

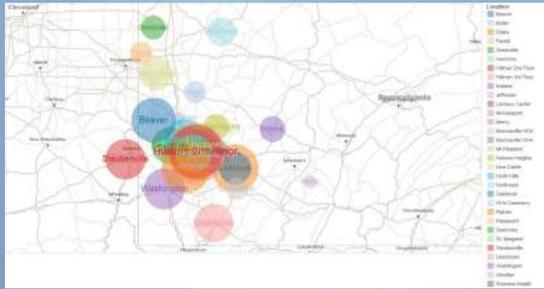
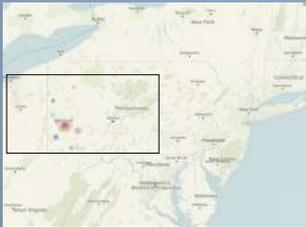
Clinical Pathways

What are the Via Pathways?

- Evidence-based clinical algorithms that drive to highest value care
- Covering over 90% of cancers
- Medical, radiation and surgical oncology as well as hematology and gynecologic oncology
- Addressing work-up, treatment, symptom management, palliative care and survivorship

Why do cancer centers implement pathways?

- Prove their value to key stakeholders (payers, employers, referring physicians, patients)
- Prepare for and engage in reimbursement reward strategies (PCMH, gain share, risk, etc.)
- Ensure consistency of evidence-based care among their physicians in an increasingly complex field
- Provide a platform for rapid deployment of strategic initiatives
- Promote accrual to clinical trials



Synopsis:

Via Pathways use a point-of-care decision support system to promote oncologists' adherence to evidence-based care. Developed by committees of oncologists, Via Pathways have the potential to reduce costs and toxicities of treatment by recommending appropriate treatment options for each patient. The current project examined adherence of oncologists to Via Pathways in breast cancer patients, finding strong adherence to the recommendation of treatment based on oncotype score.

Background:

UPMC CancerCenter (UPMC) has utilized clinical pathways for almost ten years in an effort to ensure standardization to evidenced-based care for its patients. UPMC oncologists participate in the various pathways disease committees that develop and maintain the pathways content and use the pathways through a web-based portal in their daily decision making and documentation.

The pathways cover not only treatment recommendations but also guidance for appropriate use of biomarkers and gene assays. Oncotype Dx® recurrence score has been incorporated into the breast cancer pathway logic for ER positive, node-negative, Her2 negative patients. For patients with low recurrence scores, the pathway recommends hormonal therapy only, saving the patient both toxicities and costs of chemotherapy where appropriate.

Methods:

To further understand the extent to which off-pathway options are exercised in breast cancer, UPMC retrospectively analyzed use of chemotherapy and hormonal therapy for breast cancer patients with recurrence scores in Via Pathways by physician-users for the twelve month period ending May 31, 2014. During this time, the Via Pathways recommended the recurrent risk test for ER positive, Her2 negative, node-negative patients.

Though Via Pathways provide evidence-based treatment recommendations, physicians of course have the final say on treatment. If a physician chooses a therapy other than those recommended, the reason for the off-pathway choice and the chosen therapy are documented.

For patients with low risk (<18) the pathway recommended hormonal therapy. For scores of 18-30 (intermediate risk), physicians were provided with a choice of chemotherapy or hormonal therapy alone. For high risk patients (> 30), the pathway recommended chemotherapy.

How are the Via Pathways developed?

- Disease-specific committees of physicians from the Via Network of customers
- Prioritizing best care based on efficacy
- Considering toxicities and costs when similar options exist
- Transparent process including COI, minutes, evidence reviews

How are the Via Pathways delivered and measured?

- Via Portal: Patient-specific decision support tool
- Integrated with the most common oncology EMR's
- Used by oncologists at the point of care
- Customer-specific clinical trials placed and tracked
- Automatically generates pathway adherence reports by physician, disease, site, etc.



Results & Conclusion:

There were 481 patients with oncotype scores in the Via Portal who received either hormonal therapy or chemotherapy. Figure 1 displays the treatment decision by oncotype risk and Figure 2 displays treatment decisions within the intermediate risk patient group.

- 282 of 283 patients (99.6%) in the low risk category received hormonal therapy; the remaining patient received chemotherapy
- 120 of 169 patients (71%) in the intermediate risk category received hormonal therapy; the other 48 received chemotherapy
- 28 of 29 patients (96.5%) in the high risk category received chemotherapy; the remaining patient received hormonal therapy

In conclusion, there was strong adherence to the recommended pathway treatments based on the oncotype score.

Figure 1: Overview

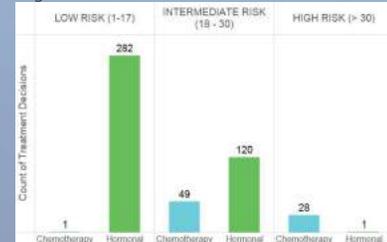


Figure 2: Intermediate Risk Detail

