JOP Publishes Studies on Clinical Pathways and Patient Safety Presented at ASCO’s Quality Care Symposium

Journal’s First Publication in Conjunction with the Symposium
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Alexandria, VA. — The Journal of Oncology Practice (JOP) today will publish three articles being presented in oral sessions at ASCO’s 2017 Quality Care Symposium (QCS) in Orlando, FL. In its aim to provide top resources on clinical and administrative management for the oncology field, JOP is extending its publishing territory to work with researchers and publish the latest findings in conjunction with meeting presentations.

“The research presented at ASCO’s Quality Care Symposium enhances our understanding of a wide variety of methods to measure and improve cancer care,” said John V. Cox, DO, MBA, FACP, and Editor-in-Chief of the Journal of Oncology Practice. “Research in topics like clinical pathways and patient safety represent significant quality research areas that affect day-to-day practice in oncology. These studies will provide oncology professionals with information to help them evaluate the care they deliver, improve quality and lower costs.”

The abstracts published in JOP include:

Abstract 3: Cost and Survival Analysis before and after Implementation of Dana-Farber Clinical Pathways for Patients with Stage IV Non-Small Cell Lung Cancer

- Oral Abstract Session B
- Day 2, March 4, 2017
- 1:55–2:05 PM
- Ground Level, Grand Cypress Ballroom D
- Yichen Zhang, PhD
- Dana-Farber Cancer Institute

After implementing a clinical pathway in metastatic non-small cell lung cancer at Dana Farber
Cancer Institute (DCFI), the cost of care decreased significantly, with no compromise in survival. Clinical pathways are detailed, evidence-based treatment protocols that outline care for patients with specific disease types and stages. When properly designed and implemented, pathways can serve as an important tool to improve quality of care and manage resource utilization. In this instance, the authors created customized lung cancer pathways and partnered with a commercial vendor to provide a web-based platform for real-time decision support and post-treatment data aggregation.

The DCFI rolled out its pathways for non-small cell lung cancer (NSCLC) in January 2014. At the end of the year, the authors identified 160 patients who had been diagnosed and treated for stage IV NSCLC in 2012 prior to implementation of the pathways and 210 patients who had been diagnosed after pathways were rolled out in 2014. The ambulatory costs of care were calculated for one year from the time of diagnosis.

The analysis revealed that the total ambulatory cost of care decreased by more than $15,000 after the implementation of the pathways with no compromise of clinical outcomes. Chemotherapy, biologics and other antineoplastic drugs—those used to slow tumor growth—represented the single largest contributor to savings. This was achieved in part by reducing the use of selected high-price regimens that were not associated with significant clinical benefit. Pathways can provide comparative outcomes, value, and standardization, all of which will be crucial and helpful for shared saving and other payment models.

Read the full article in *JOP*, and listen to podcast on this study with lead author David M. Jackman, MD.

**Abstract 37: Significant and sustained reduction in chemotherapy errors though improvement science**

- Oral Abstract Session B
- Day 2, March 4, 2017
- 1:10–1:20 PM
- Ground Level, Grand Cypress Ballroom D
- Brian D. Weiss, MD
- Cincinnati Children's Hospital Medical Center
The majority of children with cancer are treated with complicated chemotherapy regimens that include multiple drugs, demanding monitoring schedules and complex dosing based on body surface area that often require changes in dose. Given this high risk for error in treating children with these highly complex regimens, Weiss et al., outline a quality improvement initiative that significantly cut chemotherapy administration errors at a large urban pediatric academic medical center.

The medical center created a chemotherapy safety working group and developed an improvement program that was implemented in the spring of 2011. The researchers looked at the total number of chemotherapy (oral, intravenous, intrathecal, intramuscular, or subcutaneous) errors before and after the interventions, between January 10, 2010, and September 30, 2016.

During the improvement project, researchers monitored impact of the interventions and reported outcomes as errors per 1,000 doses per month. By implementing a variety of unique interventions, the study center saw a reduction in errors from a baseline rate of 3.8 errors per 1,000 doses of chemotherapy to 1.9 – a shift that has been sustained for more than four years.

The key intervention was a “chemotherapy safety huddle,” where staff discussed and planned the next 24 hours of chemotherapy administration and reviewed any errors in the previous 24 hours. The authors said that the huddle created a culture of identifying potential threats to patient safety in a non-punitive setting.

Additional interventions included headphones for clinicians ordering chemotherapy (to reduce noise and notify others that they should not be interrupted), methods to deal with leaking chemotherapy lines, standards for chemotherapy administration throughout the hospital, an intensive care unit nurse collaboration and the development of “chemo safety zones,” quiet areas where clinicians review and sign treatment orders.

Read the full article in JOP.

Abstract 52: Reducing overuse of colony-stimulating factors without compromising patient safety: Evidence from a decision-support enabled utilization management program in patients with lung cancer receiving chemotherapy

- Oral Abstract Session B
- Day 2, March 4, 2017
- 1:45–1:55 PM
- Ground Level, Grand Cypress Ballroom D
- Gboyega Adeboyeje, MD, MS
- HealthCore, Inc.
This retrospective cohort study found that a utilization management tool that makes real-time care recommendations can help reduce overuse of substances that assist the bone marrow in producing blood cells, called colony-stimulating factors (CSF), in attempts to prevent fevers in patients receiving chemotherapy with a low concentration of neutrophils white blood cells, known as febrile neutropenia (FN).

CSFs have been shown to reduce the risk and severity of FN, but their use has diverted from guideline recommendations and resulted in overuse. The findings from this study suggest that overuse of CSF use in patients with lung cancer receiving chemotherapy can be better addressed through a utilization management tool.

Initiatives that increase awareness of guideline recommendations and reduce the use of low-value practices continue to emerge in the oncology field. This study examines the effectiveness and safety of one such initiative. Implementation of a utilization management tool that assessed the risk of FN and made recommendations for or against CSF occurred in oncology practices across 9 U.S. states. Using the tool, oncologists could request CSF support and receive automated real-time recommendations based on the expected FN risk of the planned regimen for a specific patient.

Using administrative claims data, researchers looked at 3,467 patients and identified 707 and 1150 case patients with lung cancer in practices with the tool in the periods before and after the implementation, respectively. The control group contained 636 and 974 patients with lung cancer in the corresponding time-periods in practices where the tool was not implemented. CSF use and FN rates were compared adjusting for baseline FN risk factors. In the adjusted results, CSF use was relatively unchanged in the control group in the periods before and after the program implementation, while there was a reduction from 48.4% to 35.6% in CSF use for those in the case group.

Read the full article in JOP.

This ASCO meeting brings together top leaders in the field to share strategies and methods for measuring and improving the quality of cancer care. This year’s Symposium takes place March 3-4, 2017 at the Hyatt Regency Grand Cypress in Orlando, FL and features more than 300 abstracts on the latest research related to quality of cancer care.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer.
Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.

About the Journal of Oncology Practice

The Journal of Oncology Practice is a monthly, peer-reviewed authoritative resource on clinical and administrative management for oncology professionals. The Journal is published by the American Society of Clinical Oncology (ASCO), the world’s leading professional society representing physicians who treat people with cancer.