Implementing Clinical Pathways at an Oncology Practice

To learn about implementing clinical pathways in an individual practice, VBCC spoke with Barry Russo, Chief Executive Officer, Center for Cancer and Blood Disorders, Fort Worth, TX.

**What was life like before pathways at your 18-physician practice?**
Prior to pathways, we didn’t give a lot of thought to assessing differences in what individual physicians were doing for, say, patients with stage II breast cancer or standardizing care processes. With pathways in place, standard treatments are now top of mind.

**Was there a single event that precipitated moving to pathways?**
No. It was more of a strategic, developmental process within our practice— we thought about the future in relation to market changes, healthcare reform, and changes in reimbursement. Over the past 5 years, oncology reimbursement has changed more than in the past 20, and the combined forces pushed us to look at pathways as one of the top strategies to address these changes.

**Was there a push for pathway involvement from payers?**
Payers have been pushing us over the past few years to look at costs and work out the costs of care for particular conditions (such as breast cancer), and this did influence our practice’s approach. In talking to payers, we realized we did not have specific standard processes, and therefore did not have the means to determine care costs. Overall, we did not have unreasonable variability, but there was enough variability to be uncomfortable in costing out a care process for different disease presentations and knowing it would be applicable in all similar cases across the practice. So the payer market was influential in the process, but they did not specify what approach we used.

**How long have you been on a pathway program? What have been the financial and clinical implications?**
We’ve been using them for 18 months, and although the pathways have not yet generated income for us, I think that opportunities are arising with the infrastructure in place.

For example, pathways have allowed us to become involved in a pilot program with UnitedHealthcare on episode-fee reimbursement, which requires standardization of care and costs in certain diseases, and we are now 10 months into that pilot.

We are also currently having discussions with 2 other payers regarding oncology medical homes and case-rate reimbursement. When we have had discussions with other oncology groups about consolidating or becoming a multispecialty group, an initial point of discussion is how to determine the quality of care.

Pathways and pathway compliance are some of the best quality indicators, and we would not be having these discussions if not for them.

**How do financial pressures and regulatory reform affect practice?**
We’re not facing financial trouble, but in terms of what we expect with healthcare reform (changes in reimbursement, accountable care organizations, and bundled payments), these are all rooted in the idea of large integrated delivery systems. That’s the primary reason for looking at these kinds of consolidations, and pathways can help us tremendously in this regard. Most people implement pathways because they want help with standardization, for quality reporting, or for pay for performance. But we’ve found their benefits go way beyond that in terms of relationship development.

**How often do the pathways change?**
The pathway development committees convene once per quarter, which is frequent enough to consider new research developments and new drugs. All our doctors are committee members, so they have input on how the pathways operate, change, and improve over time. They want input, because, ultimately, they will have to use the product. What has been the reaction of your physician staff? Caution, certainly. It’s always difficult to implement a new process and have physicians answer...
questions they did not have to before. But our practice had been discussing strategic needs in terms of payer and integrated delivery system relationships, and it was easy to make the argument that this tool makes us a factor with those relationships.

So physicians accepted it, and implementation went very smoothly. Via Oncology is very astute at implementing this product, and the IT support was awesome. Pathways really have become second nature for us and our physicians—it’s our new norm.

**What administrative burdens have been reduced by pathways?**

We have seen enrollment in research trials go up because these are now listed on the pathways. In addition, the interface to the electronic medical record (EMR) prevents having to write in additional orders and reduces data entry, cutting down on errors. So there’s some administrative relief, but we were really trying to establish an infrastructure for the future. We have not had to reduce or increase staffing because of pathways.

**What investments have been necessitated by the program?**

We did not have to build a lot of infrastructure for pathways. We did have to identify the individuals responsible for rolling out the pathways, but we did not have to upgrade computers. Via Oncology pathways is a web-based system, and our practice uses an EMR system. We wanted the pathway system to interface with our medical record, so that when the physician picked the pathway, the order set associated with that pathway would go directly into the EMR.

**Your center recently received Quality Oncology Practice Initiative (QOPI) certification. What was that process like, and did it tie into pathway use?**

Everything we do clinically ties into pathway use because of the associated processes of care and documentation. The QOPI process was onerous, requiring a lot of chart reviews and data analysis, but embarking on the pathway process was helpful in this regard. If you're going to be certified by ASCO or QOPI, the process should be onerous, and we’re thrilled that we are currently the only QOPI-certified practice in Texas.

**Has the Center for Cancer and Blood Disorders’ approach to supplying drugs for patients been impacted by pathways?**

We've narrowed the number of therapies—pathways define the regimens, and this has focused on our drug purchasing process. Via Oncology emphasized at the outset that we should not share what was on or not on the pathway with pharmaceutical representatives so as to avoid any outside pressure. So as new drugs come out, they are reviewed during the pathway review process. We've had a policy for the past 8 years preventing pharmaceutical reps from having conversations with the group’s physicians about pricing and margins—they can only discuss clinical efficacy. There was some initial grumbling, but 18 months into the process, most people are over that.