

## **Development and implementation of national integrated cancer pathways in Denmark.**

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### **Authors:**

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### **Objective:**

To develop national integrated cancer care pathways, defined as pathways specifying clinical patient pathways through the health care system and including standards for processing times and care processes.

### **Methods:**

The core of the project was organization, involvement of clinicians and monitoring.

The project was based on the fact that the waiting times for cancer patients were unacceptable and the cancer survival rates were poor in Denmark compared to other Nordic countries. In October 2007 this fact led to an agreement between the Danish Government and the Danish Regions on acute action and accurate information for all cancer patients. The core of this political decision was to develop integrated cancer pathways as organizational and clinical standards for the diagnostics and treatment for all cancer types. 14 working groups supervised by the National Board of Health (agency under the Ministry of Health) were established, each including representatives from the relevant DMCGs (national clinical cancer groups individually for all cancer diseases), the relevant National Medical Society, the 5 regions, General Practitioners, the Nursing Society and when relevant pathologists, radiologists etc.. Based on national evidence based clinical guidelines, cancer pathways were developed as organizational standards for the diagnostics and treatment of 34 cancer types. The cancer pathways were all based on one common template comprising manual-like clinical descriptions including time-standards for all steps in clinical processing, flow-chart and organizational schedule. As an integrated part of the development of cancer pathways a national solution for monitoring the cancer pathways was developed focusing on time-standards.

### **Results:**

In less than 18 months the 14 working groups succeeded in developing 34 integrated national cancer pathways with adjacent standards for maximum processing-time. All cancer pathways were developed with involvement of clinicians. The pathways were designed to include patients with criteria based suspicions for cancer diseases. By January 1, 2009 all cancer pathways were implemented in the entire Danish Health System. A monitoring system based on the National Patient Registry, enabling continuous monitoring of how fast patients are directed to and through cancer pathways, are diagnosed and, if required, treatment has been initiated.

### **Conclusions:**

The introduction of national integrated cancer pathways in Denmark aims at offering all Danish cancer patients predefined evidence based care ranging from the clinical suspicion of cancer through diagnostics and treatment, without unnecessary processing time. It is expected that data gained from monitoring the cancer pathways will be of vital use for further consolidation of the organization of national cancer treatment. Hopefully, this change in handling cancer diagnostics and treatment will raise quality of cancer care, increase patient satisfaction and improve cancer survival rates. In the future areas such as rehabilitation, patient involvement and co-operation with the primary health care sector will be explored as possible new elements in the national integrated cancer pathways.