

CHECKLIST

Evaluating Oncology Clinical Pathways Programs

Clinical pathways are detailed, evidence-based treatment protocols that delineate optimal treatment options for cancer patients and may include recommended dosing, time frames, and sequencing of therapies. Payers, healthcare systems, and providers are increasingly adopting these treatment management tools, but how can your oncology practice know if a specific clinical pathway program is developed and implemented in a way that will ensure high-quality cancer care for your patients?

The questions below serve as a guide to examine a clinical pathway program your practice may currently be using or a clinical pathway that you may be considering for future use. Use the following checklist to help determine if an oncology clinical pathway program **meets, partially meets, or doesn't meet** criteria developed by the American Society of Clinical Oncology (ASCO) for a high-quality oncology pathway program, which focuses on three key areas: development, implementation/use, and analytics.¹

ONCOLOGY CLINICAL PATHWAY: **DEVELOPMENT**



Is it expert driven? Did practicing oncology providers with relevant disease and/or specialty expertise play a central role in the pathway development?



Does it reflect stakeholder input? Was there a mechanism in place for patients, payers, and other stakeholders to provide input during the development process?



Is it transparent? Was there a clear, consistent process and methodology for pathway development that is transparent to all pathway users, stakeholders, and the general public? Is there a policy in place and adhered to that requires public disclosure of all potential conflicts of interest by oncology pathway panel members and any other individual or entities that contributed to the development of pathway content?



Is it evidence-based? Is the clinical pathway based on the best available scientific evidence documented or disseminated in clinical practice guidelines, peer-reviewed journals, and/or other disseminated vehicles? Is a mechanism in place for considering high-quality evidence generated from validated real-world data?



Is it patient focused? Does the pathway include evidence-based options to account for differences in patient characteristics and/or preferences?



Is it clinically driven? Is there an established methodology for prioritizing efficacy, safety, and cost? How is cost factored into pathway recommendations of therapeutically similar or equivalent treatments?



Is it timely? Is the pathway program updated as relevant new information becomes available? Is a full review of the pathway performed and documented at least annually, and does a mechanism exist for ongoing rapid evaluation?



Is it comprehensive? Does the pathway address the full spectrum of cancer care from diagnostic evaluation through first course of therapy, supportive care, post-treatment surveillance, to end-of-life care? If not, are the phase and elements of care the pathway is intended to address clearly described?



Does it promote participation in clinical trials? Are available clinical trials options incorporated into the pathway program?

ASCO CRITERIA

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ONCOLOGY CLINICAL PATHWAY: IMPLEMENTATION AND USE



Does the pathway program have clear and achievable expected outcomes? Is information provided on the specific cancer type, stage, and molecular profile that the pathway is intended to cover? Is there clear information provided to pathway users and other stakeholders on what constitutes treatment on the pathway, treatment off the pathway, and warranted variation from pathways recommendations? Do adherence rates allow for evidence-based variation and take into account individual patient differences and the resources available in the particular healthcare system or setting to provide recommended care?



Does the pathway program have integrated, cost-effective technology and decision support? Does the pathway program comply with current federal mandates for meaningful use of electronic health record (EHR) technology or other requirements? Does the pathway program offer – or plan to offer – clinical decision support or other resources in a way that is integrated into commonly used EHRs?



Does the pathway program have efficient processes for communication adjudication? Does the pathway program provide references or links to references that may support pathway variation? Does it inform the provider in real time of pathway compliance? Is the mechanism for choosing an off-pathway recommendation and documenting the rationale for this choice easily imbedded in the pathway program?

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ONCOLOGY CLINICAL PATHWAY: ANALYTICS



Does the pathway program provide efficient and public reporting of performance metrics? Are regular reports provided to participating providers that demonstrate the level of current pathway performance and performance over time with comparisons to the performance of other groups of providers? Is there a mechanism in place for the provider to record reasons for going off-pathway? Will public reporting of providers' pathway adherence be disclosed as a composite report only? Do providers have an opportunity to review performance reports and revise any areas in need of adjustments?



Does the pathway program have outcomes-driven results? Does the pathway program have analytics in place to enable a movement over time from adherence-driven compliance to outcome-driven results?



Does the pathway program promote research and continuous quality improvement? Does the pathway program demonstrate a commitment to research aimed at assessing and improving the impact of pathways on patient and provider-patient experience, clinical outcomes, and value? Are patient assessment and pathway analysis used for pathway revision? Are the analytics generated from pathway programs publicly available to patients and/or participating providers for benchmarking and understanding of complex cancer outcomes?

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