

## Tasmanian HealthPathways—clinical leadership in action

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### Background

Tasmanian HealthPathways (THP) is a dynamic collaboration between Tasmania Medicare Local (TML), the three Tasmanian Health Organisations (THOs) and the Tasmanian Department of Health and Human Services (DHHS). THP is funded under the Tasmanian Health Assistance Package (THAP).<sup>1</sup> THAP was a 3-year funding package provided by the Commonwealth Government in 2012, to address challenges and opportunities in Tasmania's Health System. The funding is currently allocated to a number of different organisations including TML to ease pressures and equip Tasmania's Health system to meet future challenges.<sup>2</sup>

HealthPathways is a website that provides general practice teams with guidance on clinical assessment and management of medical conditions, relevant to local services and resources.<sup>3</sup> Tasmanian HealthPathways is based on the HealthPathways approach developed by the Canterbury health district of New Zealand (part of 'The Canterbury Initiative') and currently used in several areas across New Zealand and many regions in Australia.<sup>1</sup>

In New Zealand, major changes in healthcare delivery began in Canterbury around 2007. In 2008, HealthPathways evolved because of a move towards an integrated healthcare system and acted as a platform to disseminate the key principles required to achieve this objective.<sup>3</sup>

The website differs from other clinical guidance websites as local healthcare professionals, health managers, and technical writers lead the clinical pathway development process. The NZ website now contains over 570 clinical pathways, with access increasing seven-fold since 2009.<sup>3</sup>

In Canterbury, the Introduction of the website has been associated with an improvement in referral quality, more equitable referral triage, and more transparent management of demand for secondary care.<sup>4</sup>

As the website provides relevant localised clinical information required during a patient consultation in an easy-to-use standardised format, it has overcome many of the barriers encountered by other online clinical guidance systems. The website has also acted as a change management tool by disseminating information required for successful integration of health services.<sup>3</sup>

In Canterbury, HealthPathways has resulted in improved relationships between primary care and secondary care, and professional relationships between general practitioners and hospital specialists. This is likely to be due to the distributive leadership approach embodied in the process of pathway development.<sup>5</sup>

In Tasmania, the implementation of HealthPathways represents an agreed approach between primary, secondary and tertiary care providers in managing a patient in the Tasmanian health system. This closely aligns with the New Zealand model, therefore, it is envisaged that, once embedded, Tasmanian HealthPathways has the potential to produce similar outcomes.

The Tasmanian HealthPathways initiative is accountable to a Governance Committee, which meets 4-6 times per year. The membership of the group includes senior executives from each of the three THOs, DHHS, and TML respectively. The Governance Committee is an active decision making committee responsible for providing advice on the development and implementation of elements of Tasmanian HealthPathways.<sup>6</sup>

### Method

The Tasmanian HealthPathways team (which includes two managers, a project officer and seven General Practitioners) is leading the development of HealthPathways in Tasmania. Each GP commits approximately 1 day per week to the HealthPathways initiative and acts as either a GP editor or GP clinical leader in the North, North West or South of the state. The local GP clinical leaders play a

pivotal role in pathway development by identifying and bringing together key local clinicians, helping to guide discussions and undertaking follow-up with key stakeholders as required. The role of the GP Editors is to review existing pathways in the service area and incorporate advice/recommendations into localised pathways. They are responsible for the final sign-off of all localised pathways.

In addition to the core THP team, the CEO of each THO has nominated a Hospital Clinical Leader. Hospital clinical leaders are specialist medical practitioners selected for their professional standing and influence amongst their peers. Their role is to act as a local “champion” for Tasmanian HealthPathways and to facilitate the engagement of their colleagues in all aspects of the pathways localisation process.

### Clinical work groups

As in the Canterbury Initiative, the approach is to convene a series of clinical work groups (CWGs) for a pathway work stream. In Tasmania the CWG model was adapted to ensure each of the three regions were able to input into the development of pathways, and ensure statewide consultation. CWGs are a critical step in the localisation of HealthPathways to the Tasmanian context. They provide a forum to obtain the agreement of clinicians on the content of the pathways and other factors that may need addressing to improve the health system in Tasmania for the management of a range of specific disease conditions.

The main functions of CWGs are to:

- identify the problems affecting primary and hospital based clinicians’ ability to deliver optimum patient care in the particular clinical context being discussed (including identification of what is working well)
- help develop new pathways and adapt or “localise” pathways developed by others to suit the Tasmanian context
- consider how best to manage the patient
- propose solutions to the problems and challenges being discussed (including re-design of health systems)
- contribute to the “work up” of proposed solutions
- act as a two-way communication conduit between specialists, general practitioners and other health providers to ensure understanding, engagement and input about strategic directions
- assist with implementation including planning and education activities.

CWGs consist of key, influential clinicians related to a specific clinical area. Membership varies with the nature and complexity of the clinical area and the number/type of pathways that will need to be localised in each region. In general, they consist of:

- at least two general practitioners and two hospital specialists relevant to the specific clinical area
- a Hospital Clinical Leader from the relevant THO
- key members of the HealthPathways management team, including the local GP Leader, GP Editor, CWG Facilitator and project support officer
- relevant clinical subject-matter experts, including specialist medical practitioners, nursing practitioners or allied health professionals.

### Localisation of Pathways

Localisation refers to the process of adapting existing HealthPathways developed in other regions of Australia or New Zealand to the Tasmanian context. This may mean changing aspects of the

assessment (e.g., type of tests available or commonly used in general practice), management (e.g. medications) and/or referral processes for specific conditions that are particular to the three local hospital networks of Tasmania (i.e., south, north and northwest).

Figure 1 outlines the localisation process, including the role of CWGs in developing the finalised pathways for publication on the Tasmanian HealthPathways website.

Figure 1 The localisation process



All CWG members will review and agree on the content of each pathway before it is progressed for finalisation. Once agreed, the relevant Clinical Editors make final editing refinements before signing – off and transfer to the website developer, Streamliners NZ Ltd.

Localised HealthPathways will only be finalised and uploaded to the Tasmanian HealthPathways website once state-wide agreement has been achieved across each of the regional CWGs for a specific clinical area.

### Website launch and promulgation

The THP website was officially launched in October 2014. The URL address, username and password were widely distributed to all GPs, general practices, THO clinicians, community nursing services and allied health professionals via a series of email distributions and other communications (e.g. TML newsletters).

The THP website logon page includes the contact details for the management team so that users can obtain the username and password. All external communications to GPs now also include the website URL and logon details.

In November, the promulgation phase commenced, which has included general practice visits, presentations at different forums, website demonstrations, newsletter articles, email updates and ongoing integration with the current TML education programme for general practice teams including general practitioners and nurses.

A comprehensive Promulgation Strategy for 2015 has been finalised to maximise the opportunities for promoting the website with GPs and other members of primary care teams. This will provide a specific focus on marketing activities and public relations activities, and include strategies such as:

- targeted education sessions from subject matter experts (e.g. medical specialists) involved in pathway development to promote pathway uptake and usage, as well as upskill/educate in specialised areas of practice
- survey evaluation of Clinical Work Groups, including post-meeting surveys to develop strategies to optimise engagement and satisfaction of participants
- exploring the potential for social media and other online communications to promote and increase uptake of the THP website.

Since the official website launch in October, Google analytics is being used to collect usage data for website uptake.

## Findings

Since March 2014, a total of 25 Clinical Work Groups (CWGs) involving 27 individual hospital specialists and 67 individual local General Practitioners (GPs), in addition to the THP Hospital Leaders and GP Leaders/Editors, have been conducted across each of the three regions of Tasmania (north, north-west and south).

140 localised pathways are available on the live website, including 89 clinical, 15 resource, 35 request/referral and some patient information pages. These include pathways in cardiology, diabetes, respiratory conditions, neurodegenerative diseases and neurological conditions. In addition, 155 pages are currently being localised. The Project Team are on track to achieve its updated revised target of 150 pathways by end June 2015. Table 1 shows the numbers and clinical areas that pathways completed and under development.

Table 1 Number of Pathways in progress and completed by clinical area (April 2015)

Clinical area	Work in progress (draft site)	Completed (live site)
Lifestyle and prevention	0	9
Diabetes	0	31
Cardiology	0	34
ENT	17	0
Respiratory	0	20
Aged care	5	5
Neurology	0	30
Gastroenterology	15	0
Ortho/Musc	83	0
Mental Health	9	0
Palliative care	23	0

## Website usage and activity

Since its release, the website logon page has risen up through the search rankings on most common web browsers. It now appears first in the list on a Google Chrome search for the phrase "Tasmanian Health Pathways". This has been achieved through natural attrition of "hits" on the site and a specific "AdWords" campaign to link the site to a list of common search terms.

Google analytics data is being captured, since the launch of the website in October. Table 2 shows the usage trends since October. This initial usage data indicates that the website is viewed fairly frequently; the high percentage of returning visitors also indicates that the site is proving useful. Most users access Tasmanian HealthPathways from a desktop device; and the significant majority (93-100%) of users access the site directly as opposed to being referred from other sites.

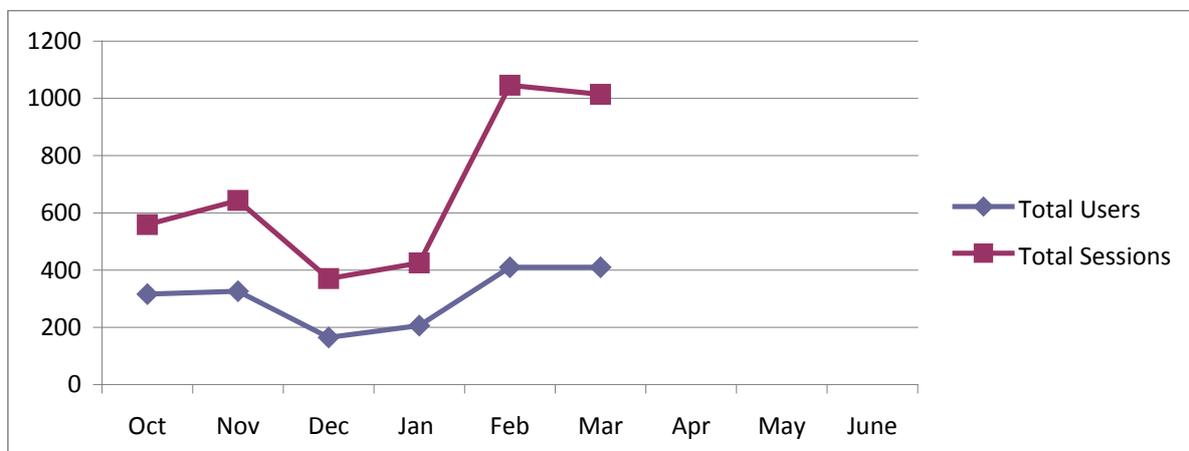
Overall there has been an increase in users over the last few months, with a corresponding increase in total page sessions, see Fig 2.

Table 2 Google analytics data for THP website: Oct 2014 –Mar 2015

Metric	Oct	Nov	Dec	Jan	Feb	Mar
Total Users	316	326	165	206	410	410
Total Sessions	559	643	370	425	1046	1014
% new users	56%	38%	27%	30%	29%	25%
% returning visitors	54%	62%	73%	70%	71%	75%
Average time on site (mins)	6.7	5.82	6.3	7.3	7.3	5.3
% Bounce Rate*	23%	21%	17.30%	14%	22%	19%
Total pageviews	4299	4626	2599	3446	7099	6509
Average pageviews per session	7.69	7.19	7.02	8.11	7.41	6.42
Desktop	94%	92%	91%	94%	95%	95%
Mobile/tablet	6%	8%	9%	6%	5%	5%
Source: Direct	95%	93%	96%	100%	100%	100%

\*users landing through the entrance page and leaving the site without interacting, including visiting any other pages.

Figure 2 Total Users and Sessions Oct 2014 – Mar 2015



### Stakeholder feedback

Feedback received from stakeholders has been generally positive, and focussed on the potential benefits to general practice teams and functionality of the website. Some examples of recent feedback are listed in Box 1 below.

#### Box 1 Positive Feedback on Tasmanian HealthPathways

“Excellent section” – southern based GP re insulin pathways;

“...info on vertigo very helpful...” – southern based GP, re Funny Turns (Cardiology) pathway;

“I have had a look at the clinical pathways, I feel that they will be of benefit to us in the general practice area” – southern based GP practice nurse;

“... wow, wow, wow! What a great concept that is so very functional! It provides a very comprehensive amount of information in an easy to find location!” northern Occupational Therapist commenting on Occupational Therapy Driving Assessment pathway.

New GP (NW): “Great handy website”

“ this is a unique resource that certainly would and should bring all health practitioners on one page...I would also recommend all health recruiters to send this pathway address to all incoming GPs before landing in Tasmania for a smoother transition to their country's pathway to Tasmanian.”

Negative stakeholder feedback concerning the large number of unlocalised NZ pathways on the site, including their potential to mislead or confuse users, has significantly reduced since the website launch. This may be attributable to the significant steps taken by the Project team to differentiate them from the localised Tasmanian HealthPathways and to educate users on the difference. All non-localised pathways now have a more prominent orange background with the following caution inserted at the top of each page:



**This page has not yet been localised for Tasmania**

Additional information has also been placed on the website login and home pages to caution all potential users. Consistent messaging to this effect continues to be included in all email/phone requests for access to the website and in all other relevant TML communications to clinical stakeholders about using the site.

#### Identification of issues or ‘roadblocks’

In addition to pathway development, CWGs have been an important forum for clinicians from primary and secondary care to discuss a range of issues that are likely to impact on the efficiency or effectiveness of service provision in the clinical area of a group of pathways. These issues are referred to as ‘roadblocks’ and may or may not prevent the implementation of the pathways but can identify potential redesign opportunities.

A process has been developed whereby identified ‘roadblocks’ are referred to the THP governance committee with a suggested potential solution for the governance committee’s consideration and action. As a result, in some instances, HealthPathways have been developed to incorporate information to improve a process or raise awareness of a pertinent issue. In addition, members of the THP team have joined various specialist Clinical Advisory Groups (CAG’s) and some of these issues have been highlighted through the *One Health System* reform program in Tasmania. Some examples of ‘roadblocks’ are listed in Box 2 below:

Box 2      Examples of issues and 'road blocks' discussed at CWG's

**'Roadblocks' or issues**

Limited GP access to use of specialised diagnostics test

Service capacity limitations

Incomplete/absent service/provider information in current national/Tasmanian service/provider directories

Limited and/or inconsistent quality and access to patient discharge/referral/care planning information, turnaround time across the primary/hospital interface

Inconsistent GP access to specialist advice in rural areas

## Conclusions

Initial findings indicate that the implementation of Tasmanian HealthPathways has been successful with a potential to support clinical practice, especially in rural regions of Tasmania, where access to some services is limited.

Google analytics data, captured since the launch in October has shown a sustained increase in users and page views, showing that the website is being accessed and used fairly frequently. The development of a greater number of localised Tasmanian pathways and a comprehensive promulgation phase, over time will further enhance uptake and engagement with Tasmanian Health Practitioners and encourage a community of practice.

In addition to pathway development process, the clinical work group approach provides a forum for identification of systemic issues as part of the pathways and is an interesting and potentially powerful secondary output from the process – although it will depend on what happens to the identified issues once they have been identified and referred on.

The king's fund contends 'that leadership involves multiple actors who take up leadership roles both formally and informally, and importantly, share leadership by working collaboratively, often across organisational or professional boundaries'.<sup>7,8</sup> In our view Tasmanian HealthPathways is an exemplar of how clinical leadership and collaboration across sectors can assist in providing solutions to current issues in our Tasmanian Health System.

## Recommendations

Tasmanian HealthPathways has the potential to support clinical practice, especially in rural regions of Tasmania, where access to some services is limited.

Ongoing funding and strategic support for Tasmanian HealthPathways has the potential to contribute to improving the Tasmanian health system by providing more integrated, timely and efficient use of health services for Tasmanian patients especially in rural areas.

## References

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### Presenter

**Catherine Spiller** is currently project manager for Tasmania HealthPathways, at Tasmania Medicare local. HealthPathways is currently being implemented in Tasmania, funded under the Tasmanian health assistance package. Tasmanian HealthPathways is an agreed approach between primary, secondary and tertiary care providers to managing a range of health conditions, based on the Canterbury Initiative, NZ. Catherine's career started as a pharmacist in the UK, transitioning over time from clinical practice into clinical teaching, then onto senior pharmacy management roles in the NHS. As Director of Pharmacy, University Hospital Lewisham, London, she was heavily involved in the successful South East London Structured Training and Education Programme (STEP) for pharmacists and collaborated on numerous medicines management initiatives. She moved from London to Hobart in 2010, and taking up the position of clinical lecturer at the School of Pharmacy; University of Tasmania, with key responsibility for the Master of Clinical Pharmacy degree. In 2012, as Director, Medication Strategy and Reform, she led statewide safety and quality initiatives in medicines management including the development of an electronic medicines formulary. Her current interests include clinical leadership, change management and health service redesign. The work being presented focuses on the importance of clinical leadership in the development of Tasmanian HealthPathways.