

# Care Pathways Australia Review

Nous Group

25 February 2026



**Nous Group** acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

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# Executive summary

Care pathways are critical to delivering consistent, high-quality and equitable care across the Australian health system. National safety and quality expectations, including the NSQHS Standards, require coordinated and evidence-based care across settings and providers. Clinicians operate in complex environments marked by fragmented services, workforce pressures and rising demand. In this context, care pathways help the system use resources well by reducing unwarranted variation, clarifying referral routes and supporting more efficient, coordinated care.

Although care pathways are widely used, their development and implementation vary across Australia. This variation limits their ability to function as reliable system infrastructure that supports real-time clinical decisions, digital integration and coordinated care at scale. Without stronger national alignment, care pathways may stagnate or further fragment. This would reduce clinician confidence, constrain their contribution to digital transformation and limit their potential to support emerging AI-enabled decision support.

Streamliners undertook a national consultation – Care Pathways Australia – to gather stakeholder feedback on a proposed national approach to integrated, localised care pathways. Following the consultation, Streamliners engaged Nous Group (Nous) to independently review and synthesise the inputs to address three questions:

- What role do care pathways play in shaping health system performance, quality, and equity in Australia, and what are the risks if they are not strengthened?
- Why are care pathways falling short today, and where is there greatest opportunity to lift their impact nationally?
- What practical actions are needed to strengthen care pathways at a national and local level?

Consultation feedback shows strong cross-sector agreement that care pathways should play a central role in improving care consistency, supporting equitable access, strengthening coordination and assisting clinicians in complex decision environments. Stakeholders also noted that well-governed, standardised pathways can underpin digital transformation by reducing unwarranted variation and creating consistent clinical guidance that can be embedded in electronic systems and AI-enabled tools.

However, several structural constraints limit impact. Pathway activity is fragmented across jurisdictions and sectors. Governance and funding arrangements do not consistently support long-term stewardship. Pathways are not reliably embedded in clinical workflows or digital systems at the point of care. The absence of consistent success measures limits the system’s ability to show value and support shared learning. Without decisive action, these constraints risk entrenching fragmentation, widening inequities and undermining the system’s ability to use pathways as trusted infrastructure for quality improvement, digital innovation and workforce support.

The review identified seven recommendations, presented in Table 1, to strengthen the role and impact of care pathways across the Australian health system.

Table 1 | Summary of recommendations

| Theme                                 | Recommendation                                                                                                                                             |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National direction and local delivery | 1. Adopt a shared national position on what care pathways are, what they are intended to influence, and the system functions they are expected to support. |
|                                       | 2. Clarify national, jurisdictional and local roles in setting direction for, contextualising and using care pathways.                                     |

| Theme                               | Recommendation                                                                                                                                                                    |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stewardship, governance and funding | 3. Establish clear stewardship arrangements to support the ongoing ownership, maintenance and assurance of care pathways.                                                         |
|                                     | 4. Treat care pathways as shared system infrastructure and fund them accordingly.                                                                                                 |
| Integration into practice           | 5. Position care pathways as decision-support guidance that is expected to inform real-time clinical decisions at the point of care and across transitions between care settings. |
|                                     | 6. Establish a system-level design expectation that care pathways must be usable across heterogeneous digital environments and care settings.                                     |
| Outcomes and learning               | 7. Define success for care pathways in terms of realised system impact and support coordinated national evaluation and learning.                                                  |

# 1 Introduction

## 1.1 Overview of care pathways

Care pathways, also referred to as clinical pathways or integrated care pathways, translate clinical evidence into agreed approaches to assessment, management and referral for defined conditions or clinical presentations. They exist to support consistent, evidence-based care delivery across a health system characterised by multiple providers, care settings and points of handover.

By outlining shared care expectations, care pathways guide clinical decision-making and coordination without imposing rigid protocols or replacing professional judgement. They differ from service directories or referral lists by combining clinical guidance with practical information about care sequencing, referral pathways and system navigation, supporting shared decision-making, patient choice, equity and culturally appropriate care. This enables evidence to be applied in ways that reflect both clinical best practice and individual patient context.

Care pathways also strengthen workforce effectiveness by clarifying roles, responsibilities and treatment options within multidisciplinary teams, thereby reducing unnecessary cognitive load. A national scope-of-practice review has identified system barriers that prevent health professionals, particularly in primary care, from working to their full capability<sup>1</sup>. In this context, care pathways can enable clinicians to work closer to their full scope of practice by defining expected responsibilities and decision points that reflect contributions from medicine, nursing and allied health.

Care pathways are used across both primary care and hospital settings, reflecting different coordination challenges in each context. In primary care, they commonly support assessment and referral across services. In hospital settings, they support consistent inpatient and outpatient care within established clinical governance and quality improvement arrangements.

## 1.2 Policy and system context

Australian quality and accreditation frameworks establish clear expectations that care is evidence-based, coordinated and monitored for unwarranted variation. Through the National Safety and Quality Health Service (NSQHS) Standards, health service organisations are required to demonstrate systems that support the use of evidence in practice, integrated care delivery and the identification and management of variation in clinical care. Within this framework, the use of clinical pathways and integrated care pathways is explicitly recognised as a mechanism for meeting these expectations.

In hospital settings, accreditation processes require services to demonstrate that clinicians have access to evidence-based pathways and decision support tools, that variation in care is monitored and reviewed, and that clinical pathways are used as part of governance and quality improvement systems. In primary care, while accreditation requirements differ, nationally endorsed standards for general practice similarly emphasise evidence-based care, coordinated referral and continuity across services, within which care pathways are widely used to support navigation and shared care.

In practice, care pathways are developed, implemented and maintained through locally governed arrangements. Responsibility typically sits with Primary Health Networks in primary care settings and with individual health services or hospital networks in hospital settings, reflecting differences in population needs, service availability and system maturity.

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<sup>1</sup> Australian Government, Unleashing the Potential of our Health Workforce: Scope of Practice Review – Final Report, 2024, p 10, <[https://www.health.gov.au/sites/default/files/2024-11/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report\\_0.pdf](https://www.health.gov.au/sites/default/files/2024-11/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report_0.pdf)>.

As care pathways become more embedded within quality and safety expectations, there is growing interest in how these locally delivered arrangements function collectively at a system level, and whether their contribution could be strengthened through greater national alignment and shared direction.

### 1.3 Purpose and scope of the review

Streamliners undertook a national consultation on Care Pathways Australia to gather stakeholder views on a proposed national approach to integrated and localised care pathways.

Following the consultation, Streamliners engaged Nous Group (Nous) to independently review the consultation inputs. This review draws on survey responses and written submissions to examine how care pathways are experienced today, where they add value, and where opportunities exist to strengthen their impact nationally and locally.

This review seeks to answer three key questions:

1. What role do care pathways play in shaping health system performance, quality, and equity in Australia, and what are the risks if they are not strengthened?
2. Why are care pathways falling short today, and where is there greatest opportunity to lift their impact nationally?
3. What practical actions are needed to strengthen care pathways at a national and local level?

## 2 Method and approach

### 2.1 Inputs to the review

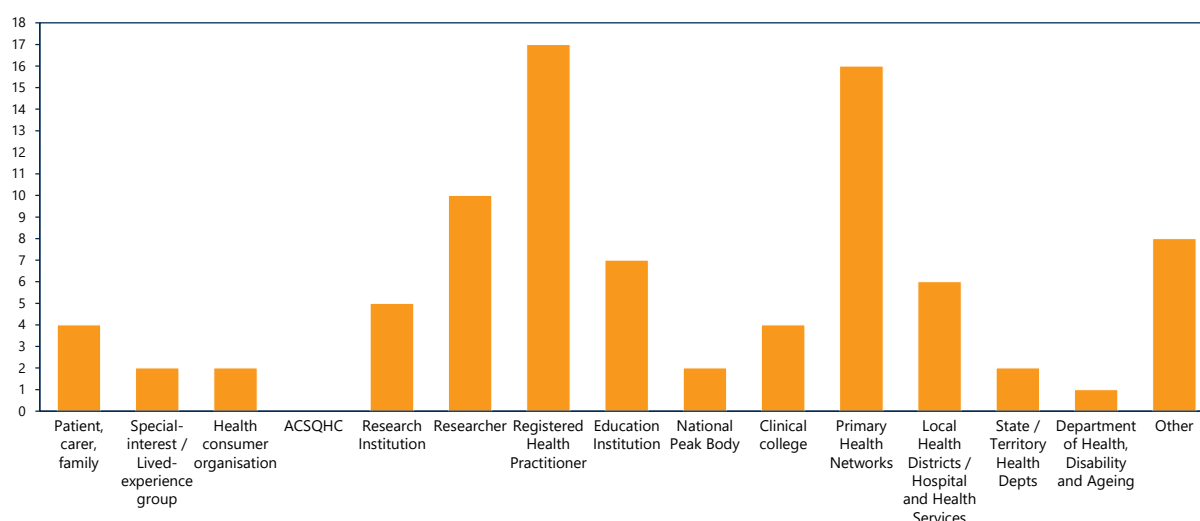
This review draws on a synthesis of inputs from the Care Pathways in Australia consultation, with a primary focus on responses to the national survey and supporting written submissions.

The analysis incorporates 42 completed survey responses. Of these, 41 responses were submitted via the standard survey instrument, with one response provided in an alternative format. Likert-scale results are based on 41 responses, while all 42 responses were included in the analysis of open-ended comments and overarching themes. The survey questions are provided in Appendix A. The five draft national goals (see Appendix B) and draft principles (see Appendix C) drawn from the Care Pathways Australia consultation paper<sup>2</sup> were included in the survey for respondents to rate or comment on.

### 2.2 Respondent profile

Survey respondents represent a broad cross-section of the Australian health system, including participants from primary care and Primary Health Networks (PHNs), public hospitals and Local Health Districts (LHDs), community and specialist health services, allied health and other registered health professions, national and state peak bodies, and policy, commissioning and system leadership roles.

Figure 1 | Respondents by stakeholder group<sup>3</sup>



Respondents brought a mix of clinical, operational, managerial and system-level perspectives, including clinicians, service directors, program leads, advisors and senior leaders.

Responses were received from seven states and territories – New South Wales, Victoria, Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory. No responses were received from the Northern Territory. While representation varies by jurisdiction and sector, the breadth of participation supports identification of themes with national relevance. Further detail on the respondent profile is provided in Appendix D.

<sup>2</sup> Streamliners, Care Pathways Australia 2026 – 2030: A national plan for healthcare integration (consultation paper, version 4, 15 October 2025)

<sup>3</sup> Respondents could identify with more than one stakeholder group. As a result, counts exceed the total number of survey responses.

## 2.3 Approach to analysis

Quantitative survey results were used to identify areas of agreement and disagreement and to indicate the relative strength of views on key issues. Qualitative responses were analysed thematically to identify recurring perspectives, points of alignment and areas of tension across roles, sectors and jurisdictions.

Local and operational insights provided important context for understanding how care pathways are experienced in practice and how system-level issues manifest across settings. For the purposes of this review, findings are synthesised at an aggregate level and framed to highlight themes with national relevance, while reflecting the diversity of local perspectives captured through the consultation.

## 2.4 Limitations

This review reflects the views of participating stakeholders and does not constitute a representative sample of the Australian health system, nor does it represent the views of the Nous Group. Findings are based on self-reported perspectives and experiences, including responses submitted on behalf of organisations, rather than independent evaluation of care pathway performance or outcomes.

Responses capture stakeholder views at a point in time and may not reflect subsequent developments or initiatives. The synthesis of open-ended responses involved interpretive judgement; quantitative survey results were used to anchor interpretation, and findings were framed conservatively to avoid over-generalisation beyond the evidence provided.

## 3 Findings

### 3.1 Role and value of care pathways

#### 3.1.1 Care pathways improve system performance and quality by supporting consistent, evidence-based care.

Care pathways are widely viewed as essential to improving the consistency and reliability of care delivery. More than 90 per cent of respondents agree that pathways should play a central role in the future of Australian healthcare, signalling strong cross-sector support. Stakeholders emphasise that pathways translate evidence into everyday clinical practice, particularly in complex systems with multiple providers, referral points and handovers, across hospital, primary care, aged care and community settings.

Stakeholders report that pathways strengthen system performance by clarifying expectations for assessment, management and referral. When evidence-based guidance is accessible at the point of care and adaptable to patient and service context, it reduces unwarranted variation, supports safer and more predictable care, and enables more timely access across settings and disciplines.

“  
*Care pathways are extremely helpful for the healthcare system... they are immediately applicable to the management of care of an individual patient at the point of consultation.*  
”

- Health practitioner, VIC

#### 3.1.2 Care pathways support equity by enabling consistent care for diverse populations and contexts.

Stakeholders view care pathways as a key mechanism for extending the benefits of consistent, evidence-based care across the system. Eighty-five per cent of respondents agree that the proposed principles (see Appendix C) provide a strong foundation for a more equitable pathways system. This reflects recognition that equity depends on both evidence-based guidance and how that guidance is applied across different service environments, including through meaningful clinician and consumer co-design.

Respondents note that equity is advanced when consistent care expectations can be adapted to local population needs, service constraints and patient preferences. Pathways are valued for clarifying what culturally appropriate care looks like within the realities of local service availability. This includes guidance for communities with higher proportions of priority populations and for rural and remote areas where clinicians must navigate limited services, telehealth and referral options into larger centres.

#### 3.1.3 Not strengthening care pathways carries significant risks and missed opportunities.

Stakeholders express strong concern that, without national-level strengthening, care pathways will not achieve their potential to improve care consistently across Australia. More than 90 per cent of respondents agree that failing to establish effective and integrated pathways poses risks, costs and missed opportunities.

Respondents describe system-level consequences, including ongoing fragmentation, avoidable inefficiency and reduced confidence in the currency of guidance. Stakeholders also highlight missed opportunities to improve equity for priority populations, including First Nations peoples and rural and remote communities, where consistent referral, escalation and care coordination processes are critical. They also note missed opportunities to improve continuity of care across hospital, primary, community and aged-care settings, particularly where transitions between sectors remain complex. Respondents emphasise the lost potential for

care pathways to support clinicians to work to their full scope of practice, reduce unnecessary variation in care and strengthen workforce sustainability.

Respondents frame these risks as foregone system value rather than shortcomings of local efforts. These concerns align with broader evidence that, without system-level mechanisms, health systems face ongoing risks of fragmented care and persistent gaps between evidence and practice.<sup>4</sup>

“  
*Without integrated pathways, those with least system literacy (including many priority populations) will continue to face the highest barriers to care.*  
”  
- Health practitioner & assistant professor, QLD

## 3.2 Current system limitations

### 3.2.1 Variation across regions and sectors limits the consistency of care pathway use and impact.

Variation in the availability, scope and maturity of care pathways across regions and sectors limits their ability to support consistent decision-making and coordinated care, across hospital, primary care, aged care and community settings. Survey results indicate low confidence that current arrangements support system-wide coordination, with 80 per cent of respondents disagreeing or expressing neutrality when asked whether current care pathways are effective in achieving coordination across regions and care settings.

Pathway delivery is predominantly local, which stakeholders view as a strength because it allows adaptation to service configurations and population needs. However, limited alignment across jurisdictions and sectors has resulted in parallel development of similar content and differing approaches to maintenance and use, reducing opportunities for consistency, shared learning and reuse. Respondents also highlighted duplication in pathway development across regions, noting that limited mechanisms for reuse increase workload and cost, and can reduce reliability by proliferating multiple versions of similar content.

Several submissions note that variation is reinforced when Primary Health Networks, Local Health Networks and other major providers develop and apply pathways independently, with limited shared mechanisms for cross-system alignment. This reflects broader challenges identified in national reform work on scaling coordinated service delivery across Australia.<sup>5</sup>

### 3.2.2 Governance, funding and ownership arrangements do not consistently support long-term sustainability.

Current governance, funding and ownership arrangements constrain the sustainability and effectiveness of care pathways. More than 70 per cent of respondents disagree that existing models support sustainable implementation.

Stakeholders report uncertainty about responsibility for pathway ownership, maintenance and assurance. In the absence of clear stewardship, pathways rely on short-term funding, discretionary effort or individual champions. This leads to variable review cycles, inconsistent updating and reduced confidence that content remains current and locally relevant. Respondents also describe a gap between the clinical effort invested in pathway development and the durability of the resulting products, particularly where there is insufficient resourcing for ongoing governance, quality assurance and lifecycle management.

Respondents view national safety and quality expectations, including NSQHS Standard 1.27, as signalling the importance of access to evidence-based pathways. However, they note that these expectations do not consistently establish the governance, funding and stewardship mechanisms required to sustain pathways

<sup>4</sup> Braithwaite, J., Glasziou, P. and Westbrook, J. (2020). The three numbers you need to know about healthcare: the 60–30–10 Challenge. BMC Medicine, 18, 102. <https://doi.org/10.1186/s12916-020-01563-4>

<sup>5</sup> Productivity Commission. (2025). Delivering quality care more efficiently: Inquiry report. Canberra: Australian Government Productivity Commission. Available at: <https://www.pc.gov.au/inquiries-and-research/quality-care/>

over time – such as clear accountabilities for ownership and maintenance, consistent expectations for currency and usability, and routine monitoring of uptake and impact. In hospital settings, respondents

“

*Current funding and governance models are short-term and piecemeal, region-specific, [and] insufficiently staffed.*

”

- Health practitioner & clinical educator, QLD

observe that considerable clinical governance effort is directed to meeting accreditation requirements, yet pathway uptake and updating remain uneven. This suggests that accreditation signals alone are insufficient to ensure sustained pathway use or effective lifecycle management.

Stakeholders describe funding as fragmented and episodic, particularly where pathways operate across public and private sectors or between primary and secondary care. This reinforces a short-term focus and limits the ability of pathways to function as enduring system assets.

### 3.2.3 Uneven digital and workflow integration limits the influence of care pathways on everyday clinical practice.

Stakeholders report that pathways are not consistently integrated into everyday clinical workflows. Over half of respondents disagree, and around a quarter are neutral on whether current pathway programs achieve effective coordination across regions and settings. This occurs despite strong agreement – more than 90 per cent – that digital integration at the point of care is essential for safe and effective use.

Stakeholders emphasise that integration is primarily about workflow, not technology. Pathways must be usable at the point where decisions are made about assessment, escalation, referral and discharge. When pathways sit outside workflows, their influence is limited, functioning more as reference material than decision support. Intermittent use does not reduce cognitive load or support consistent decisions.

Integration challenges are most pronounced at transitions between hospital and community care, where weaknesses limit the support pathways provide for discharge, shared care and referral back into primary and community services. Variation in digital maturity adds further complexity, with many services not operating fully integrated electronic medical records. Stakeholders caution against equating integration with a single platform and emphasise the need for pathways to work across heterogeneous systems.

## 3.3 System enablers to strengthen care pathways nationally

### 3.3.1 A shared national framework is needed to support consistency while enabling local adaptation.

Stakeholders strongly support establishing a shared national framework for care pathways. More than 90 per cent of respondents rate defining and endorsing a national framework as essential or important. They view the absence of common expectations as limiting the impact of pathways at scale.

Respondents describe the framework as a mechanism to clarify what care pathways must achieve across the system, not as a tool to standardise local content. They point to the need for common definitions, agreed principles, and minimum expectations for quality, governance, clinical and consumer co-design, and use. This clarity is necessary for pathways to function as decision-support tools that shape care delivery, rather than optional reference material.

Stakeholders also emphasise that national framing should support, not replace, local delivery. They view a framework as a way to create coherence across jurisdictions while enabling local adaptation to service configurations, referral options and population needs. Stakeholders caution that without this balance, national efforts could entrench fragmentation or undermine meaningful clinical and consumer engagement in pathway development, particularly when engagement is perceived as consultation-only rather than genuine co-design.

### 3.3.2 Sustainable governance, funding and stewardship are identified as critical enablers of ongoing pathway effectiveness.

Stakeholders consistently identify sustainable governance, funding and stewardship as essential to care pathways delivering lasting system impact. More than 95 per cent of respondents rate establishing joint governance arrangements and securing sustainable funding and evaluation mechanisms as essential or important to achieving long-term pathway effectiveness. Stakeholders emphasise that without durable governance and resourcing, the system improvement opportunities associated with care pathways are unlikely to be realised at scale, reinforcing the risks and missed opportunities identified across the consultation.

Responses highlight the importance of clear accountability for pathway ownership, maintenance and assurance. Stakeholders link sustainable stewardship directly to clinician confidence and use, noting that pathways are more likely to be trusted and applied when there is confidence that they are current, governed and supported over time. Clear stewardship arrangements are also seen as enabling more consistent updating, coordinated development and sustained relevance across jurisdictions and sectors.

“

*[We need] a federated three-tiered governance model (national stewardship, state coordination, local editorial authority).*

”

- Research fellow, NSW

Several submissions emphasise the importance of dedicated or quarantined funding streams to support system-level evaluation and learning, ensuring pathway impacts can be assessed and continuously improved. Sustained investment in governance, stewardship and evaluation capability is viewed as central to enabling care pathways to function as enduring system infrastructure rather than time-limited initiatives.

### 3.3.3 Clear success measures are important for demonstrating value and supporting system learning.

Stakeholders express strong consensus on the importance of consistent success measures for care pathways. Ninety-five per cent of respondents agree or strongly agree that success measures should be aligned across local, state and national levels.

Respondents emphasise that success measures should prioritise impact, supported by relevant usage indicators, rather than focusing on pathway existence, development activity or pathway counts. Measures of quality, equity, experience and system efficiency are viewed as more meaningful indicators of value, while usage indicators remain important for understanding adoption, particularly where outcome data are not yet available. Several submissions note that current national safety and quality requirements, including NSQHS expectations, assess whether pathways exist rather than how usable they are in practice or how often they inform clinical decision-making, limiting the system's ability to understand real-world influence.

Stakeholders frame measurement as a tool for learning and improvement rather than performance management and caution against “tick-box” approaches that add burden without informing decisions. Success measures are considered most useful when proportionate and decision-relevant, focusing on whether pathways change practice, reduce duplication and improve consistency. Respondents acknowledge the complexity of assessing system-level impact in a large health system and note that existing research and evaluation capability has not been consistently mobilised, reinforcing the need for pragmatic approaches to benefits realisation.

### 3.3.4 Emerging digital tools, including AI, are viewed as a potential enabler of pathway integration if supported by strong foundations

Respondents frequently reference emerging digital tools, including artificial intelligence, as potential enablers of pathway usability and influence. AI is not viewed as a substitute for care pathways, but as a mechanism that could amplify their impact by surfacing trusted, locally agreed guidance at the point of decision-making and reducing cognitive load.

Stakeholders emphasise that AI-enabled support requires high-quality, current and well-governed pathway content, as well as safeguards for transparency, clinical oversight and appropriate use.

“

*A future national model should deliver... a foundation that can safely incorporate AI-enabled decision support inside regulated workflows.*

”

- Health practitioner & clinical AI specialist, WA

## 4 Recommendations and future considerations

### 4.1 Recommendations

The review identified seven recommendations to strengthen the role and impact of care pathways across the Australian health system. The following recommendations set out system-level positions to strengthen the role, impact and sustainability of care pathways across the Australian health system. They are intended to support clinicians to deliver consistent, safe and equitable care.

#### National direction and local delivery

1

**Adopt a shared national position on what care pathways are, what they are intended to influence, and the system functions they are expected to support.**

##### Recommended action:

Establish a nationally agreed statement defining what care pathways are, the system functions they are intended to support, and their role in clinical decision-making, care coordination and continuity of care.

##### Why this matters:

A shared national position would reduce variation in interpretation and application, provide a consistent reference point for policy and funding decisions, and support more reliable use of care pathways at the point of care.

##### How this could be progressed:

This could be progressed through endorsement by national health system leadership bodies and incorporation into national policy, safety and quality frameworks and guidance.

2

**Clarify national, jurisdictional and local roles in setting direction for, contextualising and using care pathways.**

##### Recommended action:

Define clear responsibilities across national, state and local levels for setting principles and expectations, contextualising pathways to local service environments, and applying pathways in practice.

##### Why this matters:

Clear role delineation would reduce duplication, strengthen alignment between national intent and local delivery, and support more coordinated pathway development and maintenance across jurisdictions and sectors.

##### How this could be progressed:

This could include formal role statements embedded within governance frameworks and intergovernmental agreements supporting coordinated pathway stewardship.

## Stewardship, governance and funding

3

**Establish clear stewardship arrangements to support the ongoing ownership, maintenance and assurance of care pathways.**

### Recommended action:

Create formal stewardship arrangements that assign accountability for pathway ownership, content accuracy, review cycles, quality assurance and evaluation over time.

### Why this matters:

Consistent stewardship would improve clinician confidence that pathways are current and reliable, support sustained relevance across sectors, and reduce reliance on discretionary effort or individual champions.

### How this could be progressed:

Implementation could involve establishing designated stewardship bodies or federated stewardship models with clearly defined editorial, governance and assurance responsibilities.

4

**Treat care pathways as shared system infrastructure and fund them accordingly.**

### Recommended action:

Recognise care pathways as shared health system infrastructure and align funding and resourcing arrangements to support their development, governance, maintenance and evaluation over time.

### Why this matters:

Sustained, system-level investment would support pathway durability, enable coordinated development across sectors, and ensure the system captures the full value generated through improved coordination, quality, equity and efficiency.

### How this could be progressed:

Funding models could incorporate blended or pooled arrangements across jurisdictions and sectors to support ongoing stewardship, governance and evaluation capability.

## Integration into practice

5

**Position care pathways as decision-support guidance that is expected to inform real-time clinical decisions at the point of care and across transitions between care settings.**

### Recommended action:

Establish a system expectation that care pathways guide decisions relating to assessment, escalation, referral and discharge when those decisions are made, while preserving clinician judgement.

### Why this matters:

Embedding pathways within routine clinical workflows would strengthen consistency of care, reduce cognitive load for clinicians, improve navigation of services and support safer care transitions across hospital, community and aged care settings.

### How this could be progressed:

This expectation could be reinforced through national policy, standards, accreditation expectations and clinical governance frameworks that support pathway usability and workflow integration.

6

### Establish a system-level design expectation that care pathways must be usable across heterogeneous digital environments and care settings.

#### Recommended action:

Ensure pathway design and implementation approaches support use across different digital platforms, levels of digital maturity and care environments, including primary care, hospitals, community services and aged care.

#### Why this matters:

Supporting cross-platform usability would strengthen continuity of care, reduce fragmentation at service transitions and ensure pathways remain accessible regardless of local digital infrastructure.

#### How this could be progressed:

Implementation could include national guidance on pathway formats, interoperability expectations and integration approaches that do not rely on single-platform solutions.

## Outcomes and learning

7

### Define success for care pathways in terms of realised system impact and support coordinated national evaluation and learning.

#### Recommended action:

Agree that pathway success should be assessed primarily through outcomes such as care quality, equity, experience, system efficiency and care coordination, supported by coordinated national evaluation.

#### Why this matters:

Outcome-focused measurement would strengthen the evidence base for pathway investment, support shared learning across jurisdictions and enable a coherent national narrative on value and system improvement.

#### How this could be progressed:

This could include agreeing a small national core set of outcome-aligned indicators, supporting coordinated evaluation and research capability, and embedding evaluation funding within pathway governance and stewardship arrangements.

## 4.2 Suggestions for consideration

The following suggestions are not formal recommendations. They reflect themes raised by stakeholders that extend beyond the scope of this review, but may inform future policy development, sector discussion and consultation on care pathways.

1

### Explore the potential role of emerging digital tools, including artificial intelligence, in supporting pathway use at the point of care.

Future work could explore whether emerging digital tools, including AI, have a role in supporting how care pathways are accessed and used during clinical decision-making. Such tools could potentially assist by surfacing trusted, locally agreed guidance at the point of care and reducing cognitive load in complex clinical environments.

The use of AI for content generation, clinical decision support and knowledge transfer is growing rapidly in clinical practice. Recent survey data indicate that around 66 per cent of U.S. physicians report using AI tools in

their clinical work<sup>6</sup>. Within this broader trend, OpenEvidence is now used by around 40 per cent of U.S. physicians<sup>7</sup>. This growth may challenge the utility of non-AI-based resources like care pathways.

Any exploration of AI-enabled pathway support would need to be carefully scoped and contingent on strong underlying foundations, including high-quality and well-governed pathway content, clear clinical oversight, and appropriate safeguards for transparency, safety and trust. Longer-term considerations around sustainability, governance and funding may also warrant testing with senior system advisers before any policy direction is pursued.

## 2

### **Consider how clinician capability, time and change support could be strengthened to enable meaningful pathway use and support workforce sustainability.**

Future work could explore how clinician capability, time and change support shape the effective use of care pathways in practice. Pathways may be available, but their impact depends on broader factors such as competing clinical priorities, workload pressures and clinicians' familiarity with pathway use, particularly in cross-sector and shared-care contexts. When implemented well, care pathways can also support the workforce by reducing uncertainty in clinical decision-making, simplifying service navigation and minimising duplication of effort across providers.

Options for consideration include how education, implementation support and protected time can better enable clinicians to use pathways as intended, especially where pathways are expected to support coordination across hospital, community and aged care settings rather than isolated clinical decisions. Strengthening these enabling conditions can improve pathway effectiveness and contribute to broader workforce wellbeing over time.

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<sup>6</sup> American Medical Association. (2024). Physician enthusiasm grows for health care AI. American Medical Association. <https://www.ama-assn.org/press-center/ama-press-releases/ama-physician-enthusiasm-grows-health-care-ai>

<sup>7</sup> OpenEvidence. (2025). OpenEvidence, the fastest-growing application for physicians in history, announces \$210 million round at \$3.5 billion valuation. OpenEvidence. <https://www.openevidence.com/announcements/openevidence-the-fastest-growing-application-for-physicians-in-history-announces-dollar210-million-round-at-dollar35-billion-valuation>

## 5 Appendices

### Appendix A: Survey questions

| Question                                                                                                                                       | Question type           | Response options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name                                                                                                                                        | Free text               | Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2. Role                                                                                                                                        | Free text               | Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. At what email address would you like to be contacted?                                                                                       | Free text               | Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4. State or Territory                                                                                                                          | Single select           | ACT; New South Wales; Northern Territory; Queensland; South Australia; Tasmania; Victoria; Western Australia                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. Stakeholder Group – please indicate the stakeholder group/s you represent. (Select all that apply)                                          | Multiple select         | Department of Health, Disability and Ageing; State / Territory Health Departments; Local Health Districts / Hospital and Health Services; Primary Health Networks; Clinical college (e.g. ACCRM, RACGP); National Peak Body; Education Institution; Registered Health Practitioner; Researcher; Research Institution; Australian Commission on Safety and Quality in Health Care (ACSQHC); Health consumer organisation; Special-interest / lived-experience group; Patient, carer, and family; Other (please specify) |
| 6. Care pathways should play a core role in the future of the Australian healthcare system.                                                    | Likert scale            | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <i>How does this differ from the current role of care pathways? What local and system-level outcomes should care pathways help to achieve?</i> | Free text               | Open-ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. Rate the importance of the five draft goals outlined in the consultation paper (see Appendix B for goals).                                  | Likert scale (per item) | Not important; Neutral; Important; Essential                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <i>Are there any important goals that are missing?</i>                                                                                         | Free text               | Open-ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8. The proposed principles provide a strong foundation for a sustainable and equitable care pathways system (see Appendix C for principles).   | Likert scale            | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <i>What refinements or additions would strengthen the principles?</i>                                                                          | Free text               | Open-ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9. Current care pathway programmes are effective in achieving coordination across regions and care settings.                                   | Likert scale            | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <i>What mechanisms or models could improve coordination and integration?</i>                                                                   | Free text               | Open-ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Question                                                                                                                                           | Question type  | Response options                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| 10. Current funding and governance models support sustainable care pathway implementation and maintenance.                                         | Likert scale   | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree |
| <i>What funding and governance structures would you recommend to ensure sustainability, accountability, and shared ownership of care pathways?</i> | Free text      | Open-ended                                                  |
| 11. NSQHS Standard 1.27 is effective in supporting care pathway quality and implementation.                                                        | Likert scale   | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree |
| <i>What improvements or clarifications would enhance its impact?</i>                                                                               | Free text      | Open-ended                                                  |
| 12. There are significant risks, costs, and missed opportunities if Australia does not have effective and integrated care pathways.                | Likert scale   | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree |
| <i>What are the most pressing risks or missed opportunities?</i>                                                                                   | Free text      | Open-ended                                                  |
| 13. It is important to have consistent success measures at local, state, and national levels.                                                      | Likert scale   | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree |
| <i>What indicators or outcomes should be used to measure success?</i>                                                                              | Free text      | Open-ended                                                  |
| 14. The healthcare system in Australia is well-positioned to successfully improve patient outcomes using effective and integrated care pathways.   | Likert scale   | Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree |
| <i>What are the key enablers or risks to successful delivery and outcomes?</i>                                                                     | Free text      | Open-ended                                                  |
| 15. Is there any additional insight or feedback you'd like to share to inform the future direction of care pathways in Australia?                  | Free text      | Open-ended                                                  |
| 16. Would you be open to follow-up contact regarding your feedback?                                                                                | Limited choice | Yes; No                                                     |
| 17. Would you like to receive updates on the outcomes of this consultation and future developments?                                                | Limited choice | Yes; No                                                     |

## Appendix B: Draft national goals<sup>8</sup>

### Draft goals

1. Define and endorse a national pathways framework that sets out purpose, scope, accountabilities, and expected outcomes, co-created with funders, clinicians, consumers, and policymakers.
2. Establish a joint governance model that aligns Commonwealth, state and territory priorities while empowering local services to tailor pathways to community needs.
3. Secure sustainable funding and evaluation mechanisms that track clinical effectiveness, consumer experience, equity, and value across the whole system.
4. Embed interoperable digital infrastructure and data standards so pathways are accessible at the point of care and generate real-time insights for continuous improvement.
5. Foster a culture of co-design and shared learning where clinicians, consumers, researchers and technical experts regularly refine pathways based on evidence and feedback.

## Appendix C: Draft principles<sup>8</sup>

| Principle                                           | What it means in practice                                                                                                                                                                                                                                                                                                               | Why it matters                                                                          |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Person-centred and equitable</b>                 | Pathways are designed around the needs, preferences, and lived experience of patients, families, and communities. They are inclusive, culturally safe, and address barriers to access, experience, and outcomes – including for rural, Aboriginal and Torres Strait Islander peoples, CALD communities, and other priority populations. | Keeps care focused on what matters to people, strengthens trust, and improves outcomes. |
| <b>Clinician-led and locally tailored</b>           | Multi-disciplinary clinical teams co-design and maintain pathways that reflect real-world practice and regional service models. Local editorial groups retain authority, with national coordination providing standards, tools, and shared infrastructure.                                                                              | Ensures content is credible, current, and used at the point of care.                    |
| <b>Evidence-informed and continuously improving</b> | Pathways are based on best available evidence and routinely updated through a learning cycle that links research, analytics, and feedback from users. Transparent impact data supports evaluation and innovation.                                                                                                                       | Drives continuous improvement and rapid translation of new knowledge into practice.     |
| <b>Digitally integrated and interoperable</b>       | Open standards, secure APIs, and digital integration ensure pathways are embedded into clinical workflows and systems, reducing duplication and enabling real-time data capture and decision support.                                                                                                                                   | Minimises double handling, streamlines workflows, and supports data capture.            |
| <b>Jointly governed and sustainably funded</b>      | Governance reflects the shared responsibilities of Commonwealth, state, and local partners, with inclusive decision-making and clear roles. Multi-year, blended funding enables strategic planning, platform development, and evaluation.                                                                                               | Provides the stability required to plan, innovate, and demonstrate ROI.                 |

<sup>8</sup> Streamliners, Care Pathways Australia 2026 – 2030: A national plan for healthcare integration (consultation paper, version 4, 15 October 2025)

## Appendix D: Stakeholder list

| ID | State or Territory | Stakeholder group(s)                                                                          |
|----|--------------------|-----------------------------------------------------------------------------------------------|
| 1  | Queensland         | Primary Health Networks                                                                       |
| 2  | New South Wales    | Local Health Districts / Hospital and Health Services                                         |
| 3  | New South Wales    | Local Health Districts / Hospital and Health Services                                         |
| 4  | South Australia    | Registered Health Practitioner                                                                |
| 5  | New South Wales    | National Peak Body                                                                            |
| 6  | Queensland         | Education Institution, Consultant                                                             |
| 7  | Queensland         | Local Health Districts / Hospital and Health Services, Primary Health Networks                |
| 8  | Western Australia  | Registered Health Practitioner, Research Institution                                          |
| 9  | New South Wales    | Education Institution, Registered Health Practitioner, Researcher, also member of RACGP       |
| 10 | Queensland         | Researcher                                                                                    |
| 11 | New South Wales    | Primary Health Networks                                                                       |
| 12 | Queensland         | Special-interest / Lived-experience group, Nurse-led mobile healthcare services               |
| 13 | New South Wales    | Primary Health Networks                                                                       |
| 14 | New South Wales    | Primary Health Networks                                                                       |
| 15 | Victoria           | Registered Health Practitioner, National home health and care provider                        |
| 16 | ACT                | Health consumer organisation                                                                  |
| 17 | ACT                | Primary Health Networks                                                                       |
| 18 | Queensland         | Registered Health Practitioner                                                                |
| 19 | New South Wales    | Primary Health Networks                                                                       |
| 20 | Queensland         | Education Institution, Registered Health Practitioner, Researcher, Patient, carer, and family |
| 21 | Queensland         | Special-interest / Lived-experience group, Practice Manager                                   |
| 22 | New South Wales    | Primary Health Networks, Patient, carer, and family                                           |
| 23 | Victoria           | Registered Health Practitioner                                                                |
| 24 | New South Wales    | Registered Health Practitioner, Health platform provider                                      |
| 25 | Queensland         | Primary Health Networks                                                                       |
| 26 | New South Wales    | Local Health Districts / Hospital and Health Services, HP program team                        |

| ID | State or Territory | Stakeholder group(s)                                                                                                                                                                                                     |
|----|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27 | Queensland         | State / Territory Health Departments, Local Health Districts / Hospital and Health Services, Clinical college e.g. ACCRM, RACGP, National Peak Body, Education Institution, Registered Health Practitioner, Researcher   |
| 28 | Victoria           | Primary Health Networks                                                                                                                                                                                                  |
| 29 | New South Wales    | Researcher, Research Institution                                                                                                                                                                                         |
| 30 | Queensland         | Clinical college e.g. ACCRM, RACGP, Researcher, Educator (personal views not cleared with RACGP)                                                                                                                         |
| 31 | Victoria           | Researcher, Research Institution                                                                                                                                                                                         |
| 32 | New South Wales    | Registered Health Practitioner, Researcher, Research Institution, Health consumer organisation                                                                                                                           |
| 33 | Tasmania           | State / Territory Health Departments, Local Health Districts / Hospital and Health Services, Clinical college e.g. ACCRM, RACGP, Education Institution, Registered Health Practitioner, Researcher, Research Institution |
| 34 | Victoria           | Primary Health Networks, Education Institution, Registered Health Practitioner, Patient, carer, and family                                                                                                               |
| 35 | ACT                | Registered Health Practitioner                                                                                                                                                                                           |
| 36 | New South Wales    | Registered Health Practitioner                                                                                                                                                                                           |
| 37 | New South Wales    | Primary Health Networks, Registered Health Practitioner, Researcher                                                                                                                                                      |
| 38 | New South Wales    | Primary Health Networks                                                                                                                                                                                                  |
| 39 | Queensland         | Primary Health Networks, Clinical college e.g. ACCRM, RACGP, Education Institution, Registered Health Practitioner, Patient, carer, and family                                                                           |
| 40 | Tasmania           | Primary Health Networks                                                                                                                                                                                                  |
| 41 | New South Wales    | Primary Health Networks, Registered Health Practitioner                                                                                                                                                                  |
| 42 | Not specified      | Specialist medical college                                                                                                                                                                                               |



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