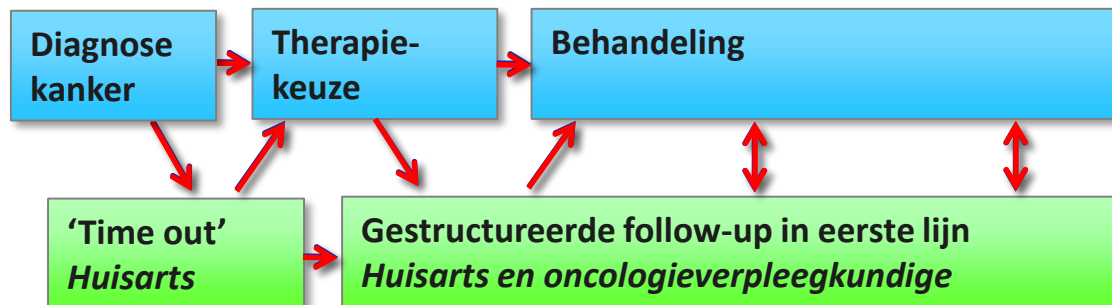


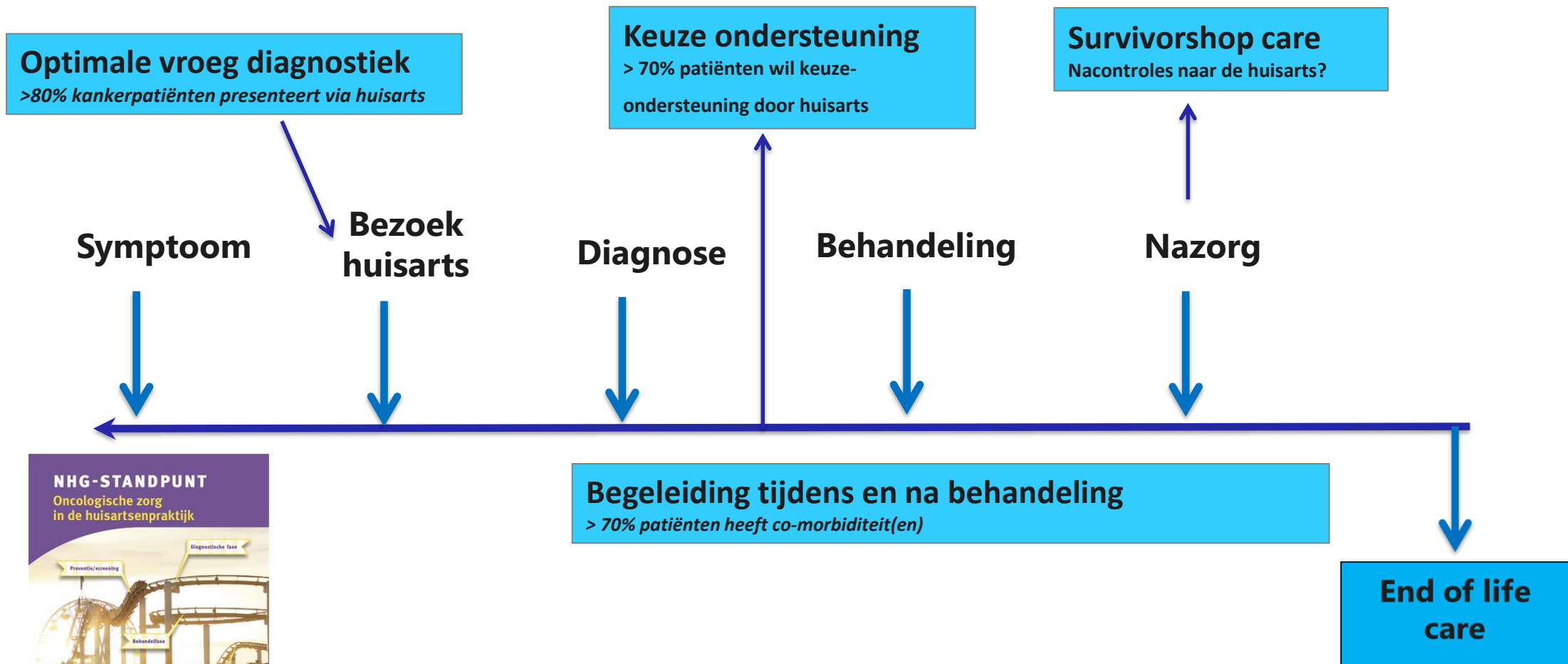
GRIP; Actieve betrekking eerste lijn na diagnose kanker

GRIP onderzoeksgroep

- UMC Utrecht; Julius Centrum; afdeling huisartsgeneeskunde & programma kanker, Cancer Center & Strategic Program Cancer
- NFK; Nederlandse Federatie van kankerpatientenorganisaties



GRIP; rol huisarts na diagnose kanker



NHG standpunt oncologische zorg in de huisartsenpraktijk. 2014

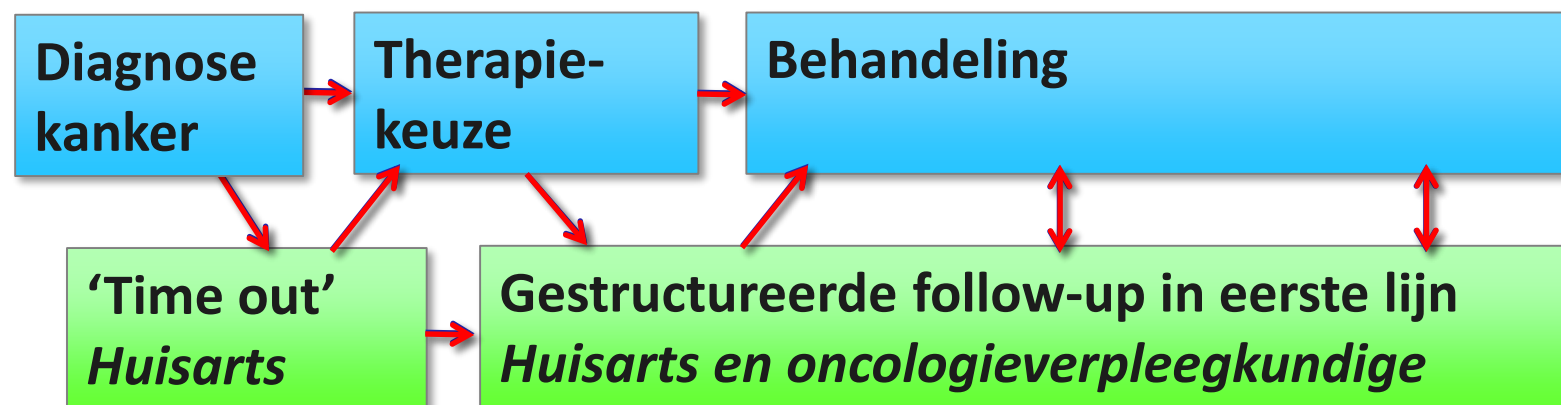


GRIP; rol huisarts na diagnose kanker

Doel: Het structureren van het eerstelijnszorgaanbod na de diagnose kanker ter waarborging van persoonsgerichte en continue zorg in de eigen leefomgeving.

Twee onderdelen:

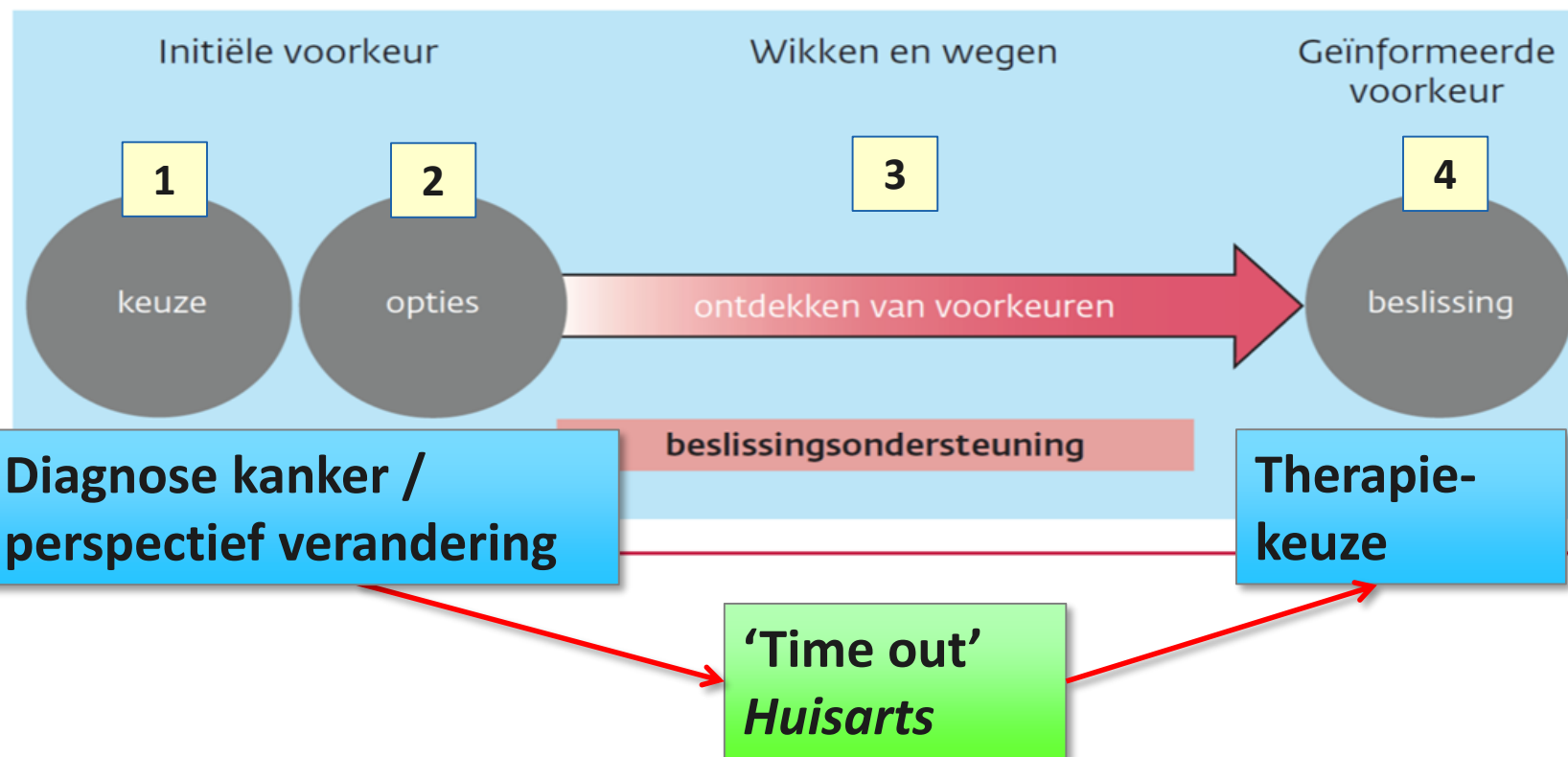
- Het TIME OUT gesprek bij de huisarts ter ondersteuning behandelkeuze
- Gestructureerde begeleiding tijdens behandeling door huisarts en desgewenst eerstelijns oncologieverpleegkundige



GRIP; Time Out huisarts na diagnose kanker

- meer dan 70% van patiënten wil ondersteuning huisarts bij beslissingen na kanker
- voor continuïteit van zorg is de huisarts de centrale zorgverlener

Figuur 1 Gedeelde besluitvorming: het model van Elwyn^{12,13}



Meerwaarde Time Out voor gedeelde besluitvorming

Steun van huisarts bij keuzes

- Bekend
- Onafhankelijk
- Toegankelijk

Hoe dan?

- Ondersteuning na diagnose
- Verhelderen vragen
- Verhelderen voorkeuren
- "Empowerment"

GRIP; Time Out huisarts na diagnose kanker

- ervaringen

Off to a good start after a cancer diagnosis: implementation of a time out consultation in primary care before cancer treatment decision

Regionale Transmurale Afspraak Utrecht ¹ Oncologische Zorg

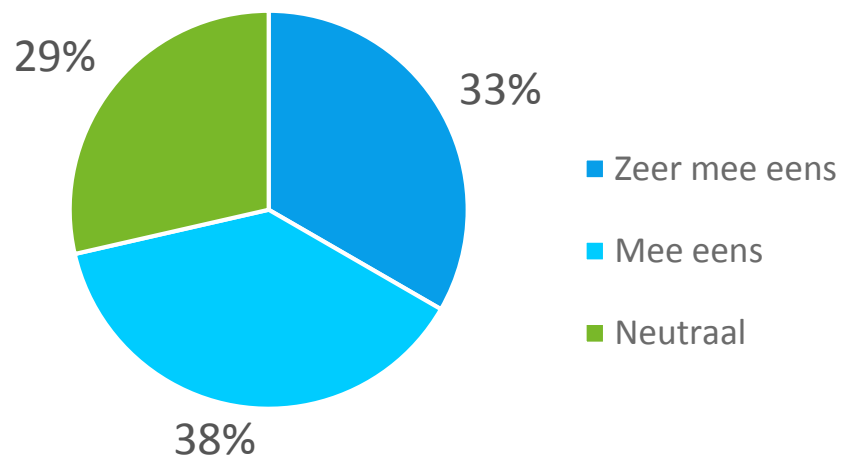
*Gestructureerde samenwerking tussen de eerste en tweede lijn
bij de behandeling en begeleiding van patiënten met kanker*

“TOC “ is

Time Out consult
bij huisarts tussen
diagnose en
therapiekeuze

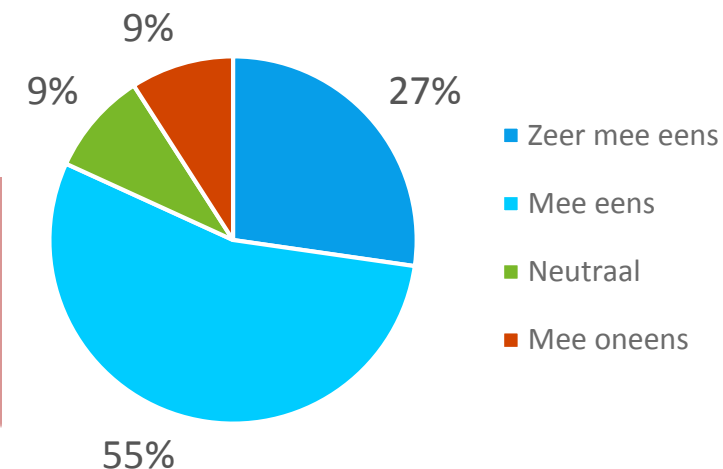
Huisarts

TOC stimuleert gedeelde besluitvorming



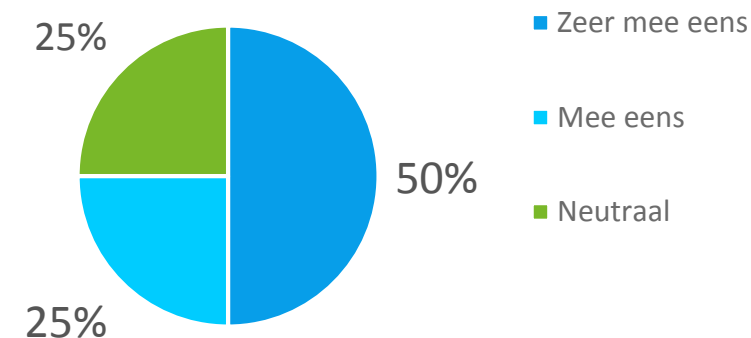
Specialist

TOC stimuleert gedeelde besluitvorming



Patient

TOC verbetert voorbereiding op
gedeelde beslissing in ziekenhuis



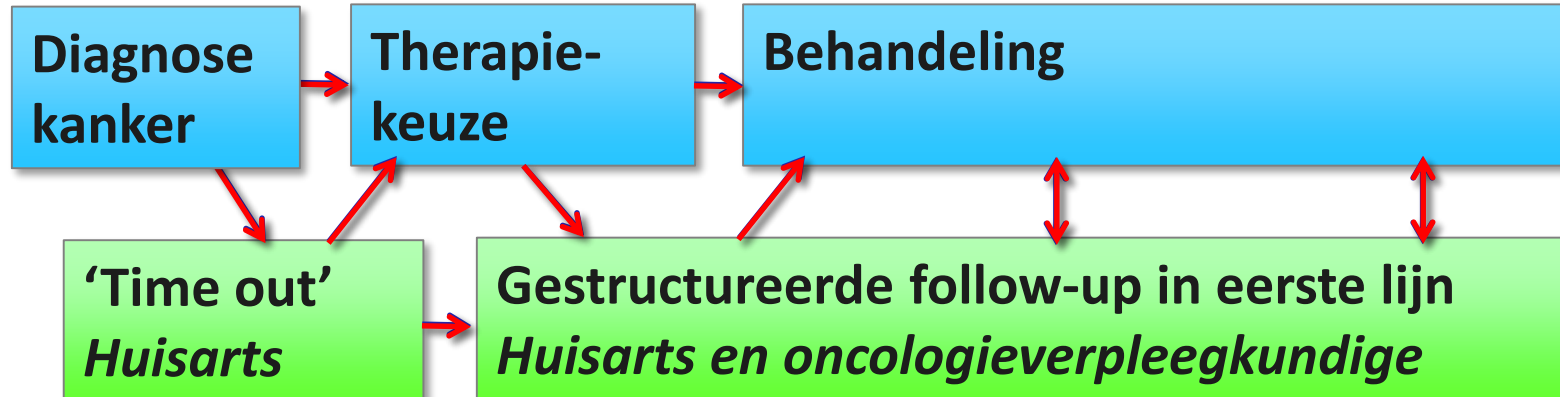
GRIP; eerstelijns oncologieverpleegkundige

Uitdaging huisarts:

- Gebrek aan tijd
- Gebrek aan kennis

Wat bestond al?

- Goed geschoolde 1^e lijns oncologie verpleegkundigen
- Ingezet in de palliatieve fase



J. Adv. Nurs. 1999 Nov;30(5):1137-46.

Intensified primary cancer care: a randomized study of home care nurse contacts.

Johansson B¹, Berglund G, Glimelius B, Holmberg L, Sjöden PO.

Author information

Abstract

Newly diagnosed cancer patients (n=527) were randomised to intensified primary care or a control group. Intensified primary care comprised routines to improve general practitioners' and home care nurses' possibilities to support and monitor patients, i.e. increased information from specialist care, education and supervision in cancer care. The aims of this paper are to evaluate the effects of intensified primary care on cancer patients' home care nurse contacts, and to study if patients' use of home care services 6 months after diagnosis can be predicted. The intervention resulted in a marked increase of follow-up contacts. About 90% of intensified primary care patients reported such contacts, compared to 26% of control patients. The results indicate that standard care does not routinely include follow-up contacts, not even for the oldest (80+ years) or those with advanced disease. Only 27% and 36% of these groups of control patients reported follow-ups. Logistic regression analysis identified intensified primary care as the strongest predictor for reporting a continuing contact 6 months after diagnosis. Intensified primary care patients were 14 times more likely than controls to report a such contact. The strongest predictor of a continuing contact in the intensified primary care group was high age. Patients with advanced disease were more likely than patients with non-advanced disease to report a continuing contact, and living in a rural district was positively associated with reporting a contact. A majority of the patients (70%) assessed the time for the first contact as the 'right time' and estimated that the nurse gave expected support to a very large or large extent (67%). The results suggest that routines like those implemented through intensified primary care may be an effective strategy to increase the accessibility and continuity of care, especially for elderly people and for patients with a need for long-term contacts.



GRIP; literatuur en contact



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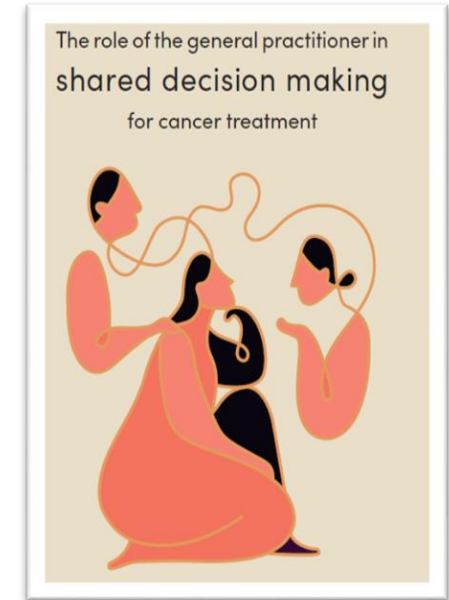
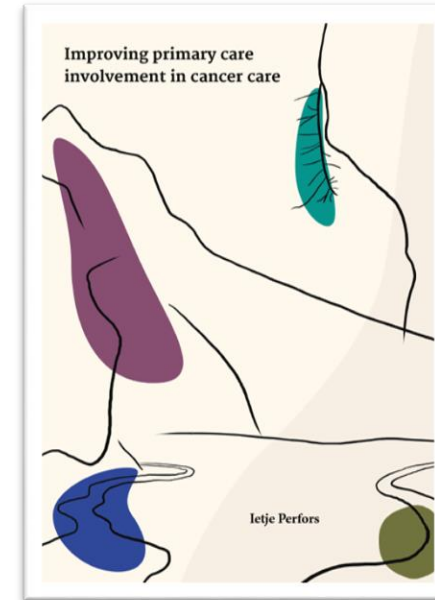
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Contact;
c.w.helsper-2@umcutrecht.nl

