

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

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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. The TCP is financially supported by the Bavarian state office for health- and food-safety.

It was implemented in 2015 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.

Providing for these patients will become more problematic in the future, since Germany faces an increasing demand of hemato-oncologists and palliative care specialists due to ongoing demographic and health care changes.

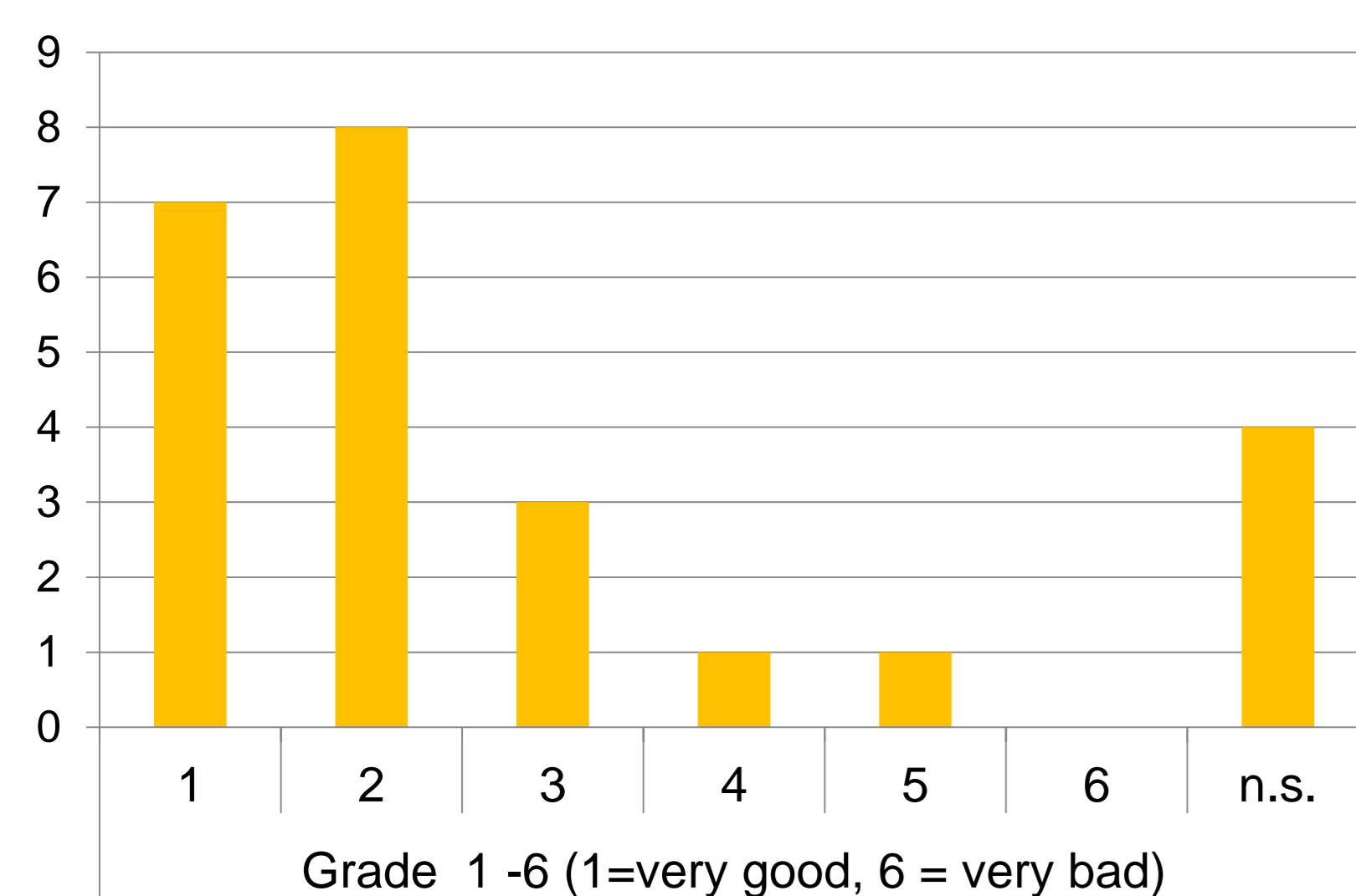
The impending lack of specialists due to concentration in urbanized areas and retirement is highly contrary to the stated demands of professional societies, health insurance companies and politics regarding this topic. This is in particular problematic for rural Bavaria. New approaches are therefore needed.



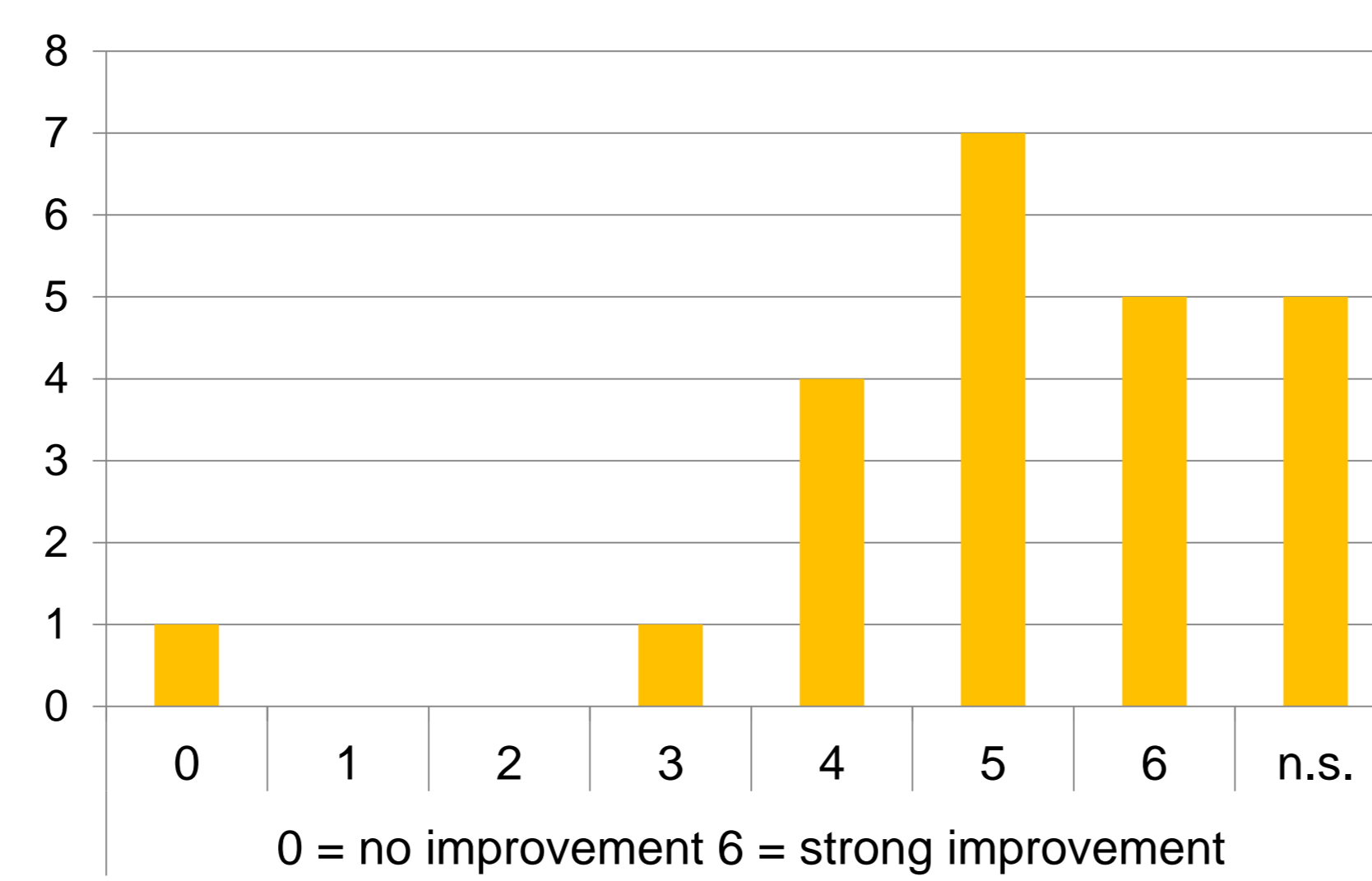
Key instruments to achieve a better medical standard for these patients is introducing special personnel and a rotation-program for young oncologists as linkage in both the peripheral practice and the university clinic. Regular out-sourced specialist consultations directly in the rural practice and easy access to specialized tumor-boards and complex therapies only carried out at the university hospital are some of the advantages for patients participating in the TCP program. Employment of two “Care Takers”, one at the University Hospital Munich, one at the oncological practice in Landshut are tasked with regular independent visitation of the patients for problem solving, confidence building and psychological help regarding all issues not covered by regular medical personnel:

Problematic gaps between outpatient and inpatient care are closed, state of the art oncological- as well as continuous cross-sectional and quality-assured care for seriously ill and complex cancer patients in rural areas is achieved. The goal of this undertaking is to counteract the future lack of palliative and oncological care specialists and to generate an incentive for young doctors to permanently work in rural areas after completing their specialization

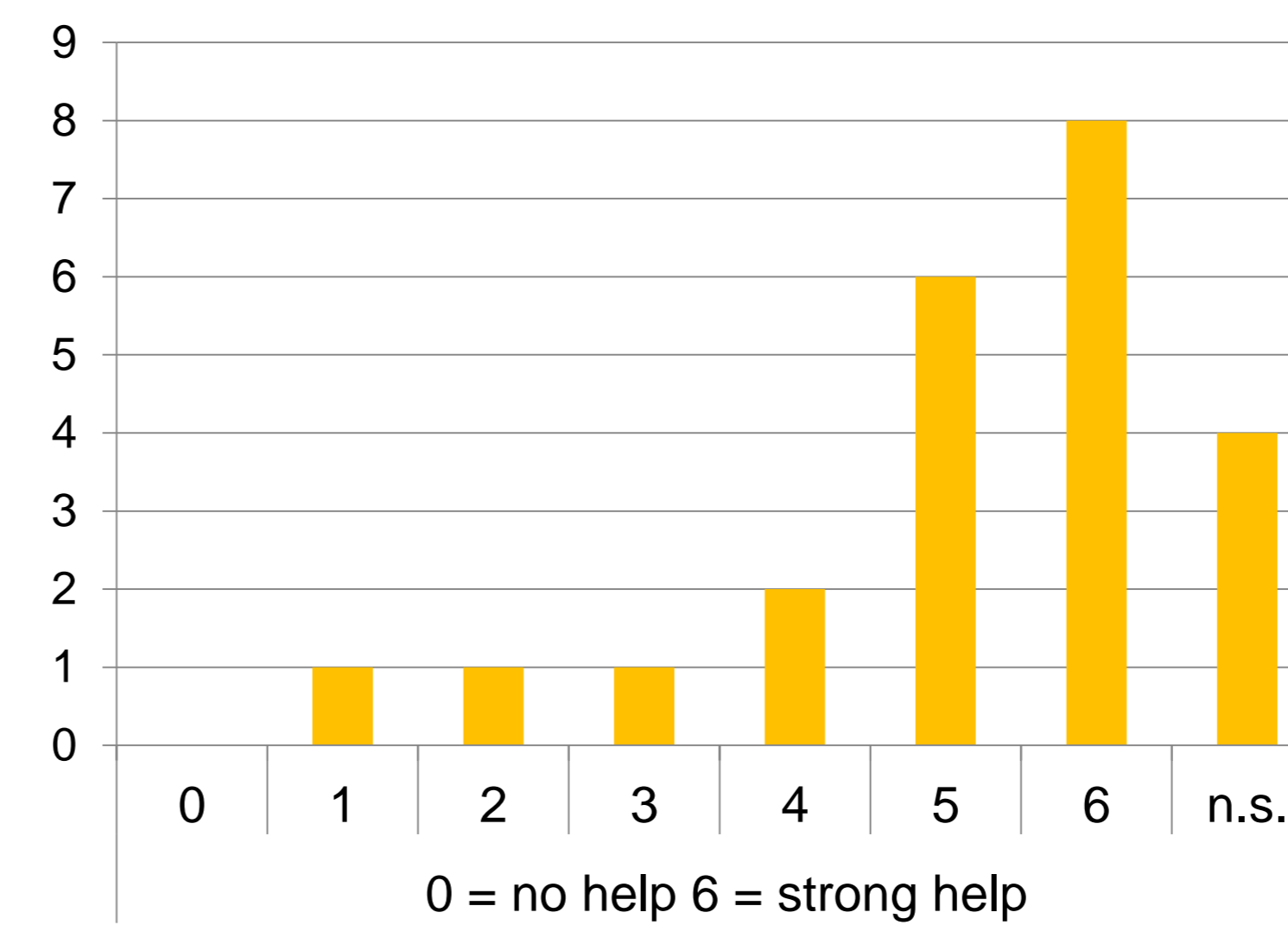
Which overall grade would you give the project



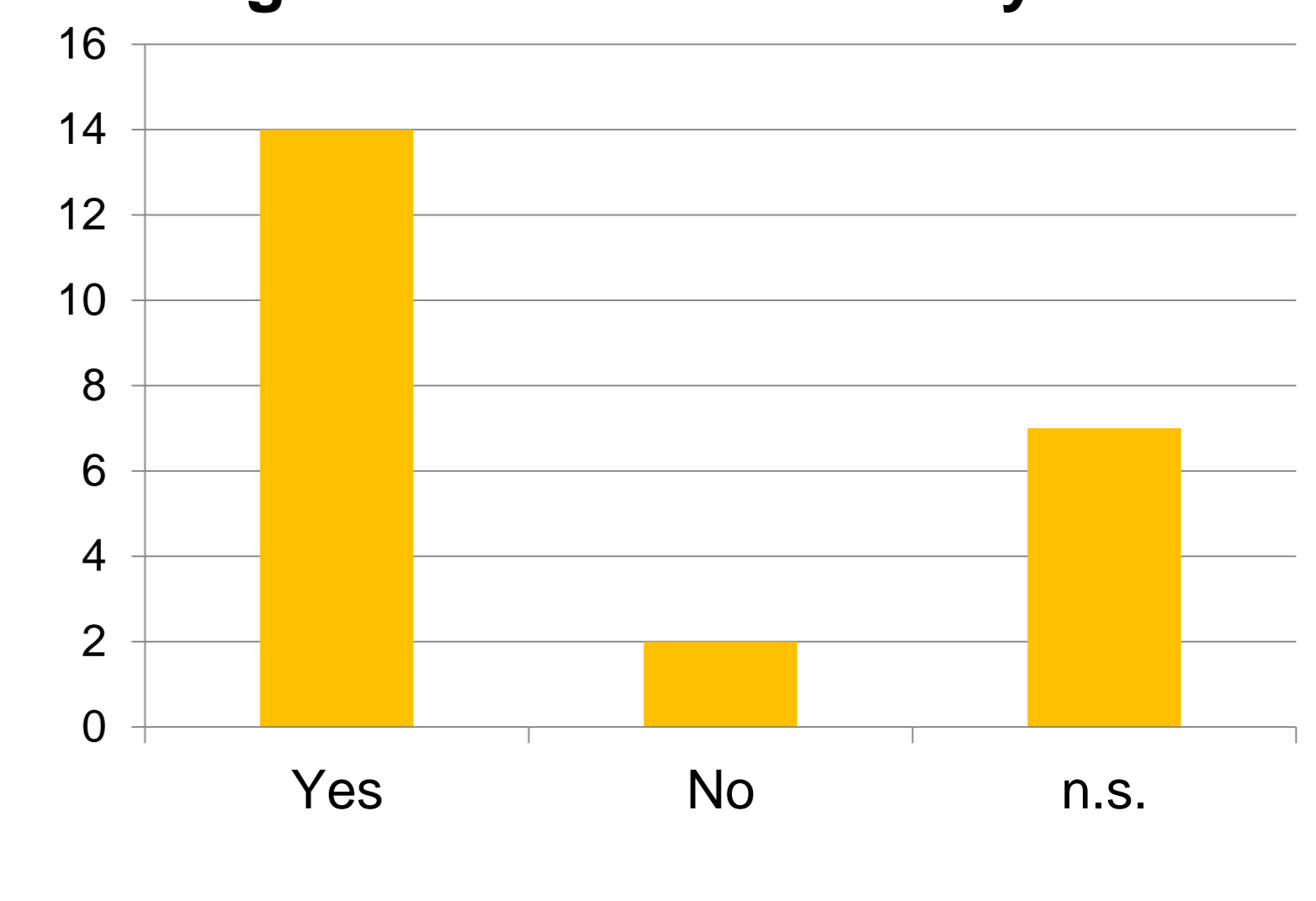
Did the project improve your stay at the hospital?



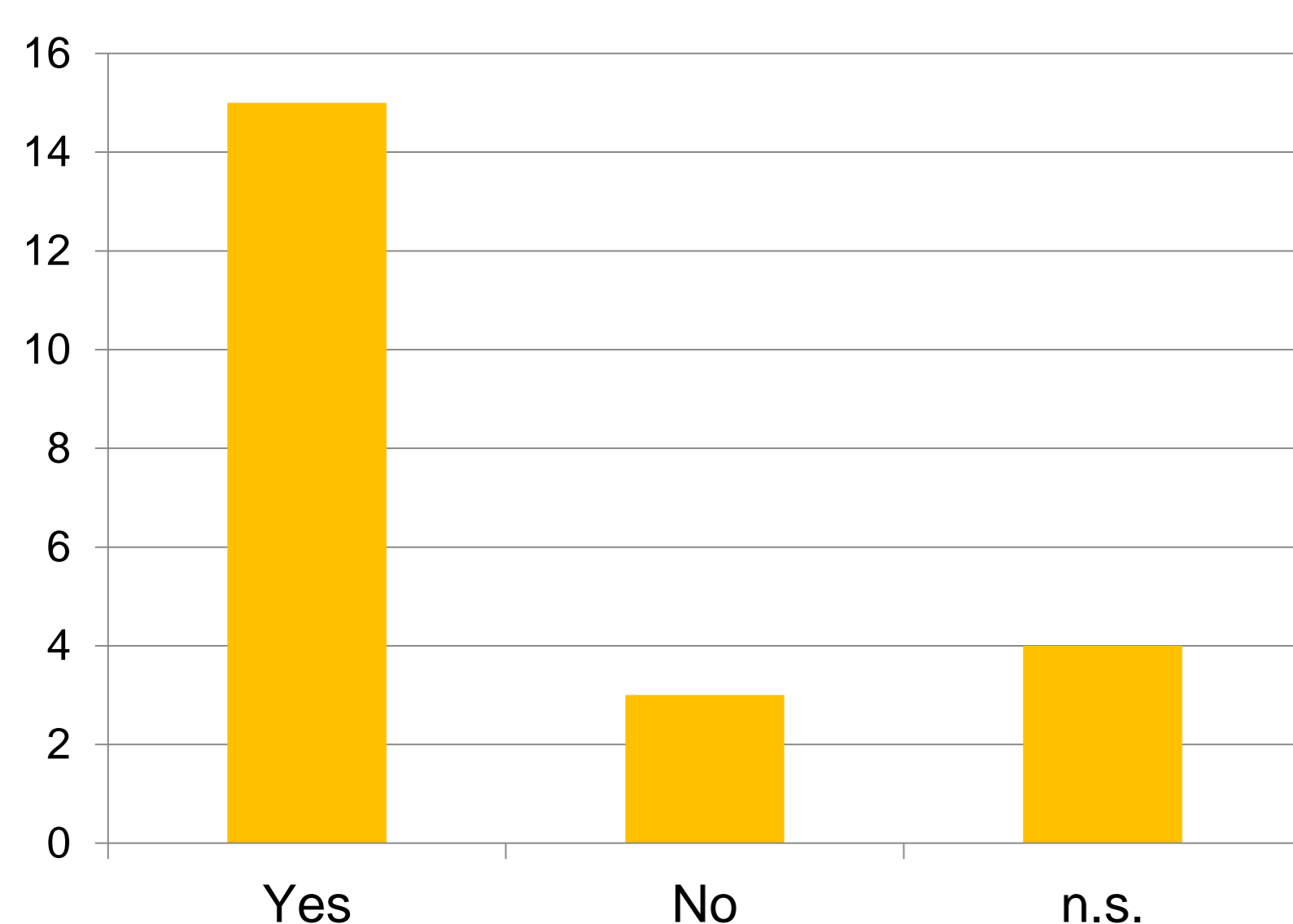
Does the specialist consultation in Landshut help with the burden?



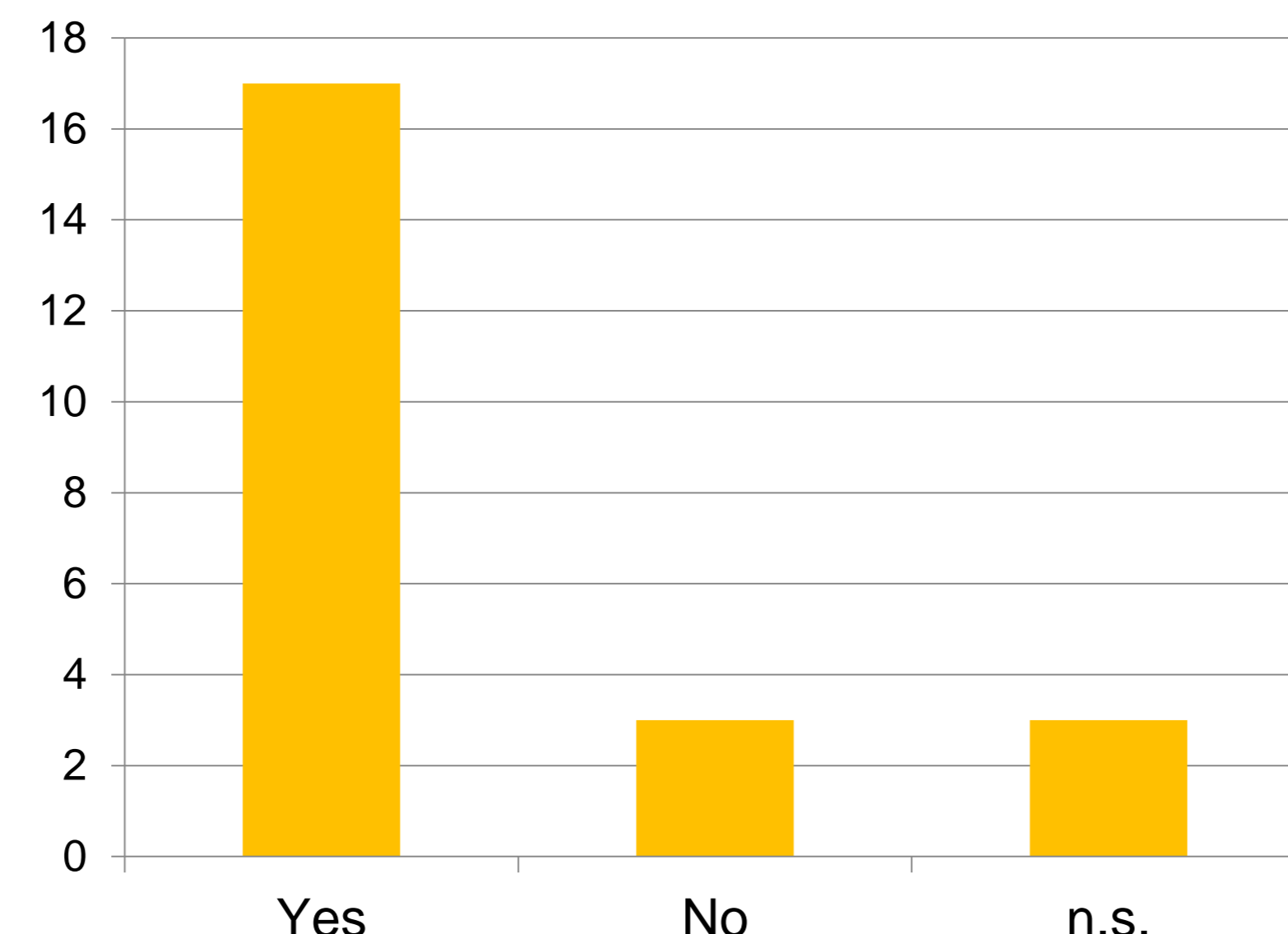
Do you feel advised in Landshut by the specialist as good as at the university itself?



Were anxiety and insecurity reduced by the TCP?



The TCP should be established permanently



## Results:

•We present a first report of feasibility, patient reported outcomes as well as preliminary results of the standardized questionnaires of the first 18 months of action of the TCP. A total of 14 questions for the patients with the possibility of answering with dichotomous question as in yes/no or with semantic differential scale questions were regularly assessed (Not all data shown)

•Overall 23 questionnaires of patients referred to the university hospital were eligible and 23 questionnaires of patients counseled in Landshut by the university specialist.

•In short, our preliminary data shows that the TCP achieved an improvement of patient safety and quality of life, workflow and cross sectional care.

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