DKP Critical Insights®—
Clinical Pathway Trends and Evolution
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Overview of the 6 major Clinical Pathway Vendor Programs

- Who they partner with
- What they plan to achieve this year
- How they want to expand

How to decide if a vendor program is the right fit for my organization?

- Review findings from DKP interviews with 6 key clinical pathway vendors on their programs
- Outline similarities and differences across vendors
What got us here?

Why is cancer management needed?
Top 5 Specialty Therapy Classes by Payer, ranked by PMPY Spend: YTD 2012

Due to increases in utilization and costs 2011→2012, cancer drugs are in the Top 5 specialty drug classes, for all 3 payer types


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Increased Employee Cost Share Responsibility

Total Plan Cost per Employee

<table>
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<tr>
<th>Year</th>
<th>Employer</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>$6,620</td>
<td>$1,977</td>
</tr>
<tr>
<td>2008</td>
<td>$6,997</td>
<td>$2,031</td>
</tr>
<tr>
<td>2011</td>
<td>$8,453</td>
<td>$2,529</td>
</tr>
<tr>
<td>2012</td>
<td>$8,799</td>
<td>$2,658</td>
</tr>
<tr>
<td>2013</td>
<td>$9,248</td>
<td>$2,888</td>
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Employers are now paying 32% more than they did 5 years ago.

Employees are now paying 42% more than 5 years ago.

How Employers Expect CER Findings to be Used

- 60%: Expect health plans, PBMs, EBCs to use CER, but we want to stay informed
- 33%: Will play an active role to monitor, interpret and apply CER findings to benefit design
- 4%: Will rely completely on our vendors to monitor, interpret and apply CER
- 3%: Don’t know

Variation in Care Delivery

• According to eviti, Inc., 32% of oncology treatment plans do not meet evidence-based standards.

• In a 2010 Dartmouth Atlas Report, variation in cancer care received by Medicare beneficiaries was noted across several areas.

  • Use of chemotherapy in the last two weeks of life: 6% of patients, but in some regions and academic medical centers the rate exceeded 10%.
  • Use of hospice care varied markedly across regions and hospitals.
    • In at least 50 academic medical centers, less than half of patients with poor prognosis cancer received hospice services.
    • In some hospitals, referral to hospice care occurred so close to the day of death that it was unlikely to have provided much assistance and comfort to patients.

  • High degree of regional variation in the amount of inpatient care patients with poor prognosis cancer received.
    • These were all patients known to their health care teams to have advanced or disseminated cancer. There is a remarkable amount of variation in the use of hospitals for elderly patients with poor prognosis cancer who are near the end of life.


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Lacking Guidance from Current Clinical Resources

- Compendia and Guidelines provide guidance and many times rate options based on their own merit, but additional help is needed in comparing options and reducing variation in care.

- In cases where a provider does not have a set protocol for how to treat, research can be very tedious.

- Additionally, these resources do not always handle subset patient populations or what to do in cases when preferred agents are contraindicated.

“Guidelines and compendia are so broad, they are the reason pathways exist.”—Payer Medical Director, DKP advisory board
Commercial Payer Prior Authorizations Require Attention to Detail

Aetna Rituximab Precertification Request Form

H. CLINICAL INFORMATION Section 2 - Required clinical information must be completed for ALL precertification requests.

Additional information for indications with an asterisk (*):

*CD20-POSITIVE CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)
  □ Yes □ No Will the rituximab be used in combination with fludarabine and cyclophosphamide for untreated and previously treated CD20-positive CLL?

*NON-HODGKINS LYMPHOMA (NHL)
  Please check ALL that apply:
  □ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy
  □ Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell, NHL as a single agent
  □ Previously untreated diffuse large B-cell, CD20-positive, NHL in combination with CHOP or other anthracycline-based chemotherapy regimens
  □ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent after first-line treatment with CVP chemotherapy
  □ Low grade or follicular CD20-positive, B-cell non-Hodgkin's lymphomas (re-induction treatment appropriate for responders and patients with stable disease)
  □ Intermediate and high grade NHL when used as a single agent, in combination with a CHOP (Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone) chemotherapy regimen, or in combination with other agents active in the disease


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Commercial Payer Prior Authorizations Require Attention to Detail (cont.)

Anthem-Express Scripts Rituximab Prior Authorization of Benefits form

APPROVAL CRITERIA

I. Chronic lymphocytic leukemia (CLL)
   Rituximab may be approved for the treatment of CD20+ CLL

II. Hodgkin and Non-Hodgkin lymphoma (NHL)
   Rituximab may be approved for any of the following indications:
   A. Treatment of CD20+ lymphoma (Hodgkin or non-Hodgkin);
   B. Maintenance therapy of CD20+ follicular B-cell non-Hodgkin lymphoma for up to two (2) years;
   C. Zevalin (Ibritumomab tiuxetan) regimen – as part of the Zevalin therapeutic regimen for NHL


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RESEARCH METHODOLOGY AND FINDINGS
One-hour qualitative interviews with 6 key pathway vendors

13 in depth questions on the details of their current programs and plans for the future
## Pathway Vendors Interviewed

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<tr>
<th>Parent Company</th>
<th>Program Name</th>
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<tbody>
<tr>
<td>D3 Oncology Solutions</td>
<td>Via Oncology Pathways</td>
</tr>
<tr>
<td>PathForward Oncology</td>
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<tr>
<td>Cardinal Health</td>
<td>P4 Pathways</td>
</tr>
<tr>
<td>US Oncology</td>
<td>Level I Pathways</td>
</tr>
<tr>
<td>US Oncology/McKesson Specialty Health/NCCN</td>
<td>Value Pathways</td>
</tr>
<tr>
<td>eviti, Inc.</td>
<td>eviti</td>
</tr>
<tr>
<td>New Century Health</td>
<td>Care Navigator</td>
</tr>
<tr>
<td>ION Solutions</td>
<td>National Pathways</td>
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Payer Pathway Focus

Whether payers are contracting to use external vendor or developing their own clinical pathway programs, focus is on a small set of “high-dollar” tumor types, at least to start.

Target cancers account for ~80% of cancer tx costs

Breast
Lung
Colon
Prostate


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Vendor Pathway Collaborations with Payers


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Vendor Pathway Collaborations with Oncology Providers

Due to the number of US Oncology practices, a pin represents a single practice group, but may represent more than one location in the state. This map does not represent provider users through payer networks.


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<table>
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<tr>
<th>Vendor</th>
<th>Focus</th>
<th>Current Pathways</th>
<th>Pathways in Development</th>
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<tbody>
<tr>
<td>D3/PathForward (Via Oncology)</td>
<td>Both</td>
<td>Medical Only—Bladder, CML, Colon, MDS, Melanoma, Myeloma (Newly Diagnosed, Relapsed, Maintenance Therapy, Waldenstrom’s Macroglobulinemia, Primary Amyloidosis, Plasma Cell, Solidary Plasmacytoma, POEMS), Renal, and Testicular. Medical &amp; Radiation—Breast, Esophageal, Gastric, Head &amp; Neck, Lung (Mesothelioma, Non-Small Cell, Small Cell), Lymphoma (Hodgkin’s, Non-Hodgkin’s, Follicular, Mantle Cell/SLL, Large B Cell, Peripheral T Cell), Ovarian, Pancreatic, Prostate, Rectal, and Uterine. Radiation Only—Bone mets, Brain mets, Cervical, Endometrial, Primary Brain, Sarcoma, and Vulvar.</td>
<td>Additional features: Advanced care planning, appropriate use of molecular/diagnostic testing, supportive care, surgery. NEW: Medical Only—Palliative care (ACP, nurse triage with sx mgmt.); Surveillance for imaging during survivorship; imaging with surveillance</td>
</tr>
<tr>
<td>Cardinal Health/P4 Healthcare</td>
<td>Payer</td>
<td>Breast, Lung, Colon, CLL, Ovarian, Prostate, Renal, and Multiple Myeloma, B-Cell Non-Hodgkin’s Lymphomas (follicular, large cell, mantle cell) and/or Supportive Care Areas of Anemia, Neutropenia and Anti-Emesis</td>
<td>Additional features: supportive care, end-of-life care, and molecular/diagnostic testing.</td>
</tr>
<tr>
<td>McKesson/US Oncology (Innovent, Level I) and NCCN</td>
<td>Provider, soon Both</td>
<td>USO Level 1—Breast, CLL, Colon, Esophageal/EGJ, Gastric, Head &amp; Neck (3), Hodgkin’s Lymphoma, Multiple Myeloma, Non-Hodgkin’s Lymphoma (3), Non-Small Cell Lung, Ovarian, Pancreatic, Prostate, Rectal, Small Cell Lung, Supportive Care (4) ; Value Pathways—19 tumor types to start, beginning with Breast, Colon, and Lung (June 2013), followed by prostate, CML, rectal, SCLC etc.</td>
<td>Additional features: RT, imaging, molecular diagnostics, and supportive care.</td>
</tr>
<tr>
<td>Eviti (eviti)</td>
<td>Payer</td>
<td>1,700+ treatment regimen options for 120+ cancer types and 10,000+ clinical trials; with a goal of covering 100% of patient presentations.</td>
<td>Additional features: molecular diagnostics, payer authorizations through Eviti Connect.</td>
</tr>
<tr>
<td>New Century Health</td>
<td>Payer</td>
<td>13 major tumor types, including breast, lung, colon, and prostate, leukemias, lymphomas, melanoma, pancreatic, ovarian, kidney, and rectal; covering 75% of patient presentations and 80% of payer spend.</td>
<td>Additional pathways to meet goal of covering 90-95% of patient presentations</td>
</tr>
<tr>
<td>ION Solutions (National Pathways)</td>
<td>Both</td>
<td>Breast, Colon, Lung, and best supportive care.</td>
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Clinical Pathways: Value

- Clinical Pathways are updated at regular intervals, at least quarterly.
- Provide additional direction in selecting appropriate care based on #1 efficacy, #2 safety, then #3 cost.
- Commercial managed care plans prior authorizations (PA) require attention to detail, which pathways can provide and reduce staff admin time.
- Integrated into provider business or web-based access.
- Contractual relationships are payer- or provider-focused, based on user need.
- Incentives are specific to each collaboration, so there is room to negotiate how providers will be rewarded/penalized.

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Summary

Vendor programs rank efficacy > safety > cost, when determining preferred therapy options, but allow for customization to meet needs of direct customers, providers, payers.

Provider-focused models bring narrow therapy choices down to the best option for the patient, while payer-focused models list more options, but highlight what is preferred.

Although reduced variation in care is the common goal, vendors report that the focus is still different....

Provider-focused
• One tool for providers to use to document standardized quality care
• Use as leverage when contracting with payers
• For marketing services to referring physicians

Payer-focused
• One tool for payer network providers to use that aligns with benefit design and real-time reimbursement.

Cost consideration is less formal for the provider-focused models; more focus is on quality, evidence-based care.

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# Checklist of Considerations in Selecting a Vendor Program

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<tr>
<td>Does the program manage disease states that are a concern to my practice?</td>
<td>Who determines what therapy options are preferred and on what basis?</td>
</tr>
<tr>
<td>Is my participation welcomed in developing pathway content?</td>
<td>How does cost enter the picture?</td>
</tr>
<tr>
<td>How will I access pathways? (integrated into our EHR)</td>
<td>Does the program provide reports, so we can track our progress?</td>
</tr>
<tr>
<td>Are the pathways in concordance with clinical guidelines or references we currently use?</td>
<td>Does the program offer a real-time decision support tool?</td>
</tr>
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<td>Is participation mandatory or voluntary, and is there a compliance threshold?</td>
<td>Does the program include more than just drugs?</td>
</tr>
<tr>
<td>What happens if I select a therapy for my patient that is “off-pathway”?</td>
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Providers are more likely to use pathways models that can be integrated into their EHR system. If not an option, then preference is to not have to log in to use multiple models for multiple patients, based on the recommendations or requirements of different insurance plans.

Some vendor programs target the high-dollar cancers, to keep the program simple at first, while others provide pathways for much more. Choose a program that covers the needs of your practice.

Choose a program before one is chosen for your practice. Some payers (like Aetna) are looking at the issue of logging into multiple models.

All vendor programs provide web portal access or other integrated options with some real-time functionality. Vendors contracting with payers also offer real-time claims adjudication.

Vendors are collaborating with ACOs and building their own PCMH models and incorporating pathways. Pathway users are at an advantage as they are already on board when the pathways are incorporated into these business models.

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For additional information on clinical pathway programs and other cancer management systems, or a copy of the full report, please contact:

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