



MOQC

MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

Gynecologic Oncology Biannual Meeting

October 1, 2022

<https://moqc.org>

 @MOQCTeam

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

AGENDA

TIME	TOPIC	FACILITATOR
12:00 pm	Welcome and Lunch	Vanessa Aron, BA, RYT
12:45 pm	Patient & Caregiver Oncology Quality Council (POQC) Update	Sharon Kim, MPA
1:00 pm	MIOCA Updates	Megan Neubauer, AM
1:15 pm	Data & Updates MOQC Performance & Trends MSQC Performance & Trends VBR Measures & Requirements Opioid Calculator	Shitanshu Uppal, MD
2:15 pm	Closing Remarks	

Reminder – Information is Confidential



Newsletter

MOQC NEWS

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

SPRING 2022



From the Program Director

While we missed seeing you in person, the January Biannual Meeting was exceptionally well-attended, and we were so gratified by your presence and engagement. For those of you who could not attend, please take some time to watch the morning and afternoon sessions (links are on the www.moqc.org website). Dr. Paul Hesketh's presentation on management of nausea and vomiting in people receiving chemotherapy updated all of us on the best way to prevent and manage this common side effect. Dr. Bindu Potugari shared her work with an interdisciplinary team at IHA that markedly improved prescribing of ondansetron in patients on high emetic risk chemotherapy. The leadership exhibited by POQC as they address financial toxicity raised the salience of this critically important topic to MOQC members.

We are delighted that Christopher Fries, PhD, RN has agreed to serve as the Director of Patient-Reported Outcomes (PROs). Please read more about Dr. Fries and the PRO Task Force in the newsletter. We are beginning a statewide initiative to collect patient-reported outcomes to improve symptom management, the care experience, and, as shown in clinical trials, the clinical outcomes of our patients.

It's hard to believe that we are already preparing for our regional meetings, and we all look forward to seeing you again. You'll have a chance to meet our growing team and to get to know your regional project managers. In addition to reviewing our most recent performance data, we'll collaborate on improving tobacco cessation counseling and will share details of the new tobacco measures that qualify for an additional fee schedule increase.

We're pleased with our transition to Arbor Research as our data vendor partner. We expect to begin entering data into the new database at the end of this year with the transition complete by January 2023. Please let us know if you have any questions.

On a personal note, I am deeply grateful for all the work you do to take the best care of your patients during these challenging times. We hear you and appreciate you.

Jennifer Griggs

PRO Task Force

CALL FOR MEMBERS TO JOIN MOQC TASK FORCE ON PATIENT-REPORTED OUTCOMES

As part of MOQC's 2022 strategic plan, we are excited to launch an effort to collect patient-reported outcomes (PROs) in practices. We are in the process of forming a PRO task force and we are asking for your help in populating that task force. We know that many practices have experience with collecting patient-reported outcomes as part of your participation in OCTET, the study for which Dr. Fries was the principal investigator, and in PROMOnC, our CMS-funded work.

The patient-reported outcomes task force will help MOQC develop a plan to engage practices across Michigan in collecting, analyzing, and acting upon information shared directly from patients. It will be essential to do this work in a way that is perceived as valuable to practices and patients in our goal to support interdisciplinary teams in providing the best cancer care to all of our patients.

We hope to meet at least monthly through June. Immediate activities will include:

- 1) Planning a panel presentation for the June Biannual meeting on the importance of collecting PROs
- 2) Establishing key principles for a MOQC effort in collecting/reporting/acting upon PROs. What should we collect? How often? From whom? And in what formats?


We are interested in having clinicians (physicians, advanced practice providers, pharmacists, and nurses) and practice leaders join us. POQC and other patient and caregiver representatives will also join the task force. If you would be interested in joining us, please contact Shayna Weiner at sweiner@moqc.org. We will work to schedule task force meetings at times that work for your schedule.

IN THIS ISSUE


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Patient Story Idea?
Please email:
moqc@moqc.org


Featured Newsletter




Letter from the Program Director




Practice Spotlight



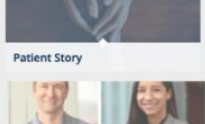
Patient Story




PRO Task Force




POQC Update




New MOQC Team Members Spotlight



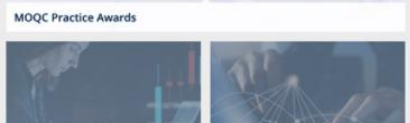
MOQC CORE VALUES




MOQC Practice Awards



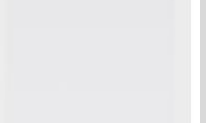
Value-Based Reimbursement



Survey Results



MOQC Measures Update



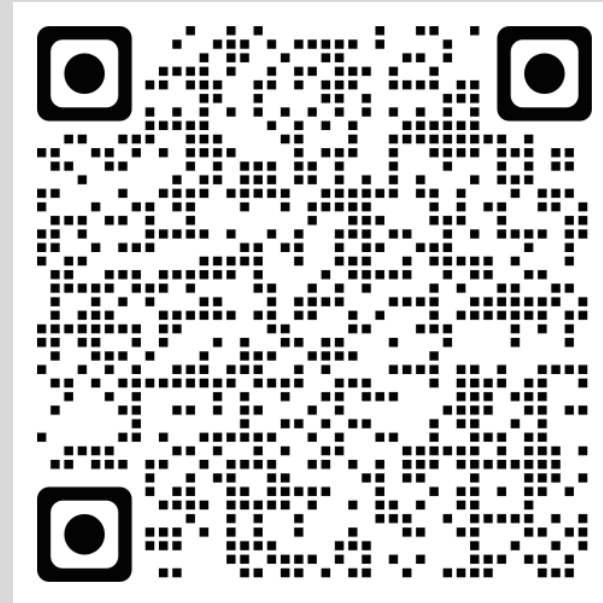
MOQC Meeting Schedule

MOQC NEWSLETTER Spring 2022:

- Letter from the Program Director
- Practice Spotlight
- PRO Task Force
- POQC Update
- New MOQC Team Members Spotlight
- MOQC Practice Awards
- Value-Based Reimbursement
- Survey Results
- MOQC Measures Update
- MOQC Meeting Schedule
- ALL ARTICLES

[Download PDF](#)

Testimonials



https://umich.qualtrics.com/jfe/form/SV_0Hzm2GOTxtcDoh0

Lunch & Table Talk



POQC Update

Sharon Kim, MPA





Quadrant 1: High Performance, Low Stress
 This quadrant represents individuals who are highly organized, efficient, and able to manage their time effectively. They are often the most productive and reliable members of a team.

Characteristics:
 - High productivity
 - Strong organizational skills
 - Excellent time management
 - Low stress levels



Quadrant 2: High Performance, High Stress
 This quadrant represents individuals who are highly organized and efficient but also experience high levels of stress. They may be overworked or have unrealistic expectations.

Characteristics:
 - High productivity
 - Strong organizational skills
 - High stress levels
 - Potential for burnout



Quadrant 3: Low Performance, Low Stress
 This quadrant represents individuals who are not highly organized or efficient but also experience low levels of stress. They may be more relaxed and less productive.

Characteristics:
 - Low productivity
 - Low organizational skills
 - Low stress levels
 - Potential for complacency



Quadrant 4: Low Performance, High Stress
 This quadrant represents individuals who are not highly organized or efficient but also experience high levels of stress. They may be overwhelmed and struggling to meet deadlines.

Characteristics:
 - Low productivity
 - Low organizational skills
 - High stress levels
 - Potential for burnout



MIOCA
Michigan Ovarian Cancer Alliance

Megan Neubauer, AM

**SERVING
INDIVIDUALS,
FAMILIES AND
COMMUNITIES
THROUGHOUT
MICHIGAN**



Survivor Support & Programs



Education



Awareness



Advocacy



Research Grants

PROGRAMS & RESOURCES

SUPPORT GROUPS

Offering social emotional support throughout treatment and survivorship

TOTES

Gifts, resources, and information available to individuals in treatment

SURVIVOR CONNECTIONS

Opportunities to connect peer to peer

EVENTS

Educational and social events for survivors.

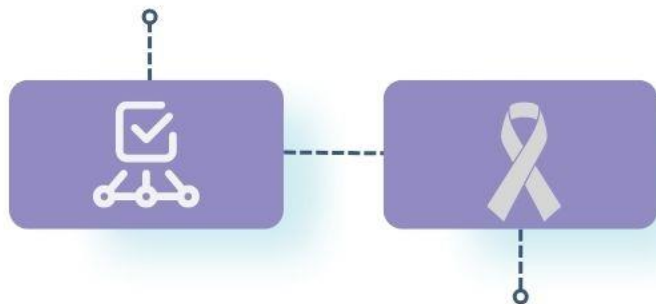
MIOCA & MOQC

SERVING THE OVARIAN CANCER COMMUNITY

MIOCA

MOQC

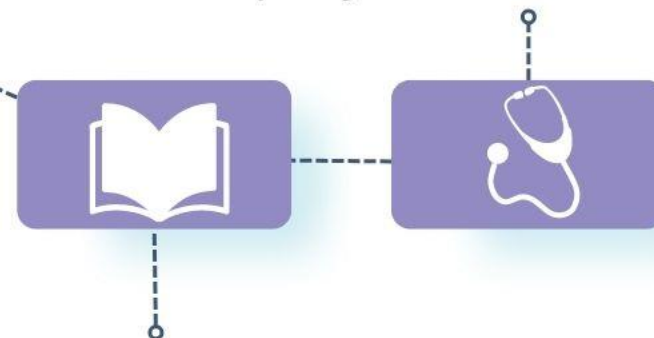
Providing resources, connections and support for Michigan patients and their families.



Working to increase awareness and collaborate to ensure positive movement in the field.

Together serving patients and providers to work toward better outcomes for Michiganders with ovarian cancer.

Serving providers across the state to increase the quality of care.



Creating resources to support patients throughout treatment and survivorship.

Current Collaborations

- Connecting MIOCA community members around MOQC podcasts
- Collaborative "Ask the Doctor" event



Goals

Utilizing the strengths of both MOQC and MIOCA to collectively improve treatment and quality of life for patients with ovarian cancer



Future Opportunities

- Poll

THANK YOU!

Megan Neubauer
meganneubauer@mioca.org
734-800-6144



MIOCA
Michigan Ovarian Cancer Alliance

How Are We Doing? Data & Updates

Shitanshu Uppal, MD



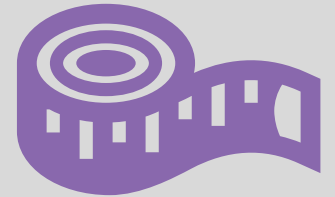
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown



Participation Reminder to Qualify for VBR

Level	Criteria
Practice Level	At least one physician and one practice manager from the practice must attend both MOQC Gynecologic Oncology Biannual Meetings during that year
Physician Level	Provider must be enrolled in PGIP for at least one year

MOQC Gynecologic Oncology Measures



Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown

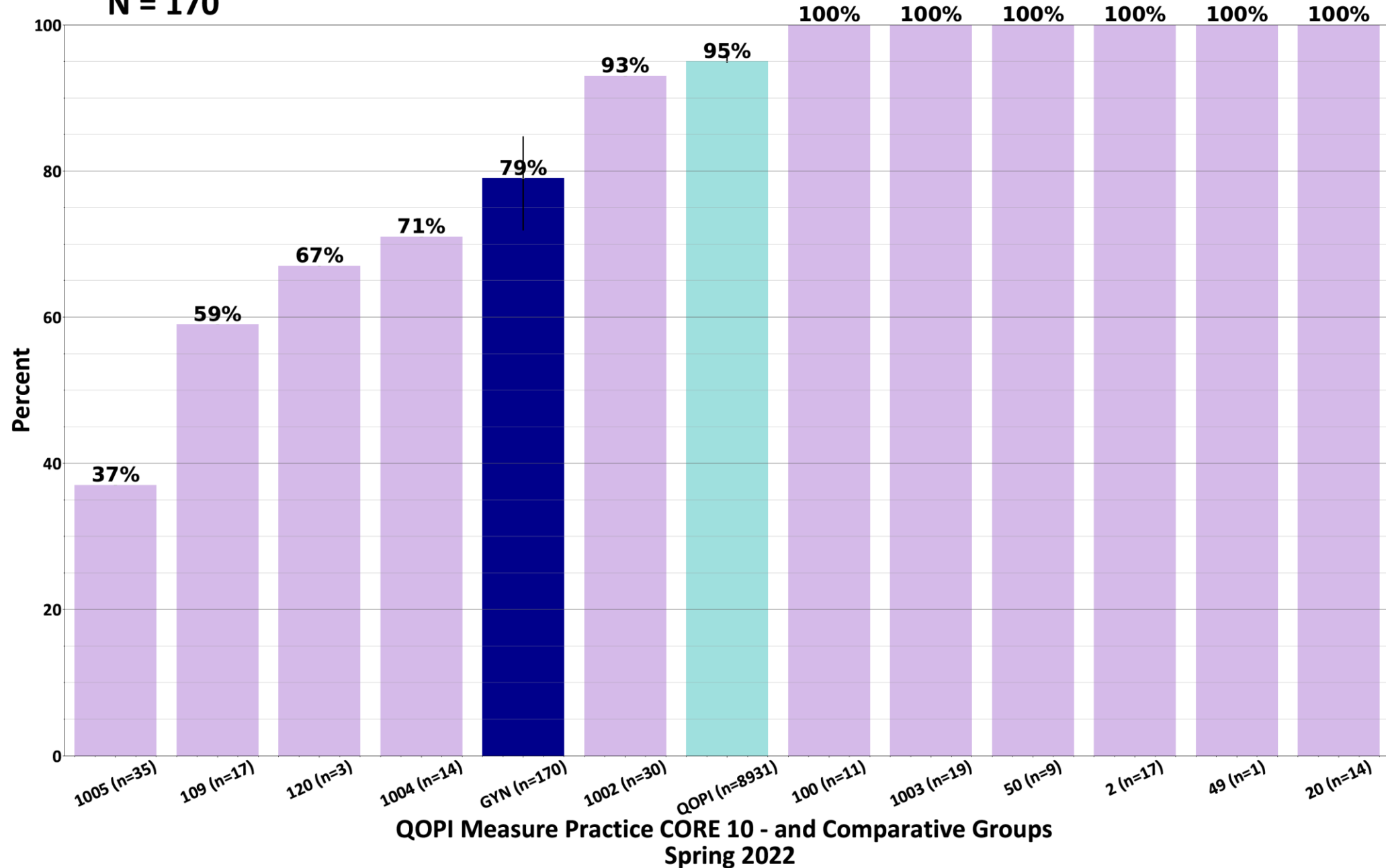


MOQC Gynecologic Oncology Measures

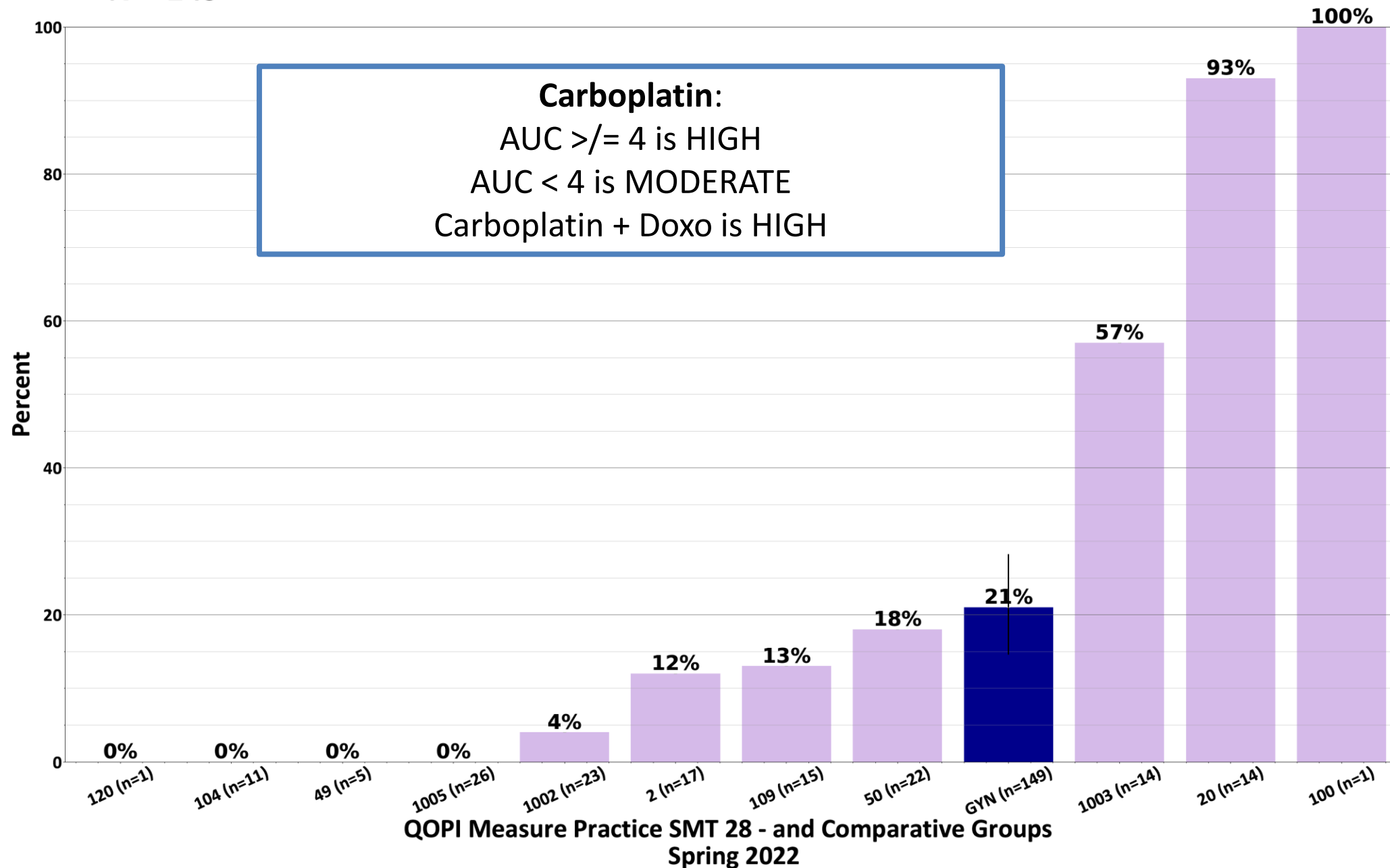
Measure	MOQC Pathway
CORE 10	Chemotherapy intent (curative vs non-curative) documented before or within 2 weeks after administration)
SMT 28	NK1 receptor antagonist and olanzapine prescribed or administered with high emetic risk chemotherapy
SMT 28a	NK1 receptor antagonist for low or moderate emetic risk cycle 1 chemotherapy (lower score – better)
MED #2	Complete family history document for patients with invasive cancer
MED #3	GCSF administered to patients who received chemotherapy for non-curative intent
EOL 48	Chemotherapy administered within the last 2 weeks of life
EOL 42	Hospice enrollment
Hospice_7 days	Enrolled in Hospice for over 7 days
Hospice_30 days	Enrolled in Hospice for over 30 days

Chemotherapy Intent (Curative vs. Non-Curative) Documented before or within Two Weeks after Administration

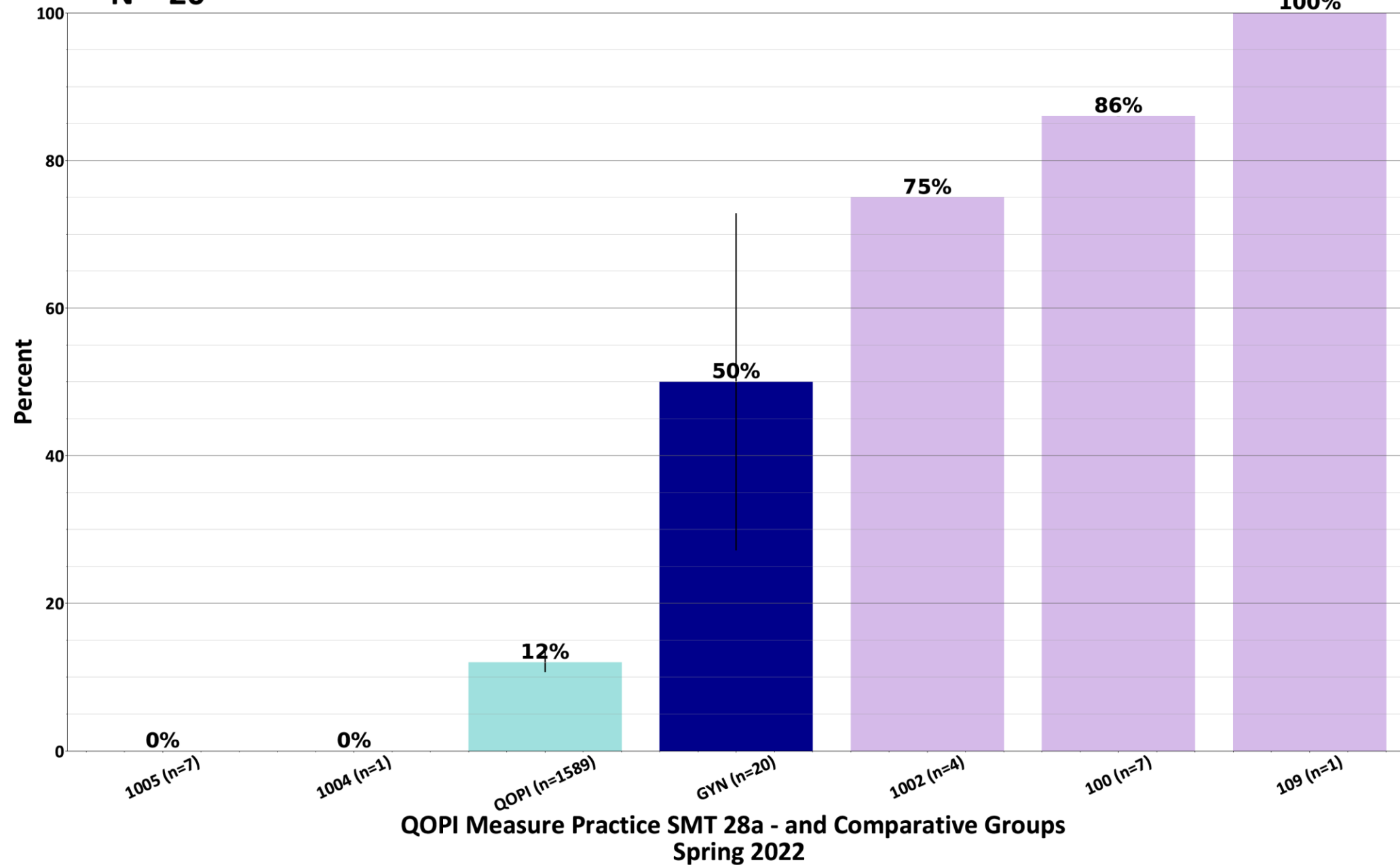
N = 170



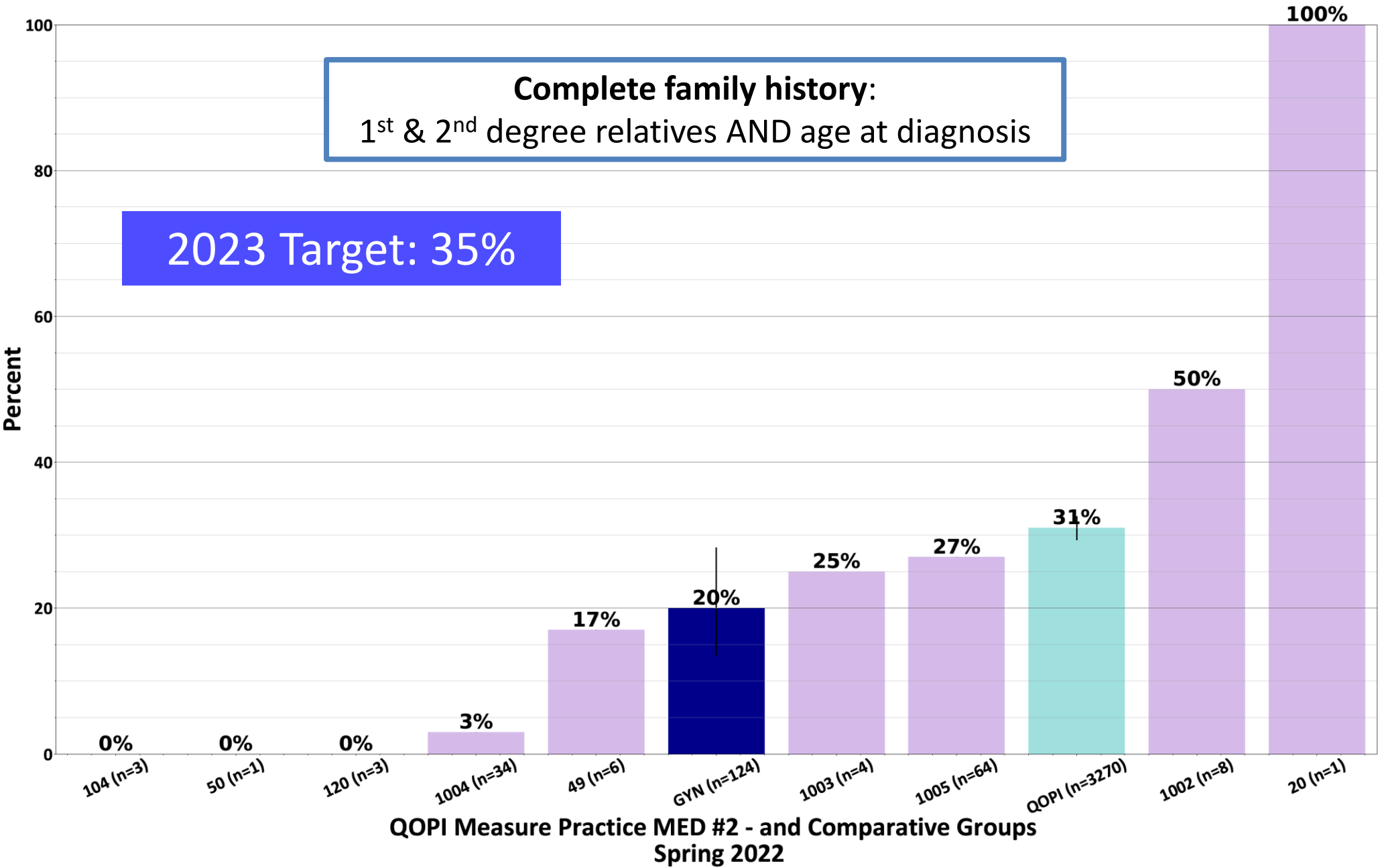
NK-1 RA & Olanzapine Prescribed or Given with High Emetic Risk Chemotherapy N = 149



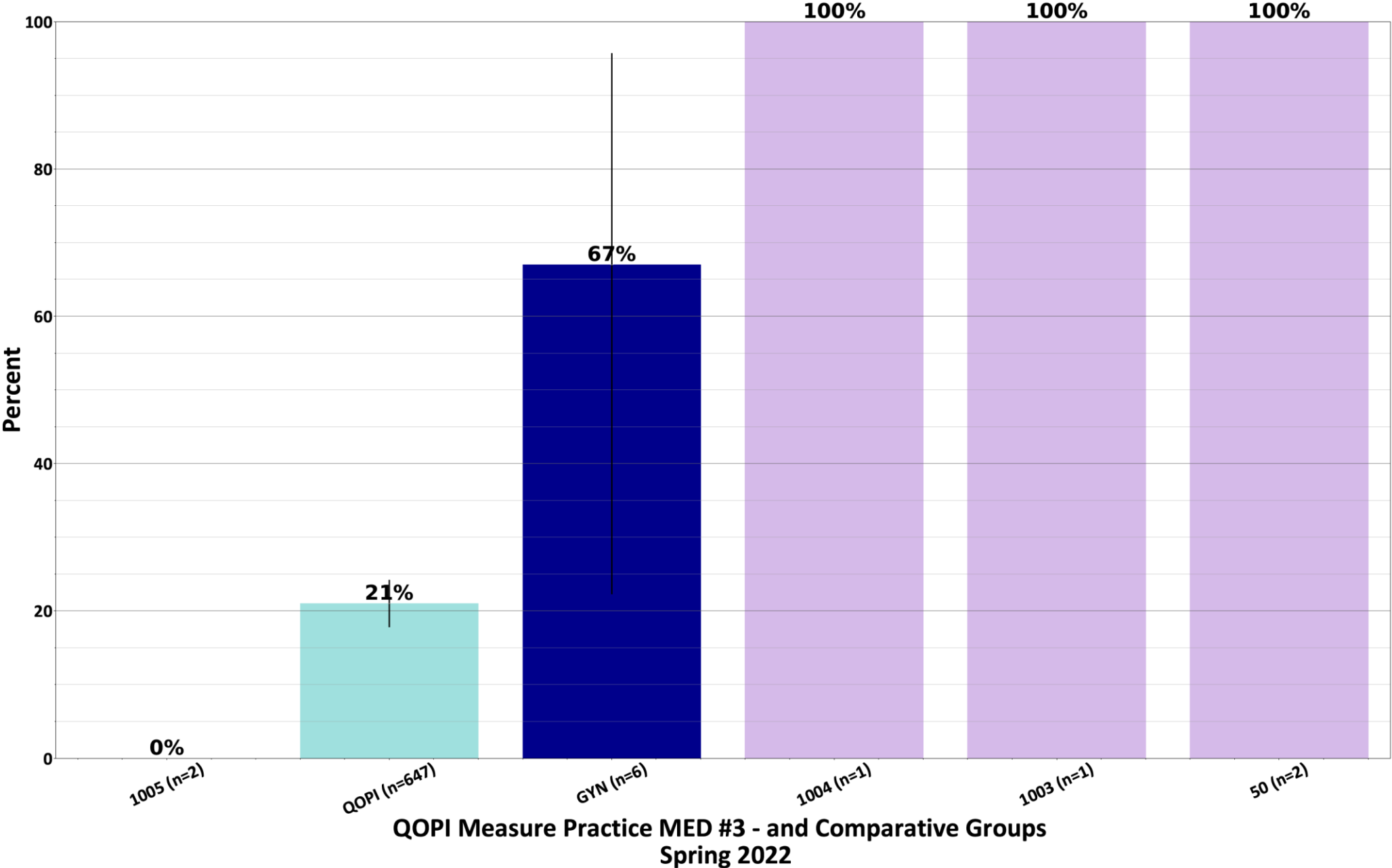
**NK-1 RA or Olanzapine Given for Low/Moderate Emetic Risk Cycle 1 Chemotherapy
(Lower Score - Better)
N = 20**



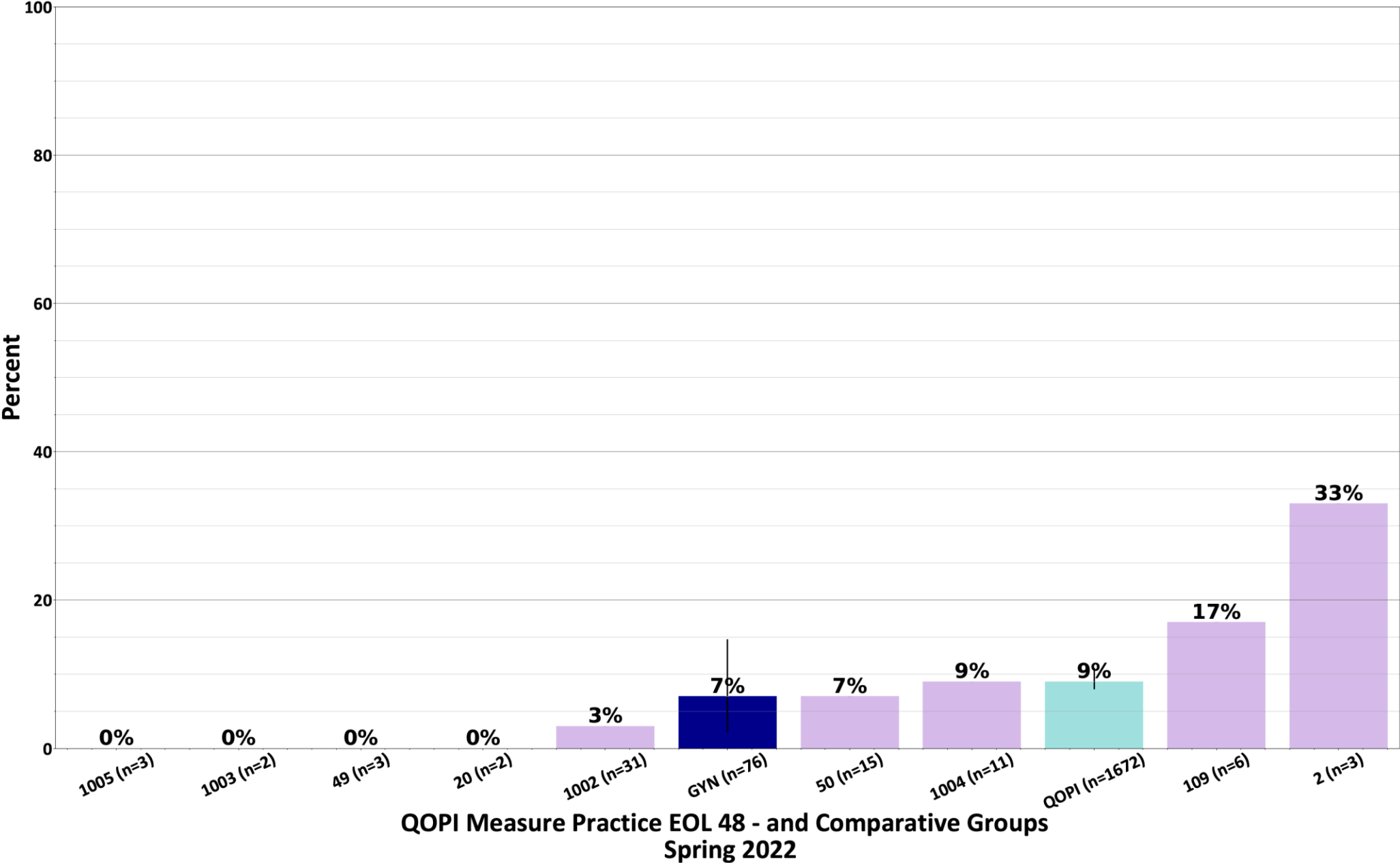
Complete Family History Documented for Patients with Invasive Cancer
N = 124



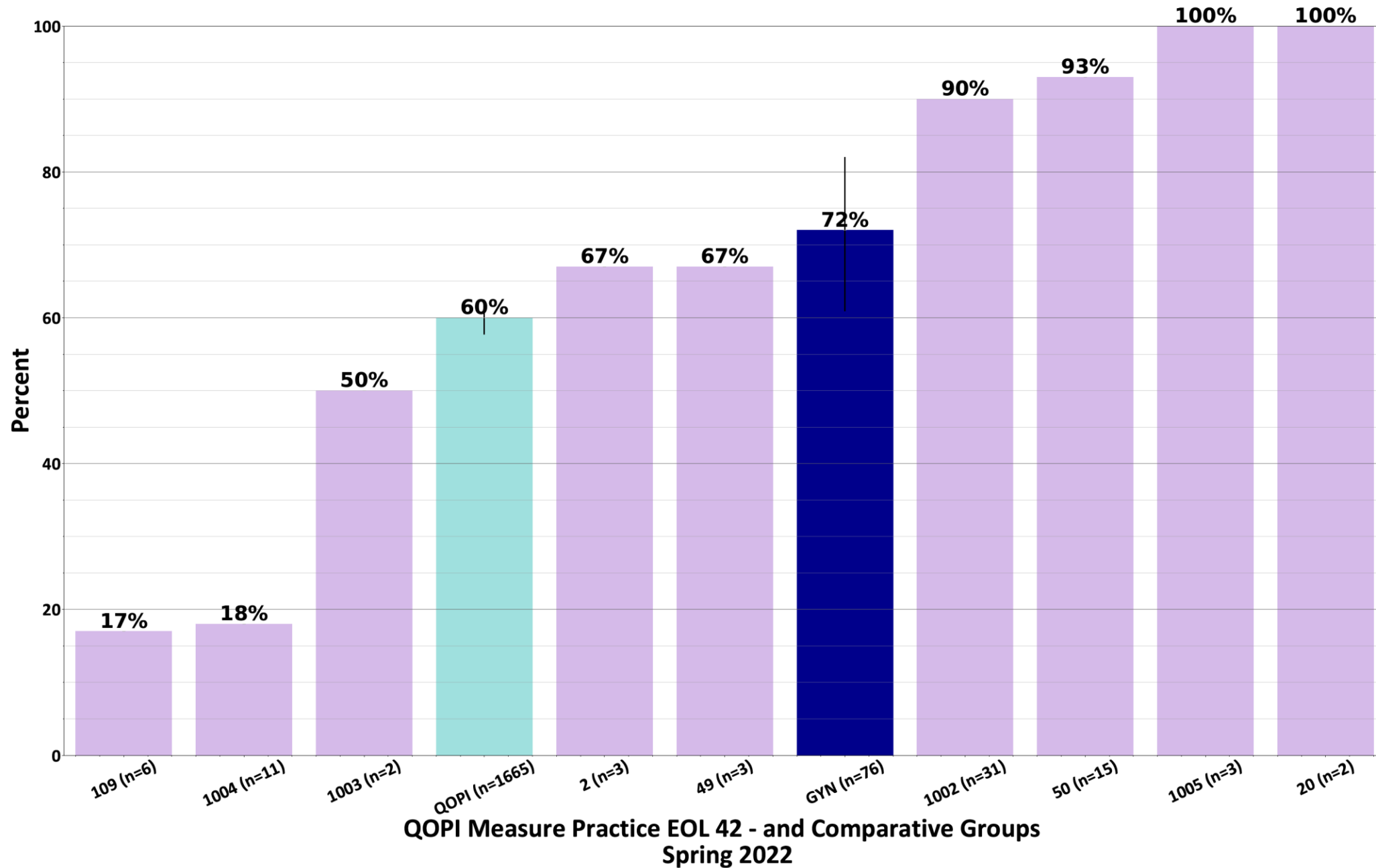
G-CSF Given with 1st Cycle Non-Curative Chemotherapy (Lower Score - Better)
N = 6



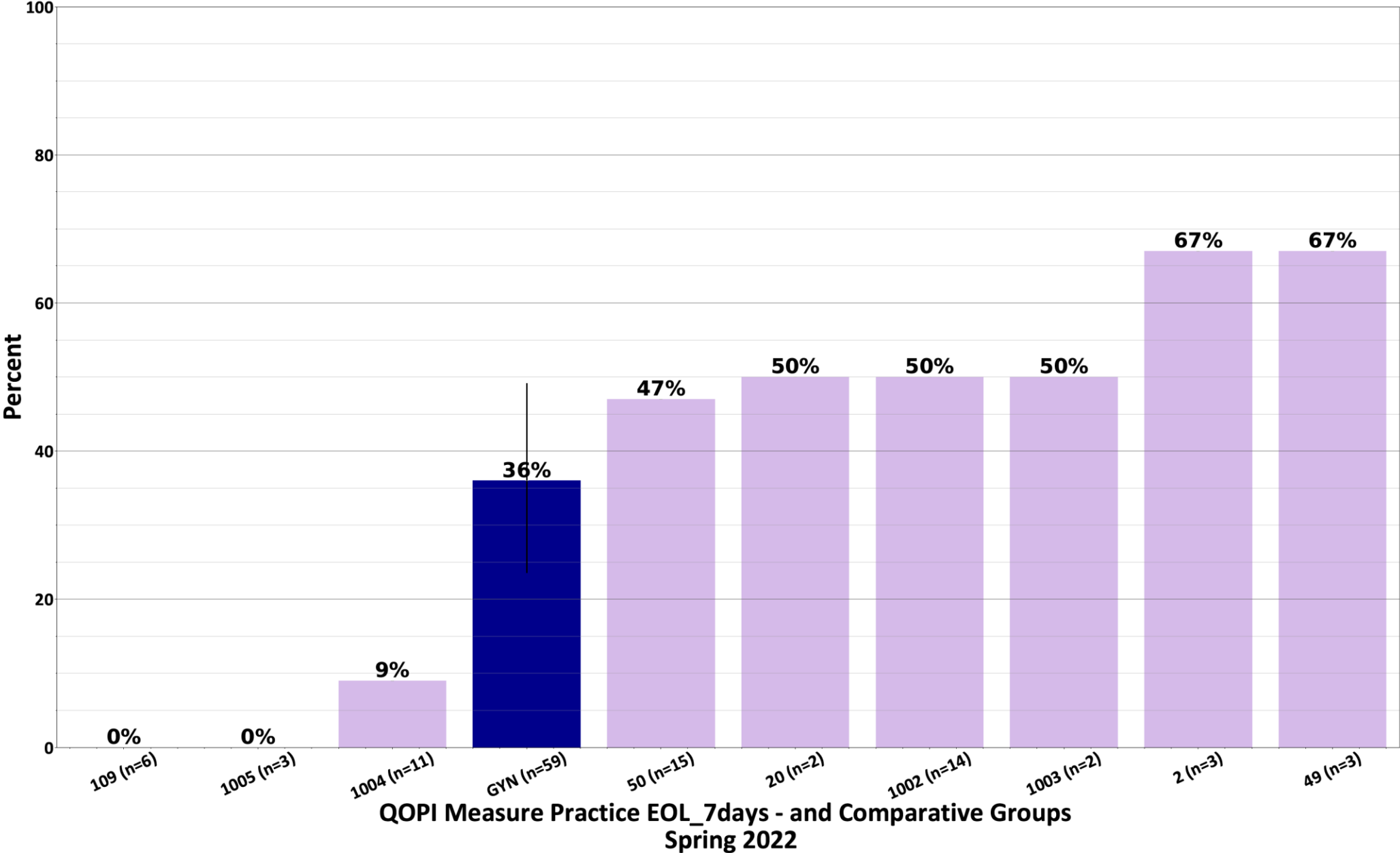
Chemotherapy Given within the Last 2 Weeks of Life (Lower Score - Better)
N = 76



Hospice enrollment N = 76

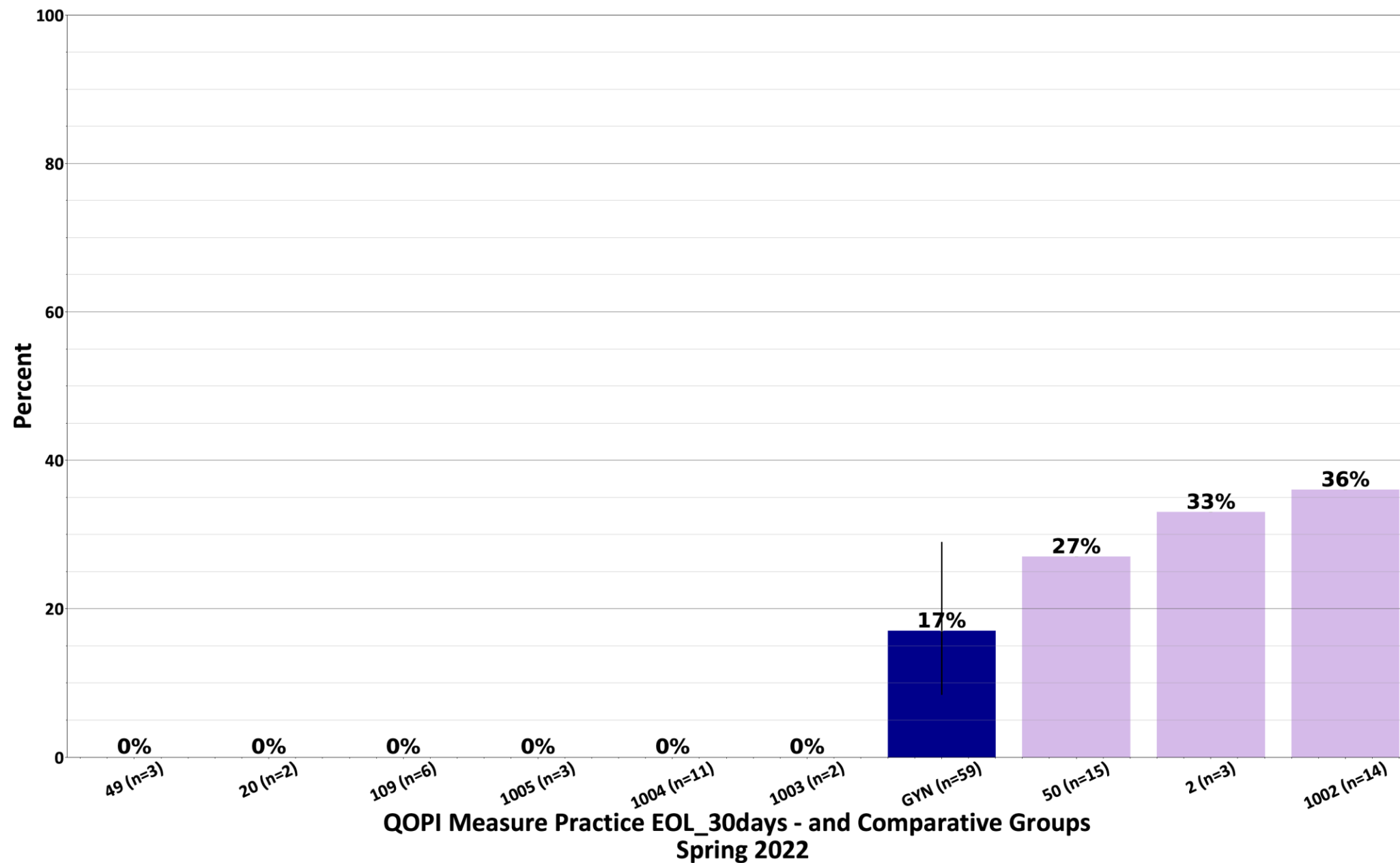


Enrolled in Hospice over 7 Days
N = 59



Enrolled in Hospice over 30 Days

N = 59



Dr. Gressel – Spectrum Health



MSQC Gynecologic Oncology Measures

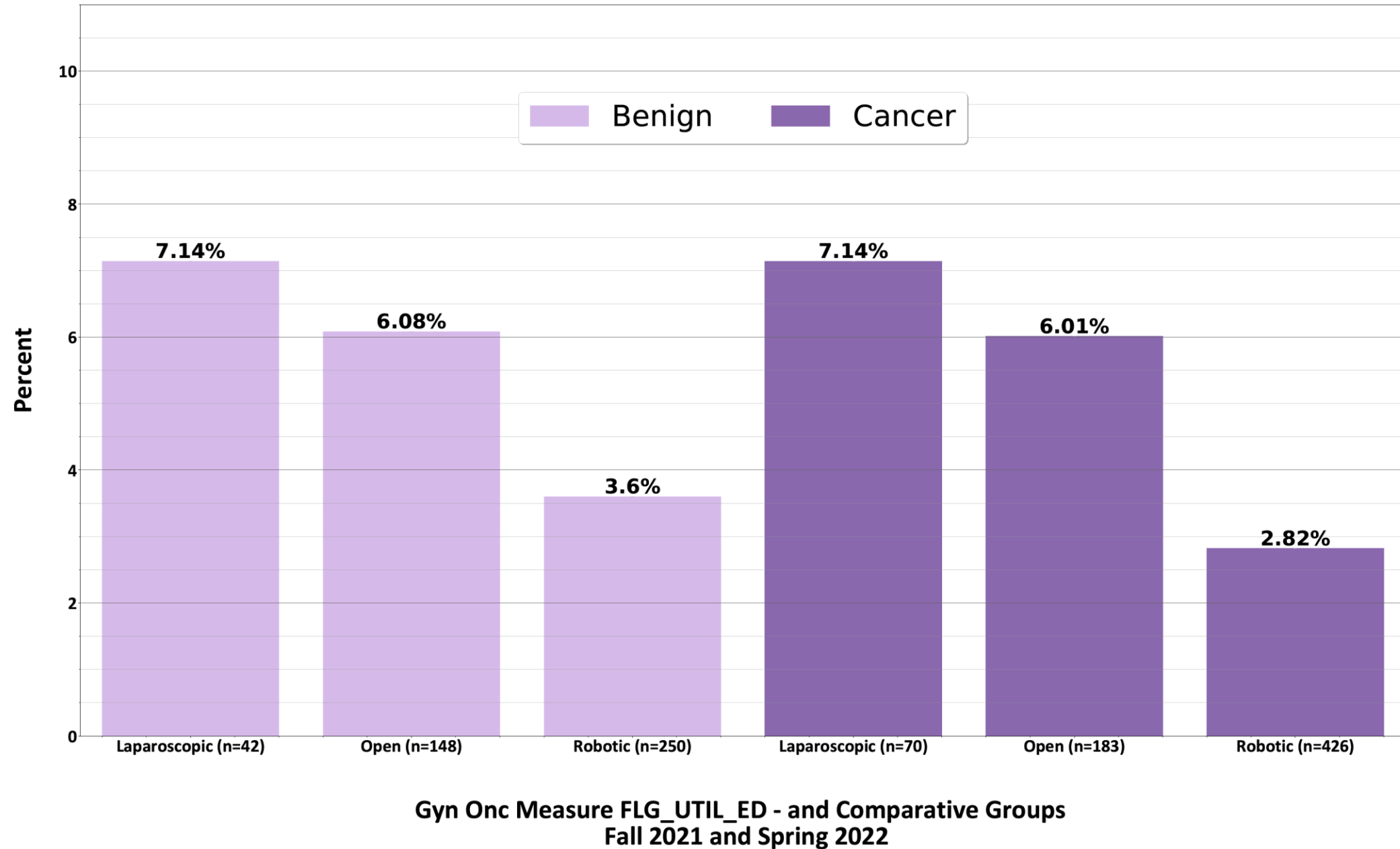


MSQC Gynecologic Oncology Measures

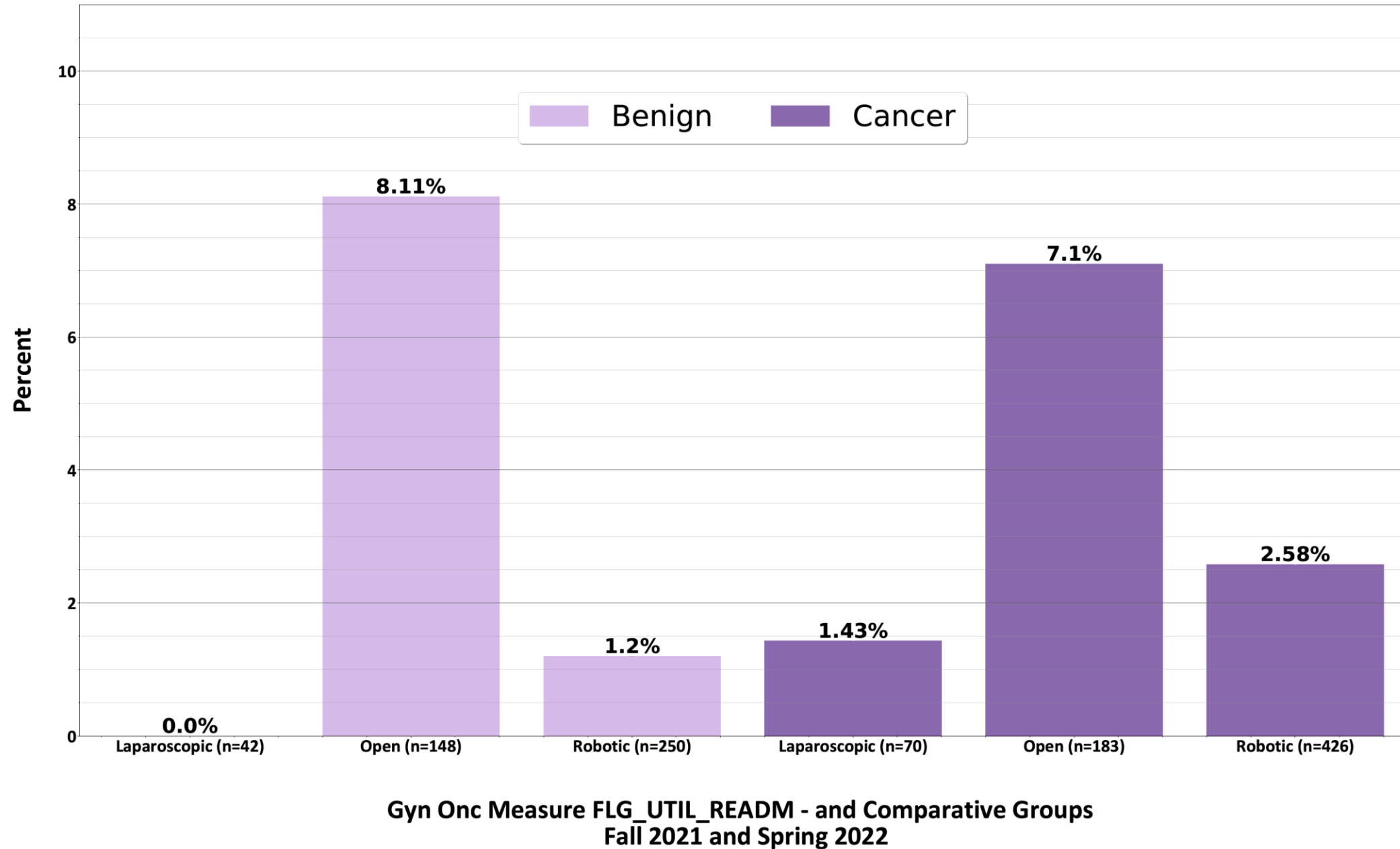
Measure	MOQC Pathway
1	Emergency Room Utilization
2	Readmission Rates
3	Reoperation Rates
4	Serious Complications
5	Surgical Site Infections
6	Urinary Tract Infections
7	Venous Thromboembolism



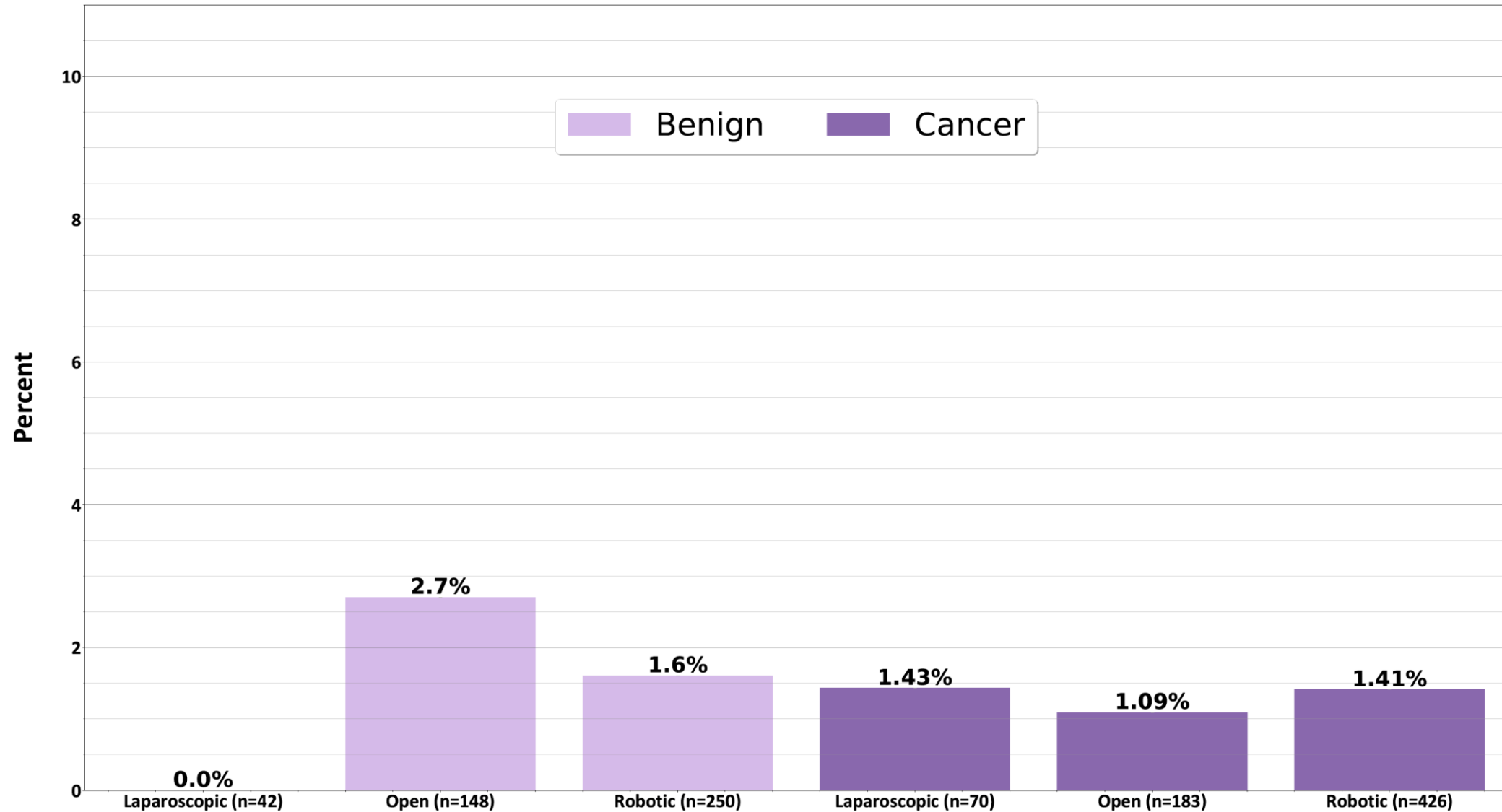
Emergency Room Utilization



Readmission Rates

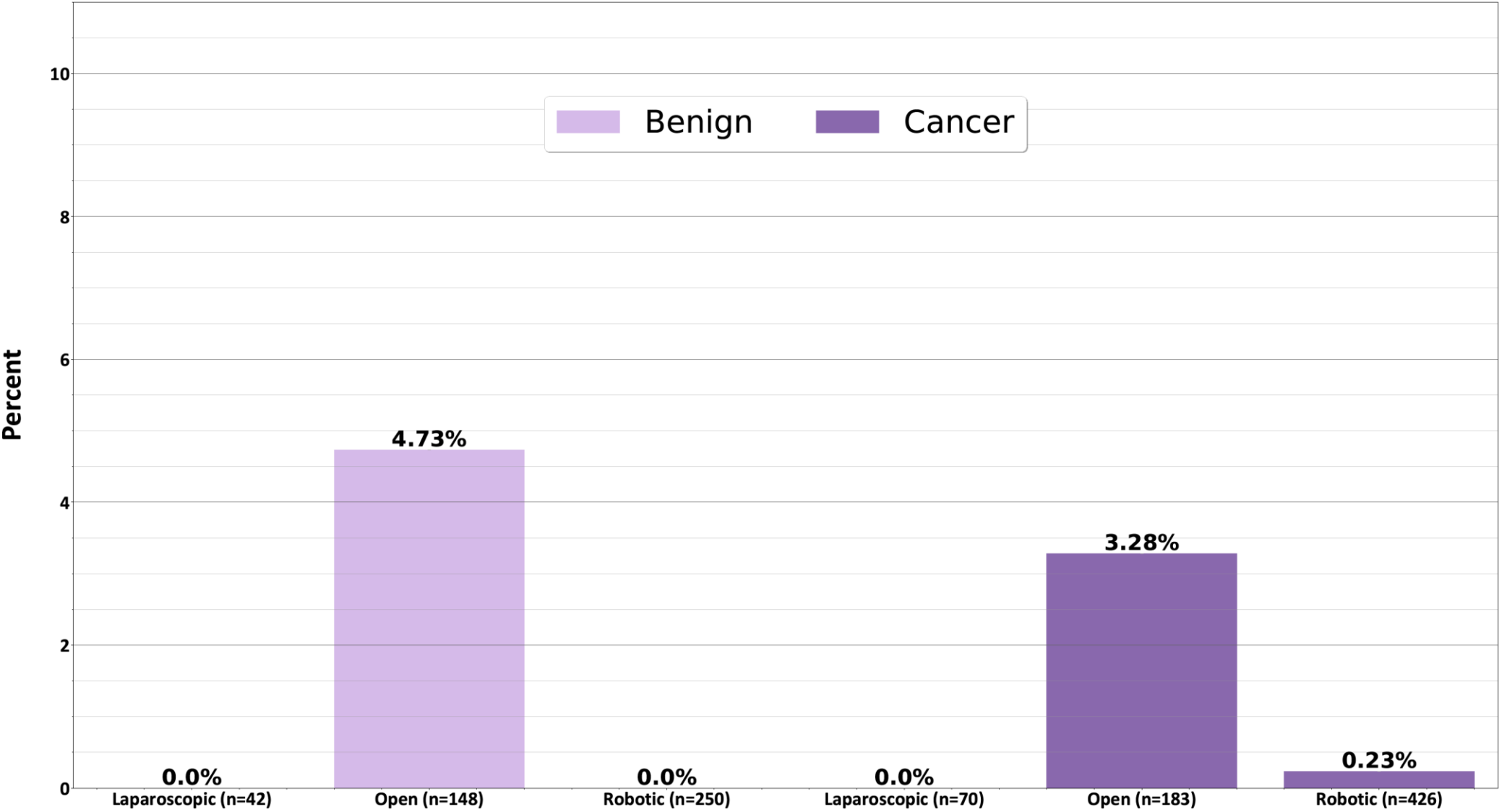


Reoperation Rates



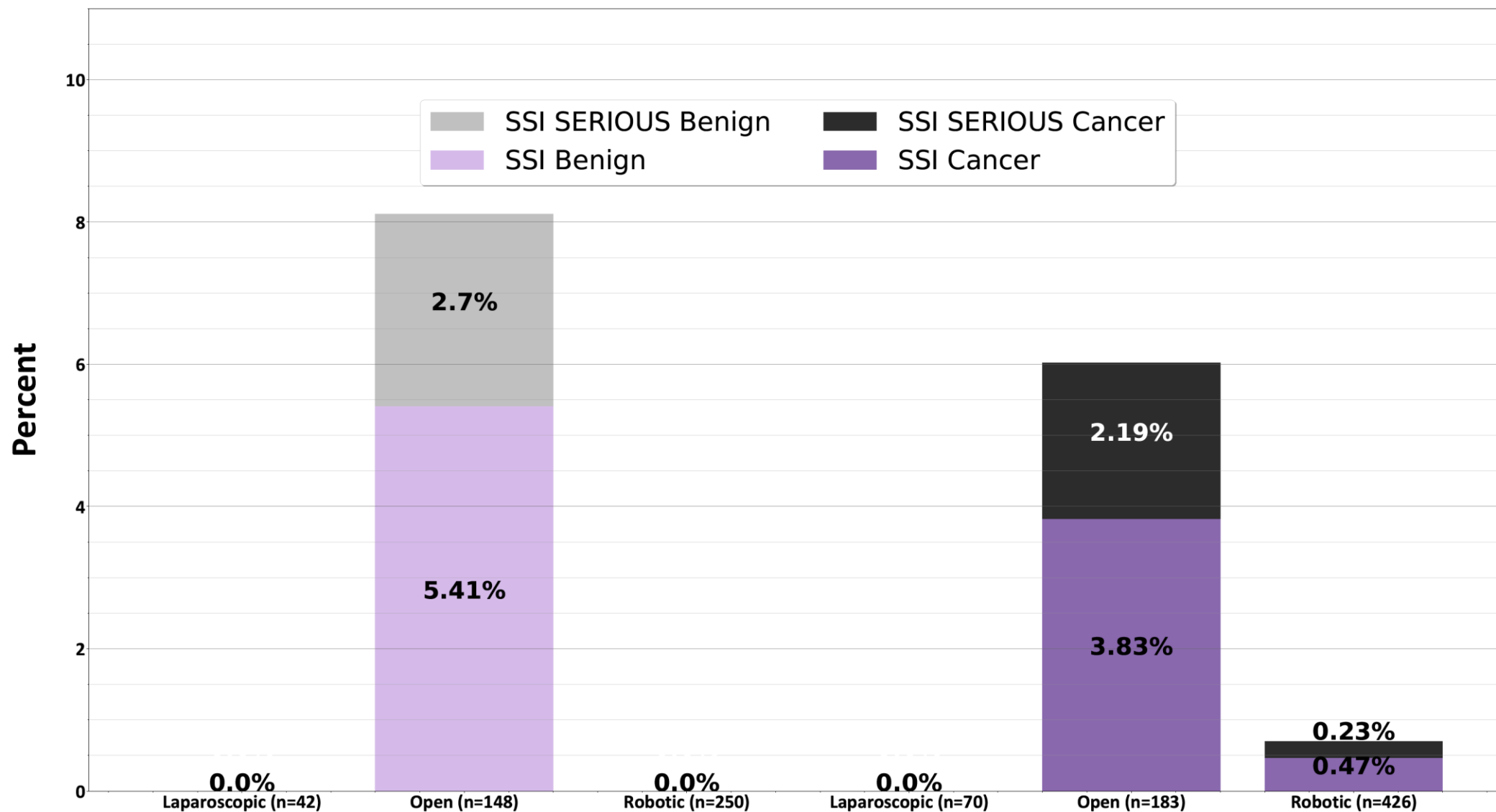
Gyn Onc Measure FLG_UTIL_REOP - and Comparative Groups
Fall 2021 and Spring 2022

Serious Complications



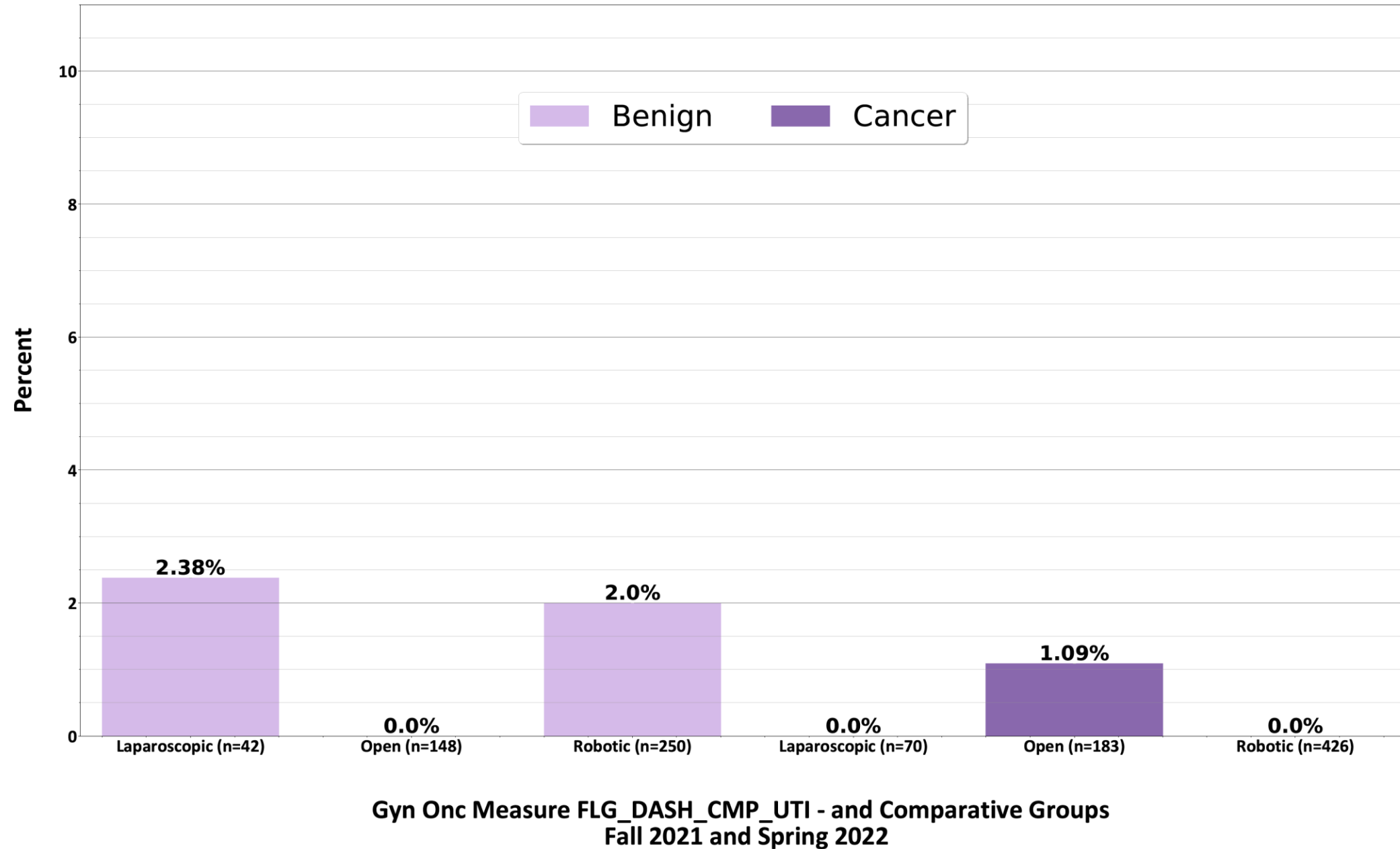
Gyn Onc Measure FLG_DASH_CMP_SERIOUS - and Comparative Groups
Fall 2021 and Spring 2022

Surgical Site Infections

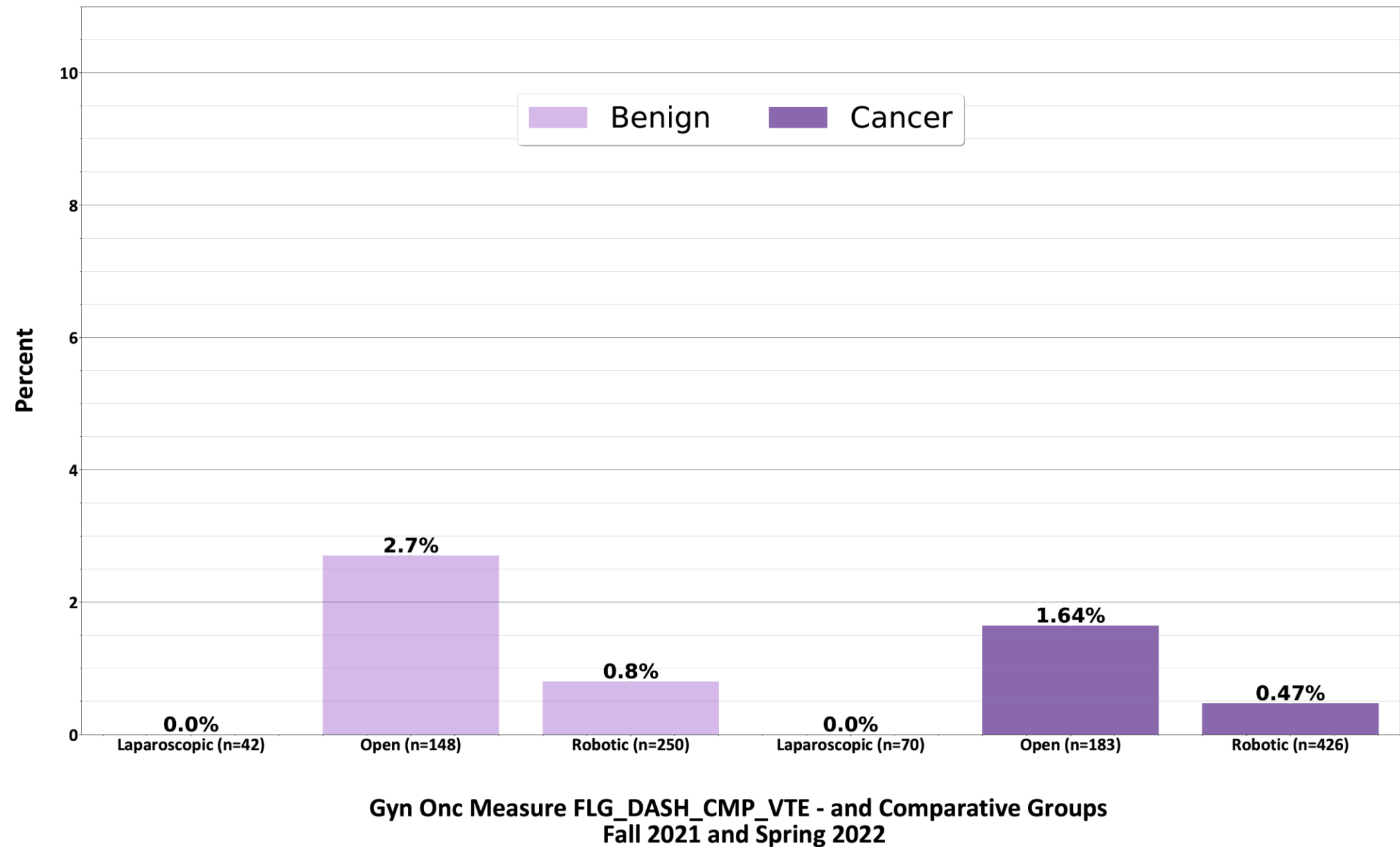


Gyn Onc Measure SSI and SSI SERIOUS - and Surgical Approaches
Fall 2021 and Spring 2022

Urinary Tract Infection



Venous Thromboembolism



Fee Schedule Increase Opportunities



2022 Fee Schedule Increase Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc) – Meet 2 of 3	
Tobacco cessation counseling administered or patient referred in the past year	75%
Proportion of patients with smoking status recorded	90%
Proportion of patients with smoking treatment recorded	30%
2% Opportunity Removed	

VBR Measure Opportunity	
Collaborative-Wide - Meet 2	
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Race/Ethnicity Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
Race and ethnicity data documented in the oncology record	90%
Additional 2% Opportunity	

Total eligibility: up to 7%

VBR Measures

Shitanshu Uppal, MD



2022 Value-Based Reimbursement Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
Proportion of patients with smoking status recorded	90%
2% Opportunity	

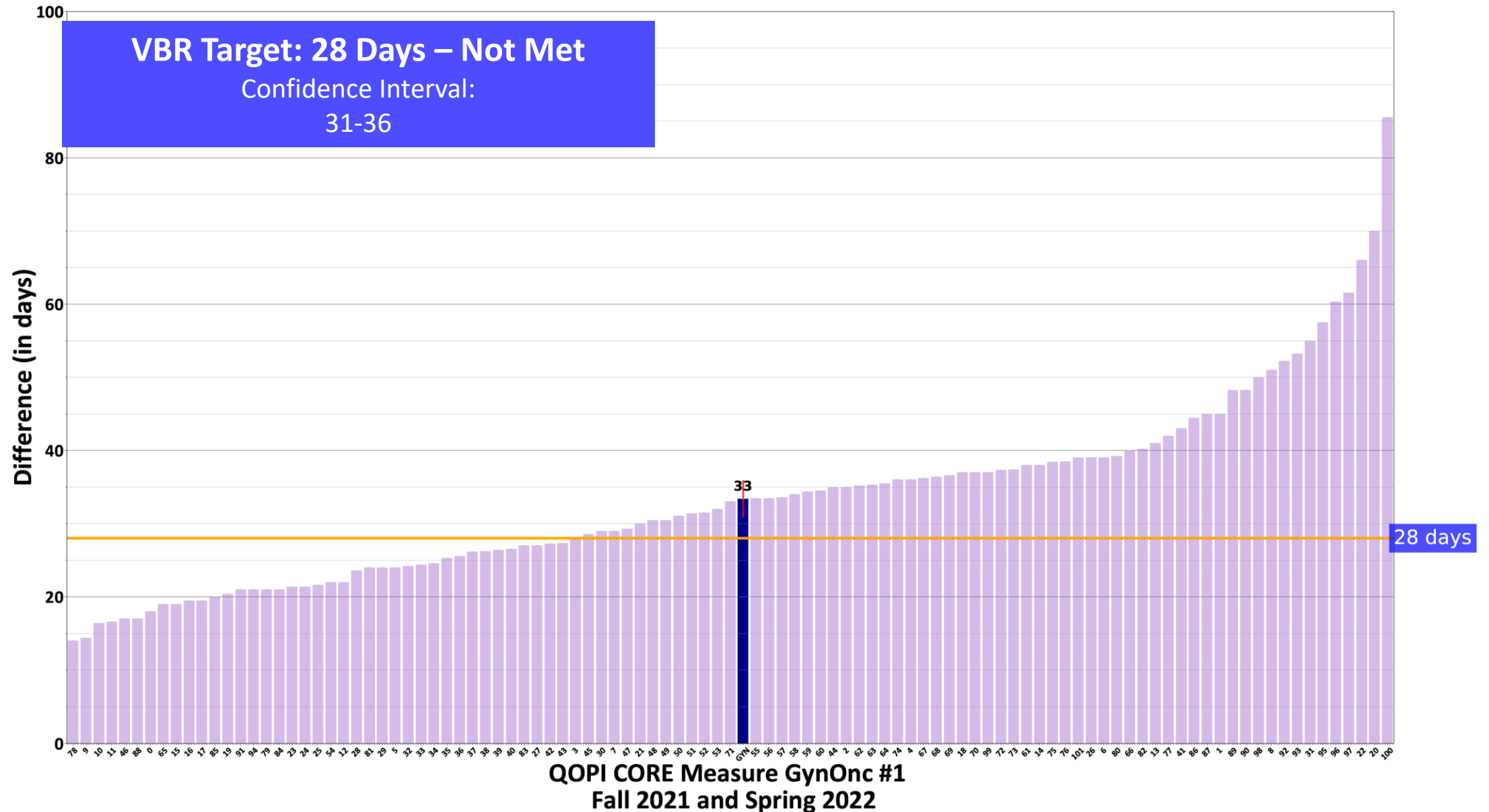
VBR Measure Opportunity	
Collaborative-Wide - Meet 2	
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Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Race/Ethnicity Data Opportunity	
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Meet VBR measures	2
Race and ethnicity data documented in the oncology record	90%
Additional 2% Opportunity	

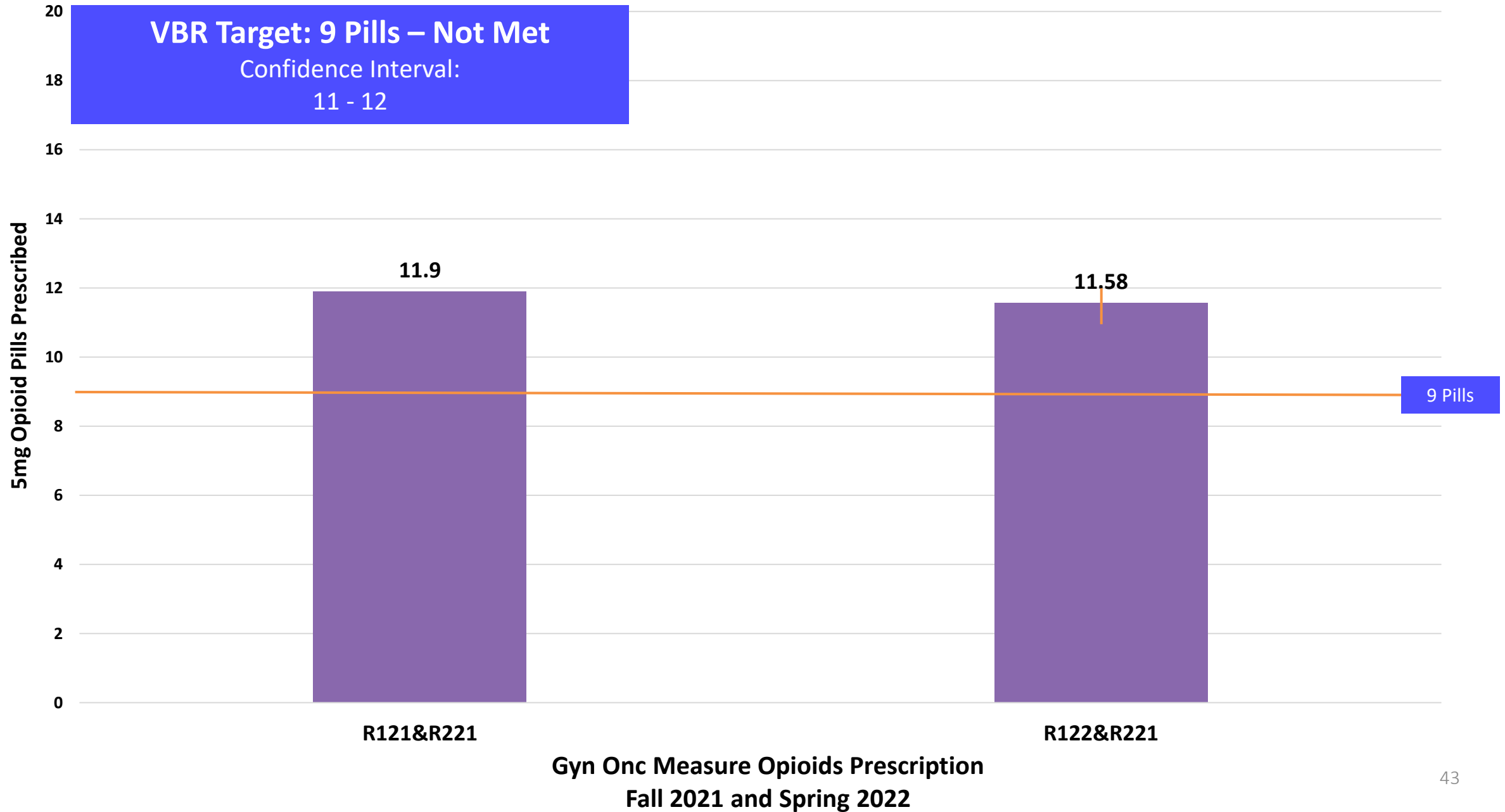
Total eligibility: up to 7%

Days between Cyto-reduction and 1st Day of Chemotherapy

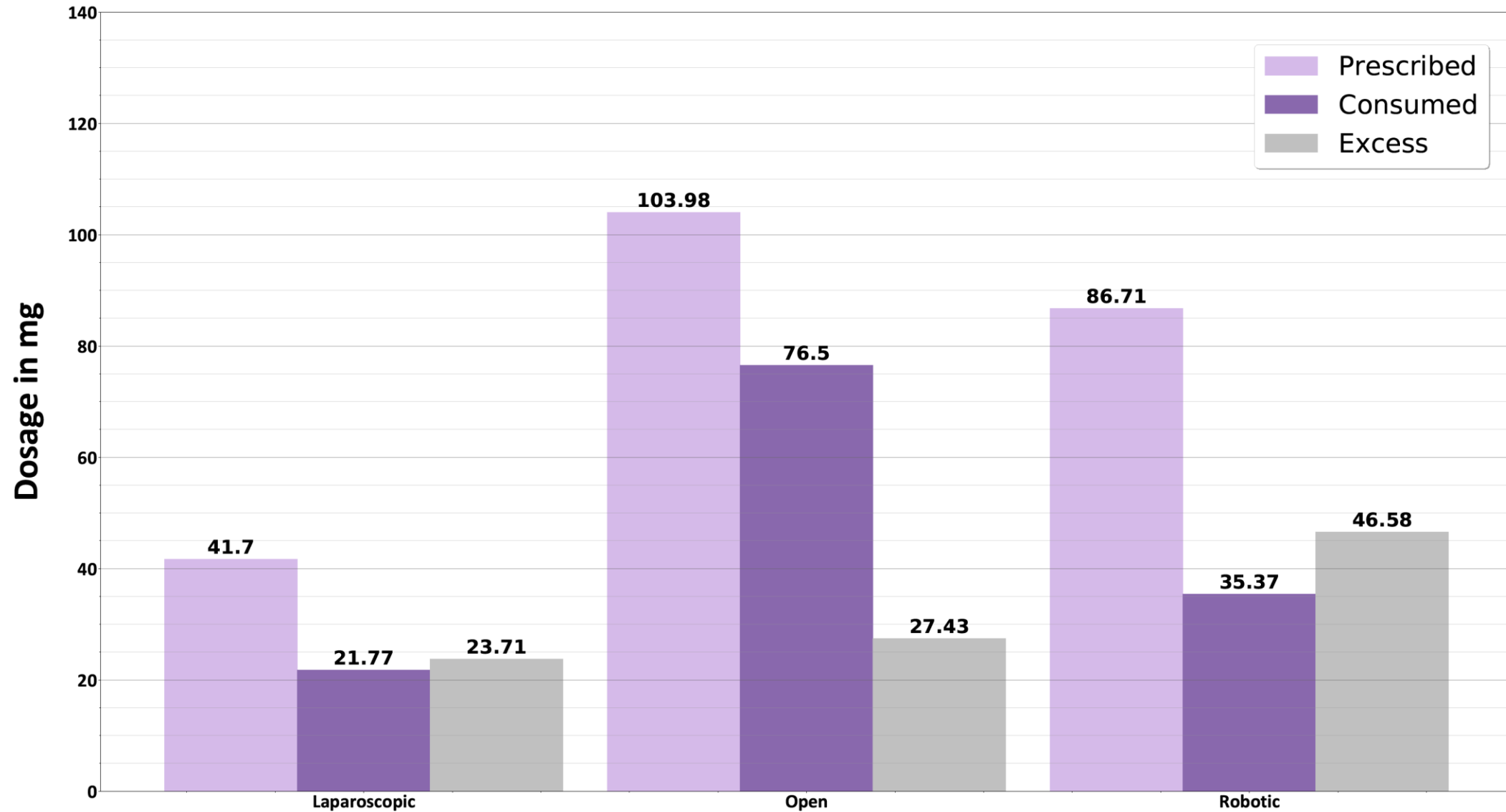
N = 102



Total Opioid Prescription in 5mg Oxycodone Pills

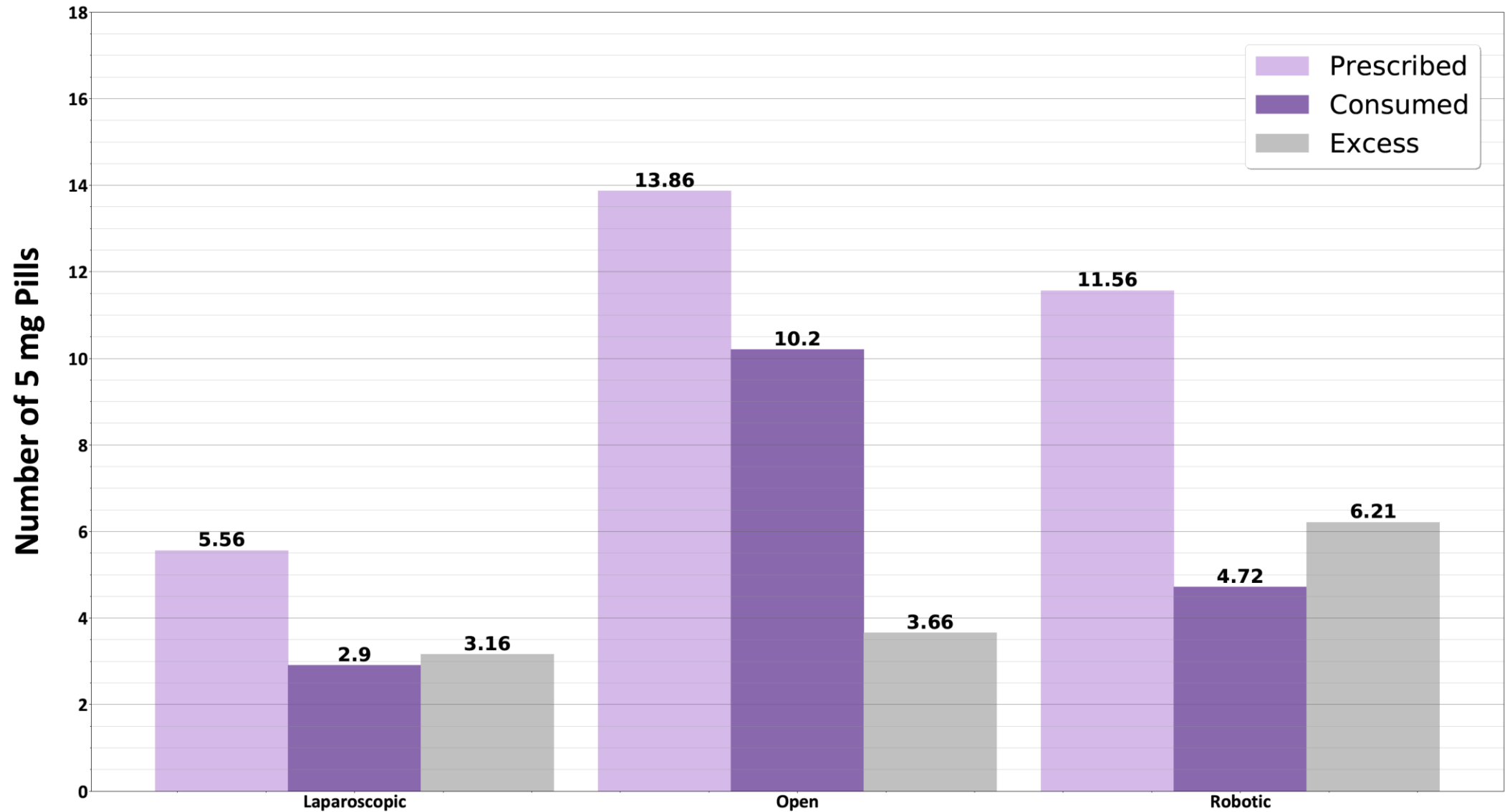


Morphine Equivalents



Gyn Onc Measure Opioids Prescription - and Surgical Approaches
Fall 2021 and Spring 2022

Oxycodone



Gyn Onc Measure Oxycodone 5 mg Prescription - and Surgical Approaches
Fall 2021 and Spring 2022

<https://moqc.github.io/opioid-calculator/>

- Challenges
- Barriers
- Input

The information provided on this website is "as-is" and makes no representations or warranties in relation to the medical information on this website.

I agree that the website host and developer will not be held responsible for any errors or consequences in management of patient care resulting from such errors. I will confirm that the information is correct before using it in any documentation.

Age:	<input type="button" value="≤20"/>	<input type="button" value="20-39"/>	<input type="button" value="40-59"/>	<input type="button" value="60-79"/>	<input type="button" value="≥80"/>
History of Depression	<input type="button" value="No"/> <input type="button" value="Yes"/>				
History of Anxiety	<input type="button" value="No"/> <input type="button" value="Yes"/>				
History of Chronic Opioid Abuse	<input type="button" value="No"/> <input type="button" value="Yes"/>				
History of Alcohol Abuse	<input type="button" value="No"/> <input type="button" value="Yes"/>				
History of Chronic Pain	<input type="button" value="No"/> <input type="button" value="Yes"/>				
Admitted Patient	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>				
Surgical Approach (Admitted)	<input type="button" value="Laparotomy"/> <input type="button" value="Minimally Invasive"/>				
Patients using more than 6 oxycodone pills (45 morphine equivalents) in the last 24 hours prior to discharge	<input type="button" value="No"/> <input type="button" value="Yes"/>				
RECOMMENDED PILL COUNT					
<input type="button" value="Show Pill Count"/>					

To find out more details on how this calculator was developed, please reference the following publication in Gynecological Oncology:
<https://pubmed.ncbi.nlm.nih.gov/34226021/>

Tobacco Cessation Opportunity



2022 Value-Based Reimbursement Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
Proportion of patients with smoking status recorded	90%
2% Opportunity	

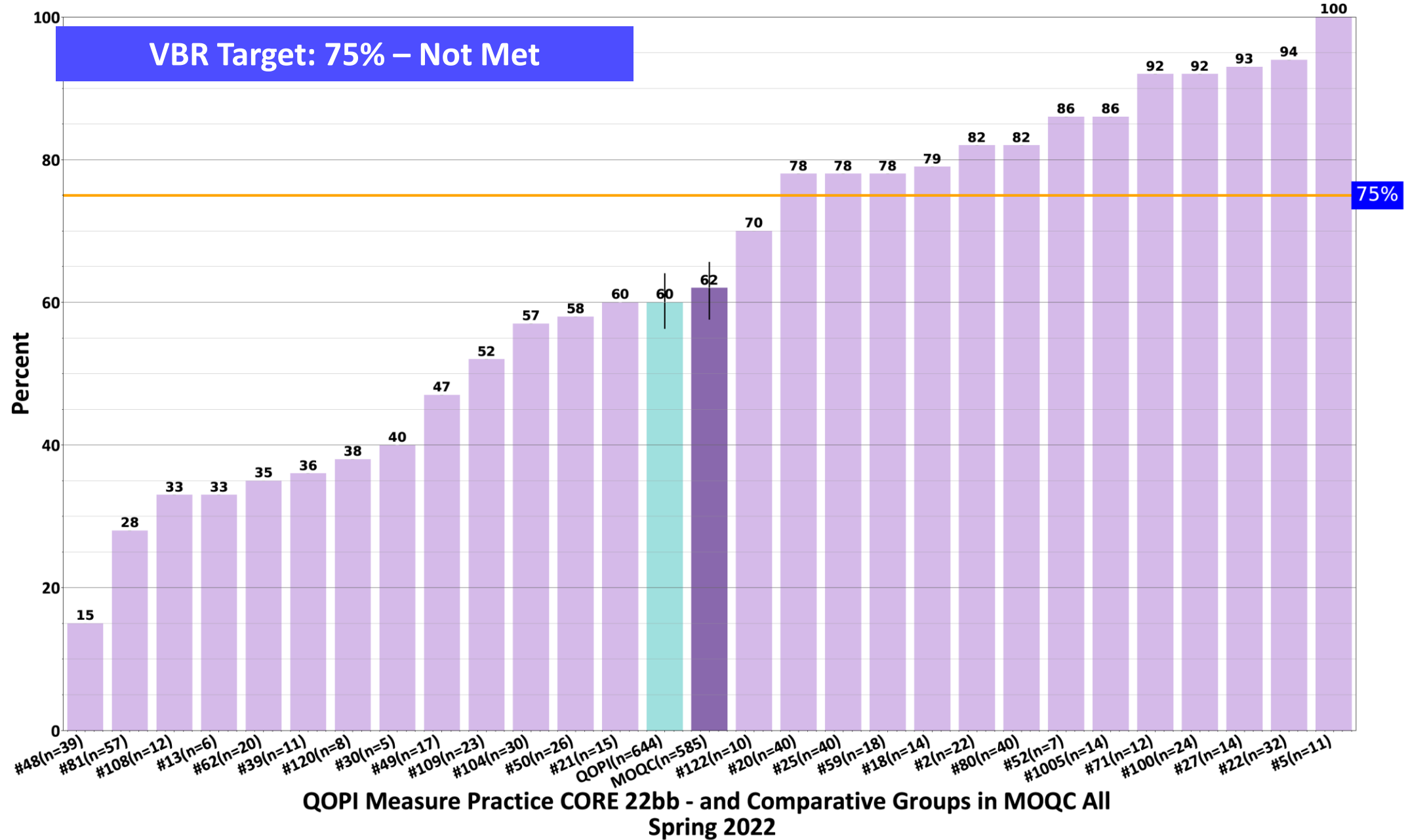
VBR Measure Opportunity	
Collaborative-Wide - Meet 2	
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Race/Ethnicity Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
Race and ethnicity data documented in the oncology record	90%
Additional 2% Opportunity	

Total eligibility: up to 7%

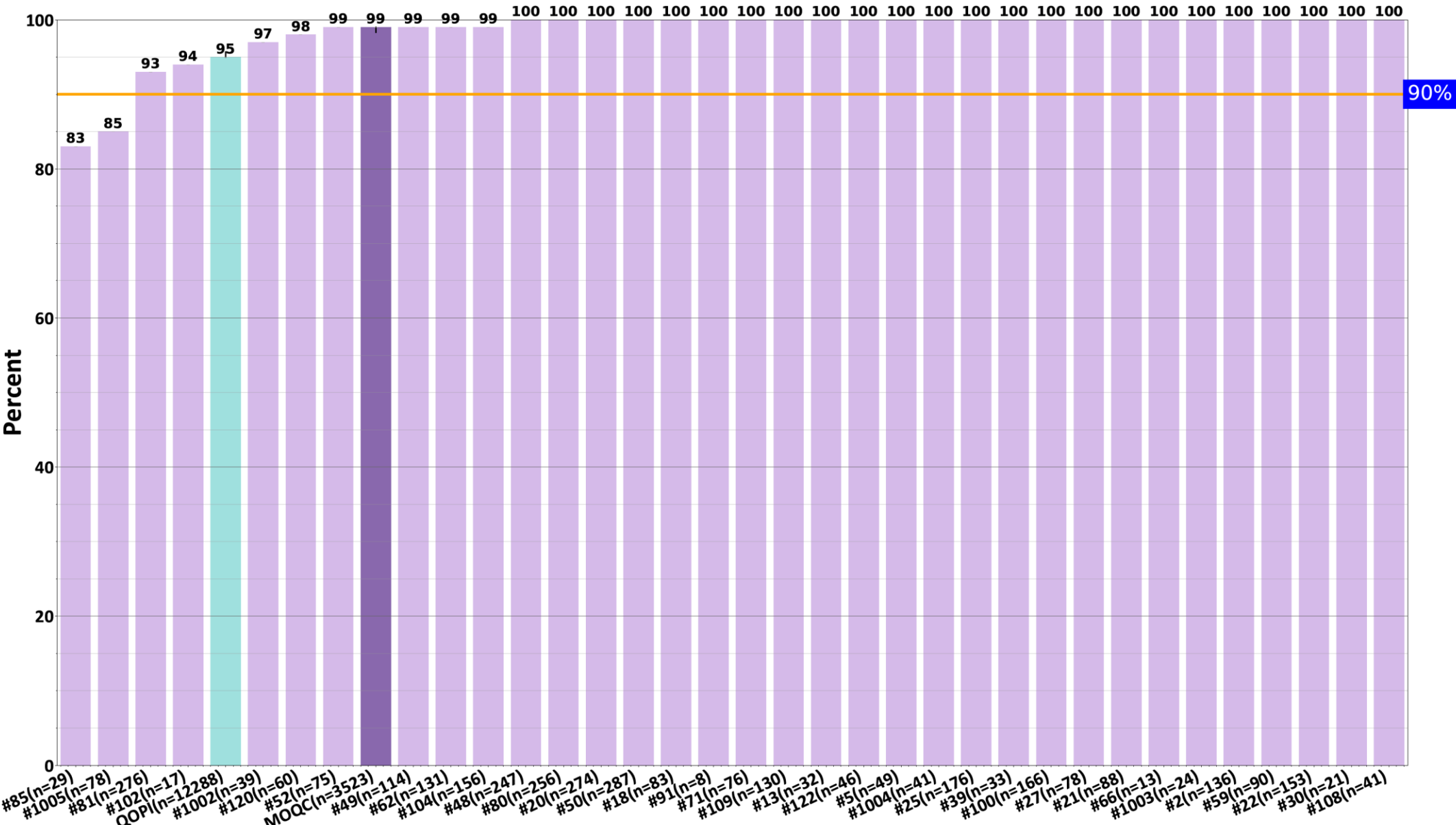
Tobacco Cessation Counseling Given or Patient Referred in Past Year

N = 585



Smoking Status Recorded in Medical Record
N = 3523

VBR Target: 90% – Met



QOPI Measure Practice CORE 21aa - and Comparative Groups in MOQC All
Spring 2022

Race & Ethnicity Data Opportunity



2022 Value-Based Reimbursement Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
Proportion of patients with smoking status recorded	90%
2% Opportunity	

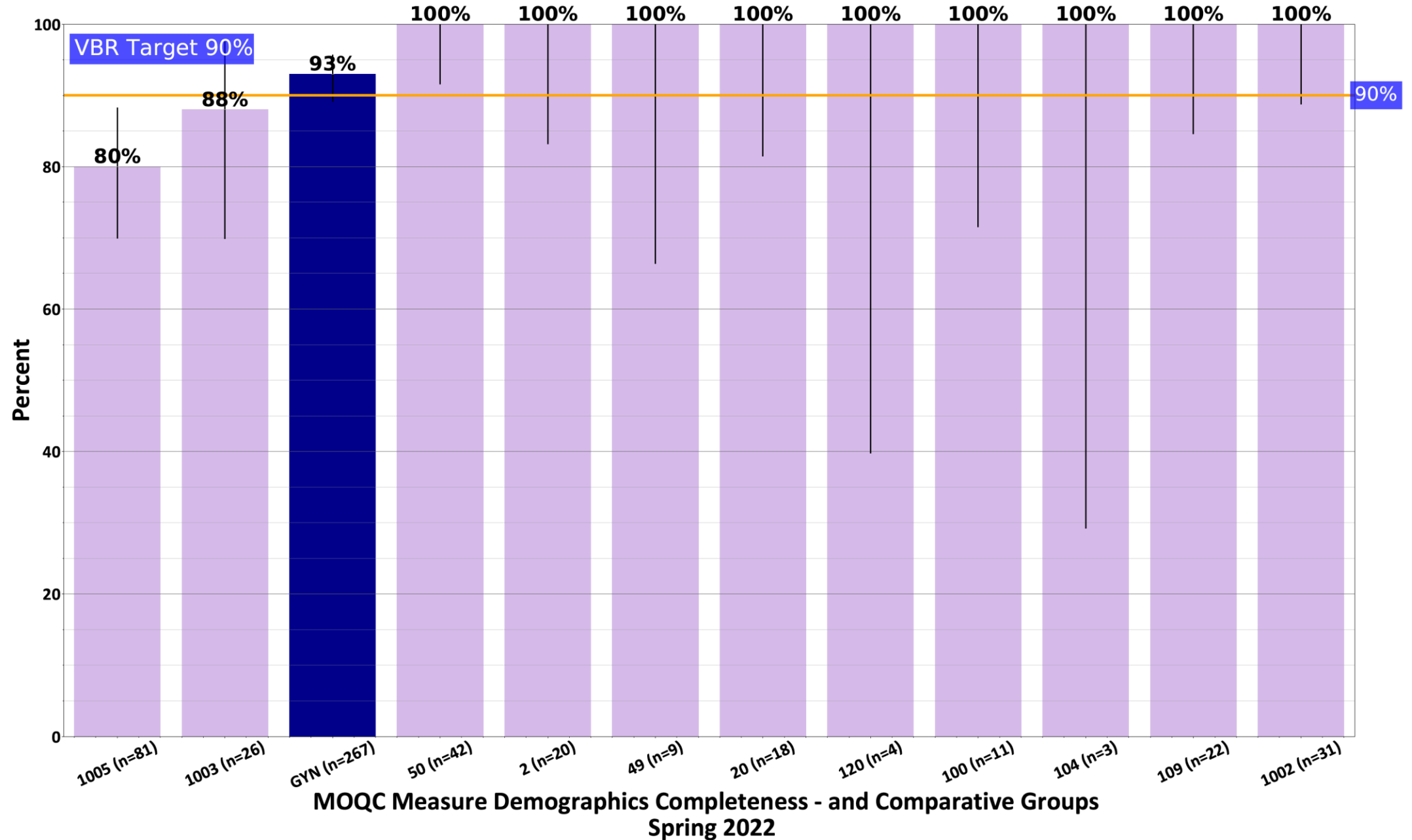
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Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Race/Ethnicity Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
Race and ethnicity data documented in the oncology record	90%
Additional 2% Opportunity	

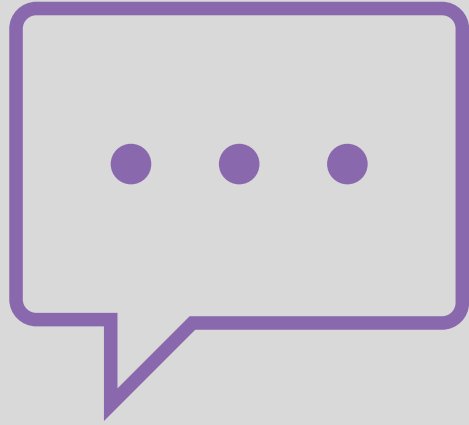
Total eligibility: up to 7%

Completeness of Race and Ethnicity Data

N = 267



Discussion



2023 Fee Schedule Increase Summary

Proposed

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	70%
2% Opportunity	

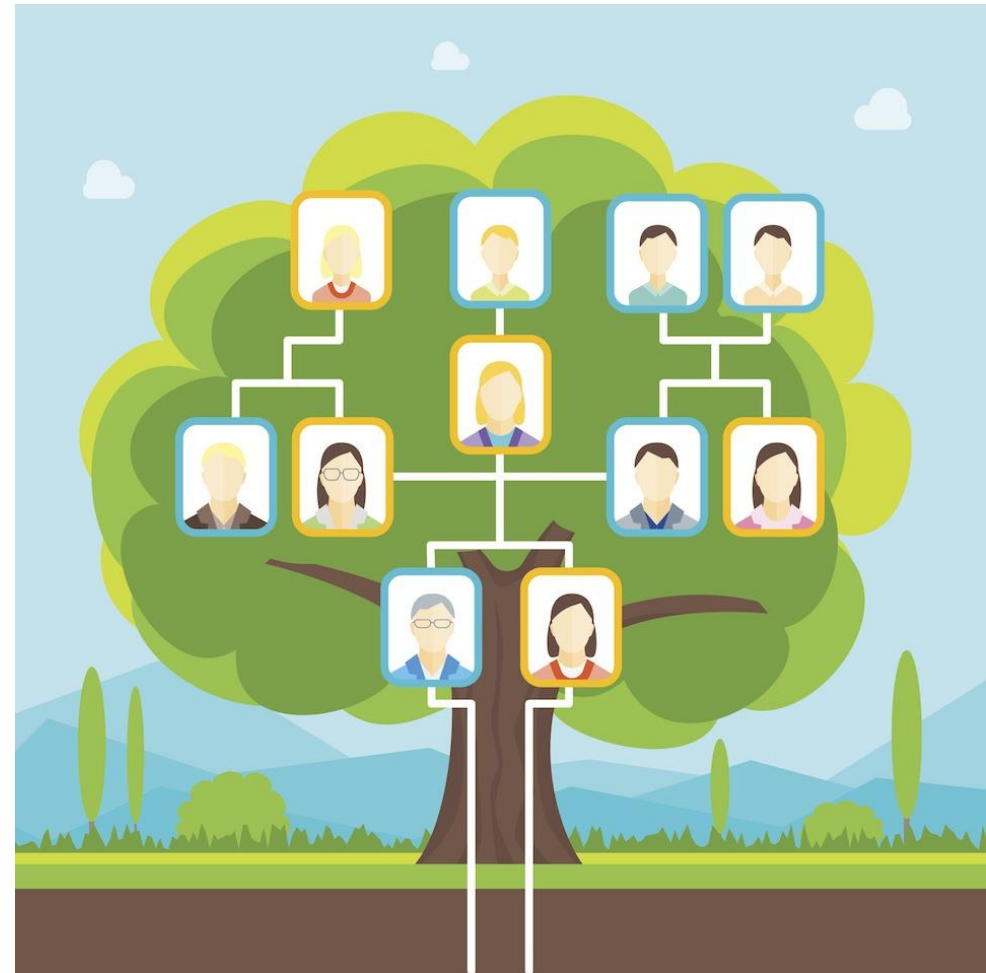
VBR Measure Opportunity	
Collaborative-Wide - Meet 2	
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Family History Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
Complete family history documented for patients with invasive cancer	35%
Additional 2% Opportunity	

Total eligibility: up to 7%

FAMILY HISTORY


Complete family history
documented in the patient's
oncology medical record



WHY DO WE COLLECT THIS MEASURE?



About 10% of patients have an inherited susceptibility to cancer

Family history is  to identifying patients for genetic counseling and testing

Identifying a hereditary cancer syndrome can impact:



Treatment



Surveillance



Screening



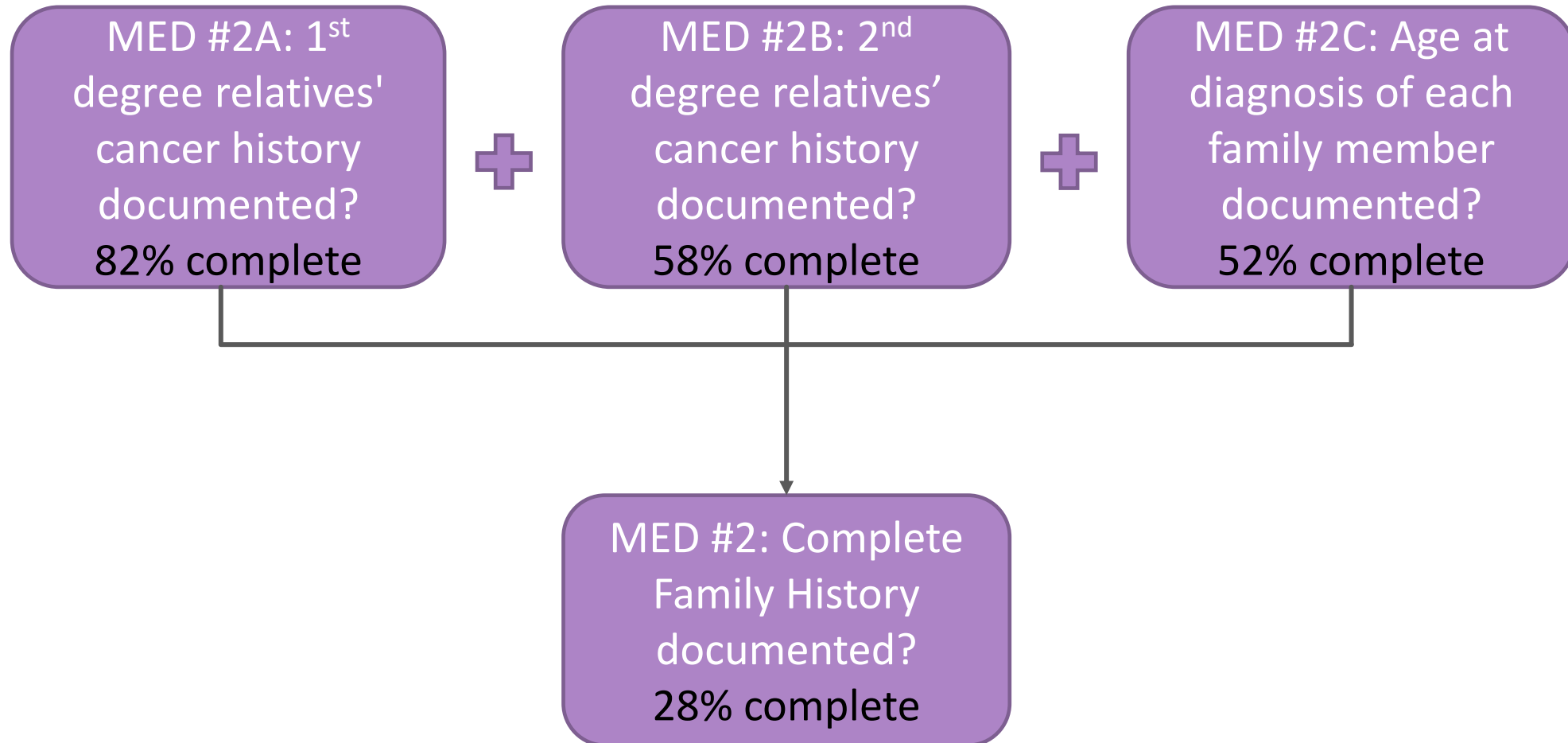
Family testing

FAMILY HISTORY

>70% of patients do not have a complete family history.



HOW THIS MEASURE IS CONSTRUCTED



*2021 data shown

HOW IS MED #2 CONSTRUCTED?

1st degree relatives

- 1: Yes
- 0: No
- 9: Unobtainable



2nd degree relatives

- 1: Yes
- 0: No
- 9: Unobtainable



Age at diagnosis

- 1: Yes
- 0: No
- 8: Requested but unknown
- 9: No blood relatives noted with cancer

In order to satisfy Complete Family History

1st degree: 1 OR 9

AND

2nd degree: 1 OR 9

AND

Age: 1 OR 8 OR 9

***No denominator
exclusions**

WHERE ARE THE DATA FOUND?

- Patient intake form, scanned into the “documents” or “media” tab
- Oncologist’s note
- Family history tab/section in EMR
- Genetic counselor’s note
- Can use the search function, e.g., “family” or “genetic”

WHAT CHALLENGES DOES THIS MEASURE PRESENT?

- Consistency in interpreting documentation
 - How many family members' cancer diagnoses need an age to be considered "Yes"? - All
 - How do we know if all 1st/2nd degree relatives were covered?
- Variability in patient intake forms
- Reason/source for genetic counseling referral

FAMILY HISTORY EXAMPLE OF INCOMPLETE DOCUMENTATION

Family History

Relation	Problem	Comments
Mother (Deceased)	Bone cancer	CCD
	Cancer	
	Diabetes	CCD
	Hypertension	CCD
Father (Alive)	Clotting disorder	Bleeding problems. CCD
	Heart disease	CCD
	Hyperlipidemia	CCD
	Hypertension	CCD
	Lung disease	Respiratory disorder. CCD
	Stroke	CCD
Sister (Alive)	Asthma	
	Hypertension	
Brother (Alive)	COPD	
Brother (Alive)	No Known Problems	
Maternal Grandmother (Deceased)	Diabetes	
Maternal Grandfather (Deceased)	No Known Problems	
Paternal Grandmother (Deceased)	Diabetes	
Paternal Grandfather (Deceased)	Heart attack	
	Stroke	
Other - Unspecified (Other)	Lung disease	Respiratory disorder. CCD

Resources Overview and Closing

Vanessa Aron, BA



Resources

Resources

GYNECOLOGIC ONCOLOGY

- Gyn Onc Educational Series
- Ovarian Cancer Resources
- Past Meeting Library
- Standardized Op Note
- VTE Khorana Calculator
- VTE Prophylaxis Calculator

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

About Abstraction **Patients/Caregivers** Initiatives News & Events Res

Patient and Caregiver Quality Council
About POQC

Centering Equity
BVOGUE – Black Voices on Gynecologic Cancer: Understanding Experiences

Patient and Caregiver Resources
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issues and developing like action

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- Equity of Care Resources
- Tobacco Cessation Resources

www.ovariancancerpodcast.com



MOQC Tobacco Cessation Resources

Tobacco Cessation

MOQC Michigan Tobacco Quitline video:

If you are a MOQC member and would like a copy of this video, which you can upload to devices at your practice, please contact moqc@moqc.org




The video thumbnail features a woman wearing a headset, smiling, with a play button icon overlaid. The text on the left side of the thumbnail lists the resources available through the Michigan Tobacco Quitline.

MOQC Tobacco Cessation Initiative: Michigan Tobacco Quitline

MICHIGAN TOBACCO QUITLINE RESOURCES

- Call center available 24/7
- Nicotine Replacement Therapy (gum or patches)
- Coaching sessions
- Email, text, or chat support

Watch on  YouTube

Resources

National Guidelines

- [ASCO: Tobacco Cessation Guide](#)
- [NCCN: Smoking Cessation Guidelines](#)

National Reports

- [Surgeon General: The Health Consequences of Smoking – 50 years of Progress](#)
- [Surgeon General: E-Cigarette Use Among Youths and Young Adults](#)

Michigan Programs

- [Michigan Tobacco Quitline](#)
 - [Michigan Tobacco Quitline FAQs](#)
 - [Quitline Insurance Eligibility](#)
- [Blue Cross Blue Shield of Michigan](#)

2022 MOQC Medical Oncology January Biannual

Friday, January 20, 2023

9:00am - 4:00pm

Virtual

2023 MOQC Gynecologic Oncology Spring Biannual

Saturday, April 29, 2023

10:00am - 3:00pm

The Inn at St. John's
44045 Five Mile Rd.
Plymouth, MI 48170

Continuing Education Credits

Group	Number of Credits
Physician/Nurse	3

Continuing Education Credit – Physician/Nurse

Steps to create a MiCME Account:

1. Go to <https://ww2.highmarksce.com/micme/>
2. Click the “Create a MiCME Account” tile at the bottom of the screen
3. Under New User? click “Create a MiCME Account”
4. Enter the Profile Information questions, confirm consent, and click “Create a MiCME Account”
5. Enter your password and complete your profile. Your MiCME account is created, and you can now claim continuing education credits



Steps to Claim Credits and Print a Transcript

1. Once your MiCME account has been created, navigate to your Dashboard
2. Click on *Claim Credits and View Certificates*
3. Locate ‘**MOQC Gynecology Oncology Fall 2022 Meeting**’ in the *Activities Available for Credit Claiming* section
4. Under Action, click on *Claim. Add Credit.*
5. Enter the number of credits you are claiming and the “*I Attest*” button.
6. Complete the evaluation.
7. Click the *Submit* button.
8. Scroll down to the *Awarded Credits* section to view or print your certificate and/or comprehensive University of Michigan CME transcript.

If you have any difficulties, email

moqc@moqc.org

We will be happy to assist you!



MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

Thank You