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FROM THE EDITOR

Reflections on the EOM

BY SIBEL BLAU, MD

The Center for Medicare & Medicaid Innovation (the Innovation Center) June 27, 2022, announcement of the Enhancing Oncology Model (EOM), successor to the recently completed Oncology Care Model (OCM), was much anticipated. The EOM is a five-year voluntary payment model set to begin on July 1, 2023. Under the EOM, participating oncology practices will take on financial and performance accountability for the total cost of episodes of care for chemotherapy to patients with seven common cancer types; two-sided financial risk arrangements are mandatory. (For an EOM-OCM comparison, turn to page 6.)

The Quality Cancer Care Alliance Network (QCCA) is a clinically integrated network of independent community oncology practices. Many QCCA members were highly successful OCM participants, and the program's Monthly Enhanced Oncology Services (MEOS) payments supported practice transformation, the use of shared data analytic tools, best practices, and the development of value-based care pathways. The yearlong interruption between the end of the OCM and the start of the EOM is disappointing to many oncology practices that committed to establishing infrastructure and staffing to support value-based care; many are now financially challenged to continue this support.

QCCA members and the newly formed Exigent Research, a coalition of QCCA practices and practices participating in the National Cancer Care Alliance, met in sunny Seattle in August 2022 for a comprehensive EOM session with subject matter experts, including Alex Chong, PhD, MA, a health insurance specialist for the Innovation Center. Following this session, member practices attended a closed-door meeting to discuss the model. Although practices were excited that value-based care is here to stay, reception of the OEM was "lukewarm." Here are some of our concerns.

The MEOS payments are much lower, and it will be challenging for many practices to support and grow the robust structure necessary to be successful under the EOM.

Two-sided risk from the onset of the EOM is unsettling. At the August meeting, experts and practice leaders discussed the term "risk." Oncology providers are moving toward precision medicine much faster than payers, and pricing a disease might be difficult due to heterogeneity within the same type of cancer. Take, for example, triple-negative breast cancer where treatment may vary from low-dose, short-course chemotherapy to multi-targeted chemo-immunotherapy with high toxicities. Determining the correct target price will be challenging.

Benchmarking is another concern. Some practices with historically well-run, value-based care programs did not perform well in the OCM simply because their benchmark was too low from the start. Practices that improved and did well in the OCM may encounter a similar issue under the EOM.

To succeed under the EOM, practices will need to be proactive. Implementation of technology like ePROs (electronic patient-reported outcomes) will help reduce emergency department admissions and improve patient care, yet technology solutions come with costs that may not be recouped with the lower MEOS payments.

Biosimilars will also play a role in savings like they did in the OCM. An active drug utilization program is a must and should be started now in any practice that has yet to do so.

Developing new processes in care management will also need to start early. OCM practices will need to teach non-OCM practices. QCCA practices shared analytic data during the OCM that tremendously helped others understand their weaknesses and make corrections in a timely manner.

Physician, nursing, administration, and social work leadership will be key. QCCA practices will start a taskforce of these leaders to analyze practice data and assess the viability of the EOM.

Though almost all QCCA practices plan to apply for the EOM, most are unsure whether they will follow through. Before practices can make that decision, we need more data analysis, and we must continue to proactively improve without disrupting our clinic flow and patient care. OI