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Poster Abstract

## What are the goals of care in individual Patient Pathways? An qualitative analysis of how different health concepts may affect goals for care

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## Abstract

**Introduction:** The individual care process for patients with long-term conditions is ever more a collaborative project between multiple professions, multiple organizations, guidelines, the patient and his/her significant others. This care process is here called the individual Patient Pathway (iPP). Different providers contribute to the iPP with a diverse and complementary set of skills and competencies, and can in many ways be conceptualized as a team. Vital to effective teamwork is a common understanding of goals, and how each team member's skills and knowledge contribute to those goals. However, with many diverse legitimate contributors it is not so easy to identify what the common goal for an iPP ought to be. In settings where many care-providers work together, unrecognized variation in the implicit concepts of what goals of care ought to be, may unwittingly cause contradictory goal setting, fragmentation and disruption of care. We set out to identify literature that could help us decide what the goals of care in longterm iPPs should be.

**Theory/Methods:** The goal of health care is to "improve and maintain health". There is already a rich literature on health-concepts and their variations. The concept of health varies across

individuals, professions, organizations and cultures. To the best of our knowledge, the variation in the nature of concepts of health and how these may affect the formulation of goals in iPPs have not previously been examined. We wished to examine whether health concepts can be grouped according their function as “goals” for the iPP, and if so, how any such typology of health concepts can help contributors to an iPP to identify common goals for care.

We performed systematic searches for English language documents/articles reviewing “concepts of health” and “quality of care”. In addition, we included other health concepts, identified through the initial searches in a snowballing process. All systematic searches were done in Medline and Web of Science®, while the additional concepts were also searched for in Google Scholar. All documents included, either described what excellent care is, or described what health is.

**Results:** We coded the strategic sample of 64 publications into 14 different health concepts. Authors discussed excellence of care without explicit reference to their underlying concept of health / goals of care. Publications illustrating variations on health-concepts did not discuss how such variations might influence goals of care or care decisions. The disability-concept of health alone explicitly recognized and built on other concepts of health: Dis-ability/ function arises at the crossroads of biological health, personal coping skills and the social/ physical environment. Inspired by the disability concept, we developed the following typology of health-concepts: “Health is absence of biological disease”, “Health is a resource for function”, “Health is individually defined” and “Supernatural forces produce health”. The three former health concepts are complementary and all fit within a “secular” understanding of health as responsive to health care treatment. The three former concepts each point at biological-, functional- and personal- goals for care.

**Discussion:** Health is a fluid concept. We suggest that contributors to iPPs may not necessarily share a common understanding of which goals are most important. Contributors to iPPs, including the patient, should make their goals for care explicit, and discuss how goals are aligned with one-another, to avoid working at cross-purposes.

**Conclusions:** Alignment of goals in IPPs will support continuity of care. Functional-, biological- and personal- goals are complementary, and support each other.

**Lessons learned:** The goals of care in IPPs are often implicit, which may cause disruption and confusion in IPPs.

**Limitations:** In our literature search, we may have missed important health concepts that could have affected our health concept typology. The included publications and the authors are rooted in the western culture, so the results may not resonate with other cultural contexts.

**Suggestions for future research:** Empirical work should verify how diversity of health concepts impact goal-setting in care. This work should continue as a broad multi-disciplinary systematic review on health concepts, with an added stakeholder Delphi process to decide on relations between- and prioritization of concepts.

## **Keywords**

**health concept; goals of care; multi-disciplinary care**

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