

ICLIO National Conference

Community Perspective on Pathways & Decision-Making

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9.30.16

Philadelphia, Pa.



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Pathways: Provider Driven to Payor Driven

1. Pathways were developed by oncologists to reduce unnecessary variations in care and to assure adherence to the medical evidence. Simpler!
2. Payer involvement changed things. Incentives: pay for adherence, waiver of pre-auth requirements. Mistrust of payor priorities.
3. A proliferation of pathway vendors to payors.
 - P4
 - Via Oncology
 - AIM
 - New Century Health
 - US Oncology Value Pathways
 - Others
4. Oncologists are forced to sift through the requirements of each payor's program patient by patient.
5. Keeping track of how we are doing on so many platforms is overwhelming.

Enter: The Oncology Care Model (OCM)

1. **Pathways** as they exist are largely Part B **drug focused**.
2. **OCM** creates a big focus on **total costs of care**, quality of care coordination and the prevention of unnecessary ED visits and hospitalizations. Value Based Care includes the total continuum of cancer care – surgery, diagnostic imaging and testing, radiation oncology, and palliative care as well as Part B drugs.
3. Community oncologists want pathways to be more than a bid to realize drug cost savings for payors.
4. Oncology Pathways need to support Value-Based Care and they need to do so in a manner that is administratively efficient

ASCO/AMA Recommendations for Improvement

1. A national, transparent approach to reduce the unsustainable administrative burdens of the unbridled proliferation in pathways.
2. Address the full spectrum of care.
3. Provide timely updates as the evidence progresses and evolves.
4. Recognize patient variability.
5. Promote administrative efficiencies for both providers and payors.
6. Support research and access to clinical trials.
7. Develop criteria for certification of pathway programs.

Oncology Pathways Should Help Not Just Restrict Decision-Making

1. So much to keep up with. Pathways should help oncologists in the community with appropriate use of biomarkers and other testing strategies that meaningfully direct care.
2. Pathway decision support tools should be incorporated into EMRs which can prompt consideration of appropriate on-pathway alternatives based on patient-specific data.
3. Pathway decision tools should include radiation oncology, diagnostic imaging guidance, treatment summaries, advanced care planning and survivorship guidance and follow up tools.
4. Pathways should provide visibility to the providers involved in their development and build trust between providers and payors.
5. All of the above are underway to some degree but, in keeping with ASCO recommendations, perhaps a certification program is needed to validate the work being proliferated.

Questions?



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