Clinical Pathways Congress

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JCP
Can Clinical Pathways Support Person-Centered Care and Improve Outcomes?
Faculty

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Dr Balch has no disclosures.

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Learning Objectives

• Understand the importance of designing decision support tools that can identify appropriate variations in care as well as help reduce inappropriate variations in care
• Learn insights into the value patients place in having a solid relationship with their doctor
• Learn how clinical pathways can support shared decision making and clinical judgment
• Explain the process of development of clinical pathways
• Differentiate relative perspectives of insurers, healthcare systems, and patients in regard to clinical pathways
• Describe how healthcare can be individualized within clinical pathways to accommodate patient preferences
The Stars Are Aligned for Personalized Care

• A personalized approach is more consistent with multiple emerging factors:
  – Precision medicine
  – Cost shifting to the patient
  – Payment models shifting from volume to value
  – IT interfaces and mobile technology

IT = information technology.
Personalization

- Disease and illness are very personal and vulnerable experiences
- Personalization identifies appropriate variation in care based on the unique characteristics of the individual
- This approach should provide better outcomes at a lower cost when it allows the right treatment to be applied to the right patient at the right time
Standardization

- In some cases, a standardized approach to certain treatment regimens may provide better outcomes at a lower cost (e.g., certain surgical procedures).
- Appropriately applied, standardization can reduce unnecessary variability, errors, and expenses.
- A standard for one subpopulation may not be an appropriate standard for another subpopulation (e.g., variation in colon cancer screening by race).
What Do Patients Want?

Study: N = 1,349 low-income cancer patients; 90% in treatment in the last 12 months

• How important is it to you that your treatment be highly personalized to the unique characteristics of your cancer?
  – 83% said extremely important

• How important is it to you that you receive the standard of treatment for most patients diagnosed with the same or similar cancer as yours?
  – 57% said extremely important

• If you had to choose…?
  – 96% said highly personalized treatment

Unpublished Patient Advocate Foundation survey data.
2017 Qualitative Insights
15 to 20 interviews

Conducted by Gwen Darien, Rebecca Kirch, and Chris Wilson

Key opinion leaders who have experienced serious illness

Patients and caregivers

Conducted in February and March of 2017
Interview Themes

• “Good” experiences are those in which the medical team includes discussion of what is important to the patient at every stage of treatment and care
• While patients want a coordinated team approach, having one doctor who is at the center of their care and with whom they have a trusted relationship is critical
• There are often numerous critical decision-making points throughout the course of the illness, but the most vulnerable and difficult time often comes at the point of diagnosis
Interview Themes

3 things that come up in every interview:

- **Respect**—seeing and treating each person as an individual, not making assumptions or judgments.
- **Listening**—having a genuine 2-way discussion, not just dictating treatment or “hearing without actually listening”.
- **The Personal Connection**—wanting a relationship, or at least to be acknowledged on a personal level by the doctor or provider.
Costs and Quality

...one component of costs is only... for the quality...
Roadmap to Consumer Clarity in Healthcare Decision Making
Roadmap Principles

• What matters most will **vary** from patient to patient and will change over time
• What matters needs to be **reassessed on a regular basis**
• Patients and caregivers need **timely, usable information** about the costs, benefits and risks of their care
• Understanding requires both **hearing the individual patient voice** in patient provider interactions and the **collective voice** through data collection and analysis
• **All patients are capable of making shared decisions** about their care, regardless of their health and social status or health literacy
• **All patients expect and deserve respect** and benefit from a collaborative, cooperative relationship
Identifying the Key Activities

- Shared decision making
- Decision-support tools
- Care plan
- Care coordination and navigation
- Quality measurement
- Patient-reported outcomes
Defining Options

• Engaging consumers requires personalizing options, not necessarily maximizing them.
• Criteria and tools used to narrow potential options should reflect appropriate customization, not just what the doctor or insurer has determined a priori should be most important.
Decision Support Tools

• Decision aids can be used when there is more than one reasonable option, when no option has a clear advantage, and when each option has benefits, harms, and costs that patients may value differently.
• Capture and apply personal goals, needs, and preferences to align with choices about treatment options personalized to benefits, risk, and costs.
• Adjust for certain variables that may impact care selection including race/ethnicity, transportation, genetics, and financial toxicity.
Feedback Loop for Rapid Learning Environment

Decision Support Tools

Information about benefits, risks and costs

Shared Decision Making → Care Planning → Outcomes
Care Coordination and Navigation

- Expression of personalized goals, needs, and preferences matched against treatment options personalized to benefits, risks, and costs
  - Adjusted for certain variables that may impact appropriate treatment selection
- Development of a goal-concordant care plan that includes identification of social support and care navigation needs
- Data collection and sharing to track adherence and progress
  - Patient reporting on quality of life, functional status, health status, and safety
  - Care coordination and navigation, especially for high-cost and high-needs patients
Person-centered Decision Support Tools

- Focus on patient health and quality of life, not just treatment
- Focus on finding out what truly matters to patients and how/why that varies
- Engage the patient to help arrive at a care regimen that reflects the balance that is right for them between benefit, risk, and cost
- Measure outcomes that matter to patients, and involve patients in selecting and reporting those outcomes
Pathways Recommendations

• Properly designed and implemented pathways should:
  – Support clinical judgment with access to the best evidence
  – Help customize treatment and care protocols to the unique characteristics of the patient (ie, precision medicine)
  – Reduce errors, costs, and variability in care
  – Navigate patients through various healthcare decisions, including clinical trials

• Patients need to have confidence that pathways will not simply be a hidden tool to steer them to a limited range of treatment options pre-selected by an external stakeholder based on cost savings

More Pathway Recommendations

- Focus on improving patient health outcomes and quality by measuring whether or not the pathways are improving quality of care.
- Be based on efficacy and safety as the primary design variables while incorporating relevant personalized/precision drivers.
- Allow for differences in the clinical and biological characteristics of individual disease processes.
- Use total cost of care as the last factor in defining initial on-pathway selection.
- Enable patients and their providers to consider additional cost information as a secondary step in the process.

The Future of Clinical Pathways

• Pathways should focus less on promoting a predetermined outcome assumed to be right for nearly all patients and more on providing a process that facilitates shared decision making and personalization.

• Reducing variability means increasing the likelihood that the patient gets the right treatment for them rather than a treatment that may not be the best fit, and not necessarily the same treatment as the patient before them.

• A pathway should help ensure that at various points along the care continuum, the patient receives evidenced-based interventions unique to them (which often will be standard of care).

Decision Support Tools Must Promote Appropriate Variation and Standardization

- Decision support tools should help identify opportunities to standardize care when inappropriate variations exist that can impact cost, outcomes, and patient satisfaction.
- They should also help identify opportunities for appropriate variations in care that are likely to improve outcomes and patient satisfaction.

Preserving Clinical Judgment

- Patients place great value in having trust in and mutual respect for the care team
- How do we avoid pathways becoming a tool for “cookie-cutter” approaches that supersede clinical judgment?
- Physicians must retain some freedom to consider a range of viable treatment options and, with the patient, carefully weigh the risks, benefits, and costs associated with them
- If reasonable clinical evidence exists to support one drug treatment regimen over another for a patient, then healthcare professionals should be trusted to follow the evidence without an extra financial incentive to do so

Physician Perspective

• Goals of pathways
  – Consistent care
  – Quality
  – Cost savings
  – Streamlined insurance approval

• Challenges
  – Every patient is different
  – Each patient has different goals
  – How to create pathways that encompass the heterogeneity of the disease, individual patient goals, and constraints of the system
  – How to achieve multidisciplinary treatment
How Physicians Develop Pathways

- Outline of sections
  - Committee members
  - Diagnostic evaluation
  - Criteria for treatment
  - Initial treatment
  - Treatment for relapse
  - Maintenance regimens
  - Dosing for regimens
  - Supportive care
- Ongoing review (eg, annual)
- Monitor adherence, expectation (eg, 80% compliance)
Standardized Clinical Pathways: an Example

- National Comprehensive Cancer Network
- McKesson
- US Oncology
  - “Value Pathways for Cancer Care”
    - Pathways Task Force
    - Pharmacoeconomic Impact
Patient Preferences

- Quality of life
- Longevity
- Cure
- Ease of administration
- Reduced pain
- Improved energy
- Reduced symptoms (e.g., anorexia, nausea)
- Travel
- Family
Insurer Mandate

• Incentives
  – Per-month per-patient payment if an insurer-recommended regimen
• “Insurers Push to Rein in Spending on Cancer Care”—Wall Street Journal, May 27, 2014
• “Best drugs, best protocols”
• Safety, equivalent outcome
NCCN Evidence Blocks™

NCCN EVIDENCE BLOCKS CATEGORIES AND DEFINITIONS

Efficacy of Regimen/Agent

5 Highly effective: Often provides long-term survival advantage or has curative potential
4 Very effective: Sometimes provides long-term survival advantage or has curative potential
3 Moderately effective: Modest, no, or unknown impact on survival but often provides control of disease
2 Minimally effective: Modest, no, or unknown impact on survival and sometimes provides control of disease
1 Palliative: Provides symptomatic benefit only

Quality of Evidence

5 High quality: Multiple well-designed randomized trials and/or meta-analyses
4 Good quality: Several well-designed randomized trials
3 Average quality: Low quality randomized trials or well-designed non-randomized trials
2 Low quality: Case reports or clinical experience only
1 Poor quality: Little or no evidence

Consistency of Evidence

5 Highly consistent: Multiple trials with similar outcomes
4 Mainly consistent: Multiple trials with some variability in outcome
3 May be consistent: Few trials or only trials with few patients; lower quality trials whether randomized or not
2 Inconsistent: Meaningful differences in direction of outcome between quality trials
1 Anecdotal evidence only: Evidence in humans based upon anecdotal experience

Affordability of Regimen/Agent (includes drug cost, supportive care, infusions, toxicity monitoring, management of toxicity)

5 Very inexpensive
4 Inexpensive
3 Moderately expensive
2 Expensive
1 Very expensive

Note: For significant chronic or long-term toxicities, score decreased by 1

National Comprehensive Cancer Network.
What about Personalized Medicine?

- Rare disorders (don’t fit into usual diagnoses)
- Tailor to individual characteristics (eg, age, performance status)
- Genomic variation (eg, mutations)
- Functional screening
- Gene expression
• **Personalized Medicine**: The right therapy at the right dose for the right individual (unique to that person)

• **Precision Medicine**: An emerging approach that takes into account individual variability in genes, environment, and lifestyle for each person (NIH-preferred term)

• **Pharmacogenomics**: How genes affect a person’s response to particular drugs
  – New field combines pharmacology (the science of drugs) and genomics (the study of genes and their functions), tailored to variations in individuals
Personalization Based on Medical Features

- Diagnostic subtypes (e.g., World Health Organization classification)
- Stage (imaging)
- Laboratory test findings
- Predictive scoring system (risk stratification)
- Mutations (e.g., EGFR, BRAF, etc, have certain targeted inhibitors)
- Resistance mutations (usual drugs will fail, so need alternatives)
- Restage after treatment, decide if additional treatment needed
Incorporating Mutation Data in Pediatric Oncology

- Precision Medicine in Pediatric Oncology: Translating Genomic Discoveries into Optimized Therapies.

Individualize Patient Priorities

- Quality vs quantity of life
- Travel
- Time in treatment
- Cost (copayments, uncovered expenses, higher tier drug)
- Side effects
- How prior medical history or experience impacts decisions
Do Clinical Pathways Improve Outcomes and Reduce Costs?

• A few examples, but more studies needed
    ▪ Shorter length of stay, reduced cost of hospitalization
    ▪ Improved functional outcomes, reduced length of stay, cost savings
Thank you!
Questions?