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Disease-specific clinical pathways – are they feasible and sustainable in primary care? A mixed-methods study

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Background and Aim: Health authorities in several countries have searched for ways to shift more responsibility and tasks into primary care, to shorten hospital stays and thereby reduce costs. Two cases of collaboration between specialist and primary care to implement clinical pathways for specific diagnoses have previously been examined separately, using process evaluation. The objectives of the two cases were the same, but the progress and results were very different. The aim of the study presented in this paper was to compare the two cases to explore the feasibility of using disease-specific clinical pathways in primary care.

Methods: We used a mixed-method sequential explanatory design. First, we merged and compared interview data across the two cases. We then collected quantitative data covering a population of 214,700 to validate the qualitative findings.

Results: Primary care representatives were unfamiliar with the use of clinical pathways as a timeline, and with focusing only on single diseases in integrated care. Most of their patients had several additional health problems that pathways guidelines did not take into consideration. They experienced that chronic diagnoses frequently seen in hospitals like chronic obstructive pulmonary disease (COPD), heart failure, stroke and hip fracture, appeared in low numbers when disseminated into primary care. The quantitative study confirmed the low frequencies of the selected diagnoses among home healthcare nursing patients, and that these patients were characterised by extensive multimorbidity. There were very few patients with only one chronic disease.

Conclusions: The findings question the sustainability of disease-specific pathways in primary care, both from a clinical and organisational perspective, for patients in need of care coordination. Deploying diagnosis specific pathways into primary care can also lead to more fragmented services for persons with multiple chronic conditions. Generic pathways are likely to be more feasible and efficient for patients in this setting.