

Are you on the (path)way yet? A survey examining the understanding and implementation of oncological patient pathways among members of the Innovative Partnership for Action Against Cancer (iPAAC) Joint Action

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Background: In the European Guide on Quality Improvement in Comprehensive Cancer Control (CanCon Guide) patient pathways (PPs) are recognized as a valuable tool to support seamless care, patient information and guidelines implementation in comprehensive cancer control networks (CCCNs). However, there is neither a common definition of the term nor a standardized development and implementation approach. Therefore, an online survey examining the understanding of oncological PPs as well as national PP practices was conducted.

Method: The survey was carried out among members of the iPAAC consortium who are involved with oncological PPs (e. g. in PP research, development, management, usage, analysis). A pre-test with domain experts from two European countries was conducted. The final questionnaire comprised multiple choice and open questions to evaluate PP characteristics and a definition (developed based on the results of a scoping review on PPs conducted by the authors) and to collect current experiences, practices, and expectations. 19 fully completed questionnaires were received and evaluated.

Results: Regarding the terminology of PPs, the terms care pathway (44 %), integrated care pathway (44 %), and clinical pathway (50 %) were most often mentioned as synonyms in use (multiple answers were possible). The proposed definition of PPs was broadly supported by the survey participants (89 %). A PP is defined as a tool that permits the planning and management of the care process of individual patients within a group of similar patients with complex, long-term conditions. It defines the phases of care and supports mutual decision-making by the patient and a multidisciplinary care team collaborating in a comprehensive care network. Interestingly, a strong patient engagement in PP development and decision-making raised some critical voices among the participants. However, the survey participants broadly confirmed that PPs are a promising tool for CCCNs to increase standardization of care and to improve quality of care, care coordination, and compliance with standards. Also, CCCNs are considered to hold great potentials for providing a beneficial environment for PP utilization, e. g. by providing seamless quality care across all involved units within a CCCN, by offering good example input for PP development, or by providing technological and methodological support.

Discussion: The heterogeneous use of terms makes it difficult to clearly distinguish the PP concept from similar pathway terms. The proposed definition accepted by the majority of survey participants functions as a starting point for clarification. The results highlight individualization and inter-institutional care continuity as essential characteristics of PPs compared to care pathways or clinical pathways. To implement PPs as a practical tool for comprehensive cancer care, consensus on a common terminological and methodological basis for PP development in CCCNs seems to be essential.

Conclusion: The survey findings inform the debate on PPs and shed light on descriptive PP characteristics as well as on existing solutions and desirable advances for CCCNs in terms of PP utilization. Both the potentials and complexity of PPs were confirmed. The provision of standardized methodological support for PP development and implementation could reduce complexity and exploit potentials.