

ASCO[®]

AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

ASCO Practice Leadership Series

Updates from the Enhancing Oncology
Model

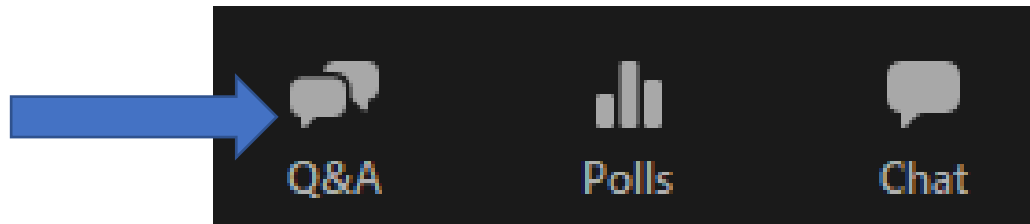
Thursday, March 23, 2023

ASCO[®] PracticeNET

Networking for Education and Transformation

Welcome!

- Please mute your phones
- Q&A session at the end
 - Use the Q&A button in the bar at the bottom of your Zoom window
 - Type in your question
 - We will address questions in the order they are received



TODAY'S SPEAKER



Alexandra Chong, PhD

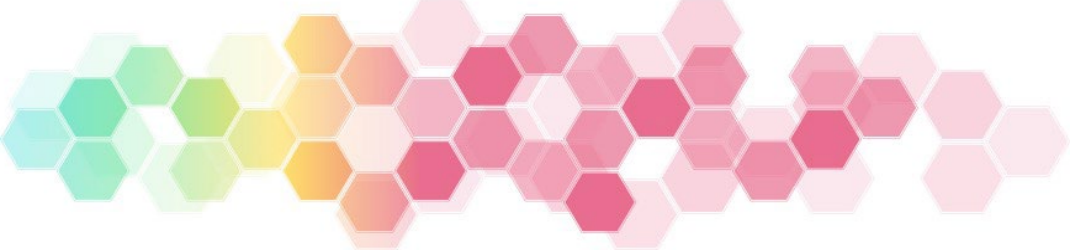
EOM Policy Lead

Division of Ambulatory Payment Models

Patient Care Models Group

Center for Medicare and Medicaid Innovation

Centers for Medicare & Medicaid Services

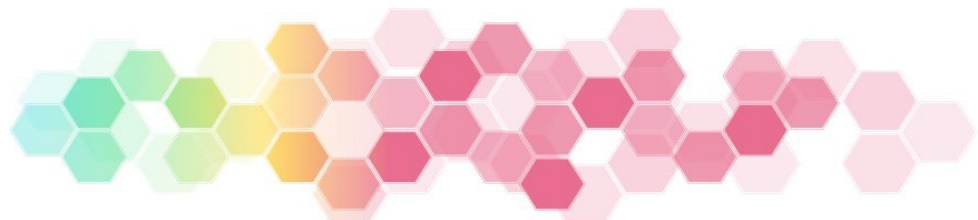


ENHANCING ONCOLOGY

MODEL

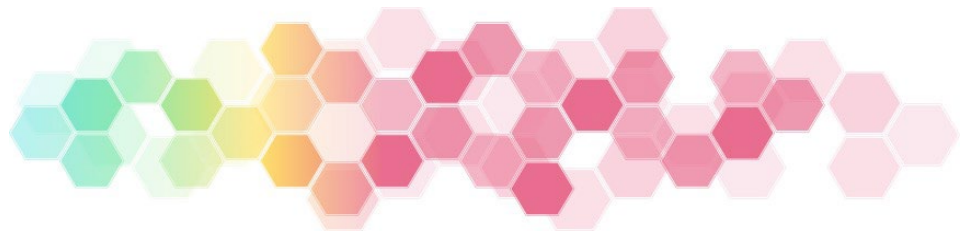
Updates on EOM

03/23/2023



AGENDA

- 1 | Enhancing Oncology Model (EOM) Background
- 2 | Updated clarifications and additional information
- 3 | Why Join EOM?
- 4 | Timeline and Next Steps
- 5 | Q&A



OVERVIEW OF ENHANCING ONCOLOGY MODEL (EOM)

EOM will continue to drive care transformation and reduce Medicare costs

FOCUS

Five-year, **voluntary payment and delivery model** scheduled to begin July 2023 and conclude June 2028, that focuses on innovative payment strategies that promote high-quality, person-centered, equitable care to Medicare FFS beneficiaries with certain cancer diagnoses who are undergoing **chemotherapy treatment**

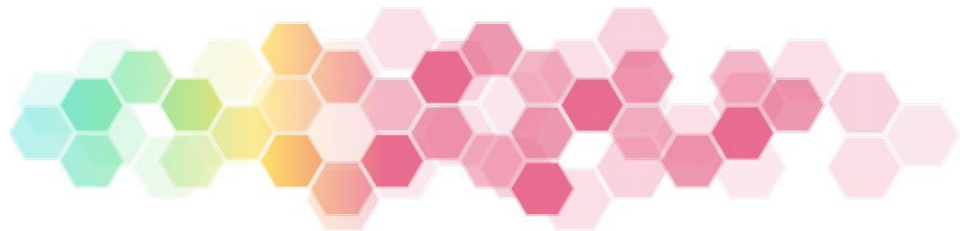
PARTICIPANTS

Physician Group Practices (PGPs) and **other payers** (e.g., commercial payers, state Medicaid agencies) through multi-payer alignment

QUALITY & PAYMENT

EOM participants are paid FFS with the addition of **two** financial incentives to **improve quality** and **reduce cost**:

- Additional payment to support care transformation in the form of a **\$70** per-beneficiary-per-month **Monthly Enhanced Oncology Services (MEOS)** to support care transformation. Participants can bill an additional **\$30** per-beneficiary-per-month MEOS for EOM beneficiaries that are dually eligible, this additional payment will be excluded from EOM participants' total cost of care (TCOC) responsibility. EOM participants will be eligible to receive MEOS for furnishing Enhanced Services
- Potential **performance-based payment (PBP)** or **performance-based recoupment (PBR)** based on the total cost of care (including drugs) and quality measures during 6-month episodes that begin with the receipt of chemotherapy



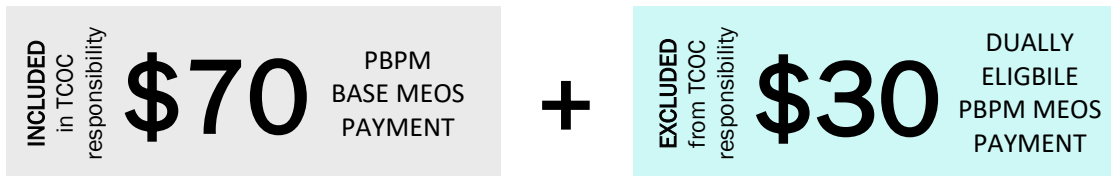
UPDATED CLARIFICATIONS AND ADDITIONAL INFORMATION

EOM HEALTH EQUITY STRATEGY



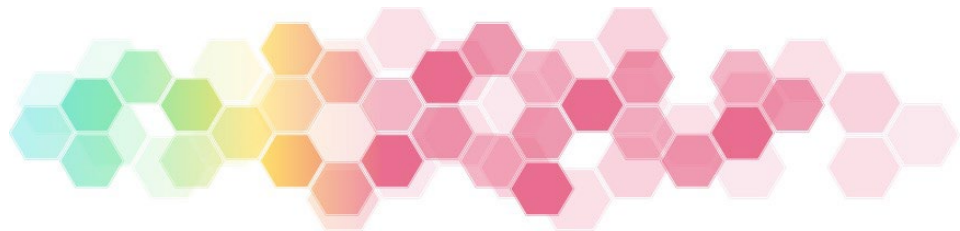
Incentivize care for underserved communities

EOM includes a differential MEOS payment for **dually eligible**¹ beneficiaries to support the implementation of Enhanced Services, such as patient navigation and HRSN screening.

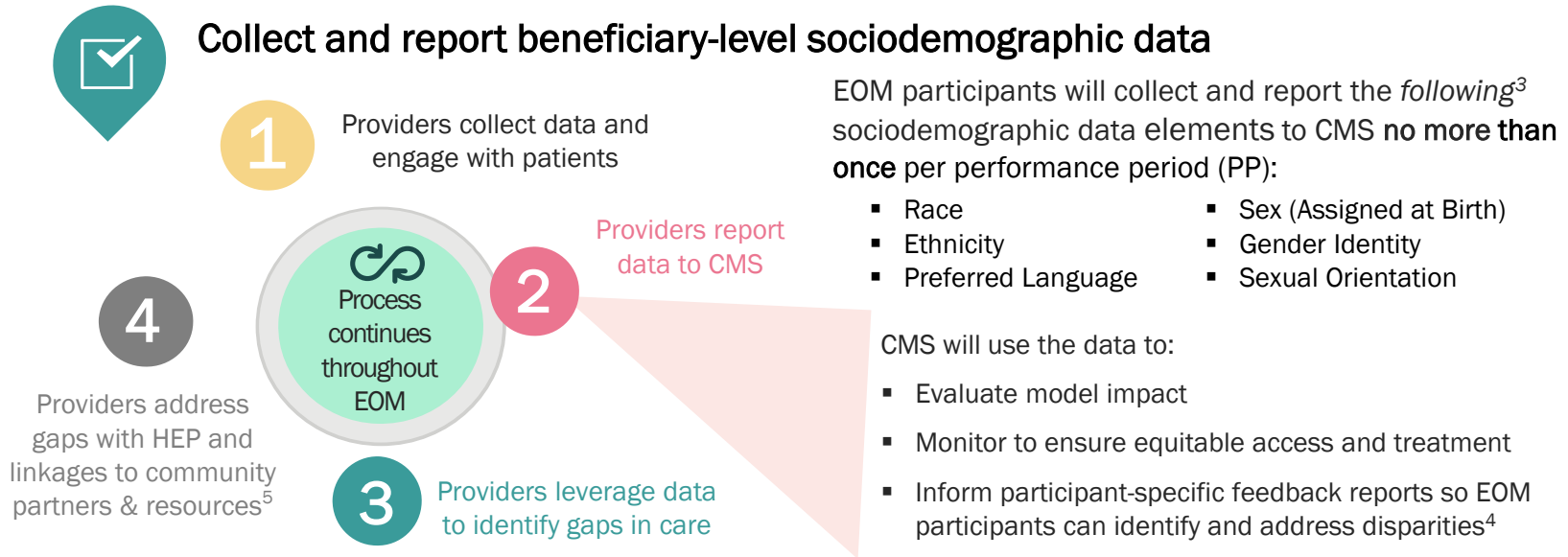


This adjustment is meant to help mitigate any potential disincentive in a total cost of care model (TCOC) to serve dually eligible patients who historically account for a disproportionate share of Medicare expenditures and are associated with higher episode expenditures.

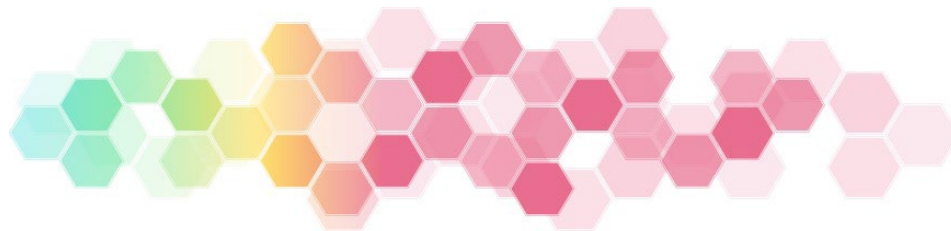
EOM allows limited flexibility for billing overlap to ensure providers can serve patients across different sites of care, for example, in rural and underserved communities.



EOM HEALTH EQUITY STRATEGY CONT.



EOM participants will **NOT** be required to report sociodemographic data to CMS for any beneficiary who **CHOOSES NOT** to provide such data






EOM HEALTH EQUITY STRATEGY CONT.



Participants will identify and are encouraged to address health-related social needs (HRSNs)

EOM participants are required to identify EOM beneficiaries' health-related social needs, using HRSN screening tools to screen for the following at a minimum:

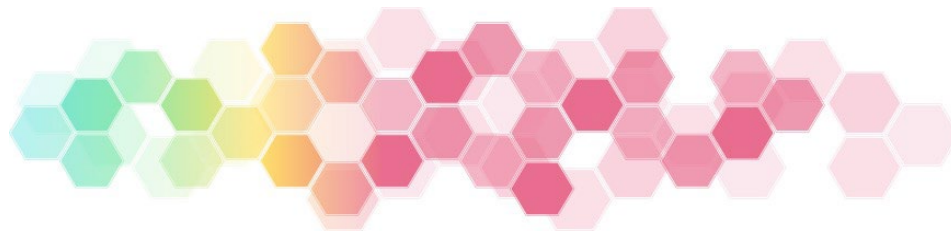
REQUIRED HRSNs			
	Transportation	Food Insecurity	Housing Instability

OPTIONAL
HRSNs

While not required, other HRSNs may be helpful to screen for, based on beneficiary needs, including, but not limited to:

- Social isolation
- Interpersonal safety
- Emotional distress
- Financial toxicity

- *EOM participants will have the flexibility to select their HRSN screening tool*
- *CMS is **NOT requiring** EOM participants to **report** HRSN data to CMS at this time.*



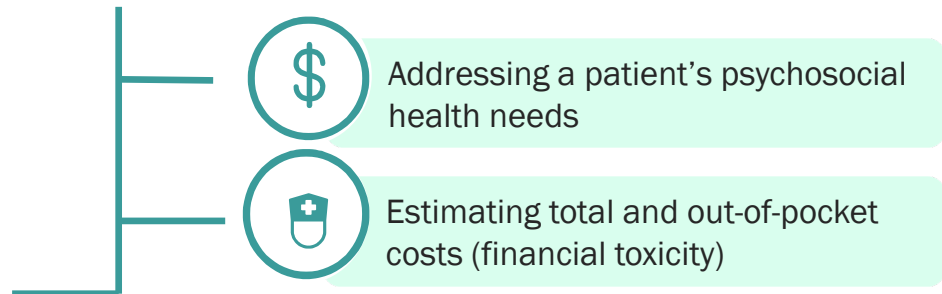
HEALTH EQUITY STRATEGY CONT.



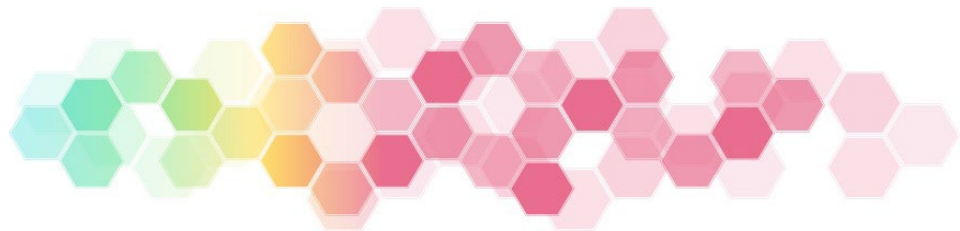
Improve access to treatment and care planning



Participants are required to engage EOM beneficiaries in the development of a **comprehensive¹¹ care plan**, which includes two elements that relate to health equity



EOM participants are encouraged to share a physical and/or electronic copy of care plan with the beneficiary



HEALTH EQUITY STRATEGY CONT.




Develop health equity plans (HEP), as part of use of data for continuous quality improvement (CQI)

EOM participants will develop HEPs that describe evidence-based strategies for how they will achieve health equity within EOM and update these goals throughout the model performance period

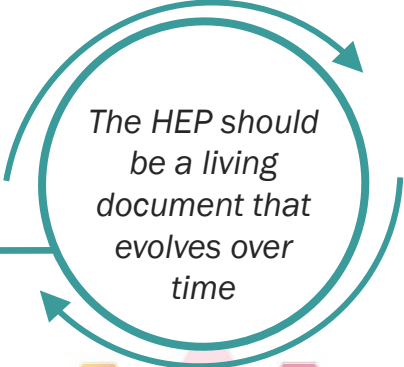
HEPs should consider a range of resources, such as:

- Internal data sources (e.g., Medicare claims, feedback reports, HRSN data (participant collected), sociodemographic data)
- External data sources (e.g., CDC's Behavior Risk Factor Surveillance System (BRFSS), HHS Office of Minority Health Health Mapping Medicare Disparities Tool, USDA Food Environment Atlas & Food Access Research Atlas, FCC's Fixed Broadband Deployment)

EOM participants will develop and submit health equity plans to CMS, in a form, manner, and by the date specified by CMS



*HEPs are intended to be used as a tool that can support EOM participants as they **identify disparities in care** within their patient populations and **work to address** them over the course of the model*



The HEP should be a living document that evolves over time

EOM BENCHMARKING

What are the benchmark price, benchmark amount, and target amount?

Benchmark price



Represents projected Medicare expenditures for one episode (in the absence of EOM)

Benchmark amount

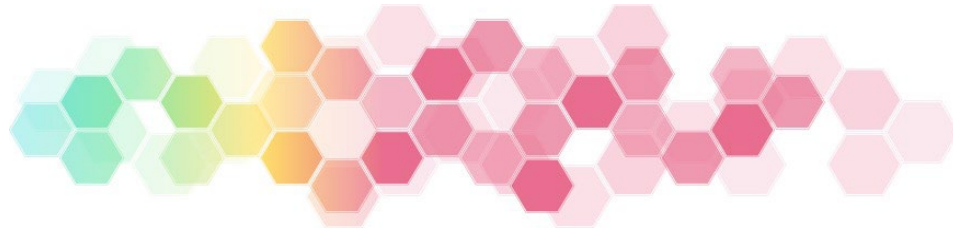
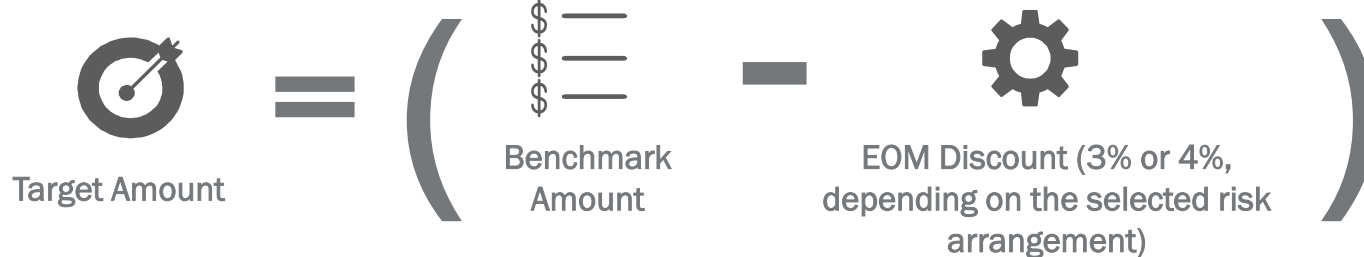
For a non-pooled participant:



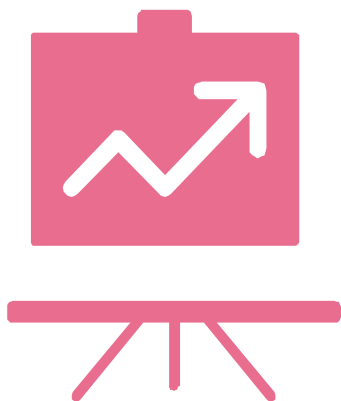
Sum of benchmark prices for all episodes attributed to the participant during a performance period

For a pool:

Sum of benchmark prices for all episodes attributed to all members of the pool during a performance period



EOM BENCHMARKING CONT.



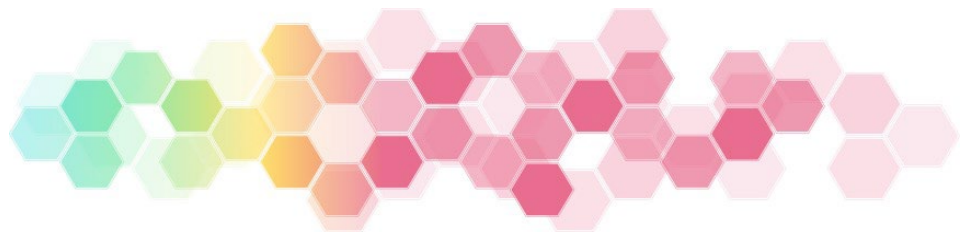
How do Benchmarks Respond to Developments in Oncology Care?

Trend Factor

Adjusts for changes in average cost in oncology care outside of the model

Novel Therapy Adjuster (NTA)

Raises benchmark prices when an EOM participant or pool uses novel therapies above the level already reflected in the trend factor



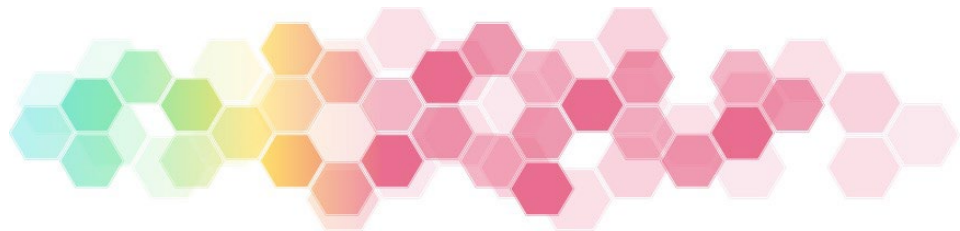
EOM BENCHMARKING CONT.

Trend Factor

Modifies the predicted expenditures to account for inflation, updates to treatment standards, and other changes in expenditure patterns across the oncology field as a whole

- Cancer-type specific
- Recalculated every performance period
- Based on expenditures for episodes attributed to non-EOM PGPs

*Achieving savings in early performance periods will **NOT** result in a lower trend factor for later performance periods. The trend factor is based solely on changing costs among non-EOM oncology PGPs.*



EOM BENCHMARKING CONT.

Novel Therapy Adjustment

The novel therapy adjustment increases a participant's or pool's benchmark prices for all attributed episodes of a specific included cancer type in a given performance period, if:

- ✓ The participant or pool uses newly FDA-approved oncology drugs³ to a greater extent than non-EOM oncology PGPs
- ✓ The use of these novel therapies is consistent with the FDA-approved indications

Participant/pool eligible for Novel Therapy Adjustment (NTA)

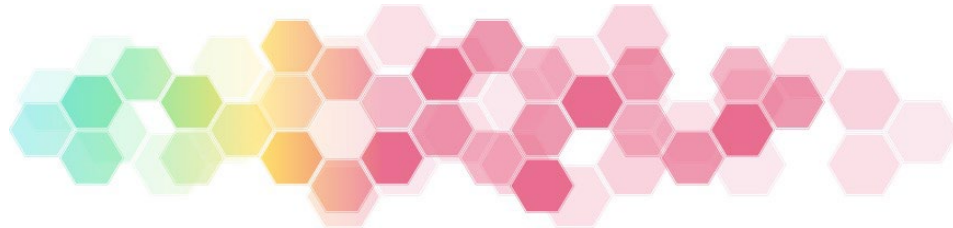
if

Proportion of expenditures from novel therapies among attributed episodes of specified cancer type

>

Proportion of expenditures from novel therapies among episodes of specified cancer type attributed to non-EOM oncology PGPs

NTAs may only result in a **higher** benchmark price; they will never lower a benchmark price



EOM EPROS

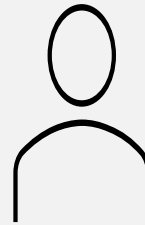
Why are ePROs important to EOM?

Immediate benefits of ePROs include, but are not limited to:

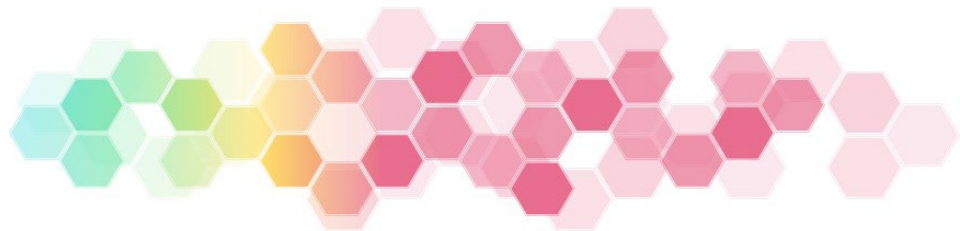
- ✓ Prompting discussions with a clinician
- ✓ Streamlining consultations
- ✓ Increasing awareness and triaging of symptoms
- ✓ Facilitating interprofessional communication



Clinicians in community settings report that utilization of ePROs has been shown to be **helpful for clinical documentation**. Studies also show high levels of **patient engagement**, for patients who are 65 years and older.⁵



Patients report that utilization of ePROs **improved discussions** with providers and made them feel **more in control** of their care.



EOM EPROS CONT.

ePROs Domains

Symptoms and/or Toxicity

Examples: frequency, severity, activity interference, presence/absence of symptoms

Functioning

Examples: physical functioning, role functioning*

**refers to an individual's ability to work or pursue social and/or personal functions*

Health-Related Social Needs (HRSN)

Examples: financial toxicity, transportation, food insecurity

Behavioral Health

Examples: psychosocial functioning, anxiety, depression, other behavioral health conditions



Model participants must integrate ePROs data into electronic health records (EHRs). However, EOM participants **do not need** to report the data to CMS at this time.

ePROs Collection Methods

CMS requires that ePROs be administered in an electronic format, including but not limited to the following:



Screen-Based Reporting Devices

(e.g., via the patient portal on a smart phone or computer)



Interactive Voice Response Systems

(e.g., calls to a patient who responds to phone prompts)



SMS Text Systems

(e.g., patient provides information via text on mobile device)

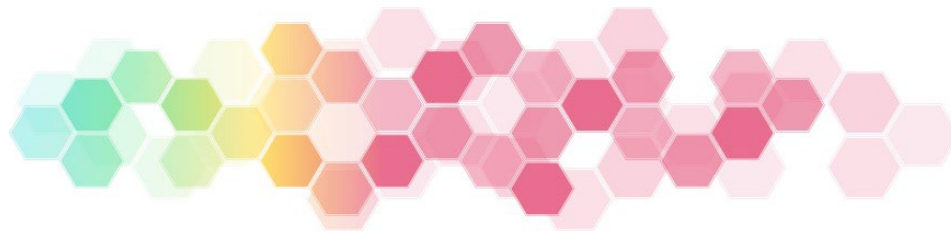
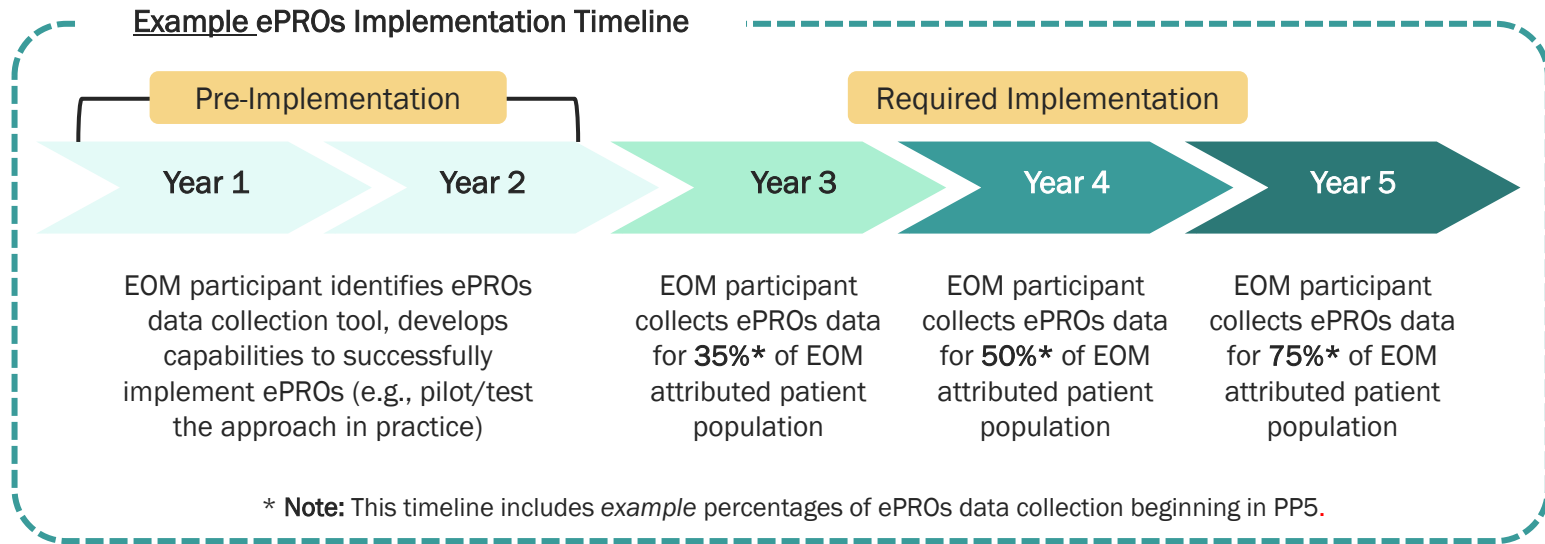


ePRO Collection In the Waiting Room

(e.g., patient provides data via a tablet while waiting for office visit)

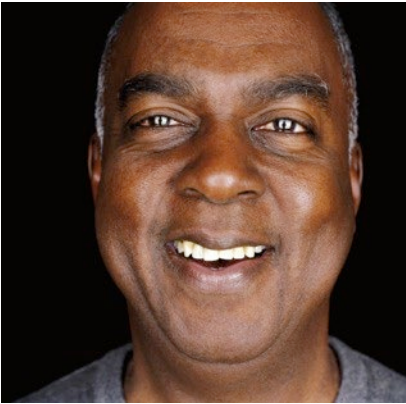
EOM EPROS CONT.

Example ePROs Gradual Implementation Timeline

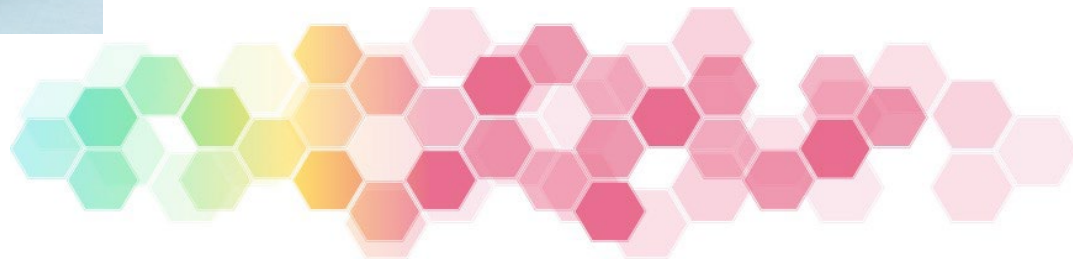


WHY JOIN EOM?

WHY JOIN EOM?



- Help drive the desired future state of oncology
- Evolving from a FFS system
- Missed opportunities from lack of participation in the Oncology Care Model (OCM)
- Opportunity to engage in value-based care through a supported environment
- Align with the White House Cancer Moonshot

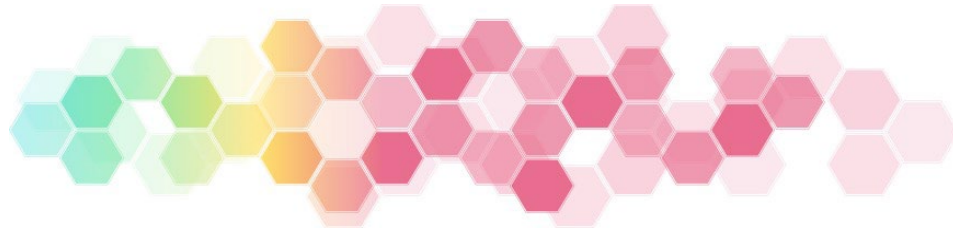


TIMELINE AND NEXT STEPS

MODEL TIMELINE

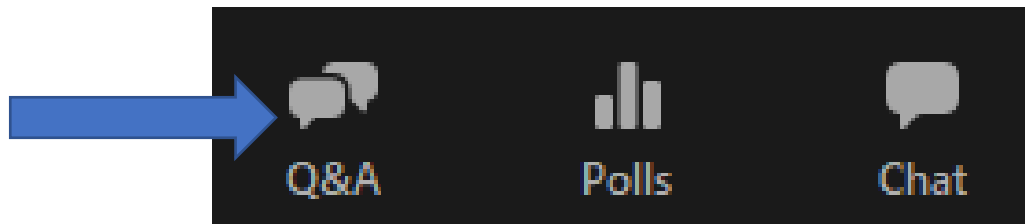
Milestone	Planned Timing ¹
RFA released / Application portal opened	June 27, 2022
Application deadline	October 10, 2022
Provisional Participant selection	January 2022
Offering of Participant Agreement (PA) and Data Request and Attestation (DRA) to provisionally selected participants	Late Spring 2023
Distribution of participant-specific beneficiary level historical data	Late Spring 2023 upon PA and DRA execution
EOM Launches	July 1, 2023

¹ Dates are subject to change



Questions?

Use the Q&A button in the bar at the bottom of your Zoom window



Learn More About PracticeNET

- Free oncology business benchmarking program
 - Productivity, revenue, staffing, resources
- Covers multiple service lines
 - Providers and APPS
 - Medical oncology/hematology
 - Radiation oncology
 - Gynecologic oncology
 - Oncology Care Model
- Must have at least 1 ASCO member at your practice
- Contact us at practicenet@asco.org

Next Call

- Thursday, April 20
 - Developing Strategies for Health Equity, Access, and Distress Screening
 - 3rd Thursday of each month, 4:00pm Eastern Time

<https://practice.asco.org/calendar>