This factsheet provides an overview of electronic patient reported outcomes (ePROs) in EOM, as well as an example timeline for the implementation of ePROs within the model.

### What are Patient Reported Outcomes?

Patient Reported Outcomes (PROs) are measurements based on a report that comes directly from the patient, without amendment or interpretation of the patient’s response.\(^1\)

**ePROs** are the **electronic capture** of this data.

### Why are ePROs important to EOM?

Using ePRO tools in oncology settings can lead to better identification of patients’ needs, improving patient-provider communication, care management, and patient satisfaction, as well as advancing other positive cancer outcomes, such as decreased emergency department visits and improved survival, sometimes exceeding the benefits of oncology drugs.\(^3,4\)

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

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.\(^5\)

### Which ePROs tool should EOM participants use?

CMS is not requiring the use of a specific ePROs tool, however participants must use tools that capture, where applicable, outcomes for each of the following domains:

<table>
<thead>
<tr>
<th>Symptoms and/or Toxicity</th>
<th>Functioning</th>
<th>Health-Related Social Needs (HRSN)</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples: frequency, severity, activity interference, presence/absence of symptoms</td>
<td>Examples: physical functioning, role functioning*</td>
<td>Examples: financial toxicity, transportation, food insecurity</td>
<td>Examples: psychosocial functioning, anxiety, depression, other behavioral health conditions</td>
</tr>
<tr>
<td>*refers to an individual’s ability to work or pursue social and/or personal functions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of validated and publicly available ePROs tools include the Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE\(^\circledast\)) and the Patient-Reported Outcomes Measurement Information System (PROMIS\(^\circledast\)).

**Note:** The ePROs tools listed here are for example only and do not constitute an endorsement by CMS or CMS affiliates.

### Immediate benefits of ePROs

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

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.

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The sections below provide options for collecting ePROs and an example implementation timeline for EOM participants to integrate ePROs into practice decision-making.

How can participants collect ePROs from patients?

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)

Example ePROs Implementation Timeline

CMS requires that ePROs be collected using a gradual implementation approach. Below is an example implementation timeline for ePROs collection:

<table>
<thead>
<tr>
<th>Performance Period (PP)</th>
<th>Model Year (MY)</th>
<th>ePROs Data Collection Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Year 1</td>
<td>Optional pre-implementation years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EOM participants will collect data using a gradual implementation approach, including an optional pre-implementation period. During the pre-implementation period, if EOM participants are not administering ePROs to their EOM beneficiaries, then they should be building the capabilities to do so beginning in PP5. EOM participants are not required to report data to CMS at this time.</td>
</tr>
<tr>
<td>5</td>
<td>Year 3</td>
<td><strong>35% attributed EOM beneficiaries</strong>*</td>
</tr>
<tr>
<td>7</td>
<td>Year 4</td>
<td><strong>50% attributed EOM beneficiaries</strong>*</td>
</tr>
<tr>
<td>9</td>
<td>Year 5</td>
<td><strong>75% attributed EOM beneficiaries</strong>*</td>
</tr>
</tbody>
</table>

*Note: This timeline includes example percentages of ePROs data collection beginning in PP5.*