



Blueprint objective **1. A nationally unified and regionally controlled health system that puts patients at the centre**

Case example **Building a statewide suite of online localised care and referral pathways**

What is the community need or problem being addressed? General practitioners (GPs) must accurately identify and treat a wide range of illnesses, injuries and conditions, as well as being able to connect patients with other care providers as and when necessary. However, the fragmentation of the Australian primary and acute health care systems, as well as ever changing treatment and service options creates a need for evidence-based, locally relevant, and accessible resources which may complement the existing capacity of general practice and support improvements in patient care. ^{1,2}

What is the approach being implemented? [HealthPathways](#) is currently active across 25 Primary Health Networks (PHNs) or local health districts in Australia, 8 health districts in New Zealand and 1 health district in the United Kingdom. It is an online tool that is designed to assist health care professionals, particularly GPs, deliver safe, evidence-based best-practice healthcare in the community through the collaborative development and adoption of localised clinical and referral pathways.^{2,3} HealthPathways content is authored by GPs for a clinical audience, and are developed through a structured approach to clinical and specialist engagement around a shared issue and consultation to identify opportunities for health system improvement.²

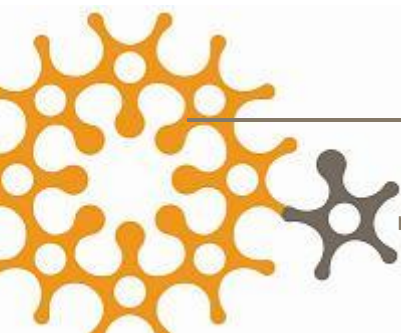
HealthPathways aims to:

- Translate evidence into a user-friendly format to promote best practice healthcare.
- Enhance the capacity of primary health professionals to manage conditions within the community.
- Foster cross-sectoral and cross-system collaboration to improve coordination of care and support a person-centred approach.
- Contribute to improvements in the process for referral and access to specialist care.
- Ultimately reduce unwarranted variation and improve outcomes for patients.

HealthPathways has been shown to contribute to improvements in specialist clinic referral quality and appropriateness, specialist clinic demand and waiting lists, and increased management of low complexity or stable health conditions in the community.^{3,4}

HealthPathways is a crucial component of many [statewide projects](#) undertaken through the Victorian Primary Health Network Alliance and in partnership with stakeholders. These include but are not limited to:

- [Optimal Care Pathways for Cancer - Optimal Care Pathways](#) are national guidelines that outline the optimal, best practice cancer care for specific tumour types. In Victoria, HealthPathways has formed one component of an





integrated approach to facilitating the adoption of the lung, colorectal, prostate and oesophago-gastric OCPs into primary care practice.⁸

- [Statewide Paediatric HealthPathways](#) – Safer Care Victoria’s [Victorian Paediatric Clinical Network](#) maintain a statewide clinical practice guidelines suite for acute hospital sector use. Victorian PHNs are translating existing guidelines into HealthPathways for the primary care sector. These two approaches seek to improve consistency in paediatric healthcare across Victoria, and primary care adoption of HealthPathways aims to reduce the high number of emergency department presentations for paediatric patients with low complexity conditions.
- [Acute Specialist Clinic Reform](#) – The Victorian Department of Health and Human Services are implementing a suite of acute specialist clinic reforms including the introduction of statewide referral criteria. HealthPathways is an important element of the strategy for communication and implementation of these new statewide referral criteria within primary care.

What have been the key enablers to the success of this approach?

- Strategic stakeholder engagement and the collaborative pathway development process are the cornerstones to pathways development. The underlying prioritisation methodology for PHN pathways development provides a structure to drive statewide system change.
- A lead PHN model which facilitates statewide project management and coordination for statewide HealthPathways development.
- A strong international HealthPathways community facilitated by [Streamliners](#) provides a mechanism for knowledge management and shared learnings, creating an environment for individual and collective success.

What have been some of the challenges to the success of this approach?

A statewide approach to HealthPathways development relies on robust project management methodologies, stakeholder engagement and negotiation, and structures to support ongoing horizon scanning to keep abreast of clinical, technological and policy advancements. There is merit in mechanisms to support strategic engagement with stakeholders including peak bodies, universities/research institutes, subject matter experts and the community, beyond the lifecycle of the initial pathway development process.

What is needed to scale-up the successes?

There is a range of opportunities to enhance user adoption in health care practitioner workflow. These are being explored by PHNs and Streamliners, and include but are not limited to integration with service/general practice software platforms, My HealthRecord and the National Health Services Directory. e-referral capability is a key enabler for user uptake.





More information Victorian PHN Alliance: <http://vphna.org.au/>

- Optimal Care Pathways: <http://vphna.org.au/optimal-care-pathways/>
- Statewide Paediatric HealthPathways: <http://vphna.org.au/statewide-paediatric-healthpathways-project/>
- Acute Specialist Clinic Reform: <http://vphna.org.au/dhhs-specialist-clinic-reform/>

References

- ¹ Robinson, S., Varhol, R., Bell, C., Quirk, F., & Durrington, L. (2015). HealthPathways: creating a pathway for health systems reform. *Australian Health Review*, 39(1), 9-11.
- ² McGeoch, G., Anderson, I., Gibson, J., Gullery, C., Kerr, D., & Shand, B. (2015). Consensus pathways: evidence into practice. *NZ Med J*, 128(1408), 86-96. Retrieved from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1408/6418>
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- ⁴ Gullery C (2014) as cited in McGeoch, G., Anderson, I., Gibson, J., Gullery, C., Kerr, D., & Shand, B. (2015). Consensus pathways: evidence into practice. *NZ Med J*, 128(1408), 86-96. Retrieved from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1408/6418>

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