

# **The (proposed) Murray Model: A Transformational Health™ model**

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

## **APPENDICES**

- 1. The Diagnostic Trajectory Scoring Tool (DTS)**
- 2. The Diagnostic Spiral - Graphic**
- 3. The Thrive Arc - Graphic**
- 4. The DS/TA Intervention - Graphic**
- 5. Transformational Health Model - Clinical Pathway Flowchart**
- 6. Transformation Health Model - Proposed Clinical Pathway**

# The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

## The Diagnostic Trajectory Scoring Tool (DTS)

CRITERIA	SCORE		
	0	1	2
<b>PRESENTATION NUMBER</b>	FIRST	SECOND	THREE OR MORE
<b>DIAGNOSIS</b>	CONFIRMED	SUSPECTED	UNKNOWN
<b>CLINICAL PROGRESS (PATIENT SUBJECTIVE)</b>	FIRST PRESENTATION	UNCHANGED	WORSE
<b>CLINICAL PROGRESS (CLINICIAN OBJECTIVE)</b>	FIRST PRESENTATION	UNCHANGED	WORSE
<b>MOOD IMPACT</b>	NO	MINOR	MODERATE +
<b>EMPLOYMENT ABSENCE</b>	0-2 DAYS	3-7 DAYS	1 WEEK OR MORE
<b>QOL IMPACT</b>	NOT AFFECTED OR MINIMAL	MODERATELY AFFECTED	SIGNIFICANTLY IMPACTED
<b>RELATIONSHIP IMPACT</b>	NO/NA	MILDLY IMPACTED	IMPACTED

*\*Any patient first presenting with new symptoms will start with a DTS score of 2 before even being assessed by a clinician.*

### SCORE <6

Not on the diagnosis spiral.

**LOW RISK**

### SCORE 7-10

Patient on the diagnosis spiral and decline has begun.

**MODERATE RISK**

### SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

**MAJOR RISK**

# The (proposed) Murray Model: A Transformational Health model

## Introducing the Diagnosis Spiral and Thrive Arc Framework

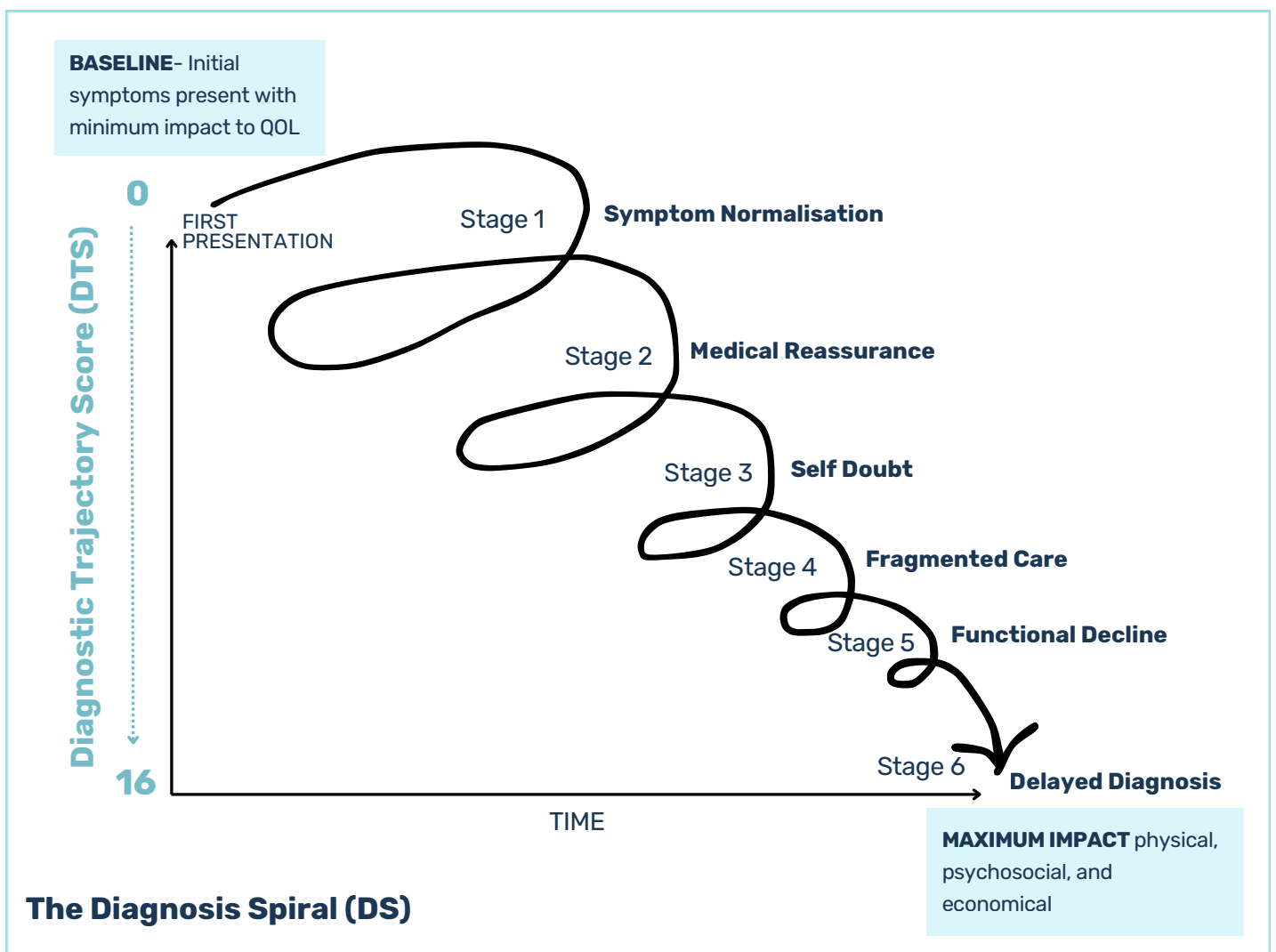
### The Diagnosis Spiral (DS)

The Diagnosis Spiral describes the **progressive decline experienced by patients** when symptoms are not adequately **investigated, validated, or supported within healthcare systems**.

Rather than representing disease progression, the **spiral reflects systemic and psychological deterioration caused by diagnostic uncertainty**, fragmented care, and repeated invalidation.

When women are dismissed in healthcare they often enter the Diagnosis Spiral - a cycle of normalisation, self-doubt and fragmented care that can delay diagnosis for years.

Six stages of the spiral have been identified.



# The (proposed) Murray Model: A Transformational Health model

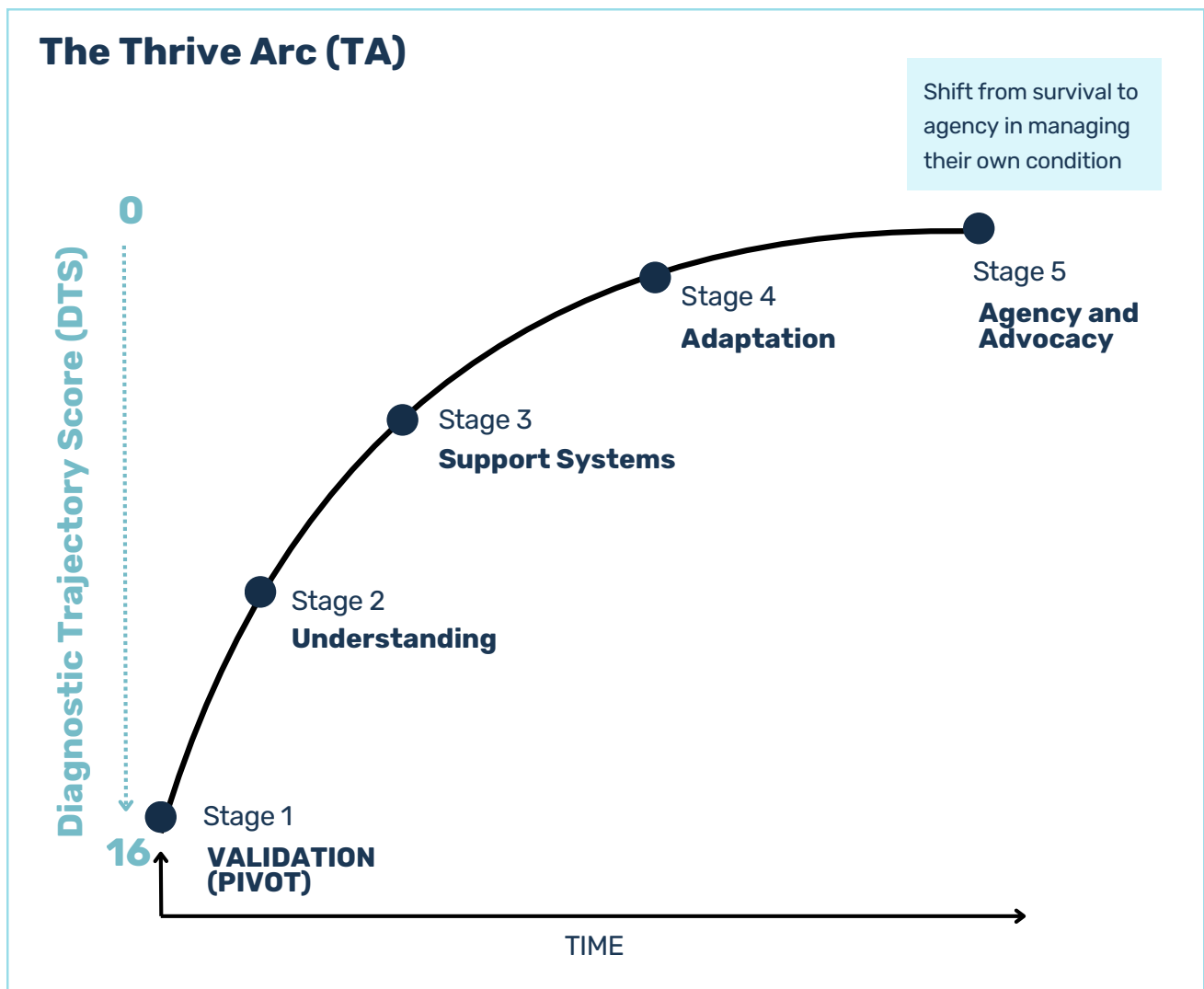
## Introducing the Diagnosis Spiral and Thrive Arc Framework

### The Thrive Arc (TA)

The **Thrive Arc** represents the **recovery trajectory** that can occur when **patients receive appropriate validation, explanation, and structured support**.

The arc is not dependent solely on disease cure. Instead it **reflects improvements in stability, autonomy, and wellbeing** once patients are supported effectively.

**Five stages** of the arc have been identified.



# The (proposed) Murray Model: A Transformational Health model

## Introducing the Diagnosis Spiral and Thrive Arc Framework

### The Pivot: Transition from Spiral to Arc

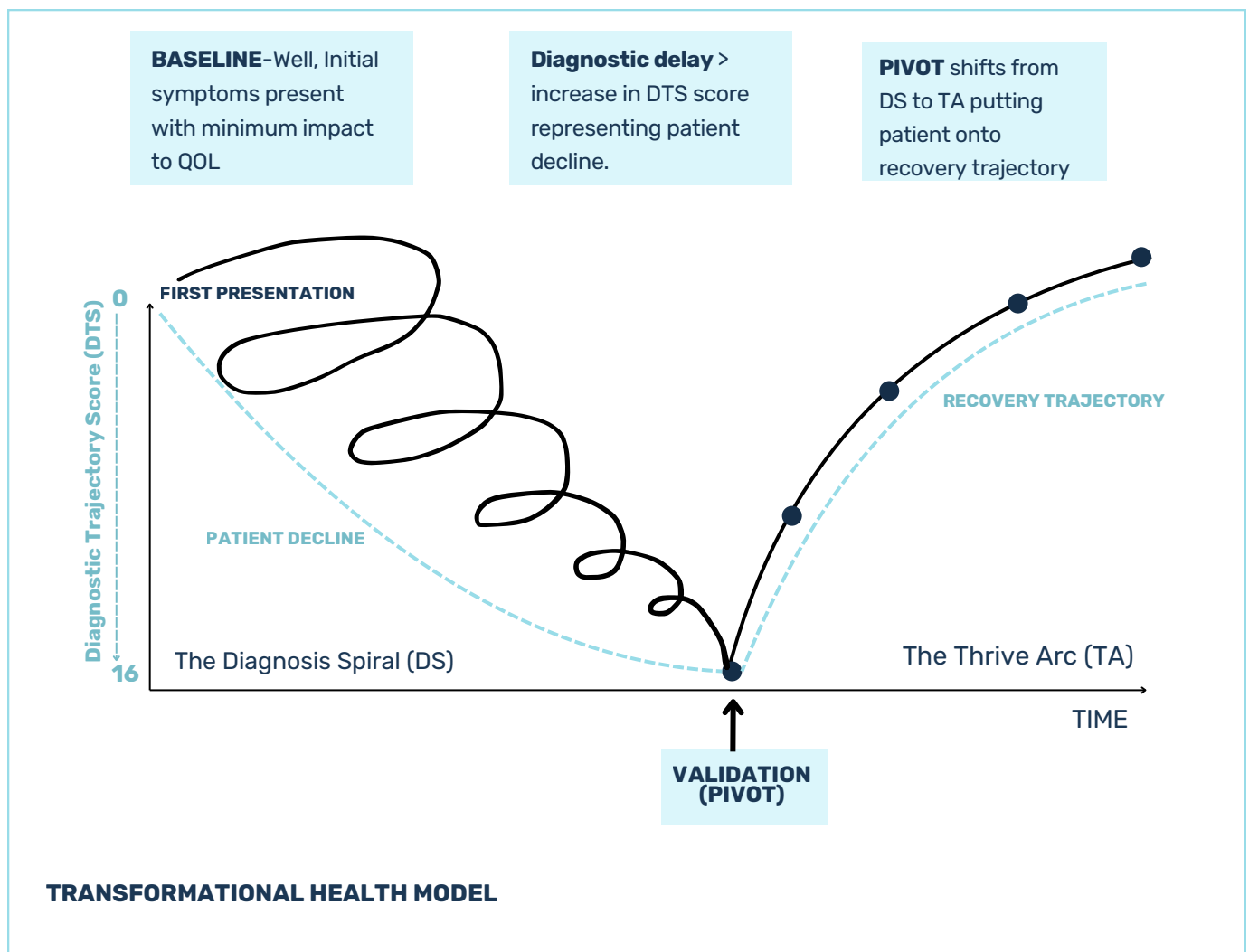
A **critical feature** of the model is the **pivot point** between the Diagnosis Spiral and Thrive Arc.

This pivot often occurs when one of the following happens:

- a clinician recognises and validates the patient's experience
- a diagnosis is established
- a multidisciplinary support system is activated.

The moment of validation either through discussion of suspected diagnosis, confirmed diagnosis, validation of symptoms changes the trajectory direction. Once validation occurs, recovery becomes possible.

**A confirmed diagnosis is not needed** to pivot a patient from DS to TA. Clear communication sharing the suspected diagnosis (whilst investigations continue, trial treatments commence) with clear safety netting and reinforced validation can have a profound influence on the patient's trajectory.

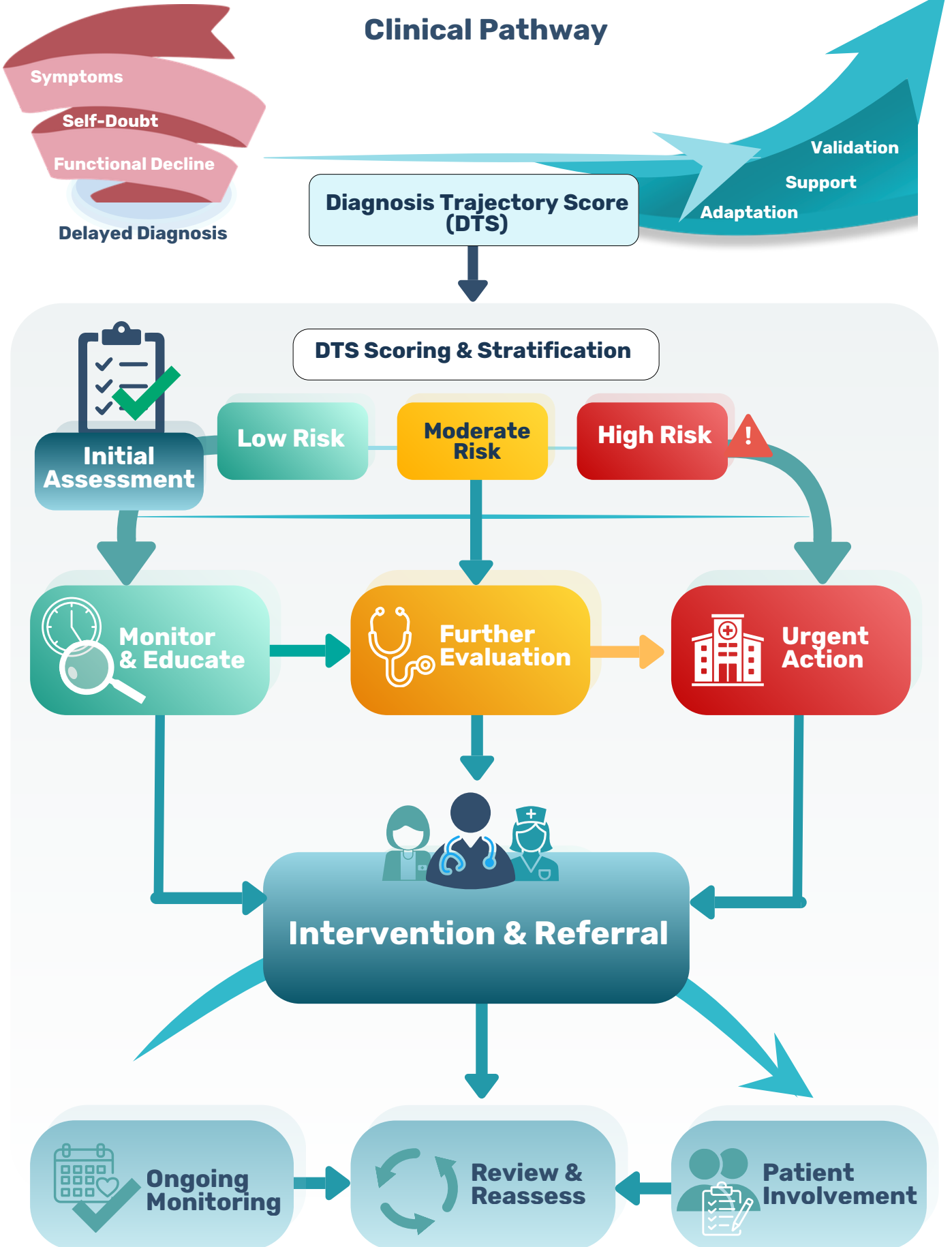


# Diagnosis Spiral & Thrive Arc

DIAGNOSIS SPIRAL

THRIVE ARC

Clinical Pathway



# The (proposed) Murray Model: A Transformational Health™ model

Introducing the Diagnosis Spiral™ and Thrive Arc™ Framework

## Proposed Clinical Pathway

### Integration of the Diagnosis Spiral (DS) and Thrive Arc (TA) Using the Diagnostic Trajectory Score (DTS)

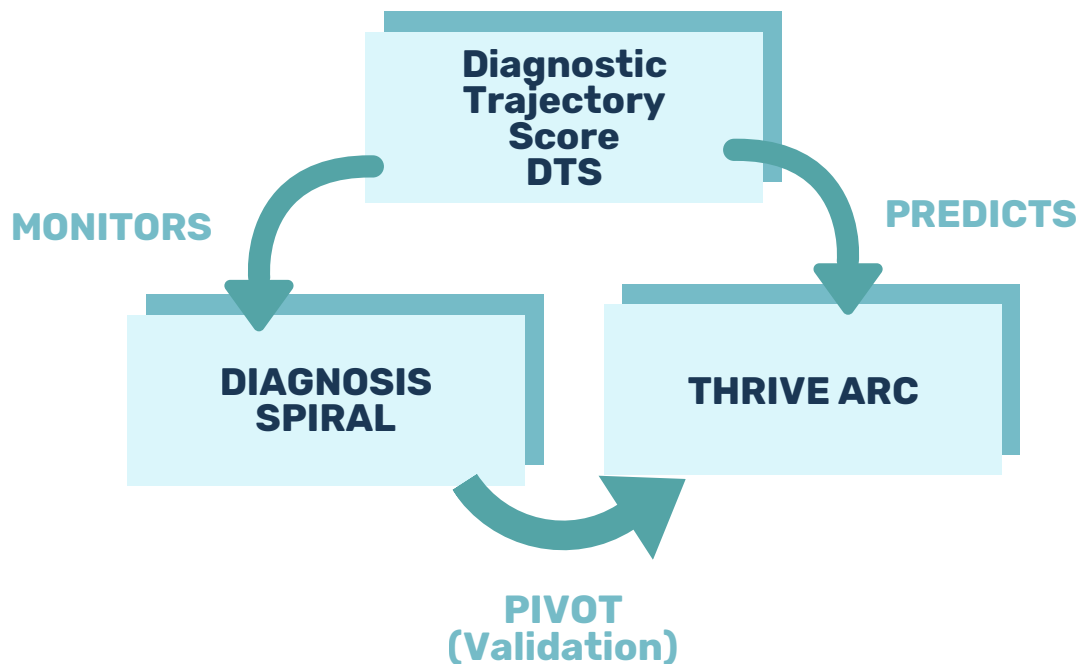
#### OVERVIEW

The proposed clinical pathway **operationalises the Diagnosis Spiral (DS) and Thrive Arc (TA) framework through the application of the Diagnostic Trajectory Score (DTS)**, enabling structured assessment, stratification, and intervention based on patient trajectory.

#### The pathway is designed to support:

- Early identification of patients at risk of deterioration
- Standardised assessment of trajectory over time
- Clear thresholds for escalation, investigation, and referral
- Integration of patient-reported experience into clinical decision-making

The DTS functions as a longitudinal tool, allowing both clinicians and patients to track movement along the Diagnosis Spiral and into the Thrive Arc, supporting dynamic and responsive care.



# The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

## Proposed Clinical Pathway

### STEP 1

#### Initial Presentation and Baseline DTS Assessment

At first presentation (or first use of the model), the patient undergoes a baseline DTS assessment. This establishes a baseline DTS score at the first presentation of new symptoms.

This may be completed:

- Clinician-led
- Patient-completed prior to consultation
- Jointly during consultation

#### Clinical Output:

- Assignment of a DTS score and corresponding stage within the Diagnosis Spiral or Thrive Arc
- Establishment of a baseline trajectory position
- Documented in patient notes for future reference

#### The DTS captures:

- Symptom persistence and progression
- Functional impact
- Prior healthcare interactions
- Evidence of fragmentation or delay

#### Clinical Consideration:

Even at early stages, repeated presentations or emerging functional impact should prompt increased clinical attention.

Even if initial presentation appears to have a clear diagnosis, or acute isolated clinical episode, this should be documented. If the patient does not respond to expected treatment, the DTS will form part of the process.

**The minimum DTS score a patient may have on first presentation is 2**

# The (proposed) Murray Model: A Transformational Health model

## Introducing the Diagnosis Spiral and Thrive Arc Framework

### Proposed Clinical Pathway

#### STEP 2

#### Risk Stratification and Stage Identification

Based on the DTS, patients are stratified into trajectory bands.

##### SCORE <6

Not on the diagnosis spiral.

##### LOW RISK

##### LOW RISK DTS <6 (Early Stage / Symptom Normalisation or Medical Reassurance)

- Symptoms present but limited functional impact
- Minimal prior healthcare interaction

##### Recommended Approach:

- Safety-netting with clear review timeframe
- Early follow-up if symptoms persist or evolve
- Patient education on when to re-present

##### SCORE 7-10

Patient on the diagnosis spiral and decline has begun.

##### MODERATE RISK

##### Moderate DTS 7-10 (Self-Doubt / Fragmented Care Emerging)

- Ongoing symptoms with increasing functional impact
- Multiple consultations or lack of diagnostic clarity

##### Recommended Approach:

- Structured re-assessment (avoid repetition without progression)
- Consider targeted investigation
- Review of previous consultations and findings
- Early consideration of multidisciplinary input

##### SCORE 11-16

Significant decline in psychosocial and physical wellbeing.

##### MAJOR RISK

##### High DTS 11-16 (Functional Decline / Delayed Recognition)

- Significant functional impairment
- Repeated or escalating healthcare interactions
- Evidence of diagnostic delay

##### Recommended Approach:

- Escalation of care and prioritised review
- Comprehensive assessment (biomedical + functional + psychosocial)
- Referral to appropriate specialist services
- Active care coordination

#### Thrive Arc (Post-Validation and Support Phase)

- Diagnosis established or condition recognised and validated. This could include patient being informed of the 'suspected diagnosis' whilst trial treatments/investigations commence. Safety netting, adequate counselling and information shared.
- Support systems and management strategies in place or signposted to
- Focus on symptom management and functional restoration
- Ongoing monitoring using DTS to track recovery or relapse
- Support for self-management, adaptation, and long-term care planning

# The (proposed) Murray Model: A Transformational Health model

## Introducing the Diagnosis Spiral and Thrive Arc Framework

### Proposed Clinical Pathway

#### STEP 3

#### Clinical Decision Points and Escalation Triggers

The DTS enables defined clinical trigger points for action.

These may include:

- **Increase in DTS over time**
  - Indicates progression along the Diagnosis Spiral™
  - Prompt re-evaluation and escalation
- **Crossing defined DTS thresholds**
  - Triggers investigation, referral, or multidisciplinary review
- **High DTS at initial presentation**
  - Suggests pre-existing delay
  - Requires accelerated pathway rather than standard progression
- **Stagnation despite input**
  - Indicates need for pathway reassessment or alternative approach

#### STEP 4

#### Longitudinal Monitoring and Review

The DTS is designed for repeated use over time.

**Recommended use:**

- At each significant clinical interaction
- At defined review intervals
- Following intervention or escalation

**Clinical Purpose:**

- Track movement along the Diagnosis Spiral or Thrive Arc
- Assess response to intervention
- Identify early signs of relapse or further decline

**This supports a shift from episodic care to trajectory-based care.**

*\*Patients DTS scores may fluctuate which should be reviewed the same way as an escalation of DTS score. If patients initially respond to some therapies, but later decline this should be documented and reviewed accordingly.*

# The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

## Proposed Clinical Pathway

### STEP 5

#### Patient Integration and Shared Decision-Making

**A core component of the pathway is patient involvement.**

**Patients may:**

- Complete or contribute to DTS scoring
- Track their own trajectory over time
- Present DTS data when accessing new services

**Clinical Benefit:**

- Improves continuity across fragmented systems
- Enhances shared understanding of condition progression
- Supports more balanced and informed decision-making

### STEP 6

#### Multidisciplinary and Cross-System Integration

**For patients with moderate to high DTS scores, the pathway supports coordinated care across services.**

This may include:

- Primary care
- Specialist services
- Allied health professionals
- Mental health support
- Occupational health (where relevant)

**The DTS provides a shared reference point, reducing fragmentation and duplication.**

#### SUMMARY

**The proposed clinical pathway shifts care from a reactive, episodic model to a proactive, trajectory-based approach, in which:**

- Patients are identified earlier in their decline
- Interventions are triggered by defined thresholds
- Care is adjusted dynamically over time
- Patient experience is integrated into clinical reasoning

# The (proposed) Murray Model: A Transformational Health model

Introducing the Diagnosis Spiral and Thrive Arc Framework

## Proposed Clinical Pathway

**The greater involvement across services can increase the recovery time on the TA**

**By embedding the Diagnosis Spiral and Thrive Arc within routine assessment and decision-making, the pathway aims to reduce diagnostic delay, improve patient outcomes, and support more efficient use of healthcare resources.**

### KEY POINTS

- **Validation/Pivot from DS to TA does not require a confirmed diagnosis.** Involving patients in discussions to show **validation of their symptoms**, sharing the '**suspected diagnosis**' and explaining the plan (investigations, trial of treatments) and **safety-netting**.
- **Discussion of mental health as a result of the diagnostic delay should clearly be outlined as mental health as a secondary response to the physical symptoms** and ensure the patient does not perceive this as a suggestion the mental health symptoms could be an underlying cause of the symptoms.
- **Signposting to occupational health** (and offering supported documentation), external support services (**charities**, support groups) and **online resources** further offers validation to the patient and can be done if a patient has a 'suspected diagnosis'.
- **Reiterate to patients** that offer of support for mental health, pain, fatigue and lifestyle are not to dismiss the underlying potential organic cause, but to offer a **holistic approach to their care**.

***A PATIENT FEELING VALIDATED WITH THEIR SYMPTOMS AND GIVEN INFORMATION, SUPPORT AND SIGNPOSTING CAN IMMEDIATELY SLOW THEIR DTS DECLINE (DIAGNOSIS SPIRAL TRAJECTORY).***