

The usefulness of clinical pathways in managing quality and cost in oncology networks

Peter G. Ellis MD*, Bert H. O'Neil MD^, Martin F. Earle MD*, Stephanie McCutcheon PharmD BCOP‡, Hans Benson‡, Melinda Krebs‡, Kathy Lokay‡

Background

UPMC CancerCenter (UPMC) and Indiana University Health (IUH) utilize Via Pathways (VP) for their clinical pathway (CP) initiative. VP are developed and maintained by disease committees that evaluate therapies on merit of efficacy, then toxicity, and finally cost (if efficacy and toxicity are comparable) to provide a recommendation for specific patient presentations.

01 Efficacy

If there is a clear choice, this is the pathway

02 Toxicity

If efficacy is comparable, choose the treatment with less toxicities to improve QOL and reduce hospitalization/ED visits

03 Cost

ONLY if efficacy and toxicities are comparable, choose the lowest cost treatment to the payer/patient

Recent review of data from key studies regarding the use of panitumumab (PAN) or cetuximab (CET) in the setting of metastatic colorectal cancer by the colorectal committee led to the determination that both treatments were equally effective with no significant difference in toxicity^{1,2}. A subsequent cost comparison utilizing CMS average sales prices demonstrated an approximate 14% monthly cost advantage for PAN.

A substitution of PAN for CET across all metastatic lines of therapy in the pathway was initiated as of August 2014. This analysis was undertaken to understand the impact of this change.

Via Pathways Disease Committees

VP disease committees are comprised of academic and community-based medical oncologists in the Via Network of customers. Meetings are held by webinar and teleconference on a quarterly basis for each disease. In addition to evaluating therapies on efficacy, toxicity and cost, members are tasked with adhering to VP's guiding philosophies when developing and maintaining the content of the evidence-based pathways.

01

Standardization leads to better outcomes

Standardizing to the Committee's best thinking, even when high levels of evidence are not available, is better than what will otherwise be unstructured variability

02

Clinical pathways should cover the common patient scenarios but not designed to address every patient

03

Clinically proven personalized medicine should be incorporated for actionable biomarkers

04

Clinical pathways should advance science and research

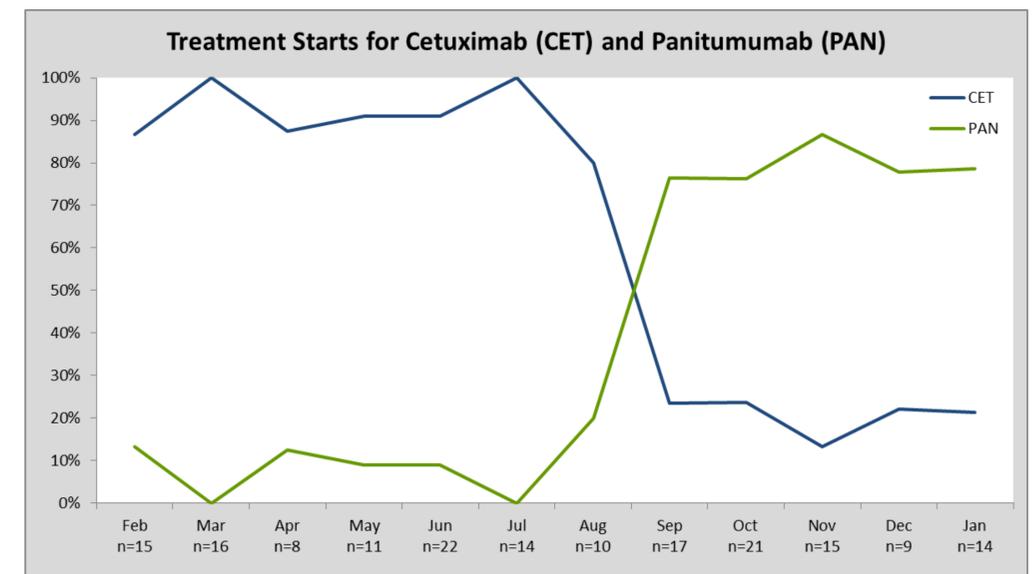
Clinical trials are incorporated for each customer, prioritized ahead of SOC and deemed On Pathway

Methods

Implementation: The decision by the committee to substitute PAN for CET was made at the meeting held on 7/16/14. Recently published data from the ASPECCT¹ and PRIME² studies were reviewed at this time, along with consideration of previous data evaluating these agents. This change was implemented into the pathway on 8/27/14. **Data Capture:** Providers navigate disease pathways and capture treatment decisions for each patient using the Via Portal. The Portal is a web-based software application used by clinicians in daily practice. The Portal interfaces with the EMR to populate the patient schedule for each clinician, resulting in high VP capture rates. **Data Analysis:** We reviewed data captured in the Portal to compare new treatment starts of CET and PAN before and after the substitution was implemented in the metastatic colorectal pathway.

Results

Results are shown in the figure. A total of 172 patients had new treatment starts for CET (n=104) or PAN (n=68) in the 6 months pre- and post- implementation of this change.



Conclusions and Future Work

The results in this simple example of substituting equivalent drugs based on cost exemplify the power of clinical pathways to rapidly change prescribing habits across cancer networks nationwide. CP serve as an invaluable tool to allow oncology practices to quickly respond to the changing treatment norms of oncology care. Current work is being done to display the cost of therapies in the VP navigation, thereby providing the oncologist with financial information that could aid in discussions with patients.

Author Affiliations: *UPMC CancerCenter, ^IU Health Cancer Centers, ‡Via Oncology

References: ¹Price et al., Lancet 2014; ²Douillard et al., Ann Oncol. 2014



Cancer Centers

UPMC CancerCenter
Partner with University of Pittsburgh Cancer Institute

