

Oncology Clinical Pathways

FREQUENTLY ASKED QUESTIONS

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CONTENTS

CONTENTS	0
WHAT ARE ONCOLOGY CLINICAL PATHWAYS?	2
ARE ONCOLOGY CLINICAL PATHWAYS THE SAME AS TREATMENT GUIDELINES?	2
WHY WERE ONCOLOGY CLINICAL PATHWAYS DEVELOPED?	
HOW ARE ONCOLOGY CLINICAL PATHWAY TREATMENTS DETERMINED?	2
WILL THE ONCOLOGY CLINICAL PATHWAYS BE UPDATED?	
WHEN SHOULD I USE AN ONCOLOGY CLINICAL PATHWAY?	2
WHEN SHOULD I BE "ON-PATHWAY"?	3
WHAT IF I DO NOT AGREE WITH THE ONCOLOGY CLINICAL PATHWAY RECOMMENDATION?	3
DO ONCOLOGY CLINICAL PATHWAYS IMPACT THE INTERNAL PEER REVIEW PROCESS?	3
HOW ARE ONCOLOGY CLINICAL PATHWAYS UTILIZED BY THE NATIONAL ONCOLOGY PROGRAM OFFICE?	3

Below you will find answers to frequently asked questions regarding Oncology Clinical Pathways (CPs). These questions and answers are updated as new information becomes available. Check back frequently for more information, or reach out to VHAOncologyPathways@va.gov if your question is not answered below.

What are Oncology Clinical Pathways?

Oncology Clinical Pathways (CPs) are a decision support tool designed by interdisciplinary subject matter experts (SME) for all members of a Veteran's care team to use for the treatment of specific cancers. CPs standardize evidence-based practices to ensure high quality, cost-effective care for patients at each point in their care plan. The CPs are published to the National Oncology SharePoint site. Additionally, each CP will have an associated template within the Electronic Health Record (EHR) system.

VHA is deploying CP templates within the EHR nationally to all sites of care. If your site does not yet have the CP templates implemented, clinicians should still follow the CP recommendations from the National Oncology SharePoint site.

Are Oncology Clinical Pathways the same as treatment guidelines?

CPs are different from treatment guidelines as CPs recommend a single treatment option based on efficacy, toxicity, and cost. Guidelines, on the other hand, offer treatment options without always prioritizing specific recommendations.

Why were Oncology Clinical Pathways developed?

Evidence for cancer treatments is constantly evolving. This can result in lag times for system-wide implementation and variability in treatments for Veterans. CPs bridge this gap by translating published evidence into standardized treatment process maps to help guide treatment decisions. Continuous assessment ensures CPs represent the most up-to-date published literature and also incorporates clinical experience and Veteran outcomes. CPs are standard practice and also reduce variation in Veteran care, which ensures quality for Veterans no matter where they are accessing services.

How are Oncology Clinical Pathway treatments determined?

CPs are developed by an interdisciplinary group with expertise in a particular type of cancer, with the support of national program offices such as medical oncology, radiation oncology, surgery, pathology, and pharmacy. Recommendations are based upon national guidelines, published literature, and institutional experience with efficacy, toxicity, cost.

Will the Oncology Clinical Pathways be updated?

Yes, CPs are updated on a quarterly basis but may also be updated ad-hoc as new data or evidence emerges.

When should I use an Oncology Clinical Pathway?

Anytime a treatment decision is made for a Veteran with a cancer type that has an associated CP. Currently, there are CPs for lung and prostate cancers.

You should use the CP templates within the EHR to indicate the most recent care decisions. When a Veteran's status or treatment plan changes, utilize the CP template to indicate the new care decisions.

There is no need to use the CP template if the Veteran's care has not changed or if the CP does not address the part of the care that has changed.

When should I be "on-pathway"?

In general, CPs are designed to accommodate most Veterans with an "on-pathway" treatment recommendation. However, CP recommendations may not be appropriate for all scenarios. If the CP recommendation is not appropriate for a specific Veteran, you should go "off-pathway." The CP templates within the EHR will prompt the clinician to indicate the off-pathway reasoning.

What if I do not agree with the Oncology Clinical Pathway recommendation?

Clinical pathways do not replace clinical judgement; they help the clinician select the most effective and least toxic treatment.

Every clinician will likely be off-pathway at least some of the time to accommodate the appropriate medical practice for a specific Veteran. Common reasons for being off-pathway include a comorbidity, drug contraindication, or Veteran preference.

Do Oncology Clinical Pathways impact the internal peer review process?

CPs are decision support tools that do not replace clinical judgement. The use of a CP does not determine whether safe and ethical care has been provided.

How are Oncology Clinical Pathways utilized by the National Oncology Program office?

CPs are tools for improving Veteran outcomes. The data collected from the EHR on CP utilization will facilitate continuous process improvement efforts, which may result in a change to provider practice, local processes, or a change to the CP recommendations.