Background
Health plans have limited ability to assess compendia and preferred pathways, as claims data lack tumor subclassing, staging, line of therapy, and performance status.

- Attempts by health plans to gain visibility into compendia compliance have resulted in pre-authorizations and medical record analysis, which incur administrative burdens for physicians and plans.
- Alternative, more efficient approaches for payers and oncologists to share clinical data on treatment decisions may drive evidence-based care.

Oncology Management Program Overview
The Humana Oncology Quality Management Program, based on evidence-based care standards, utilizes a counseling model within traditional preauthorization management for chemotherapeutic drugs, symptom management drugs and supporting agents. This program is administered by New Century Health for Humana commercial, Medicare Advantage (MA) and some administrative services only members in 32 States. The initial pilot of this model began in the Cincinnati Ohio market in January 2011, receiving high marks for improving administrative efficiencies within the planned oncology practices, as well as participating medical oncologists’ agreement with the program, providing accurate evidence-based care standards and quality-based preferred pathways.

Participation within the web-based portal was voluntary, but quickly preferred as a replacement of prior single drug assessments through phone or fax request completion. Quarterly feedback was provided on utilization of web-based portal in lieu of faxed pre-authorization submissions, which provided same day notice to clinical support programs on the planned treatment decisions for patients directly benefiting from the implementation of the web-based portal adoption.

Participating oncology centers in the Cincinnati metropolitan area in the 3 years following adoption.

To report observational process metrics from participating oncology centers in the Cincinnati metropolitan area in the 3 years following adoption.

- Design: Retrospective observational program evaluation
- Population: Participating oncology centers in the Cincinnati metropolitan area
- Timeframe: 3 years following implementation, 2011 to 2013
- Program Process:
  - Oncology providers submitted cancer treatment regimens to the insurer through a web-based portal in lieu of faxed pre-authorization forms, allowing for real-time authorization
  - Coverage determinations were grouped as:
    1. Withdraw or not approved
    2. Approved, sub-classified as:
       - Compendia
       - Pathway (pathways can be viewed as a subset of compendia)
       - Compendia
   - Clinical trials
- Reporting and evaluation:
  - This program evaluation reviewed breast, colon, lung, and non-Hodgkin’s lymphomas. The following outcomes were reported:
    - Adoption of the platform by year
    - Coverage determinations (withdrawn/not approved and approved) by year
    - Approval sub-classifications by cancer type

Results

Figure 1. Adoption of Platform by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Withdrawn Not Approved</th>
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<tbody>
<tr>
<td>2011</td>
<td>99%</td>
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Figure 2. Coverage Determinations by Year

- The total number of non-Hodgkin’s lymphoma cancer treatment regimens was 72. While the samples were too small to evaluate by year, the majority were classified as pathway (52.7%) followed by compendia (43.1%).

Figure 3-5. Approval Classifications by Cancer Type

- As a subset of approved reviews, compendia-based care remained consistently above 95%, while off-compendia plus clinical trial notifications occurred at frequencies below 5%.

Conclusions

- There was widespread adoption of the platform in the participating practices, which remained stable over time.
- Trends in approved vs. withdrawal or not approved reviews remained stable over the 3 year period.
- A subset of approved reviews, compendia-based care remained consistently above 95%, while off-compendia plus clinical trial notifications occurred at frequencies below 5%.

Implications

- Widespread adoption of a web-based platform has the potential to ease the administrative burden and support timely enrollment of patients into clinical programs.
- Evolution of the platform intends to shift the information closer to the point of decision making by the treating oncologist.

Limitations

- This program evaluation reported trends in process metrics only. While the trends can be informative, it is not intended to infer causality or associations as a result of the platform.
- This evaluation only assessed regimens submitted through the portal and may not include all reviews submitted during the time periods assessed.

Objective

To report observational process metrics from participating oncology centers in the Cincinnati metropolitan area in the 3 years following adoption.

Methods

- Design: Retrospective observational program evaluation
- Population: Participating oncology centers in the Cincinnati metropolitan area
- Timeframe: 3 years following implementation, 2011 to 2013
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       - Pathway (pathways can be viewed as a subset of compendia)
       - Off-compendia
   - Clinical trials
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