

# Clinical Update

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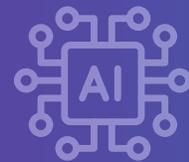
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# AI-curated clinical pathways? Not so fast.

Generative AI can likely help devise and update high-value pathways, but it's not going to replace expert consensus anytime soon.



**Dr. Andrew Hertler**  
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Like many of my colleagues, I'm bullish on the use of artificial intelligence to transform specialty care management for the better. We're embracing a world where, for instance, more high-quality authorization requests are rapidly approved and clinical reviewers spend half as much time conducting manual case reviews, thanks to this technology. Evolent's latest acquisition<sup>1</sup> will accelerate this transition here.

Occasionally we're asked what the generative AI revolution might mean for high-value clinical pathways and guidelines for complex conditions. Could AI help sift through the evidence, evaluate it and craft a set of recommended interventions for a given clinical scenario?

I'm skeptical that this is the future. However, I do believe AI could be a valuable asset to help us create and update pathways more efficiently. Let's review the steps of pathway creation process and see what role AI might play.

**Step 1: Curating the medical literature.** Say you're seeking evidence to help identify the highest value regimen for a certain cancer indication. A few decades ago, this involved using the library card index and Dewey Decimal System, navigating the stacks, and finding the articles. Search engines and the digitization of

<sup>1</sup> Press release: Evolent signs agreement to acquire artificial intelligence utilization management products and team from Machinify. June 4, 2024. [ir.evolent.com/2024-06-04-Evolent-signs-agreement-to-acquire-artificial-intelligence-utilization-management-products-and-team-from-Machinify](https://ir.evolent.com/2024-06-04-Evolent-signs-agreement-to-acquire-artificial-intelligence-utilization-management-products-and-team-from-Machinify)

medical literature have made the task much easier, but it still takes many hours.

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There's no formula for deciding which regimens should be on pathway (though we have tried). That's because no two pathway decisions are identical.

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AI could dramatically shorten this process. While tools have so far received mixed reviews, we can expect they will rapidly improve. In the meantime, researchers will need to double-check the work of their AI co-pilots to guard against hallucinations and make sure they are sweeping up all relevant evidence.

**Step 2. Evaluating the strength of the evidence.** You have all relevant research in hand. Now you need to weigh it. Are the patient populations in clinical trials representative of your real-world populations? Was the trial randomized? Was the new drug compared against the current standard of care? What endpoint was measured, was the statistical analysis done correctly, and was the outcome clinically meaningful?

Separating good evidence from bad could be a challenge for AI. For example, it may have difficulty identifying conflicts of interest or bias. But with appropriate rules and quality audits, I believe the technology could help at least synthesize the research and flag potential flaws, thus reducing the time involved for human experts to weigh the findings.

**Step 3. Identifying preferred regimens.**

There's no formula for deciding which regimens should be on pathway (though we have tried). That's because no two pathway decisions are identical. For example, the bar changes for clinical scenarios that have many regimens to choose from versus those with unmet needs. Also, head-to-head comparisons of different regimens typically don't exist. One drug might appear to offer a small survival advantage over others, but the populations across clinical trials may differ, as do the treatments received by the control group. Real-world evidence may exist for some regimens but not others.

Ultimately, while we seek out all reliable, high-quality evidence to inform decisions, pathway determinations often result from consensus among a group of clinicians, researchers and others. We have to take the evidence, along with the lived experiences of providers, and weigh it together. It's a distinctly human endeavor, and it's hard to imagine that fundamentally changing for complex decision-making, though I believe there are ways AI may help us make these decisions better and faster. ●

# Value-based strategies for connecting primary and specialty care

To reduce the fragmentation of care for complex conditions, we need to take on the fee-for-service models that contribute to it, says Evolent's Dr. Vishnukamal Golla.



*Seamless coordination between primary and specialty providers is vital to achieving better health outcomes, yet fragmentation and lack of visibility into patients' care are too often the reality. One reason is the sheer number of specialists involved in care: Nearly 1 in 3 Medicare beneficiaries sees five or more physicians annually, and primary care providers (PCPs) have nearly twice as many specialists seeing the Medicare beneficiaries on their patient panel than they did 20 years ago.<sup>2</sup>*

*We spoke with Evolent Senior Medical Director for Value Transformation Vishnukamal Golla, MD, MPH, whose work focuses on innovative value-based models for specialty care. Dr. Golla also previously helped develop the components of CMS' new Making Care Primary Model*

*that encourage better connections between specialty and primary care. Dr. Golla discusses the lack of coordination between primary and specialty care and how alternative payment models can help solve these challenges.*

## **What challenges do health plans face with coordination of primary and specialty care?**

Integration has always been difficult, but health plans currently face some of the largest hurdles they've had in a long time. The demand for specialty care, in particular, is reaching record levels. Medicare beneficiaries are seeing 50% more specialists, on average, compared to a couple of decades ago, yet there hasn't been thoughtfulness about how to coordinate the increased demand between PCPs

<sup>2</sup> Barnett, Michael L et al. Trends in Outpatient Care for Medicare Beneficiaries and Implications for Primary Care, 2000 to 2019. *Annals of Internal Medicine* vol. 174,12 (2021): 1658-1665. [doi:10.7326/M21-1523](https://doi.org/10.7326/M21-1523)



**Dr. Vishnukamal Golla**  
SENIOR MEDICAL DIRECTOR FOR VALUE  
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and specialists. As a result, we're seeing an exacerbation of fragmented care.

Of course, care access is a persistent challenge, driven by physician shortages. PCPs are one of the most under-resourced specialties in the U.S. and as their patient loads continue to grow, the ability to coordinate referrals with specialists becomes more challenging. The lack of interoperability between primary and specialty care has also made sharing data and coordinating care difficult — we're still relying on faxes to share consult information despite the many other technologies available.

**What are the results of this lack of care coordination?**

PCPs often lack insight into whether or not a particular specialist is the right specialist or someone who is providing high-quality care. There aren't ways to determine if providers are using guideline-concordant care, what their outcomes are, and how they're supporting patients with shared decision-making.

What we're also seeing is that many patients are waiting more than a month to see a specialist, and in that time they're vulnerable to disease progression, ED visits and hospitalizations. Patients who have comorbidities also find coordinating care with

their providers difficult since they often don't have a support network in place.

**The industry has been slow to adopt value-based care, but why is the shift an imperative?**

We must break free from the fee-for-service mentality that drives fragmentation. Value-based payment models create a new foundation in which PCPs and specialists can work together with an incentive model that supports their collaboration. These models need to focus on more meaningful specialty-specific quality metrics. We should prioritize system-based or outcome-oriented measures while reducing the number of process-based measures that only increase provider burden. Most of the quality measures in the current system focus on primary care because the focus for the last decade was accountable care organizations and, in some ways, trying to support that discipline.

**Can you give an example of a more meaningful measure?**

With musculoskeletal conditions, functional status matters to the patient, but rarely is that measure included in a fee-for-service model. Yet value-based care can include a measure like that, and it can drive value for the patient and the provider. The provider isn't only thinking about surgery, but also about physical therapy, pain medicine and behavioral therapy. When we're able to align the right metrics and the right clinical care pathways, that directly translates into better overall care for a patient.

Since value-based care also focuses on whole-person care, providers are incentivized to address unmet social determinants of health needs, which improve outcomes and the member experience.

**How is Evolent helping to solve for the lack of care coordination?**

Our solutions target distinct phases of the patient journey. When the PCP has a patient

who they think needs a referral, we spend a lot of time educating the practice and providing resources such as tip sheets or guides to help them understand when the patient should be referred and what the most appropriate site of care is. We provide PCPs with a scorecard to identify specialists in the local geographical area who provide high-quality care based on a list of evidence-based criteria.

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Value-based payment models create a new foundation in which PCPs and specialists can work together with an incentive model that actually supports their collaboration.

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We're also actively working on a pilot for a new oncology navigation solution that will support patients from diagnosis to survivorship or end of life. The goal of the pilot is to help offload some of the administrative burden for both PCPs and specialists to ensure patients have everything they need, such as pathology and imaging reports, to prevent delays and gaps in care.

We also spend a lot of time prepping patients with questions they should ask during their first visits with the specialists, preparing for treatment, and understanding the side effects of treatment. Once they undergo treatment, we can connect them to the practice with help managing side effects or medication adherence. We have recently launched a partnership with Careology to provide a patient-facing application which further supports the patient journey.<sup>3</sup>

For patients whose cancer has progressed to an advanced stage, we provide advance care planning, as well as help with palliative care and hospice referrals when appropriate. In this way, we're supporting patients, and specialists, and ensuring PCPs are in the loop. ●



## READ MORE

Visit Evolent Insights to read a longer version of this interview:  
[insights.evolent.com/blog/connecting-specialty-care](https://insights.evolent.com/blog/connecting-specialty-care)

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<sup>3</sup> Press release: Evolent and Careology form strategic care navigation partnership to enhance cancer care in the U.S. May 9, 2024. [ir.evolent.com/2024-05-09-Evolent-and-Careology-form-strategic-care-navigation-partnership-to-enhance-cancer-care-in-the-U-S](https://ir.evolent.com/2024-05-09-Evolent-and-Careology-form-strategic-care-navigation-partnership-to-enhance-cancer-care-in-the-U-S)

# Evolut rolling out specialty-care quality program

Meaningful, validated measures will offer plans, providers and Evolut a deeper understanding of our impact on clinical and financial outcomes.



For patients with peripheral artery disease (PAD), providers typically have multiple options to restore blood flow to a clogged vessel. Yet, data suggests that the most costly and perhaps higher risk option, known as an atherectomy, is disproportionately used, despite overwhelming evidence that it is often unnecessary.<sup>4</sup> Moreover, patients with less advanced forms of PAD are often subjected to invasive, higher risk procedures when noninvasive approaches incorporating medications and exercise offer similar or even better outcomes.

So, when Evolut set out to build a set of clinical quality measures for the specialties it manages, data on authorization rates and utilization patterns for atherectomies in

patients with PAD was a top priority. It's one of 12 metrics across cardiology and medical oncology that we will be rolling out in July as part of a clinical quality measures program. Measures for additional areas — radiation oncology, musculoskeletal care, radiology, palliative/end-of-life care, and population health — will be introduced in the second half of 2024 and early 2025.

Evolut will share these quality trends and performance metrics with health plan partners, enabling them to benchmark and evaluate the impact of specialty care management programs across new dimensions of quality. These new metrics will also enrich the performance data we share with specialty providers, leading to value creation as providers

<sup>4</sup>Hicks et. al. Use of Atherectomy During Index Peripheral Vascular Interventions, JACC: Cardiovascular Interventions, Volume 14, Issue 6, 2021, Pages 678-688, ISSN 1936-8798, <https://doi.org/10.1016/j.jcin.2021.01.004>

are given state-of-the-art performance feedback. These real-time performance measures will also support further investment in improvement efforts with providers.

The use of standard measures across our specialty lines will also help expand our efforts to identify health inequities, including disparities in care for various at-risk populations. ●

### TYPES OF MEASURES

Evolut's new specialty-specific metrics will address dimensions of quality beyond traditional utilization management.



# New oncology capabilities enable broader oversight

Comprehensive care navigation and surgical oncology pathways will help drive high-value care across the patient journey.



It's an understatement to say that cancer care is complex. According to the Institute of Medicine, 18 or more different clinical disciplines or roles may be involved in comprehensive cancer care.<sup>5</sup> Patient care often extends well beyond the oncology space, given that four of 10 patients with cancer have one or more comorbid disease.<sup>6</sup> And patients have myriad needs — social, emotional, nutritional and financial — that also must be met to realize the vision of whole-person care.

Yet this complexity also means that there are many opportunities to drive higher quality and value from diagnosis through survivorship. Two new capabilities in Evolent's Oncology

Management Solution show how we seek to enable better outcomes across multiple steps of a more coordinated cancer care journey.

## COMPREHENSIVE CANCER CARE NAVIGATION

Evolent now offers its health plan partners a cancer care navigation program that aims to enhance the member experience, health outcomes and value throughout the cancer journey. This program brings together two key components:

- **High-touch navigation.** Our specialists work 1:1 with members to ensure they have the resources and support they need to take

<sup>5</sup> Institute of Medicine. 2013. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. Washington, DC: The National Academies Press. [doi.org/10.17226/18359](https://doi.org/10.17226/18359).

<sup>6</sup> Edwards, Brenda K et al. Annual Report to the Nation on the status of cancer, 1975-2010, featuring prevalence of comorbidity and impact on survival among persons with lung, colorectal, breast, or prostate cancer. Cancer vol. 120,9 (2014): 1290-314. [doi:10.1002/cncr.28509](https://doi.org/10.1002/cncr.28509)

on their cancer care with greater control and clarity. Among other roles, they help ensure goal-concordant care, coordinate appointments, connect members to social resources, and more. Predictive risk algorithms help identify patients most likely to benefit from this service. This program has been piloted with an Evolent health plan partner since fall 2023 and has a 100% member satisfaction rate.

- **High-tech platform.** In early May Evolent announced a strategic partnership with UK-based Careology for its digital cancer care solution. Careology enables people with cancer to stay on top of all aspects of their cancer treatment — such as medications and appointments — while monitoring their symptoms and side effects and sharing this information with providers.

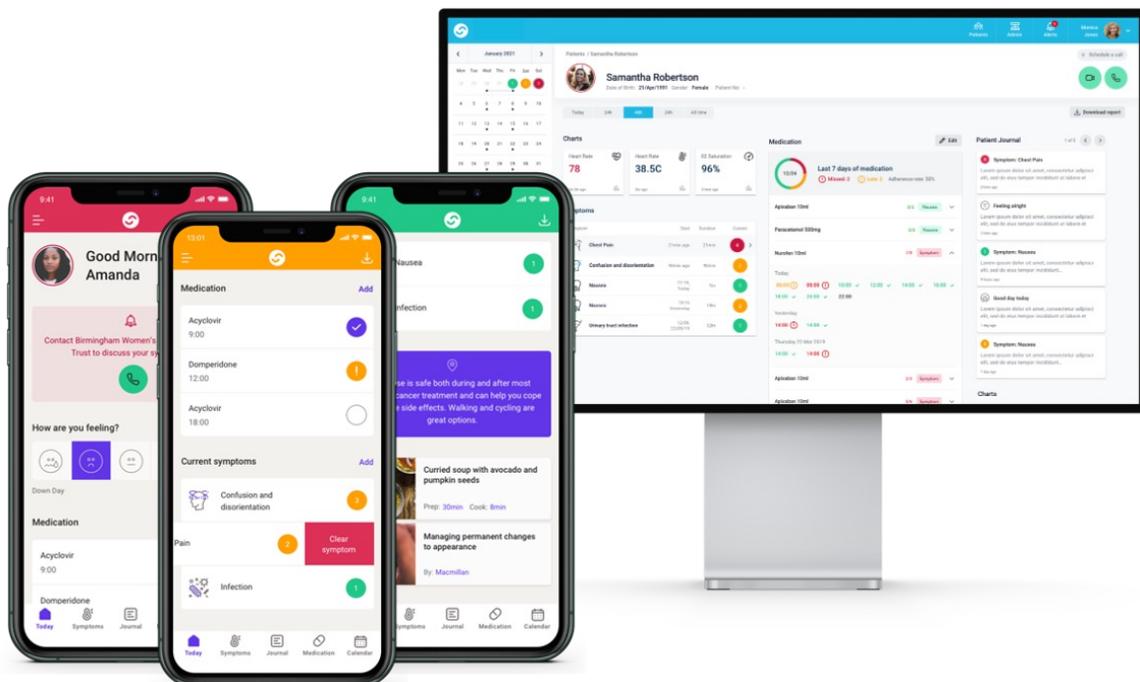
Together, Careology’s digital solution and Evolent’s person-to-person offering create a comprehensive platform that aims to bring more coordinated, connected and empowered experiences to people living with cancer.

The care navigation program will also integrate with Evolent’s utilization management functions, moving us close to end-to-end management of the cancer journey.

Evolent has distribution rights to Careology among U.S. payers. We plan to integrate navigation into multiple lines of business and launch the platform by the end of 2024, with a national roll-out in 2025.

## SURGICAL PATHWAYS

In July, Evolent is launching surgical oncology pathways, encompassing 53 procedure codes across thyroid, lung, prostate and breast cancer, as well as surgical ablations spanning multiple cancers. Complementing Evolent’s longstanding pathways in medical and radiation oncology, this addition gives Evolent oversight of the three main cancer treatment modalities. Surgical pathways not only give Evolent and our partners the opportunity to drive value and better outcomes in additional treatment settings, but they will also enable us to start driving



*The Careology platform enables people with cancer to stay on top of all aspects of their cancer treatment.*

## BEYOND TRADITIONAL ONCOLOGY UM

While care navigation and surgical pathways are the latest examples of a more holistic approach to managing oncology, they're not the only ones. Others include:

- **Managing cardiotoxicity of oncology drugs.** We're reminding providers to order cardiac studies, when appropriate, for patients receiving anticancer agents that risk damage to the heart.<sup>7</sup>
- **Bundling imaging studies with anticancer treatment.** Late this year, we plan to begin issuing authorizations for imaging studies that accompany anticancer treatment. This will reduce prior authorization burdens while ensuring high-quality, coordinated care.<sup>8</sup>
- **Ensuring genetic sequencing.** For appropriate cancer types, we work with providers to ensure they order genetic tests to inform treatment decisions.

value earlier in the member journey in many cases. Evolent will have oversight of biopsies for one of the more common cancers — breast — enabling us in some cases to intervene before a diagnosis has been made. For example, Evolent may assist primary care providers in finding the high-value oncologists in their area, and by offering care navigation upon diagnosis.

Based on national best-practice guidelines, the pathways will work similar to Evolent's other oncology pathways. Clinical Q&A in our CarePro decision support platform prompts providers to enter information about the case — such as whether imaging studies have been completed or the stage of the cancer — then guides them on whether surgery is appropriate and which procedures are high-value.

With the initial 53 procedure codes as a foundation, Evolent plans to build out additional surgical oncology pathways in the future. ●



**LEARN MORE**

Email [connect@evolent.com](mailto:connect@evolent.com)  
to schedule a briefing on these new capabilities.

<sup>7</sup> Reducing Cancer Therapy's Toll on the Heart, Evolent Insights. September 8, 2023. <https://insights.evolent.com/evolent/reducing-cancer-therapys-toll-on-heart>

<sup>8</sup> Bundled authorization program aims to ease provider burden, Evolent Clinical Update, Q1 2024

# Why health plans need to refresh their surgical implant strategy

While many orthopedic procedures can safely be performed outside the hospital, barriers related to implantable devices often stand in the way of the transition.



For most patients needing orthopedic surgeries, the ambulatory setting is the best option, offering similar outcomes, fewer complications, shorter stays, and greater convenience than surgery in a hospital. Procedures performed in ambulatory surgery centers (ASCs) also cost about 40% less than those in hospitals, according to one study.<sup>9</sup>

To support site-of-care transitions, CMS in recent years has moved hundreds of orthopedic procedures to the ASC-payable list, while more health plan policies steer patients to clinically appropriate lower-cost settings. Yet intractable barriers remain. These may include lower reimbursement rates for ASCs, patient

(mis)perceptions about quality and safety of surgery centers, and hospital ownership of surgery centers that limit local access to physician-owned practices.

One often-overlooked barrier involves the challenge of managing costly implantable devices. Implants make up approximately 25% of health plans' costs for device-intensive procedures, such as total knee replacement and lumbar fusion, but the challenges are felt more acutely by the ASCs themselves. Those with less success navigating pricing, quality and collection risk in the constantly changing market may struggle to perform certain procedures profitably.

<sup>9</sup> Press release. No increased risk of complications for joint replacement in ambulatory surgery setting. Hospital for Special Surgery. March 14, 2014. <https://www.eurekalert.org/news-releases/517261>

## HERE ARE SEVERAL OF THE KEY ISSUES INVOLVED:

**65-80%**

overpayment for implants by one ASC client

**Opaque pricing.** Some surgical facilities — particularly smaller ones — lack the purchasing power or market knowledge to negotiate fair implant prices. Pricing can vary wildly, not just within a category, but also for the same product. Confidentiality in purchasing agreements keeps facilities and providers in the dark about whether they are striking a good deal relative to others. Our Evolent Surgical Management solution discovered that one ASC in Georgia, for example, was paying **65-80% more for surgical implants** used in lumbar fusions than the market rate before Evolent began working with them. Facilities that are overpaying may have trouble performing procedures profitably.

**61,000**

implants tracked by Evolent Surgical Management

**Pace of innovation.** New implantable devices are coming on the market at such a rapid pace that surgeons and facilities struggle to keep up. Evolent Surgical Management has more than **61,000 FDA-approved implants** in its tracking system, including 4,400 new products over the last 12 months. Amid so much market noise and change, it's no small task to identify clinically superior products, as well as those that are clinically equivalent but less costly.

**85%**

of clinicians would use/suggest lower-cost implants

**Entrenched products.** Surgeons often have longstanding preferences for certain devices, based on experience, habit, relationships with manufacturers, and impressions of different brands and products. Those devices may not always offer the best outcomes or cost-effectiveness. Still, changing habits is achievable. One study found that **85% of clinicians** conducting knee-replacement surgery would use or recommend a lower expense item if they were aware of the cost differences and if clinical outcomes were similar.<sup>10</sup>

**48%**

collection rate across providers

**Cash flow and collection risk.** For high-acuity, device-intensive procedures, many ASCs struggle to outlay the cash for expensive implants. In addition, they wait for reimbursement from payers and take on the risk associated with collecting the portion due from patients. Across all providers, **collection rates have dipped to 48%**.<sup>11</sup> When such risks lead ASCs to decline such cases, patients may go to a more costly site of care.

Health plans seeking to shift site of care, when appropriate, for more orthopedic cases cannot ignore the challenge around implantable devices. Their strategy should address not just the plans' own device-related spend, but also support ASCs in their efforts to improve device selection and pricing. ●

## DOES YOUR IMPLANTABLE DEVICE STRATEGY NEED A RESET?

Evolent Surgical Management leverages our expertise in the implantable device market, our purchasing power, and innovative financial arrangements to overcome the barriers to optimal site of care.

Learn more: [evolent.com/solutions/surgical-management](https://evolent.com/solutions/surgical-management)

<sup>10</sup> Gardezi M, Ottesen TD, Tyagi V, Sherman JJZ, Grauer JN, Rubin LE (2021) Arthroplasty implants and materials: Cost awareness and value perception. PLoS ONE 16(7): e0255061. <https://doi.org/10.1371/journal.pone.0255061>

<sup>11</sup> Patient collections fall to 48%. Becker's Hospital Review. February 29, 2024. <https://www.beckershospitalreview.com/finance/patient-collections-fall-to-48.html>

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**Evolent partners with health plans and providers to achieve better outcomes for people with complex health conditions.** Working across multiple medical specialties and primary care, we seek to ensure that care plans align with clinical evidence, respect members' goals and preferences, and connect seamlessly across providers and settings. Evolent serves a national base of leading payers, including managed Medicaid, Medicare Advantage and commercial health plans. Through a comprehensive suite of resources — such as high-value clinical pathways, electronic decision support and value-based payment models — we create an ecosystem that helps providers deliver better, more affordable care to their patients. Tens of millions of Americans have access to our clinical expertise through their plans. Learn more about Evolent [evolent.com](https://evolent.com)