



**Via Oncology’s Support for ASCO’s Clinical Pathways Recommendations**

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On January 12, 2016, ASCO published a policy statement regarding clinical pathways in oncology. In the article, ASCO raises concerns about the processes being used for pathways development, the administrative burdens on oncology practices and the need to understand the true impact of pathway use on patient health outcomes. Additionally, ASCO makes nine recommendations for clinical pathways development and implementation. Via Oncology fully supports these recommendations and has a business model, product and process that complies with these recommendations.

First, Via Oncology’s business model is unique from other pathway vendors in that we are provider-facing only. We do not contract with or earn any fees from payers. Via Oncology was founded with the strongly-held belief that the consistent application of evidence-based care drives quality and makes care more cost-effective for both patients and providers. Additionally, we believe that oncologists are the most qualified to drive advancements in the field, and that a systemized, provider-driven model is ultimately better for patients, providers and payers than solutions developed by others. Our hope is that – as more and more practices adopt pathways - this provider-driven approach will continue to gain momentum over payer-driven solutions. If offered a more transparent and measurable solution to cancer treatment, with widespread adoption by oncologists, payers should be eager to get out of the business of regulating cancer care.

The following are ASCO’s recommendations for clinical pathways in oncology, and Via Oncology’s support for each:

	ASCO’s Recommendation	Via Oncology’s Support
1	A Collaborative, National Approach Is Necessary to Remove the Unsustainable Administrative Burdens Associated With the Unmanaged Proliferation of Oncology Pathways	Via Oncology contracts with providers, not payers. We believe that pathways should be developed and maintained by oncologists who use those same pathways to make treatment decisions for their patients. By adopting a single set of pathways, health practices are also able to benefit from consistency of care across all of their providers, regardless of the patient’s insurance plan. Thus, our goal is to arm our provider customers with a better solution to offer to their payers (vs. prior authorization or payer-facing pathways). This offer includes transparency and reporting of On and Off Pathway information by member to their Payer.
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	<p>Oncology Pathways Should Be Developed Through a Process That Is Consistent and Transparent to All Stakeholders</p>	<p>The content development process for the Via Pathways is open to all providers who use the Via Pathways. Providers are encouraged to participate in quarterly disease committee meetings. Minutes and evidence reviews are published within the Via Portal for viewing by all providers and their staff. Co-chairs for the Via Pathways Disease Committees provide Conflict of Interest Disclosures which can be viewed on Via’s public-facing website (<a href="http://www.viaoncology.com">www.viaoncology.com</a>) and which are displayed during the opening of each Disease Committee meeting. The methodology for the development and maintenance of the Via Pathways is outlined on its public-facing website. Finally, each provider is able to share the content of the Via Pathways with their patients. Via Oncology also makes all Via Pathways content available to patient advocacy organizations for both oversight and transparency purposes.</p> <p>Via Oncology Disease Committees only consider cost in their recommendations when the evidence between two options shows comparability in both outcomes and toxicities. Cost is the determinant for the medical oncology pathway recommendations less than 3% of the time.</p> <p>Disease Committees are supported administratively by Via Oncology staff but all decision-making regarding the content of the Via Pathways is made by the oncologists who are members of that Disease Committee. The decision-making process occurs during quarterly meetings with a goal of full consensus for each decision.</p> <p>Finally, it is important to note that Via Oncology does not earn any revenues from payer, patient or practice cost savings. Our licensing fees are per physician per month rates. We are incentivized to deliver a high-quality product to providers that is easy to use and allows for provider-driven content and functionality.</p>
3	<p>Oncology Pathways Should Address the Full Spectrum of Cancer Care, From Diagnostic Evaluation Through Medical, Surgical, and Radiation Treatments, and Include Imaging, Laboratory Testing, Survivorship, and End-of-Life Care</p>	<p>The goal of Via Oncology is to provide pathways and guidance for the entire spectrum of cancer care. Our current disease coverage represents over 90% of all cancers. Today, the Via Pathways cover the following elements of care:</p> <ul style="list-style-type: none"> <li>• Recommendations for biomarker testing and interpretation of results in terms of appropriate drugs</li> <li>• Guidance on other key steps in work-up, such as imaging</li> <li>• Medical, Gynecological, Radiation and Surgical Oncology, as well as Malignant Hematology treatments</li> <li>• Corresponding links to citations, regimen overviews and evidence reviews</li> <li>• Oral drug monitoring guidance</li> <li>• Adverse events monitoring guidance for immuno-oncology drugs</li> <li>• Surveillance/survivorship pathways, including the ability to generate a patient-facing Treatment Summary and Survivorship Plan</li> </ul>

		<ul style="list-style-type: none"> <li>• Advance care planning prompts, patient-facing materials and prognostic questions that drive secure emails for palliative care engagement</li> <li>• Symptom management pathways (both nurse triage and treatment pathways)</li> </ul> <p>Over the next 12-18 months, the Via Pathways will be expanded to include more specific guidance on imaging during work-up and monitoring.</p> <p>Additionally, Via Oncology maintains patient-facing educational materials for each medical oncology treatment regimen (for each drug in that regimen; written at a 5<sup>th</sup> grade level) and commonly occurring symptoms.</p> <p>Finally, Via Oncology provides links to the Patient Assistance Program for each branded drug.</p>
4	<p>Oncology Pathways Should Promote the Best Possible Evidence-Based Care in a Manner That Is Updated Continuously to Reflect the Rapid Development of New Scientific Knowledge, As Well As Insights Gained From Clinical Experience and Patient Outcomes</p>	<p>The Via Pathways are updated quarterly for Medical/Gyn/Hem Oncology, and semi-annually for Radiation and Surgical Oncology. These updates occur during the regularly-scheduled Disease Committee webinars which are open to all providers who use the Via Pathways.</p> <p>Additionally, if new data are published that are deemed significant to clinical care, the Co-Chairs of any Disease Committee can call an ad hoc meeting to address the new data immediately. All changes from the Disease Committee process are made to the Via Pathways for all customers within 30 business days of the Disease Committee meeting (timeline is necessary for minutes, evidence reviews, authoring changes in the software and subjecting those changes to four levels of quality assurance, including both pharmacist and physician review).</p>
5	<p>Oncology Pathways Should Recognize Patient Variability and Autonomy, and Stakeholders Must Recognize That 100% Concordance With Oncology Pathways Is Unreasonable, Undesirable, and Potentially Unsafe</p>	<p>The goal of the Via Pathways is to provide consistency of care for the majority of patients, recognizing that individual presentations or preferences will always occur. We have found that approximately 81% of treatment decisions align with the primary or secondary treatment recommendations identified in the Via Pathways. The other 19% of treatment decisions are Off Pathway, based on the unique needs of the patient and the physician’s preference. Via Oncology not only recognizes this as normal, but encourages providers to consider Off Pathway if it is the best course of treatment for the patient. Physicians can easily go Off Pathway during navigation, and can also document the reason for going Off Pathway and the alternative treatment selected.</p> <p>Via Oncology Disease Committees review actual pathway utilization (including Off Pathway instances and rationale) to continuously Q/A the content and its use by physicians. This allows the committee to identify areas where data may be misunderstood or variably interpreted and allow for changes if appropriate. This</p>

		<p>also sometimes leads to identifying additional patient presentations that had not previously been addressed. It is a continuous process improvement.</p>
6	<p>Oncology Pathways Should Be Implemented in Ways That Promote Administrative Efficiencies for Both Oncology Providers and Payers</p>	<p>Via Oncology works to minimize the administrative burden of adopting the Via Pathways in a number of ways:</p> <ul style="list-style-type: none"> <li>• Using HL7 interfaces to present physicians with the right patient at the right time</li> <li>• Enabling single sign on and access from within the EMR</li> <li>• Preserving all data/history from prior visits</li> <li>• Integrating as fully as possible with EMR vendors, ranging from summary notes that are passed back into the patient’s chart to regimen filtration. With one EMR vendor, the Via Pathways are actually embedded in the EMR.</li> </ul> <p>In terms of the administrative burden providers face when handling Payers’ prior authorization/portals, Via has offered to provide data electronically to the Payers to lessen the burden on providers (albeit with limited interest from those Payers in pursuing this solution). As an alternative solution, Via Oncology provides the practice’s Payer with clinical data and treatment details for each member (obviously, only at the practice’s direction). Via Oncology can provide the customer’s Payers with access to view the Via Pathways including evidence reviews. Finally, Via Oncology provides member-level On and Off Pathway reports by Payer.</p> <p>All of the above is done for Payers with the goal of creating confidence in the Via Pathways so that Payers will eliminate the need for separate oversight (prior authorization, payer pathways, etc.) and ensure the practice stays in network for all Payer plans with reasonable reimbursement rates.</p>
7	<p>Oncology Pathways Should Promote Education, Research, and Access to Clinical Trials</p>	<p>As part of Via Oncology’s product offering, we place any or all clinical trials (those open at the customer’s sites) as the first treatment option listed for the specific patient presentation within the Via Pathways. Accrual to clinical trials are also always deemed as On Pathway. We are able to place trials for non-pathways diseases as well as Phase I studies and correlative studies.</p> <p>When a provider selects a clinical trial for a patient in the Via Pathways, Via Oncology is able to send a secure email to the specific research coordinator to notify them so they can have the patient screened for that trial. If the patient is not going to be accrued to the trial, the provider must indicate the reason for Non-Accrual. Reporting is then available to each customer that details where patients were not accrued to an available trial and the reason for non-accrual. Additionally, Via Oncology is able to provide feasibility data to practices on the</p>

		volume of specific types of patients by location for projecting success in accruing to a proposed trial.
8	Robust Criteria Must Be Developed to Support Certification of Oncology Pathway Programs. Pathway Programs Should Be Required to Qualify Based on These Criteria, and Payers Should Accept All Oncology Pathway Programs That Achieve Certification Through Such a Process	Via Oncology fully supports the idea of an ASCO-sponsored certification process for pathways vendors. We are confident that the robust process in place for the Via Pathways today will allow Via to earn such certification.
9	Pathway Developers, Users, and Private and Governmental Funding Agencies Should Support Research to Understand Pathway Impact on Care and Outcomes	<p>Via Oncology is committed to publishing results in collaboration with our customers and has successfully published a number of examples of the impact of clinical pathways on quality of care. Additionally, we are awaiting results from a number of payer/provider collaborations with practices in our Via Network.</p> <p>Via Oncology:</p> <ul style="list-style-type: none"> <li>▪ Accepted for poster for 2016: <ul style="list-style-type: none"> <li>▪ ASCO GI Symposium <ul style="list-style-type: none"> <li>▪ The usefulness of clinical pathways (CP) in managing quality and cost in oncology networks (Panitumumab vs Cetuximab).</li> </ul> </li> <li>▪ ASCO Palliative Care in Oncology Symposium <ul style="list-style-type: none"> <li>▪ Incorporation of a patient question prompt list into a pancreatic cancer pathway.</li> </ul> </li> <li>▪ ASCO Quality Symposium (2016) <ul style="list-style-type: none"> <li>▪ Actionable biomarkers in a non-small cell lung cancer (NSCLC) clinical pathway (CP).</li> <li>▪ The benefits of clinical pathways (CP) for radiation oncology in a large cancer care network.</li> <li>▪ The standardization of skin cancer treatment recommendations through the analysis of clinical pathways data and an evidence-based, physician-driven committee process.</li> </ul> </li> </ul> </li> <li>▪ Accepted as abstract: <ul style="list-style-type: none"> <li>▪ ASCO Annual Meeting 2015</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>▪ The usefulness of clinical pathways (CP) in managing quality and cost in an oncology network (Panitumumab vs Cetuximab).</li> <li>▪ Abstract pending acceptance:             <ul style="list-style-type: none"> <li>▪ AACR (2016)                 <ul style="list-style-type: none"> <li>▪ Clinical pathways as a platform to support clinical research.</li> </ul> </li> </ul> </li> <li>▪ Manuscript pending acceptance:             <ul style="list-style-type: none"> <li>▪ Journal of Oncology Practice in December 2015                 <ul style="list-style-type: none"> <li>▪ Appropriate ordering of OncoType and resulting use or non-use of chemotherapy</li> </ul> </li> </ul> </li> </ul> <p>UPMC CancerCenter</p> <p>Ellis PG, Lokay K. Pathways clinical decision support for appropriate use of key biomarker. J Clin Oncol 32, 2014 (suppl 30; abstr 172).</p> <p>Rajagopalan MS, Flickinger JC, Heron DE, Beriwal S. Changing practice patterns for breast cancer radiation therapy with clinical pathways: An analysis of hypofractionation in a large, integrated cancer center network. Pract Radiat Oncol. 2015 Mar-Apr;5(2):63-9.</p> <p>Gebhardt BJ, Rajagopalan MS, Gill BS, et al. Impact of dynamic changes to a bone metastases pathway in a large, integrated, National Cancer Institute-designated comprehensive cancer center network. Pract Radiat Oncol. 2015 Jul 4.</p> <p>Dana-Farber Cancer Institute</p> <p>Tan S, Porter JM, Barysaukas C, et al. Development and implementation of clinical pathways in lung cancer at an academic comprehensive cancer center. J Clin Oncol 32, 2014 (suppl 30; abstr 98).</p> <p>The Center for Cancer and Blood Disorders, Northwest Georgia Oncology, Dayton Physicians</p> <p>Newcomer LN, Gould B, Page RD, et al. Changing physician incentives for affordable, quality cancer care: results of an episode payment model. J Oncol Pract. 2014 Sep;10(5):322-6.</p>
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Via Oncology is committed to continuing its mission to improve patient outcomes through the use of provider-led clinical pathways and looks forward to working with ASCO, providers, and payers to ensure the Via Pathways are a model for best care for patients with cancer.