

# How to use community HealthPathways: Practical tips to support decision making in the consulting room

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## Background

Community HealthPathways are clinical decision support tools, combining evidence-based guidelines with local service and referral information, collaboratively developed and collated by primary care and hospital clinicians. HealthPathways is being implemented throughout Australia, New Zealand and the UK, and often plays a role in supporting local service redesign and integrated care.

## Objective

This article summarises the background and benefits of community HealthPathways and provides tips to support decision making in the consulting room. The article highlights the influence a community of clinicians can have on service redesign through developing and publishing HealthPathways.

## Discussion

Clinical information-seeking is often done during consultations, and having access to evidence-based, decision support tools like HealthPathways can facilitate consistency of best practice clinical care across jurisdictions and streamline referrals to local health services. Through the process of collaboration, HealthPathways supports integration of health services. Knowledge about the structure of HealthPathways and how to find information is useful for busy clinicians to aid decision support at the point of care.

**HEALTHPATHWAYS** started in Canterbury, New Zealand, in 2008, and is being implemented throughout Australia, New Zealand and the UK. The HealthPathways team describes the initiative as ‘an online manual used by clinicians to help make assessment, management and specialist request decisions’.<sup>1</sup>

There are many other descriptions of HealthPathways, published in various research articles, government websites and promotional materials. A concise one is ‘a web-based tool designed to promote healthcare integration and patient management in primary care’.<sup>2</sup>

HealthPathways has two main functions: as a clinical decision-making tool based on existing guidelines; and as a healthcare services directory containing referral information. These functions exist separately in several other web-based platforms, but HealthPathways is unique in combining the two functions through a collaborative process.<sup>3</sup> HealthPathways can be used for continuing professional development (CPD), and reflective activity templates for The Royal Australian College of General Practitioners (RACGP) and The Australian College of Rural and Remote Medicine (ACRRM) have been developed and are available on HealthPathways.

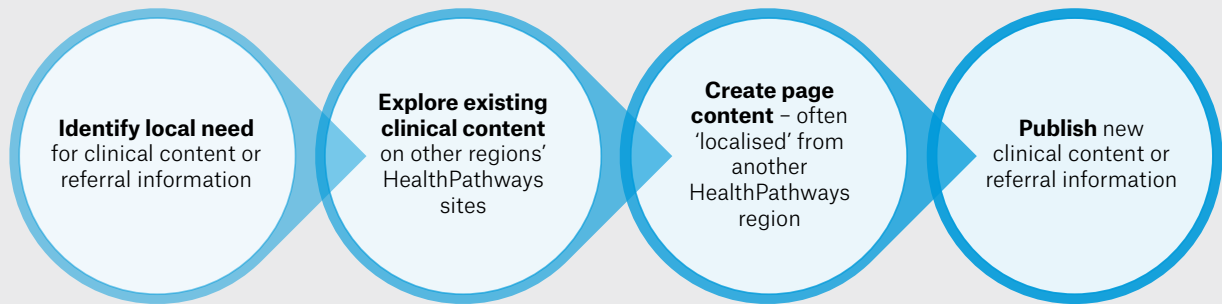
The website is password-protected, and clinicians are given access at no cost. There is a strong focus on collaboration between

local primary care and hospital services, which sets HealthPathways apart from traditional guidelines.<sup>4,5</sup> The information in HealthPathways is developed and collated by local HealthPathways clinical editorial teams, usually including general practitioners (GPs), in collaboration with specialist clinicians (Figure 1).

In Australia, the work is often coordinated between a State-funded health service and a Commonwealth-funded Primary Health Network (PHN).<sup>6</sup> Fifteen years ago, the development of HealthPathways content was both a catalyst for, and a product of, health service redesign.<sup>7,8</sup> Over the years, HealthPathways remains an important tool in many areas to assist local service redesign and integrated care implementation.<sup>9-11</sup>

During the COVID-19 pandemic, efficient and effective processes were developed to respond to rapid changes in the management of COVID-19-related problems and make new information available on HealthPathways to clinicians in a timely fashion.<sup>12</sup> Researchers describe several other benefits that can be attributed to local HealthPathways programs, with various levels of confidence.<sup>3,13-17</sup>

The reported benefits of HealthPathways fall into two main themes: care provision; and use of local resources and services (Box 1). HealthPathways content has been created to not only improve clinical practice, but also improve the patient journey through the local health system.



**Figure 1.** The process for HealthPathways content creation and regional localisation.

There is variation in utilisation of HealthPathways,<sup>18</sup> with long-established HealthPathways regions having greater clinician engagement,<sup>2,9</sup> as do regions that actively promote the HealthPathways role in education and service redesign.<sup>19</sup>

One observational economic analysis found a reduction in hospital outpatient visits and associated cost savings after the introduction of HealthPathways-containing comprehensive referral information.<sup>16</sup> Although clinical pathways are generally associated with improved patient outcomes and positive economic outcomes,<sup>20</sup> ongoing evaluations of the outcomes of HealthPathways remains a priority.<sup>21,22</sup>

In this article, we describe practical tips for the use of community HealthPathways

during general practice patient consultations, addressing some of the feedback and questions from clinicians regarding use and navigation of the site as mentioned in the literature.<sup>4,13,18</sup>

### Tips for using HealthPathways in the consulting room

#### Tip 1: Keep the HealthPathways website open

It appears that clinical information-seeking by clinicians is often done during consultations.<sup>23</sup> It can be useful to bookmark HealthPathways or create a desktop shortcut on a computer (or mobile device) used during clinic.

To save time, the website can be one of the resources that remain open within the desktop internet browser during patient clinic consultations for quick reference. Having the website open can also be a prompt to use and explore the resource, as HealthPathways might not always be front of mind for busy clinicians.<sup>18</sup>

The local version can be easily found by searching for 'HealthPathways' and the name of a region or district in online search engines. When accessing the website for the first time, registration is required to request login details. Depending on the clinic browser and security settings, login information can be saved and automatically filled for returning site visitors to facilitate ease of access.

#### Tip 2: Use HealthPathways for day-to-day clinical decision support

As HealthPathways summarises available

evidence and puts it in a local context, it is a valuable source of information to support decision making at the point of care.<sup>12,24</sup>

After logging in, the homepage provides general information such as relevant public health alerts, regional health news, updates to HealthPathways, local service information and links to clinical and non-clinical resources.

From the homepage, it is easy to search for pathways about a specific problem ('condition pages') or find referral information ('request pages').

#### Tip 3: Search HealthPathways via the top search bar

To quickly find page results or suggestions, start typing keywords in the top search bar (Figure 2). The search function accommodates minor differences in spelling and common synonyms of conditions.

Alternatively, the left-hand table of contents can be used by clicking on the down arrows (∨) to expand sections. This can also be useful to view all the available pathways for a certain specialty or discipline.

To return to the homepage at any time, click the HealthPathways logo icon at the top left of the header bar (next to the region name) or click the HealthPathways logo at the top of the table of contents. Alternatively, click the home icon in the page 'breadcrumbs' at the top of a pathway, or on the word 'Home' at the top of the table of contents.

Pages with a yellow background have not yet been localised in the user's region but might still contain useful content.

### Box 1. Community HealthPathways benefits

#### Care provision

- Adoption of best practice clinical care
- Consistency of care across jurisdictions
- Single source of truth during pandemics, natural disasters

#### Use of local resources and services

- Improved patient journey through the health sector
- Improved awareness of local services
- Appropriate use of resources and services
- Improved referral quality
- Equitable referral triage
- Reduction in cost/increase in value

#### Tip 4: Know how the condition pages are organised

All condition pages have the following sections:

- Background
- Assessment
- Management
- Request (referral)
- Information.

Some pages also have a 'Red Flags' section at the top of the pathway; the content of these boxes is designed to remind the user of important clinical features not to be missed.

The 'Assessment' section is useful for looking up diagnostic considerations and prompts, whereas the 'Management' section provides treatment options. The 'Request (referral)' section gives information about when to refer, including links to 'Request pages' (see Tip 5). The 'Information' section contains further reading for health professionals and health consumer information, including links to handouts.

To expand specific information in a pathway, click on the blue text or the down

arrows (∨). Use the plus (+) sign in the right top corner to expand all information in a pathway and access other options including printing, sharing and copying of information contained in HealthPathways.

#### Tip 5: Know where to find referral information

Request or referral pages can be accessed directly from the top search bar or via the links in the 'Request (referral)' section towards the bottom of a condition page. These pages provide public and private referral options where available, as well as referral criteria including required information.

Checking a 'Request (referral)' page can provide guidance about the required steps to take prior to referring a patient to another service. Health services, particularly State-run services, update their triage and referral criteria from time to time; by viewing the 'Request (referral)' page information, referrers can ensure their referral letters are complete and meet the criteria to

facilitate acceptance by the service. In some cases, HealthPathways is seen as the defacto directory for public services.<sup>11</sup> By housing cross-sector service information, HealthPathways facilitates an improved patient journey. In many areas, referral information has also been incorporated in electronic referral software.

#### Tip 6: Contribute to the HealthPathways community

There are several ways to participate in the development and improvement of HealthPathways: providing specific feedback; working as a clinical editor (CE); providing subject matter expert (SME) review; and contributing to working groups looking at service redesign.

To help improve HealthPathways content, use the 'Send Feedback' button at the bottom right of the page to provide feedback directly to the local HealthPathways team. Feedback might include: suggesting new condition pages; providing clinical resources; reporting

The screenshot displays the 'Management' section for 'Heart Failure' on the HealthPathways website. The page is part of the Sunshine Coast & Gympie region. The main content area lists three management steps: 1. Phone 000 for emergency assessment if: any red flags, acute HF, recent myocardial infarction (MI) (within 2 weeks), or newly suspected HF in a pregnant patient. 2. If suspected or confirmed HF, seek cardiology advice or request non-acute cardiology assessment for additional investigation and management. 3. Consider starting pharmacological treatment based on ejection fraction (EF), while waiting for specialist assessment. Below these steps is a section titled 'Medications for patients with HFrEF' with expandable items: Diuretics, ACE inhibitors (with a note to consider an ARB if ACE inhibitor not tolerated), Angiotensin-II receptor blockers (ARBs), Beta-blockers, Mineralocorticoid receptor antagonists (MRA), and Angiotensin receptor blocker / neprilysin inhibitor (ARNI) (i.e. sacubitril + valsartan) - PBS listed. Other medications. At the bottom, there is a link to the Queensland Government Heart Failure Medication Titration Plan and a 'SEND FEEDBACK' button. The left sidebar shows a navigation menu with categories like Cardiac Drugs and Monitoring, Cardiovascular Risk Assessment (CVRA), Chest Pain, Heart Failure, Heart Murmurs in Adults, Hyperlipidaemia, Infective Endocarditis Prophylaxis, Long QT Syndrome, Palpitations, ECG Images, Postoperative Care of Cardiothoracic Patients, Prosthetic Heart Valves, Rheumatic Heart Disease (RHD), and Syncope or Transient Loss of Consciousness. The top right corner has utility icons for Collapse all, Print, Share, and Copy.

**Figure 2.** Screenshot of (part of) a HealthPathways management section (Heart Failure). As this is a pathway from the Sunshine Coast in Queensland, it contains the Queensland Government Heart Failure Titration Plan (bottom of screen). Localised pathways also contain region-specific referral information. Use the top search bar to quickly find pages, or alternatively refer to the left-hand table of contents. To expand specific information, click on the blue text or the down arrows (∨). Access other options in the right top corner, such as expanding or collapsing all information, printing, sharing and copying of information.

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inaccuracies or broken links; and updating service information or referral criteria. Subscription to HealthPathways email updates is available by clicking on the three vertical dots in the top right corner.

Opportunities to write and edit clinical content, as a CE or SME, regularly come up. Contact the local HealthPathways team for more information.

The process of reviewing and publishing hospital specialist service information on HealthPathways is often a catalyst for service redesign.<sup>6,22</sup> In these instances, a formal or informal working group is created with, for example, representation from local GPs, hospital specialists and specialist outpatient administrators. Clinicians involved in these working groups have found the experience valuable, improving relationships between primary and secondary care.<sup>4</sup> Indeed, the successful implementation of HealthPathways requires the engagement of local clinicians.<sup>14</sup>

The authors (EK, JH), both GPs, have been involved in local service redesign, initiated by the need to develop and publish clinical service criteria in HealthPathways. They found developing service criteria led to increased communication between administrators and hospital specialists, as well as between hospital specialist departments. This allowed improvements in outpatient triage and clinic allocation, innovative models of care and clinical phone support for GPs. The authors consider that the involvement of GPs, with their unique overview of local health systems, is key to the success of local service redesign.

## Conclusion

Community HealthPathways is a key resource for GPs and can be used to support decision making during consultations. It combines evidence-based guidelines with local service and referral information, collaboratively developed and collated by local primary care and specialist clinicians. Knowledge about the structure of HealthPathways and how to find information is useful for busy clinicians to aid rapid decision support at the point of care. GPs have a key role in local service redesign through involvement in working groups and developing HealthPathways content.

## Key points

1. As HealthPathways summarises available evidence and puts it in a local context, it is a useful source of information to support decision making in the consulting room.
2. Keep the HealthPathways website open during consultations for quick reference.
3. Start typing keywords in the top search bar to quickly find page results or suggestions.
4. Condition pages have the following sections: Background, Assessment, Management, Request (referral) and Information, whereas Request pages provide referral options and required referral information.
5. Through the process of collaboration, HealthPathways supports integration of health services and an improved patient journey through the local health system.

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