EOM is a national, five-year voluntary model designed to test care transformation, quality improvement, and financial and performance accountability for episodes of care surrounding chemotherapy administration to cancer patients.

EOM Goals

- Put the **patient at the center** of a care team that provides **equitable, high value, evidence-based care**
- Build on Oncology Care Model (OCM) lessons learned[1] and continue the **value-based journey** in oncology, which is a high-cost area of Medicare spending
- Observe **improved care quality, healthy equity, and health outcomes** as well as **achieve savings** over the course of the model test

Cancer Moonshot

Supports President Biden's Unity Agenda and Cancer Moonshot initiative to **improve the experience of people** and their families living **with and surviving cancer**

CMS Innovation Center Strategy Refresh

Aligns with CMMI's aim to place cancer patients at the **center of the care team** that provides **high-quality, accountable, affordable, equitable** care

Eligibility for Participation:

EOM participants must be a Medicare-enrolled Physician Group Practice (PGP) identifiable by a unique taxpayer identification number (TIN).

Commercial payers, Medicare Advantage plans, and state Medicaid agencies are eligible to apply to partner with CMS in the model as **EOM payers.**

Cancer Types Included in EOM:

Breast Cancer, Chronic Leukemia, Lung Cancer, Lymphoma, Multiple Myeloma, Prostate Cancer, and Small Intestine/Colorectal Cancer.

Key Features & Benefits

Care Transformation

Activities that address whole-person, patient-centered care, aimed at promoting care coordination, improved-quality of care and better health outcomes

Benefit Enhancements

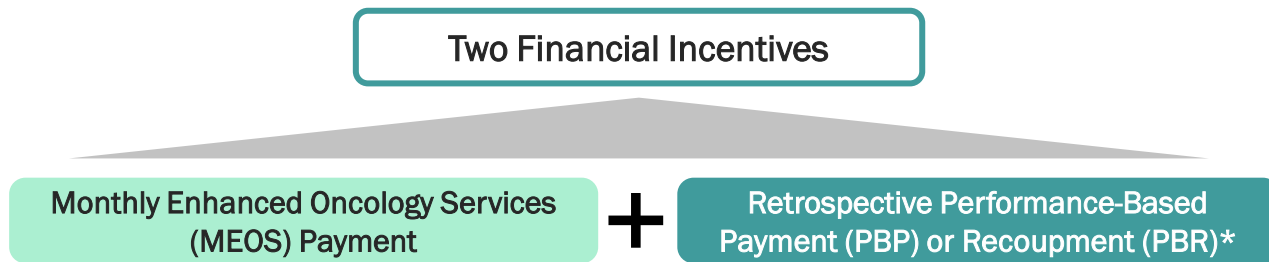*Telehealth, Post-discharge Home Visits, and Care Management Home Visits*

Health Equity

Robust strategy to advance health equity and identify and address health disparities

1 Chong, A. et al. (2022). Reflections on the Oncology Care Model and Looking Ahead to the Enhancing Oncology Model. DOI: 10.1200/OP.22.00329 JCO Oncology Practice.
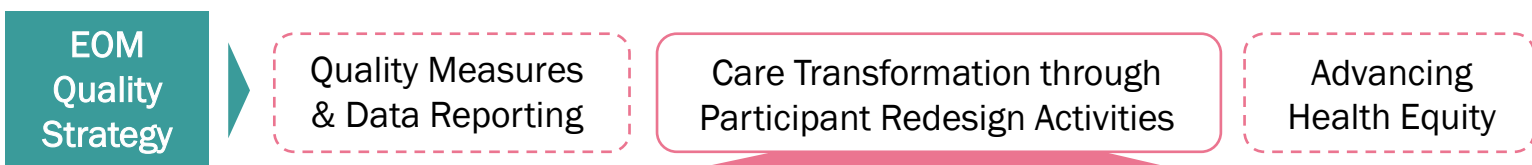
Two-Part Payment Structure

Participants are paid **fee-for-service** with the addition of **two financial incentives** to improve quality and reduce cost:
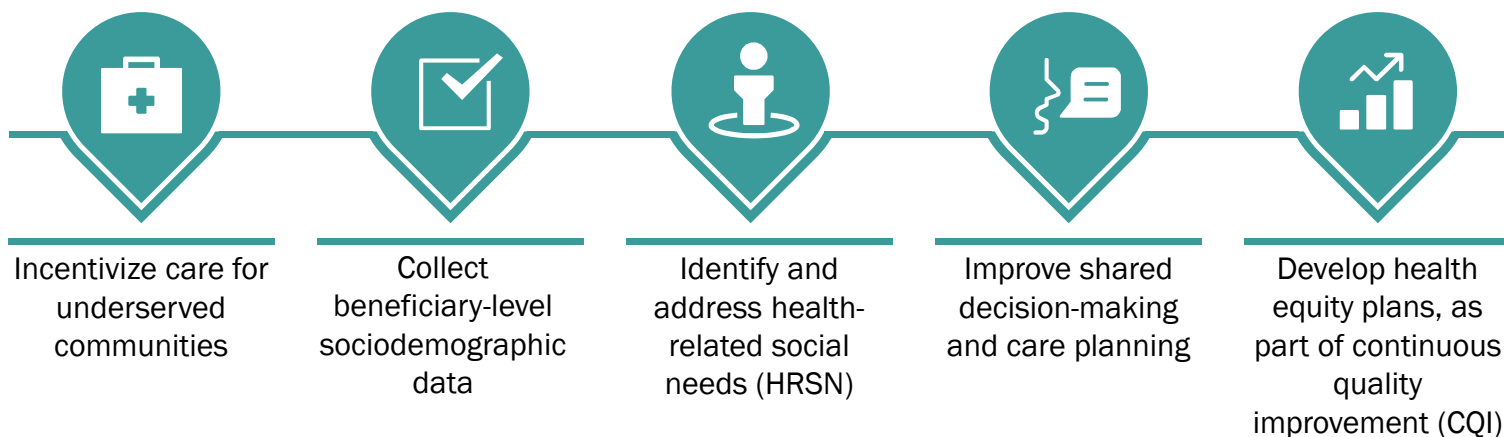
Two Financial Incentives

Monthly Enhanced Oncology Services (MEOS) Payment

+

Retrospective Performance-Based Payment (PBP) or Recoupment (PBR)*

For more detailed information on EOM payment, refer to the methodology and technical resources on EOM's website.

High Quality Patient-Centered Care

EOM Quality Strategy

- Quality Measures & Data Reporting
- Care Transformation through Participant Redesign Activities
- Advancing Health Equity

- Provide beneficiaries **24/7 access** to an appropriate clinician with real-time access to the EOM participant's medical records

- Provide **patient navigation**, as appropriate, to EOM beneficiaries

- Document a **care plan** for each EOM beneficiary that contains the 13 components of the Institute of Medicine (IOM) Care Management Plan

- Treat beneficiaries with therapies in a manner consistent with nationally recognized **clinical guidelines**

- Identify EOM **beneficiary health-related social needs (HRSN)** using a health-related social needs screening tool

- Gradual implementation of **electronic Patient Reported Outcomes (ePROs)**

- Utilize data for **continuous quality improvement (CQI)**, including the development of a health equity plan

- Use **certified Electronic Health Records (EHR) Technology** (CEHRT)

Health Equity Strategy

- Incentivize care for underserved communities
- Collect beneficiary-level sociodemographic data
- Identify and address health-related social needs (HRSN)
- Improve shared decision-making and care planning
- Develop health equity plans, as part of continuous quality improvement (CQI)

ENHANCING ONCOLOGY MODEL

Increased Access to and Use of Data

Data Sharing

CMS will make various data available, upon request, to EOM participants, such as:
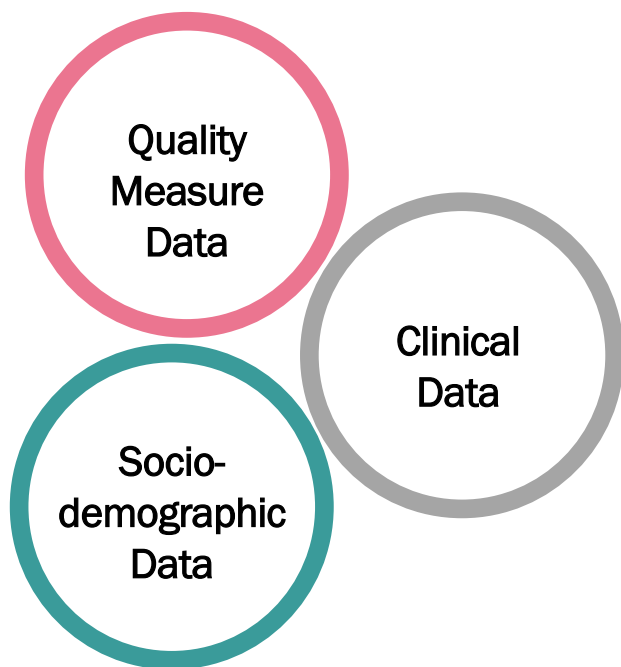
Quarterly feedback reports and dashboards

Semiannual reconciliation reports, attribution lists, and episode-level files

As often as **Monthly** claims Data

Data Collection[2]

EOM participants will be required to submit data to CMS while in the model, such as:

QUALITY MEASURE DATA

EOM quality measures will focus on domains such as management of symptoms toxicity and management of psychosocial health.

Quality Measure Data

CLINICAL DATA

CMS will require collection and reporting of clinical data elements that are not available in claims or captured in the quality measures.

Clinical Data

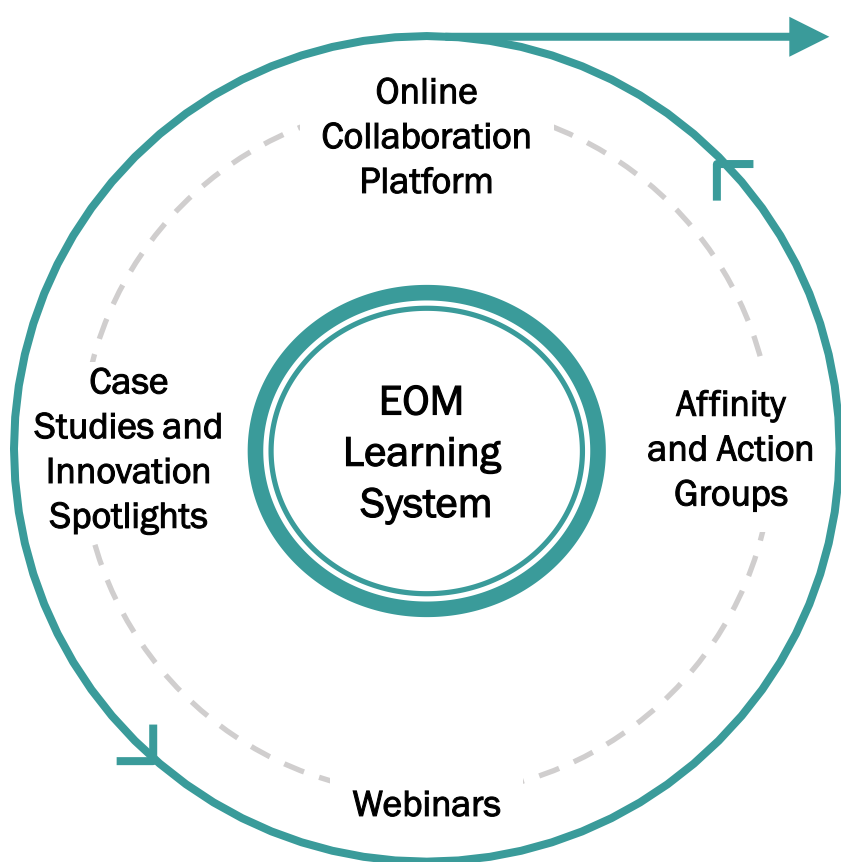**Socio-demographic Data**

SOCIODEMOGRAPHIC DATA

Feedback reports will stratify aggregate de-identified data by sociodemographic variables. Examples of sociodemographic data CMS may require EOM participants to collect and report, if available, include but are not limited to: race, ethnicity, language preference, sexual orientation and gender identity.

For more detailed information on EOM data strategy, refer to the EOM Request for Applications (RFA) on EOM's website.

2 Quality measures, clinical and sociodemographic data elements for EOM will be released in Summer/Fall 2022.

Supportive Environment for Care Transformation and Moving Forward in Value-Based Care

EOM Learning System

The EOM Learning System will **facilitate** the achievement of EOM's strategic goals, helping to **drive improvement in areas of cost and quality.** The Learning System is a structured approach to identifying, sharing, and spreading best practices and quality improvement strategies to support achieving the model aim.

The **EOM Learning System** will support participants in the achievement of the model's strategic goals through:

1. Leveraging CMS and EOM participant and payer data to identify **best practices and new knowledge**

2. Sharing and spreading best practices and new knowledge through **learning communities and networks**

3. Information and work will be shared through **three communication channels:**
- From participant to participant
- From CMS to participants
- From participants to CMS

4. The EOM Learning System will be based on novel aspects of EOM and will also build upon pertinent learnings from OCM. It will include resources such as **online collaboration platform, case studies and innovation spotlights, peer-to-peer learning groups, and webinars**

Additional Information

EOM Website:
https://innovation.cms.gov/innovation-models/enhancing-oncology-model

Request for Applications:
https://innovation.cms.gov/media/document/eom-rfa
All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 30, 2022

EOM Helpdesk
EOM@cms.hhs.gov
Phone: 1-888-734-6433 option 3