# Development AND IMPLEMENTATION of clinical cancer pathways (Pakkeforløp for kreft)





TYPE STATUS

Program (development and implementation steps Fully implemented and ongoing

LAST UPDATE

May 2021

NORWAY • NATIONAL Diagnostics, treatment and follow-up guidelines

# PROBLEM & OBJECTIVE

#### **PROBLEM**

The rationale for implementation of clinical cancer pathways is to ensure safety and predictability for the patients and ensure a course without unnecessary non-medically justified delays.

**OBJECTIVE** Clinical cancer pathways will:

- contribute to a predictable and equal management of patients with cancer suspicion within a defined timeline;
- allow regular monitoring and evaluation of the system to further improve the system and patient management;
- contribute to optimal utilization of the health care infrastructure and services.

# CONTACT

#### Directorate of Health

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# **KEY COMPONENTS / STEPS**

- Development of clinical cancer pathway manuals:
  - o started in early 2014;
  - o was based on reports, available scientific literature and the Danish model;
  - 26 organ-specific clinical cancer pathway manuals were developed, and also one diagnostic and one for metastasis with unknown site of origin.
- Simultaneous implementation of the system in specialized health care (which is the active part), and in primary health care, i.e. GPs throughout 2015:
  - Establishment of the National implementation group and development of regional and local implementation plans describing areas of responsibility.
  - Set up organizational and management structure in the health trusts for necessary collaboration internally, between different health trusts and between health trusts and GPs; common protocols and standards were developed.
  - Regional communication plans were developed which included establishment of coordination groups at RHAs and in the HTs, monitoring and coding of clinical cancer patients and regional experience meetings.
  - o Coursing activity.
  - o Detailed information, including access to clinical cancer pathway manuals was made available at the HDir web page.
  - o Information on the local solutions was made available for GPs at the web pages of the health trusts.
- Stepwise implementation began with pilots for colorectal, breast, lung and prostate cancer pathways, followed by the remaining pathways later the same year.
- The clinical cancer pathways are continuously evaluated, and manuals updated.
- A new Caner pathway home is under development.

#### **KEY CONTEXTUAL FACTORS**

- Directorate of Health (HDir) is an acting organ appointed by Ministry of Health to organize the health care in Norway.
   All citizens have access to public health care, however a few private practices are also available. The public health care consists of primary health service (municipal health service) and specialized health care. The specialized health care is organized in four Regional Health Authorities (RHAs), within which there are several Health Trusts (HTs), i.e. hospitals and outpatients' clinics as well appointment specialists authorized to provide outpatient activities
- National cancer strategy 2013-2017 was followed by the National cancer strategy 2018-2022. The National Action Plan for Cancer and the National Action Programs for the specific cancer types provide frame work for development and introduction of clinical cancer pathways.
  - HDir has a coordinating role in development, evaluation and implementation of the clinical cancer pathways.
  - HDir and RHAs are responsible for development of the clinical cancer pathways. They are supported by Interinstitutional medical teams consisting of representatives from general practitioners (GPs), specialists in oncology, pathology, and patient associations.
- National implementation group consisting of representatives from all RHAs and the Norwegian Medical Association (Norwegian Association for General Practice) have an active role in implementation of clinical cancer pathways. Leaders of the Interinstitutional medical teams act as a reference group for the National implementation group.

## ADDED VALUE

- A well organized and implemented cancer care structure increases safety and predictability for all patients, provide a fair and equal access
  to diagnostics, treatment and follow-up.
- For the medical society (health care professionals) the system has a great significance for the work organization.
- For the population experience of wellbeing, knowing that there is a system in place that people can trust is of importance.
- The targets are reached, 28 cancer care pathways were developed and implemented stepwise throughout 2015. There is a monitoring system in place, which evaluates clinical cancer pathways and allows for updates and further improvement of the services.

## LESSONS LEARNED

There were more than 200 professionals (medical doctors, oncologists, medical scientists and other) involved in the development of a total 28 clinical pathways within a very limited time -1 year.

The success factors for the fast development and implementation of the clinical cancer pathways were:

- The system was commissioned by the Ministry of Health and had high priority.
- Introduction of the system received support from all directors of the Regional Health Authorities.
- All work on the development of manuals and their implementation was coordinated by one actor, the Norwegian Directorate of Health.
- Organization in 28 teams responsible for development of one clinical pathway each.

# **REFERENCES & DOCUMENTATION**

Clinical cancer pathways

- About: https://www.helsedirektoratet.no/pakkeforlop/generell-informasjon-for-allepakkeforlopene-for-kreft/pakkeforlop-pa-kreftomradet
- Diagnostic cancer manuals: 26 site-specific, 1 for unspecific symptoms which may be a cancer, 1 for the management of metastasis with unknown origin: https://www.helsedirektoratet.no/tema/kreft
- https://www.helsenorge.no/sykdom/kreft/pakkeforlop-for-kreft/
- https://www.helsedirektoratet.no/pakkeforlop/pakkefor
- Implementation plan
- National action plan for cancer (2015–2017)

