



Clinical Pathways in Oncology: Perspectives on Clinical Pathways in Oncology



Panel

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An increasing number of organizations are developing and implementing clinical pathways for oncology as part of an overall shift toward value-based care. Dr Humphreys and Dr Slater shared their perspectives on the top factors that define value when developing and implementing a clinical pathway.

Top factors defining value when developing and implementing clinical pathways for oncology



Clinical outcomes

"Everything starts and stops with outcomes to the patient." – **Dr Evan Slater**

"You better have reviewed all of the relevant clinical guidelines, all the well-published RCTs and meta-analyses, and other high-quality evidence and real-world evidence because there's more and more use of real-world evidence for new treatments for different types of cancers."

– **Dr Sophia Humphreys**



Safety

"We'll do a full comprehensive review of a product and need to be very careful with the tolerability, knowing that it might have added toxicity, either renal, or hematology, or GI. You have to evaluate that before you add it to your system. The worst thing you can do is add a new agent to your existing clinical pathway and have added toxicity." – **Dr Sophia Humphreys**

"We look at the toxicity profiles. We want to make sure patients can tolerate and stay on a drug. These therapies aren't working if the patient is not able to take them." – **Dr Evan Slater**

Top factors defining value when developing and implementing clinical pathways for oncology (continued)



Total cost of care

"If we are looking at products where clinical outcomes and safety are closely tied, total cost of care comes into play." – Dr Evan Slater

"Because we are a faith-based, not-for-profit organization, our goal is to reduce overall total cost of care." – Dr Sophia Humphreys



Contracting and practice economics

"We lean more toward TCOC impacts than true practice economics, but we do have a number of commercial contracts that are value-based in nature." – Dr Evan Slater

"We do a budget impact model when we think about an IDN situation, depending on whether this particular agent is used inpatient only, outpatient only, or mixed." – Dr Sophia Humphreys



Distribution network

"For oral therapies, we'll consider if we are able to maintain those patients within our practice – it's really about being able to manage our patients." – Dr Evan Slater

"When you are adding a new agent to an existing pathway it involves so many different structures and departments – and delivery and supply chain has to be involved." – Dr Sophia Humphreys



Patient satisfaction

"When you develop a clinical pathway, you are not just developing an algorithm or an order set. You are developing a patient experience." – Dr Sophia Humphreys

"Patient preference isn't accounted for per se; however, the end game is always the patient. What the patient and provider decide through shared decision-making conversations is important." – Dr Evan Slater



Getting the right people in the room

"I will engage my oncologist and a pharmacist on my team; I will also have labs, nurses, representatives from financial, including investigation, billing, revenue cycle, and possibly my PA group. Then we sit down, we build a clinical pathway." – Dr Sophia Humphreys

"At a national level we've got pathway committees, but as we filter down to the local level, we have a clinical quality committee and also include our medical director, a local P&T that might really help do more of the research, and we have input from other stakeholders within. It could be subspecialists or a number of different physicians who might provide guidance to really draw up a good action plan that we can present to our quality committee to truly implement a pathway internally." – Dr Evan Slater

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