Pathways as a Model for Cancer Care Management

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To date, healthcare reform efforts have focused mainly on insurance reform, not actual healthcare reform. This initial focus is understandable for many good and obvious reasons, but fails to address the larger issues of healthcare quality and its unaffordable cost trend. These questions are far more difficult and complex, and solutions must be found for the country to afford the expansion of access achieved in the new reform law. Although this article does not present the entire answer, it does discuss one model of cancer care management that solves some of the seemingly intractable cost and quality issues.

It is important to note that the costs of cancer and its related side effects make up a sizable amount of healthcare spending. With all associated costs factored in, it is estimated that the costs of cancer care will soon reach $300 billion. This expenditure is primarily generated by a comparatively small—but rapidly growing—number of patients: the aging baby boom population. In addition, new oncology drugs are coming to market at a pace that is three times that of the overall pharmaceutical market. More come with exorbitant price tags but not always clear superiority to existing treatments.

Finally, the dynamic between payers and oncology practices is changing. The emerging payment structures oncologists are facing make it imperative to step up and lead with solutions rather than have untenable controls forced upon them and their patients.

Historically, payers tended to manage cancer costs with a very light hand due to the emotional nature of the disease. This approach is now ending in many markets. Payers can no longer afford to ignore 5% to 10% of their medical claims and are willing to be more assertive in applying cost-management tools. However, traditional tools, such as disease management and utilization management, are not likely to be successful for a number of reasons.

Among the most notable are the emotional nature of the oncologist-patient relationship, the ever-increasing complexity of the disease and associated treatments, and the almost weekly adjustments to a typical patient’s care plan for the management of toxicities. Other “tools,” such as outsourcing drugs to specialty pharmacy organizations, creating infusion centers, or reducing reimbursement, penalize oncology practices but have little impact on the underlying consumption of resources. In addition, efforts to use benefit design to increase coinsurance of or steer members from certain therapies put an undue burden on patients’ already difficult decision-making process.

Today, a relatively small but increasing number of oncologists around the country are working on solutions. The University of Pittsburgh Medical Center (UPMC) Cancer Centers, a network of 38 sites of service, has shown positive results by way of high adherence to the pathways, a trend toward fewer hospitalizations for patients, and containment of the rise in cost of care year over year.

The web-based tool enables UPMC to extend the pathways program under a newly formed business unit, Via Oncology, to other forward-thinking oncology practices.

Physicians and insurers across the country can work together to adopt such systems and to develop equally innovative programs to provide good, cost-effective care. However, the kind of change required is difficult and time-consuming and requires collaborative funding and changing the paradigm of physician-payer relationships.

That is a tall order. It requires commercial payers to recognize that external controls on physician practice cannot be as effective as changes in the patient care process within oncology practices. Progress depends on commitment from both parties to move from prevailing provider payment policies to value-based reimbursement, including sharing cost-savings between payers and providers. It will require the federal government and Centers for Medicare & Medicaid Services to fund the correct types of demonstration projects, directing resources to programs capable of the development of practical and effective approaches to reducing variability through the adoption of evidence-based best practices.

No easy solution exists to the quality and cost issues in healthcare. There will not be just one solution, but with collaboration between providers and those that pay for healthcare, the best solutions can be found. Pathways in cancer care are a model for a place to start.

These best treatments are based on reviewing the literature—first for the most effective, second for the least toxic, and finally (all other things being equal) for the least costly care.