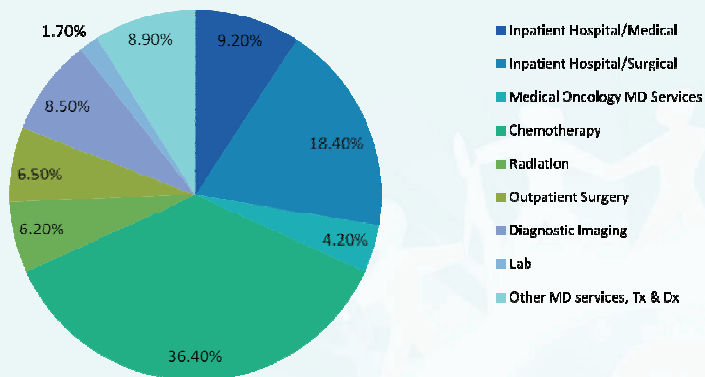


Payers and Providers



Where are Cancer Dollars Spent?

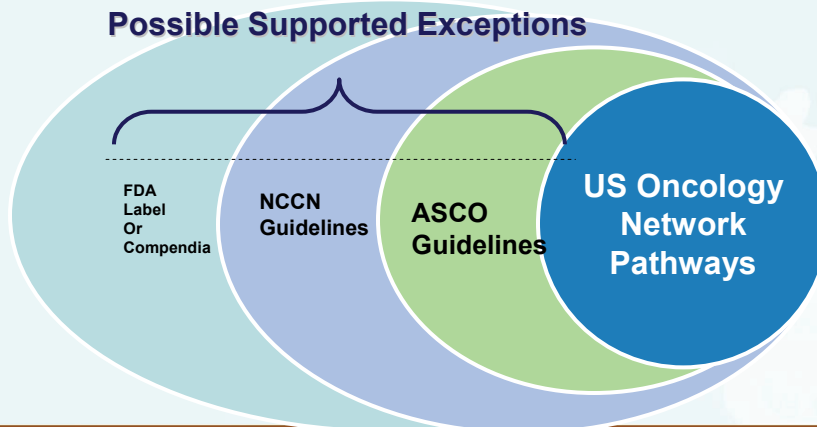


Comprehensive Cancer Care Management

- Chemo Pathways
- Supportive Care Pathways
- Radiation Pathways
- Diagnostic Imaging Pathways
- Advanced Care Planning
- Improved patient experience
- Nursing Outreach
- Survivorship
- Quality Reporting



What Differentiates USON's Pathways?

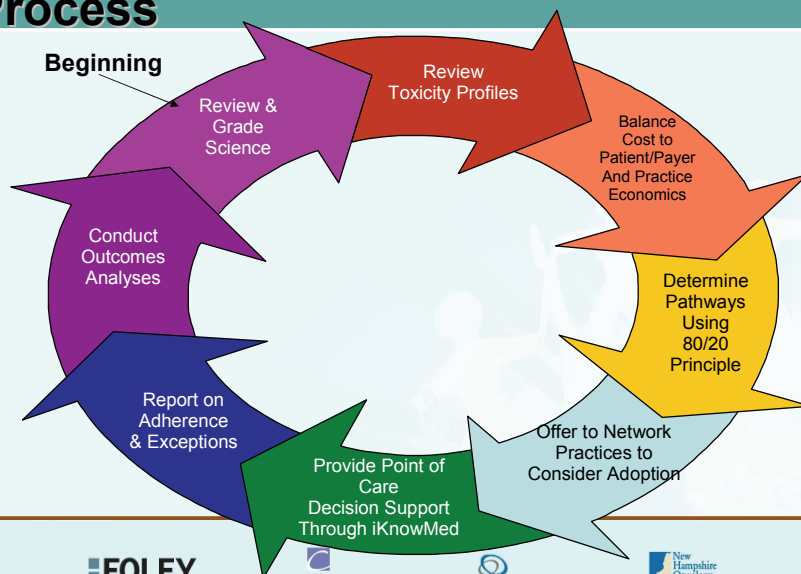


Our Three Guiding Principles

- Review the evidence: science comes first!
- Use the 80/20 rule: Recommend therapies that work for the majority of patients
 - Provide for an easy to use exception process for the 20% and track it's use
- Find the balance point that maximizes patient benefit and accountability for healthcare expenditure.

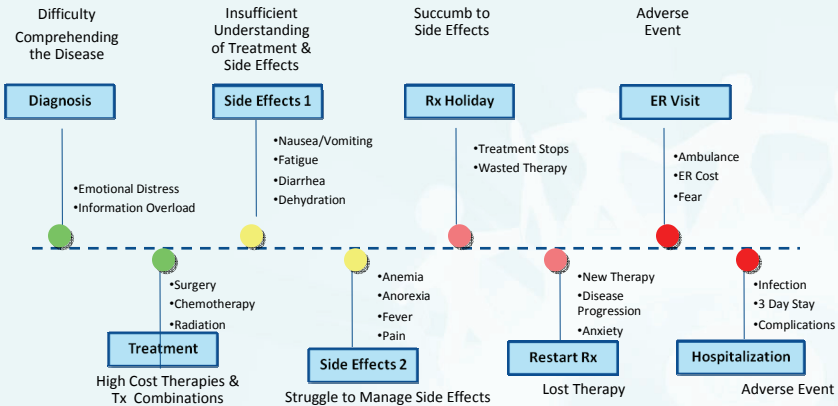


Pathways Continuous Improvement Process



Cycle of Cancer Care Costs

Costly Treatment & Deterioration of Patient Health Status



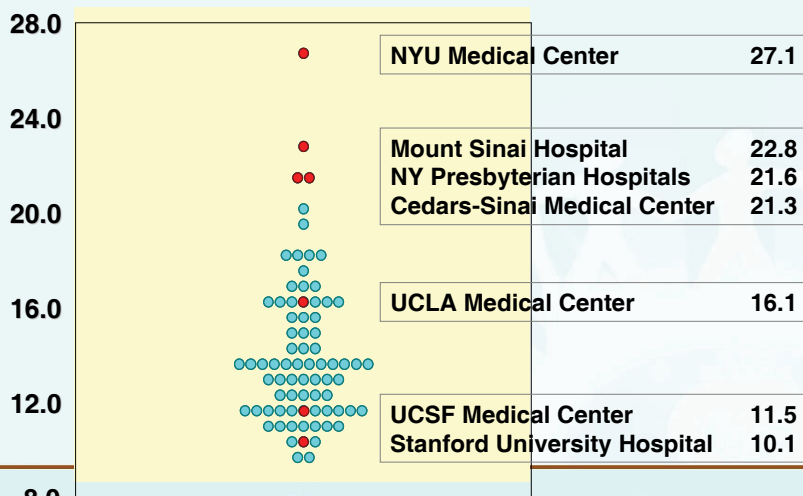
FOLEY
FOLEY & LARDNER LLP

CALIFORNIA
CANCER
CARE

ONCOLOGYMETRICS
Accelerating Movements in Cancer Care

New
Hampshire
Oncology
Hematology

Days in hospitals during last six months of life among patients who received most of their care in one of 77 "best" U.S. hospitals



FOLEY
FOLEY & LARDNER LLP

CALIFORNIA
CANCER
CARE

ONCOLOGYMETRICS
Accelerating Movements in Cancer Care

New
Hampshire
Oncology
Hematology

TEXAS ONCOLOGY
Clinical Pathways

Acad: DECEMBER 2006 Date Completed: _____

Pathway / Regimen: NON-SMALL CELL LUNG CANCER Metastatic

(Please check [X] the appropriate pathway)

Clinical Trial #

ACP

ACP EXCEPTION:
 Based: High-Risk OS Review

Stage 1st Line

Paclitaxel / Carboplatin (Standard/High)
 Paclitaxel 175mg/m² IV over 3 hours day 1, Repeat q21d for 4c
 Carboplatin AUC 2.4 mg IV day 1 repeat q21d for 4c

Paclitaxel / Carboplatin + Bevacizumab (Standard/High)
 Paclitaxel 175mg/m² IV day 1, q21d for 4c
 Carboplatin AUC 2.4 mg IV day 1, q21d for 4c
 Bevacizumab 15mg/kg IV day 1 until progression
 (Adenocarcinoma, no brain metastases, no hemoptysis, no history of bleeding, no anticoagulants)

Vinorelbine 2.5mg/m² IV day 1, 8, 15, 22, 29

ACP Recommended

Stage 2nd Line

Docetaxel 75mg/m² IV q3 weeks for 4.6c

Paclitaxel 80mg/m² IV q3 weeks for 4.6c

ACP Required

Stage 3rd Line

Etoposide 100mg IV qd until progression

Additional Comments and/or Instructions

Best Supportive Care
 EXCEPTION SHEET

Stage 1st Line and beyond
 Requires Exception

 Physician (Signature) Date Signed: _____

 Financial Counselor (Initials) Date: _____ Pharmacy (Initials) Date: _____

Copyright © 2006 Texas Oncology P.A. All Rights Reserved. TEXAS ONCOLOGY - Clinical Pathways



iKnowMed - Seth Filmore M.D - East Bay Cancer Care - Chart - Microsoft Internet Explorer provided by USOncology

File View Chart Regimen Window Help

Today: 11/20/2006

Fudd, Elmer
 Medical: 1244015 DOB: 05/05/1955 Allergies / Adverse Reactions: NKA

KnownMed Entry: Fudd, Elmer

Office visit	*
Primary Hem/Onc Diagnosis for ...	<input checked="" type="checkbox"/> Lung Cancer, Non small cell
Lung Cancer, Non small cell	*
Office note	
Date of diagnosis	
TNM staging	<input type="checkbox"/> T3 N2 M0, Histologic type: Squa...
Node Positive Disease	
Stage at diagnosis	<input type="checkbox"/> IIIB
Problems *	
High level clinical trial screenin...	
Patient is being screened for ...	
Amgen Pegfilgrastim 2003...	May be eligible
USON 03095	May be eligible
USON 03105	May be eligible
Eli Lilly B9E-US-S182	May be eligible
USON 02109	May be eligible
Treatment Pathways (Evidence...	*
Line of therapy	<input checked="" type="checkbox"/> 2nd line
Current status	<input checked="" type="checkbox"/> Evidence of Metastatic disease
Karnofsky performance status	<input checked="" type="checkbox"/> 90% - Able to carry on normal ac...
2nd line (Metastatic)	
Refer patient to clinical trial ...	<input type="checkbox"/> Yes
Alimta(Vit B12/Pre-Alimta)	
Alimta(500mg/m2)Q21	
Docetaxel	
Docetaxel D1,8,15,22,29,36	
Docetaxel(75mg/m2)Q21	
Tarceva	
Best supportive care	<input type="checkbox"/> Yes
Document pathway excepti...	
Pathway status	<input checked="" type="checkbox"/> On-pathway

Reason

Document pathway exception

Document pathway exception

Reason

Intended treatment

- Mgmt differs, disagrees w/ pathway
- Mgmt differs, pt opts alternative tx
- Differs, due to comorbid illness or performance status
- Pt condition not addressed by pathway
- Differs from pathway (other reason)

Text Entry B I U

iKnowMed Dictation

Save Note Discard Previous Next

Report Viewer - Microsoft Internet Explorer provided by USOncoology

Address: http://uca0071epto3.usoncoology.com/ReportServer/Pages/ReportViewer.aspx?%2fPathways%2fNon+Small+Cell+Lung+Cancer&rs%3aCommand=Render&rc%3aparam...

Start date: 1/1/2007 End date: 4/30/2007

Customer: NYOH Division: --ALL--

Physician detail: no

NYOH

Non Small Cell Lung Cancer

iKnowMed
US ONCOLOGY CLINICAL INFORMATION SOLUTIONS
Clinical Pathways Reporting

Totals (regimens for chosen divisions):		Totals (regimens over entire Network):	
On Pathway	102 71 %	On Pathway	584 43 %
Off Pathway	14 10 %	Off Pathway	230 17 %
Conflicting Data	19 13 %	Conflicting Data	210 15 %
Missing data	9 6 %	Missing data	350 25 %
Total	144	Total	1374

Pathway Compliance

- NYOH 88%
- USON 72%

Missing/Conflicting

- NYOH 19%
- USON 40%

Albany	57
On-pathway -- 46	81 %
Off-pathway -- 4	7 %
Conflicting Data -- 7	12 %
Albany Medical Center	17
On-pathway -- 11	65 %

Pricing

Service	Description	Features	Fee
Cancer Care Pathways Adherence & Compliance Reporting	Evidence based narrow treatment decision guidelines using proven clinical efficacy, toxicity profiles and cost efficiency	Compliance tiers: 1.90%-100% 2.80%-90% 3.70%-80% 4.Below 70%	Tiered fees
Early Advanced Care Planning Education, Counseling & Coordination	Transition care planning to prepare patient for possible end of life outcomes early in treatment cycle	- Early EOL discussions - Introduce Advanced Care Planning/Directives - Involve physician and non-physician qualified professionals	One time charge
Final Advanced Care Transition Coordination & Education	Implement transition into advanced care plan	- Review Advanced Care Planning/Directives - Implement Palliative Care Plan and hospice care as appropriate	One time charge
On Site and Telephone Patient Education & Counseling • Initial • Once per Chemo Cycle	Patient education and counseling relative to treatment plan, chemotherapy agents and other drugs involved during treatment, side effect management, etc.	- Treatment specific counseling - Targeted drug information - Side effect profile and plan - Nutrition education	\$/pt/mo during active treatment