

## CLINICAL PATHWAYS

# Clinical Pathways Programs: Confusing Choices for Payers and Physicians. Part 2: Promising Options

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Clinical pathways is a hot topic of discussion by both payers and physicians. There are growing demands for consistency in care decisions and reduction in variation in

treatment options, where appropriate. These, however, are coupled with recognition that the complexity of cancer itself and the individuality of patients and cancer tumors in their response to different treatments means it will be difficult to determine one best treatment for a given cancer diagnosis.

Increasingly, either payers or physicians are exploring the options offered by evidence-based clinical decision making that lead to clinical pathways programs. However, there is great variation among the current programs in use, and wide variation in satisfaction on both sides with current models. Confusion about the choices and ideal construct for clinical pathways programs abound among both payers and physicians. This article will explore some of the self-styled “pathways” programs that are currently in discussion/use between payers and providers.

A number of individual pilots and initial programs have developed among payers and providers across the country. Some of these are based on one or more care choices in one or more cancer disease states. Some are based on individ-

ual treatment choices made by physicians in one practice, and others were developed through an extensive committee process. Most have an ongoing review structure. The following are representative examples of programs seeking to address the need for oncology treatment decision-making pathways.

### Innovent Oncology

This subsidiary of US Oncology, a for-profit network of oncology and radiology practices and services, offers Level 1 Pathways and other services. Its Level 1 Pathways cover about 17 cancers and are based on “evidence-based treatment guidelines.” Physicians may access the

pathways—which are individual to state and stage of disease—either through the US Oncology-owned iKnowMed electronic health record system or through a web-based portal. Reporting is available for compliance and tracking of non-compliance by physician and by state and stage of disease.

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## Five Distinguishing Characteristics of Clinical Pathways Programs

These key characteristics can help indicate whether a program is right for you.

### Clinical source and maintenance

There should be a clear and transparent process for clinical pathways development and a timeline for ongoing clinical review of any pathways or guidelines.

### Pathway definition

A true clinical pathway is increasingly clarified as the identification of one preferred treatment for a given state and stage of disease, which has been selected via a rigorous clinical review of the appropriate clinical guideline alternatives and based first upon clinical efficacy, then toxicity profile, and, lastly, assuming comparability across the first two criteria, cost of treatment. If it is a true pathways program, expect it to list one preferred treatment tailored to individual states

and stages of disease. Anything else is still a guideline or preferred menu of treatments, but not a pathway. However, true clinical pathways are never expected to be applicable for 100% of patients with that given state and stage of disease, and will allow for trackable variation off-pathway, which can occur for approximately 20% of patients under a pathway model.

### Point of clinical decision making

True clinical pathways application occurs at the point of medical decision making, so a pathways program should instigate onset of medical decision making (known as “front-end” programs), not track care at the back end through claims reporting (also called “back-end” programs).

### Tracking and monitoring

A true clinical pathways program will allow for physicians to select treatment options that are off-path-

way where appropriate, but track the reasons and causes for such variation as part of the clinical monitoring feedback loop. Reporting for such programs will offer a deep granularity of analysis. Reporting will be by state and stage of disease for all patients, not just a select few. In addition, reporting will not be merely compliance/noncompliance rates.

### Documented ease of physician use

Physicians should select clinical pathways platforms that are complaint with their practice operations and technology. Platforms should provide statistics showing consistency of use and quality of data collection by physicians via the program’s technical platform (often a web portal). ●

*For a complete discussion on this topic, see part 1 of this article in the August issue.*

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One contract has been announced with Aetna, which initially is with one large US Oncology group in Texas, with plans to expand throughout up to 20 other states. Primary use of Level 1 Pathways has been within US Oncology practices, with little uptake in non-US Oncology practices.

### International Oncology Network

This oncology drug distribution subsidiary of AmerisourceBergen offers inventory and regimen analysis software to its customers. The International Oncology Network software can track treatment rendered against regimen menus entered by the customer. The software focuses on a few disease states with fewer than 10 preferred regimens for each state. Physicians who wish to track and report their treatments as a basis for payer negotiations may do so, individually or in groups.

There are no publicly known payer contracts using this solution at this time.

### National Comprehensive Cancer Network

This consortium of 21 nonprofit hospitals and cancer centers across the United States has established an exclusive partnership with Proventys to develop the Proventys CDS Oncology system, which is a web-based platform that will integrate and automate the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines so that physicians may tailor clinical decision making in real time. Physicians will be able to move through an automated decision-making process, factoring through disease staging and restaging, diagnostic tests, and choices for chemotherapy and supportive care treatment and monitoring.

The Proventys CDS Oncology system will be available to oncologists in the community and hospitals in the fourth quarter of 2010, both directly and through payer-sponsored quality initiatives. Of the 110 NCCN cancer-focused guidelines, the program will initially focus on breast, colon, and non-

small-cell lung cancers, and Hodgkin lymphoma.

### P4 Healthcare

This online healthcare community offers services to payers, pharma, and physicians. Services include consulting on rational physician reimbursement, specialty pharmacy services, free-standing retail infusion clinics, data sales on physician drug use, denial management software, and compliance with the P4 Pathways program. The P4 Pathways program refers to preferred treatment menus for selected cancer disease states. Compliance by physicians is tracked through claims data from a software program embedded in the oncologist's practice management system, in addition to external data supplied via paper for clinical data not found in claims records. Physicians are reported as compliant or not compliant with fewer than 10 preidentified treatment choices for each disease state. Reporting is limited regarding treatment by state and stage of disease, and there is no tracking of which (or why) treatments administered outside of the identified preferred menu are chosen.

P4 Healthcare has one contract with CareFirst BlueCross BlueShield of Maryland that tracks physician compliance with the menus. Another contract exists between the physician-led Oncology Physician Resource (OPR) and BlueCross BlueShield of Michigan, which uses P4 technology as the platform for tracking compliance with preferred menus created by the OPR physicians. Capital BlueCross of Pennsylvania announced a P4-based program, but little is known about implementation or compliance. BlueCross BlueShield of Tennessee announced a program with P4 Pathways, but met with significant physician resistance before it could be implemented. Highmark BlueCross of Pennsylvania recently announced an intention to offer P4 Pathways programs to physicians not using Via Oncology pathways; however, the programs have not yet

been implemented.

(Healthcare Holding Solutions is under a pending sale agreement to Cardinal Health.)

### Via Oncology

This subsidiary of the University of Pittsburgh Medical Center (UPMC) provides cancer value management services. Via Oncology develops oncology networks, which in turn provide a model of utilization and disease management through clinical algorithms and decision-support software applied by physicians at the point of care.

Via Oncology Pathways started as UPMC clinical pathways and now encompass more than 17 disease sites with more than 500 decision/treatment branches individual to state and stage of disease. Physicians access the pathways through a web portal at the point of medical decision making.

Reports track clinical decision making by state and stage of disease, as well as variation choices and reasons for variation for continual medical review. Via Oncology Pathways encompass medical oncology treatment, supportive care, diagnostics, and radiation oncology. More than half of the physicians now using the program are external to the UPMC network.

Highmark BlueCross of Pennsylvania has contracted with UPMC to use Via Oncology Pathways for 3 years. (A recent UPMC/Highmark site of service disagreement led to an announcement that Highmark would also allow P4 Pathways programs to be considered by non-UPMC physicians, but the Via Oncology contract still stands and is not affected by the hospital-payer disagreement.)

Horizon BlueCross BlueShield of New Jersey has announced contracts with two large community physician practices to implement a program with Via Oncology Pathways. Other practices in states ranging from Maine to California are using their own implementation of Via Oncology Pathways in their private payer negotiations.

### A promising future

Payers and physicians are exploring a number of solutions, and consideration of a pathways program is a very hot topic. It is clear that there is great variation among the definitions and execution plans of clinical pathways in oncology, but demand for discussions on the topic will not slow. It will be interesting to see how quickly both payers and physicians embrace the technology and the concept to effect quality cancer programs. UnitedHealthcare is exploring evidence-based case rates and disease-management payments for certain cancer sites among a handful of oncology practices. However, one large community oncology practice participating in that program noted that they would not have been in a position to negotiate a reasonable case rate and internal management process for this pilot if they had not already had an electronic health record system as well as been using the Via Oncology Pathways program for 1 year. The additional awareness of their ability to manage their cancer patients both as individuals and as a population gave them the operational and fiscal knowledge necessary to move forward with exploring the UnitedHealthcare program.

As the discussion of oncology clinical pathways programs matures and the demand for information and integrated physician medical decision making at the point of treatment decision increases, the oncology pathways environment will probably look much different even over the next few years. The programs in place now will serve as an interesting, but ever-changing platform for the evolution of oncology clinical pathways for the future. ●

### Disclosure

Although the author consults in a variety of roles for physicians, payers, and some of the providers discussed, all information shared on the programs has been derived from publicly available sources and does not reflect confidential or proprietary information.