

Implementation of Treatment Pathways in a Large Integrated Health Care System

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Introduction

The Increasing Importance of Pathways

- ❖ Can pathways be used in a large integrated system?
- ❖ Can pathways be successfully incorporated into an EMR?
- ❖ Can pathways increase clinical trial accrual?
- ❖ Can pathways decrease treatment variability thereby increasing the value of data?
- ❖ Can pathways reduce ER utilization?
- ❖ Can pathways reduce the cost of care?

Via Oncology: Aurora Cancer Care's Pathway Choice

- ❖ Developed at UPMC
- ❖ Academic Partners: UPMC/Indiana/Dana Farber/U. of Chicago/U of Oregon
- ❖ 1000 + community and academic Oncologists
- ❖ Quarterly virtual disease specific meetings to review evidence based pathways
- ❖ Each committee has both an academic and community chair
- ❖ Pathways prioritized by efficacy, toxicity, and cost – in that order
- ❖ Pathways allow us to prioritize clinical trials as first option
- ❖ Initially used at Aurora for medical oncology. May be expanded to surgical oncology and radiation oncology

Advantages of VIA Oncology Pathways

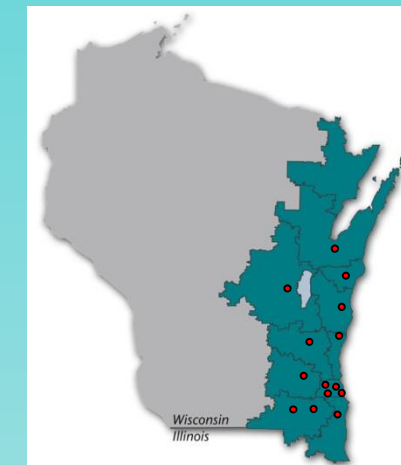
- ❖ Pathways integrate into the Epic/Beacon EMR workflows
- ❖ Pathways assist medical oncologists to provide the most up-to-date therapy in a rapidly changing field. Hyperlink to evidence-based documents
- ❖ Built-in patient education templates help unify patient education across the system
- ❖ Tools prompt the oncologist to provide the **least** toxic treatment
- ❖ Improved treatment selection reporting including benchmarks against some excellent academic medical centers

Aurora at a Glance

- ❖ Private, not-for-profit integrated provider serving over 25% of Wisconsin's cancer population
- ❖ 31 counties, 90 communities, 16 medical centers & hospitals
- ❖ 159 clinics, 80 retail pharmacies, over 30,000 caregivers, and over 1,700 employed physicians
- ❖ 92,000 inpatient discharges & 2.2 million outpatient visits

Aurora Cancer Care

- ❖ 14 Hospitals w/ ACoS CoC accredited with commendation; 11 outstanding cancer program awards
- ❖ 22* Medical oncology & 10 radiation therapy sites of service
- ❖ Basic and translational research
- ❖ Autologous stem cell transplant
- ❖ Regenerative medicine/immunotherapy
- ❖ 33 Cancer nurse navigators



Methods

Inclusion criteria: Patient Groups Selected

- ❖ Stage 2 Breast Cancer
- ❖ Stage 4 Lung Cancer

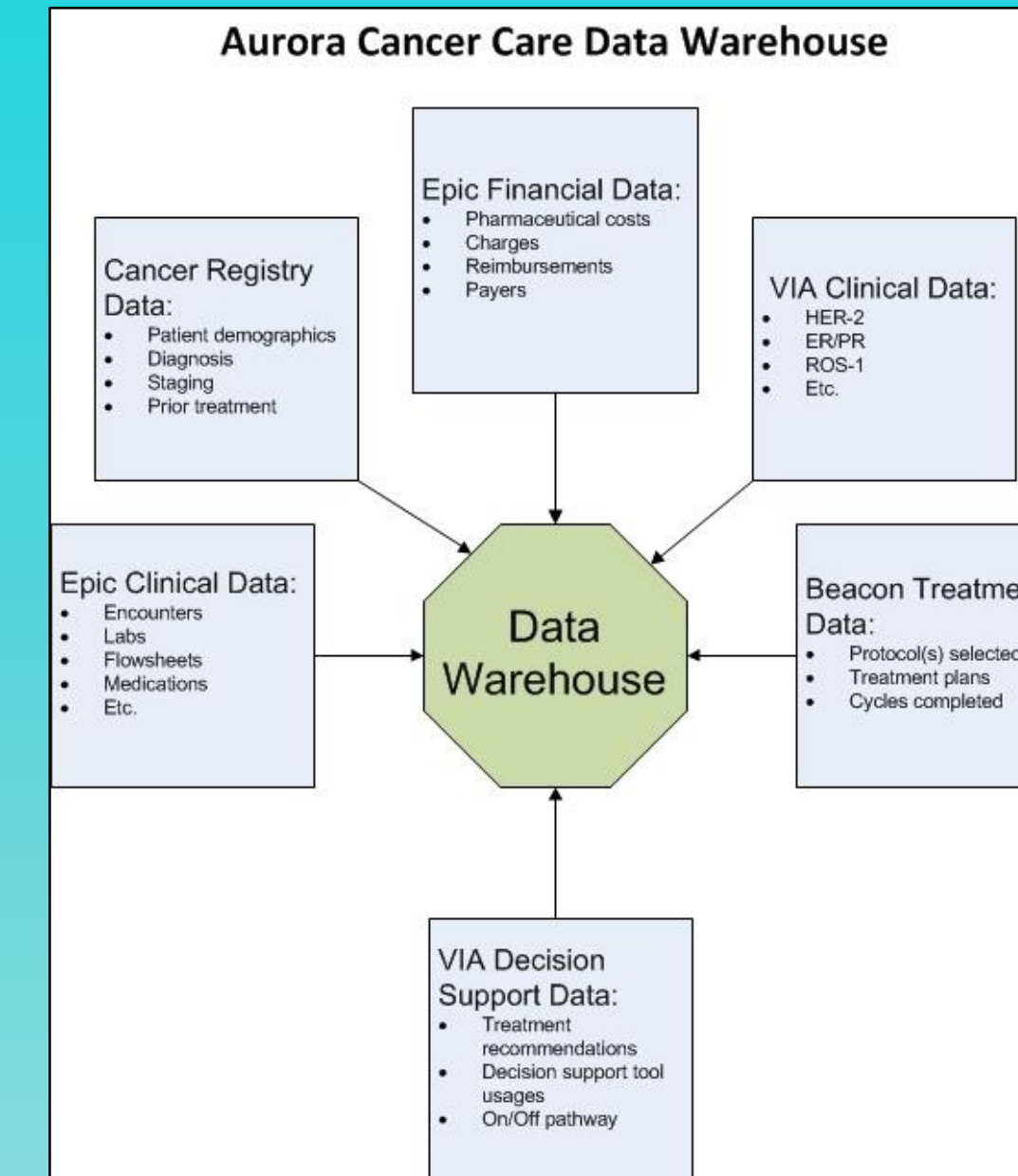
Time Periods

- ❖ 10/1/13 – 4/30/14 Pre-VIA Utilization
- ❖ 12/1/14 – 6/30/15 Post-VIA Utilization

Data Analysis

- ❖ Clinical trial utilization
- ❖ On-pathway rates
- ❖ Patients seen in ER within 7 days of Rx

*Current as of June 2016



Results

Clinical Trial Utilization

- ❖ Post VIA, clinical trial participation increased 66%

On-Pathway Rate

Overall AHC Medical Oncology Visit Capture & On-Pathway Rates						
	15-May	15-Jun	15-Jul	15-Aug	15-Sep	15-Oct
Visit Capture Rate	83.8%	85.8%	84.3%	84.3%	87.0%	85.4%
On-Pathway Rate	79.3%	81.3%	82.3%	78.4%	82.6%	83.5%
	15-Nov	15-Dec	16-Jan	16-Feb	16-Mar	16-Apr
Visit Capture Rate	82.2%	83.4%	90.7%	93.0%	92.6%	92.9%
On-Pathway Rate	82.2%	84.3%	81.1%	83.6%	82.8%	80.6%

Emergency Department Utilization

Emergency Department Utilization within 7 Days of Rx						
	Pre-VIA			Post-Via		
	Number Pts	PTs w/ED	%	Number Pts	PTs w/ED	%
Lung	72	18	25	30	7	23
Breast	76	13	17	69	6	9

Conclusions

- ❖ Can pathways be used in a large integrated system?
 ✓ **Yes**, VIA Oncology pathways have been used successfully across our 22 medical oncology sites of service
- ❖ Can pathways be successfully incorporated into an EMR?
 ✓ **Yes**, VIA pathways can be embedded into the Epic EMR and Beacon order sets
- ❖ Can pathways increase clinical trial accrual?
 ✓ **Yes**, in the first year, clinical trial accrual rose 66%
- ❖ Can pathways decrease treatment variability thereby increasing the value of data?
 ✓ It appears that they will as numbers increase
- ❖ Can pathways reduce ER utilization?
 ✓ **Yes**, in Stage 2 Breast Cancer they are approaching statistical significance
- ❖ Can pathways reduce the cost of care?
 ✓ Currently being studied