

Abstract

The Role of Technology in determining clinical pathways in delivery of patient-centered and safe care.

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Norwegian health service is public, among the best in the world, and the goal is an equal service for everyone. Even so, there are challenges. It has been shown that there are regional differences in health care outcome, variation in latency, equality and patient satisfaction as well. Based on these findings, a new political initiative for improvement was launched in 2014.

The Norwegian Directorate of Health was commissioned by the Ministry of Health and Care Services to develop integrated cancer pathways as organizational and clinical standards for the diagnosis and treatment for cancer.

National integrated cancer pathways focus on “the journey of the patient through the health care system” in order to create better pathways for cancer patients. The overall aim of the pathways is to improve the quality and safety for the patients. Furthermore, patients should experience more predictability and reduced processing-times, in particular reduced referral time, obtain faster diagnosing and quicker onset of treatment. In addition the goal is that all cancer patients are treated according to national clinical guidelines and that similar treatment is available regardless irrespective of where in the country the patient lives. Founded on national evidence based clinical guidelines, cancer pathways were developed as organizational standards for the diagnostics and treatment of 26 cancer types. In addition, one cancer pathways for metastasis with unknown origin and one diagnostic pathway were developed in 2014 and implemented during 2015. The cancer pathways are all based on one common template comprising manual-like clinical descriptions that reflect the national guidelines and include time-standards for all steps in clinical processing, flow-chart and organizational schedule.

As an integrated part of the development of cancer pathways, a national solution for monitoring the integrated cancer pathways has been developed focusing on the time-standards. Experiences, so far, are positive. Hospitals report better logistics and interaction within the hospital, among hospitals and with general practitioners. General practitioners report one way into the hospitals, and last but not least, patients report more predictability and satisfaction. More results will be available and presented at the conference.

Based on the positive experiences for cancer patient pathways, The Norwegian Directorate of Health are now commissioned to develop integrated patient pathways for stroke, mental health and substance abuse. The aim of this work is overall the same as for cancer. There are also many similar challenges, as to geographical differences, variation in latency, and also variation in quality and patient satisfaction. In addition some challenges differ. This work has now just been initiated and will be adapted to meet the special characteristics of stroke, mental health and substance abuse, respectively. The objective is that the first patient pathways will be implemented in 2017. A more detailed plan for this work is in process and will be presented.