

ESVM integrated care pathways – a call for action

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Managed care and clinical governance are among the most adopted strategies in complex health systems to control or influence health care quality, accessibility, costs and prices, use and outcomes.

Integrated care pathways (ICPs) are structured multidisciplinary care plans, which detail essential steps in the care of patients with a specific clinical problem. They represent one of the products of the “LEAN” total quality management thinking applied to the health care systems [1, 2]. The European Pathway Association defines ICP as a methodology for the mutual decision-making and organization of care for a well-defined group of patients in a well-defined period [3].

Any ICP should be developed according to a set of characteristics as: the explicit statement of the goals and key elements of care based on evidence, best practice and patient expectations; the facilitation of the communication, coordination of roles and sequencing the activities of the multidisciplinary care team, patients and their relatives; the documentation, monitoring and evaluation of variances and outcomes; the identification of the appropriate resources; the improvement of patient outcomes, promoting patient safety, increasing patient satisfaction and optimizing the use of resources. The degree to which they succeed in realizing this potential for improving patient care is still uncertain, but enough evidence exists in their favor to justify a widespread evaluation of their impact. The most critical task in the development of an ICP is probably how to take in account and overcome the several types of obstacles to its implementation in the local health care system. The European Society of Vascular Medicine (ESVM) has undertaken such a challenge [4]. Vascular diseases very often require a multidisciplinary approach, very relevant for improving the quality of care. On the other hand, the adoption of such an approach within cur-

rent health systems tends to reduce the leading role of the angiologist. Therefore, it is key for ESVM to encourage and sustain angiologists in maintaining a leading role in the vascular field. ESVM may contribute to achieve this goal by improving its members’ knowledge on the appropriate development of ICPs and providing a number of ICP models respecting the goals of good clinical practice while maintaining a well-balanced use of the professional, structure and economic resources locally available.

The developing of ICPs is a step-by-step process through the details of how to plan and implement a pilot pathway, and how to use the results to refine the pathway itself. It spells out the concepts involved and issues to consider, then details in six steps how to create a clinical pathway: a) form a multidisciplinary team and choose a team leader; b) select the patient population and a top priority clinical problem; c) gather needed information on current practices; d) research best practices; e) identify differences between current and best practices; f) draft the pathway.

After peer reviewing and refinement, the pathway is ready for pilot implementation. In order to assess the level of perception of these considerations among European angiologists, members of the ESVM recently conducted a survey involving 320 angiologists in 16 countries, who were asked questions about the influence of ICPs in daily practice and the role of scientific society in their development. Briefly, 93% of them answered that a scientific society should be involved in care pathways modeling. Sixty-six percent answered that they occasionally adopt care pathways in their hospital/local health system while 31% always adopt them and 3% never did it. Forty-four percent answered that their daily practice is strongly influenced by the presence of shared care pathways while it is average influenced for 45% and little influenced for the remaining 11%. Finally, the vast majority of the partici-

pating angiologists (92%) considered useful that their scientific society give them its support to develop care pathways to be offered to their hospitals/local health systems. In summary, “culture” about ICPs is well represented in Europe but not fully implemented in several countries. Impact on everyday practice is strongly perceived and there is high approval for an educational and support project driven by a leading scientific society.

ESVM is in the process of producing Guidelines and is spreading ICPs to facilitate their introduction into clinical practice. Proper ICPs development must be tailored to the needs of a single reality or operating territory. The idea of a common tool for implementing guidelines in the various European countries is of considerable importance to strengthen the links between European national vascular medicine societies, to promote scientific exchange, cooperative research, and uniform high quality clinical assistance.

An ICP for the management of deep venous thrombosis proposed by the Società Italiana di Angiologia e Patologia Vascolare (SIAPAV) was adopted in Italy and sent to all ESVM members, knowing that the model needs to be adapted to local situations, for evaluating likelihood of implementation in other European countries.

Finally, ICPs seemed to have positive effects on the quality of care, as long as consistent definitions are used and component interventions are well described.

On behalf of Committee of Integrated Care Pathways and ESVM Board, we hope that ICPs will be implemented and motivate specific actions to address this challenge in order to improve the management of vascular diseases in Europe.

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References

1. Campbell H, Hotchkiss R, Bradshaw N, Porteous M. Integrated care pathways. *BMJ*. 1998 10;316(7125):133–7.
2. Ouwens M, Wollersheim H, Hermens R, Hulscher M, Grol R. Integrated care programmes for chronically ill patients: a review of systematic reviews. *Int J Qual Health Care*. 2005 Apr; 17(2):141–6.
3. European Pathway Association. Clinical care pathways. Available at www.e-p-a.org/index2.html.
4. Carpentier PH. The birth of the European Society for Vascular Medicine (ESVM) – a new step forward in the development of vascular medicine. *Vasa*. 2013 Sep;42(5):315–6.

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