

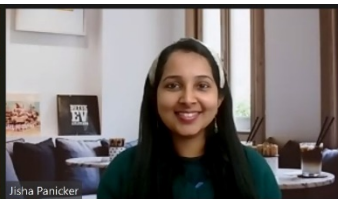
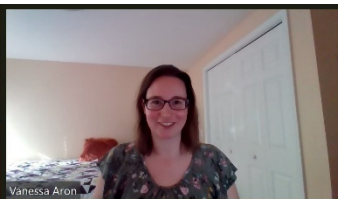


Gynecologic Oncology Biannual Meeting Spring 2021 Meeting



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Welcome



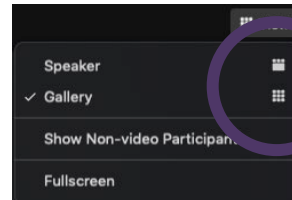
Cancer Care. Patients first. The best care. Everywhere.

Zoom Meeting-Changing Your Display Name

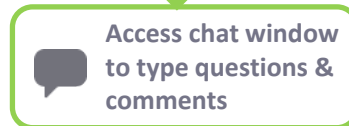
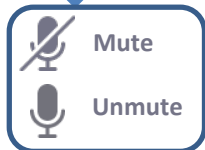
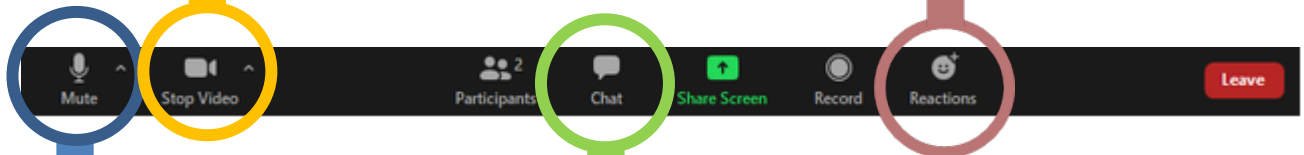
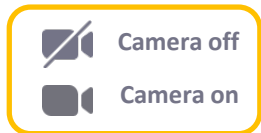


First name, Last name,
Affiliation

Zoom Meeting Reference Sheet



Speaker View
Gallery View



Core Values Icebreaker



Select 1 core value that you admire the **most** about MOQC.
Type your response in chat box.



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Agenda

	Topic	Facilitator(s)
9:00 am	Welcome & Roll Call	Vanessa Aron, BA
9:05 am	Patient & Caregiver Oncology Quality Counsel (POQC) Update	Amanda Itliong, MA
9:20 am	Data and VBR Updates/Measures and Trends MSQC Partnership Database Update	Shitanshu Uppal, MD
10:05 am	Open Discussion	
BREAK		
10:40 am	Improving the Family History in People with Cancer MiGHT Project Resources for you	Shayna Weiner, MPH
11:00 am	Measures Discussion	Shitanshu Uppal, MD
	Close & Wrap Up <ul style="list-style-type: none"> • MOQC Biannual Meeting (Virtual), Friday, June 18th, 2021 • Fall Gyn Onc Biannual Meeting (TBD), Saturday, November • 2021 Meeting schedule - www.moqc.org/events/ • CME/CE/CEU Credits 	Vanessa Aron, BA



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POQC Update

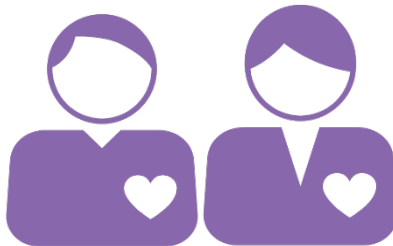
Amanda Itliong, MA

POQC Update

Financial Toxicity



Caregiver Resources



Anti-Racism



Financial Toxicity



- Resources
- Website
- Presenters

Goals

Patient/Caregiver Education
Physician Education
Access to Resources

Caregiver Resources



- Resources
- Website
- Presenters

Anti-Racism



- Building Team

How You Can Help

Financial Toxicity



- What financial resources do you have for patients now?
- Do you have a content expert in finances at your practice?
- Topics we're missing?
- Note: ACA Enrollment Period ends May 15th

Caregiver Resources



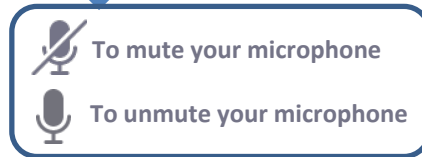
- Do you provide resources for advanced care directives to patients and caregivers now?
- Do you provide resources for/about caregivers to your patients and their loved ones?
- Topics we're missing?

Anti-Racism



- Nominate yourself or a colleague to join the team!
- Amanda Itliong: akcrowell@gmail.com

? Questions ?



***6 to mute/unmute**



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Data and Updates

Shitanshu Uppal, MD

Round 2 2020 Important Dates

Charts abstracted July 7 – December 4, 2020

	Patients in Initial Therapy/Treatment (all cross cutting & disease measures)	Patients who have Died (End of Life)
ICD-10	<u>Only</u> gyn onc & SMT modules Primary, secondary or interval cytoreduction to remove the ovary and/or fallopian tube, and/or adnexa (see next slide for additional info)	EOL Module <u>ONLY</u> for any cancer type
Dx dates	06/01/2019 – 09/30/2020 June 1, 2019 – September 30, 2020	Dx with invasive cancer on or before September 30, 2020
First office visit	06/01/2019 – 11/30/2020 June 1, 2019 – November 30, 2020 Not required to be within office visit window (below) – occur within dx window and end of visit window date	*List first visit date patient was seen in practice for documented diagnosis (see previous slide for additional info)
Two visits with practitioner	04/01/2020 – 11/30/2020 April 1, 2020 – November 30, 2020	2 office visits 9 months preceding death with date of death between 06/01/2019 – 11/30/2020

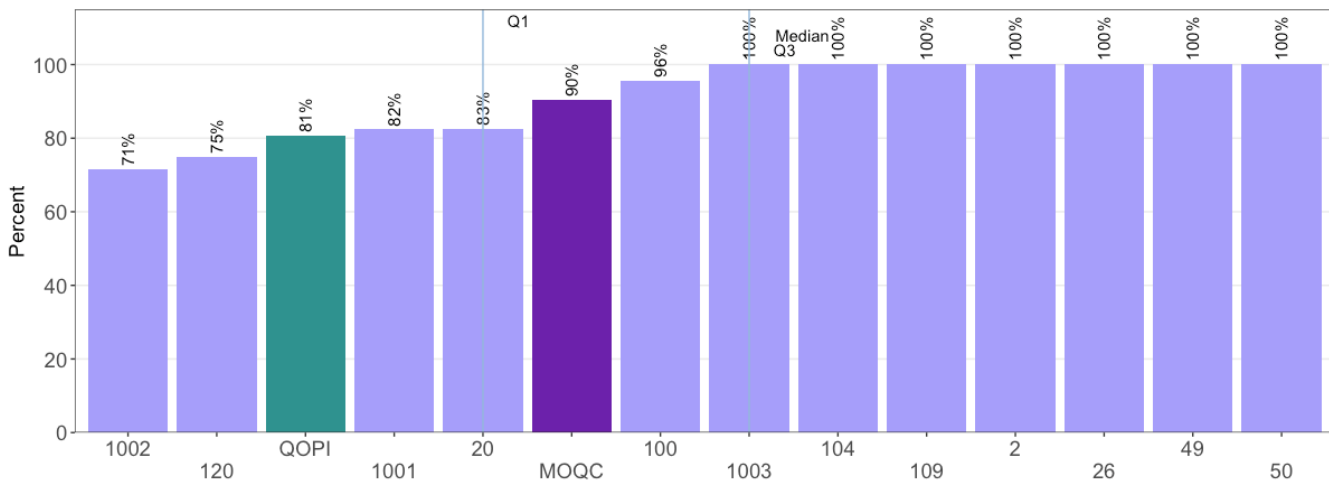
Notes for Graph Interpretation:

0% and no bar graph = “0” in number / “x” number in denominator

No percentage (%) and no bar graph = no denominator for calculation

Pain addressed appropriately by second office visit and during most recent office visits

N = 134

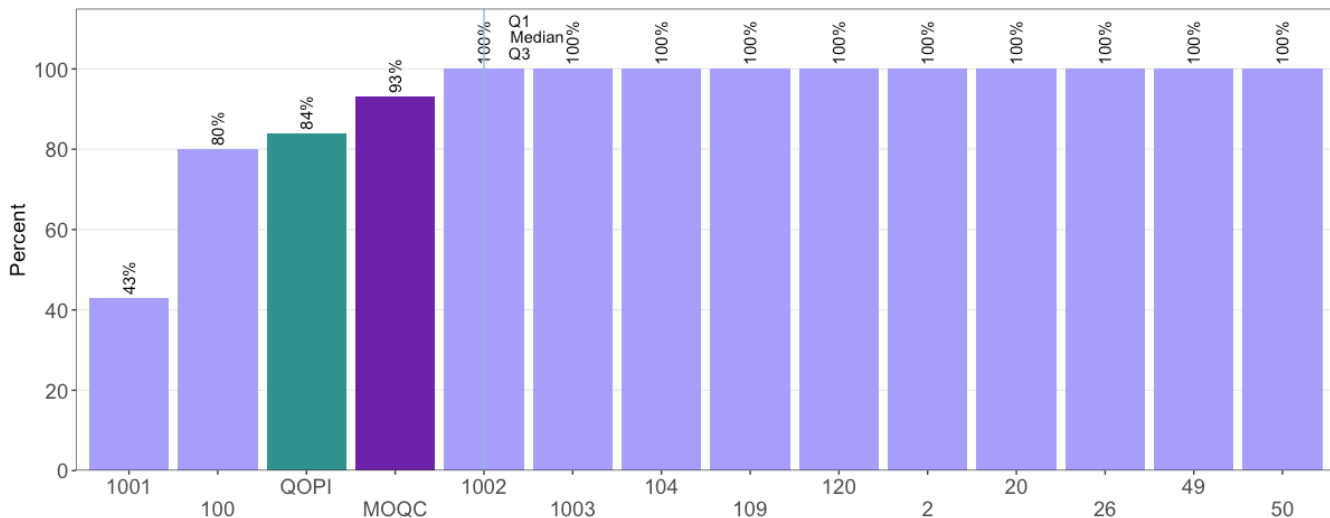


QOPI Measure CORE6e - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Signed patient consent for chemotherapy

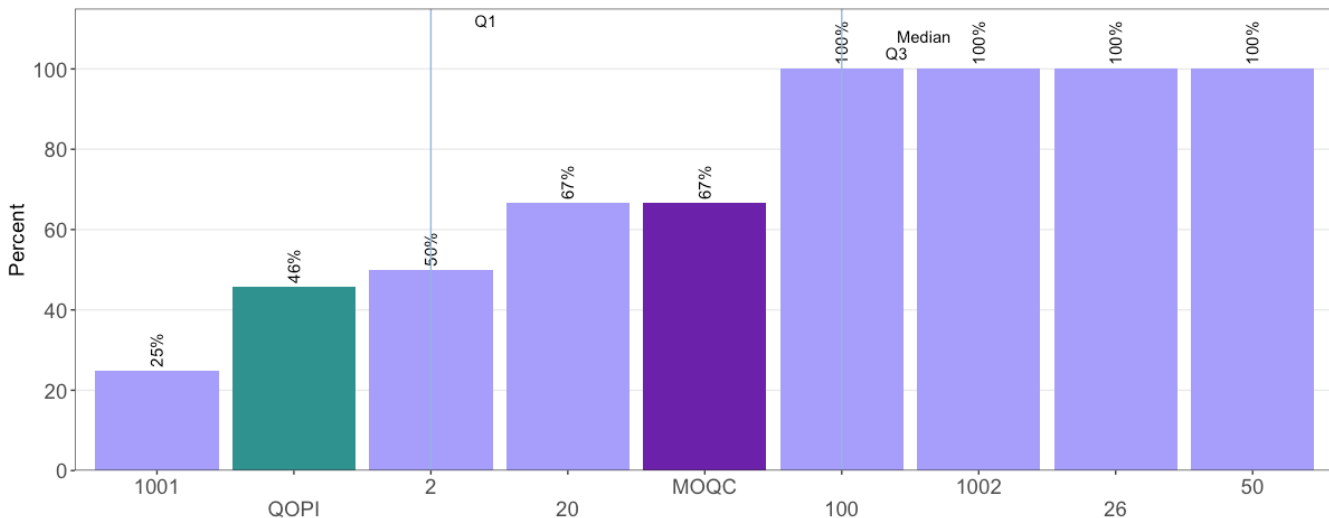
N = 101



QOPI Measure CORE14 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

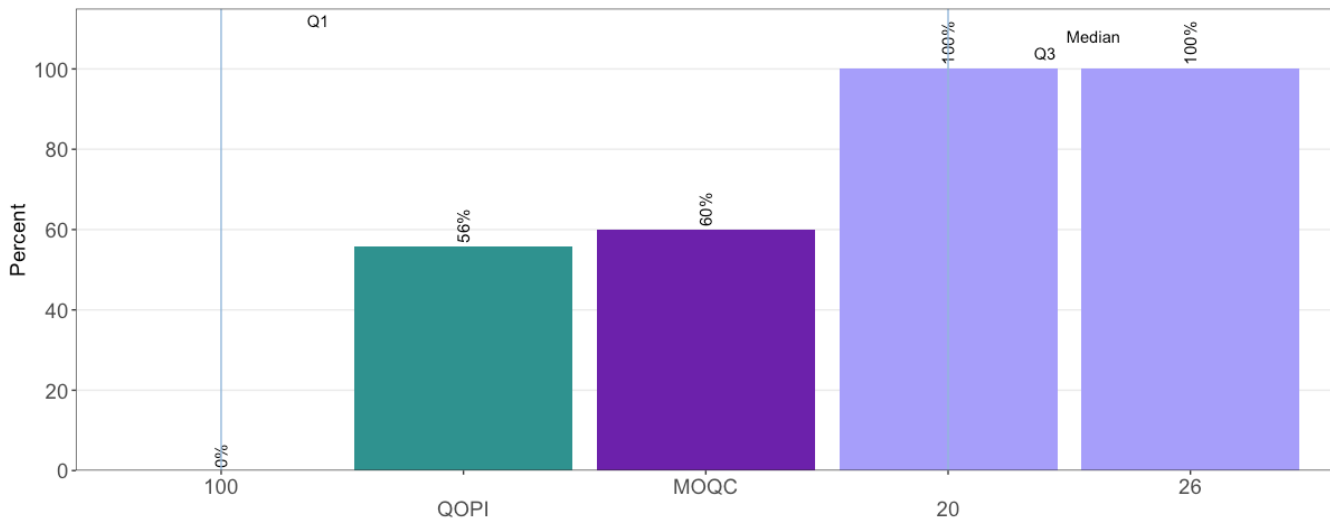
Tobacco cessation counseling administered or patient referred in past year
N = 15



**QOPI Measure CORE22bb - Practice and Comparative Groups
R2 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Infertility risks discussed prior to chemotherapy with patients of reproductive age N = 5



QOPI Measure SMT33 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.



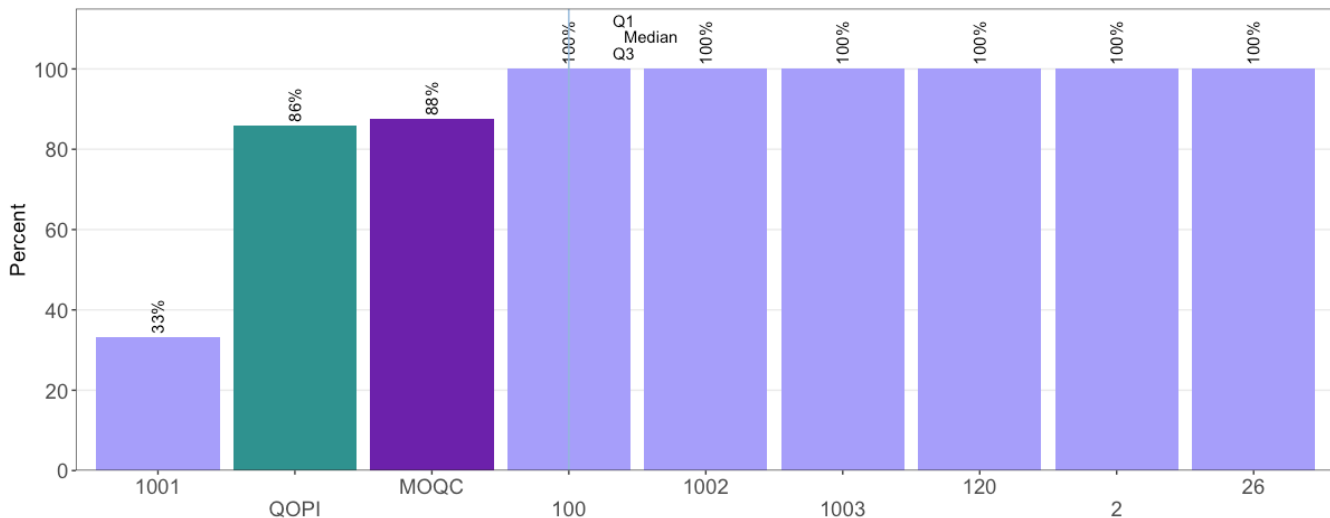
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End of Life Measures

Shitanshu Uppal, MD

Pain addressed appropriately

N = 16

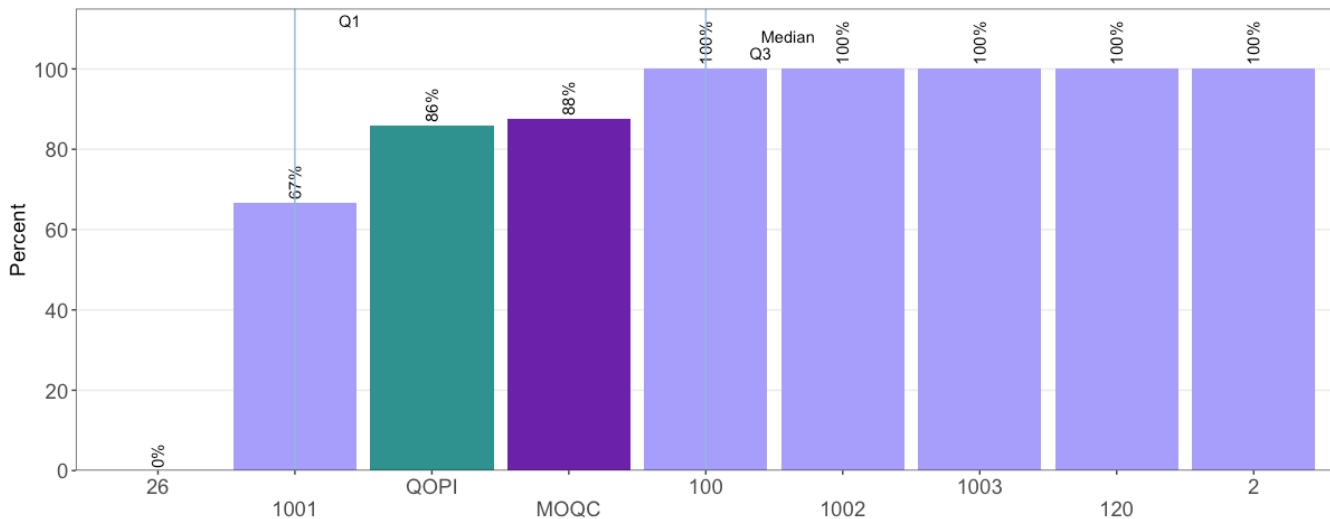


QOPI Measure EOL38 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Dyspnea addressed appropriately

N = 16

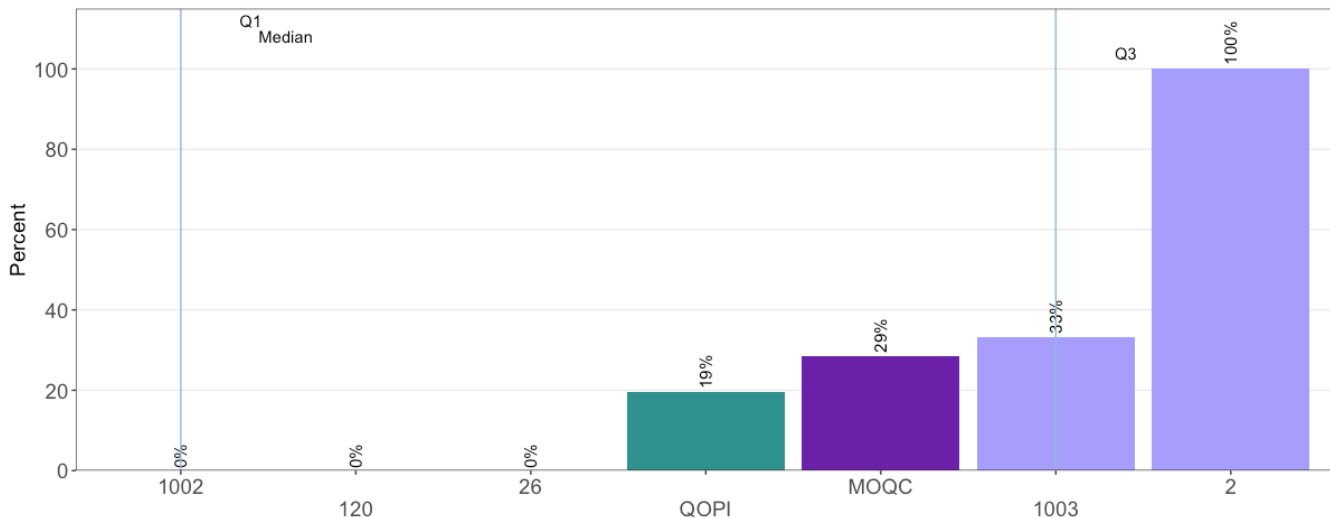


QOPI Measure EOL41 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Hospice enrollment within 3 days of death (Lower score better)

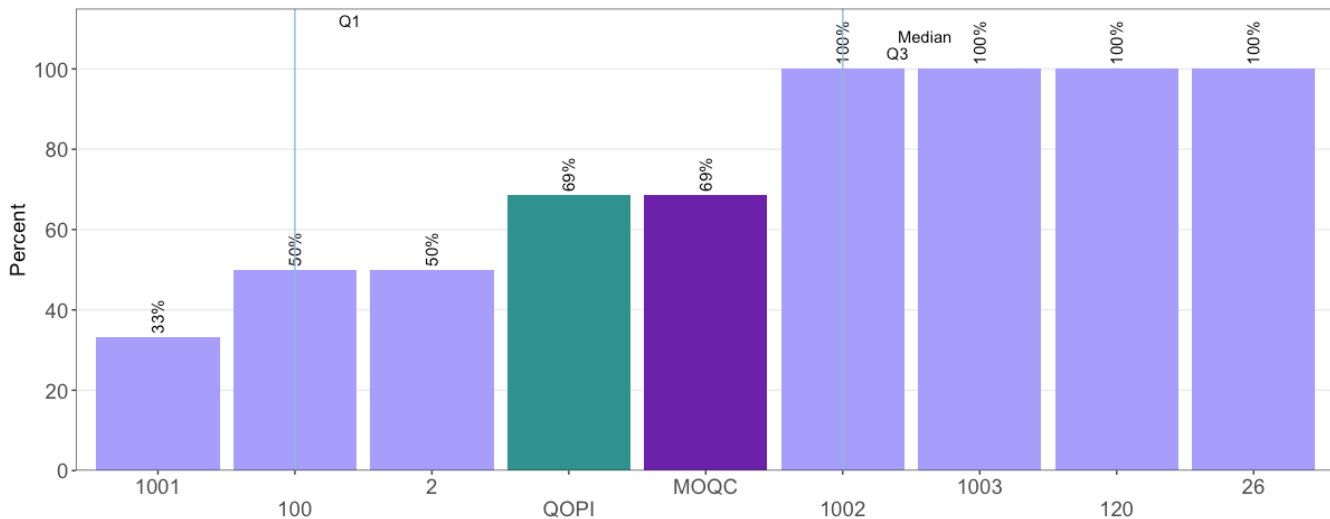
N = 7



**QOPI Measure EOL44 - Practice and Comparative Groups
R2 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Hospice enrollment, or documented discussion N = 16

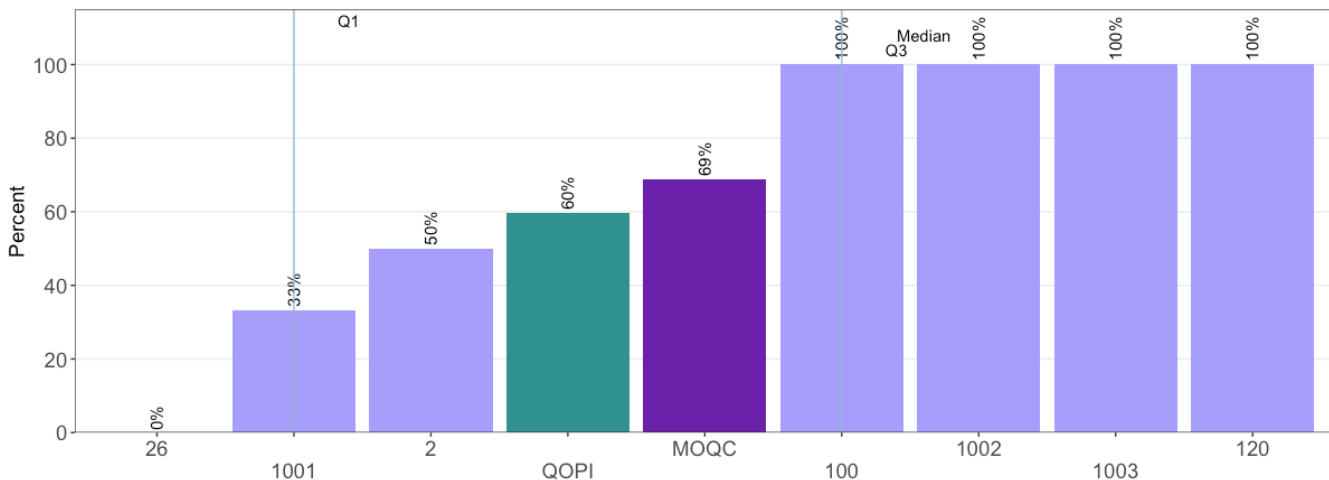


QOPI Measure EOL47a - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Palliative care referral/services. or documented discussion

N = 16

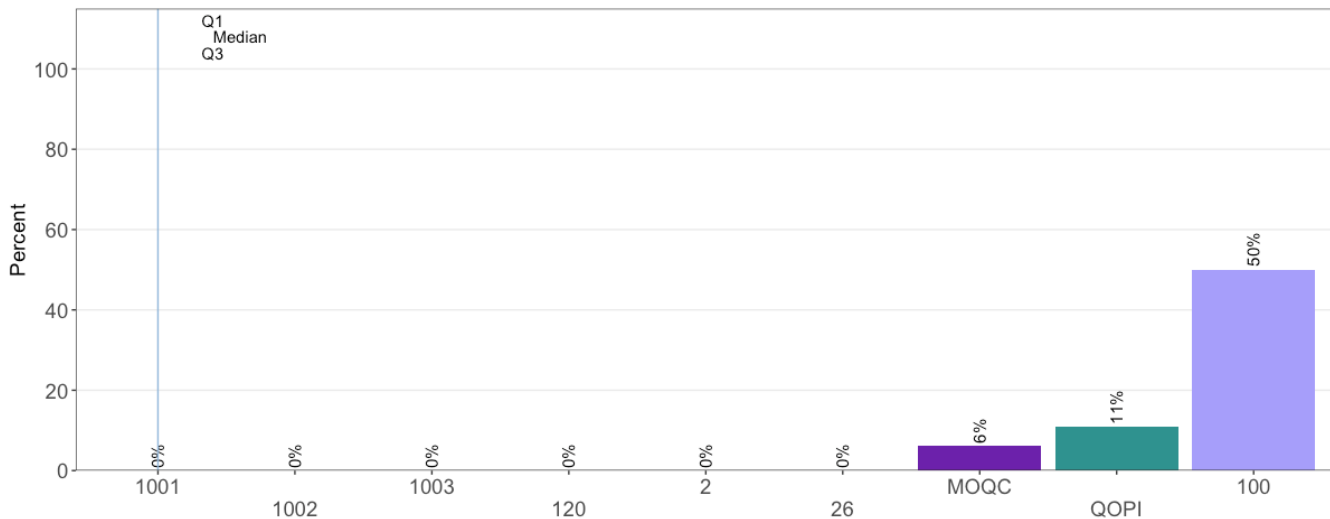


QOPI Measure EOL47b - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Chemotherapy administered within the last two weeks of life

N = 16



QOPI Measure EOL48 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.



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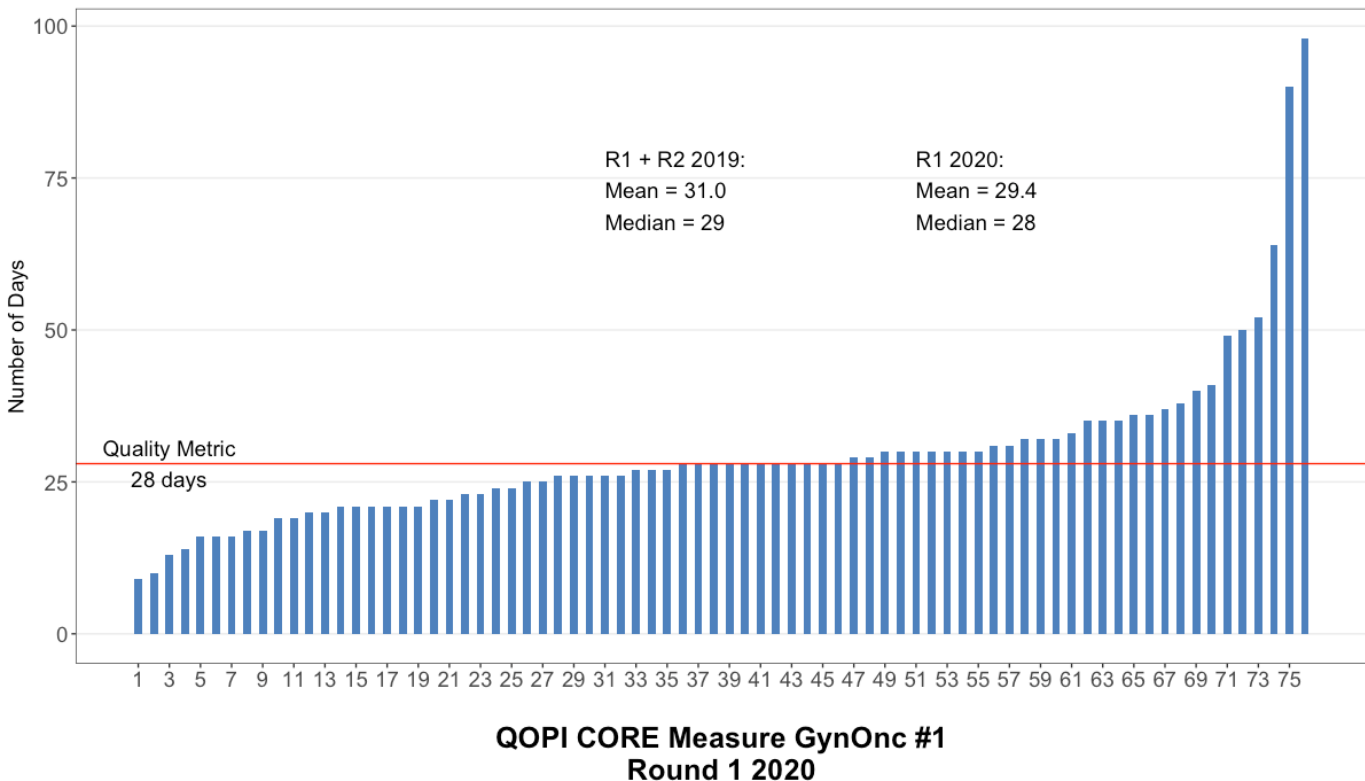
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Gynecologic Oncology Measures

Shitanshu Uppal, MD

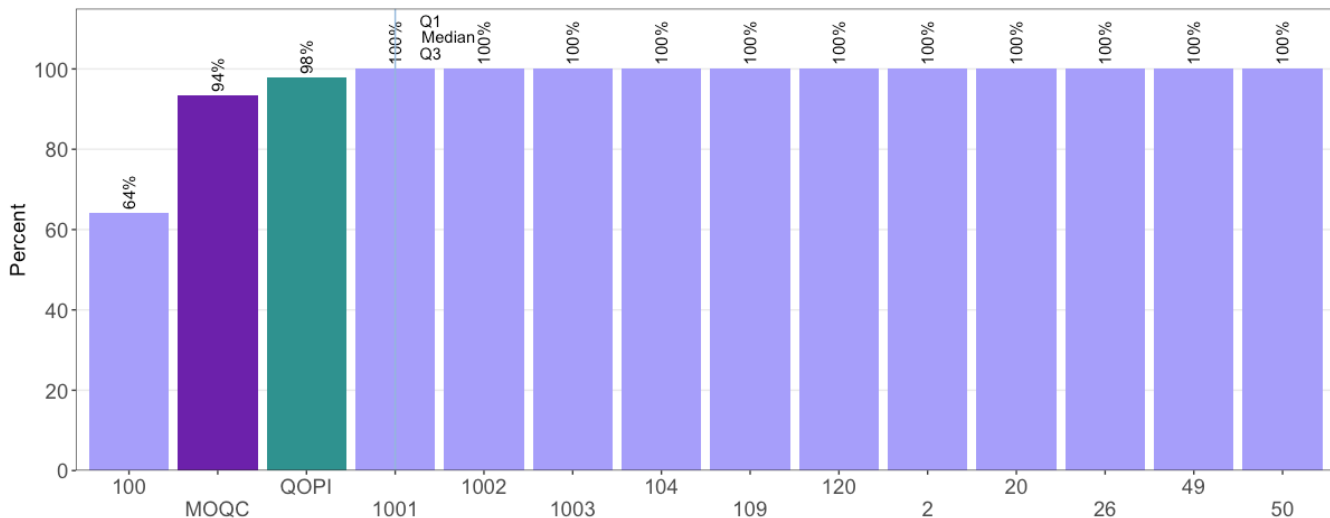
Days between Cytoreduction and 1st Day of Chemotherapy

N = 76



Each bar = 1 Patient

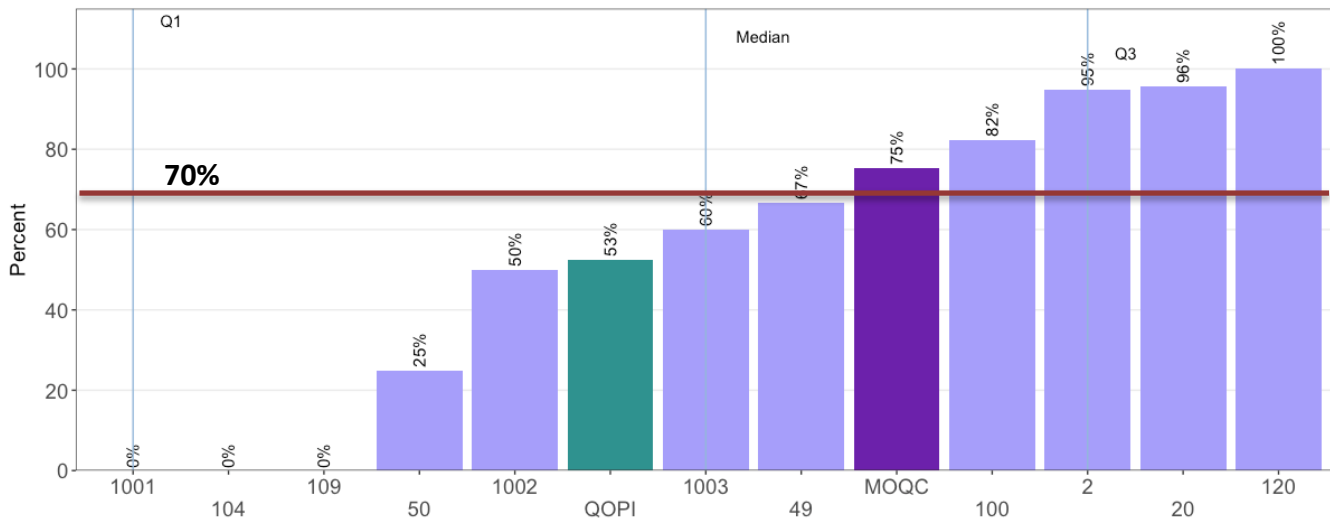
Patients with ovarian cancer referred to genetic testing/counselling N = 77



QOPI Measure GynOnc #2 - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Operative report with documentation of residual disease N = 85



QOPI Measure GYNONC90g - Practice and Comparative Groups R2 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

MOQC Value Based Reimbursement (VBR)

ELIGIBILITY

Collaborative meets target
for 2 designated VBR QOPI
measures

+

One physician/practice
attends both biannual
meetings and claims CME
credits

PAYMENT



Retrospective care
(abstraction)



Prospective
payment (3%)

MOQC's Gyn Onc VBR Measures & Targets

TO BE PAID TO ELIGIBLE PHYSICIANS Calendar Year 2021 (Current Measures)

MOQC VBR Measures	Target
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or primary peritoneal cancer	70%
Platin or taxane administered within 28 days following cytoreduction to women with invasive Stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer	28 day mean



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Generate Trusted Data

Shitanshu Uppal, MD

A New Era

QOPI database no longer available after December 2021

- Still available for QOPI-certified practices

Database **Task Force** is identifying new data engine

Opportunities

- EHR integration
- Increase numbers of cases
- New measures

**Request for
proposals (RFP)
sent to candidate
vendors**

March 1, 2021
6-week turnaround

**Proposals received
& reviewed**

April 11

All are welcome

**Vendor
presentations to
task force**

April 16, 1 – 5 pm (half of the vendors)
April 23, 1 – 5 pm (half of the vendors)
Virtual meetings

**Vendor selection
using scoring
system**

**Data entry
begins
October
2021**

Measures

Measure	VBR
Tobacco cessation counseling administered or patient referred in past year	
NK1RA & olanzapine prescribed or administered with high emetic risk chemotherapy	
NK1RA or olanzapine administered with first cycle low/moderate emetic risk (lower is better)	
Complete family history documented in patients with invasive cancer	
G-CSF administered to patients who received chemotherapy with non-curative intent (lower is better)	
Hospice enrollment	
Hospice enrollment & enrollment within 7 days of death (lower is better)	
Chemotherapy administered within the last 2 weeks of life (lower is better)	
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or primary peritoneal cancer	X
Platin or taxane administered within 28 days following cytoreduction to women with invasive Stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer	X



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Break



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Improving the Family History in People with Cancer MiGHT Project

Shayna Weiner, MPH

MiGHT: Michigan Genetic Hereditary Testing



Objectives

Overview

Project
Team

Advisory
Board

FHHS
Rollout

Resources

Questions

MiGHT Physician Survey

- Thanks to all who completed the MiGHT survey
- Please complete survey if you haven't already
 - Paper or electronically
- CME Webinar on practical updates on genetic testing
 - Fee waived for all MOQC members
 - Access on MOCQ website & link will be shared in follow-up email

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Not enough time to take a complete family history



Patients don't know their family history



Guidelines change too often



No place to refer patients for counseling



Competing demands on time & attention

Barriers to completing a complete family history

MiGHT Project Overview

Goals

- ↑ Collection & documentation of a complete family history for all patients
- ↑ Referral of appropriate patients to genetic counseling & testing

You can save lives.

Outcome

- Complete family history in the EMR

How we will get there

- Electronic family health history survey collection tool (FHHS)
- Hereditary cancer educational webinar (CME program, fee waived for MOQC members)
- Additional information support and resources for clinicians & patients

Overview

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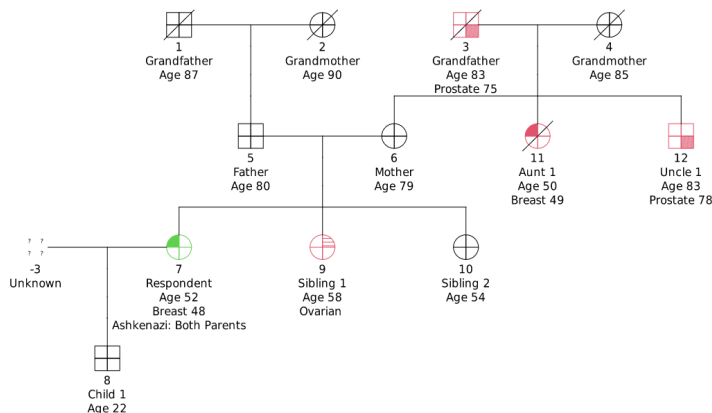
FHHS
Rollout

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Family Health History Survey

- Web-based
- Easy to use
- Adaptive based on responses
- Patient completes before seeing clinician
- Clinician receives a pedigree, PREMM5 Score, information



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FHHS
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Resources

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Project Team

Michigan Oncology Quality Consortium (MOQC)

- **Jennifer Griggs MD, MPH—Principal Investigator**
- Shitanshu Uppal MD—Co-Investigator
- Shayna Weiner, MPH
- Vanessa Aron

U-M Genetics

- **Elena Stoffel MD, MPH—Principal Investigator**
- Wendy Uhlmann, CGC—Co-Investigator
- Andrea Murad, CGC
- Sarah Austin, CGC
- Marie Louise Henry, CGC
- Colby Chase, CGC
- Erika Koeppe, MPH
- Erika Amini

Center for Health Communications Research (CHCR)

- **Ken Resnicow, PhD—Principal Investigator**
- Sarah Hawley, PhD—Co-I
- Elizabeth Hershey
- Stefanie Goodell
- Emerson Delacroix
- Matthew Demerath



University of Michigan School of Public Health

- Kelley Kidwell, PhD—Co-Investigator
- Scott Roberts, PhD—Co-Investigator

Michigan Department of Health and Human Services (MDHHS) Public Health Genomics

- Dominic Smith, MSA
- Maricar Macalincag

Overview

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Advisory Board

Broad **representation** by key **stakeholders** with **diverse experience**

Patients, oncologists, nurses, genetic counselors, practice administrators

Current Members

Kevin Myers

Daniel Dry Dock Shockley

Monica Dottei

Bob Whalen

Tina Roberts

Laura Wangler

Mary Mobley

Morgan Hnatiuk

Cynthia Koch

Kathy LaRaia

Laura Johnson

Nanci Petrucelli

Adriane Lombardo

Dana Zakalik

Jo Ann Hirth

Helen Burns



Overview

Project
Team

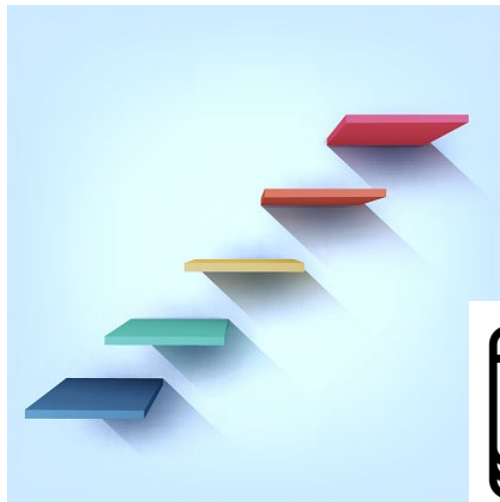
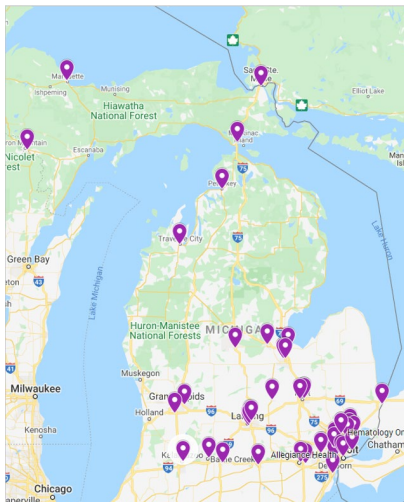
Advisory
Board

FHHS
Rollout

Resources

Questions

Family Health History Survey Implementation



2 1/2

Overview

Project
Team

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FHHS
Rollout

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Questions

Resources

- CME Webinar
 - Free for MOQC providers
 - <https://ww2.highmarksce.com/micme/activity/202005280EM>
- Michigan's Hereditary Cancer Hotline
 - 1-866-852-1247
- MDHHS Website – Provider Resources
 - Hereditary Cancer Toolkit
 - https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4916_47257_68337_94208_94213---,00.html
- Genetic Counselor finder
 - <https://migrc.org/providers/michigan-cancer-genetics-alliance/mcga-directory-of-cancer-genetic-services-providers/>



Overview

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Questions

Questions?

- Contact Information

- Shayna Weiner - Project Coordinator
 - shaynaw@med.umich.edu or sweiner@moqc.org
 - 734-615-1807
- MiGHT team
 - might@moqc.org



Overview

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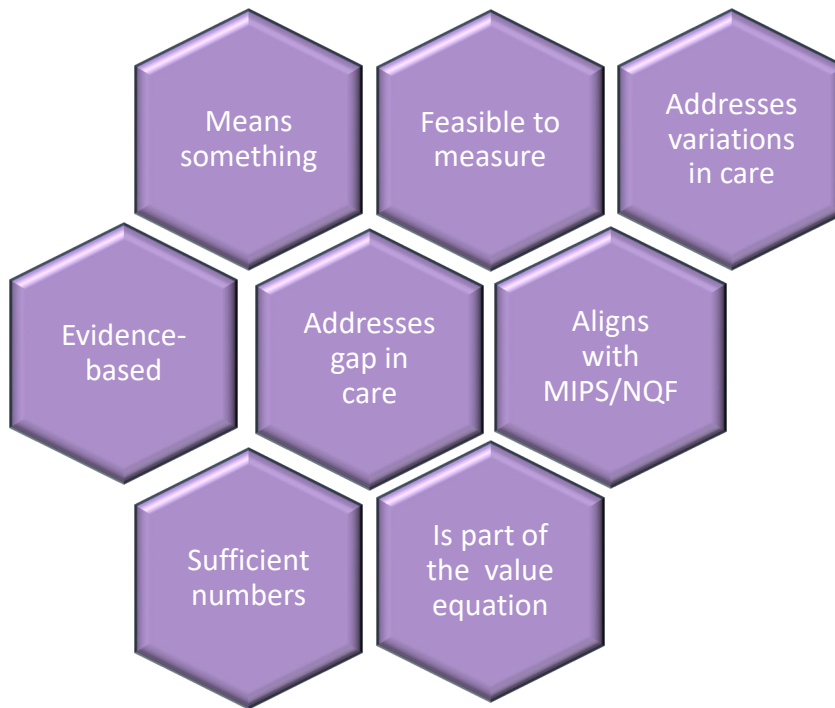
Questions



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Measures Discussion

Shitanshu Uppal, MD



Measure Selection Strategy

Partnership with Michigan Surgical Quality Collaborative (MSQC)

- Surgical Outcomes

New Database

- Patient Reported Outcomes

Standardization of Care

- Imaging

End of life care

? Questions ?

Closing Items

- MOQC Medical Oncology Biannual Meeting – **Virtual**
June 2021 <https://moqc.org/events/>
Friday, June 18, 2021, 9 AM -1 PM
Register now at www.moqc.org
- MOQC Gynecologic Oncology Fall Biannual Meeting – **TBD**
October 2021 <https://moqc.org/events/>
Saturday, October 9, 2021
Register now at www.moqc.org
- Claim your CME/CEU credit for this meeting

Resources

<https://moqc.org>



[About](#) [Initiatives](#) [News](#) [Events](#) [Resources](#) 

Abstraction

Round 1 Abstraction

CLINICAL

Chemotherapy-Induced
Nausea and Vomiting (CINV)
– Antiemetics
Oral Oncolytics
Tobacco Cessation Program

GRANT-FUNDED

Patient-Reported
Outcomes in Oncology
(PROMOnc)

GYNECOLOGIC ONCOLOGY

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

INTERDISCIPLINARY PARTNERSHIPS

Hospice
Palliative Radiation Therapy
Pathway
Pharmacists Optimizing
Oncology Care Excellence in
Michigan (POEM)
Primary Care Oncology Model
(PCOM)

Resources

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<https://moqc.org>

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Gynecologic Oncology Educational Series

Support GYOEDU.org

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Who are we?

GYOEDU was founded in 2020. We aim to build an inclusive educational community for GYN Oncology based on a model of high-quality, easily-accessible, peer-reviewed content free from commercial bias. We focus on goals and objectives for GYN Oncology fellows and those interested in pursuing fellowship. Our shared vision is knowing that strength comes from ensuring the success of those around us. Just as the highest quality health care organizations implement reliable and reproducible systems in order to elevate patient care, we aim to provide standardized curricula for teaching GYN Oncology throughout the world.

GYOEDU Team

Standardized Operative Note

Checklist for Ovarian Cancer Operative Note Dictation



[CLICK HERE](#) for an online operative note generator

Please make sure to include the following data elements in your operative note.

- **Debulking Status** – Primary vs. Interval Debulking
- **Staging Information** – If available based on imaging (for example, at least stage IIIC for a patient with a biopsy-proven lesion of the omentum) [Link to ovarian cancer staging](#)
- **Surgery Type** – Open/Robotic/Laparoscopic
- **Residual Disease Status** – Please specify if:
 - No residual disease (R0 or no visible disease)
 - Optimally debulked (1-5 mm largest visible disease)
 - Optimally debulked (6-10 mm visible disease)
 - Sub-optimally debulked (>10 mm disease residual)
 - For suboptimally debulked patients, specify the size and location of residual disease
- **Surgical Complexity Scoring** – Use the calculator below to get the score

(Aletti GD, Dowdy SC, Podratz KC, Cliby WA. Relationship among surgical complexity, short-term morbidity, and overall survival in primary surgery for advanced ovarian cancer. Am J Obstet Gynecol. 2007;197(6):676.e1-e7.)

Resources

GYNECOLOGIC ONCOLOGY

Gyn Onc Educational Series

Ovarian Cancer Resources

Past Meeting Library

Standardized Op Note

VTE Khorana Calculator

VTE Prophylaxis Calculator

<https://moqc.org>



The image shows a two-page document titled "OVARIAN CANCER CHECKLIST". The top page has a header with the title and a background image of purple flowers. Below the title, there is a paragraph: "This document will serve as a tool to help you manage your ovarian cancer care with your health care team. The different sections include information important to your care and items you should discuss and track on a regular basis." The form is divided into sections: "SECTION 1: BACKGROUND INFORMATION", "SECTION 2: FAMILY HISTORY", "SECTION 3: CURRENT HISTORY", "SECTION 4: TREATMENT", "SECTION 5: FOLLOW-UP", and "SECTION 6: ADDITIONAL INFORMATION". The bottom page continues the form with sections for "CONSIDERING A GYNCOLOGIC ONCOLOGY REFERRAL?", "ADJUNCTARY TESTS ONLY - NO CARCINOMAS", "MALIGNANT APPEARING MASS IN YOUNG PATIENT - CONSIDER GERM CELL TUMOR", and "INCIDENTAL MALIGNANCY DURING SURGERY".

Additional flyers:

- [↓ Ovarian Cancer Resources](#)
- [↓ Ovarian Cancer Staging](#)
- [↓ Ovarian Cancer Testing](#)
- [↓ Ovarian Cancer Treatments](#)
- [↓ Ovarian Cancer Treatment Team](#)
- [↓ Types of Ovarian Cancer](#)

Order MOQC Ovarian Cancer Printed Materials



Resources

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Standardized Op Note

VTE Khorana Calculator

VTE Prophylaxis Calculator

<https://moqc.org>

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Resources

<https://moqc.org>

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Gyn Onc Educational Series


Ovarian Cancer Resources

Past Meeting Library

Standardized Op Note

VTE Khorana Calculator

VTE Prophylaxis Calculator

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

MOQC VTE Calculator

Age:

≤40

41-60

61-74

≥75

Type of Surgery:

Minimally Invasive

Open

Vaginal/Vulvar

Operation Time:

≤45 mins

45 to 180 mins

>180 mins

Khorana Risk Score for Venous Thromboembolism in Cancer Patients

Predicts risk of VTE for cancer patients depending on type of cancer and other factors.

INSTRUCTIONS

Use in general cancer patients (i.e., solid tumors and lymphomas). Do not use in patients with brain tumors or myelomas.

When to Use

Pearls/Pitfalls

Why Use

Cancer type

Stomach	+2
Pancreas	+2
Lung	+1
Lymphoma	+1

Result:

About the Creator



Dr. Alok Khorana

Also from MDCalc...

Related Calcs

- POMPE-C Tool
- Hestia Criteria
- PERC Rule

No 0	Yes +1
No 0	Yes +2
No 0	Yes +1
No 0	Yes +1
No 0	Yes +1
No 0	Yes +1
No 0	Yes +1

Two Continuing Education Webinars



Genetic Risk Assessment for Hereditary Cancer Syndromes

Release Date: Fri, 1/15/21

Termination Date: Fri, 12/31/21

Credits available:

AMA PRA Category 1: 0.75

Participation: 0.75

Fee Waived for MOQC Members

In Partnership with the Michigan Department of Health and Human Services

Survivorship Programs to Support Quality of Life



Release Date: Tues, 3/30/21

Termination Date: Pending

Credits available:

AMA PRA Category 1: Approval Pending

Participation: Approval Pending

Fee Waived for MOQC Members

<https://moqc.org/resources/continuing-education-opportunities/>

Continuing Education Credit – Creating an Account

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 Spring 2020 Regional 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 varon@moqc.org
We will assist you and resolve any issue!



Thank You!



Cancer Care. Patients first. The best care. Everywhere.