

Precision Medicine Podcast, Season 5 Episode 57

Dr. Debra Patt: Texas Oncology Has an “Easy Button” for Delivering Consistent Precision Oncology Care

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Welcome to Season Five of the Precision Medicine Podcast, sponsored by Trapelo. This is the podcast where experts come to discuss the problems oncologists, reference labs, and payers face as precision medicine grows and consider solutions for advancing the quality of patient-centered cancer care. Be sure to subscribe at precisionmedicinepodcast.com to get the latest episodes delivered straight to your inbox.

Karan Cushman, Producer, Co-Host

Welcome Back to the Precision Medicine Podcast. I'm Karan Cushman, your producer and co-host, along with co-founder Clynt Taylor today. But before we dive in, I want to recognize that this episode marks the beginning of our fifth season of the Precision Medicine Podcast. So a special shout out to all of our incredible guests that we've had over the last four years and our listeners around the world who have helped us further our mission of bringing precision medicine to more patients.

And so with that, our guest today we are really excited about. She is a perfect fit to help us celebrate. She has been on the front lines of oncology care at one of the largest community cancer practices in the country. She is a breast cancer expert and a health economics and health services research oncologist where her focus is on clinical decision support, predictive analytics, telemedicine, HEOR, tools for patient symptom management and quality. She is president of the Texas Society of Clinical Oncology, Secretary for the Community Oncology Alliance and serves locally on the Austin Healthcare Council and Shivers Board. She also serves on payer relations, marketing, telemedicine, strategy, policy, management executive, marketing, and revenue cycle committees.

On the healthcare policy side of the house, she has testified before Congress to protect access to care for Medicare beneficiaries. She chairs the Council on legislation for the Texas Medical Association and works to formulate responsible healthcare policy. She is editor in chief of the Journal of Clinical Oncology Cancer Informatics and works to drive engagement in clinical informatics solutions to enhance health. And in case anyone is wondering what she does in her spare time, she is the mother of three teenagers as well as a few other creatures that we'll talk about later.

Dr. Debra Patt, Executive Vice President of Policy and Strategic Initiatives for Texas Oncology, welcome to the Precision Medicine Podcast.

Dr. Debra Patt:

Thanks so much for having me, Karan.

Karan Cushman:

Well, as I was saying before, we're really excited to have you here today. You've been a target guest for us for some time because you are literally hands on in so many aspects of what we talk about as the challenges in precision medicine. But before we dive into that, we always like to help our listeners really get to know our guests, how they got to be where they are today, what drives them, and maybe even get into a little bit more of the personal hobbies and such. So Dr. Patt, take us through how you chose a career as an oncologist. What drove you to expand your career into health policy and data insights and why you feel like Texas Oncology is your perfect playground for you professionally?

Dr. Debra Patt:

Thanks for the question. It's an amazing time in cancer care and I decided to stand at the intersection of care delivery and healthcare policy early in my career path. When I started medical school at the Baylor College of Medicine back in 1995, we went right into clinic. At that time I was actually in a laboratory science program where I would be a physician scientist, really, that was lab based. But one of the first women that I met was a woman who was dying of metastatic cervical cancer, and she was dying of metastatic cervical cancer because she didn't have access to healthcare. Because for those of you who understand anything about cervical cancer, it's that by and large it can be prevented with early detection.

And so it really called out to me that we have this wonderful time in scientific innovation where we have these amazing tools to treat patients, but if patients don't have access to these tools, they will have a bad outcome. And it was really a call to action for me to think about how to pivot my career to make sure I stood at the intersection between the innovative therapies that we were discovering and the ways in which they got to patients.

So looping that back to where we are today at Texas Oncology, I'll say that I think about every day when I get up, how we deliver great cancer care in our communities. Because it has been a remarkable time of scientific innovation. We have so many more tools. And part of those tools you can think of is like locks. We have locks that unlock cancer. We have keys that open those locks and those lead to great patient outcomes.

But what happens sometimes is patients don't have, we can't identify the lock. And so I think a lot of our work at Texas Oncology is to try to make sure that patients have all of the tools that they need to try to make sure we can unlock those keys to scientific discovery and give patients a great path of cancer care. And that's not only controlling cancer or curing cancer, but also allowing patients to live where they are so they can work at their jobs and sleep in bed with their spouses and pick up their kids from soccer practice and do all the things that allow them to live either cured or with a chronic disease.

Clynt Taylor, Co-host

Dr. Patt, that's really great. I love the illustration about giving patients these keys to locks. I mean, we know precision medicine is changing rapidly, and with that comes enormous complexity and trying to apply that in clinical practice, I'm sure it can be tough, tough just to keep everybody up to date. Everybody needs to know what are the keys and what are the locks. And as a result of that, to your point, a lot of patients aren't being tested even according to some of the guideline recommendations. For a large community practice like Texas Oncology, you guys have, I don't know, 200 plus locations across the state, what are some things that you're doing to address this?



Dr. Debra Patt:

It's a great question. I would say that all patients with advanced cancer should have some analysis to try to understand particular therapeutic targets. And let's go back to that lock and key analogy for a moment, if you will. Many cancers we know have these locks and we have keys and therapeutic tools. And so in the absence of understanding what molecular aberrations might be present in a tumor, we won't identify those locks, so it's our job to do that. So we've really worked hard as an organization to try to set up easy buttons for clinicians to assess for these therapeutic targets or to identify these locks, if you will, so we can then use the keys in scientific discovery really to have give patients a better outcome.

Some of the things that we've done, we've implemented clinical decision support systems to nudge providers to do genomic testing of cancers. Some of that is through the use of the Trapelo tool for them to be able to have an easy button to assess tumors for possible therapeutic interventions. Another thing that we've done is try to set up a quality standard for patients with advanced cancer to have an assessment of potential therapeutic modalities that they might be sensitive to through the use of this testing. And so I think on the front end, in front of clinicians, we have a nudge that's present and on the back end, we're tracking performance as a quality metric, so then we can give feedback to clinicians.

I think when you ask patients who receive care in their communities, which in general I think is in the best interest of patients, they want to have access to the latest and greatest cancer care. We want to bring the most recent scientific discoveries to the patients we serve. By implementing these two systems on the front end and the back end of nudges for assessment and assessment for quality control, I think it helps us achieve our objectives.

Clynt Taylor:

That's good. We've had a lot of conversations even at Trapelo about helping oncologists in this process. And one of the questions that I hear is, look, you have one of the tools, clinical decision support really does help to know what to test and perhaps how to understand the results, how do you know when an oncologist isn't testing or perhaps should be considering a patient for testing? Have you guys addressed that?

Dr. Debra Patt:

We have. We are tracking all of our patients with advanced cancer that have therapies prescribed to understand if they have had assessment of the tumors to look for molecular aberrations that might drive therapy choices. So we are giving that feedback to our clinicians, we are assessing our patients more broadly, not only at the individual practice level, but also aggregating our data to try to understand what testing people are doing, what kinds of opportunities it's identifying, so we can give feedback to clinicians, so over time we can make sure that they get appropriate support to make the best clinical choices.

Clynt Taylor:

That's great.

Karan Cushman:

Dr. Patt, what kind of impact so far are you seeing from this program, for the practice and for patients, with regards to things like biomarker adoption?

Dr. Debra Patt:

It's been a moving target. While we've used biomarkers in some cancers for over a decade, our use for all cancers has been relatively new. And we've seen that adoption continues to increase. We'd like for it to be 100%, it won't always be 100% for a number of reasons. Sometimes payers won't pay for somatic testing of tumors, sometimes patients have challenges in getting the right tissue for testing, or there might even be a limited amount of tissue. But we've seen over time, especially in the last few years, regular testing of patients with advanced cancer has just skyrocketed, as it should.

The Precision Medicine Podcast will continue right after this.

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Karan Cushman:

Dr. Patt, we recently produced a webinar and white paper together that centered around this concept of the battle royale that is taking place between oncologists and payers. And for our listeners, you can find both of those pieces on the insight section of the Trapelo Health website. This concept is one that you and Dr. Barbara McAneny first introduced at COA at the annual meeting back in March. I wanted to give you, as someone who sits at that intersection, someone being on the front lines of oncology patient cancer care and has the insight that you have and the time that you've spent with payers and in that to give you an opportunity to talk about that concept, and then how could this program make a difference and improve the prior auth process for testing and ultimately reduce time to treatment for patients?

Dr. Debra Patt:

That's a great question. As we've talked about already, cancer care has become increasingly complex, frequently with preferred choices being dependent upon some of the molecular analysis that we do, identifying therapeutic opportunities in the way of looking at somatic mutations. And what we observe is that when we send for genetic testing of tumors, our next generation sequencing, that frequently there are prior authorization delays, and those delays either cause abandonment of treatment or abandonment by the doctor or the patient, or inappropriate delays in care.

What our hope is, is by using Trapelo as a system, that we have a systematic way to make sure that the right information gets to the payers to take out any unnecessary delays in getting to the right testing and the right information to provide the optimal therapy to patients. Obviously, this process workflow of patient care delivery is never one that's perfect or seamless, but because there are so many multiple weeks, sometimes months, of delays in this process because of the prior authorization burden, we think that using systems like Trapelo to streamline the process and provide the consistent information that payers need to facilitate a better collaboration with payers,

we're likely to get a better answer for our patients faster. By doing that, we're able to give our patients appropriate therapeutic interventions. We're able to diminish delays in patient care. We're able to partner with our payers to get them the information that they need.

And while I think these are common themes that you see in cancer care today, because the prior auth burden is there in many different ways, it's been increasingly complex in cancer care in the last few years and especially as it pertains to next generation sequencing. So we really need partners in order to deliver on this better for the patients we serve. And having a routine system like Trapelo to manage that for us, we believe, will help us get prior authorization faster, identify therapeutic targets faster for the patients we serve, and then consequently treat them faster and have them benefit more from each therapeutic intervention.

Karan Cushman:

Thank you. Clynt, do you want to follow up with the next question?

Clynt Taylor:

Sure. And thanks for that because I think that topic that you just addressed is really, it's just really such an important one. And I can see it also from the lab side as we deal with labs who are... It just affects everyone in the ecosystem, so I appreciate your perspective on that.

I think the other thing that I really appreciate about what you guys are doing at Texas Oncology, you guys have a deep understanding of the value of data, real world data, real world evidence as your work. It's rooted in research and advancing the treatments of tomorrow. I'm really curious, where do you see this merger of science and technology and the power of informatics having the biggest impact in your work for pharma, diagnostics companies that are innovating in precision oncology and really ultimately for patients?

Dr. Debra Patt:

I mean, I think it impacts it in so many ways, and that's why making this as seamless as possible becomes really important. For example, I like to say that I wake up every day thinking about how we make community cancer care the best place to get cancer care. And part of that story is making sure that we offer high yield clinical trials to the patients we serve in our communities. We can optimize accrual to clinical trials if we're able to, from a distant lens, be able to identify potential therapeutic targets in patients. And so this is in alignment with that. We need to give the best cancer care to patients in the communities. If we understand quickly and broadly their pattern of somatic mutations that's driving cancer growth, it can help us more effectively implement a clinical trial strategy in addition to standard of care therapeutic interventions.

Karan Cushman:

Yes, absolutely. I think we've talked about as much as 20% of clinical trials fail due to the lack of accrual, so this is an obvious area where data insights and technology can play a pivotal role.

Dr. Patt, we wanted to give you a chance to... You've spent so much time, obviously as a breast cancer expert, treating patients directly. And if you could, as you do every day you say you get up and you think about this, how can I make a difference? You're very driven and have been from a very young age. If you were to look ahead 10 years, knowing what you know and all that you're working on now at Texas Oncology as a business and as a practicing clinician, what would that

patient experience look like for a breast cancer patient from screening to diagnosis, for example? How might it be different?

Dr. Debra Patt:

I think that there's a paradigm shift for all cancer types, and that is that historically, and when I went through training in the early 2000s at the MD Anderson, we characterized cancers from their organ of origin. And I think that there's a paradigm shift really to understanding them from a molecular basis, because it gives better insight into their behavior and possible therapeutic intervention. I think there's a paradigm shift in how we think about cancer.

Maybe we still call it a breast cancer or a colon cancer or lung cancer, but we really characterize it by its molecular phenotype because that helps us more in thinking about how to optimize care for patients. And I think that it changes the next 10 years because it will become standard of care. It really has become standard of care, that patients with advanced cancer undergo molecular interrogation of their tumors to help understand some of these therapeutic opportunities. And in that way, we can make sure patients have every opportunity to get the best care they can.

Karan Cushman:

Well, and with that, let's just take it back to the community setting for a minute where we know over 80% of cancer patients are treated, and stepping outside maybe of the precision medicine box for a moment, and just looking at cancer equity and cancer disparities. You spend so much time talking about, yes, we're treating cancer patients, but we want to enable them to stay where they are. The moms going to the soccer games, sleeping in the same bed with their loved one at night. Where do you think we are struggling the most to realize this goal of providing equal access to everyone, those cancer patients in the community, especially?

Dr. Debra Patt:

I think it's a different answer in different places depending upon individual access issues. If I think broadly across the state of Texas regarding access, I can say that we have a large percentage of patients that are uninsured. So this is a Texas specific issue, but we have about 5 million of our 30 million Texans that is without health insurance. And so while we have 9% of the US population, we probably have 18% of the US population that lives under the federal poverty level. That becomes a challenge then getting those patients care, even if they have access to emergency Medicaid, because that's a state variable solution, getting next generation sequencing testing in terms of prior authorization can continue to be a burden.

So that's one issue of access to care. But even if someone has insurance, access still isn't guaranteed because individuals have different competing priorities in their life that limit their ability to have access to cancer care, whether that's their job or other factors that diminish their ability to get good treatment. And then we have some system challenges. Probably you're aware of the fact that across the country there's a shortage of nursing staff and other personnel that impair the ability for people to get timely access to all kinds of care. So I think all of these issues become issues that pertain to access to care, and then they limit patients ability sometimes to get the best cancer care in their communities.

Karan Cushman:

Thank you, Dr. Patt. Certainly there is a lot more at play that we could dig into here on the topic of cancer equity and health disparities. In fact, we managed to grab 60 minutes while she was on vacation with Dr. Karan Winkfield in our last episode, episode 56. She is a true subject matter expert and champion in this space who spends a lot of extracurricular time to move the needle here. So I encourage all of our listeners to tune into that. And Dr. Kashyap Patel, his program NOLA, he spent some time with us in episode 50, so I'd encourage everyone to listen to that as well.

And while we're here, I think most of our listeners out there, you all know that I'm a cancer survivor. I was treated in the community. I was a new mom, so I can relate firsthand to a lot of what Dr. Patt is describing for us here today. This is a topic, cancer equity, access, health disparities, it's a topic that we really want to give more air time to on the Precision Medicine Podcast. So for our listeners out there, if you have a guest that you think we should have on, please reach out, or a related topic. You can connect with me on LinkedIn and message me there, Karan Cushman, or you could email me at kcushman@trapelohealth.com. So with that, Clynt, I will turn it over to you to keep our discussion going here with Dr. Patt.

Clynt Taylor:

I continue to be, anytime I see or hear the number of locations that Texas Oncology has and just the sheer size of this, and I know how big Texas is. I've lived here all my life basically, except for couple of stints, but it's a huge state, a huge geography. And you guys have been able to roll out some programs and get really a high degree of participation. What's the key to that? I mean, I'm really curious and I think probably other large organizations would probably be interested to know that as well.

Dr. Debra Patt:

I think that in Texas Oncology, we've cultivated a real culture around quality. It's part of our culture to do the right thing, have continuous quality improvement, and to provide the best cancer care possible to patients in our practices. So I think that for a long time we've had a lot of buy-in from the partnership, from our employees to try to make sure that our cancer patients have great care and that we continue to improve upon that.

I think that's why as an organization early on, we were interested in partnering with Trapelo to say, this is a problem, it's a complex problem. We are going to need a partner to think about how we solve for this in a comprehensive way so our patients get the right treatment faster. And I would say that we are constantly innovating in that way, and I think that it's a strong culture within our practice that takes years to build. And as you think about the change management that healthcare is going through today, as they say, culture eats strategy for breakfast every day. And so that culture has been incredibly important and cultivated by many of our organizational leaders who I'm incredibly grateful for.

Clynt Taylor:

Yeah, that's great.

Karan Cushman:

Dr. Patt, how could our listeners follow or contact you? Are you active on LinkedIn or other social media channels?

Dr. Debra Patt:

I am. I'm active on LinkedIn.

Karan Cushman:

And do you have any upcoming speaking engagements that you'd want to share?

Dr. Debra Patt:

I will be talking at the San Antonio Breast Cancer Symposium, which is in December on CDK4/6 inhibition, so an important target for therapeutic intervention for our patients with advanced breast cancer.

Karan Cushman:

That's great. I'm going to get you out of here on one last question. We always like to dig into our guest's personal background a little bit. We've found that over the years we have a lot of musical talent in our guests on the podcast. So it was no surprise to kind of discover the creative household that you grew up in. I found an article, I think it was an ASCO Post article, earlier this year that talked about how you grew up in this household. Your dad was an engineer, you were around science. He'd wake you up in the middle of the night to watch a meteor shower through the telescope and a lot of creativity because your mom always wanted to do projects. But on top of that, she had an enormous empathy and compassion for people, which makes perfect sense how you are where you are today.

Now in your own household, you've got three teenagers dogs, your husband is a pediatric cardiologist, you have a full life. And what I learned is, is one way that you all like to decompress together is through family projects. So I was curious if there was anything in the past year that you guys have worked on or maybe that you have coming up over the holidays or next year that you're looking forward to that you might want to talk about?

Dr. Debra Patt:

Sure. Thank you for that. We do have a full household, and I'll say I think it actually is what makes me laser focused on patients getting care in their communities. And I think my patients see it, that I so value time with my family and they know that I also want to protect that for them. But we do have active projects. There's always something going on. I have three teenagers. So during the pandemic, because we were, my husband and I, were both very busy. We both have leadership positions in our various organizations, and healthcare has been quite busy. We wanted to give our children something positive to look forward to. So on a whim, I ordered Dale Chickens to my house and the coop building ensued a few weeks later in my side yard. So the current project that we have underway is that my family is rearing chickens in my suburban backyard, which is a fun project for the kids that also gives us delicious breakfast every morning.

Karan Cushman:

That is awesome. Yeah, if you've never had fresh eggs like that, it's incredible. The color of the yolks right away gives it away. It's pretty amazing. Well, Dr. Patt, we're over on time. We will let you go. But Dr. Debra Patt, executive vice president at Texas Oncology, thank you so much for being with us on the Precision Medicine Podcast today.

Dr. Debra Patt:

Thank you, Karan.

Karan Cushman:

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About Our Guest

Dr. Deb Patt, MD, PhD, MBA

As Vice President of Texas Oncology, Dr. Patt directs public policy, academic affairs, and strategic initiatives. After completing fellowship training at the MD Anderson Cancer Center, she began clinical practice as a breast cancer expert at Texas Oncology. She simultaneously led Healthcare Informatics for US Oncology from 2008-2015.

Dr. Patt currently leads ASCO's JCO Clinical Cancer Informatics journal, a platform aimed at heightening awareness of clinical cancer informatics initiatives around the world. She also serves as a medical director at McKesson Specialty Health and The US Oncology Network where her team uses multiple integrated data assets to understand outcomes in cancer. Using these tools, her team can analyze large system of electronic health record data and other data assets and aggregate them to perform health economics and outcomes research. This Health Economics and Outreach Research (HEOR) work contributes to the advancement of oncology knowledge so we can learn more from each patient, not just the small percentage of patients enrolled in prospective clinical trials.

I have over a decade of experience in health economics and outcomes research ranging from linked claims analysis studies through SEER-Medicare, cancer registry analysis, private insurance claims data, and electronic health record data. I also have experience in the integration of these EHR data sources to inventory management, patient facing portals, claims data, and other data sources to integrate these tools to enhance patient care and practice efficiency. I am passionate about the innovation and change we are driving in cancer care through progress in cancer therapeutics and in clinical informatics.