After passage of the Accountable Care Act (ACA) in 2010, much has been said about the need to optimize the way care is delivered, placing patient safety, quality of care, and cost reduction at the forefront. In keeping with these goals, treatment directives aimed at creating more uniform clinical pathways and treatments are increasingly being utilized - with clinical guidelines such as those prepared by the National Comprehensive Cancer Network (NCCN) having been developed in decision trees to help play a major role in defining clinical oncologic care. In many instances, however, the descriptions concerning the delivery of radiation therapy in particular seem to fall short of clear instructions - lacking detail such as target dose, fractionation schemes, clinical set-up, nursing instructions, and dose constraints. The Radiation Therapy Oncology Group (RTOG) treatment protocols offer the clearest and most direct treatment path for oncology; yet, they only reflect a small sampling of disease treatments and are not generally used outside of clinical trials.

Four factors in general come to mind when thinking about the factors that impact how radiation therapy is delivered: treatment directives, treatment assessments, billing management, and patient safety. For a rational approach towards developing a meaningful outcome-oriented, quality-care approach for a specialty that offers a wide variety of subjective treatment options that can often lead to misunderstanding and confusion. Direct input and transparency from all aspects of the department, including nursing, dosimetry and physics, when developing the pathways has allowed for a more uniform and consistent understanding of key issues that may be encountered when dealing with both routine and complex cases and has improved overall efficiency, compliance, and resource utilization. Essentially, these pathways serve as a bridge between the medical decision process and the technical process of treatment delivery, providing a working foundation for the entire patient experience.

We are currently working with several other departments on further validation of our created pathways and for any additional input, as well as the possibility of standardizing within the partner departments. Our report may serve as a catalyst for other departments to consider pathways as a viable alternative to a more subjective approach to treatment. If a more generalized consensus can be reached across several departments, this could have a profound effect on the safe delivery of radiation, especially since traditional guidelines present appropriateness of treatment, but often do not offer detailed therapy directives.