

# **Oncology Care Pathways : Importance and Relation to Current EHRs Functionality and Opportunity for Improvement**

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Disclosures-none

All opinions expressed are solely my own and may not represent the opinions of the organizations, institutions, associations, groups and boards, of which I am a member or hold a leadership position

# Definition of Clinical Pathway

- Traditionally defined as a set of clinical decision support rules, utilizing a set of treatment recommendations aiming to integrate evidence regarding the clinical efficacy, followed by toxicity, and lastly affordability of treatments → in order to create optimal standard-of-care recommendations for patients → while reducing the unnecessary variation in care across similarly situated patients.
- Integration of clinical pathways within a software tool can effectively and efficiently promote value-based decision making.
- Stated differently, the pathway outlines an evidence based cost effective approach, wherein the final decision should incorporate patient preference and clinical /social circumstances

# Global Visionary Value of Pathways

1. Provision of comprehensive high-quality cancer care along the entire cancer care continuum-- to include prevention, diagnosis, treatment, supportive care, survivorship, and end of life --and assure the right diagnostic test/treatment/supportive care is provided to the right patient at the right time, in a cost effective AND patient centric manner. This should include consideration of social determinants, patient preferences ,barriers to care and provider/patient resources.

- *ASCO Pathways Task Force has established criteria for high quality clinical pathways which includes criteria in the areas of development, implementation, and analysis. Specifically as the criteria apply to Implementation there was a callout to ease integration into the EHR and, by further discussion, into the work flow which would include reducing administrative burden, including preauthorization.*

# Global Visionary Value of Pathways

## 2. Serve as an indirect knowledge management and education platform

- *The good news regarding cancer care is that scientific knowledge is growing exponentially along with advances in cancer care, and cancer diagnostics and therapeutics are becoming more precise. However that growing body of knowledge is immense and not easily manageable - pathways serve as a platform to assist in educating the provider and patient regarding appropriate interventions and decision pathways.*

# Global Visionary Value of Pathways

3. Collect and analyze data from pathway utilization to empower value-based care and support business models to do so – wherein value based care encompasses both quality performance and financial performance

- *This is an overarching goal that all stakeholders wish to see pathways accomplish. Including the patient , provider ,employer, and payer*

# Barriers to Achieving these Goals from an EHR integration and functionality perspective

1. Inconsistent integration into the EHR and practice workflow – regardless of whether the pathway program is provider or payer facing, or relevant to the needs of the service organization, and irrespective of geographic location
  - *Common issues/barriers center around additional work related to lack of integration – such as entering data previously entered in another system, time required to navigate pathways and clinical trials, interruption of daily work flow, lack of providing real time patient care management recommendations, and delays of care*

# Barriers to Achieving these Goals from an EHR integration and functionality perspective

2. Cost of pathway purchase including the implementation, integration, and maintenance of pathways including technologic upgrades and assurance of optimal function within the EHR, is prohibitive and adds to the overall cost of healthcare.

- *No reimbursement exists for pathway utilization and the IT cost associated with integration and updates. Furthermore different payers often use different pathways adding cost, administrative time, and management operational complexities.*

# Barriers to Achieving these Goals from an EHR integration and functionality perspective

3. Not all EHRs are created equal- some EHRs are less common and older than others. Thus, as pathway vendors look at the size of the installed base with both existing and prospective clients, may favor most popular EHRs.

- *While logical from an economic standpoint for pathways vendors, it creates disparities in capabilities for practices and potentially different outcomes for patients. In addition, the expense and disruption of upgrading EHR versions, much less moving to a more technologically advanced EHR, is prohibitive for many practices.*



# Opportunities

- There are examples where resources have been invested by pathway and EHR vendors to improve data exchange, interface, and integration of pathways. There are examples of successful pathway integration, for example in “home grown programs” such as Dana Farber and Moffitt. Disclaimer - This list is not comprehensive and other examples likely exist.
- However the overall level of EHR interoperability with other healthcare systems lags behind other industries and is insufficient to support workflow efficiencies and optimal patient care.
- Some industry standards have emerged but variability in EHR alignment to the standards and implementation has confounded pathway vendors who must build and maintain multiple interfaces with multiple systems resulting in inconsistent interfaces and higher costs. Also strains institutions/practices who have multiple sites.
- EHRs based on older yet effective and functional technologies are not able to integrate with pathway vendors at all.

**1. Recommendation :** policy should mandate EHR vendors fully adhere to existing and new standards supporting full EHR interoperability with other health care systems.

- This would encourage and incentivize pathway vendors and institutions to support integration or interfaces with an EHR vendor that can support the most functionality with the least amount of resources (financial, IT, administrative, physician /provider adaptation, training)

**2.Recommendation :** Payers provide incentives in value based shared savings models, which in turn can provide reimbursement and funding to support technology and integration pathway/EHR functionality. In addition to financial incentives, this would include reduction in administrative burdens and development of more efficient care plan approvals.

**3. Recommendation:** Any new care and payment models from CMS that promote the use of clinical pathways, which in my opinion they should, also include a technology incentive for practices to acquire, upgrade and operate efficient EHR and pathways technologies.