<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 pm</td>
<td>Welcome and Lunch</td>
<td>Vanessa Aron, BA, RYT</td>
</tr>
<tr>
<td>12:45 pm</td>
<td>Patient &amp; Caregiver Oncology Quality Council (POQC) Update</td>
<td>Sharon Kim, MPA</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>MIOCA Updates</td>
<td>Megan Neubauer, AM</td>
</tr>
<tr>
<td>1:15 pm</td>
<td><strong>Data &amp; Updates</strong></td>
<td>Shitanshu Uppal, MD</td>
</tr>
<tr>
<td></td>
<td>MOQC Performance &amp; Trends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSQC Performance &amp; Trends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VBR Measures &amp; Requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opioid Calculator</td>
<td></td>
</tr>
<tr>
<td>2:15 pm</td>
<td><strong>Closing Remarks</strong></td>
<td></td>
</tr>
</tbody>
</table>
Reminder – Information is Confidential
Patient Story Idea?
Please email: moqc@moqc.org
Testimonials

https://umich.qualtrics.com/jfe/form/SV_0Hzm2GOTxtcDoh0
Lunch & Table Talk
POQC Update
Sharon Kim, MPA
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

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.

MOQC

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
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

<table>
<thead>
<tr>
<th>Level</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice Level</strong></td>
<td>At least one physician and one practice manager from the practice must attend both MOQC Gynecologic Oncology Biannual Meetings during that year</td>
</tr>
<tr>
<td><strong>Physician Level</strong></td>
<td>Provider must be enrolled in PGIP for at least one year</td>
</tr>
</tbody>
</table>
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.
<table>
<thead>
<tr>
<th>Measure</th>
<th>MOQC Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE 10</td>
<td>Chemotherapy intent (curative vs non-curative) documented before or within 2 weeks after administration</td>
</tr>
<tr>
<td>SMT 28</td>
<td>NK1 receptor antagonist and olanzapine prescribed or administered with high emetic risk chemotherapy</td>
</tr>
<tr>
<td>SMT 28a</td>
<td>NK1 receptor antagonist for low or moderate emetic risk cycle 1 chemotherapy (lower score – better)</td>
</tr>
<tr>
<td>MED #2</td>
<td>Complete family history document for patients with invasive cancer</td>
</tr>
<tr>
<td>MED #3</td>
<td>GCSF administered to patients who received chemotherapy for non-curative intent</td>
</tr>
<tr>
<td>EOL 48</td>
<td>Chemotherapy administered within the last 2 weeks of life</td>
</tr>
<tr>
<td>EOL 42</td>
<td>Hospice enrollment</td>
</tr>
<tr>
<td>Hospice_7 days</td>
<td>Enrolled in Hospice for over 7 days</td>
</tr>
<tr>
<td>Hospice_30 days</td>
<td>Enrolled in Hospice for over 30 days</td>
</tr>
</tbody>
</table>
Chemotherapy Intent (Curative vs. Non-Curative) Documented before or within Two Weeks after Administration

N = 170
Carboplatin:
AUC $\geq 4$ is HIGH
AUC < 4 is MODERATE
Carboplatin + Doxo is HIGH
NK-1 RA or Olanzapine Given for Low/Moderate Emetic Risk Cycle 1 Chemotherapy (Lower Score - Better)  
N = 20

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1005 (n=7)</td>
<td>0%</td>
</tr>
<tr>
<td>1004 (n=1)</td>
<td>0%</td>
</tr>
<tr>
<td>QOPI (n=1589)</td>
<td>12%</td>
</tr>
<tr>
<td>GYN (n=20)</td>
<td>50%</td>
</tr>
<tr>
<td>1002 (n=4)</td>
<td>75%</td>
</tr>
<tr>
<td>100 (n=7)</td>
<td>86%</td>
</tr>
<tr>
<td>109 (n=1)</td>
<td>100%</td>
</tr>
</tbody>
</table>

QOPI Measure Practice SMT 28a - and Comparative Groups  
Spring 2022
Complete family history:
1\textsuperscript{st} & 2\textsuperscript{nd} degree relatives AND age at diagnosis

2023 Target: 35%
G-CSF Given with 1st Cycle Non-Curative Chemotherapy (Lower Score - Better)
N = 6

QOPI Measure Practice MED #3 - and Comparative Groups
Spring 2022
Chemotherapy Given within the Last 2 Weeks of Life (Lower Score - Better)
N = 76

QOPI Measure Practice EOL 48 - and Comparative Groups
Spring 2022

Percent

0% 0% 0% 0% 0% 3% 7% 7% 9% 9% 17% 33%
Hospice enrollment
N = 76

QOPI Measure Practice EOL 42 - and Comparative Groups
Spring 2022

109 (n=6) 1004 (n=11) 1003 (n=2) QOPI (n=1665) 2 (n=3) 49 (n=3) GYN (n=76) 1002 (n=31) 50 (n=15) 1005 (n=3) 20 (n=2)

Percentages:
- 17% (109)
- 18% (1004)
- 50% (1003)
- 60% (QOPI)
- 67% (2)
- 67% (49)
- 72% (GYN)
- 90% (1002)
- 93% (50)
- 100% (1005)
- 100% (20)
Enrolled in Hospice over 7 Days
N = 59

QOPI Measure Practice EOL_7days - and Comparative Groups
Spring 2022

Percent
Enrolled in Hospice over 30 Days
N = 59

QOPI Measure Practice EOL_30days - and Comparative Groups Spring 2022
Dr. Gressel – Spectrum Health
MSQC Gynecologic Oncology Measures
# MSQC Gynecologic Oncology Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>MOQC Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emergency Room Utilization</td>
</tr>
<tr>
<td>2</td>
<td>Readmission Rates</td>
</tr>
<tr>
<td>3</td>
<td>Reoperation Rates</td>
</tr>
<tr>
<td>4</td>
<td>Serious Complications</td>
</tr>
<tr>
<td>5</td>
<td>Surgical Site Infections</td>
</tr>
<tr>
<td>6</td>
<td>Urinary Tract Infections</td>
</tr>
<tr>
<td>7</td>
<td>Venous Thromboembolism</td>
</tr>
</tbody>
</table>
Emergency Room Utilization

Gyn Onc Measure FLG_UTIL_ED - and Comparative Groups
Fall 2021 and Spring 2022
Readmission Rates

Gyn Onc Measure FLG_UTIL_READM - 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

Percent

- Laparoscopic (n=42): 0.0%
- Open (n=148): 4.73%
- Robotic (n=250): 0.0%
- Laparoscopic (n=70): 0.0%
- Open (n=183): 3.28%
- Robotic (n=426): 0.23%

Benign vs. Cancer
Surgical Site Infections

Gyn Onc Measure SSI and SSI SERIOUS - and Surgical Approaches
Fall 2021 and Spring 2022
Fee Schedule Increase Opportunities
### 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

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

<table>
<thead>
<tr>
<th>Collaborative-Wide (with Med Onc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>75%</td>
</tr>
<tr>
<td>Proportion of patients with smoking status recorded</td>
<td>90%</td>
</tr>
<tr>
<td><strong>2% Opportunity</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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%
Days between Cytoreduction and 1st Day of Chemotherapy
N = 102

VBR Target: 28 Days – Not Met
Confidence Interval: 31-36
Total Opioid Prescription in 5mg Oxycodone Pills

VBR Target: 9 Pills – Not Met
Confidence Interval: 11 - 12

Gyn Onc Measure Opioids Prescription
Fall 2021 and Spring 2022
Morphine Equivalents

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

<table>
<thead>
<tr>
<th>Age:</th>
<th>≤20</th>
<th>20-39</th>
<th>40-59</th>
<th>60-79</th>
<th>≥80</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Depression</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Anxiety</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Chronic Opioid Abuse</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Alcohol Abuse</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Chronic Pain</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted Patient</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Approach (Admitted)</td>
<td>Laparotomy</td>
<td>Minimally Invasive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patients using more than 6 oxycodone pills (45 morphine equivalents) in the last 24 hours prior to discharge

RECOMMENDED PILL COUNT

To find out more details on how this calculator was developed, please reference the following publication in Gynecological Oncology:


• Challenges
• Barriers
• Input
Tobacco Cessation Opportunity
## 2022 Value-Based Reimbursement Summary

### Tobacco Cessation Opportunity

<table>
<thead>
<tr>
<th>Collaborative-Wide (with Med Onc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>75%</td>
</tr>
<tr>
<td>Proportion of patients with smoking status recorded</td>
<td>90%</td>
</tr>
</tbody>
</table>

**2% Opportunity**

### VBR Measure Opportunity

<table>
<thead>
<tr>
<th>Collaborative-Wide - Meet 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td>28 days</td>
</tr>
<tr>
<td>Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
</tr>
</tbody>
</table>

**3% Opportunity**

### Race/Ethnicity Data Opportunity

<table>
<thead>
<tr>
<th>Practice Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet VBR measures</td>
<td>2</td>
</tr>
<tr>
<td>Race and ethnicity data documented in the oncology record</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Additional 2% Opportunity**

**Total eligibility: up to 7%**
Tobacco Cessation Counseling Given or Patient Referred in Past Year
N = 585

VBR Target: 75% – Not Met
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

<table>
<thead>
<tr>
<th>Collaborative-Wide (with Med Onc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>75%</td>
</tr>
<tr>
<td>Proportion of patients with smoking status recorded</td>
<td>90%</td>
</tr>
</tbody>
</table>

2% Opportunity

VBR Measure Opportunity

<table>
<thead>
<tr>
<th>Collaborative-Wide - Meet 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td>28 days</td>
</tr>
<tr>
<td>Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
</tr>
</tbody>
</table>

3% Opportunity

Race/Ethnicity Data Opportunity

<table>
<thead>
<tr>
<th>Practice Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet VBR measures</td>
<td>2</td>
</tr>
<tr>
<td>Race and ethnicity data documented in the oncology record</td>
<td>90%</td>
</tr>
</tbody>
</table>

Additional 2% Opportunity

Total eligibility: up to 7%
Completeness of Race and Ethnicity Data
N = 267

MOQC Measure Demographics Completeness - and Comparative Groups
Spring 2022

VBR Target 90%

80% 90% 93% 100% 100% 100% 100% 100% 100% 100% 100%
Discussion
2023 Fee Schedule Increase Summary

**Proposed**

<table>
<thead>
<tr>
<th>Tobacco Cessation Opportunity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative-Wide (with Med Onc)</td>
<td></td>
</tr>
<tr>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>70%</td>
</tr>
<tr>
<td>2% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VBR Measure Opportunity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative-Wide - Meet 2</td>
<td></td>
</tr>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td>28 days</td>
</tr>
<tr>
<td>Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
</tr>
<tr>
<td>3% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family History Data Opportunity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Meet Both</td>
<td></td>
</tr>
<tr>
<td>Meet VBR measures</td>
<td>2</td>
</tr>
<tr>
<td>Complete family history documented for patients with invasive cancer</td>
<td>35%</td>
</tr>
<tr>
<td>Additional 2% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

Total eligibility: up to 7%
Complete family history documented in the patient’s oncology medical record
### WHY DO WE COLLECT THIS MEASURE?

- **Family history is** to identifying patients for genetic counseling and testing.

- **About 10% of patients have an inherited susceptibility to cancer.**

- Identifying a hereditary cancer syndrome can impact:
  - Treatment
  - Surveillance
  - Screening
  - Family testing
>70% of patients do not have a complete family history.
HOW THIS MEASURE IS CONSTRUCTED

MED #2A: 1\textsuperscript{st} degree relatives' cancer history documented? 82% complete

MED #2B: 2\textsuperscript{nd} degree relatives' cancer history documented? 58% complete

MED #2C: Age at diagnosis of each family member documented? 52% complete

MED #2: Complete Family History documented? 28% complete

*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

<table>
<thead>
<tr>
<th>Relation</th>
<th>Problem</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother (Deceased)</td>
<td>Bone cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td>CCD</td>
</tr>
<tr>
<td>Father (Alive)</td>
<td>Clotting disorder</td>
<td>Bleeding problems</td>
</tr>
<tr>
<td></td>
<td>Heart disease</td>
<td>CCD</td>
</tr>
<tr>
<td></td>
<td>Hyperlipidemia</td>
<td>CCD</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td>CCD</td>
</tr>
<tr>
<td></td>
<td>Lung disease</td>
<td>Respiratory disorder</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>CCD</td>
</tr>
<tr>
<td>Sister (Alive)</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Brother (Alive)</td>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>Brother (Alive)</td>
<td>No Known Problems</td>
<td></td>
</tr>
<tr>
<td>Maternal Grandmother</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>(Deceased)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Grandfather</td>
<td>No Known Problems</td>
<td></td>
</tr>
<tr>
<td>(Deceased)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Grandmother</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>(Deceased)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Grandfather</td>
<td>Heart attack</td>
<td></td>
</tr>
<tr>
<td>(Deceased)</td>
<td>Stroke</td>
<td></td>
</tr>
<tr>
<td>Other - Unspecified</td>
<td>Lung disease</td>
<td>Respiratory disorder</td>
</tr>
<tr>
<td>(Other)</td>
<td></td>
<td>CCD</td>
</tr>
</tbody>
</table>
Resources Overview and Closing
Vanessa Aron, BA
MOQC Tobacco Cessation Resources

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

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
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

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician/Nurse</td>
<td>3</td>
</tr>
</tbody>
</table>
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!
Thank You