Clear Value Plus
Evidence-based cancer care and financial information at your fingertips

Clear Value Plus™ (CVP) is a regimen support tool that highlights evidence-based treatment options and provides clinical and financial information at the point of care, improving workflows and care delivery for physicians and practice staff.

The application presents Value Pathways powered by NCCN™ and NCCN Clinical Practice Guidelines in Oncology® (NCCN Guidelines®) within the clinical workflow — offering integrated financial information, real-time reporting and benchmarking, and the ability to interface with your electronic health record (EHR).

Benefits of Clear Value Plus across your practice

Deliver quality cancer care
• Access Value Pathways powered by NCCN and NCCN Guidelines at the point of care
• Keep pace with personalized medicine and the use of diagnostic tests through automatic clinical updates to pathways and guidelines as new evidence emerges
• Improve clinical consistency and view patient information and treatment decisions in one place

Increase financial transparency
• Prospectively evaluate cost effectiveness of different treatment options and improve scheduling workflow with easy access to patient financial responsibility information
• Minimize exposure to denied claims by documenting adherence to evidence-based treatments

Accelerate prior authorization and ease the burden of documentation
• Confirm regimen selections are on-guideline and on-pathway, minimizing the burden of documentation for prior authorization, quality reporting or compliance
• Automatically record treatment decisions in the patient record of the practice’s integrated EHR, including iKnowMed™
• Collaborate with payers to opt out of prior authorization by demonstrating adherence to pathways

Participate in value-based care programs
• Confirm chosen therapies are consistent with nationally recognized clinical guidelines to meet requirements of the Oncology Care Model (OCM) and the Merit-based Incentive Payment System (MIPS) Improvement Activities category
• Use real-time reporting to demonstrate quality, including key performance metrics such as adherence, regimen utilization history and program participation — for an individual provider, a single site or across the entire practice

“Most importantly for the back-office staff, clinical staff and patients, CVP has sped up turnaround for prior authorizations on average from 3–4 days to 1–2 days — which means patients can be treated more quickly and reimbursement arrives sooner.”

Kim Woofter
Chief Clinical Officer
Michiana Hematology Oncology

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