Radiation Oncology Hypofractionation
Preparing for Changes in Treatment and Payment Models
Challenge

Hypofractionation has been shown to produce comparable outcomes to conventional regimens in prostate, bladder and breast cancers, among others; it also has been used in the treatment of bone metastases. Despite this evidence, hypofractionation remains underutilized in the United States as compared to other developed nations. This soon is expected to change.

With the shift to risk-based models, CMS announced its intent to implement a mandatory radiation oncology (RO) payment model, expected to begin on July 1, 2021. The RO Model tests whether bundled, prospective, episode-based payments to cancer centers for radiotherapy care reduces Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. To successfully participate in this model, cancer centers will benefit from consistently adopting hypofractionation practices across clinical sites, where appropriate.

Opportunity

ClinicalPath (formerly Via Oncology) pathways have been shown to be effective in:

- enabling adoption of changing practice patterns
- standardizing care system-wide, across academic and community sites
- helping institutions realize cost savings and optimizing outcomes.

In radiation oncology, our pathways have demonstrated measurable benefits, including:

- Increased adoption of hypofractionated whole breast irradiation for patients over age 70 following breast-conserving surgery by 20-fold. This resulted in an annual savings of $154,000 for a large integrated cancer center network.
- Increased adoption of hypofractionated whole breast irradiation for patients under age 50 from 4% to 95% within one year.
- Increased single-fraction utilization rates for bone metastases from 7% (in line with national rates) to 15%. Within a year, over 90% of courses were delivered with less than 10 fractions across both academic and community sites.

1 Illustrative case studies
How Elsevier’s ClinicalPath Can Help Your Institution

As you prepare for the shift to radiation oncology alternative payment models, ClinicalPath pathways can help you at the provider, team and institution levels.

For your providers:

- ClinicalPath radiation oncology pathways cover 95% of cancers², providing guidance for simulation, contouring, planning and treatment delivery.
- Where clinically appropriate, hypofractionation recommendations are presented as the first on-pathway choice, accelerating adoption of evidence into clinical practice.
- Integration of Elsevier’s pathways into your EHR and radiation oncology workflow tools streamlines the clinical workflow for your clinicians.

For your multi-disciplinary team:

- ClinicalPath provides consistent guidance for medical and radiation modalities.
- Multi-disciplinary pathways retain information entered by each team member to minimize duplicate data entry and support multi-modal care coordination.

For your institution:

- ClinicalPath provides detailed analytics on patient presentation, radiation method, dosage and fractions delivered and on-pathway rate, supporting your leadership team in the reporting requirements for quality programs and alternative payment models.
- Your leadership team can use these analytics to standardize practice variation across sites, optimize clinical review processes and achieve cost savings.
- ClinicalPath also provides detailed reports on accrual to clinical trials, which can be used to optimize your research portfolio.
- Using less fractions results in less total machine time per patient, freeing up your equipment to treat more patients.

² Based on the SEER database of new cancer cases: https://seer.cancer.gov/data/
Resources


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