Exploring the implementation of the standardized cancer patients pathways (CPPs) in Sweden – a qualitative study

Project Group:
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Relevance

• Long waiting times for health services → politically unpopular and prominent problem in many countries

• Cancer care is no exception

• May results in inequality in access to health care

• Previous Studies → No major improvements in waiting times for patients in cancer care was found

• Differences both between and within geographical areas, cancer forms and sex
Introduction of the CCPs

• Reduce waiting times in cancer care
• Reduce regional differences
• Provide a more equal footing to ensure better quality
Swedish Health Care system

Is highly decentralized

Central government is responsible for the overall health policies \(\rightarrow 1\)

County councils are responsible for provision of health care \(\rightarrow 21\)

Municipalities \(\rightarrow 290\)

Regional cancer centers (RCCs) \(\rightarrow 6\)

County/Region
Stockholm/Gotland

Europe's largest healthcare providers, covering around 2.3 million persons
We were commissioned to:

- Identifying and describing explanatory factors that act as facilitators and/or barriers in the implementation of the CPPs

- To explore the experiences of health care staff involved in the CPPs
Brain Tumors
Lung cancer
Myeloma

Upper gastrointestinal cancers
Anal cancer
Gynecological cancer

Crowding out effects

Primary care Investigatory units (radiology, pathology, endoscopy and oncology)

- Diagnosis complexity
- Variety of provider
- Incidence
- Mortality
Method

Data Collection

• Qualitative method
• 2016-2018
• Snowball sampling
• Individual semi-structured interviews/Group interviews
• Approximately 160 participants

Analysis

➢ Thematic analysis

50 % Physicians
50 % Coor/admin/nurse
One Example
<table>
<thead>
<tr>
<th>Inner Setting</th>
<th>2 sites different routines(-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective routines(+)</td>
<td>Pathology (+)</td>
</tr>
<tr>
<td>Support from colleagues(+)</td>
<td>Radiology (-)</td>
</tr>
<tr>
<td>Supervision(+)</td>
<td>Information to others (-)</td>
</tr>
<tr>
<td>Different EMR (-)</td>
<td></td>
</tr>
<tr>
<td>Registration (-)</td>
<td></td>
</tr>
<tr>
<td>Primary Care and awareness (-)</td>
<td></td>
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</tr>
<tr>
<td>Outer Setting</td>
<td>Attitude (+)</td>
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<tr>
<td></td>
<td>Insight (+)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td>Strong organization(+)</td>
</tr>
<tr>
<td></td>
<td>Support (+)</td>
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<td></td>
<td>Involvement (+)</td>
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<tr>
<td>Process</td>
<td>Roles and responsibility(+)</td>
</tr>
<tr>
<td></td>
<td>Direct positive effects(+)</td>
</tr>
<tr>
<td></td>
<td>INCA (+)</td>
</tr>
<tr>
<td></td>
<td>RCC role (+)</td>
</tr>
</tbody>
</table>
Conclusion

- Cancer patient pathways entails large multi-level collaboration

- Implementing comprehensive policies requires coordinated efforts over a long period of time

- Human, financial and timely resources are vital

- Crowding-out effects need to be addressed
The way forward

Profound analysis

→ Coordinator
→ Prerequisites to work

→ Investigatory units

→ Primary care
Questions?

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