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The “Taking Care Project”: a Special Program for Complex Cancer Patients in Rural Areas

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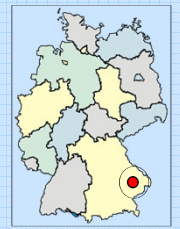
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Abstract: The “Taking Care Project” (TCP) is a collaboration of the Oncologic-Palliative-Care-Network of Landshut and the University Clinic of Oncology and Hematology of the Ludwig Maximilians University Großhadern, Munich, Germany.

It was implemented to improve the medical care for severely ill and complex cancer patients particularly in remote rural areas, needing state-of-the-art medical treatment as only provided far away from home in urban centers.

Key instruments to achieve a better medical standard is introducing special personnel as linkage in both the peripheral practice and the university clinic.

Specialist consultation for complex and orphan disease in the rural practice, personnel caring for the psychological wellbeing while in hospital or coordinators within the university clinic to access tumor-boards and complex therapies more easily and less bureaucratic are examples for this novel project. The TCP is financially supported by the Bavarian state office for health- and food-safety.



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Background The medical care for patients with complex hemato-oncological diseases in rural areas is highly contrary to the demands of professional societies, health insurance companies and politics regarding the optimal treatment of cancer patients due to specific problems. Due to lack of specialists in remote areas, long distances to comprehensive cancer centers and often bad performance status, severely ill patients in these areas are threatened by under-treatment as compared to patients already living in urbanized areas.

Also, if a patient from a rural area with a complex hematological disease is admitted to an urban center, this often means a traumatic experience for the patient. Direct contact with the family and the local oncologist / general practitioner is frequently torn. The family and oncologist are often not sufficiently informed about the progress of therapy or treatment complications. After discharge information gaps can also be problematic. Information loss can lead to false treatment, especially in rare disease. Our pilot project aims to confront these deficits at different levels and simultaneously improve patient satisfaction and reduction of trauma for patients.

The Project

• **Employment of two “Care Takers”**, one at the University Hospital Munich, one at the oncological practice in Landshut. Their specific tasks are:

1. regular independent visitation of the patients for problem solving, confidence building and psychological help regarding all issues not covered by regular medical personnel
2. preparation of admissions and releases
3. patients coordination, documentation and evaluation of standardized questionnaires
4. Management of tumor board presentations, making appointments for specialist consultation

• **Designation of specific ward and a specific doctor for all patients admitted from the Landshut practice** at the collaborating University Hospital Munich Grosshadern, to guarantee continuance and transparency for patient care

• **Monthly specialist consultations in Landshut for patients after or before a complex therapy, including:**

1. Bone marrow transplantation consultation by senior university physician in Landshut
2. Surgical consultation for thoracic and liver resections by senior university physician in Landshut
3. Pain management consultation by senior physician in Landshut

• **Rotation of young doctors from the University Hospital to Landshut** to improve the knowledge transfer between University Hospital and oncological practice and to generate incentives for young doctors to work in rural areas

• **Introduction of “onco-cabs”** guaranteeing a smooth and comfortable transport of sick patients from Lower Bavaria Munich-Grosshadern and back

CONCLUSIONS

1. Existing gaps between outpatient and inpatient care are closed
2. A state of the art oncological care for seriously ill and the elderly in rural areas is achieved
3. Continuous cross-sectional and quality-assured care of patients with complex diseases is ensured
4. An individual and personalized care is warranted
5. Incentives for future oncologists to work in rural areas are created
5. Scientific evaluation and QOL analyses are conducted

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