Abstract #166172
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

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

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/ ACCS 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

Results
Clinical Trial Utilization
- Post VIA, clinical trial participation increased 66%

On-Pathway Rate

Conclusion
- 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?

Emergency Department Utilization

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

Aurora Cancer Care Data Warehouse

Epic Financial Data Warehouse

VIA Clinical Data Warehouse

Decision Support Engine

Venue Analysis

On-Pathway Rate

Overall AMC Medical Oncology Visit Capture & On-Pathway Rates

<table>
<thead>
<tr>
<th>Month</th>
<th>On-Pathway Rate</th>
<th>31-Mar</th>
<th>15-Apr</th>
<th>5-May</th>
<th>15-June</th>
<th>5-July</th>
<th>15-Aug</th>
<th>5-Sept</th>
<th>15-Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-VIA</td>
<td>78.1%</td>
<td>81.8%</td>
<td>83.3%</td>
<td>82.5%</td>
<td>81.8%</td>
<td>82.5%</td>
<td>81.8%</td>
<td>82.5%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Post-VIA</td>
<td>82.7%</td>
<td>86.3%</td>
<td>81.1%</td>
<td>83.4%</td>
<td>82.6%</td>
<td>81.9%</td>
<td>83.4%</td>
<td>82.6%</td>
<td>81.9%</td>
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*Current as of June 2016