

# The complexity of co-designing and implementing a transmural care pathway for patients treated with oral anticancer drugs: a qualitative investigation of influencing factors in hospital staff

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**Background** Oncology centers are struggling to organize transmural care for patients treated with oral anticancer drugs (OACD) focusing on self-management support. In order to support patients' self-management, care processes should stimulate the shift in responsibilities of healthcare professionals (HCPs) to patients. Processes should also entail interventions for adequate intermediate monitoring of treatment, including pharmaceutical care interventions. Co-designing and implementing a care pathway can be a strategy to standardize and structure care, but can be a challenging process.

**Purpose** This study aimed to investigate influencing factors in the co-design and implementation of a care pathway for patients treated with OACD involving multiple HCPs in the hospital and in primary care.

**Method** A qualitative process-evaluation was set up in four non-academic Belgian hospitals who co-designed and implemented a transmural care pathway for patients on OACD. Semi-structured interviews and focus groups were performed in 1) local coordinators who guided the interdisciplinary project team during co-design and implementation, 2) external implementation coaches, and 3) HCPs with a role in the implemented care pathway. In total, 47 stakeholders were interviewed (19 interviews, 8 focus groups) by researchers with no or limited involvement in the co-design of the care pathway. Interviews were audio-taped and transcribed verbatim. A thematic framework analysis was applied.

**Findings** Different factors influencing the co-design and implementation of the care pathway for patients treated with OACD were found. Building an adequate supporting context through a motivated interdisciplinary project team of clinical and management staff, guided by a competent coordinator, was an important facilitator. Leadership of local coordinators, and of physicians, was crucial for the progress of the co-design. Impediments included the complexity of the intervention related to OACD, to the interdisciplinary and transmural character, and to the hospital as context. Tailoring of the care pathway and receiving external coaching was a large facilitator. Financial triggers were available but however not always mandated for from the hospital management.

**Conclusion** Prior investigation of the willingness and motivation for change of clinical and management staff, project-managing competencies of coordinators and leadership of physicians seem essential to obtain change in the self-management support of patients treated with OACD, including pharmaceutical care interventions.