Building collaborative oncology utilization management through multidisciplinary practice engagement

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Significance

Global spending on oncology therapies increased 75% from 2019-2024 and is projected to exceed $440 billion by 2029.[1] Utilization management (UM) promotes evidence-based care but is criticized for administrative burden and payer–provider friction.

Objective: To evaluate a multidisciplinary oncology UM model designed to improve outcomes through evidence-based treatment management, collaborative provider engagement, and support for value-based oncology care.

Methods

The model integrates Evolent oncologists, oncology pharmacists, and practice performance advisors (PPAs) within a team that regularly engages practices.

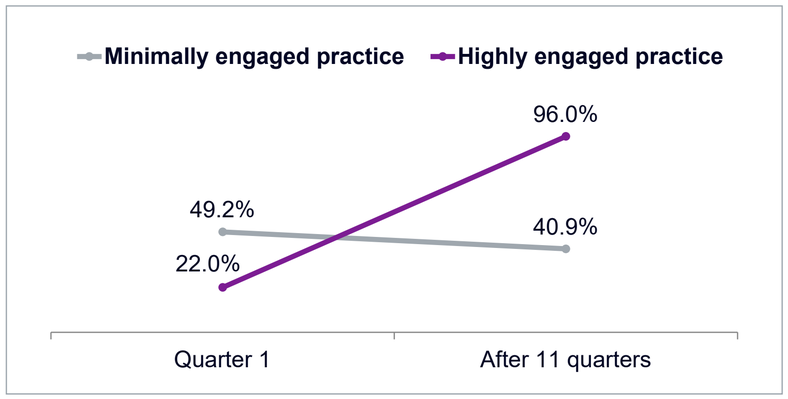
- **Prospective review** at treatment planning (proposed regimen vs. clinical evidence and oncology pathways), including pharmacist-led clinical alignment on high value initiatives (HVIs) prior to utilization management
- **Bidirectional engagement** with coordinated team (recurring performance reviews + feedback)
- Clinically informed **peer-to-peer (P2P)** discussions for complex/non-pathway cases
- **Operational and practice-level guidance** by PPAs



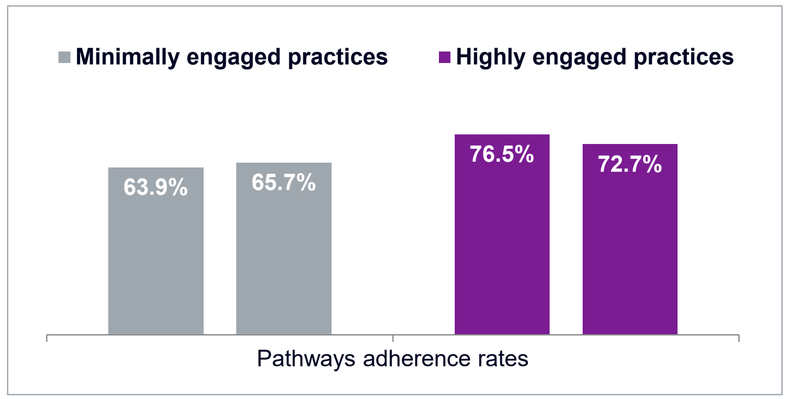
Network results

Across 52 highly engaged practices in Evolent's national oncology network, greater practice engagement was associated with stronger performance across multiple value measures. Minimally engaged practices were defined as those with no quarterly performance reviews.

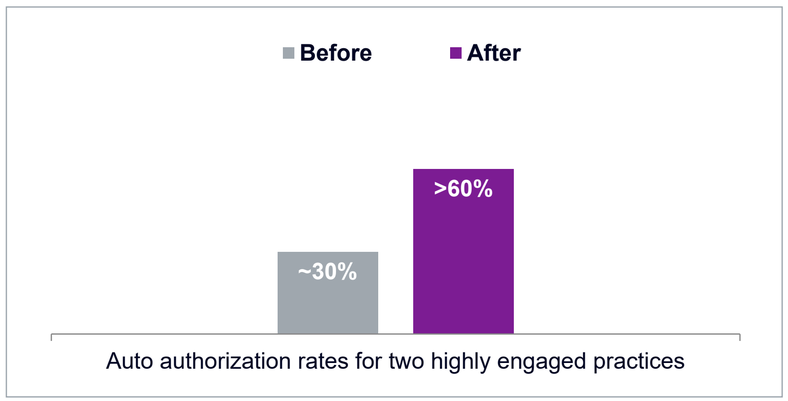
Reducing waste: Dose-rounding
Representative comparison of a highly engaged and minimally engaged practice demonstrated improvement in dose-rounding performance.



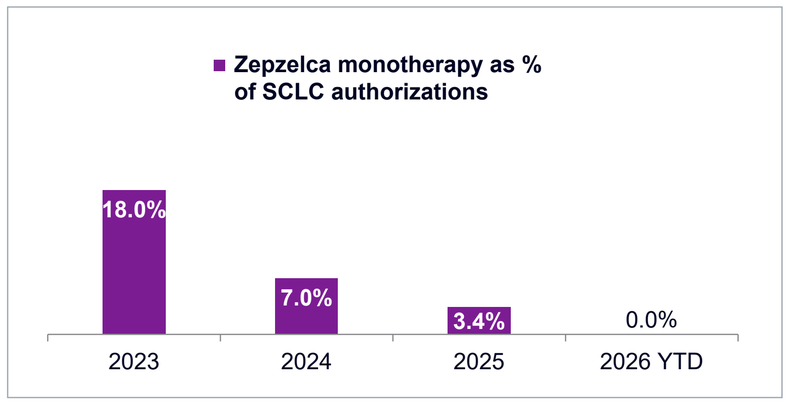
Improving quality: Pathway adherence
Representative highly engaged practice achieved higher pathway adherence than a minimally engaged practice.



Streamlining processes : Auto authorizations
Representative highly engaged practice with strong pathway adherence demonstrated higher rates of real-time authorizations.



Avoiding low-value regimens: Small cell lung cancer (SCLC)
At one highly engaged practice, the use of subsequent line lurbinectedin (Zepzelca), a treatment identified by Evolent as low-value, dropped to zero.



Conclusion

Implementing a multidisciplinary oncology UM model provides a clinically driven approach to UM. This model demonstrates UM evolving **beyond transactional authorization toward proactive payer–provider collaboration** while maintaining evidence-based treatment management.

Partnership powers performance:
Deeper practice engagement translates into stronger value-based oncology outcomes.

1) Ariadna Tibau et al. High Cost of Cancer Medicines in the United States: Opportunities for Policy Reforms. JCO Oncol Pract 22, 1374-1379(2026). DOI:10.1200/OP-26-00328