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INTRODUCTION

Assistive Technologies (AT) are specially-designed or off-the-shelf devices, that enable disabled and elderly people to carry out activities with greater autonomy, safety and performance

Difficult access to AT: hindered by high costs, complex administrative processes, a lack of specialized support, and insufficient regulation, which **limits their use and increases abandonment rates.**

A French health experiment (article 51) aimed to bridge the gap in access to AT by deploying 24 local teams across France. These teams helped people to choose and use AT.

Objective: To evaluate the effectiveness of the support services in terms of the use of AT and the quality of life of beneficiaries

METHOD

Real-life prospective observational study (September 2021 – September 2023): analysis of care pathway information system data

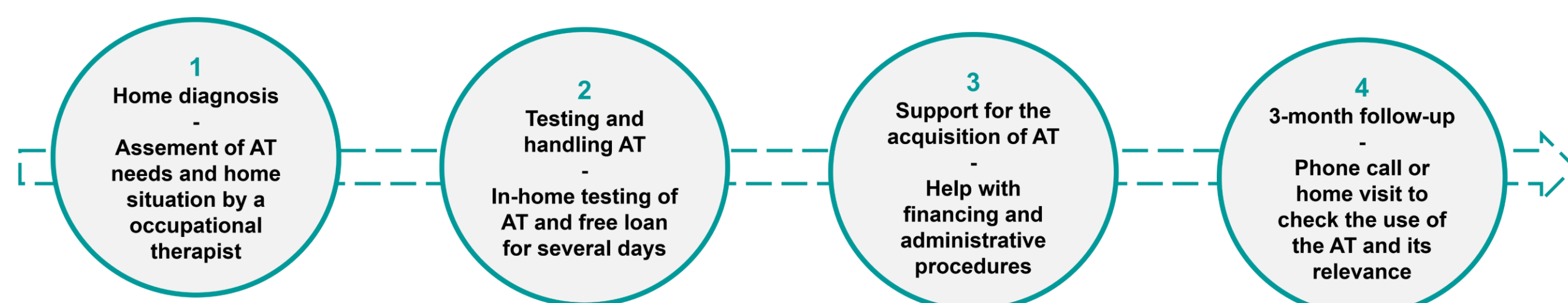
Observations: 7,768 individuals

Outcomes:

- Number of AT used before and after the intervention
- Number of AT tested, prescribed and acquired
- Proportion of people abandoning their AT after 3 months
- Goal Attainment Scale (GAS)

RESULTS

1 Support stages for people needing AT



2 People supported are people with disabilities and elderly people

Individual characteristics

Age, years	70
Sex, female n (%)	4,505 (58)
Acquired diseases n (%)	7,367 (87)
Musculoskeletal and movement disabilities n (%)	7,372 (63)
Disability of sensory functions n (%)	1,105 (15)
Number of disabilities in performing tasks of daily living	8
Owners of AT before intervention n (%)	5,842 (81)

3 Number of AT tested, prescribed and acquired per person

	Mean
AT tested at home per person (n=6 423)	2.20
AT tested outside per person (n=6 423)	0.49
AT prescribed per person (n=4,999)	3
AT acquired per person (n=3,679)	2

The occupational therapists recommended ATs and facilitated their trial within the beneficiaries' living environments:

- Time to access AT trials: 11 days [10.8 to 12]
- Duration of AT trials: 6 days [5.23 to 5.88]
- Time to obtain AT: 47 days [44 to 49]
- 68% of prescribed ATs were acquired

CONCLUSIONS

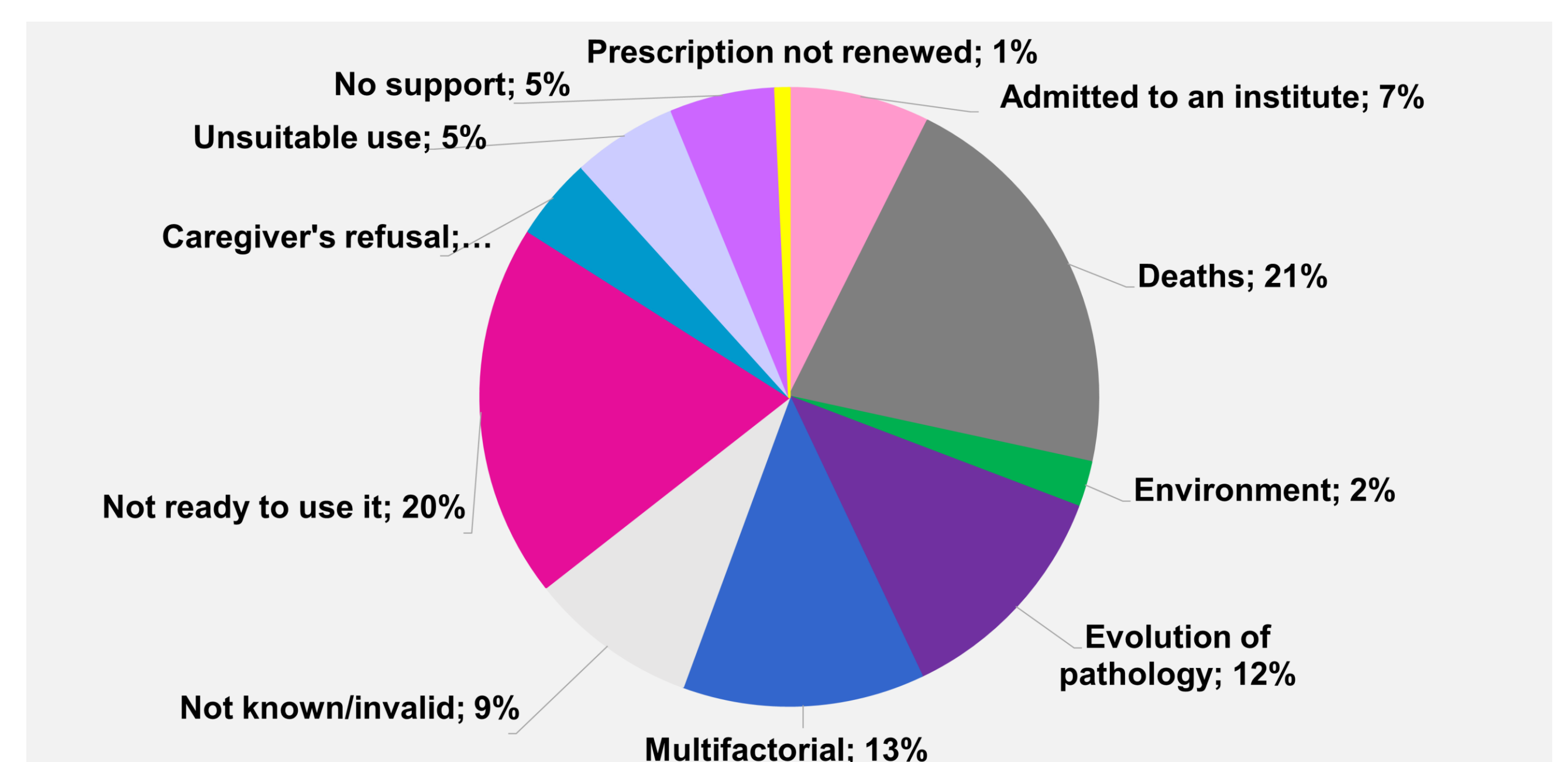
The support service demonstrated significant improvements in AT access and utilization in long-term, highlighting the importance of in-situ AT trials and individualized support.

These results encourage the wider adoption of these teams across France

AT most commonly used according to ISO 999 nomenclature:

- Personal care and participation in personal care (Code 09)
- Personal mobility and transport (Code 12)
- Fittings, accessories and support activities in the environment (Code 18)

4 Reasons for discontinuing use of AT

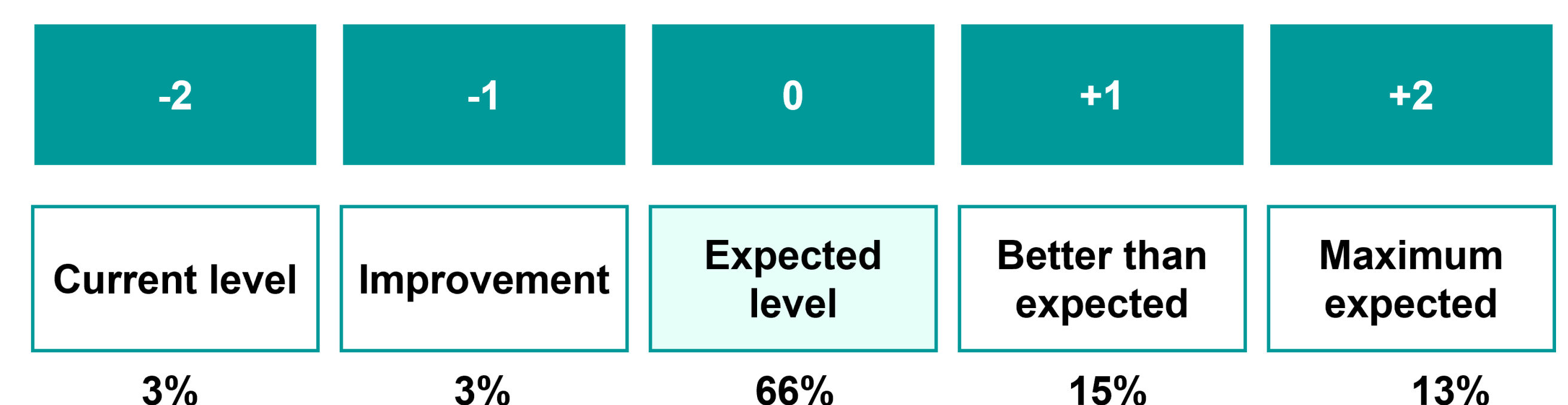


Before intervention: 81% of beneficiaries possessed at least one AT, with 34% unused or not adapted.

Post-intervention: 92% of ATs were still in use three months later. A small proportion had to give up using their AT, **mainly because of death or because they were not yet ready to use the AT**

The proportion of AT used at 3 months is lower for people with progressive disease (91% [89.2 to 93.2]) than for people with non-progressive disease (94% [91 to 96]).

5 Goal Attainment Scale



94% of individuals supported met or exceeded their self-defined goals.

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