

# ClinicalPath

## The impact of evidence-based oncology pathways: Proven results for cancer centers



New developments in cancer research and treatment, along with a focus on value-based care, make oncology practice more promising. Yet, it is more challenging than ever to deliver quality care and remain profitable. Predictability is your key to clinical and financial success — because predictable treatment decisions lead to more predictable outcomes and costs.

To reach predictable outcomes and keep up with changes in oncology, you'll need to apply evidence to every care decision and analyze the effects of those decisions across your cancer center. ClinicalPath provides evidence-based oncology pathways in the clinical workflow, along with reliable analytics that support and optimize your care decisions.

Through the proven results below, learn how cancer centers like yours use ClinicalPath to help standardize treatment, analyze practice patterns, and run successful clinical trials programs.

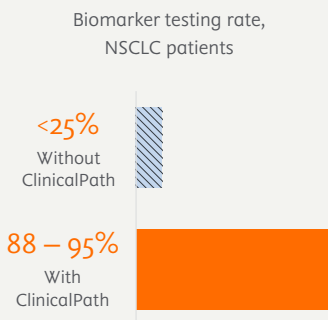


# Narrow the band of variability in care decisions

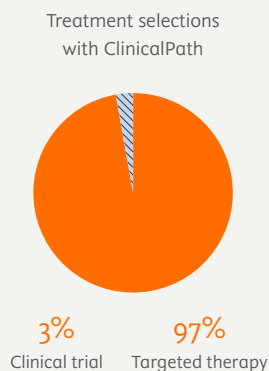
When oncology pathways are unavailable, physicians must select from multiple treatment options that may seem equally appropriate. This causes unpredictable care variations that can increase your risk and cost. ClinicalPath's treatment recommendations are prioritized based on efficacy, toxicity and cost by a nationwide committee of oncologists, so you can give your clinicians the evidence they need in their workflow to help them make optimal treatment decisions.

## Pathways support appropriate use of targeted therapies

While targeted therapies can improve patient outcomes, physicians often lack clarity around testing and treatment. A recent study found less than 25% of non-small cell lung cancer (NSCLC) patients received appropriate biomarker testing.<sup>2</sup>

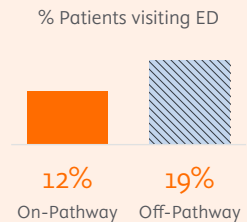
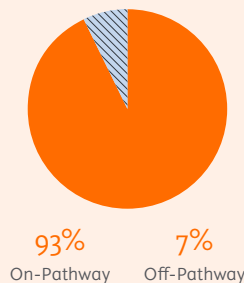


When using ClinicalPath, biomarker testing rates ranged from 88 – 95%. Among suitable patients, 97% were then prescribed an appropriate targeted therapy and 3% were referred to a clinical trial.<sup>3</sup>



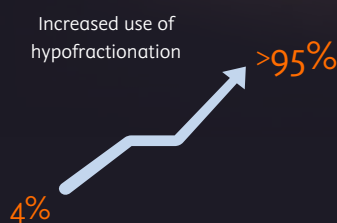
## Standardized treatment helps to reduce patient adverse events

At a large cancer network, 412 (93%) of Stage 2 breast cancer patients were treated on pathway (including clinical trials), while 32 (7%) were off pathway. By using pathways to standardize treatment, there was a significant reduction in ED/hospital utilization for on-pathways patients.<sup>1</sup>

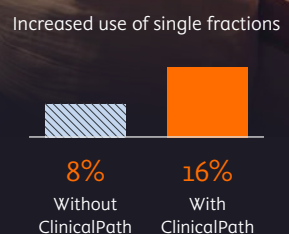


## Hypofractionated radiation treatment can deliver comparable outcomes and lower costs than conventional therapy<sup>4</sup>

ClinicalPath helped to increase adoption of appropriate hypofractionated whole breast irradiation for patients under age 50 from 4% to >95% within one year.<sup>5</sup>



A radiation oncology network increased use of single fractions for bone metastases by 108% with ClinicalPath, from around 8% (in line with national rates) to around 16%.<sup>6</sup>



# Profile your oncology practice patterns at every level

The shift to value-based care and new payment models requires evidence-based practice and advanced analytics. With clinical analytics from ClinicalPath, you can align your practice around recommended treatment pathways. And you can use operational analytics to improve contract negotiations and find cost-saving efficiencies. Complete, structured and accurate data from ClinicalPath will help you focus your care quality efforts to get the most benefit.

Change of treatment drug generates annual cost savings

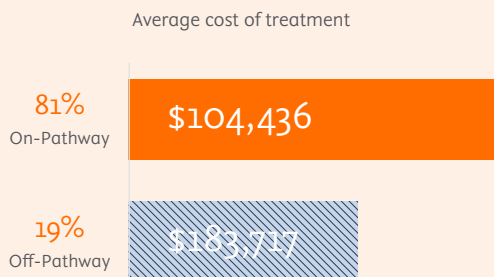
## >\$700K savings annually

Two health networks saved over \$700,000 annually by using ClinicalPath to enable changes in prescribing patterns from one chemotherapy to another shown to be equally efficacious at lower cost.<sup>7</sup>



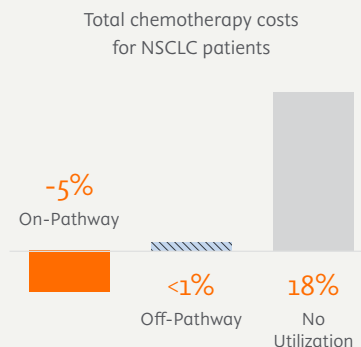
## Adoption of pathways results in significant savings

81% of NSCLC patients were treated on pathway while 19% were treated off pathway. Mean cost for treating the on-pathway group was \$104,436 compared to \$183,717 off-pathway.<sup>9</sup>

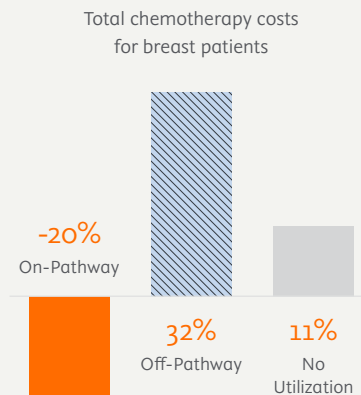


## Total chemotherapy costs decrease

Per-member-per-month total chemotherapy costs for NSCLC patients decreased around 5% when oncologists' treatment decisions were on-pathway. By comparison, the off-pathway and no utilization groups had cost increases.<sup>8</sup>



Costs for breast patients treated on-pathway decreased 20%, compared to cost increases of 32% and 11% for off-pathway and no utilization groups.<sup>8</sup>



## Embed clinical trials into your workflow

Clinical research attracts physicians who dream of a cure for cancer. To run successful clinical trial programs, you need insight into trial selection and performance. ClinicalPath presents relevant trials as the first option in your physicians' workflow, and delivers analytics on which trials are most likely to accrue and which ones to consider closing. With ClinicalPath, you can build a specialized trial portfolio that fits your patient population and gives more patients opportunities for life-changing care.

Provides awareness of locally available clinical trials

**>3X** The national average for clinical trial accruals

By using ClinicalPath to match patients to open clinical trials during a 12 month period, 14% of those patients were accrued to a clinical trial — more than 3x the national average.<sup>10</sup>

Increases efficiency in clinical trial accruals



An oncology program accelerated trial accruals with ClinicalPath, adding 102 patients in 271 days vs. the 459 days previously required to add a similar number of participants.<sup>11</sup>

Learn more and contact us at [elsevier.com/clinicalpath](https://elsevier.com/clinicalpath)

### Illustrative Case Studies

<sup>1</sup> Weese James, et al. Use of treatment pathways reduce cost and decrease ED utilization and unplanned hospital admissions in patient (pts) with stage II breast cancer. *J Clin Oncol* 37, no. 15\_suppl, 2019.

<sup>2</sup> Enewold Lindsey, et al. Real-World Patterns of EGFR Testing and Treatment with Erlotinib for Non-Small Cell Lung Cancer in the United States. *PLoS One*, June 13, 2016.

<sup>3</sup> Ellis Peter G. Actionable biomarkers in a non-small cell lung cancer (NSCLC) clinical pathway (CP). *Journal of Clinical Oncology*, presented February 26, 2016.

<sup>4</sup> Hunter Darren, et al. Cost-containment in hypofractionated radiation therapy: a literature review. *Journal of Medical Radiation Sciences*, March 13, 2018.

<sup>5</sup> Rodriguez-López JL, Ling DC, Heron DE, Beriwal S, et al. Lag Time Between Evidence and Guidelines: Can Clinical Pathways Bridge the Gap?. *Journal of Oncology Practice*, 2019.

<sup>6</sup> Gebhardt Brian J, et al. Impact of dynamic changes to a bone metastases pathway in a large, integrated, National Cancer Institute-designated comprehensive cancer center network. *Practical Radiation Technology*, November-December 2015.

<sup>7</sup> Ellis PG, O'Neil BH, Earle MF, et al. Clinical Pathways: Management of Quality and Cost in Oncology Networks in the Metastatic Colorectal Cancer Setting. *Journal of Oncology Practice*, May 1, 2017.

<sup>8</sup> Pracilio Csik V, et al. Pathways Impact on OCM Drug Cost. *J Clin Oncol* 37, 2019 (suppl 27; abstr 109).

<sup>9</sup> Weese James, et al. Use of treatment pathways reduce cost and increase entry into clinical trials in patients (pts) with non-small cell lung cancer (NSCLC). *J Clin Oncol* 38: 2020 (suppl; abstr e21000).

<sup>10</sup> Ellis PG, Weese JL, et al. Clinical pathways as a platform to support clinical research. *Proceedings of the 107th Annual Meeting of the American Association for Cancer Research*, 2016 (ABSTR 2594).

<sup>11</sup> Shamah CJ, Saphner TJ, et al. Effect on clinical trial participation by integration of a clinical pathway program into an electronic health record (EHR). *J Clin Oncol* 34, 2016 (suppl 7S; abstr 167).

