

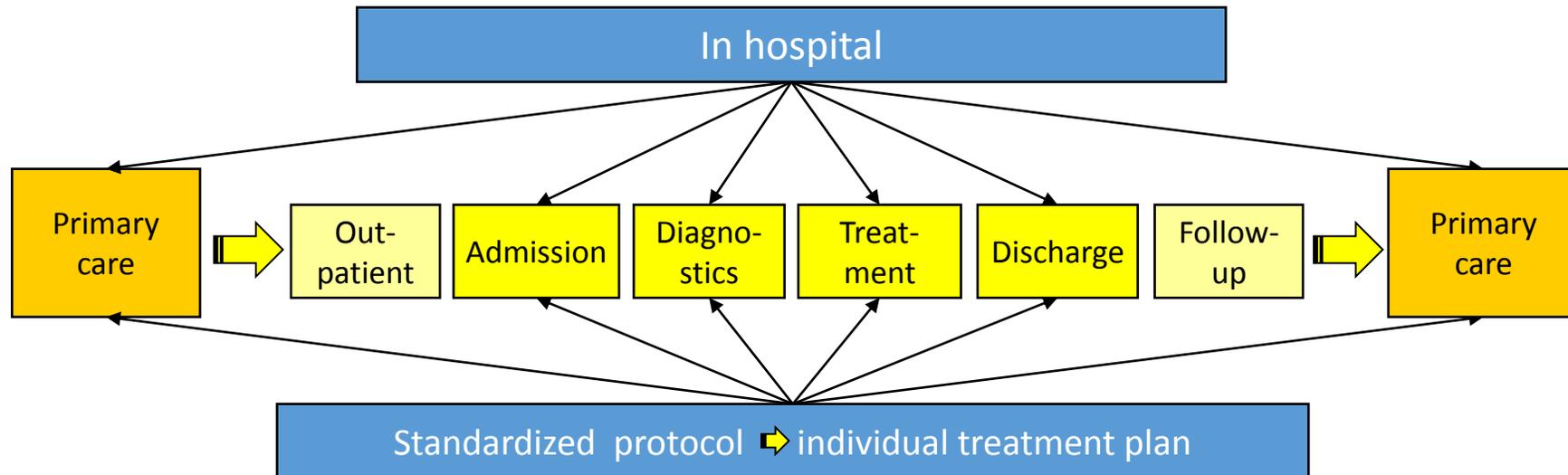
Disease-specific clinical pathways – are they feasible and sustainable in primary care?

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The coordination reform about clinical pathways

«In collaboration with specialist care the municipalities are going to develop and implement comprehensive and integrated services before and after hospitalization, based on continuous patient clinical pathways»



Clinical pathways characteristics:

- The aim is better care coordination
- They deal with single diagnoses
- Are created on evidence based guidelines

Development of clinical pathways – two cases

Case B

- 2 hospitals and 5 (+ 36) local health authorities
- Aims: Clinical pathways for COPD, hip fracture
- «Top – down strategy»
- Two disease-specific pathways were developed and implemented in the participating municipalities, and were attempted deployed to 36 other municipalities
- Evaluation: hardly in use 18 months later

Case A

- 3 hospitals and 6 local health authorities
- Aims: Clinical for COPD, heart failure, stroke
- «Bottom – up strategy»
- A generic clinical pathway for patients with chronic diseases independent of diagnoses was developed and implemented
- Extended use in two municipalities, partially in two others. Two municipalities stopped when the project ended

Primary care opposed the description of patients given by the pathway supervisors from the hospital

- The concept of pathways

«Treatment and care of patients are continuous, not so much with a start and end» (Case B)

- The focus on single diagnoses

“Older patients have many additional problems that the clinical pathways don't take into consideration” (Case A)

“We have to take care of the whole patient and all conditions, not only the reason for the hospitalisation” (Case B)

Home healthcare nursing patients, by occurrence of four selected chronic diseases (age > 17, N = 168 285)

<i>Home healthcare nursing patients</i>	COPD	Heart failure	Stroke	Hip fracture
Standardised rate of patients per 10,000 inhabitants*	49	64	13	12
Average no. of chronic diseases per patient	4.8	4.4	4.0	4.2
Patients with this diagnosis having two or more chronic diseases (%)	99	95	94	93

Patients disappear when dispersed into primary care

Home care nurse, case A:

- «It was smart including all patients above 70 years in the program, else we would not had patients to include in the pathways. Last year we hadn't any patients with the three diagnoses (COPD, heart failure, stroke) that we started off with»

Home care nurse, case B:

- «The two first clinical pathways (COPD, hip fracture) have not been used much. We haven't had actual patients, - (pause) but I know, some day they will show up»

Home healthcare nursing patients and acute hospitalizations, for the four selected diagnoses.

<i>Home healthcare nursing patients</i>	COPD	Heart failure	Stroke	Hip fracture
Proportion of patients admitted in each group (%)	20	15	83	100
Standardised rate patients hospitalized per 10,000 inhabitants	22	13	11	12
Average number hospitalizations per patient main diagnosis	2.0	1.5	1.0	1.1

If discharged patients are randomly distributed among nurses in home care, each of them will experience:

- 0,5 patients per year hospitalized for COPD
- 0,3 patients per year hospitalized for heart failure
- 0,2 patients per year hospitalized for stroke
- 0,4 patients per year hospitalized for hip fracture

Patient Trajectory for Home-dwelling elders (PaTH)

Home:
Patient/next of kin

Individual care plan, management and support

PATH 3: checklist

Homecare services

Nursing home

Rehabilitaion

Regular GP

Out of hours

Commisioning office

Out patient

Hospital

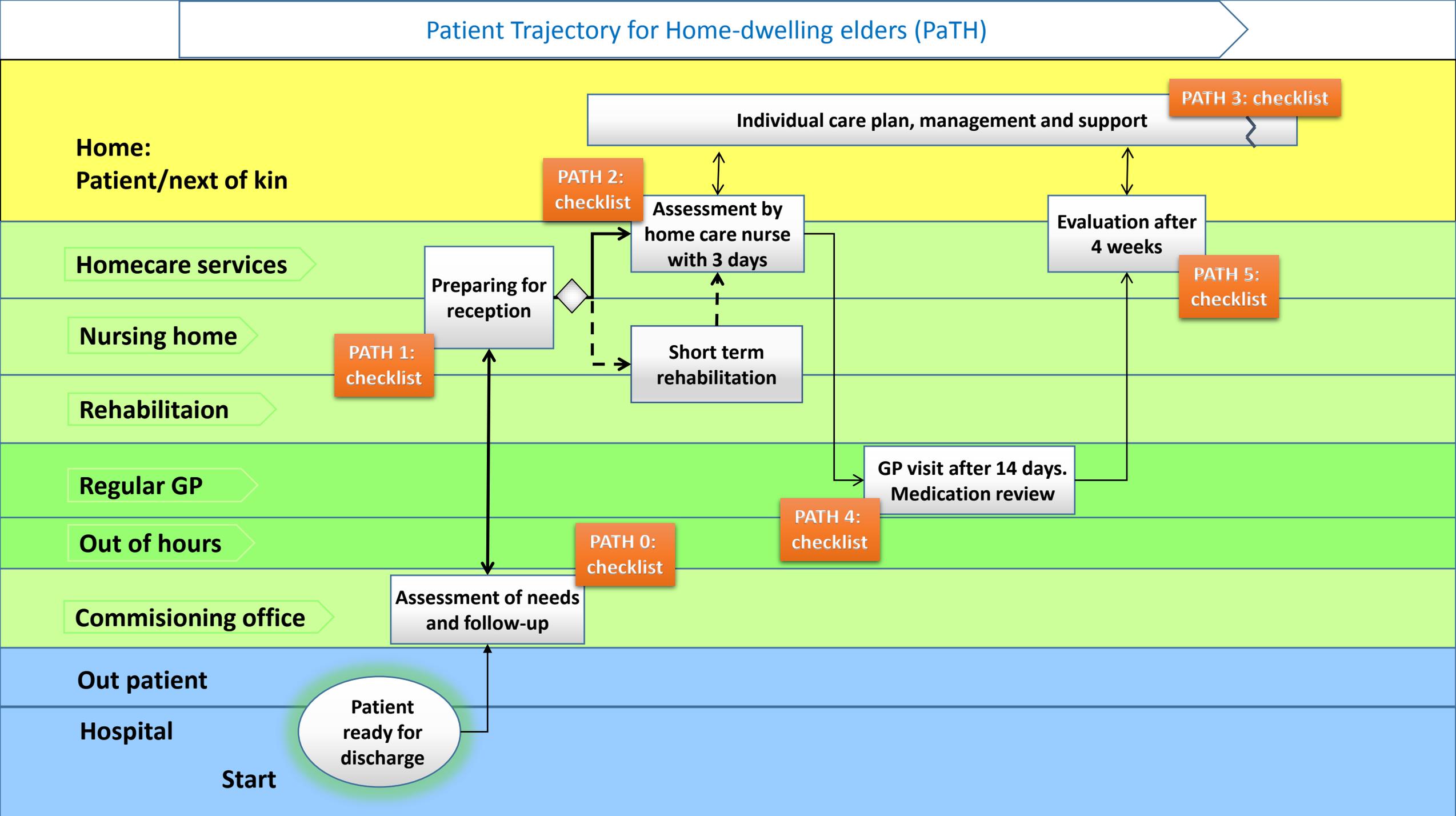
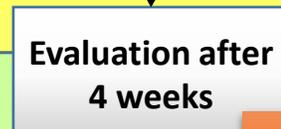
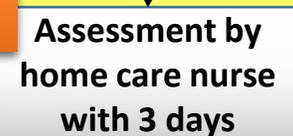
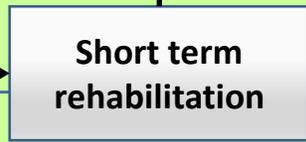
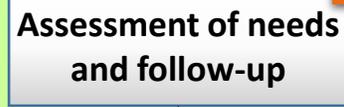
PATH 1: checklist

PATH 2: checklist

PATH 0: checklist

PATH 4: checklist

PATH 5: checklist



Conclusion

- Disease specific clinical pathways for home care nursing patients are:
 - Not sustainable
 - Not feasible

Thank you for listening

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Care Coordination Reform Norway
(launched 2012)

Case B
1 hospital and 5 (+ 36) local health authorities
Evaluation: Developed diagnoses specific pathways (COPD, hip fracture). Hardly in use

Case A
3 hospitals and 6 local health authorities
Evaluation: Developed a generic pathway. In use in 2 municipalities, partially in 2 others

Aim: Explain the different outcomes
Methods: Merging, analysing and comparing previous collected qualitative data from Case 1 and 2
Results: Two new themes mutual for both cases emerged

Aim: Validate the qualitative observations
Methods: A cross-sectional register-based study on chronic diagnoses and somatic healthcare utilisation
Results: High congruence between the qualitative and quantitative results for both themes

Main results
Comparison with other studies
Limitations of the study
Clinical implications and conclusions

Background

Qualitative study

Quantitative study

Discussion

} mixed-methods sequential explanatory design