Clinical Pathways Get an In-Depth Look in Evidence-Based Oncology

The growth of clinical pathways in cancer care brings opportunities to improve quality and control cost, but there are frustrations, too. Physicians want to retain some freedom and are pushing back against the administrative jungle from multiple payers, according to a special issue of Evidence-Based Oncology, a publication of The American Journal of Managed Care.

PLAINSBORO, N.J. (PRWEB) April 20, 2016 -- Clinical pathways in oncology have many benefits: they can ensure that patients who see different doctors at different sites get the same level of care. They can also weed out overuse of unnecessary and costly medication.

But, as some authors in the current issue of Evidence-Based Oncology (EBO) suggest, is it possible to have too much of a good thing? (For the full issue, click here.)

Growth in the number and diversity of pathways—with different requirements from different payers—is raising concerns about the effect on physicians, practices, and ultimately patients, according to Robin Zon, MD, FACP, FASCO, who writes about the task force and guidance on clinical pathways created by the American Society of Clinical Oncology (ASCO) in the current issue of EBO, a publication of The American Journal of Managed Care.

While pathways are intended to improve care, Zon writes, they are not for every patient, and ASCO’s guidance reflects that feedback. “ASCO members have articulated concerns regarding the current proliferation of pathways in oncology, including lack of transparency, administrative burden, and other factors that could affect patient access and care quality,” she writes.

Pairing the need to limit variation with the goals of precision medicine—in which care is tailored to the patient—is a balancing act best led by providers, according to a commentary led by Alan J. Balch, PhD. Putting clinicians in charge of pathway development will ensure quality, transparency in their development, and opportunities for the patient’s voice to be heard, the authors say in “Recommendations for the Role of Clinical Pathways in an Era of Personalized Medicine.”

The need for real-time standards and accountability in cancer care—a goal of pathways—is what fueled the creation of the next step, the Oncology Medical Home, an accreditation model of the Commission on Cancer of the American College of Surgeons. A commentary led by Commission Chair Daniel P. McKellar, MD, FACS, addresses the five goals of the model: patient engagement, expanded access, evidence-based medicine, team-based care, and quality improvement.

Finally, the current issue features coverage of a panel discussion on the reasons why adoption of clinical pathways has been slow in some areas. Taking part were Robert Dubois, MD, PhD, chief science officer and executive vice president, National Pharmaceutical Council, and Blase N. Polite, MD, MPP, associate professor of medicine, chief quality officer, Section of Hematology/Oncology, University of Chicago. Polite also serves on the American Society of Clinical Oncology’s Value Task Force and their Payment Reform Working Group. The panel also included 2 experts from organizations that develop clinical pathways: Michael Fisch, MD, MPH, medical director, Medical Oncology, AIM Specialty Health (a division of Anthem), and Kathy Lokay, president and CEO, Via Oncology.
At their best, clinical pathways offer a set of “system-based tools for creating greater cohesion in cancer care,” writes EBO Editor-in-Chief Joseph M. Alvarnas, MD, associate clinical professor and director of Medical Quality at City of Hope. As a new tool, they are still changing. “Care pathways have the potential to evolve as medical technologies advance, so that physicians can practice effective stewardship of healthcare resources, including molecular diagnostic and imaging studies and high-cost pharmaceuticals,” he writes.

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