

The clinical cancer pathways and pathway coordinator



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| TYPE STATUS | Fully implemented and ongoing | LAST UPDATE | May 2021 | Norway • NATIONAL, specialized health care services Cancer course management |
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PROBLEM & OBJECTIVE

PROBLEM Norway has implemented clinical cancer pathways to improve patient management throughout the entire diagnostics process, start of treatment and follow-up

OBJECTIVE

- The goals with implementation of clinical cancer pathways are:
 - to ensure safety and predictability for the patient;
 - to ensure equal management of patients with suspicion of the same diagnosis independent of region within the country.
- The role of the pathway coordinator is to facilitate clinical cancer pathways by:
 - making the patients journey from the suspicion of cancer towards start of treatment safe and predictable to adhere to the lead times set in the organ-specific clinical cancer pathway manuals to avoid delays in assessment and treatment caused by reasons other than medical.

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KEY COMPONENTS / STEPS

- General Practitioners (GPs) are patients' primary contacts.
- If there is a suspicion of cancer based on medical history, symptoms, clinical findings, laboratory tests and/ or image detection, a GP refers a patient to a specialized health services (hospital) with request of admission to clinical cancer pathway.
- Cancer pathway coordinator at the unit patient is referred to, takes care of the appointments for further diagnostic assessment, meeting with the oncologist or the oncologic team according to lead times set in the clinical cancer pathway manuals.
- After diagnosis confirmation, patient's case is discussed in the interdisciplinary medical team meeting to decide which treatment should be provided to the patient. Cancer pathway coordinator participates in the meetings and proceeds with further appointments in accordance with the medical team decisions and in adherence to the lead times for start of the treatment set in the clinical cancer pathway manuals. The coordinators attend regular retreats organized by the Regional Health Trusts in which Directorate of Health also participate.

KEY CONTEXTUAL FACTORS

- All citizens have access to public health care, however also a few private practices are available. The public health care consists of primary health care services, i.e. GPs and specialized health care. The specialized health care is organized in four Regional Health Authorities, within which there are several health trusts, i.e. regional and local hospitals, outpatients' clinics as well as appointment specialists.
- National cancer strategy 2013–2017 followed by National cancer strategy 2018–2022, National Action Plan for Cancer and the National Action Programs for the specific cancer sites provide framework for development and introduction of clinical cancer pathways and describe role of pathway coordinator.
- The Norwegian Directorate of Health has a coordinating role in development, implementation and evaluation of the clinical cancer pathways, while the Regional Health Authorities are responsible for the implementation. Administration at health trusts, cancer pathway coordinators and the health professionals in specialized and primary health care services are all involved in the successful implementation of the clinical cancer pathways.

MAIN IMPACTS / ADDED VALUE

- Patients will feel safe and experience predictability.
- Patients and their GPs have one contact point in the hospital, a pathway coordinator.
- The pathway coordinator takes care of the communication within the hospital and the wards where the patient is referred and arranges all of the patient's appointments within specialized health care services to avoid unnecessary delays.
- Experience of wellbeing and safety to have a health care system which in best possible way can manage serious diagnosis.
- The goal to include 70% of cancer patients within the cancer care pathways has been reached in 2019.
- The role of pathway coordinator is highly valued by the public, patients and professionals. Evaluation surveys were conducted by the Public Health Institute for the years 2014–2016 and 2018–2020; SINTEF also carried out an evaluation of the clinical cancer pathways.
- Patients have good experiences of safety and predictability, although there are regional differences:
 - in compliance to the lead times for different diagnoses;
 - in quality of services in some hospitals due to exceeded capacity.

LESSONS LEARNED

- Clinical cancer pathways are a useful instrument for best logistics and management of the disease benefiting both the patients and the hospital services.
- Despite the goal of equal access to health care, these are barriers which occurred:
 - exceeded lead times;
 - exceeded capacity – corridor patients and lack of specialists.
- Exceeded lead times due to infrastructure capacity have been overcome by upgrade of the capacity. The needs for upgrade of capacity are continuously monitored, and solutions introduced according to conditions over time.

REFERENCES & DOCUMENTATION

- [Monitoring of clinical cancer pathways – Norwegian Directorate of Health \(Norwegian Patient Registry\): Virtual statistics of cancer pathways](#)
- [Evaluation of clinical cancer pathways: Public Health Institute; Cancer patient pathways: Results from surveys among the general population, patients and general practitioners, 2014–2016 and 2018–2020](#)
 - 2020
 - 2016
- [SINTEF: Clinical cancer pathways: experiences among health personnel and patient Evaluation report, 2021 \(based on research publications\)](#)
- [About clinical cancer pathways](#)
 - <https://www.helsenorge.no/sykdsm/krft/pakkeforlop-for-krft/>
 - <https://www.helsedirektoratet.no/heter/pakkeforlop-for-krft-ter-for-landst>
- [MDT meetings](#)

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