Pathways: A Road to Restriction?

Not all pathways are created equal. Similar to and derived from the concept of guideline development and adherence, the development of specific pathways or protocols can and should be an evidence-based, evaluative process with the goal of more tightly defining appropriate care for the patient populations served by oncology practices or centers. Indeed, there are examples of well-defined, scientifically based sets of such pathways and, even more specifically, protocols that offer high-quality and effective care.

Our free-wheeling society, however, also presents opportunities for permutations and perversions of appropriately methodical, scientifically based processes. Entrepreneurs and those with an entrepreneurial bent seek to satisfy and capitalize on market needs and niches. For practicing oncologists today, the introduction and provision of pathways to health insurance companies by for-profit vendors represents yet another layer. These pathways also represent another challenge to the care provider's individual autonomy to make decisions based on evidence and expert judgment in the best interests of the patients sitting in front of them seeking help.

The goal of some pathway programs seems to be to please the insurer with the promise, if not guarantee, that implementing a limited set of clinical pathways will significantly reduce the costs of treating patients with cancer. Proof of cost savings might be proffered by implementing pathways that lead to and may focus drug use on generic or generic-based regimens. Although such savings may be real in the specific circumstance reported, broader application to everyday management across multiple tumor types, and the subpopulations of patients within such tumor types, is extremely limited. Further, the gains offered by innovative biologics and drugs (while incremental in some indications) can be removed from consideration depending on the use specifications of the pathway program by insurers.

The sale of one of these pathway companies for over $500 million in 2010 seems to have incited what could be seen as a metaphoric gold rush, stampede, or even uncontrollable metastasis. The presence of a for-profit incentive in no way eliminates the potential for attaining good, and in many instances the good can be achieved more quickly with this incentive. However, some observers of pathway companies are concerned about the seeming lack of openness and transparency of the processes for pathway development. They are concerned by what are perceived to be pathways dominated by the drive for cost reduction without due consideration of the evidence for and ability of “more expensive” innovative protocols to deliver significant benefit and to meet individual patient needs. They are concerned by what are perceived to be pathways in which a company might provide services to oncology practices on one hand and own a company that sells pathways and protocols—with attendant limitations on those same practices—on the other.

My last commentary, in the March issue (JNCCN 2010;9:265–266), focused on the major issue confronting patient and provider communities—who decides on access to and appropriateness of cancer care. The Wennberg1,2 studies on practice variation and the announcement of the “Era of Accountability” by Relman3 in the late 1980s were clarion calls to clinicians to build, establish, and apply a foundation of scientific evidence integrated with expert judgment in a more formal and systematic way to decision-making on population, sub-population and, individual patient levels. Guideline, pathway, and protocol efforts are a necessary and key part of this formal process. The goal of most such efforts is to ultimately provide better care to patients so that they can live longer and better lives. Economic issues and considerations now

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The ideas and viewpoints expressed in this commentary are those of the author and do not necessarily represent any policy, position, or program of the NCCN.
weigh in all levels of decision making; however, the attraction of building businesses
that can be developed and sold in short periods of time may enthrall and entice a
few. It could also overwhelm the formal, evidence-based, systematic, and transparent
processes that have been established on behalf of the patients we serve. Therefore,
it is critical that clinicians understand fully the bases, sources, and implications of
decision-making programs in which they might be “invited” to participate.

References
1. Wennberg JE, Freeman JL, Culp WJ. Are hospital services rationed in New Haven or over-utilised in