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Commentary

Learning Care Pathways: Real Promise but Real Impact?

Comment on "Learning Care Pathways Framework: A New Method to Implement, Learn, Replicate, and Scale up Care Pathways for and With the Patient"

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Abstract

This commentary presents a critical review of the paper proposed by Gartner and colleagues that describes a novel method and framework for implementing care pathways that incorporate key mechanisms from the learning health system (LHS) concept. The authors' five-phased and 13-step method has several strengths, including the extent to which it is theory-informed, emphasizes patient involvement as a core design principle, and is oriented towards the creation of value in health systems. However, the paper also raises several critical questions related to the feasibility of the method's faithful application in real-world settings and its consideration of issues related to health equity. In sum, the paper advances knowledge on care pathway implementation but the framework's potential for real-world impact remains unclear.

Keywords: Care Pathways, Learning Health Systems, Patient Involvement, Value-Based Care, Implementation Science

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Introduction

Interest in care pathways has grown considerably since their introduction in the US over 25 years ago as tools to control costs by rationalizing resource utilization within the context of managed care models.[1,2] They are now recognized internationally as interventions that have the potential to improve the quality, coordination, and efficiency of care, increase adherence to clinical practice guidelines and national standards, and reduce unwarranted variations in practice.[3,4]

The multitude of terms used when discussing care pathways reflects the range of goals underlying their design. Clinical pathways, for example, have been described as a multidisciplinary plan of care that details the sequence of steps for managing patients with particular clinical conditions during a well-defined period of time, typically within the same clinic or hospital setting.[1,5,6] By outlining the specific care processes needed over time, they can support a greater standardization of clinical care while enhancing coordination across a multidisciplinary team. Integrated care pathways have been defined in similar terms but often also include a focus on the coordination needed across teams and organizations and the need to strengthen service integration and reduce unwanted variances.[3] Optimal care pathways extend the definition of care pathways by emphasizing the quality standards and optimal practices associated with the various steps within the pathways developed for various health conditions.[7] Care pathways can also be designed from the patient perspective, such as in the form of "patient journey maps" that illustrate their experiences navigating the health system or "person-centered care pathways" that detail how person-centered approaches can be better integrated within clinical care pathways.[8]

In their paper entitled "Learning Care Pathways Framework: A New Method to Implement, Learn, Replicate, and Scale-Up Care Pathways for and With the Patient,"[9] Gartner and colleagues introduce another variant term for care pathways: the learning care pathway (LCP). As these authors explain, an LCP is a complex intervention that aims to transform professional practice and the organization of care while incorporating mechanisms from the learning health system (LHS) approach. These mechanisms include such things as engaging interest-holders and especially patient partners in co-design methods to develop and scale-up the pathways, mobilizing scientific expertise and strategies from implementation science to ensure that pathways can be implemented in real-world settings, and considering how pathways can foster continuous improvement through learning cycles. The emergence of LCPs should not come as a surprise given the increasing interest in LHSs globally.[10]

By introducing the LCP concept, Gartner and colleagues advance our understanding of what care pathways can be and the purpose they can serve. They also provide a thoughtful five-phase framework that illustrates the methodological steps needed to develop, implement, replicate, and scale-

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up these LCPs. Their paper thus makes several important contributions and has several strengths, though it also raises some critical questions.

Theories, Concepts, and Methods

One of the main strengths of the authors' approach was their emphasis on integrating novel theories, concepts, and methods into the foundation of their framework for the implementation of LCPs across care settings. They notably drew on two theoretical frameworks—systems thinking and the new pragmatic sociology—to guide the development of their methods and their understanding of how to bridge knowledge-practice gaps, adapt pathways to local contexts, and identify the factors that contribute to professional practice transformation and larger scale system changes. In addition, they mobilized concepts and methods from implementation science and the LHS approach to inform the number of steps in the pathway implementation process, the learning mechanisms involved, and the factors that may enable or hinder implementation (organizational readiness, absorptive capacity, champions and opinion leaders, etc).

The authors' approach contrasts with the 7-phase method proposed by Vanhaecht and colleagues,[11] which is among the few other formal guidance frameworks that have been developed to support care pathway implementation. The seven phases in their method (screening, project management, diagnosis and objectification, development, implementation, evaluation, and continuous follow-up) are conceptually based on the "Plan-Do-Study-Act" cycle developed by Deming and integrate several techniques from the field of quality improvement. However, this method is not informed by organizational, sociological, or other theories, which limits the analytic tools available to pathway designers relative to the LCP approach proposed by Gartner and colleagues. Indeed, exploring and testing the application of new theories to care pathway development and implementation is likely to unlock new possibilities and understanding of how pathways can be designed for greater impact.

Patient Involvement

Another distinction between the two methods and a strength of the LCP approach is the emphasis on patient involvement and co-design. While both methods propose that patient partners be part of the pathway design team and process, the 7-phase method calls for their involvement mainly during the diagnosis and objectification phase. In contrast, the LCP method provides greater clarity on how they can be involved at each step of the development and implementation process. This includes being a part of the steering committee that provides strategic governance over the LCP project, defining the populations targeted by the pathway, participating in the collection and analysis of data, helping other actors make sense of problems and potential solutions, and participating in the monitoring and scale-up of pathways. Gartner and colleagues' view of patient partners as external change agents is consistent with the broader literature on LHSs that has portrayed them as system shapers, community and capacity builders, and implementers.[12] Indeed, patient partnership is considered essential if pathways are to bring meaningful system changes that enhance care quality, patient experience, and health equity.[12]

Creating Value

While it has long been recognized that care pathways can be designed with multiple goals in mind, it is only recently that authors like Gartner and colleagues have begun to view these interventions as a means to create value in health systems, defined here as achieving an optimal balance among quintuple aim outcomes.[13] Indeed, the integration of care pathways has clear potential to improve care quality and patient experiences while reducing health inequities and unnecessary costs.[14] They also have the potential to improve the work experiences and well-being of healthcare professionals and clinical teams.[14] The creation of value for all health system partners has also been identified as the "raison d'être" for LHSs, and working to create and optimize the value throughout the life cycle of a patient's care pathway has been argued to be a core process of learning systems and how they ultimately achieve their promise.[13] A strength of the authors' LCP method is thus to encourage pathway designers to consider potential value creation – and the balance of direct and indirect benefits of pathways – in each of the pre-implementation, implementation, and post-implementation stages of their approach.

Critical Questions

Despite the contributions achieved by Gartner and colleagues through their work on their novel LCP method, their approach also raises some critical questions. First among these is the feasibility and acceptability of applying their method faithfully in real-world healthcare settings. In their pre-implementation phase, for instance, the authors call for the creation of an initial committee that includes decision-makers and researchers "with knowledge and skills in these methods" to determine if the contextual conditions are conducive to pathway implementation, ie, an environment that shows tension for change, strong leaders and champions, an adequate capacity and readiness to adopt the pathway, and sufficient funding that is sustainable over time. Next, a pilot project is designed by a steering committee (ostensibly including the same or an extended group of actors) that will define the populations targeted by the pathway and explore partners' expectations, values, and perceptions of potential barriers using semi-structured interviews. Finally, the creation of an operational committee was also recommended, to bring together a group of individuals (eg, researchers, clinicians, managers, patients) with the required knowledge, experience, and skills to conduct the project and apply the recommended methods. At the same time, is such a multi-layered and bureaucratic project structure really necessary and, if so, in what circumstances? Could a leaner structure that combines strategic and operational elements be more efficient and feasible from a logistics and resource perspective? Some additional clarity around the composition, roles, and expected activities of the various structures involved in the LCP method could help to clarify the potential advantages

and disadvantages of different organizational forms when working with different types of organizations. Another question pertains to the strategies needed when environments are not perfectly amenable to change, more the norm than the exception in our healthcare systems. How does the LCP approach account for a lack of leadership, a workforce already under strain with a limited absorptive capacity for innovation, or insufficient funding and resources to execute the project with fidelity to recommended methods?

Similar questions arise in the implementation and post-implementation phases. In the implementation phase, the populations targeted by the pathways are more fully characterized and then data from multiple sources (patient-reported, administrative databases, guidelines, reviews, etc) and representing multiple forms of pathways are collected and analyzed to shed light on patient experiences, best practices, and optimal care processes. After comparing pathways, identifying gaps, and selecting improvement strategies, the implementation process begins, relying on change agents and local leaders as well as co-design methods to facilitate engagement in the optimization process. To progress through these steps, a dizzying array of research methods must be mobilized, including advanced quantitative modelling and process mining approaches, qualitative interviews, observations, narrative approaches, and systematic review methods, among others. While the faithful completion of these methods will undoubtedly produce the best information and insights into how to design and implement the LCPs, they will also require a substantial amount of time and resources. Do such methods align with the real-world realities of most healthcare organizations facing considerable time and resource constraints? What components of the LCP method should be prioritized and maintained in settings where available time and resources do not permit the full-fledged version of the approach?

With respect to the post-implementation phase, the main steps are to assess the impacts of care pathway implementation, assess potential for replication and scale-up, and establish mechanisms for continuous learning and improvement. Similar to the previous phases, organizations are highly dependent on researchers applying a range of methods to help them progress from steps 7 to 13 in the LCP framework. Furthermore, there is a lack of clarity as to the nature of what is being replicated and scaled-up – is it the methodology or the pathway and its accompanying interventions? Given the context-dependent nature of care pathways, to what extent can these be spread to new jurisdictions and can we achieve economies of scale?

An important final question relates again to the concept of creating value. In several countries, health system partners have initiated a transition from the guiding principles of the quadruple aim to the quintuple aim, which includes an imperative to achieve greater health equity.[15] Value creation is thus increasingly being considered from multiple lenses, including from the perspectives of marginalized or equity-deserving groups. This begs the question: how does the LCP method take equity issues into consideration and how can LCPs contribute to reducing inequities? Moreover, how can effective partnerships be established with marginalized or equity-deserving groups that have historically been oppressed and lack trust in health systems?

In its current form, the method is silent on these issues. Yet, there is major potential for care pathway projects to shed important light on these populations' experiences and bring substantial improvements to the quality of their care. This seems like an important avenue for future research on the LCP method and on the design and implementation of care pathways more broadly.

Conclusion

The paper by Gartner and colleagues represents an important effort to advance knowledge on the implementation of care pathways and support value creation in health systems through the integration of learning mechanisms within the pathway development, implementation and scale-up process. However, whether the authors' LCP method can stand-up to tests in real-world healthcare settings remains to be seen. The promise is clearly there, and time will tell if its impact will follow.

Disclosure of artificial intelligence (AI) use

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Ethical issues

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Conflicts of interest

Author declares that he has no conflicts of interest.

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