Use of Clinical Decision Support and Peer Review to Increase NCCN Guideline Adherence

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Background
• eviCore healthcare (eviCore) uses the National Comprehensive Cancer Network (NCCN) guidelines to support its proprietary solution for medical oncology drug management.
• All treatment regimens assigned NCCN Category of Evidence 1, 2A, or 2B are considered NCCN-adherent treatment selections in the eviCore solution.
• eviCore conducted a study to evaluate the pattern of NCCN adherence during the first year following solution implementation in regional payer markets.

Methods
• All cancer drug-treatment authorization requests submitted in Month 1 and Month 12 following solution implementation for four regional third-party payers representing 13 different states were included.
• Each of the payers had management of high-cost oncology drugs in place prior to eviCore solution implementation.
• Month 1 data were used as a surrogate for pre-program NCCN adherence; this was an overestimate as there was significant eviCore solution impact on patients initiating therapy during that time.
• Requests with incomplete clinical data were excluded from analysis.
• The included requests were stratified by Month 1 or Month 12 from initial solution implementation date for each health plan.
• NCCN adherence was assigned based on the results of the clinical decision support and peer-consultation processes utilized by eviCore to assess each treatment request.
• The NCCN adherence rate was calculated for each subgroup, and a cumulative NCCN adherence rate for all included cases was calculated using a weighted average that accounted for volume differences by market.

Results
• 2,028 treatment-regimen requests were fully evaluable.
• 1,285 occurred in Month 1 and 743 occurred in Month 12 following solution implementation.
• NCCN adherence rose for each health plan during the first year, ranging from 69-84% in Month 1 and rising to 79-91% in Month 12.
• The weighted cumulative NCCN adherence during Month 1 for all included plans was 80% and rose to 88% at Month 12 following program launch.

Conclusions
• Use of clinical decision support supplemented by peer consultation is an effective means of increasing oncologists’ adherence to NCCN-recommended therapies across a broad range of regional provider markets.
• Additional study is warranted to determine whether this methodology can be applied to NCCN Categories of Preference to direct more patients toward preferred regimens with superior efficacy, safety, and affordability to further improve quality of care and lower total medical costs.

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