Clinical Pathways and Quality Measures
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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

How are the Via Pathways developed?
- Disease-specific committees of physicians
- 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.

Synopsis:

UPMC Cancer Center takes every opportunity to implement Quality Improvement programs. One of the most notable ways in which this is achieved is through placement of tools and indices in the decision support software used throughout the centers. Quality measures are identified and, when possible, systems are put in place to promote and capture their implementation.

Quality at UPMC:

UPMC Cancer Center participates in a number of nationally recognized quality programs and strives to maximize quality through continuous improvement of the quality measures endorsed by these programs. Clinical pathways are potential aid in driving quality improvement through decision support and measurement.

Methods:

When deficiencies are identified, UPMC’s quality team develops improvement strategies including working with its pathways vendor (Via Oncology) on the placement of key decision support prompts and required data fields within its physician-facing pathways portal. Gaps in data completeness have also been identified as an opportunity to use pathways for more complete data collection during chart abstraction as well as interim reporting.

Results:

Due to the successes below, UPMC continues to actively engage with pathways as a tool to drive adherence to and capture complete data for quality measures. Not only has data capture been more complete and easy, the improvement in quality scores has been a measurable success.

Conclusions:

Pathways are a tool for promoting adherence to quality measures by oncologists through the use of a point-of-care decision support system. Pathways are also a source of reporting quality measures across all patients in a time period which allows for interim measurements and proactive identification of improvement areas.

Improvement Projects:

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Need Addressed</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staging within 30 days of first visit</td>
<td>Data Capture, Measurement</td>
<td>Add staging calculator to pathways; generate metrics from pathways; provide abstractors with access to pathways data</td>
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<tr>
<td>Treatment Intent and Discussion with Patient</td>
<td>Data Capture, Measurement</td>
<td>Add fields in pathways for documentation of Intent and Discussion; provide abstractors with access to pathways data</td>
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<tr>
<td>Treatment plan</td>
<td>Streamline process</td>
<td>Automate the creation of a Treatment Plan with populated data from pathways portal</td>
</tr>
<tr>
<td>Treatment summary</td>
<td>Streamline process</td>
<td>Automate the creation of a Treatment Summary with populated data from pathways portal</td>
</tr>
<tr>
<td>Ordering appropriate biomarkers and choosing therapies based on results</td>
<td>Decision Support; Measurement</td>
<td>Embed biomarkers into the pathways with treatment guidance; measure adherence to above measures</td>
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Quality Measure No. of Charts Score

<table>
<thead>
<tr>
<th></th>
<th>No. of Charts</th>
<th>Score</th>
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<tbody>
<tr>
<td>Staging documented within one month of first office visit</td>
<td>333</td>
<td>85.38%</td>
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<tr>
<td>Documented plan for chemotherapy, including doses, route, and time intervals</td>
<td>252</td>
<td>96.55%</td>
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<tr>
<td>Chemotherapy intent (curative vs. palliative) documented</td>
<td>246</td>
<td>94.25%</td>
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<tr>
<td>Chemotherapy intent discussion with patient documented</td>
<td>240</td>
<td>91.95%</td>
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<tr>
<td>Number of chemotherapy cycles documented</td>
<td>159</td>
<td>94.64%</td>
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When the need and opportunity arise the pathways allow for seamless integration of quality improvement projects like the ones listed here.

These projects have had a clear and positive impact on UPMC quality scores.