Reducing Unwarranted Variability in Care in Radiation Oncology through Clinical Pathways
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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
- Ensure a platform for rapid deployment of strategic initiatives
- Promote accrual to clinical trials

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?
- 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.

Background:
UPMC CancerCenter (UPMC) includes 37 academic and community-based sites in western Pennsylvania. Consistency and quality of care are critical to such a diverse network.

To meet these challenges, UPMC developed clinical pathways for medical and radiation oncology (Via Pathways). The program has served UPMC well for almost ten years and is now a key foundation for UPMC’s overall strategy to move from volume to value.

Methods:
Radiation treatment pathways for over 94% of cancers were developed by committees of academic and community radiation oncologists from UPMC as well as other cancer centers across the country.

The committees meet semi-annually to interpret the literature and define the most efficacious and least toxic treatments for highly-specific disease presentations (e.g., Oropharynx, Stage III-IV, Primary Chemoradiation).

Guidance for simulation, contouring, planning and treatment delivery are provided along with applicable citations. A web-based portal presents the pathways on a patient-specific basis using the physician’s daily clinic schedule (through an interface with the EMR).

The UPMC radiation oncologists also utilize a feature of the pathways that allows for peer review of Off-Pathway decisions by disease experts within the UPMC Radiation Oncology department.

Results:
Thirty-nine (39) radiation oncologists at UPMC use pathways in their daily practice. For the 12 months ended May 31, 2014, UPMC physicians confirmed a pathways status for 98% of their patient consults (n=10,178) and achieved an On-Pathway rate of 95% for their 6,239 treatment decisions.

Conclusion:
When appropriately developed and implemented, clinical pathways are a solution to standardizing care across multiple sites and physicians with the potential to improve the quality and cost-effectiveness of cancer care.