**The patient pathway review: A new method of evaluating clinical practices to understand the complexities of real-world care**

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**Abstract**

Healthcare research has contributed to the good patient care that is delivered today. With the perpetual demand for higher quality, cost-effective care, the current approaches in research could be improved to answer important research questions related to actual healthcare practices. In this article, we introduce the concept of the patient pathway review which focuses on the identification of what happens to patients based on clinical expertise and systematic evaluation. This approach can help understand real-world healthcare activities and explore reasons for clinically relevant patient events. The patient pathway is defined as a series of clinically relevant events. The patient pathway review begins with selection of the area which merits exploration. This is followed by the development of an “ideal” pathway which defines what is expected to happen to most patients in the area. Through critical reasoning and detailed consideration of different possible activities or outcomes at each stage of the “ideal” pathway, the “real-world” pathways can be determined. To understanding the significance of the “real-world” pathway, descriptions from all the stakeholders involved are necessary. Typically, in the healthcare setting these perspectives are the patient, clinician, health service, policy makers and society who have variable interests the important clinical events. Finally, the pathways together with the perspective are integrated into a discussion. We conclude that the patient pathway review is a novel approach which has value to explain real-world events for patients which enables identification of favorable paths which can help guide the development of interventions to improve clinical practice.

**Keywords:** review; pathways; patient care; outcomes

**Introduction**

Healthcare research has contributed to the high-quality patient care that is delivered today. Clinical trials have been, and continue to be, conducted to evaluate the effectiveness of interventions. Observational studies enable researchers to understand clinical practice and identify patterns and determinants of disease. These observations are valuable as they provide opportunities to learn about clinical activities, provide an evidence base for patient outcomes and identify potential areas for improvement. However, with the perpetual demand for better care that is cost-effective, there are still unmet needs in research related to the current approaches.

Most prognostic research typically focuses on a one or more single endpoints such as mortality or a composite of adverse events. These endpoints are often those of most interest to patients and carers as they could be key determinants of costs or disability. However, the real-world implications often extend beyond, or are different to, the outcome investigated in research. Of great interest is what events may take place in addition to the eventual outcome. Patient expect to know what may happen to them in terms of symptoms, management, physical functioning in addition to their life expectancy as a consequence of developing illness. From the clinician perspective the individual care needs require understanding so that the appropriate healthcare resources can be designated to the patient. It is of prime interest to health services that any costs for care translates into benefit for patients. Therefore, in order to comprehend what happens to patients within healthcare and beyond, the concept of patient pathways, which represents a series of clinical events, are introduced. This series of clinically significant events can follow a patient temporally over time from various points of their care journey.

Another important issue related to research is determination of the appropriate data that is collected. It is important to recognize that if data is not collected, there is no way of knowing whether it was of any significance. Generally, data collected from studies is determined by one or more knowledgeable expert or derived from a review of existing studies. There is no certainty that all the key variables are included. Rather than collecting data, an alternative approach is to reason what may happen to a patient after a defined starting point. Critical thinking is essential in such an approach with understanding of both common activities but also infrequent events such as patients mistaking symptoms for more benign illness, patient not prioritizing the need to seek help, clinician making the wrong diagnosis and patients developing adverse effects from treatments. The challenge with such a comprehensive and detailed individual approach is that the persons doing the evaluation must have a good understanding of the disease, how it affects patients, how it is identified and treated, how it may be managed differently in different healthcare systems and what the prognosis is.

In this review, we describe the novel method of review called the patient pathway review which is a way to overcome the limitations related to pre-defined endpoints and data collection. The suggested framework in this article defines why this review is necessary, how to undertake this type of review and discusses important considerations related to this type of review.

**Why is the patient pathway review needed?**

*Pathways*

As highlighted previously, it may be desirable for the parties who have a vested interest in healthcare, particularly directors and managers who plan services, to understand not only the outcomes for patients but what care patients receive. This is important as healthcare utilizes resources and are often limited. These resources, whether clinician contacts, tests or treatments should be of benefit to patients. From healthcare service perspective, if the same outcomes or positive experience could be achieved with fewer resources, then these more efficient pathways should be encouraged. In order to understand whether such pathways are already in practice and how they can be promoted, systematic evaluation is necessary.

*Real-world complexity*

Another key driver for the need for the comprehensive evaluation of pathways is that real-world activities related to patient care are complex. While the first step when a patient develops symptoms may be self-care, it may be expected that the first opportunity for clinicians to intervene may be when the patient decides to present to a healthcare professional. However, there is an assumption that the patient recognizes the symptom and feels it is important enough to merit seeking help. This consideration opens up arguments related to complex areas such as health literacy and access to health services. While for some conditions delay may not have long term consequences, there are other conditions such as an acute myocardial infarction or stroke where timely treatment may avoid complications. Furthermore, there is also the problem related to patients and clinicians mistaking symptoms for other conditions (for example, symptoms of heart failure in people with existing chronic obstructive pulmonary disease).[[1]](#endnote-1) A pathway review is therefore necessary to look at each stage of the pathway and how it may differ from expectations. It has both value to identify ways to improve patient care as well as to guide research aimed to understand what may happen to patients and why certain events may happen.

The real-world practice also has complex regional practices that may be specific to the local area. For example, it may be expected that most secondary and tertiary healthcare centers are in urban areas but other inner city sites may have terrible access to care because of poor availability of primary care. Furthermore, some patients live in rural areas so it may not be possible to deliver the same pathway because the facilities and personnel are not available in the area and to achieve the same path will require greater travel and different time frames for care to take place. This may result in similar components in the overall pathway but differences in patient experience, satisfaction and speed of care. Therefore, the pathways will naturally differ between those in the urban and rural settings even though the patients have the same needs. Furthermore, the optimal pathways will differ in each area. Other complexities in real-world practice may also exist including variation in skill and experience of the clinicians carrying out assessments, availability of senior level clinician input when there are junior trainees making important decisions, wait times for investigations and tests and issues related to availability of treatments.

*Knowledge*

A detailed review of potential pathways in actual settings has value in determining what should be done in clinical practice as well as research studies. By defining the possible sequence of events based on clinical knowledge and experience, it may enable determination of which paths are more and which are less desirable. Measures in the form of interventions can then be taken in attempts to promote a greater proportion of patients to have more desirable paths in cases where patients may have poor outcomes. In addition, the care process for patients also consumes resources with an associated cost so even if the path leads to the same outcomes for patients from the health service perspective the lower cost path may be promoted. The knowledge from pathway identification is also a good starting point for research studies. By understanding what processes patients undergo at different stages of their care can help with research studies such as recruitment of patients. For example, a study of acute myocardial infarction can have the starting point of when a patient has the confirmatory test in the form of an abnormal electrocardiogram (ECG) or elevated plasma troponin or the starting point from when it was first suspected by a family medicine physician or general practitioner who sent the patient to hospital or the emergency room doctor who made the suspected diagnosis before results of confirmatory tests were available. There will be a difference between identifying patients from all patients who have abnormal ECG and abnormal troponin levels compared to all patients who have a clinical suspicion of acute myocardial infarction.

*Mechanisms*

An important part of the evaluation of patient pathways is the opportunity to make inferences regarding what happens and why it happens. Often clinical activities that take place are not random and there are specific reasons why certain events have taken place. Detailed analysis of individual steps within pathways provides the potential to make interpretations about why events took place. For example, in the case of acute myocardial infarction it is expected that some patients do worse than others. Aside from severity of disease and co-existing illness as factors associated with poor outcomes, delays in presenting to healthcare professionals can have catastrophic consequences such as cardiac arrest or disabling heart failure. Through detailed review one can attempt to try to understand why a patient may not present and why there may be delays related to healthcare professionals making assessments. Consideration of the pathway may enable explanation of why events took place and this may have value to understand why events took place when there are unexpected findings from clinical trials or observational studies. It is possible that a detailed consideration of the care processes that take place in the setting of the research study may enable identification of factors that needed to be better collected in order to explain the surprising results.

**The patient pathway review**

 The patient pathway review requires the that the researcher has a knowledge of the clinical condition in terms of how it presents, how it is diagnosed, how it is managed and its prognosis. In addition, the clinician needs to have detailed insight into the healthcare services and how they integrate to provide care the patients. Finally, the researcher should be prepared to critically think about the significance of the defined pathways and the opportunities to better care together the consideration of the perspectives of all the stakeholders which may influence the pathway.

 The process begins with the area of interest and the work should be conducted by an expert in the area. This expert should be capable of approximating an “ideal” patient pathway which is followed up by a “real-world” patient pathway. These pathways can be generalized as presented in this manuscript but should be specific to the condition. This is because the needs of the patient and care is very different depending on the disease.

**The concept of an “ideal” patient pathway**

The healthcare delivered to patients are a series of clinical and non-clinical interactions. This process therefore defines a healthcare pathway, an ordered sequence of events. The specific care delivered by professional is also a construct that is defined by the healthcare system and the personal preference, experience, knowledge and skill of the practitioners. As delivering the physical care including clinical assessments, investigations and treatments require resources, personnel and costs, there is usually reasons to justify the need for the delivered care. One of the tenants of the patient pathway review is that there is an underlying reason for the events that take place within a pathway. For instance, a patient may have waited a few hours with chest pain before presenting to a doctor for review. Another example may be a doctor that mistakes heart failure for a chest infection and give fluids to a patient making them go into acute pulmonary oedema. A key consideration is that there are usually reasons why the events took place such as the patient being unaware what symptoms a person with an acute coronary syndrome may experience and the doctor did not properly evaluate clinical features of the heart failure syndrome. In the current healthcare practices, there are limited resources and it is therefore assumed that ideally unnecessary assessments, investigations and treatments are not performed. This is because they do not add value to patient care. However, sometimes they are done to exclude alternative diagnoses and it is important to understand why actions were taken and why events happened. The aim in exploring the patient pathways is to understand what events happened to the patients and why they took place. This is can be achieved with exploring the possible patient activities and their associated outcomes with inferences about why activities took place. Considering the knowledge acquired through this process can help shape measures or interventions to improve patient care.

The “ideal” patient pathway defines what is expected to happen to most patients who have a starting point in the pathway. This staring point could be anything in the pathway which includes the patient developing symptoms, the patient being reviewed by a certain professional, the patient undergoing a certain test or a patient have a particular diagnosis. It may also be the case there are multiple entry points into the pathway. An “ideal” patient path can be defined by an experienced professional with many years of clinical practice caring for patients with the condition or area of interest. The defined ideal patient path should be one which most clinicians in the area would agree is what typically happens to patients and represents the most common sequence of events for patients with the condition. This path is typically what most health services expect patients to follow and plan to manage patients with the particular condition.

The “ideal” patient pathway can be considered as Figure 1. In the best scenario, patients who have risk factors controlled such that they do not develop disease. However, the reality is that the starting point for most patients when the disease develops and the pathway involves onset of symptoms, review by healthcare professionals, investigation and diagnosis and treatment and response.

For example, in the case of stable angina the onset of symptoms may be a patient developing exertional chest tightness that is relieved by rest. The patient then recognizes that there is a problem and presents to the family medicine physician/general practitioner or to accidents and emergency. The family medicine physician/general practitioner or hospital physician may then review the patient taking a history and examining the patient and come up with a clinical diagnosis of angina. They may instigate investigations themselves such as electrocardiogram or refer to cardiac specialist in hospital. The specialist may be able to do further testing such as computed tomography coronary angiography or stress testing to make the diagnosis. Eventually patients may be treated with anti-anginal medications, percutaneous coronary intervention or coronary artery bypass grafting and be followed up for response.

**“Real-world” patient pathways**

While the “ideal” patient pathway may be followed by many patients, the reality is that other patients have different clinical courses that deviate from that is expected. If each step of the “ideal” patient pathway is reviewed for possible deviations in clinical activities and outcomes, it become more complex as shown in Figure 2.

The step of the “ideal” patient pathway is that patient has an onset of symptoms or pre-symptomatic disease. The reality is that sometimes patients do not have symptoms and things are found incidentally. The patient may develop a complication which thus prompts investigation and an underlying condition is found. The second stage is also more complicated because healthcare professional review is specific to the area where patient is located. Not all places within a country have access to the same level of care or similar timely access to care because of the requirement of travel and arrangement. It would be not unexpected that community care and secondary care would be available for patients living in urban areas but this may not be the case for patients living in more rural parts of the country. Even if a patient lives in an area with access to different levels of service it is up to the individual to decide who they see. Another problem with the “ideal” patient pathway is the it can be assumed that misdiagnosis does not happen. Misdiagnosis is a reality of everyday practice as clinicians are of different levels of clinical skill and patients may present the classic features of a condition or atypically. Misdiagnosis contributes to patient harm in the form of delay to diagnosis and optimal treatment and places them at risk of adverse effects from treatments that fail to alleviate the underlying problem. Furthermore, misdiagnosis may result in wasting resources and may also result in loss of trust between the patient and healthcare professional as well as medicolegal action. For example, both missed acute myocardial infarction[[2]](#endnote-2) and misdiagnosis of acute myocardial infarction is well reported in the literature.[[3]](#endnote-3) Even if the diagnosis is correct there may be variable response to treatment and there may be multiple healthcare contacts for treatment optimization.

**Issues with who the patient decides to see**

There are a variety of healthcare professionals that a patient sees can be divided in those from different settings as shown in Figure 3. These professionals can be broadly divided into those in the community, those in acute care and hospital settings. The reason why this is important is that there should be appropriate care for the setting and the practitioner in that setting. For example, in the community the family medicine physician/general practitioner and general physician that may or may not have extensive experience or up-to-date knowledge of the specific condition of the patient. Furthermore, they may not have direct access to all investigations to make the diagnosis or even understand how to interpret the findings for investigations. While it may not be expected that they will make the correct diagnosis at first contact, it may be reasonable to expect that if the problem is not solved initial that referrals be made to specialists in hospital. The second group of professions are those who evaluate patients acutely such as a paramedic or emergency department doctor. The challenge is that some patients may decide that they should go to hospital even with mild symptoms rather than going to a community clinician. The opposite is true where there may be patients with severe symptoms who the community practitioner when really the patient should have gone to hospital. The paramedic will not have access to many tests but have a crucial role in stabilizing patients and getting them to a place of safety. The emergency department doctor has a similar role but has access to more tests important to help triage patients to the most appropriate medical or surgical specialty and make diagnoses. However, the ability of the emergency department doctor to request and interpret specialist tests is variable so it may be that misdiagnosis again may happen at this level. The hospital specialist has access to most key tests for diagnosis and represent the later part of the diagnostic chain. These professionals have access to the specialist test that can make the diagnosis and should know how to interpret the findings. It would be expected that these professionals would have the lowest rate of misdiagnosis but misdiagnosis still occur.

**Perspectives**

Systematic consideration of the stakeholders who have an interest in the healthcare pathway is part of the pathway review process in order to rationalize why the events in the pathway took place. This approach has been previously used to evaluate care pathways for stable chest pain.[[4]](#endnote-4) The key perspectives in healthcare are shown in Figure 4.

*The patient*

The patient perspective is paramount in the consideration of the patient pathways. Patients ask for care because of symptoms or concerns they may have an underlying disease. The primary goal of patients is to alleviate symptoms which is specific to the underlying condition. This is important so that can carry on daily activities or perform physically and mentally at a normal level without interruptions due to symptoms. Next, patients frequently want to know why they are having the symptoms and whether there is an explainable cause. Understanding the cause can enable patient to obtain information about what to expect with the illness and how it can be best managed. There are other expectations that patients may have which may vary depending on the individual and setting. Some patients may have expectations that they are evaluated and treated without delay while others are more willing to wait. The severity of the symptoms is important regarding the patient’s willingness to tolerate delay as well as the patient’s level of understanding about what they may have. The patient perspective is also important to explain the clinical activities. For example, a patient may attribute their shortness of breath as related to weight gain and poor fitness when these factors together with an an underlying diagnosis of heart failure may contribute to the overall symptoms. The delay to presentation is potentially less avoidable unless there are interventions to better educate the public. The patient understanding of healthcare is also important as there are different avenues for seeking help as highlighted in Figure 3. Depending on who the patient sees there will be variable to time to diagnostic tests and eventual diagnosis and treatment. In addition, how much a patient prioritizes their health influences their uptake of care. A person suffering from mild symptoms may choose to delay seeking help because they have work related obligations, needs to look after family members or other lifestyle related priorities. The place where they live and the healthcare system can have impact on how they engage with healthcare services. For example, if there was a cost associated with healthcare and patients do not have insurance, they may be reluctant to seek help because of the costs. This is very different from a person living in a country where there is free healthcare and there is no financial penalty associated with seeking help. Moreover, the patient’s individual desires have a major impact on what care they receive. Patients may refuse treatment or not comply with medications or even desire not to be resuscitated. The wishes of patients must be respected and these factors related to patient autonomy which may be contrary to clinical recommendations are typically not captured in studies.

*The clinician*

The clinician perspective is important because they are delivering the care. Clinicians want to deliver high quality care that is timely and effective. They would like the patients they see to have good outcomes. However, the role of each clinician is along a pathway and there are limitations as to what they can do. For example, a family medicine physician/general practitioner will only have access to certain investigations as they may not be able to appropriately choose the best patients for the test or interpret the findings of all tests. Similarly, there may be expectations from a specialist that some of the basic tests have been done prior to referral for specialist input depending on the pathway. Furthermore, clinicians would like to provide care that is minimizes difficulties in providing care and provide care that is both efficient and effective. This is particularly the case where there may be incentives to see more patients such as fee for service models where a clinician providing more input results in greater salary. It can be frustrating for clinicians to be waiting for patients to be reviewed but also frustrating when the burden of work is greater than the allocated time. There can equally be challenges related to lack of resource available particularly clinicians working in rural settings. There may be also challenging complexities regarding the role of individuals within the patient care pathway. While the community practitioner and hospital clinicians have defined roles, the overall responsibility for the patient is shared and taking on ownership can be challenging. This may be the case when a clinician feels that the patient needs experts from a specialist but that specialist’s input may not meet the expectations of the referrer. The exact perspective of the clinicians involved really depends on who they are and what the condition is but it is important consideration in attempting to understand the defined pathways.

*The healthcare services*

While the overall aim of a health service is to provide high quality care, the objectives may differ depending on the healthcare system. In healthcare systems, where there is fee-for-service, there may be greater emphasis on providing services because it generates revenue. On the other hand, in public or healthcare systems where patients do not have to pay, there may be finite resources and the aim is to effectively deliver the best care given the resources available. Services in general aim to be efficient so that resources are not wasted and any actions taken should translate into potential benefit. The healthcare service may also be interested in epidemiology and disease prevention. There may be ways to reduce the burden of disease through prevention and this may reduce the risk of overburdening the service with work. For example, the better management of cardiovascular risk factors such as hypertension, hyperlipidemia and diabetes mellitus could reduce the burden of cardiovascular disease. There may also be investment of resources to support areas which are common problems so that they can be tackled more-timely and effectively. For example, chest pain is a common reason to seek help and there may be specific pathways designed to rapidly assess these patients as some may require more urgent treatment. The perspective of the healthcare service is sometimes underappreciated as it may be important as while the ideal care may be known it may not be deliverable because the resources are not there.

*Society*

It is important from the societal perspective to keep people in better health so that can work, functional independently and have a reasonable quality of life. The health service is a construct within society which delivers care to maximize the health of the population. However, on an individual basis, it can be challenging as health is not always a priority. For example, as most people are aware that cigarette smoking is harmful, some people still choose to carry on smoking. To reduce the burden of disease, society promotes positive behaviors for health and preventative measures with good evidence base. A good example of this may be the vaccination programs in most countries which has which has reduced the spread of infection. The perspective of society may be vital as the priority of public and government may transform healthcare delivered. For example, the COVID-19 pandemic disrupted health services in many countries in order to place the focus on containing the spread and harm associated with the virus. Major adaptions to healthcare were made as remote telephone consultations for example are now regularly used. In the pandemic, other changes occurred including the promotion of the use of mask, protective personal equipment, home isolation, discouragement of interacting with different households, contact tracing and closure of non-essential businesses and schools. However, there are additional psychological and behavioral impact of COVID-19 as patients were less reluctant to see professionals in fear of contracting the infection. This may result in patient harm related to delays and complications from illness that may have been better managed had patients presented earlier. While the impact of the societal perspective may not be necessary for all clinical pathways, there are some where it may become more relevant and necessitate consideration.

**The overall process of pathway review**

The overall summary of the pathway review is shown in Figure 5.

**Discussion**

Consideration of the “ideal” patient pathway, “real-world” patient pathway and the different perspectives forms the key elements of the patient pathway review. The discussion is aimed to describe why the findings from the pathway review are important. Things to consider highlighting in this section include:

* Why are there deviations from the ideal pathway?
* How does different perspectives collectively influence the real-world pathway?
* Are there certain pathways which are more desirable than others?
* Are there interventions that can take place to reduce the undesirable pathways and promote more patients on more favorable pathways?
* What can be learned from identification of the pathways?
* What are the limitations of the pathway approach?

Another important consideration is the existing literature which includes international and national guidelines, local policies and research. In particular, the pathway will help understand how these documents get operationalized by local commissioners and services. The findings from the pathway review should be supported by the literature where possible. This is particularly important when inferences are made about why activities may have occurred. The complex sequence of events in a pathway may require multiple sources to justify some of the findings. References may also be needed to understand the significance of the problem identified. This is important as there is no original data in the work. For instance, a patient pathway may include an intervention which could results in a complication. This could be a patient with stable angina having percutaneous coronary intervention and sustaining a bleed secondary to antithrombotic medication. While a path may be that a patient sustains a complication, it is important to look at the literature to define how common it is and whether it is common enough to merit any additional alterations in routine care to reduce this complication. While the complication as an element of the patient pathway is highlight in the review, it may be more relevant for some centers where there are higher population of patients at risk of bleeding compared to other centers.

The pathway review defines patient paths which includes patient related delay. This type of delay potentially makes pathways more complex and less implementable in the sense of clinical protocols or algorithms of care. However, this delay is important as it can have an impact on the burden of disease and downstream consequences on healthcare services. For example, in the case of acute myocardial infarction, if patients do not recognize they are having this life-threatening illness and mistake it for conditions such as indigestion or musculoskeletal pain, the health service may encounter more out-of-hospital cardiac arrests and patients with heart failure from ischaemic cardiomyopathy. However, if patients recognize that they may be having an acute myocardial infarction early, they may present to hospitals and emergency revascularization. If the presentation to hospital took place in a timely manner, the patient may return to functional status similar to that prior to the cardiac event. The patient pathway review highlights how patient care and outcomes is not solely based on clinical decisions and response to treatment but also these less obvious public health factors which are frequently ignored in studies.

The patient pathway review provides an essential chance to learn from clinical experience and discuss areas which are perhaps less desirable to draw attention to. It is important to not make assumptions that clinical decision making is correct at each stage and that the best care is always provided. Misdiagnosis is known to be a major problem and a regular part of everyday clinical practice. In addition, missed opportunities occur where on reflection different activities could have results in more desirable outcomes.[[5]](#endnote-5) Missed opportunities go beyond not following recommended and evidence-based guidelines but also applies to areas such as lack of public awareness of the significance of symptoms, poor training of clinicians to identify certain conditions and lack of awareness of professionals of other specialist input that could have resulted in better patient care. Only by understanding the favorable and undesirable pathways can one reduce missed opportunities.

While the proposed novel methods are described in the current manuscript in the context of cardiology, the reality is that it can apply to all areas of medicine and healthcare delivery. The reason the patient pathway review is introduced in cardiology is because there are many common cardiac conditions and patients with these conditions may experience a variety of different outcomes which relate to real-world complexities in their care which can translate into adverse outcomes including concepts such as delayed presentation, misdiagnosis and both procedural complications.

The main limitation of the pathway review is that there is no original data for the evaluation. Nevertheless, it is a good starting point for studies as it makes the writer consider what happens to patients in their entire care journey. In the absence of a pathway review, data collection for original studies is reliant on what is done previously in the literature or the data this is dictated by one or more presumed expert. Detailed review from all levels of patient paths enables consideration of areas that might influence outcomes that is less obvious. This may prompt better data collection in original studies.

The other key limitation is that the patient pathway review relies on an expert in the area who also knows how health services work. This is not something that an inexperienced clinicians find to be easy to do. It is important that the person writing the review has treated many patients so what is most probable as well as the less probable paths for patients.

 In conclusion, the patient pathway review is a novel method which applies clinical expertise in order to explore patient activities, care and outcomes. By defining an idealized sequence of events which take place for patients and then exploring how each event could be altered, one can define potential course for patients in real-world settings. Once these patient pathways have been defined, inferences can made to explain the reason for the different paths and the significance of each path through the perspectives of the patient, clinician, health services and society. The value of patient pathway review is to define and rationalize complexity of real-world healthcare so that the more favorable paths can be promoted through the development of interventions to improve clinical practice.

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**List of Figures**

**Figure 1: A general ideal pathway**

**Figure 2: A general “real-world” pathway**

**Figure 3: Healthcare professionals who may evaluate patients**

**Figure 4: Perspective on healthcare pathways**

**Figure 5: Diagram illustrating the elements of the pathway review**

**Figure 1: A general ideal pathway**

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**Figure 2: A general “real-world” pathway**

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**Figure 3: Healthcare professionals who may evaluate patients**

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**Figure 4: Perspective on healthcare pathways**

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**Figure 5: Diagram illustrating the elements of the pathway review**

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