CLINICAL PATHWAYS AND CANCER CARE DELIVERY

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DISCLOSURES

- o AstraZeneca
- o CVS Caremark
- o MOREHealth

CONTEXTUALIZING CANCER CARE

SYSTEM

INSTITUTION

PATIENT

CELL

GENE

- Define best care
- Standardize and disseminate that care (and the information behind it)
- Influence and oversee care across a network
- Improve clinical trial awareness



- A platform that provides real-time decision-making support across the continuum of cancer care
 - Reflects current standards of care
 - Attempts to decrease unwarranted variation, while supporting warranted, granular variation
 - Supports learning

CURRENT PORTFOLIO: MED ONC

Heme Malignancies	Solid Tumors		
Leukemia/MDSChronic myelogenous leukemiaMyelodysplastic Syndrome	Breast Cancer GI Oncology:		
Lymphoma • Hodgkin's • Non-Hodgkin's • Burkitt's • CLL/SLL • DLBCL / double-hit lymphomas • Follicular • Mantle Cell • Marginal Zone • T-cell Plasma Cell Dyscrasias • Amyloidosis • Multiple Myeloma • POEMS syndrome	ColorectalGastroesophagealPancreatic adenocarcinoma		
	GU Oncology:BladderProstateRenal Cell CarcinomaTesticular		
	GYN Oncology:CervicalEndometrial/Uterine		
	 Ovarian H&N: Squamous Cell Carcinoma 		
	Melanoma		
Waldenstrom's	Neuro-Onc: Glioblastoma		
	Sarcoma: GI Stromal Tumor		
	Thoracic:Non-small cell lung cancerSmall cell lung cancer		



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CURRENT PORTFOLIO: RAD ONC

Radiation Oncology Pathways

Breast Cancer Hematologic Malignancies: Leukemia & transplant GI Oncology: Lymphoma: Hodgkin Anal Lymphoma: Non-Hodgkin **Esophgeal** Multiple Myeloma & Gastric Plasmacytoma Liver Pancreatic adenocarcinoma Soft Tissue: Rectal Sarcoma Bone metastases GU Oncology: Bladder Skin: **Prostate** Cutaneous (non-melanoma) Melanoma **Testicular GYN Oncology:** Thoracic: Cervical Non-Small Cell Lung Endometrial/Uterine Small Cell Lung **Vaginal**

H&N: Squamous Cell Carcinoma

Neuro-Onc:

Vulvar

- Primary CNS tumor
- Brain metastases

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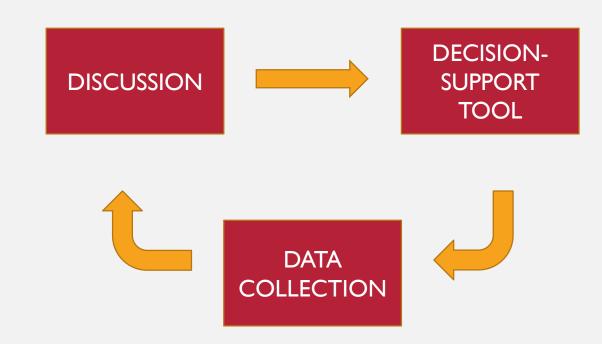
CHALLENGES IN IMPLEMENTATION

- Role of pathways for expert users?
- Cancer care should not be one-size-fits-all
- Impact on workflow
- Pathways are too cost-driven



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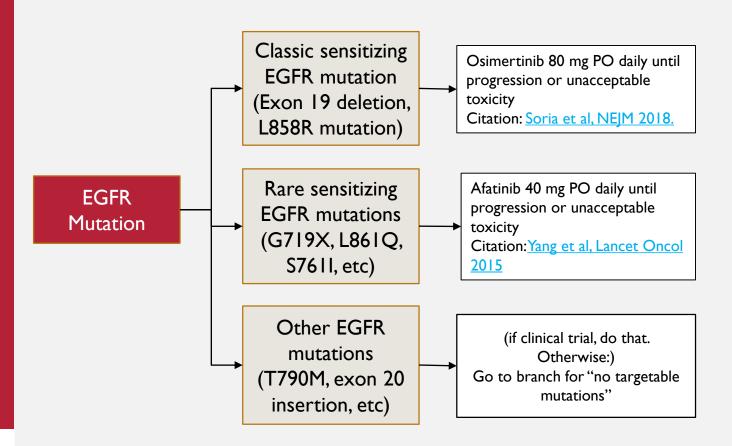
CHALLENGE: ROLE OF PATHWAYS FOR EXPERT USERS





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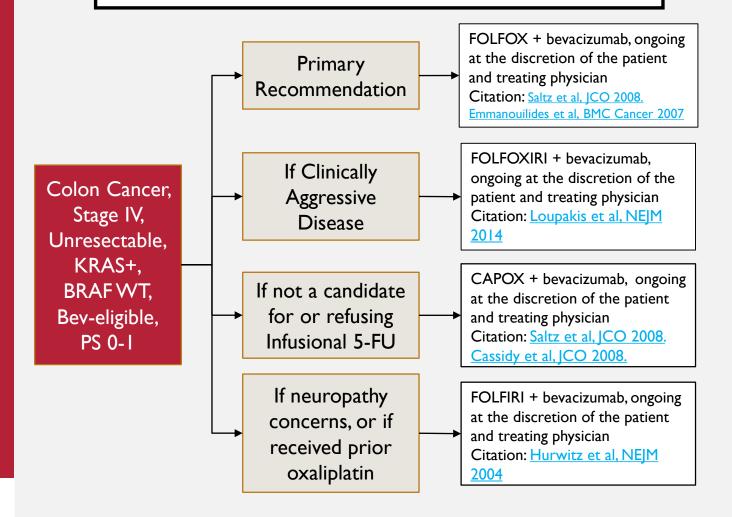
CHALLENGE: CANCER CARE SHOULD NOT BE ONE-SIZE-FITS-ALL





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MESSAGING and INCENTIVES

- Support physicians to provide the best care for the patient in front of them
- Incentives: System usage, not on-pathway rate
- System usage supports learning



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CHALLENGE: WORKFLOW

- Click reduction
 - Minimizing navigation
 - What can be imported?
- Other opportunities for efficiency
 - Embedded resources
 - Clinical trial links
 - Side effects / Chemo consent
 - Patient education sheets
 - Citations
 - Educational opportunities:
 - Minutes
 - Network Updates



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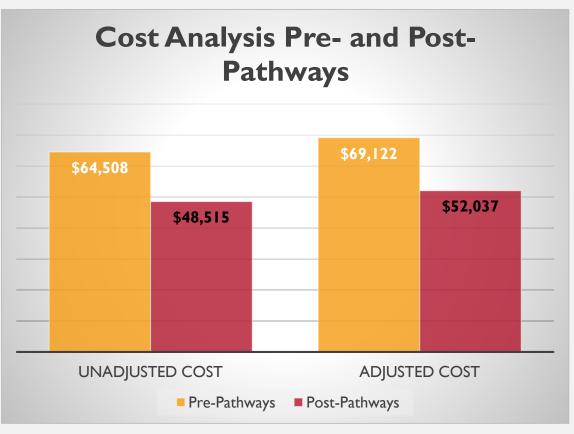
CHALLENGE: PATHWAYS ARE TOO COST DRIVEN

- Costs: Inclusion and Messaging
 - Make cost a routine part of discussion
 - Medicare allowables drug cost
 - Never margin/reimbursement
- Opportunities for Cost Containment
 - Prior Authorization
 - Cost-conscious pathway choices where appropriate



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SCOPE OF EFFORT

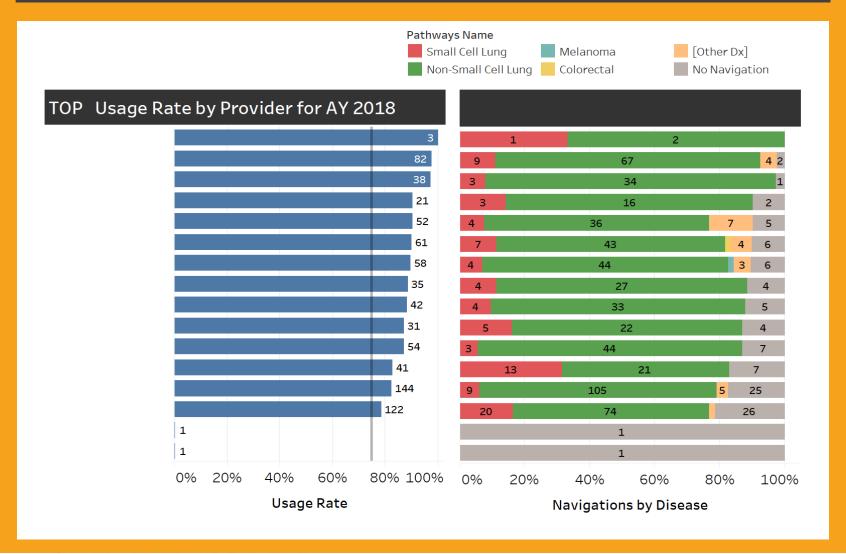
Prior state (Content Development, Program maintenance)

- Leadership: Operations Director, Medical Director
- Pathways Team: Program Manager, 3 project managers, data analyst, IT project manager
- Pharmacy: Lead pathways pharmacist, 6 other pharmacists
- MD champions: 28 Med Oncs, 16 Rad Oncs
- 12 disease center research coordinators

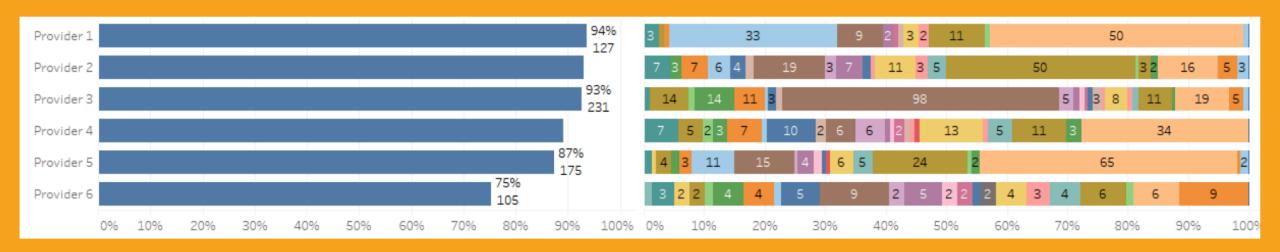
PATHWAYS AS LEARNING TOOL



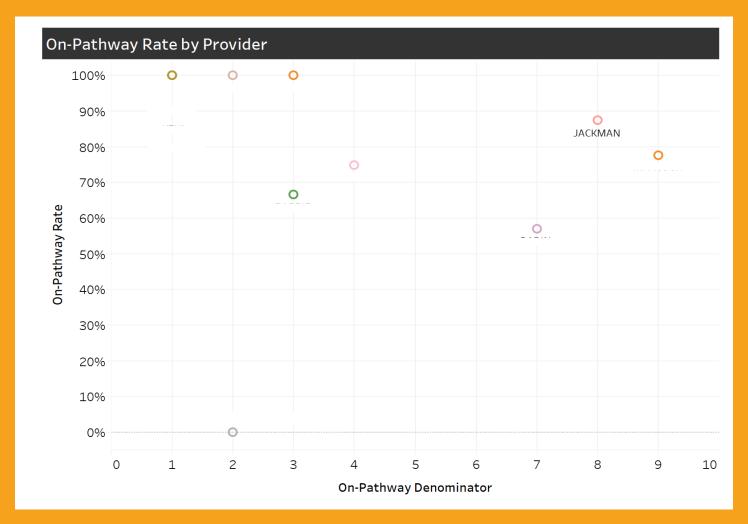
USAGE RATE AND DISTRIBUTION



USAGE RATE AND DISTRIBUTION



ON-PATHWAY RATE BY PROVIDER



DECISIONS BY BRANCH

Navigation Type by Disease, Includes All Locations								
Pathways Name	Patient Presentation 1	Patient Presentation 2	On-Pathway	Off-Pathway Off-Treatment				
Non-Small Cell Lung	Local Recurrence	Unresectable		1				
	Stage III	Potentially Resectable	1					
		Resected	3					
		Unresectable	2					
	Stage IV Metastatic	Non Squamous	31	14				
		Squamous	4					
Small Cell Lung	First Line	Extensive Stage	4					
	Second Line	Relapse 3 - 6 Months		1				
		Relapse < 6 Months	4	1				
		Relapse ≥ 6 Months	1					
	Third Line and Beyond	No CNS Metastases or CNS Metastases Can Be Controlled by Local Therapy	1					



Metastatic, Clear Cell

Metastatic

SPECIFIC DECISIONS BY BRANCH

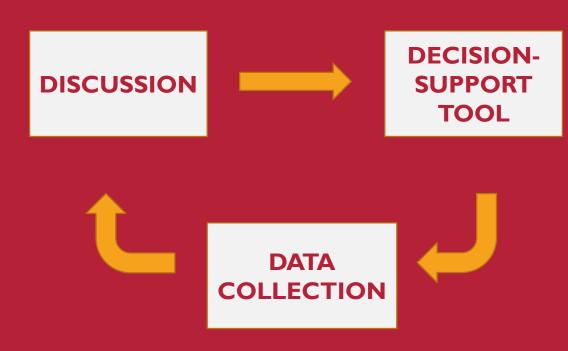
First Line		Cabozantinib (tablet)	6.45%	Decision Type (group) 1	
			Other Trial - 15-592	3.23%	On-Pathway OR Clinical Trial Off-Pathway
			Other Trial - 17-397	3.23%	
	On-Pathway OR Clinical Trial	Pazopanib	19.35%		
			Trial 15-592: Atezolizumab + Bevacizumab In nccRCC	3.23%	
	First Line		Trial 17-038: Lenvatinib + Everolimus or Pembrolizumab VS Sunitinib in RCC	22.58% 7	
			Trial 17-064: Nivolumab in Renal Cell Carcinoma	16.13% 5	
		Off-Pathway	Cabozantinib (tablet)	9.68%	
			Nivolumab	3.23%	
			Nivolumab, Ipilimumab, Nivolumab	9.68%	
			Radiation	3.23% 1	
This Fou Line		On-Dathway OP Clinical Trial	Cabozantinib (tablet)	29.41% 5	
	Second		Nivolumab	23.53% 4	
	Line		Trial 17-064: Nivolumab in Renal Cell Carcinoma	47.06%	
	On-Pathway OR Clinical Trial Third Line Off-Pathway	On-Pathway OR Clinical Trial	Axitinib	11.11% 1	
			Cabozantinib (tablet)	55.56% 5	
			Trial 15-569: GS-16C3F vs Axitinib In Metastatic Renal Cell Carcinoma	11.11% 1	
		Trial 16-527: TAK-228 in Renal Cell Carcinoma	11.11% 1		
		Off-Pathway	Cabozantinib (tablet)	11.11% 1	
	Fourth Line and On-Pathway OR Clinical Trial Beyond	Axitinib	33.33% 2		
		and On-Pathway OR Clinical Trial	Everolimus, Lenvatinib	33.33% 2	
			Other Trial - 17-634	16.67% 1	
			Trial 17-084: Combination Therapies in RCC	16.67% 1	



Systemic Therapy

Indicated

FUTURE STATE: WHERE DO PATHWAYS FIT



INTEGRATION

- To improve the decision-support tool
- To facilitate data collection & analysis
- To reduce inefficiencies

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