2026 | Case Study

Aligning Oncology Incentives to Drive High-Value Cancer Care

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Cancer care is one of the fastest-growing components of health care spending in the U.S. and among the most complex areas to manage. Driving this surge are anticancer drugs, which today make up more than 70% of the total cost of cancer care. The specialty faces challenges along multiple fronts:

- **The spiraling cost of therapies:** Many new therapies are extremely costly. In 2024, the median annual list price of a newly approved novel oncology drug was $442,600, 28% higher than the previous year.
- **Longer duration of therapies:** As survival increases for certain cancers, patients are staying on regimens for longer periods. For example, immune checkpoint inhibitors have increased survival in non-small cell lung cancer from 6 months to 2 years.
- **Growing clinical complexity:** Just 32% of new oncology drugs have evidence of improved survival. Providers want to know which drugs deliver better outcomes, but they struggle to keep up with the pace of new innovations and evidence.
- **Misaligned care:** Too often, patients experience care that is uncoordinated and not in line with their goals and values. About 45% of Medicare patients receive potentially aggressive care in the last 30 days of life.

Evolent's Model

Evolent partners with health plans and providers to improve outcomes for patients with complex conditions, with oncology as a central focus. Drawing on more than 20 years' experience in the field, Evolent's comprehensive oncology model brings together deep clinical expertise, provider alignment and patient engagement to ensure high-value care. In addition to medical oncology — the focus of this case study — Evolent has programs in radiation and surgical oncology.

Core Clinical interventions

- **Optimizing treatment selection:** The core of Evolent's approach are its high-value clinical oncology pathways, which support oncologists in delivering high-quality care. Approved by a scientific advisory board (SAB) of independent oncologists, these clinical pathways:
    - Guide providers to the highest quality treatment regimens based on the patient's cancer, stage, treatment history, and biomarkers.
    - Prioritize regimens that offer the greatest efficacy and lowest toxicity, with significant cost differences serving as a "tiebreaker" between clinically equivalent options.
    - Steer providers away from low-value regimens, which represent extremely high-cost options with clinical outcomes that are the same or worse than other choices.

  Because clinical guidelines cannot account for every individual's treatment needs, Evolent seeks to achieve 70-80% pathway adherence by oncologists.

- **Guiding treatment dose and duration:** Even when a high-value treatment is initially selected, there is still the risk of waste. Patients may receive therapy in higher doses than they need, or they may continue receiving therapies that have stopped benefiting them. Evolent works with providers to recommend regular testing to confirm that a patient is still responding to therapy. Another waste-reduction effort is a longstanding dose-rounding program that, when appropriate, reduces the number of single-use drug vials needed to treat patients, without compromising outcomes.

Provider Alignment

On their own, Evolent's clinical oncology pathways support a more streamlined prior authorization experience. When providers select an on-pathway regimen in the portal, they can receive automatic, real-time authorizations. Evolent also offers a range of incentive models to encourage greater adoption of high-value regimens.

Financial Arrangements

Pay-for-Performance

This program rewards clinicians for guideline-concordant care, paid through a quarterly bonus pool, as well as for participating in peer-to-peer calls. However, if an oncologist prescribes a regimen categorized in its pathways as “low value,” the size of the bonus decreases. Downward adjustments to the bonus pool are several times higher than the upward adjustments, creating strong incentives to avoid these low-value regimens, even in the absence of downside risk.

Capitation and Sub-Capitation

Evolent often partners with health plans to take capitated risk for medical and radiation oncology. Evolent’s risk arrangements are primarily focused on Medicare Advantage Part B medical claims, including physician-administrated drugs, while also encompassing certain outpatient expenses for Medicaid and Commercial/Exchange members. In some cases, Evolent also takes risk on pharmacy/Part D or inpatient/Part A claims, including oncology-specific emergency department and inpatient use.

As part of these arrangements, in some markets, Evolent has taken responsibility for developing an oncology network and paying claims. For example, it has operated a bundled payment arrangement with medical oncologists for supportive drugs, such as antiemetics. For each patient receiving chemotherapy in a month, these providers receive a payment to cover these supportive drugs rather than billing them individually.

Fast Pass

Akin to gold carding, Evolent’s Fast Pass program relieves providers from prior authorization when they meet quality thresholds, such as avoiding low value regimens and using rounded doses when appropriate. While providers are not subject to peer to peers, they still enter their orders through Evolent’s portal to document that they continue to meet those thresholds.

Care Navigation

Evolent also offers wrap-around care navigation services (customized to complement existing provider and payer services), combining personalized guidance with a cancer management app, Careology, to support patients at every step of the cancer journey. Patients also have 24/7 access to oncology nurses to address concerning symptoms or side effects. Together, these resources enable consistent monitoring and support of patients between appointments, enabling earlier interventions that often avoid hospital and ED visits.

The care navigation program also shapes cancer drug utilization by ensuring care aligns with patients' goals. For example, patients who participate in shared decision making often decide that they want to avoid aggressive treatments near the end of life and would rather focus on quality of life.

Oncology Solution Outcomes

The program has had measurable impacts resulting in high-quality therapies, cost savings, and improved patient experience.

Increased Pathway Adherence

On average, adherence to Evolent's pathways increases by about 30% after implementation, with that improvement sustained over the long term.

Reduced Low-Value Regimen Use

Use of these regimens was reduced by 20% with one national payer partner where Evolent implemented the bonus pool program and a multifaceted provider education and engagement campaign.

Avoided Unnecessary Utilization

A pilot study of the care navigation program showed a 40% reduction in hospitalizations and emergency department visits, while the program received a 95% satisfaction score among patients and caregivers. Evolent also hopes to measure the impact this program has on drug utilization patterns.

Replicating this Model

Evolent's oncology model has applications for a host of value-based specialty care efforts. Ingredients for success include:

- **A multimodal approach:** Even the best interventions, such as clinical pathways, will have little impact unless they are part of more systemic change. Success requires multiple ingredients, including but not limited to:

Technology, from digital nudges for desired behaviors to integration with other platforms.

Data enablement, from provider/practice to population trend analyses, to engage providers and plans.

Provider alignment, beyond financial incentives, such as the fast pass and integration into existing workflows.

- **Clinical credibility:** Even the best designed program will struggle if you haven't earned providers' trust. Providers need to believe that you share their goal — better outcomes for their patients — and that your pathways and recommendations are based on the best medical evidence. Evolent's credibility comes from its oncology specialists, who are devoted to keeping up with the evidence base, and the backing of pathways and policies by its SAB. Peer-to-peers are matched by subspecialty, ensuring that Evolent experts speak with requesting providers as equals.
- **Integration of care navigation and utilization management (UM):** Close coordination between these teams can unlock value beyond what either could achieve on its own. For example, a navigator may alert the UM team that a patient is losing weight and becoming frail. Those insights can then inform an Evolent oncologist performing a peer-to-peer discussion about a request to treat the patient with additional therapy, which may not benefit the patient. Similarly, certain UM requests may signal that a patient's condition has changed, prompting outreach from their navigator.