**SEASON TWO: Episode 38**Lori Brisbin Explains How Trapelo™ Helps Keep Texas Oncology Ahead of the Precision Medicine Curve

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Karan Cushman: Welcome to season two 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.

Thanks for joining us for another episode of the precision medicine podcast. In this episode, Clynt Taylor, CEO at Trapelo Health, talks with Lori Brisbin, Vice President of Precision Medicine at Texas Oncology, one of the largest practices in the United States. In this previously recorded webinar, Lori shares how this expansive and diverse network of nearly 500 oncologists is leveraging the web-based Trapelo platform to automate test ordering, build consensus, and bring precision medicine to the forefront of patient care. We hope you enjoy.

Clynt Taylor: Lori, thanks again for being with us. I know you've got a lot on your plate, and I really do appreciate you taking a few minutes of your day to join us. I know people are really excited to hear what you have to say about your experience. I might just start with a few questions. You've been in precision medicine for a long time. Could you just tell us a little bit about your background and your role at Texas Oncology?

Lori Brisbin: Sure. Well, first of all, thanks very much for asking me to participate in the webinar. I really do think that Trapelo has made a very positive difference for our practice, so it's my pleasure. I've been in precision medicine in oncology for the last 10 years. I started out actually in molecular virology, working in Dr. Gallo's lab. Yes, I do know Dr. Fauci.

Lori Brisbin: And then…with first diagnostics and then…established that market, including the blood screening market, and then really my passion at that time was to move into oncology. I worked in different laboratories, developing oncology assays, precision medicine assays, including next-generation sequencing. Again, it was really a great opportunity for me to get even closer to the patient, work with the provider, and to bring and make difference and bring precision medicine even closer to the patient by working directly with a provider to maximize the use of this important tool for our oncology patients.

Clynt Taylor: Thank you Lori. We mentioned it a little bit in the introduction but tell us a little bit about Texas Oncology, because you guys are a really big practice, and Texas is a big state.

Lori Brisbin: You got it exactly right. We have 490 oncologists and that includes medical oncologists, GenOncs, SurgOncs, and RadOncs. We have almost about 150, 175 APPs as well. At this point in time, we are fairly fully integrated. We do have our own pharmacy.

Lori Brisbin: We do have a couple interventional radiology centers as well. And we are mostly in the state of Texas. I think we have one clinic in Oklahoma. For whatever reason, we used to have one in New Mexico, but I just found that out yesterday. So yeah, it's a large practice. It's spread out over obviously a very large geography, and some of it is easily accessible through travel. Some of it not. And when we thought about, well, how can we really bring precision medicine to the forefront with such a large practice and a diverse practice where our oncologists are for the most part treating all tumor types? I think that the challenge was: how do you get consensus? What I always say in the nicest way, it's really difficult to get the oncologists to agree on where they'd like to go to dinner and if they want red or white wine to be served with dinner.

Lori Brisbin: So, how are we going to create consensus and in an ever-moving target for…across all these tumor types? And some of this information was really brought forth by a lot of our thought leaders and our senior leadership, but we practice evidence-based medicine. And so we have been actually fairly successful in implementing treatment pathways and those treatment pathways are based largely on regulatory guidelines, right? NCCN and ASCO, FDA, whatnot. And they're also have some streamlining depending upon some of the consensus and some of our contracts within the U.S. oncology network. So we thought, well, Texas Oncology is about 80% compliant for the treatment pathways. We don't really look for a hundred percent compliance, right? And so maybe we put in diagnostic pathways that would be in alignment with our treatment pathways in such a way that really doesn't meet that physician’s need to change their approach or their behavior and how they were going to address our patients when it came to precision medicine.

Lori Brisbin: So we thought, okay. So we need diagnostic pathways. We're going to base them on evidence. So that was helpful. We started to learn a little bit about Trapelo and its use of those evidence-based rules engine, I would say. And then we thought, well, in order to actually make precision-medicine testing its maximum efficiency, we have to make this easier, which is what Clynt said earlier. Especially since we have so many physicians. And really what Trapelo offered us was a very, very simple algorithm that really speaks to the clinician’s language. It really speaks toward the patient, their stage of their disease. Some of the testing that had happened prior, especially for breast cancer, the hormone in the HER2 status, really manages it to keep it very specific to what exactly we need to do to treat, to test. And they're going to be aligned through the rules.

Lori Brisbin: And we integrated this, not within our EMR, which we can talk about if you're interested in that, but in a cloud-based application for the physicians or clinicians or whomever to access. That system is integrated within Texas Oncology’s electronic test-ordering system, which happens through our laboratory information system. So, for the first time, we actually have a fully automated method for ordering of reference laboratory tests. In this case of precision medicine tests, from the physician, fully integrated into the laboratory where those results and that confirmation of order will come back fully integrated back to the physician. And it would go back into our EMR. So, we have obviously full record of what was ordered, when it was ordered, when did the lab receive the order? And then we close the loop on the results, getting back into the EMR. And that was as much as the rules and the simplicity and speaking to clinician’s language, the easy button, integrating it with the electronic transfer, really, I think was as impactful as the rules that Trapelo offered.

Clynt Taylor I think it's great that you brought up this point about EMR. And I have several other questions for you, Lori, but while we're kind of on this subject, it's often one of the questions that we get asked when we're talking to cancer centers, they'll say, Oh, do we have to integrate to the EMR? Because that could be a real challenge if not a showstopper. And I'd love for you to expand on that just a little bit, because I know that was even one of the questions that we were asking or you were asking at the beginning: are we going to need to integrate to the EMR? This approach you took is very unique, I think. And I'd love you to just expand on it just a bit.

Lori Brisbin: Yes. In the beginning we thought we absolutely must need this to integrate with the EMR. When we proposed this as a potential option for our physicians, they were... and they actually did agree. Consensus was, yes, it needs to integrate with the EMR. And we can do that. The problem is that our EMR, the one that Texas Oncology uses, which is iKnowMed, does not integrate with anything other than our laboratory information system. So, you could integrate it with the EMR, but that order was not going to go anywhere. So, really what we needed to do, and we need to follow that order both internally and externally, this is a test that's being performed by an outside laboratory. And so by having the web-based application actually provided advantages beyond ordering in the EMR. And that is it gave us that kind of activity all the way through from the physician, the clinician, whoever's ordering, all the way through to the laboratory that is performing the test.

Lori Brisbin: But then secondly, it allowed, if the physician, of course this was even more important as we came upon telemedicine and the need for telemedicine. If the physician was not in the office, or if the physician has somebody else ordering their tests for them on their behalf, it allowed for them to have access to the ordering tool, if you will, from wherever they might be, whoever would be given inclusion in that treatment plan for the patient and would be able to order that. So, in the case that maybe the iKnowMed was down or whatever the case may be, they would always have continual access to being able to order the test. And we have had, I'm going to knock on wood right now. We have had absolutely no downtime with the Trapelo application, our laboratory information system, and the laboratories that the test orders go to. It has worked out very well. And when we go to iKnowMed generation two, we came right back and ask those same physicians, “Do you want to be able to order this directly from the EMR or do you want to order this from Trapelo?”, and they all said Trapelo.

Clynt Taylor: Wow, that's great. Which kind of speaks to another question that always comes up, which is ease of use. And in fact, we were at a cancer center recently, and they said, look, we have a policy. We're not going to put anything in, if it requires more work, more keystrokes than what we're doing today. Now in this particular case, they were using a major, big EMR that everybody would know about if I mentioned. And so the bar was pretty low. It wasn't that hard to do, but Lori I've heard, you mentioned, and I appreciate you reiterating the fact that your doctors have found it easy to use.

Lori Brisbin: It is easy to use. And I think anybody who may have ever used the EMR systems that are in oncology are not actually very sophisticated. We are still on iKnowMed generation one, which I think is at least 15-year-old technology. It's a good EMR. Don't get me wrong. It does a whole lot, but ordering tests, especially send out tests, it's not that great at that yet. But, Trapelo again, really is very intuitive. It asks very few questions. The magic phrase for our physicians and our clinicians is “not too many clicks.” We need to be able to get to the end of the process without having to have too many clicks, too many drop downs or whatnot, but still have the specificity that we needed to get the right test ordered. So, the eloquence with this is really the behind the scenes work that goes into it. The rules, the evidence that the Trapelo team puts forth. Not to mention keeping up to date with the ever-changing guidelines. So, really that part in the background is what makes it actionable, but really what makes it work is that ease of use and that connectivity directly to the laboratories.

Clynt Taylor: Mm-hmm (affirmative). Excellent. Lori, you guys…how many oncologists now, as you're rolling it out, you have oncologists across the state using this. Have you started to see or are you guys starting to measure? Because you do measure pretty closely your compliance with pathways for treatment. Have you started, now that you can, have you started to track and measure compliance with the doctors you've rolled it out to? And how they're complying with your pathways for test ordering?

Lori Brisbin: So, right now, we have a hundred physicians of the 490. Now, we probably wouldn't have RADoncs using this tool because they're not typically ordering precision medicine tests, although some do, but right now we have a hundred physicians in our network that actively use this application. We did actually put a pause on allowing the other physicians to join during COVID. We had obviously a lot of staff shortages. We had some clinics shut down, and we were sort of assessing the situation day by day in terms of providing patient care. So in March we put a pause button on allowing physicians to access the application and then just this month, July, in fact, we went ahead and opened it back up. And right now, we think that we'll probably bring up our San Antonio clinic next, which is one of our larger clinics.

Lori Brisbin: In terms of the compliance through our testing pathways, I would say that, in general, they're very compliant. Not to get into too many specifics, but if the laboratory is not on the Trapelo tool, most have been, the testing is not going to that laboratory because it's... I don't want to say that these test orders are really being written in faxed in, but they are if they're not going through the tool, oftentimes being written, sometimes they get written on a script and then handed to somebody that somebody has to translate what it was that that physician was requesting. And then that information has to be put either written onto a manual rec, go into the portal for the performing laboratory, or potentially hand entered into our laboratory information system. But there's that lost-in-translation event that could happen. So, if we consider that with Trapelo that lost-in-translation event is gone or minimized greatly, I would say that we are at about 60% compliance to our diagnostic pathways so far for those physicians using it. Most often, where they're out of compliance, quote, unquote "compliance", where they go off of the recommended tests, it really is not really off the tests that are being recommended, but it's off the laboratories that are being pulled up by the application.

Lori Brisbin: So, for example, if we were to say, we want this to go to lab X, that physician may not want it to go to lab X, and they may go ahead and choose one of the other non-preferred laboratories that are still included in the application. So, we call that...whatever their favorite lab is or whatnot. So, we do allow and really encourage, obviously for the physicians to treat their patients in whatever way they think that is best. So, we're not looking for 100% compliance, but I would say the area that they go off compliance the most is in choosing the laboratory that they're selecting to perform the test and not the tests that are being performed.

Clynt Taylor: Gotcha.

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**About Our Guest**

**Lori Brisbin**

**Vice President of Precision Medicine  
Texas Oncology**   
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Lori Brisbin is a molecular biologist who leads Texas Oncology’s Precision Medicine program. Texas Oncology is one of the nation’s largest cancer networks with over 490 physicians and oncology specialists across 210 locations throughout Texas and southeastern Oklahoma. Lori is responsible for maximizing the use of precision medicine across the network with a focus on data capture and utilization for research as well as collaboration with pharmaceutical partners for clinical-trials matching and data aggregation.

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