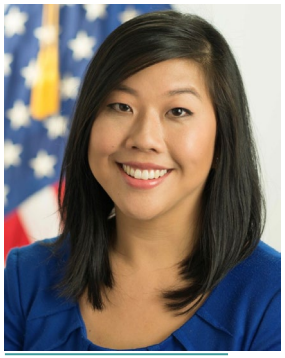
ENHANCING ONCOLOGY MODEL

EOM Quality Strategy Webinar

August 25, 2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

TODAY'S PRESENTERS



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EOM Team Lead

CMS Innovation Center

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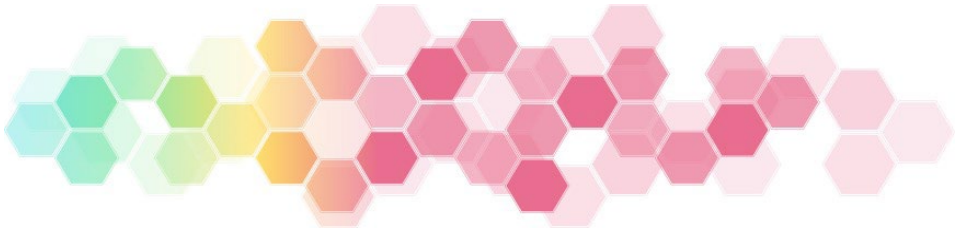
CMS Innovation Center

AGENDA

This webinar will provide an introduction of the Enhancing Oncology Model (EOM). The following topics will be discussed:

1. EOM Overview
2. Quality Strategy
    a. Participant Redesign Activities
    b. Quality Measures, Data Sharing & Reporting
    c. Advancing Health Equity
3. OCM Participant Experience
4. Q&A Session
5. Additional Resources



EOM OVERVIEW

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**

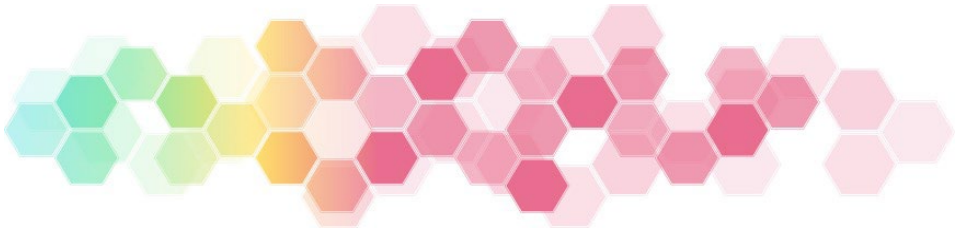
PARTICIPANTS

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

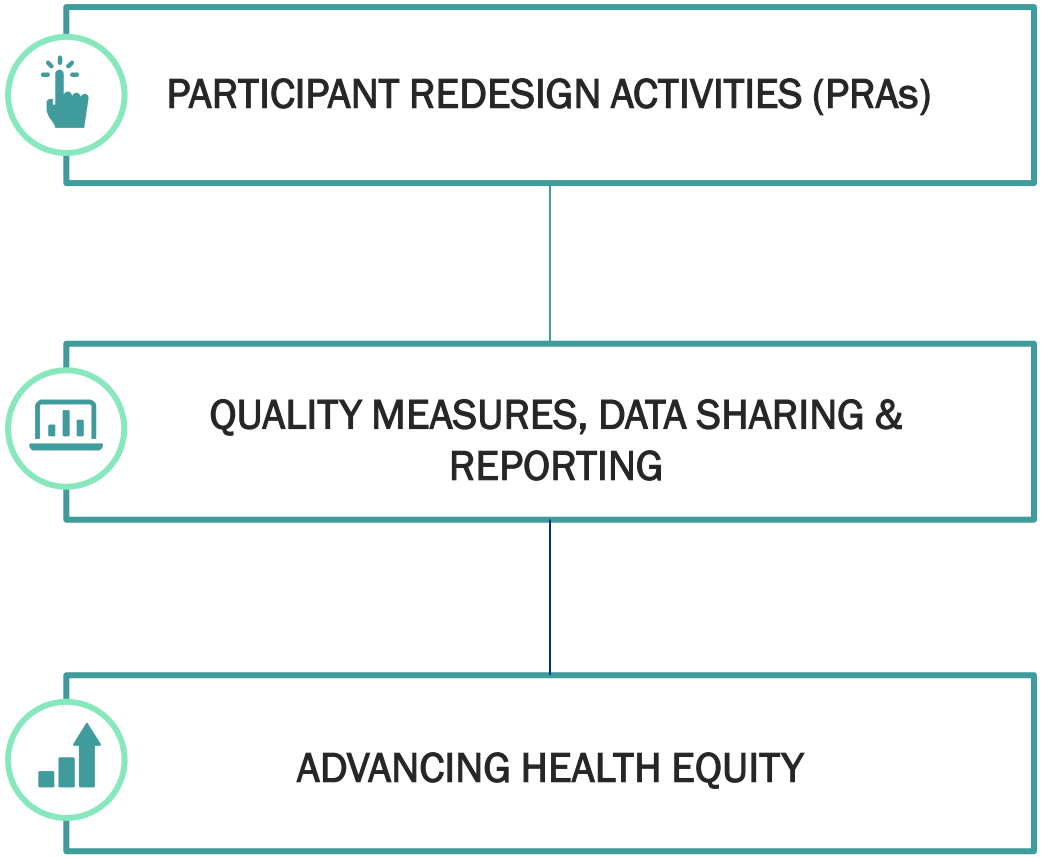
QUALITY & PAYMENT

EOM participant 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



QUALITY STRATEGY

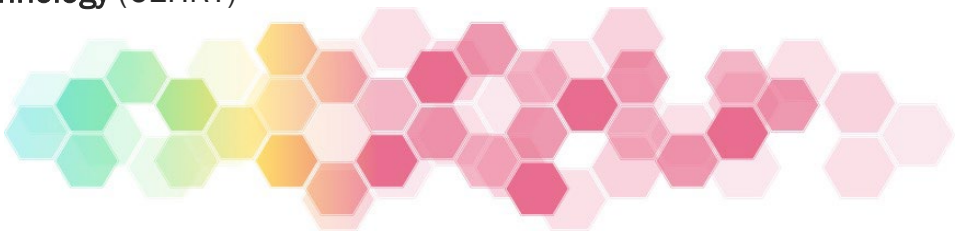


PARTICIPANT REDESIGN ACTIVITIES (PRAS)

CARE TRANSFORMATION THROUGH PARTICIPANT REDESIGN ACTIVITIES (PRAs)

PARTICIPANT REDESIGN ACTIVITIES (PRAS) OVERVIEW

- Provide beneficiaries **24/7 access** to an appropriate clinician with real-time access to the EOM participant's medical records
- Provide core functions of **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 of **certified Electronic Health Records (EHR) Technology** (CEHRT)



ACCESS TO A CLINICIAN

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

Purpose/Background:

- Promote patient safety
- Improve the quality of care furnished to the EOM beneficiary
- Reduce care fragmentation that can result in avoidable hospitalizations and ED visits

EOM participants will:

- Provide continuous availability of patient-provider communication in real-time, as well as access to the most up-to-date record of care for the cancer treatment regimen
- Assess protocols to promote equity, including identifying health equity goals and identifying potential barriers to access to care (e.g., transportation, health literacy)

OCM Participant Perspective

*Oncology Care Model (OCM) practices **identified patients in need of additional support**, leveraging the **MEOS payments** to support interventions such as increased phone triage, same-day urgent care, and robust care coordination.*[1]

[1] Abt Associates (2021). Evaluation of the Oncology Care Model: Participants' Perspectives, pg 64. Available from https://innovation.cms.gov/data-and-reports/2021/ocm-ar4-eval-part-persp-report

PATIENT NAVIGATION

Provide core functions of **patient navigation**, as appropriate, to EOM beneficiaries

Purpose/Background:

- Key element of identifying and addressing health disparities
- Facilitate care coordination for EOM beneficiaries
- Support and guide EOM beneficiaries with the goal of overcoming barriers to timely, quality care

Core Functions of Patient Navigation:[1]

1. Coordinate appointments with health care providers to ensure timely delivery of diagnostic and treatment services;
2. Maintain communication with EOM beneficiaries, families, and the health care providers to monitor EOM beneficiary satisfaction with the cancer care experience and provide health education;
3. Ensure that appropriate medical records are available at scheduled appointments;
4. Provide language translation or interpretation services in accordance with federal law and policy;
5. Facilitate linkages to follow-up services and community resources (e.g., make referrals to cancer survivor support groups and community organizations or other third parties that provide child/elder care, transportation, or financial support);
6. Provide access to clinical trials as medically appropriate.

[1] Patient navigation must be provided in a manner that is compliant with all applicable laws and regulations.

CARE PLAN

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

Purpose/Background:

- Facilitate communication and shared decision making between health care providers and their patients

EOM participants will:

- Document a comprehensive cancer care plan, including information from the 13 elements in IOM Report
- Engage EOM beneficiary in the development of the care plan
- Share a physical or electronic copy of the care plan with EOM beneficiary for discussion and review of treatment goals on ongoing basis

OCM Participant Perspective

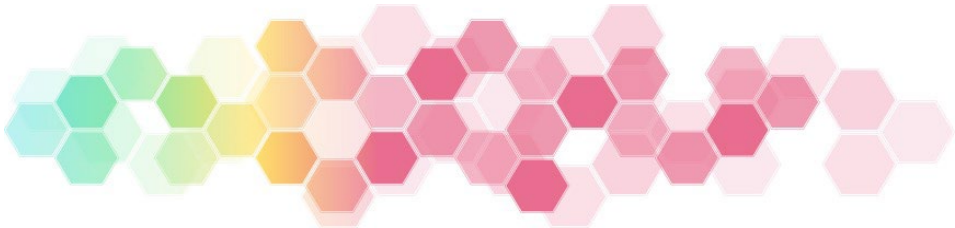
*Practices reported that **due to OCM** they **improved standardized documentation**.*[1]

[1] Abt Associates (2021). Evaluation of the Oncology Care Model: Participants' Perspectives, pg 64. Available from https://innovation.cms.gov/data-and-reports/2021/ocm-ar4-eval-part-persp-report

CARE PLAN

Components of the Institute of Medicine (IOM) Care Management Plan

1. Patient information (e.g., name, date of birth, medication list, allergies)
2. Diagnosis, including specific tissue information, relevant biomarkers, and stage
3. Prognosis
4. Treatment goals (curative, life-prolonging, symptom control, palliative care)
5. Initial plan for treatment and proposed duration, including specific chemotherapy drug names, doses, and schedule as well as surgery and radiation therapy (if applicable)
6. Expected response to treatment
7. Treatment benefits and harms, including common and rare toxicities and how to manage these toxicities, as well as short-term and late effects of treatment
8. Information on quality of life and a patient's likely experience with treatment
9. Who would take responsibility for specific aspects of a patient's care (e.g., the cancer care team, the primary care/geriatrics team, other care team)
10. Advance care plans, including advanced directives and other legal documents
11. Estimated total out-of-pocket costs of cancer treatment
12. A plan for addressing a patient's psychosocial health needs, including psychological, vocational, disability, legal, or financial concerns and their management
13. Survivorship plan, including a summary of treatment and information on recommended follow-up activities and surveillance, as well as risk reduction and health promotion activities



CLINICAL GUIDELINES

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

Purpose/Background:

- Decrease unnecessary practice variation
- Increase the use of proven, beneficial research into clinical practice

EOM participants will:

- Utilize nationally recognized clinical guidelines that have been approved by CMS, except as contraindicated by clinical decision-making for a given EOM beneficiary
- Encouraged to use health equity lens when utilizing clinical guidelines

Clinical Guidelines Must Be:

- Nationally recognized
- Developed by clinicians with relevant disease expertise
- Evidence-based with links to supporting literature
- Patient-focused, with alternative treatment options that account for patient variability, preferences, and comorbidities

Example clinical guidelines include the American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN)

HEALTH-RELATED SOCIAL NEEDS (HRSN) SCREENING TOOL

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

Purpose/Background:

- Identifying and addressing disparities in care
- Facilitate communication between health care providers and their patients

EOM participants will:

- Will screen EOM beneficiaries for HRSNs in the following domains at a minimum:
  - Food insecurity
  - Transportation
  - Housing
- Encouraged to screen for additional HRSNs to meet the needs of their unique patient population, including but not limited to social isolation, emotional distress, interpersonal safety, and financial toxicity

Tools[1]

Examples of free and non-proprietary HRSN screening tools include, but are not limited to, the NCCN Distress Thermometer and Problem List, Accountable Health Communities (ACH) Screening Tool, and Protocol for Responding to Assessing Patient's Assets, Risks and Experiences (PRAPARE) Tool.

[1] The HRSN screening tools included here are examples only and do not constitute an endorsement by CMS or CMS affiliates, and EOM participants will have flexibility to use other HRSN tools.

ELECTRONIC PATIENT REPORTED OUTCOMES

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

Purpose/Background:

- Better identification of patient's needs, improved patient-provider communication, care management, patient satisfaction, and advances in cancer outcomes
- Can aid process and quality improvement, including clinician awareness of concerning changes in a patient's clinical status on a timely basis

Electronic Patient-Reported Outcomes (ePROs) Definition

Electronic capture of measurements based on a report that comes directly from the patient, without amendment or interpretation of the patient's response.

EOM participants will:

- Use ePROs tools that capture outcomes in identified domains
- Integrate ePROs with electronic health records (EHR)
- Capture ePROs data from EOM beneficiary a minimum of once before each visit where one or more qualifying E&M services are furnished to the EOM beneficiary
- Set up capabilities for required gradual implementation of ePROs starting in model year 3 (MY3); optional collection MY1&2

ELECTRONIC PATIENT REPORTED OUTCOMES

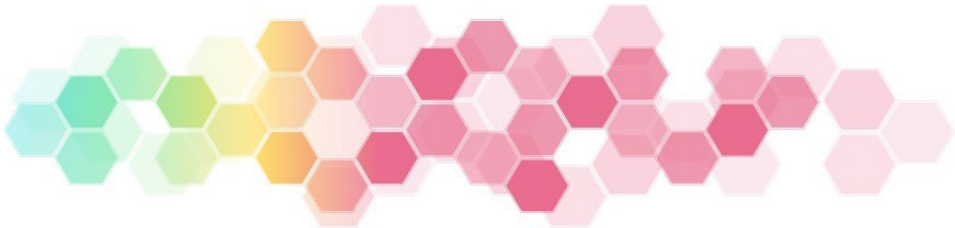
Required Domains:

Domain:	Examples:
Symptoms and/or toxicity	frequency, severity, activity interference, presence/absence
Functioning	physical functioning, role functioning
Behavioral health	psychosocial functioning, anxiety, depression, and other behavioral conditions
Health-related social needs	Housing, transportation, food insecurity

Learning Support for ePROs Implementation

The EOM Learning System will provide learning resources and facilitate learning communities for EOM participants to share best practices on collecting and using ePROs data to measure and improve the experience of care for beneficiaries

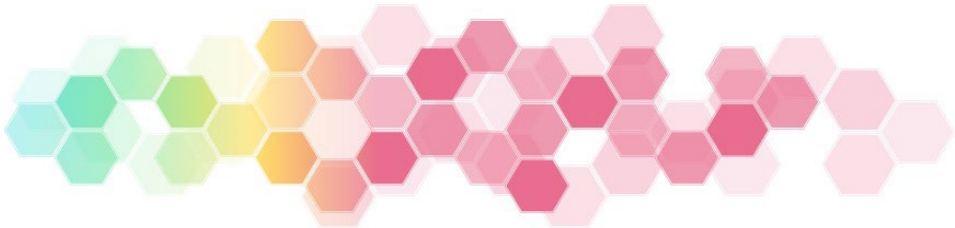
[1] CMS encourages EOM participants to screen EOM beneficiaries through ePROs; however, we will allow for additional flexibility. Should participants choose not to implement ePROs at the model start, they will still need to screen for health-related social needs (HRSNs) from the model start, per EOM's PRA requirements.



ELECTRONIC PATIENT REPORTED OUTCOMES

ePROs Gradual Implementation Timeline

Pre-implementation Period *(optional)*	Gradual Implementation Period
Model Years 1 & 2	Model Years 3-5
Tentative dates: July 1, 2023, through June 30, 2025	Tentative dates: July 1, 2025, through June 30, 2028
▪ EOM participants who so choose will begin implementation ▪ All EOM participants will be required to develop the capabilities necessary to successfully implement ePROs in a manner consistent with the standard domains and implementation requirements	▪ Gradual implementation of ePROs by all EOM participants, during which EOM participants will be required to obtain standardized beneficiary-level ePROs response data from a percentage of beneficiaries that increases each model year, beginning with model year 3 (e.g., 35%, 50%, 75%)



CONTINUOUS QUALITY IMPROVEMENT

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

Purpose/Background:

- Use data to improve performance and achieve model goals

EOM participants will:

- As appropriate, leverage data to drive quality improvement (e.g., feedback and reconciliation reports, etc.)
- Develop and submit a health equity plan that:
  - identifies where health disparities may currently exist in their care or patient population;
  - describes evidence-based strategies the EOM participant will explore to address identified disparities;
  - is regularly updated to include refreshed goals and strategies throughout the model performance period
- EOM participants will have a 90-day period from EOM participant's start date to begin to use data for CQI

CERTIFIED ELECTRONIC HEALTH RECORDS TECHNOLOGY

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

Purpose/Background:

- Facilitate delivery of Enhanced Services in EOM
- Store data in a structured format

EOM participants will:

- Follow the standards and other criteria as set by CMS and the Office of the National Coordinator for Health Information Technology (ONC)
- Annually attest their use of CEHRT as specified at 42 CFR § 414.1415(a) and in a form and manner specified by CMS

The EOM participant and its EOM practitioners will be required to use CEHRT, as defined in 42 CFR § 414.1305, in a manner sufficient to meet the applicable requirements set forth in 42 CFR § 414.1415(a)(1)(i).91. Sections V.B.iii and V.C.iii describe CEHRT use requirements in EOM.

[1] More information on CEHRT use requirements is available in Section V.C.iii of the EOM RFA
https://innovation.cms.gov/media/document/eom-rfa

QUALITY MEASURES, DATA SHARING & REPORTING

QUALTY MEASURES, DATA SHARING & REPORTING

ENHANCING ONCOLOGY MODEL

DATA SHARING REQUIREMENTS

Data Collection

EOM participants will be required to collect and 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.

Clinical Data

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

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.

[1] More information on EOM's quality measures, clinical data elements and sociodemographic data elements is available on the EOM website at https://innovation.cms.gov/media/document/eom-qms-cdes-sd-data

QUALITY MEASURES

Measure Title[1]	Measure Number	Domain	Data Source	Data Reporting Type
Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (NQF 3490 / OP-35)	EOM-1	Avoidable acute care utilization	Claims-based	None. Calculated by CMS using Administrative Data
Proportion of Patients who Died who Were Admitted to Hospice for 3 Days or More (Combination of NQF 0215 and NQF 0216)	EOM-2	Management of end-of-life care	Claims-based	None. Calculated by CMS using Administrative Data
Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF 0210; CMS Quality ID 453)	EOM-3	Management of end-of-life care	Claims-based	None. Calculated by CMS using Administrative Data
Pain Assessment and Management Set: a) Oncology: Medical and Radiation - Pain Intensity Quantified (NQF 0384; CMS Quality ID 143) b) Oncology: Medical and Radiation - Plan of Care for Pain (NQF 0383; CMS Quality ID 144)	EOM-4 (composed of EOM-4a and EOM-4b)	Management of symptoms toxicity	EOM Participant Reported	Reported in aggregate across all patients
Preventative Care and Screening: Screening for Depression and a Follow-Up Plan (NQF 0418; CMS Quality ID 134)	EOM-5	Management of psychosocial health	EOM Participant Reported	Reported in aggregate across all patients
Patient-Reported Experience of Care Survey	EOM-6	Patient experience	EOM Patient Reported	None. Patient-reported; CMS fields survey

[1] List subject to change

QUALITY MEASURES

EOM's quality strategy includes an **enhanced quality measures set** that aims to **promote better care across the spectrum of treatment**, including end-of-life care, where opportunities for improvement are clear. Excellent performance in quality measures can either **maximize performance-based payments (PBP)** or **reduce potential performance-based recoupments (PBR)** amounts.

Quality Measure Data

To calculate quality performance, CMS will:

1. Compare an EOM participant's or pool's performance on each measure to the measure's benchmarks
2. Calculate the EOM participant's or pool's aggregate quality score (AQS)
3. Cross-walk the EOM participant's or pool's AQS to the PBP performance multiplier or PBR performance multiplier, as appropriate

Example PBP Performance Multiplier

AQS (% of maximum points)	PBP Performance Multiplier
≥75% to 100%	100%
≥50% and <75%	75%
≥30% and 50%	50%
Less than 30%	0%

Example PBR Performance Multiplier

AQS Range (% of maximum points)	PBR Performance Multiplier
≥75% to 100%	90%
≥50% and <75%	95%
≥30% and <50%	100%
Less than 30%	100%

CLINICAL DATA ELEMENTS

EOM participants will also be required to collect and submit to CMS certain **beneficiary-level, clinical data elements**, not available in claims or captured in the quality measures, on a **semiannual** basis.

EOM participants required to report the clinical data elements to CMS on at least a **minimum of 90%** of attributed episodes in a given performance period

List of Clinical Data Elements[1]

- ICD-10 Diagnosis Code and Initial Diagnosis Data
- Current Clinical Status and Current Clinical Status Date
  - Initial Diagnosis
  - No Evidence of Disease/Remission
  - Responding
  - Stable Disease
  - Progressive Disease
  - Metastasis
  - Local or Regional Recurrence/Relapse
  - Deceased
- Primary Tumor, Nodal Disease, Metastasis (TNM Staging)
- Estrogen Receptor
- Progesterone Receptor
- HER2 Amplification
- Histology

[1] List subject to change; this list represents the minimum data elements that CMS may collect. CMS continues to explore ways to align with other reporting standards (e.g., mCODE, USCDI) and is open to feedback and suggestions on the above list.

SOCIODEMOGRAPHIC DATA ELEMENTS

Finally, EOM participants will be required to collect and submit sociodemographic data on EOM beneficiaries[1] to CMS:

- Race
- Ethnicity
- Preferred Language
- Sex (Assigned at Birth)
- Gender Identity
- Sexual Orientation

[1] List subject to change. While CMS believes in the importance of collecting complete and accurate data, to avoid discouraging beneficiaries from accessing care from EOM participants, EOM participants will not be required to report to CMS sociodemographic data for any EOM beneficiary who chooses not to provide such data.

DATA SHARING AND HEALTH IT

To help EOM participants leverage data, CMS will provide participants with the opportunity to request certain data reports from CMS on a regular basis.

Quarterly feedback reports and dashboards

- De-identified, beneficiary-level associated utilization and expenditure data patterns
- Initial report will include historical data
- Participants can compare their utilization and expenditures data to other EOM participants and non-EOM oncology PGPs

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

- List of attributed episodes for the relevant performance period
- Data on MEOS payment recoupment, PBP, PBR, and neutral zone determinations
- Participants can use this data to conduct quality assessment and improvement activities

As often as **Monthly** claims data

- As often as monthly updated beneficiary-identifiable claims data
- Participants can use claims data to identify areas where they may need to change their care practice patterns and conduct quality assessment and improvement activities

ADVANCING HEALTH EQUITY

ADVANCING HEALTH EQUITY

ENHANCING ONCOLOGY MODEL

CMS INNOVATION CENTER STRATEGY

Created for the purpose of developing and testing **innovative health care payment** and **service delivery models** within Medicare, Medicaid, and CHIP programs nationwide.

Innovation Center Priorities and Strategic Refresh

Strategic Refresh White Paper is available at https://innovation.cms.gov/strategic-direction-whitepaper

CMS defines health equity as: The attainment of the highest level of health **for all people**, where everyone has a **fair and just opportunity** to **attain their optimal health** regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

HEALTH EQUITY REQUIREMENTS

EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:

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

OCM PARTICIPANT EXPERIENCE

SPEAKERS

Sibel Blau, MD

Medical Director
Northwest Medical Specialties

Amy Ellis

Chief Operating Officer
Northwest Medical Specialties

Nikolas Buescher

Executive Director of Cancer Services
Penn Medicine Lancaster General Health

Q&A SESSION

ENHANCING ONCOLOGY MODEL

EOM OPEN Q&A

Open Q&A

Please **submit questions via the Q&A pod** to the right of your screen.
Specific questions about your organization can be submitted to EOM@cms.hhs.gov.

ADDITIONAL RESOURCES

RESOURCES AND CONTACT INFO

For more information about the EOM and to stay up to date on upcoming model events:

EOM RFA Application Portal User Manual

https://innovation.cms.gov/media/document/eom-app-portal-user-manual

EOM Payment Methodology

https://innovation.cms.gov/media/document/eom-payment-methodology

Visit

innovation.cms.gov/innovation-models/enhancing-oncology-model

Help Desk

EOM@cms.hhs.gov

1-888-734-6433 Option 3

Follow

@CMSinnovates

Listserv

Sign up for the EOM listserv at this listserv registration link

HOW TO APPLY

Application period for EOM is currently open
All EOM applications must be submitted by 11:59 pm Eastern Daylight Time on September 30, 2022. Applications submitted during the application window are non-binding. CMS may not review applications submitted after the deadline.

Submit application to https://app.innovation.cms.gov/EOM.
Submission of the PDF version of this application will not be accepted.

Refer to https://innovation.cms.gov/innovation-models/enhancing-oncology-model for directions on how to access the EOM RFA Application Portal
Once logged into the portal, there are further instructions on how to navigate the application included on the right-hand side of the home page by selecting the "User Manual" link.

Refer to the RFA on EOM website for further details
Further details regarding participation requirements and application submission criteria are available in the RFA on the https://innovation.cms.gov/innovation-models/enhancing-oncology-model. Applications will be reviewed for completion of all required fields and a signed and dated application certification.

Sign up for the EOM listserv
EOM will host additional recruitment events and release more resources during Summer/Fall 2022 to help potential participants understand the model before the application deadline. Sign up for the EOM listserv to learn about these materials as they are announced.

UPCOMING EVENTS

EOM Event	Planned Date
General Office Hours	September 13, 2022

[1] Dates are subject to change

THANK YOU

For Attending Today's EOM Quality Strategy Webinar

ENHANCING ONCOLOGY MODEL

APPENDIX

OCM TO EOM HIGH LEVEL COMPARISON

	OCM	EOM
Health equity	No explicit focus	Key element of design and implementation
Beneficiary population	Beneficiaries with all cancer types who receive chemotherapy or hormonal therapy	High-risk beneficiaries with certain cancer types receiving systemic chemotherapy only
Use of ePROs	No requirement	Required gradual implementation
MEOS payment	$160 PBPM for each OCM beneficiary	$70 PBPM for beneficiaries not dually eligible for Medicaid and Medicare $100 PBPM for beneficiaries dually eligible for Medicaid and Medicare
Attribution	Based on plurality of E&M claims	Based on initial care plus at least minimum care over time
Benchmark and novel therapy calculations	At the practice level; limited use of clinical data to inform risk adjustment	At the cancer type level; more robust use of clinical data to inform risk adjustment
Risk arrangements for performance-based payment	One-sided risk in performance period 1, followed by the option for one- or two-sided risk in performance periods 2-7 Participants earning a performance-based payment by the initial reconciliation of PP4 have the option to stay in one-sided risk in PP8—PP11; other participants must either accept two-sided risk in PP8—PP11 or be terminated from the model	Two downside risk arrangement options

*Please note this list is not exhaustive. For additional information on how EOM differs from OCM, refer to Appendix A of the EOM RFA

HEALTH EQUITY REQUIREMENTS

EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:

	EOM Requirement	Description
1	Incentivize care for underserved communities	**Differential MEOS payment** to support Enhanced Services (base: $70 PBPM; $30 PBPM, outside of TCOC accountability, for dual eligible beneficiaries) TCOC benchmark will be **risk adjusted for multiple factors**, including, but not limited to, dual status and low-income subsidy (LIS) status
2	Collect beneficiary-level sociodemographic data	EOM participants will collect and report **beneficiary-level sociodemographic data** to report to CMS for purposes of monitoring and evaluation
3	Identify and address health-related social needs (HRSN)	EOM participants will be required to use **screening tools** to screen for, at a minimum, three **HRSN domains:** transportation, food insecurity, and housing instability Example HRSN screening tools: • NCCN Distress Thermometer and Problem List • Accountable Health Communities (AHC) Screening Tool • Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE) Tool **Collect ePROs** from patients, including a HRSN domain*
4	Improved shared decision-making and care planning	EOM participants will be required to **develop a care plan** with the patient, including discussion of prognosis and treatment goals, a plan for addressing psychosocial health needs, and estimated out-of-pocket costs
5	Continuous Quality Improvement (CQI)	EOM participants will be required to develop a **health equity plan** as part of using data for CQI

EOM LEARNING COMMUNITY

EOM Learning System will support the achievement of the EOM's Strategic goals through:

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

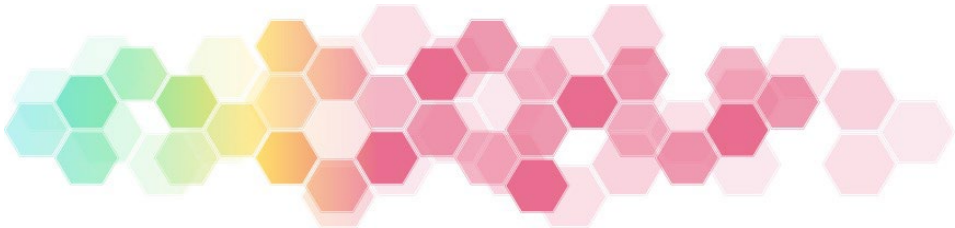
The EOM Learning System will be **based on novel aspects of EOM** and will also **build upon pertinent learnings from OCM.** Some examples of learning resources include:

ONLINE COLLABORATION PLATFORM

CASE STUDIES & INNOVATION SPOTLIGHTS

AFFINITY AND ACTION GROUPS

WEBINARS



*The same communication channels will be used for payer communications.

MONITORING AND EVALUATION

MONITORING

- CMS will conduct **monitoring activities** to evaluate compliance by the EOM participant, its EOM practitioners, and its Care Partners with the terms of the EOM Participation Agreement
- Monitoring is **designed to protect beneficiaries** and **potential program integrity risk**
- Monitoring data sources may include:
  - Claims analyses to identify fraudulent behavior or program integrity risks
  - Interviews with any individual participating in PRAs
  - Interviews with EOM beneficiaries, eligible beneficiaries, and their caregivers
  - Audits of charts, medical records, implementation plans, and other data from EOM participants
  - Site visits to EOM participants
  - Documentation requests to EOM participants

EVALUATION

- CMS's independent evaluation contractor will employ a mixed-methods approach to assess the model's impacts on utilization, costs, quality, equity and the experiences of participants and patients.