

Implementation of OncoKompas.

Procedure introducing OK to patient	
<p><i>Accurate introduction of OncoKompas</i></p> <ul style="list-style-type: none"> • According to a routine, to prevent that survivors that may benefit from <i>OncoKompas</i> are not referred 	<ul style="list-style-type: none"> • Through (1) a flyer, (2) a website, (3) posters in waiting area, (4) a demo of <i>OncoKompas</i> • Included in a care pathway (eg after dismissal) • At set times/moments (eg after dismissal) • Responsibility introduction with one person • Availability of a trigger for introduction for HCPs so it cannot be forgotten
Implementation as self-management application	Implementation as supported self-management application
<p><i>Stimulates survivor empowerment</i></p> <ul style="list-style-type: none"> • Survivors have to take action themselves • Enables survivors to indicate priorities during consultation • Survivor determines how to handle symptoms and not the physician • Survivor needs to be motivated to address his complaints, otherwise stimulation by HCP will not be effective 	<p><i>Responsibility well-being patients with HCP</i></p> <ul style="list-style-type: none"> • Self-management not fully accepted in health care • Responsibility well-being always (partially) with HCP • HCP responsible when survivor receives suboptimal care • QOL difficult to act upon by HCPs if they don't have insight into results • Important that symptoms unrelated to a specific specialty (eg anxiety, fatigue) receive attention and are noticeable
<p><i>Survivor is responsible for own well-being</i></p> <ul style="list-style-type: none"> • Responsibility lies with survivor to take action upon symptoms • Referral by <i>OncoKompas</i> in case of suboptimal QOL relieves HCPs' responsibility • Survivor can bring printed results to consultation 	<p><i>Feedback through access OncoKompas or system alert</i></p> <ul style="list-style-type: none"> • HCPs are interested in <i>OncoKompas</i> results of survivors • Feedback creates opportunity to discuss results during consultation • HCPs want an alert when survivor has a suboptimal QOL and does not take action • Survivor without printer cannot take results to HCP
<p><i>Privacy of survivor is protected</i></p> <ul style="list-style-type: none"> • Survivor is able to choose what to share with the HCP • No social desirability because HCP cannot view results • HCPs doubt whether survivors would like their results known by HCPs 	<p><i>Problems surrounding privacy survivors</i></p> <ul style="list-style-type: none"> • Survivors need to be well informed about who has access to their information and give consent • Some aspects of <i>OncoKompas</i> are of no importance to HCPs (such as financial issues) • IT issues (accessibility) in how <i>OncoKompas</i> would be safe to use for HCPs
<p><i>Difficult to discuss results during regular consultation</i></p> <ul style="list-style-type: none"> • Time pressure • Other priorities during consultation (cancer recurrence) • Problems in prioritizing during consultation 	<p><i>Requires action from HCP</i></p> <ul style="list-style-type: none"> • Survivors expect HCP to be aware of their results • Lack of HCPs' action may lead to disappointment and have a negative impact on doctor-patient relation • Dependence of survivor in doctor-patient relationship requires action from HCPs