

INTERDEM MEMBERS – BRIEF CURRICULUM VITAE



NAME: Marieke Perry

TITLE: MD, PhD

PROFESSIONAL GROUPING: General Practitioner

WORK ADDRESS:

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PRESENT POSITION (e.g. Director of.....):

Senior researcher, Dept of Geriatric Medicine and Dept of Primary and Community Healthcare, Radboud University Medical Centre Nijmegen, The Netherlands

HIGHEST ACADEMIC QUALIFICATION (e.g. PhD, MD etc.):

PhD and MD

PROFILE OF MEMBER:

Marieke Perry was born on November 6th 1976 in Nijmegen, the Netherlands. In 1995, she graduated cum laude from secondary school. After passing her propaedeutic exam in Biomedical Health Sciences, she studied Medicine at the Radboud University Nijmegen, which she completed in 2002 after an internship in Tanzania. Subsequently, she worked at the emergency room in a small district hospital in the east of the Netherlands. From September 2003 until March 2006, Marieke was trained to become a general practitioner. Next, she started with a research project at the Geriatric Department of the Radboud University Medical Center Nijmegen. This project resulted in the publication of a thesis "Development and evaluation of a Dementia Training Programme for Primary Care". This thesis was successfully defended at 21 September 2011 and awarded with two awards.

Since May 2006, Marieke enjoys working as a general practitioner in Zevenaar. At the Geriatric Department she was involved as a postdoc researcher in two projects funded by the National Care for the Elderly Programme. In the first project, a two-step elderly screening for frailty in primary care was developed and validated. The second project investigated the implementation and the effects of the Health and Welfare Information Portal (ZWIP), a digital conference table for frail older patients and their (primary) healthcare professionals, that aimed to facilitate multidisciplinary collaboration and self management. Furthermore, she significantly contributed to the revision of the Dutch Dementia Guideline of the College of Dutch General Practitioners, which was published in 2012, as well as to the Dutch multidisciplinary Dementia guideline published in 2014. She writes columns for 'magazine Alz' about her experiences with patients with dementia and their informal caregivers in daily practice.

Since January 2014, Marieke works as a postdoc researcher on a project called DementiaNet of the Radboud Alzheimer Center. DementiaNet aims to improve care coordination and multidisciplinary collaboration for patients with dementia in primary care. Patient and informal caregiver are explicitly included in these processes. Strategies used to achieve the project aims are clinical leadership, interprofessional education and quality improvement methods as breakthrough cycles. As co-PI, she is involved in Decidem, a project that aims to implement advance care planning and shared decision making for dementia patients in primary care. At the department of Primary and Community Care she contributes to building an oncology research group. Hereto, she and her research team acquired two grants of the Dutch Cancer Society to increase involvement of primary care in older patients with cancer and a grant of the National Health Institute

AREAS OF EXPERTISE:

Dementia – Identification and diagnosis in general practice, interdisciplinary collaboration, networked care, anticipatory care, shared decision making

Frail elderly care (with cancer) – identification, interdisciplinary collaboration, patient empowerment, patient and public involvement. My expertise in this field concerns mainly generalist principles that are easily applicable to dementia care and research

KEY PUBLICATIONS (Maximum 5):

Moll van Charante E, **Perry M**, Vernooij-Dassen M, Boswijk D, Stoffels J, van Achthoven L, Luning M. Dementia Guideline of the Dutch College of General Practitioners. Second revision. Huisarts Wet 2012 Jul; 55 (8): 497-520

Robben S, **Perry M**, Olde Rikkert M, Heinen M, Melis R. Care-Related Goals Of Community-Dwelling Frail Older Adults. J Am Geriatr Soc. 2011, Aug; 59(8):1552-4

Perry M, Drašković I, Lucassen P, Vernooij-Dassen M, van Achterberg T, Olde Rikkert M. Effects of educational interventions on primary dementia care. A systematic review. Int J Ger Psychiatry. 2011; 26(1): 1-11

Perry M, Drašković I, van Achterberg T, van Eijken M, Lucassen P, Vernooij-Dassen M, Olde Rikkert M. Development and validation of quality indicators for dementia diagnosis and management in a primary care setting. J Am Geriatr Soc. 2010 Mar;58(3):557-63.

Perry M. Development and evaluation of a Dementia Training Programme for Primary Care. Thesis. 2011

RELEVANT RESEARCH ACTIVITY:

Please indicate for past 5 years only (i) Grants Awarded: Names of Investigators; Years; Title of Project; name of awarding agency (ii) PhD and other projects: Title, start or completed date.

Grants

Title: Bringing palliative care for dementia patients into agreement with their wishes and needs: development and evaluation of Decidem

Source: The Netherlands Organisation for Health Research and Development

Amount: €396.355

Role: Co-PI

Duration: 2014-2017

Title: Cancer follow-up for frail older patients in primary care

Source: Dutch Cancer Society

Amount: €193.149

Role: PI

Duration: 2015-2017

Title: Development of an integrated care path for older patients with cancer and multimorbidity: focus on early engagement of primary care

Source: Dutch Cancer Society

Amount: €169.169

Role: PI

Duration: 2016-2018

Title: Early diagnosis of Alzheimer's disease: conceptual considerations and ethical guidelines
Source: The Netherlands Organisation for Health Research and Development
Amount: €98.450
Role: Project advisor
Duration: 2016-2017

Title: Coordination of care during end-of-life of patients with lung or bowel cancer
Source: National Healthcare Institute
Amount: €44.080
Role: co-PI
Duration: 2016 (4 months)

Title: Communication between healthcare and welfare professionals on community-dwelling elderly patients
Source: The Netherlands Organisation for Health Research and Development
Amount: €47.276
Role: PI
Duration: 2016-2017 (12 months)

Title: Crisis reduction in dementia care
Source: The Netherlands Organisation for Health Research and Development
Amount: € 144.293
Role: Co-applicant
Duration: 2016-2018 (18 months)

CURRENT RESEARCH INTERESTS/ONGOING PROJECT TITLE:

(Co-)PI on several research projects (see grants)

- Bringing palliative care for dementia patients into agreement with their wishes and needs: development and evaluation of Decidem
- Integrated oncology care for older patients with multimorbidity
- Cancer follow-up for frail older patients in primary care

Postdoc researcher

Integrated primary care for dementia patients and their caregivers: the development and implementation of DementiaNet (www.dementienet.com)

Ongoing research:

Bringing palliative care for dementia patients into agreement with their wishes and needs: development and evaluation of Decidem:

The main aim of this study is to develop and evaluate the effects of Decidem: an intervention for general practitioners (GPs) and primary care nurses (PCNs) aimed at introducing ACP and SDM in the care for community-dwelling dementia patients, their family caregivers and their primary care professionals. We hypothesize that Decidem will bring actual care into agreement with patients' and caregivers' preferences and needs. This patient-centred, personalized intervention may increase their satisfaction with care, decrease caregivers' burden and increase quality of life. Decrease of under- and over treatment, of hospitalizations and of unplanned visits may reduce costs.

The project started January 2015. So far, we performed a review of the literature on advance care planning in community dwelling dementia patients. We interviewed patients, informal caregivers and primary care professionals on their opinions and wishes on discussing future decisions and end-of-life care. The knowledge collected was used to develop a training for GPs and practice nurses, of which the first edition took place at the end of February. The effect of the training will be evaluated in a cluster randomized design. Primary outcome is the proportion of wishes and needs known and respected. Secondary outcomes will be patients' and informal caregivers' satisfaction and quality of life, and caregiver burden. Additionally, a cost effectiveness evaluation will be performed. In this project, I am a co-project leader and supervisor of the PhD student.

Integrated primary care for dementia patients and their caregivers. The development and implementation of DementiaNet:

DementiaNet facilitates and support local collaboration among healthcare professionals to provide care for community-dwelling elderly with dementia. Overall, the approach aims to reduce the burden of the disease for all persons involved in dementia care, including healthcare professionals, patients and their informal caregivers. To be included, a local network needs to consist of at least a GP, a district nurse and a welfare worker. Each network selects a network leader. The DementiaNet research team coaches these clinical leaders regarding this informal leadership individually and offers workshops. Moreover, DementiaNet supports identification of local needs for improvement, local goal setting, action planning and evaluation (plan do check act). DementiaNet organises tailored training sessions on request. Local networks participate in this programme of intensive coaching for two years. Two PhD student are involved in this project. They investigated respectively the implementation and the effects. As a postdoc researcher, I am involved in the implementation and its evaluation. We are performing a review on clinical leadership in integrated primary care. We are writing a theoretical paper on the development of the programme. We will evaluate the leadership programme in a mixed methods design. We have performed focusgroup interviews with GPs and district nurses about their interprofessional communication. We will investigate the development of the level of integration of the network.

Cancer follow-up for frail older patients in primary care

The aim of this project is to provide cancer follow-up care for frail older patients from a generalist perspective. Hereto, we are currently including 50 frail older cancer patients at outpatient clinics and primary care practices for transfer of cancer follow-up to primary care. We will evaluate the transfer in a mixed-methods before and after design.

To identify barriers and facilitators for this transfer, we performed a review of the literature. We performed focusgroup and individual interviews with secondary and primary care professionals and with patients and informal caregivers on their opinions on the transfer of cancer follow-up to primary care. In this project, I am the project leader.

Development of an integrated care path for older patients with cancer and multimorbidity: focus on early engagement of primary care

This project started in February. In an action research approach, we will facilitate the creation of an integrated care path for older patient with cancer. Secondary and primary care professionals will be involved. We decided to choose an innovative approach: we aim to intervene first on the personal connection between professionals and create mutual understanding and trust before we facilitate them to come to agreement on the content of care and task division. The patient journey will play a key role in this process. In this project, I am the project leader

Crisis reduction in dementia

This project will start in December 2016