



TOWARDS HEALTH CONTINUUM CARE PATHWAYS

From treatment centric limitations to the health continuum breadth – EIT Health will lead reform of care pathways, undertaking the design and evidence-based implementation of innovative care and health delivery solutions.

Rationale

Innovation can play a leading role in evolving care pathways from their current treatment centric perspective to a broader health continuum perspective that extends the care pathway earlier, prior to onset of disease, addressing prevention and earlier diagnosis, and later, following intervention to address multiple co-morbidities as observed in the complex patient with advanced chronic disease. Care pathway innovation should be disease specific, to focus of effort and engagement of the partners' 'disease specific expertise'. Following project conclusion and demonstration of outcome (value and patient) each health continuum care pathway project can form examples for projects addressing other diseases to build upon.

Currently care pathways are tools used to guide evidence-based healthcare¹. The aim is to decrease variability by summarising the latest and strongest evidence on certain care paths, thereby improving healthcare outcomes². Cochrane meta-analysis has shown reduction on in-hospital complications³ after use of clinical pathways in daily practice. Also, modifying lifestyle risk factors is cost-effective and feasible⁴. Creating effective care pathways enables the creation of established value-based models⁵ that focus on outcomes.

According to the European Association of Pathways (EAP), development of care pathways includes: an explicit statement of the goals and key elements of care based on evidence, best practice, and patients' expectations and their characteristics; facilitation of communication among team members and with patients and families; coordination of the care process by coordinating the roles and sequencing the activities of the multidisciplinary care team, patients and their relatives; the documentation, monitoring, and evaluation of variances and outcomes; and the identification of the appropriate resources⁶. The health continuum care pathways will respect these standards.

Activities executed within EIT Health in the Focus Area

EIT Health partners will contribute with their knowledge (including disease expertise where relevant), experience and resources to create, demonstrate and implement health continuum disease-specific care pathways.



These 'health continuum' care pathways should be proof of concept for adaption to other disease and conditions:

1. Integrating new, enabling technology to demonstrate the application/implementation of new technology in the care pathway, replacing or changing the current activity of a HCP
2. Describing and analysing accurately processes, care and resource needs for specific diseases including the building of multi-disciplinary teams and securing transitions from one care provider to another
3. Establishing a strong outcome-oriented culture within the care pathway
4. Education to support the professional skills required for the care pathway to function
5. Creating tools that enable patient engagement in the decision-making process, in prevention, treatment and/or recovery
6. Partnering between payer-provider to integrate payment concepts as a critical step on care pathway

Outcomes

Activities in this focus area need to demonstrate they achieve a majority of the outcomes listed below. Any activity will establish the new standard in a specific disease area. Only those solutions that are scalable and sustainable will be considered. Activities must use validated patient reported outcomes instruments.

1. **Improvement on existing care pathways oriented to chronic diseases and comorbidities towards a more personalised, disease-specific outcome-oriented care pathways that, leveraging innovation and technology:**
 - a. Involve the patient in the decision-making process and improve the patient experience
 - b. Demonstrate improvement on the health and well-being of the patient through evidence-based decisions that use objective patient reported outcomes instruments and clinical data
 - c. Demonstrate the benefit of the continuum approach (extend both earlier to encompass prevention and later to manage multiple co-morbidity in advanced disease)
 - d. Can establish cause-effect relationship among the process, resources and functions involved towards the main goal
 - e. Generate value for new technologies as well as optimize system resource utilization
 - f. Integrates technology in a smooth way, adapted to the patient
2. **New payment methods that**
 - a. Integrate outcome value over costs as the common language with payers
 - b. Use technology to ease the cost calculation
 - c. Enable new payment initiatives through new incentives and return on investment formulas
2. **Technology-driven products and services that**
 - a. Are adaptable to disease and non-disease specific care pathways
 - b. Facilitate the effective communication between the different actors
 - c. Demonstrate higher efficiency for payers – reduce costs
 - d. Generate meaningful data to identify potential risk factors for improving prevention

References

1. Kinsman et al., What is a clinical pathway? Development of a definition to inform the debate BMC Medicine 2010, 8:3
2. Rotter T, Kinsman L, James EL, Machotta A, Gothe H, Willis J, Snow P, Kugler J., Clinical pathways in hospitals Cochrane 2010
3. Regional committee for Europe. The evidence base of Health 2020, EUR/RC62/Inf.Doc./2
4. European Pathway Organization <http://e-p-a.org/care-pathways/> Access in June 2018
5. NEJM Catalyst, What is Value-Based Healthcare? NEJM, January 2017
6. <https://www.hbs.edu/kraft-accelerator/Pages/default.aspx>