

Clinical Pathways in Oncology

For Standardization,
Savings and Evidence-
Based Practice

ClinicalPath

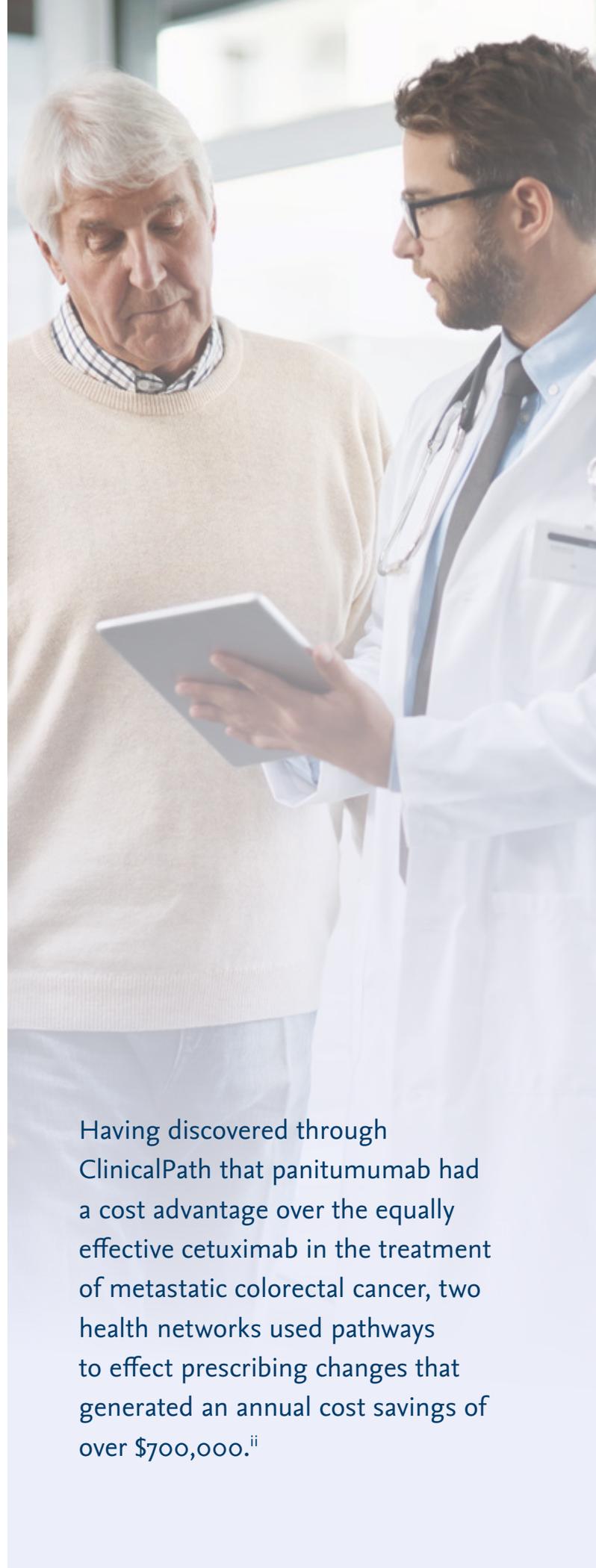
Reducing variability in care patterns while adhering to evidence-based standards is the basis for improving clinical and financial outcomes. Here's how ClinicalPath (formerly Via Oncology) can help.

Care Standardization and Accelerated Adoption of Evidence-Based Practices

- Standardizes care and drives adoption of evidence-based practices across academic and community sites. Across diseases, ClinicalPath consistently exceeds an 80% on-pathway decision rate.
- In radiation oncology, when ClinicalPath pathways were modified to recommend single-fraction utilization rates for bone metastases in a large cancer care network, it took less than a year for over 90% of courses to be delivered with less than 10 fractions.ⁱ
- In medical oncology, the pathway substitution of panitumumab for cetuximab (see sidebar) resulted in treatment selections transitioning from 93.5% cetuximab to 81.9% panitumumab within just a few months.

Cost Savings

- When efficacy is equal between treatment options, the less toxic treatment is given preference to optimize patient quality of life while decreasing risks of hospitalization and emergency room visits.
- When treatment options have comparable efficacy and toxicity profiles, the more cost-effective treatment is placed on the pathway.
- Will support your organization in preparing for, and participating successfully under, proposed CMS and commercial payment models.
- Pathway documentation lends support to streamline the prior authorization process, providing your precertification agents with comprehensive citations, evidence and clinical details for each new treatment start.



Having discovered through ClinicalPath that panitumumab had a cost advantage over the equally effective cetuximab in the treatment of metastatic colorectal cancer, two health networks used pathways to effect prescribing changes that generated an annual cost savings of over \$700,000.ⁱⁱ

Following the ClinicalPath evidence-based pathways, a large integrated cancer center network achieved annual savings of \$154,000 by adopting hypofractionated whole breast irradiation for patients over age 70 following breast conserving surgery.ⁱⁱⁱ More importantly, these patients were provided with a more convenient treatment which likely increased their overall satisfaction.



Clinical Trial Accrual

- Helps address barriers to clinical trial accrual at the institution, provider and patient levels.
- While the national average of patients accrued to clinical trials is only 2-4% each year, our customers have increased this rate to 15-25% by using ClinicalPath pathways to present patient-specific clinical trials to physicians at the point of care.
- You can use ClinicalPath functionality to gain or maintain accreditation as an NCI Comprehensive Cancer Center, benefiting from the opportunity to apply for up to \$1.5m in research funding.^{iv}
- Organizations participating in industry-sponsored trials can leverage this functionality to be reimbursed up to \$15,000 per patient enrolled.^v

Appropriate Use of Precision Oncology

- Supports providers in rapidly adopting precision oncology practices by presenting the necessary biomarkers that should routinely be tested and identifying optimal targeted therapies.
- Supports appropriate use and provides detailed analytics on biomarker testing and on- and off-pathway use of targeted therapies to support your team in identifying opportunities to standardize care across sites.

A multisite, hospital affiliated, community oncology program achieved a significant increase in clinical trial accrual after implementing ClinicalPath. Per early results, clinical trial enrollment was 122 patients in the 459 days prior to ClinicalPath implementation, and 102 patients in the 271 days afterwards.^{vi}

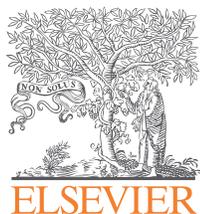
About Elsevier's ClinicalPath (formerly Via Oncology)

Elsevier is a global information analytics business that helps institutions and professionals advance healthcare, open science and improve performance for the benefit of humanity. Elsevier's ClinicalPath is a national leader in decision support tools for cancer. The pathways span the continuum of cancer care including workup, diagnostics, treatment, symptom management, survivorship and advance care planning. ClinicalPath also supports its customers through quality reporting, patient education, clinical trial support, nurse triage and medical home tools. The pathways are licensed by 50+ cancer centers and used by over 2,500+ oncology providers in community, hospital and academic-based settings.

Resources

- i Impact of dynamic changes to a bone metastases pathway in a large, integrated, National Cancer Institute-designated comprehensive cancer center network, *Practical Radiation Oncology*, November-December 2015, <https://www.ncbi.nlm.nih.gov/pubmed/26432676>
- ii Clinical Pathways: Management of Quality and Cost in Oncology Networks in the Metastatic Colorectal Cancer Setting, *Journal of Oncology Practice*, May 1, 2017, <https://ascopubs.org/doi/abs/10.1200/JOP.2016.019232>
- iii Changing practice patterns for breast cancer radiation therapy with clinical pathways: An analysis of hypofractionation in a large, integrated cancer center network, *Practical Radiation Oncology*, Mar-Apr 2015, <https://www.ncbi.nlm.nih.gov/pubmed/25748004>
- iv Cancer Center Support Grants (CCSGs) for NCI-designated Cancer Centers (P30), National Institutes of Health, accessed online September 2019, <https://grants.nih.gov/grants/guide/pa-files/PAR-17-095.html>
- v A National Cancer Clinical Trials System for the 21st Century: Reinvigorating the NCI Cooperative Group Program, 3: Operations, Oversight, and Funding of Cancer Clinical Trials, National Academies Press (US), 2010, <https://www.ncbi.nlm.nih.gov/books/NBK220383/>
- vi Effect on clinical trial participation by integration of a clinical pathway program into an electronic health record (EHR), *Journal of Clinical Oncology*, March 1, 2016, https://ascopubs.org/doi/abs/10.1200/jco.2016.34.7_suppl.167

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