EOM Yes or No?

COA Survey
May 2023

0

Survey Basics

- May 1 - May 19, 2023
- 15 Questions
- 137 Survey responses
  - Private Practice 118
  - Hospital Based 10
  - University Based 7
  - Combination/Unknown 2

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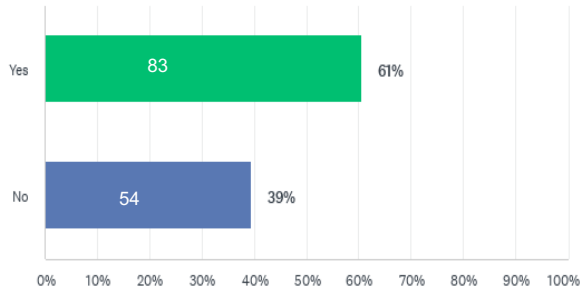
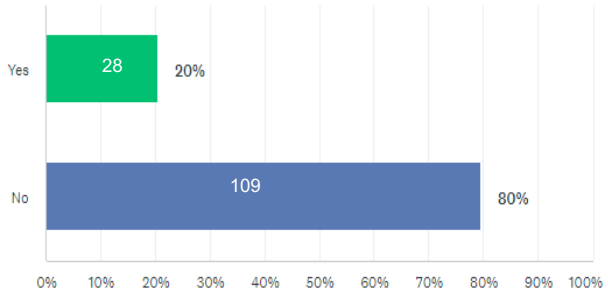
1

OCM Experience

Did you participate in the OCM?



Were you ever in two-sided risk in the OCM?



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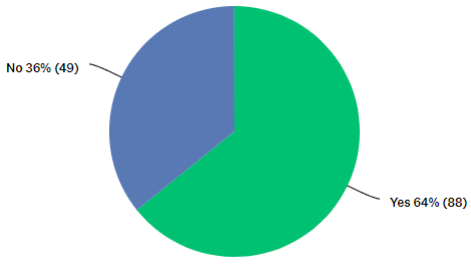
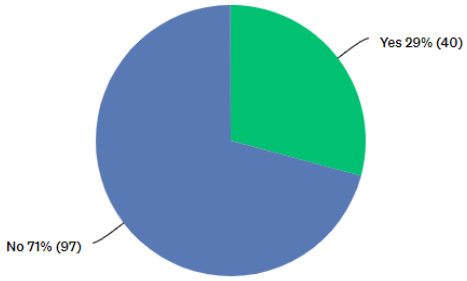
EOM Participation

Did you submit a letter of Intent to Participate?



Are you currently planning to participate in the EOM?



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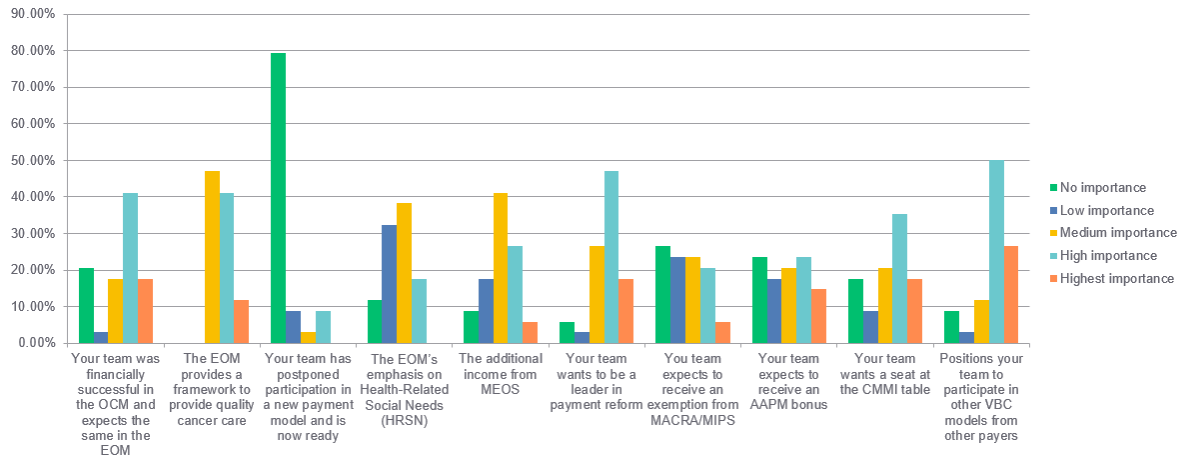
Indicate the reasons and rank the importance for participating in the EOM



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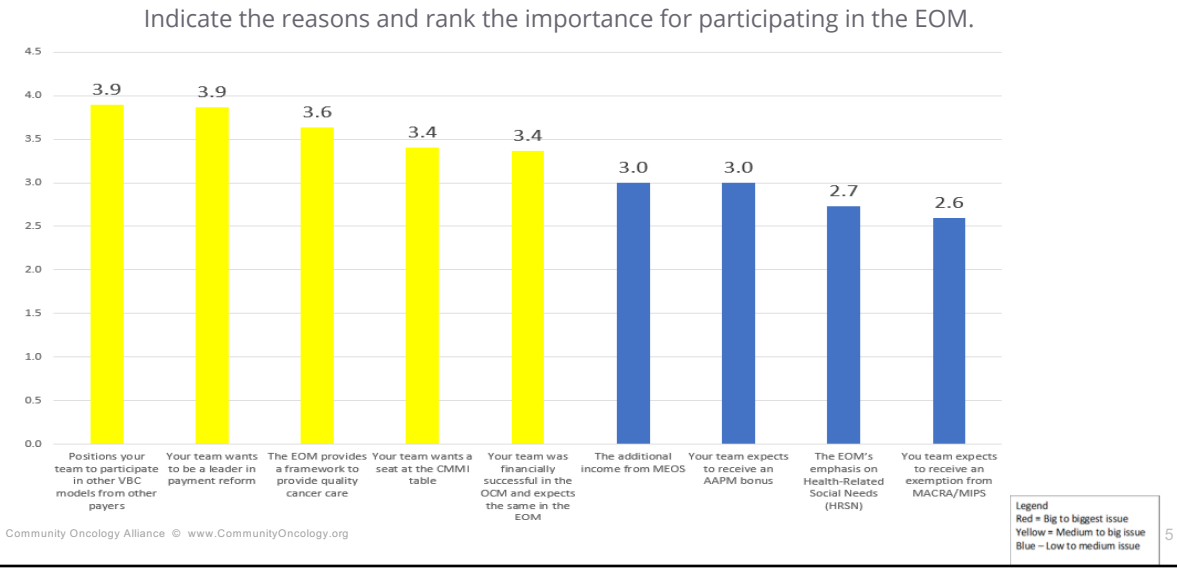
Weighted average and stratified for survey sample



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Top 3 Reasons for Participation

- Positions your team to participate in other VBC models from other payers.
  - High / highest combined answer = 24
- Your team wants to be a leader in payment reform.
  - High / highest combined answer = 21
- Your team was financially successful in the OCM and expects the same in the EOM
  - High / highest combined answer = 19

❖ 31 respondents

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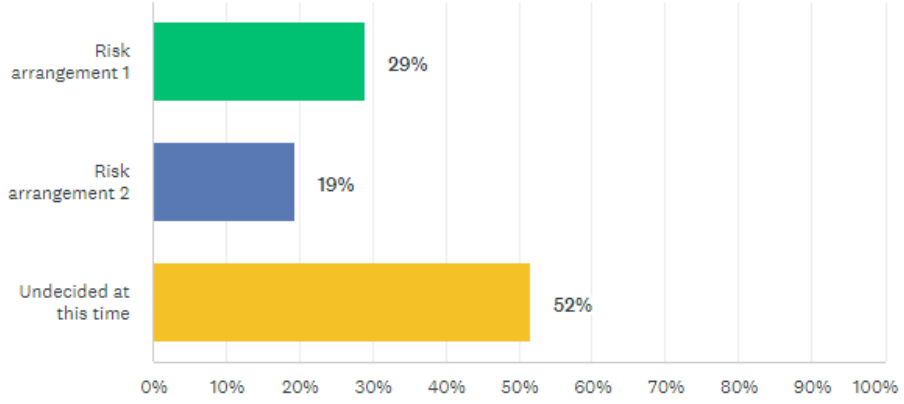
Managing Risk

Are you planning to enter Risk Arrangement 1 or Risk Arrangement 2?



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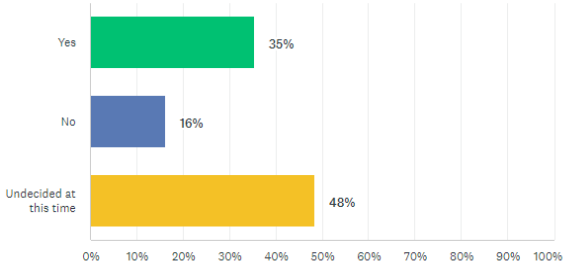
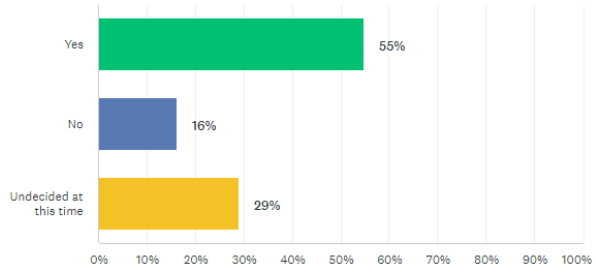
Resources Required

- Are you planning to purchase re-insurance when you participate in the EOM?



- Are you planning to retain an outside organization to assist with analyzing your data?



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How can COA best support you in the EOM?

- Continue with your calls etc. They are very helpful.
- Education.
- Continued advocacy for oncology with Congress.
- Educational information, inside information straight from Ted.
- Keeping track of participation by sites and helping to assure we can get the ear of CMMI staff as the EOM will likely evolve and change.
- We will do our reinsurance through a captive, COA can make EPROs optional. COA can convey our concerns about sharing private patient data with CMS.
- Please continue to support us thru education and advocacy with CMMI.
- Be our voice with CMMI.
- Same amount if not more work than the OCM, yet we are paid less. Get MEOS increased.
- Keep the pressure on CMMI to get a fair deal for community oncology practices.
- Surveys like this are very helpful in knowing what other practices are thinking!
- Help get us a seat at the table with CMMI.

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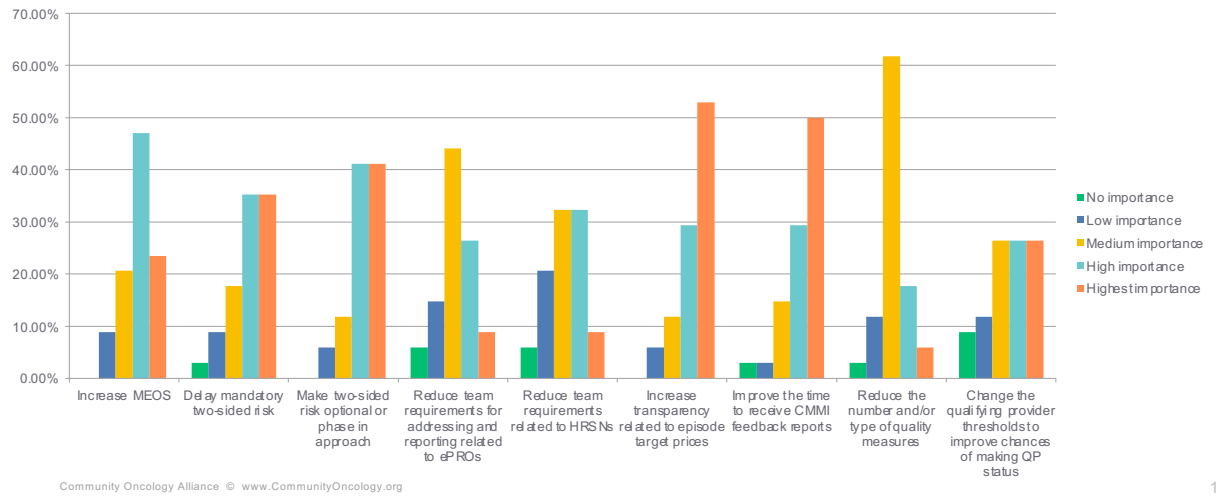
Even though you plan to participate in the EOM, what changes would you like to see in the model?



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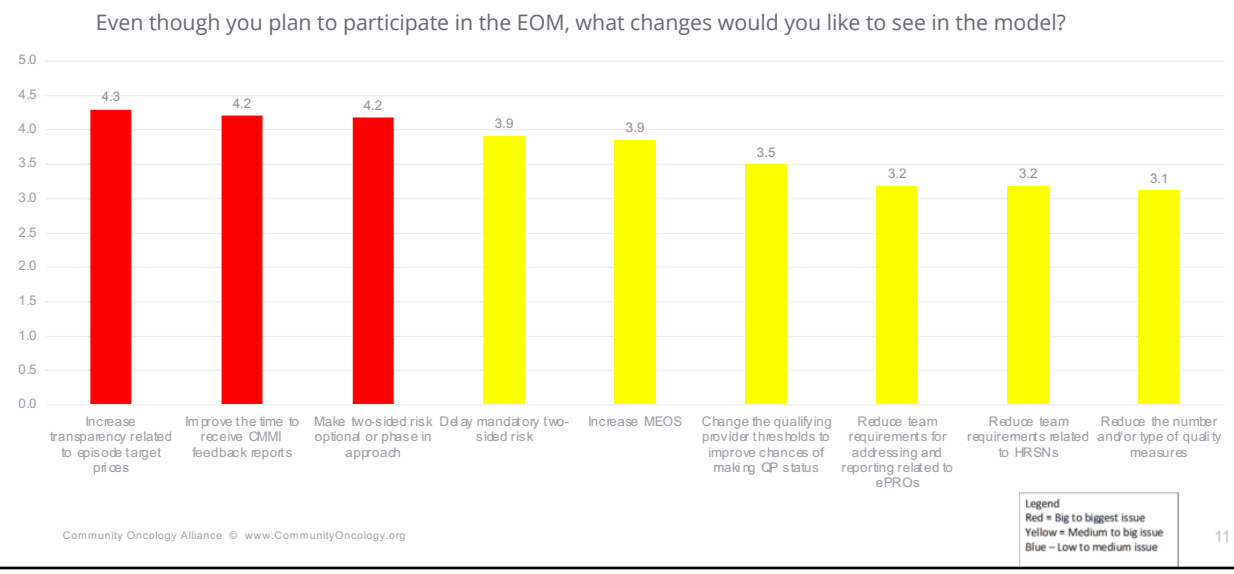
Weighted average and stratified for survey sample



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Top model changes requested

- Increase transparency related to episode target prices.
  - High / highest combined answer = 25
- Improve the time to receive CMMI feedback reports.
  - High / highest combined answer = 24
- Make two-sided risk optional or phase in approach.
  - High / highest combined answer = 24

30 Respondents

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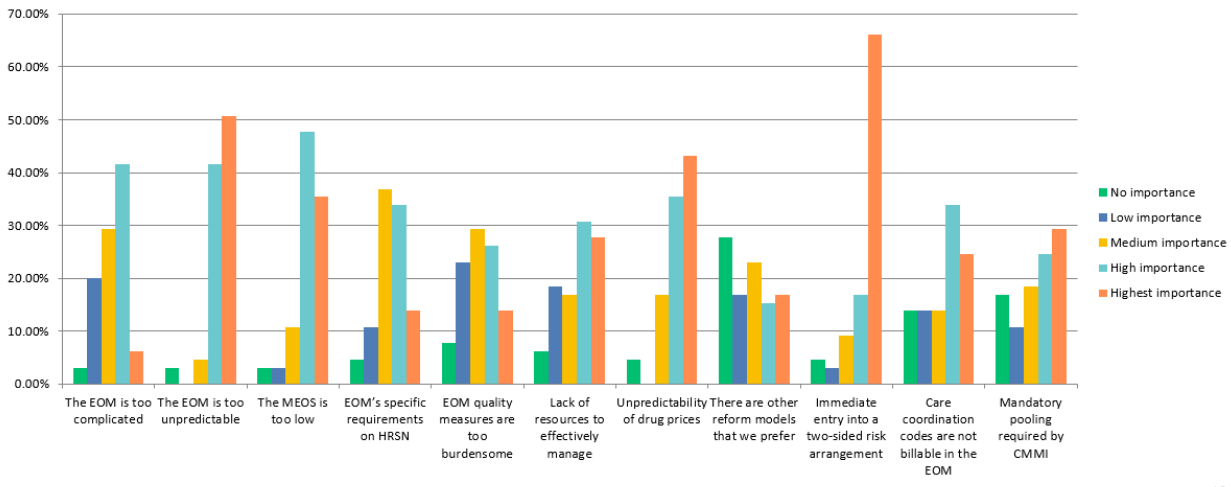
Indicate the reasons and rank the importance of reasons why you are NOT participating in the EOM



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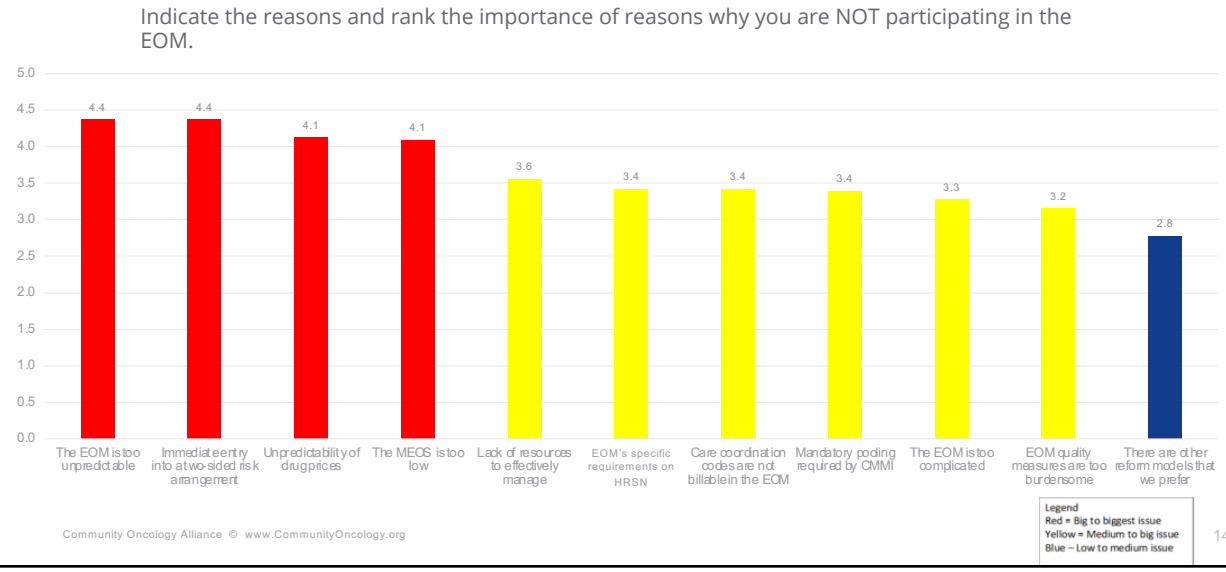
Weighted average and stratified for survey sample



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Top reasons for non-participation

- The EOM is too unpredictable.
  - High / highest combined answer = 58
- Immediate entry into a two-sided risk arrangement.
  - High / highest combined answer = 52
- The MEOS is too low.
  - High / highest combined answer = 52
- The unpredictability of drug prices.
  - High / highest combined answer = 50

❖ 63 Respondents

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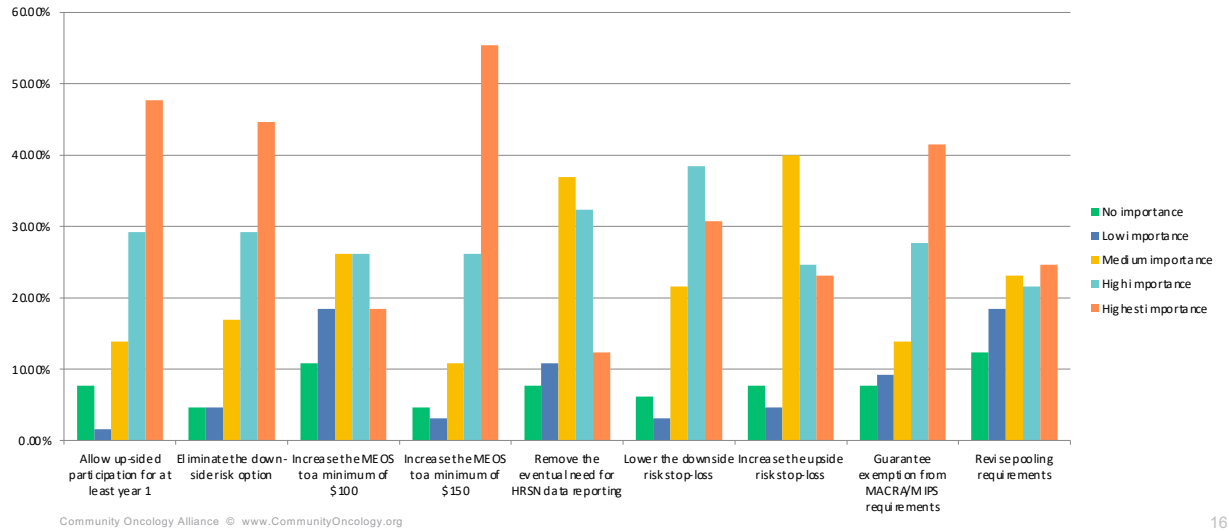
If you don't plan to participate, what changes to EOM and ranking would be needed to prompt your participation?



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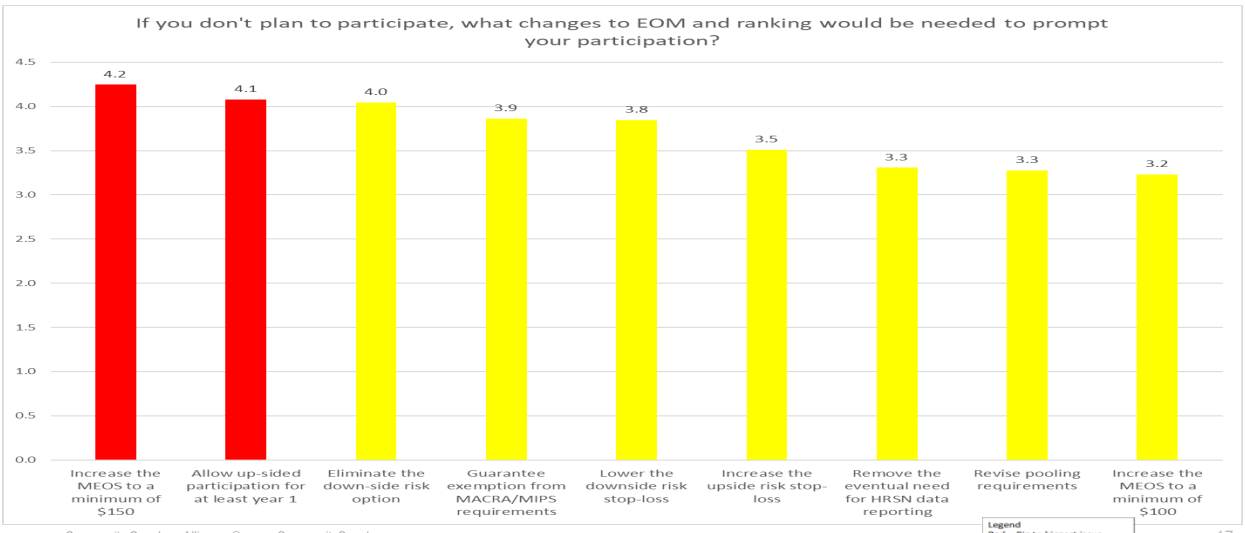
Weighted average and stratified for survey sample



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Top 3 changes required for participation

- Increase the MEOS to a minimum of $150.
  - High / highest combined answer = 53
- Allow up-sided participation for at least year 1.
  - High / highest combined answer = 50
- Eliminate the down-side risk option.
  - High / highest combined answer = 48

63 Respondents

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General Comments

- We are a 7-doctor practice with multiple locations. Some rural and some urban. We do not have the staff to do this kind of reporting or project. We do not want to spend the capitol needed to hire a data management company to do this for us. Especially with downside risk when we have not done anything like this before.
- We have submitted the application, are waiting for more data to evaluate, before we make our final decision to participate. We are likely to not make our final decision until the last week of June.
- Needed an I don't know yet answer. We probably won't decide until the end of June pending risk projections.
- We will drop out if E pros are required as described.
- We are still a maybe on participation until we get a chance to analyze the numbers.
- We believe in VBC and enhancing patient care and their experience. We DO NOT think that EOM does this for so many reasons. We are disappointed in the program that CMMI has put forward despite feedback from stakeholders. We are sad not to participate, but we do not feel the model is right for patients OR practices.

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General Comments

- We truly want to participate in EOM and are invested in VBC. The investment of resources, for small margins, since we are already low cost, and the downside risk are holding us back.
- Would love for you all to push for option of one side risk and increase Meos payments.
- If date can be pushed till Jan 2024, Remove negative risk, Allow higher MEOS at least $150.
- We are still waiting for baseline data to make final decision. About 60/40 right now…
- Our physicians provide high-quality cost-conscious care prior to, & during OCM and will continue to do so regardless of incentive programs.
- The company does participate in other incentive programs and will continue to do so as available when within financial, employee volume feasibility.
- Very few episodes will be attributed based on analytics, our population consists of an extremely low dual eligible patients. Low MEOS payment compared to reporting requirements. Inability to qualify for AAPM, additional costs in both equipment and personnel, low probability of viable incentive being received due to efficient processes established prior to historical data and methodology used, and unacceptable risk compared to OCM and other incentive programs for a community practice.

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General Comments

- Thanks for undertaking the survey…we made the decision not to participate months ago; however, we are very interested in the results of the survey. As always…thanks for all the great work that COA does on behalf of patients and practices!
- We have officially withdrawn from EOM. In addition to complexity and downside risk, our org is doing a major EMR overhaul that could impact our execution and data analysis while in the model. Just too risky and not enough upside to devote our scarce resources.
- Thank you for everything COA is doing!
- We will likely not participate because the administrative burden combined with immediate downside risk. The analysis we've received shows marginal upside compared to the risk and burden of participation.
- Will you be publishing the results before May 9? Don't need details just curious as to how many practices intend to participate as we have mulled over this intensely!!
- We are pending participation. Currently leaning to opting out and leveraging PCM/CCM/TCM instead. Two-sided risk and reduction in MEOS is a huge concern to the practice - both legally and financially.

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Observations

- Of the 61% (83) of respondents that were in OCM, 20% (28) were in 2-sided risk.
- 71% (97) do NOT plan to participate in EOM with only 64% (88) submitting an LOI; of those that submitted an LOI, over 50% do NOT plan to participate in EOM.
- Of the 29% (40) who will participate, almost half are undecided about reinsurance; almost 20% saying no and 35% responding yes.
- Over half will retain external data analytics support.
- Most will enter RA 1, with over half still undecided.
- Top 3 reasons for participation are positions team to participate in other VBC models from other payers, financially successful in OCM and want to be a leader in payer reform.
- Desired changes for participants are increase transparency for episode target prices, improve time of receiving feedback reports and 2-sided optional or phase-in risk.
- Top 3 reasons why not participating are due to 2-side risk, EOM and drug prices too unpredictable.
- Changes needed for participation are an increase in MEOS to minimum $150 , up-sided RA for at least 1 year, and eliminate down-sided risk.

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COA's Statement on EOM

We notice from our survey results and through conversations with practices that a majority of our practices may choose not to participate in the EOM.

While COA is in full support of the EOM and oncology practices that choose to participate, we would like to implore CMS to hear the feedback from our community and hospital practices.

Clearly, there is some convincing and reasonable hesitation. Those not planning to participate are seeking changes that would protect them financially. Other top reasons include increased transparency, timeliness of reporting and adjustments regarding immediate two-sided risk.

We hope there is an opportunity for conversation with CMS surrounding our findings, in the very near future, that will further ensure the success of the EOM as it relates to high quality cancer care for our patients and reducing the cost of care for our health system.

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