organize a network in relation with different mobile stakeholders and using telemedicine [10] in order to strengthen the healthcare services provided and develop physical, sensory and psycho-cognitive stimulations. A large range of services has to be provided in relation with other structures for covering all the elderly' needs. Figure 5 illustrates the management of services delivered by different organizations.

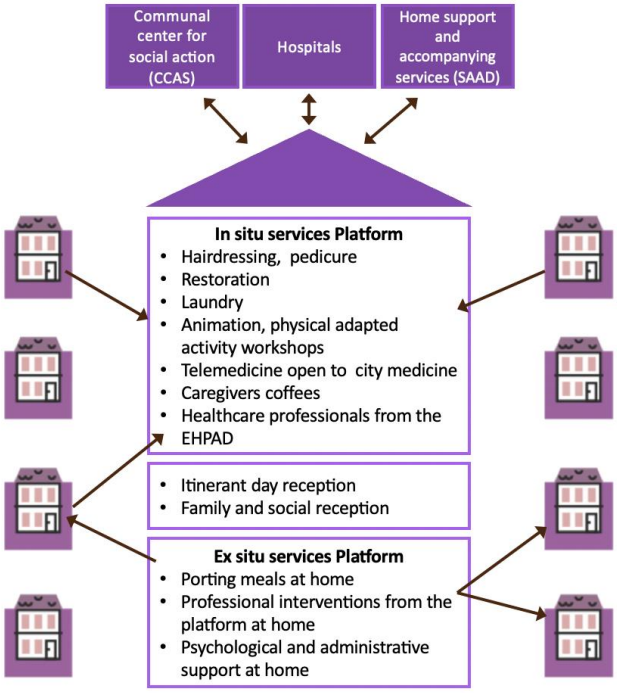

Figure 5. The example of home services coordination platforms [11].

For implementing such an organization, it is necessary to identify the territorial needs and to enhance the coordination between the numerous stakeholders.

C. *Perspectives for* the *human resources management*

For the nursing and support staff in the EHPAD as for homecare, the work is arduous and solutions are sought in order to motivate people to accept and keep those jobs. The possibility for the staff in the EHPAD to diversify their activity and to move "out of the doors" may represent an opportunity for them finding different roles among the homecare teams in a rewarding way and enriching their knowledge. Different formations may be organized. Some tasks like the relation with the other stakeholders and the caregivers may be different for the patients at home. In terms of human resources management, it might bring new perspectives for the evolution of the professional careers.

D. *An innovative approach in the digital processes*

As in the model of Healthcare Networks, the different interventions have to be coordinated and a digital platform may work as an aggregation point for centralizing and articulating them. The aim is to exploit the potential of each local resource and articulate the elderly-centered information. As different shareholders interact, there is not to implement an Information System (IS) designed as for a structure; the creation of value may result from the use of the Information and Communication Technologies (ICT) in an innovative way for improving the information flow and the sharing of the right information with the right professional at the right moment.

As for the organization of a team as the healthcare circle in patients' pathways, all the structures and the different professionals involved in this elderly-centered approach have to be identified. Their actions have to be registered in a structured description. The schedule of the interventions has to be shared in a consolidated patient-centered view.

The aim is to enable an effective transmission of the information, and the access to the relevant data to all the stakeholders according to their roles in the homecare support and their authorizations. Some types of information like incidents and adverse events require traceability through registered reports; other sorts have to be registered as targeted transmissions. An efficient operating mode consists in getting the information automatically pushed to the right professional. Moreover, due to the importance of sharing instantly immediate information, some media like text messages or discussion groups may be essential means.

VII. The Observation of Some Experiments

We tried to list the existing experiments the most similar to the model described rather than to make a complete inventory of the EHPADs that are now opened towards their territory. As the model of healthcare homecare services delivery is recent for the EHPAD, not only there are still few experiments "outside the walls" up to now but also their evaluations are not achieved.

We analyze the main experiments in the chronological order towards the more recent ones in order to point out some potential elements of evolution. We intend to highlight both their main and distinctive features.

M@do (Corrèze) [12]

This project was launched in 2015 by the *Partage & Vie*, a fund that has many facilities and services in the medico-social field both for the elderly and for the disabled people. The project is developed near Tulle in the department of Corrèze for testing the model legally and economically. It aimed mainly at the elderly at home in loss of independence, except those suffering from serious behavioral disorders. Around forty patients are registered in the project. The case manager and the coordinating doctor are both in charge of the coordination. As a structure, M@do employs the professionals and the team is formed

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with the staff members. The major objective is to deliver a complete range of services for supporting the elderly patients at home. For securing their monitoring, a night and day permanent assistance service is provided with the intervention of a professional moving to the site if alerts require it.

As well as for the services within the EHPAD, the elderly homecare support services provided are funded by the department council of Corrèze. The main feature in this experiment is the financing of the healthcare services by the Regional Healthcare Agency, which is for an outdoors home patient twice more than the healthcare budget for a patient inside the EHPAD.

The complexity of designing this model is pointed out among the results of this experiment. Moreover, the exceptional derogatory funding method for healthcare at home is the most important factor that may explain why this experiment is not replicated in other EHPADs of the structure or in others, as initially intended. Therefore, the economical dimension of the model is an important issue to deal with: it might represent the major difficulty and requires to be thought in an innovative way.

Ehpad@dom (Yvelines) [13]

The project was set up in 2017 at Sartrouville in the department of Yvelines by an EHPAD in relation with two structures for home services: a Service for aid and accompaniment at home and a Service for nursing healthcare and aid at home. The different structures are managed by the Red Cross. Unlike the project M@do, there is no creation of a specific structure, the organization is based on the EHPAD and the constitution of an integrated mobile team is quite innovative.

The services offer includes the daily aid and homecare, the coordination of all the interventions: those dispensed by liberal practitioners, the home delivery of meals, the aid for administrative procedures, some little layout and renovation work for the housing, a nurse's intervention during the night, a permanent home tele-assistance platform with connected devices for detecting the falls and a special room kept for emergency cases in the EHPAD. The team can follow 24 elderly people, and gathers nurses, nursing assistants, psychomotor, psychologist and maintenance staff.

The main challenge in this experiment is to organize the coordination between the EHPAD and the structures providing services at home. For each new elderly patient, after taking the general practitioner's opinion, the coordinator in the EHPAD goes at home for evaluating the needs and organizing the healthcare support in relation to the families and caregivers: the duration of the different services is defined for all the staff belonging to the EHPAD or the home structures.

The coordination also deals with the medical monitoring, the reception of prescriptions sent by the general practitioner, the order and reception of medicine, etc. Another coordinator in the SSIAD (Home Nursing Services) is in charge of bringing the medicine at home in pill boxes for the week, informing the EHPAD, the general practitioner or the families of possible new needs and potentially contacting the different healthcare stakeholders.

In this way, the experiment deals with the complex issue of the coordination of all the stakeholders for homecare and integration of the different services for their delivery. As for the main factor to highlight, we may point out that the experiment aims at providing services equivalent to those in an EHPAD, although less expensive. This is very important for considering the extension of the experiment with the high budgetary constraints due to the increasing needs.

Diapason 92 (Hauts de Seine) [14]

Another experiment began in 2018 at Asnières in the Hauts-de-Seine Department on the initiative of the Fund called Fondation Aulagnier. It is named Diapason 92. Initially, the project was selected at a call for projects of the ARS in the region Ile-de-France, which gathers Paris and seven departments around, and the departmental council of Hauts-de-Seine for the territory of the EHPAD. The aim is to experiment during five years the coordination of the homecare services for thirty elderly patients requiring to enter the EHPAD.

The unique pathway referent and manager is in relation with all the different professionals involved. For the healthcare, the regular general practitioner remains at the center of the team organization around the patient. Some volunteers are an integral part of the network set up. After the evaluation of the patients' state of healthcare, in order to meet their needs, the personalized healthcare and support plan, the expected stakeholders and their respective work time are defined and a specific team is set up for each patient thanks to the partnerships with homecare structures.

There are three distinct levels of services: the basic one is designed for every elderly person and includes the creation of a specific team, the delivery of nursing and medical homecare by the SSIAD and essential support services (as tele assistance). Another level of services is adjustable and consists mainly in more working time for support, the home meal supply, the support for moving and the itinerant night guard. The optional level has to be paid by the elderly; it includes hairdressing and socio-aesthetic.

Diapason 92 is currently in charge of thirteen elderly patients at home with very different situations. There are many pending files due to the duration for the administrative process. The average out of pocket expenses are 1 254 euros, which is considered quite acceptable.

The general practitioners involved in the project express that they appreciate the organization. It is noted that the activities like the fall prevention as provided in the EHPAD do not arise great interest among the elderly patients.

The organization of the support during the evening is identified at the same time as creating value and requiring improvement. The elderly patients' needs are to be put to bed according to their own habits and wishes. However, it is difficult to make the working hours evolve for the staff in the SSIAD or to find nursing assistants who accept to work at the end of the day. For satisfying such needs, part time contracts are concluded with nursing students for itinerary

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guards. Moreover, another observation focuses on the time required for organizing the partnership. For evaluating the experiment, the ARS will consider in particular its effects on the reduction of the length of stay in hospital as returning at home.

VIII. DISCUSSION

The common feature in the experiments presented so far is the global approach in delivering a complete range of support services so that the dependent elderly may stay at home instead of being transferred to an EHPAD. Comparing them, some differences are noticed for the type of elderly patients in the active file. For instance, the projects M@do and Ehpad@dom do not seem to include patients suffering from behavioral disorders; unlike the other projects, Diapason 92 includes very dependent elderly patients (corresponding to the first level in the dependency classification: "GIR 1"). Other results of those experiments and the finalized design of the model will emerge from the work group formed by the National solidarity fund for autonomy with the three structures.

The director of the ARS in Ile-de-France insists on the medico economic relevance of the solutions that have to be set up in a reflection to avoid the compartmentalization. A call for projects was hold in 2019 by the ARS in Provence-Alpes-Côte d'Azur (PACA) Region. Six EHPADs were selected for the experiment which aims at checking how the model "out of the doors" meet the territorial needs with personalized and global support for homecare.

Another experiment is held in Brittany Region by an EHPAD in Rennes in order to face increasing needs that require innovation: the requests for places in the EHPAD reach 400 while there are no more than 87 places. The project, funded by the ARS Bretagne, began at the end of 2019 with twenty elderly patients.

Some homecare services structures begin to experiment a very innovative and complementary model of alternative to the EHPAD from the homecare structure. This model offers very interesting perspectives but is still difficult to implement because of the average dimension of homecare structures and frequent problems of organization for them.

The Think tank *Matières Grises* launched in November 2020 a survey about "the EHPAD for the future" that draws the attention, with a reflection on a new model called "There is no alternative" (TINA), considering the EHPAD as the unique structure for the elderly, but insisting on compulsory evolutions for an acceptable future model. Among the different workshops, one is called "Making possible the EHPAD platform", with both dimensions: "in" and "out".

IX. THE EFFECTS ON THE TRANSFORMATION OF THE HEALTHCARE SYSTEM

In its contribution to the strategy of transformation of the Healthcare System, the High Council on the Future of Health Insurance considers that the priority for the transformation of the system is not to organize the offer on a territory but to facilitate "the access of its population to relevant and quality services concretely defined". The concept "out of walls" is an important step to take towards the transformation for the EHPAD, due to a complete change in its model and in its own perception of its territorial positioning with this new paradigm. Setting up a network for the elderly' homecare on the territory requires a new governance for managing the cooperation between all the stakeholders: would the EHPAD take this role?

In order to organize a shared resources platform opened on its territorial environment, the inventory of the existing structures on the territory has to be done. The different services must be complementary in an efficient way for avoiding any duplication: they have to be specialized for their consolidation in a complete range for meeting the needs of the elderly at home, including a formalized partnership with the hospital. The evolution of the life expectancy induces the requirement of more medicalization for maintaining longer the elderly patients at home; the EHPAD has to specialize, in particular for giving support to the cognitive dependence.

Furthermore, this transformation demands to create an attractive working environment for the gerontology staff, especially for the nursing assistants. The evaluation of the experiments should address the issue of improvement in the coordination of the elderly homecare-centered services and the added value of the EHPAD in the services delivery.

X. CONCLUSION

In the context of the demographical transition, the lack of facilities like the EHPADs in spite of their current expansion and the shortage of nursing assistants or other healthcare providers, the issue of the increasing number of elderly patients must be tackled through innovative ways [15]. The model "outside the walls" may represent the first steps to a change of paradigm for organizing homecare on a large scale. The observation of the experiments points out both the breakthroughs of such new models and the problems remaining to solve. The transformation may only be possible by breaking down the barriers between different sectors in the French Healthcare system, namely medical, medico social and social sectors. Innovation could be supported by new scopes for the coordination between all the different stakeholders at home and the exchanges of data for improving and securing homecare.

According to P. Simon, a paradigm shift seems necessary for a complete transformation to gear the healthcare system from hospital-centrism towards "homespital" [10]. New disruptive healthcare organizations have to be designed and implemented, developing interprofessional cooperation; the medico-social field has to move from the division in very specialized structures to the logic of services delivery for improving the healthcare and life pathways, organizing resource centers for extended homecare.

Moreover, the innovative model of EHPAD "outside the walls" must provide a level of healthcare and monitoring services at home similar to those "within the walls" of an institution, with the transposition at home of the same usual

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services delivery as in the EHPAD. It implies the coordination and the quality control of all the services provided at the elderly' bedside [1].

The digital disruption is also essential to support this transformation: beyond the widespread development of the use of devices and sensors for home monitoring, it becomes fundamental to consolidate the distinct services provided by different stakeholders integrating them in a shared digital space. Such digital platforms may contribute to the mutualization of resources. They have to be patients-centered and to manage personalized healthcare pathways with interactive process for sharing information at any time. They must deal with the interoperability issue, which is exacerbated by the lack of common glossaries in the medico-social field.

All these trends and new ways have been greatly accelerated by the health crisis related to the Covid pandemic; the situation emphasizes the importance of a better organization for the follow-up in healthcare as the patients cannot all be treated at the hospital. Furthermore, a part of the elderly does not stay in establishments but at home; the professionals are very often overloaded, which requires to implement all the means that could help them.

This work in progress is a first step for a more long-term work on the transformation of the EHPAD in France with the evolution of the needs and expectations of the users and their families, in a perspective of territorialization of new services and articulation as services platforms for patients who want, for their most part, to be able to continue to live in their own home. For us, it will be a question of integrating not only the needs of users and their families in the whole operational and concrete dimension but also taking into account their feelings and emotions [6].

The notion of crisis is translated into Chinese by two ideograms, meaning both risk and opportunity. For us, this is the definition of the notion of "resilience", which is particularly important in the very serious health crisis we are currently experiencing and which is disrupting our entire health system and, more broadly, our entire society, particularly relations between generations. A new and innovative approach to EHPADs, particularly as "outside the walls" and as a platform of services for home care, is for us an essential way of inventing new models, in a dual context of health crisis and digital transformation with the development of new tools based on new data uses.

J.-P. Le Goff has shown how our "sick society" must face a health crisis of unprecedented magnitude [16]. According to S. Paugam, the main challenge is to rebuild the social link [17] for a society that would be both more supportive and more resilient, and that better integrates its elderly. First of all, in a society that deeply doubts itself and its future, it is necessary to rebuild trust: trust being essential to any social life [18]. The reorganization of the health and solidarity system and therefore of our social protection system (Welfare state) should be a major element in rebuilding society around a project that unites all generations.

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