EOM is a national voluntary model designed to test care transformation, quality improvement, and financial and performance accountability for episodes of care surrounding cancer treatment for beneficiaries.

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 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

EOM supports the CMS Innovation Center's comprehensive specialty strategy[1] to test models and innovations that support access to **high-quality, integrated** specialty care **across the patient journey**

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[2], Post-discharge Home Visits, and Care Management Home Visits

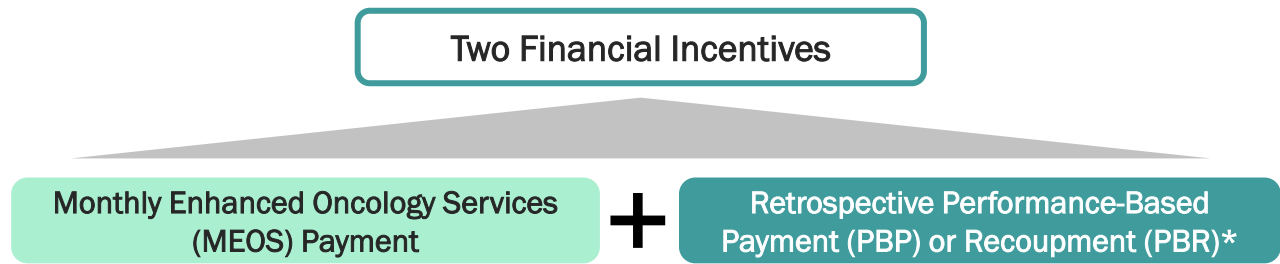### Health Equity

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

ENHANCING ONCOLOGY MODEL

Enhancing Oncology Model (EOM)
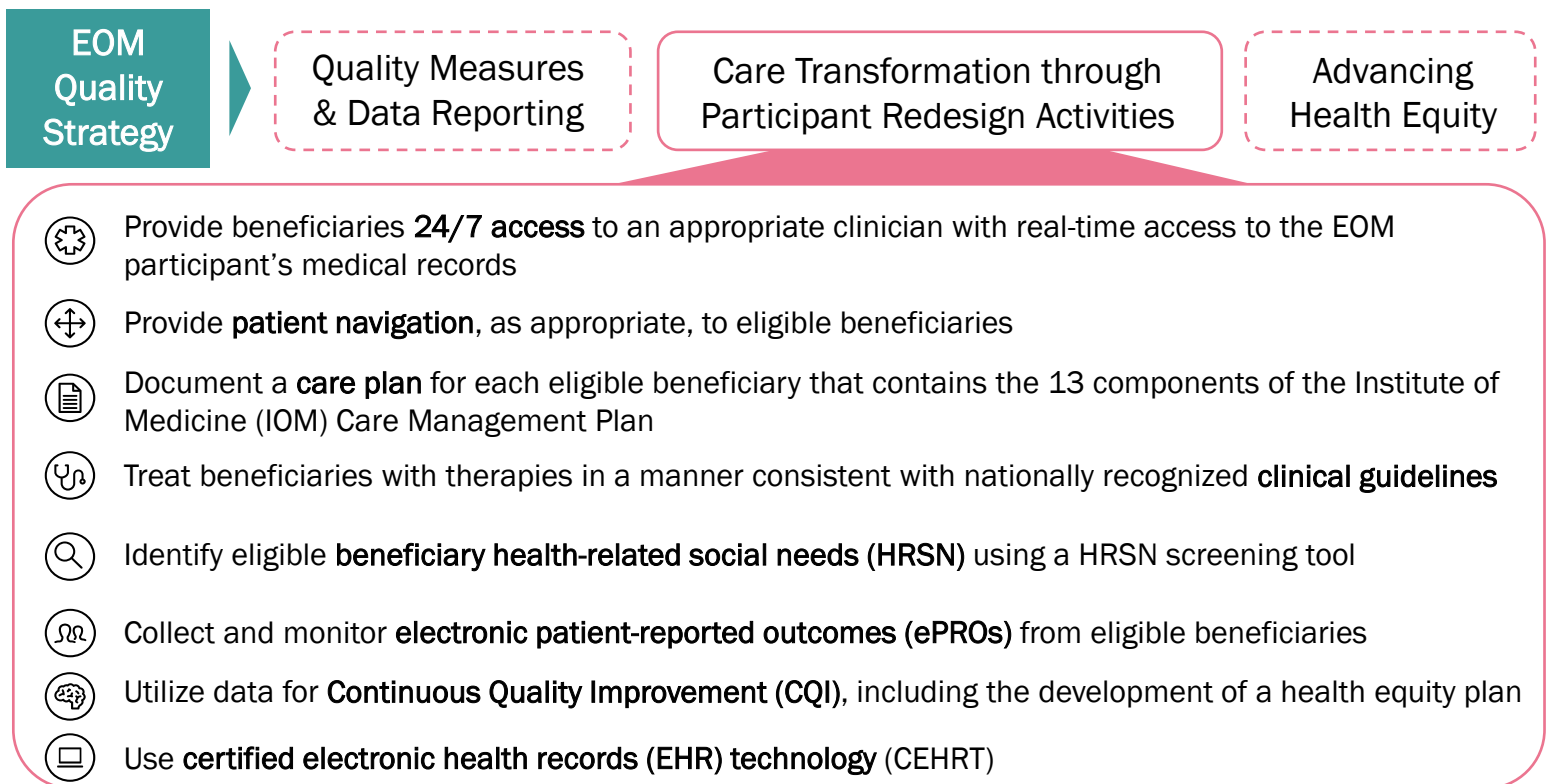## Model Overview and Benefits for Physician Group Practices

Two-Part Payment Structure

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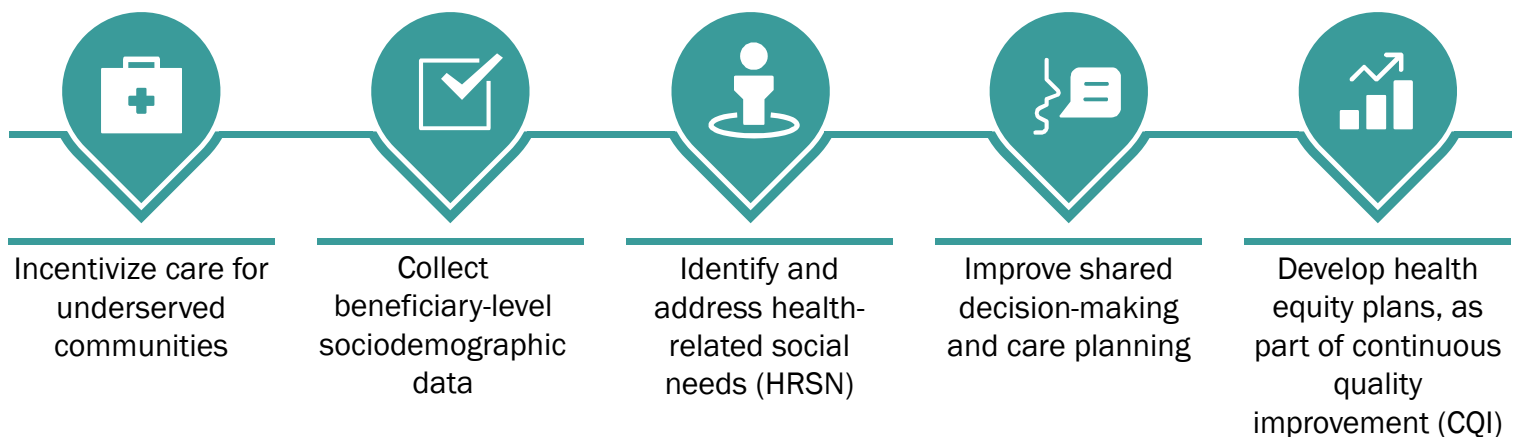
Two Financial Incentives

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 the EOM 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 eligible beneficiaries
- Document a **care plan** for each eligible 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 eligible **beneficiary health-related social needs (HRSN)** using a HRSN screening tool
- Collect and monitor **electronic patient-reported outcomes (ePROs)** from eligible beneficiaries
- 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)

Increased Access to and Use of Data

Data Sharing

CMS makes various data available, upon request, to EOM participants, such as:

Quarterly updates to feedback reports and dashboards	**Semiannual** reconciliation reports, attribution lists, and episode-level files	As often as **Monthly** claims Data

Data Collection
EOM participants are required to submit data to CMS for monitoring, evaluation, and payment.

QUALITY MEASURE DATA

Quality measures focus on domains such as management of symptoms toxicity and management of psychosocial health.
Quality measures include:
Participant Reported
• Pain Assessment and Management Set
• Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Claims-based
• Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy
• Proportion of Patients who Died who Were Admitted to Hospice for 3 Days or More
• Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
Survey
• Patient-Reported Experience of Cancer Care Survey

For more detailed information on EOM Quality Measure Data, refer to
EOM Quality Measures Guide

CLINICAL DATA

CMS requires collection and reporting of clinical data elements that are not available in claims or captured in the quality measures. Examples of clinical data CMS requires EOM participants to collect and report, include but are not limited to:

• ICD-10-CM Diagnosis Code
• Current Clinical Status Data and TNM Staging: Primary Tumor, Nodal Disease, Metastasis
• Tumor Markers including Estrogen Receptor, Progesterone Receptor, HER2 Amplification
• Histology

For more detailed information on EOM clinical data elements, refer to the
EOM CDE Guide.

SOCIODEMOGRAPHIC DATA

Feedback reports may stratify aggregate de-identified data by sociodemographic variables. Examples of sociodemographic data CMS requires EOM participants to collect and report, include but are not limited to:[3]

• Race
• Ethnicity
• Sex
• Language preference
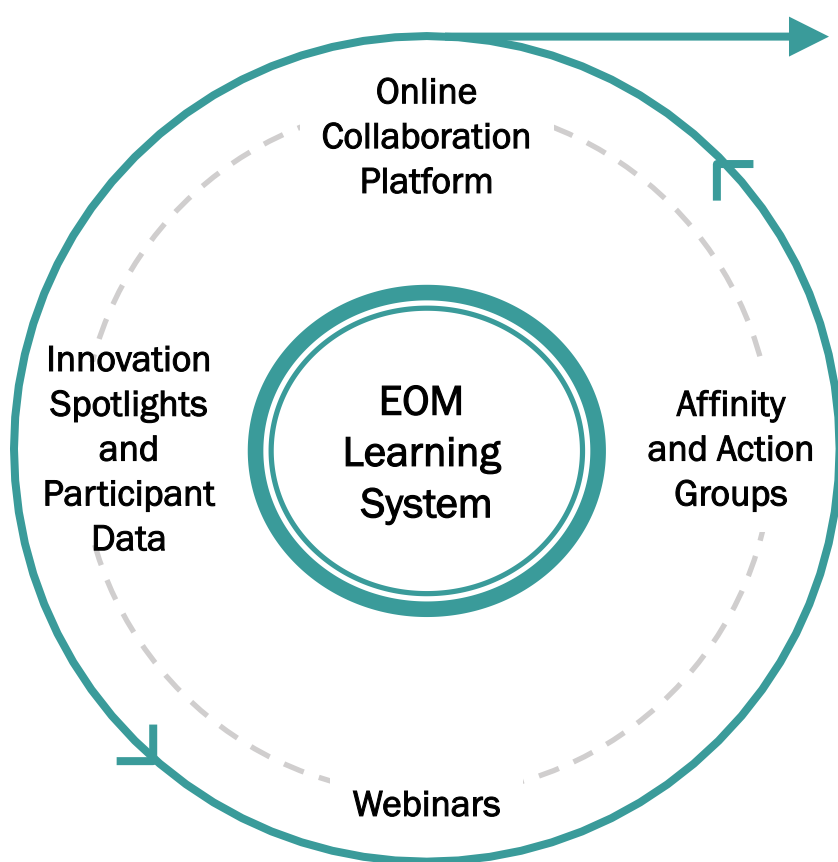• Sexual orientation
• Gender identity,
• Disability status.

For more detailed information on EOM sociodemographic data elements, refer to the EOM SDE Guide.

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

3 EOM participants will not be required to report sociodemographic data to CMS for any beneficiary who chooses not to provide such data.

ENHANCING ONCOLOGY MODEL

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

EOM Learning System

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

Online Collaboration Platform

Innovation Spotlights and Participant Data

EOM Learning System

Affinity and Action Groups

Webinars

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

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

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

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

4. The EOM Learning System is based on novel aspects of EOM and also builds upon learnings from OCM. It includes resources such as an **online collaboration platform, innovation spotlights, participant data, peer-to-peer learning groups, and webinars**

Additional Information

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

Request for Applications:
https://www.cms.gov/priorities/innovation/media/document/eom-rfa-2024
All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 16, 2024

EOM Helpdesk
EOM@cms.hhs.gov
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