

# Michigan Oncology Quality Consortium Biannual Meeting June 2018

## Financial Hardship in Cancer Care: Can We Provide Quality Care?

welcome



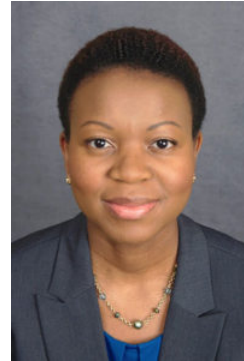
# MOQC Coordinating Center



**Jennifer J. Griggs**  
Program Director



**Emily Mackler**  
Clinical Pharmacist



**Sam Beusterien**  
Project Manager



**Jennifer Yanchula**  
Outreach Manager



**Kleanthe Kolizeras**  
Clinical Data Abstractor



**Shitanshu Uppal**  
Program Co-Director



**Louise Bedard**  
Program Manager



**Arthi Ramakrishnan**  
Project Manager



**Mary Wines**  
Administrative  
Specialist



**Cindy Straight**  
Clinical Data Abstractor



# For Your Use



On [MOQC.org/](http://MOQC.org/)

Today's Slides: Monday June 25, 2018


Today's Videos: Friday, July 27, 2018



**Password:**

**TBD from Mary**





# MOQC

Our mission is to be the  
best state in the nation  
for cancer care.

# Continuing Medical Education

## Disclosures

- Jennifer Griggs, MD, MPH, the faculty planner, has no commercial or financial interests, relationships, or other conflicts of interest that are relevant to this activity.
- Robin Yabroff, PhD the keynote speaker, has no commercial or financial interests, relationships, or other conflicts of interest that are relevant to this activity.
- Please see additional disclosures in the Program.

# Continuing Medical Education

## Accreditation and Credit Designation Statements

- The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- The University of Michigan Medical School designates this live activity for a maximum of **4.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- The Michigan Board of Nursing considers ACCME credits acceptable for license renewal or re-licensure.

# Continuing Medical Education

## Learning objectives:

1. Analyze experience and improve practice
2. Integrate relevant content to provide cost-effective health care that does not compromise care quality
3. Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care

## Competencies:

1. Practice-based learning and improvement
2. Systems-Based Practice



# MOQC by Proxy

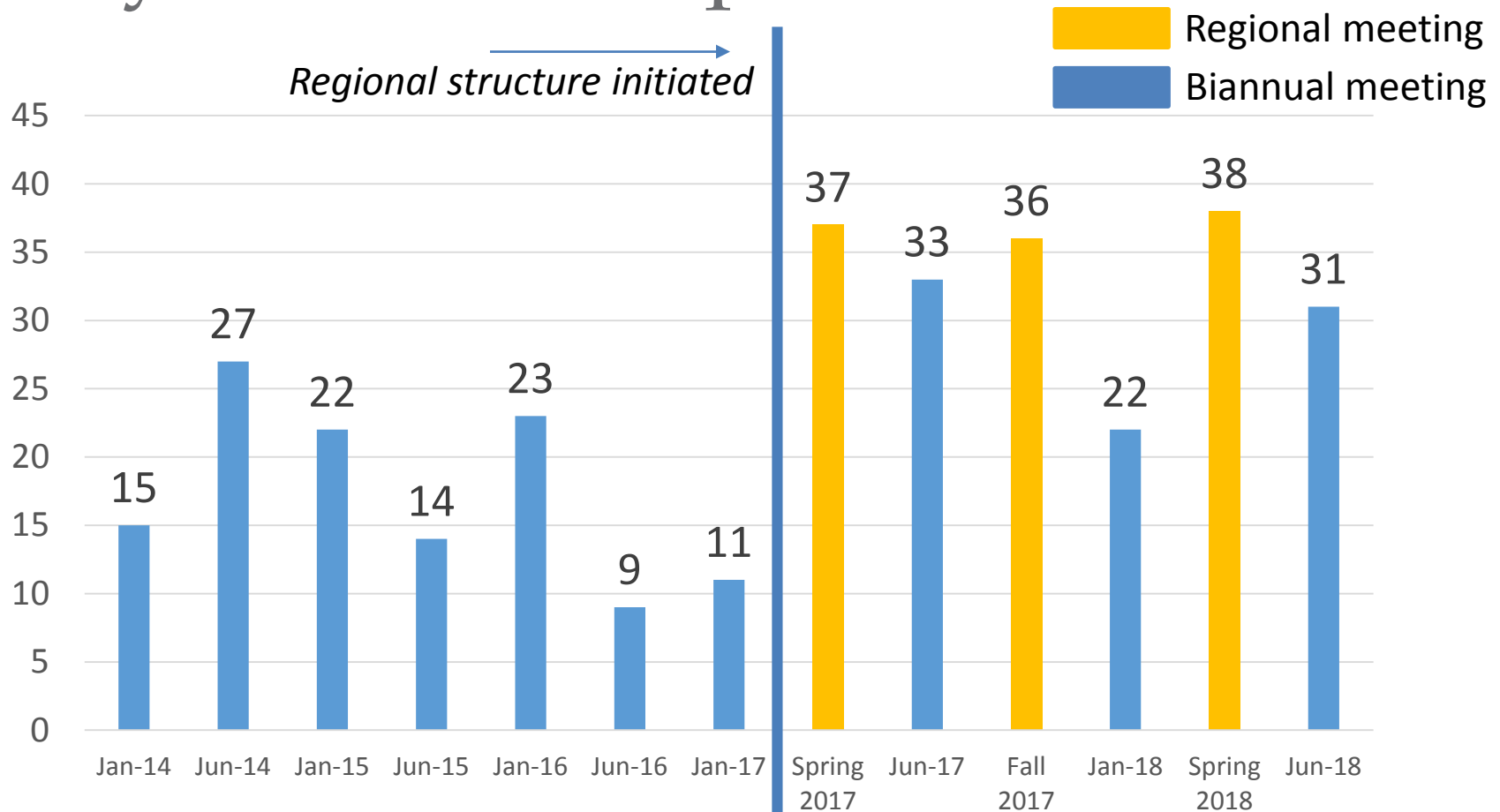
- Jessica McIntosh
- Cindy Michalek
- Tiffany Peters



# Accomplishments - 2017



# Physician Participation



Source: MOQC records

\*January 14, 15, 16 was a shared meeting with MiBOQI and Pathways CQIs

January 2018 1<sup>st</sup> meeting involving gynecology oncology practices

Numbers include only practices physicians, counting one from each practice

# MOQC VBR 2018: 2 Requirements

## Performance

### Management of Pain

1. Initial therapy
2. End of life
3. Tobacco cessation counselling administered or patient referred in last year
4. Hospice enrollment, palliative care referral/services or documented discussion

## Participation

1. Physician attendance at 1 biannual meeting\*
2. Physician attendance at Spring & Fall evening regional meetings

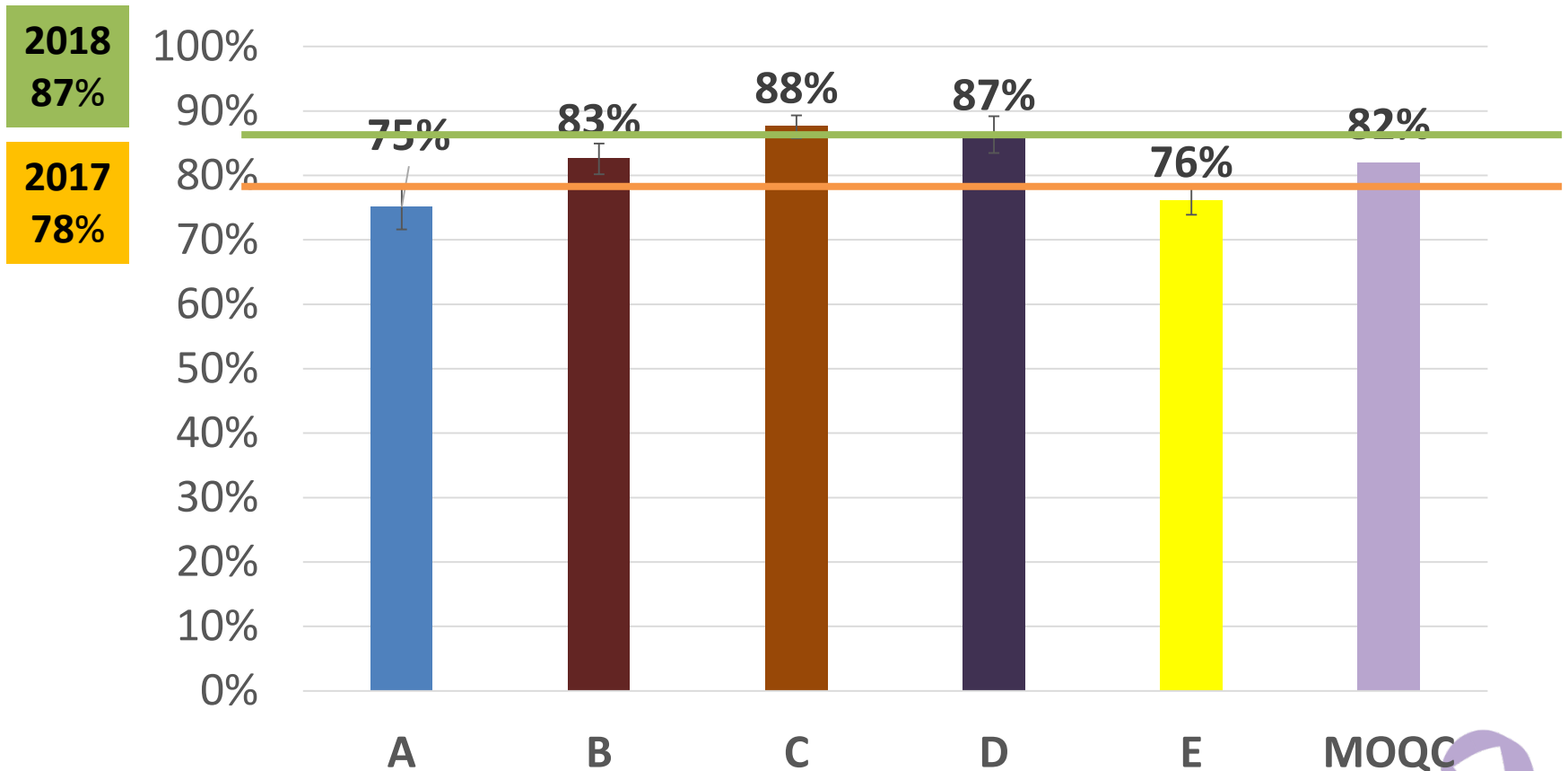
Region meets target for 3/4 measures

+

Attendance at Biannual & Regional Meetings

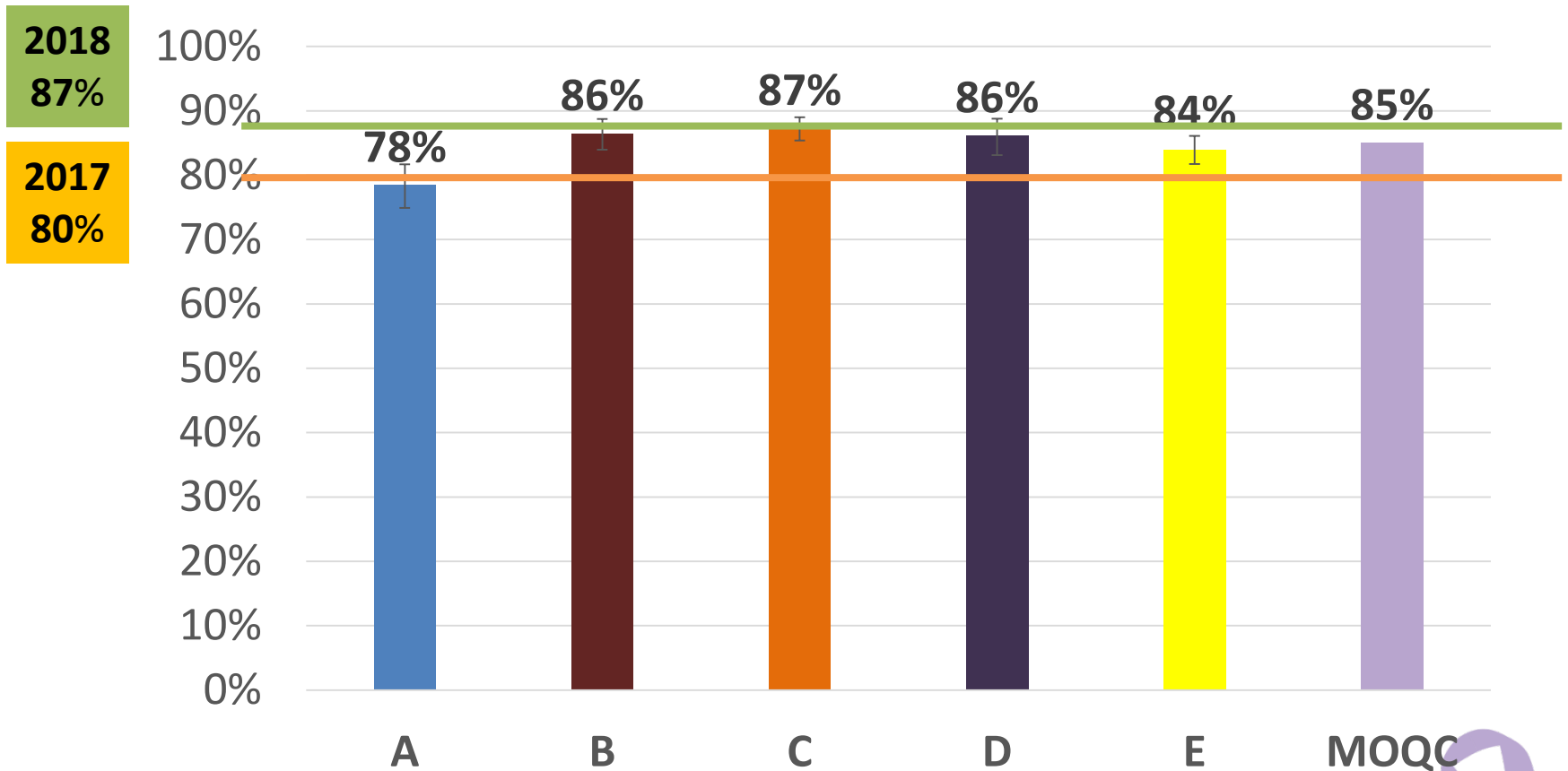
# Pain Managed Appropriately

First two office visits and most recent office visits



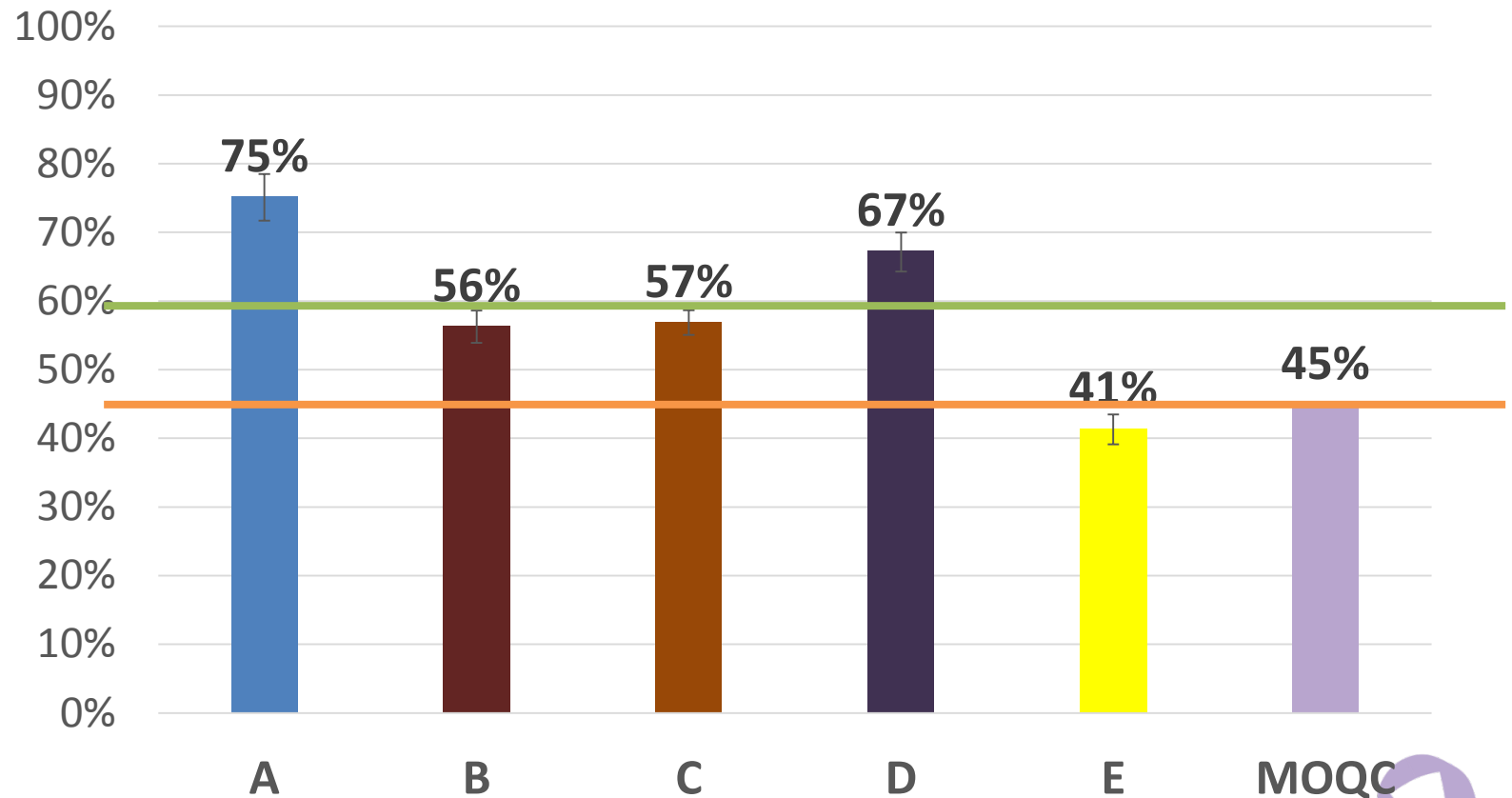
# Pain Managed Appropriately

Last two visits prior to death

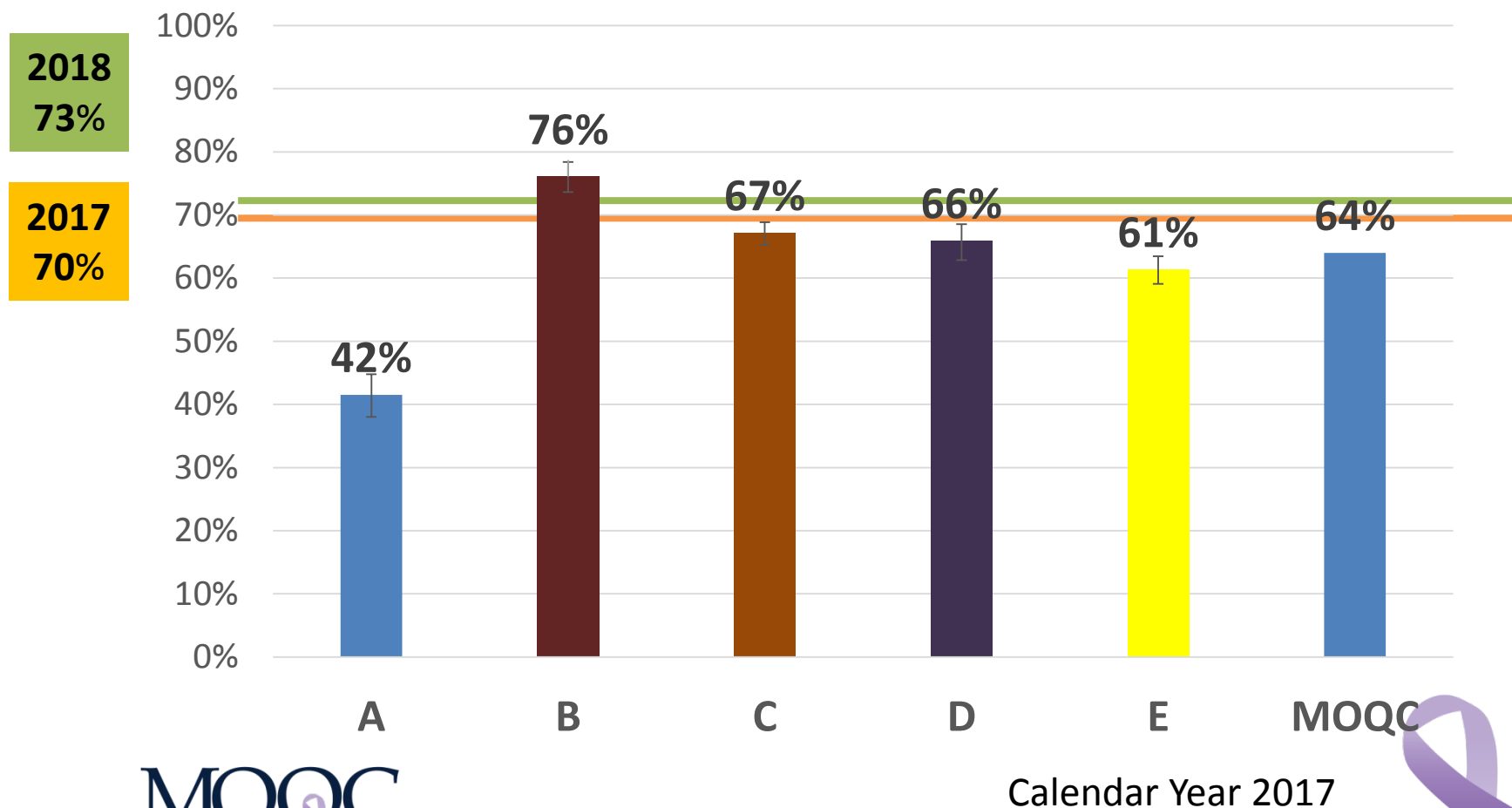


# Tobacco Cessation

Counseling administered or patient referred







# Hospice Enrollment/Discussion or Palliative Care Services





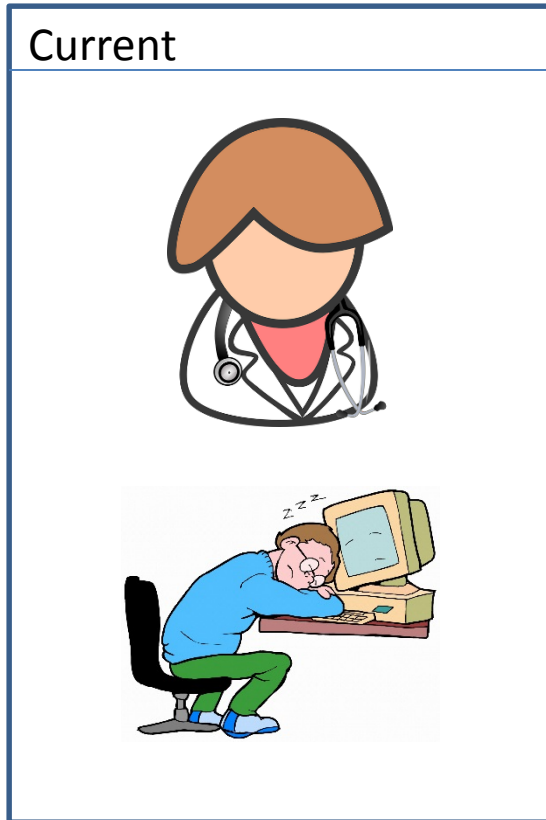
# Summary of Changes for 2018

		Change?
• Attendance requirements		No
• Measures for Pathway		Yes
• VBR Measures		No
• Number of VBR Measures		Yes
• VBR Targets		Yes

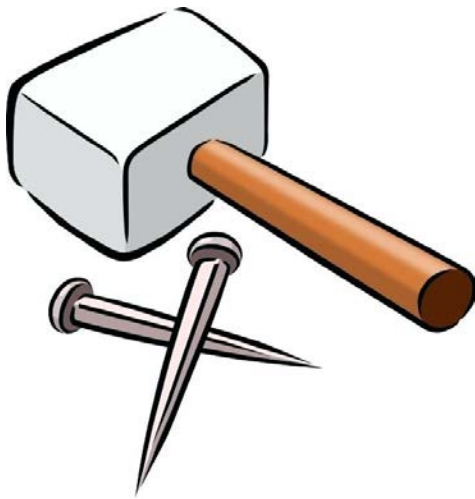
# Other Progress

- Reducing the burden of quality measurement
- Moving from process to outcome measures
- Opportunities to conduct patient-focused research (EAGr)
- MOQC-ICHOM Collaboration

# Reducing the Burden of Quality Measurement



# Moving from process to outcome measures



# Early Adopter Groups (EAGr)

## Opportunity to —

- Ask & answer interesting questions about the delivery of cancer care in community practices
- Have your own experiences reflected in the medical literature
- Demonstrate leadership in the state & the nation
- Be on publications depending on degree of involvement

# MOQC-ICHOM Collaboration

- ICHOM = International Consortium for Health Outcomes Measurement
- Develops outcomes measures sets for multiple health conditions, incorporating stakeholder involvement
- Outcomes include patient-reported outcome measures (PROMs)
- Exploratory meeting held with MOQC in April
- Proposal to continue collaborative efforts in preparation



# ONCOLOGY COMMUNICATION, TECHNOLOGY, AND EVENTS STUDY (OCTET)

CHRISTOPHER R. FRIESE, PhD, RN, AOCN®, FAAN

JENNIFER J. GRIGGS, MD, MPH, FASCO

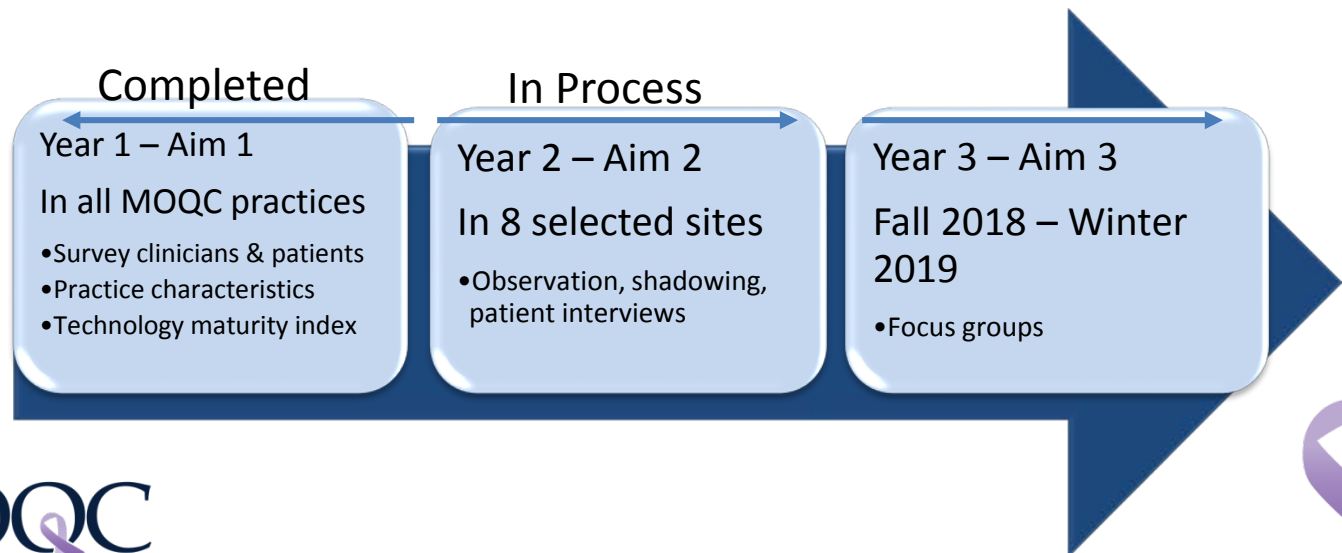
MILISA MANOJLOVICH, PhD, RN, CCRN

MOLLY HARROD, PhD

KAI ZHENG, PhD

# Project Specific Aims

1. Characterize clinician communication processes, technologies, & adverse events
2. Examine how communication & technologies affect practice
3. Assess barriers & facilitators to safer cancer care





# Dissemination

- ASCO Annual Meeting Poster
- AcademyHealth Annual Meeting Posters (2)
- Paper to *BMC Methods*: Conducting cancer care delivery research in partnership with MOQC
- Paper to *JCO* or *JAMA Oncology*: EHRs & patient safety
- Paper to *Health Affairs*: Clinician-reported barriers and facilitators to high-quality cancer care
- Paper in development: Differences in patient-reported pain following chemotherapy



# Year 2 – In Process

- Eight MOQC practices participating in Aim 2: 1-week observational study (IRB approved,  $\leq$  minimal risk)
- On-site observations and patient interviews (one week)
- Two practices complete, six scheduled



# Year 3 – Recruiting Now

*Sneak peak on study findings*

*Participate in a Focus Group to develop solutions*

## SIGN UP

- MOQC website
- ***November 2018***  
*or morning of January meeting*
- All practices welcome
- Compensation for time





# Acknowledgments

- Participating practices and your patients
- MOQC Leadership and staff
- OCTET study team
- Agency for Healthcare Research and Quality

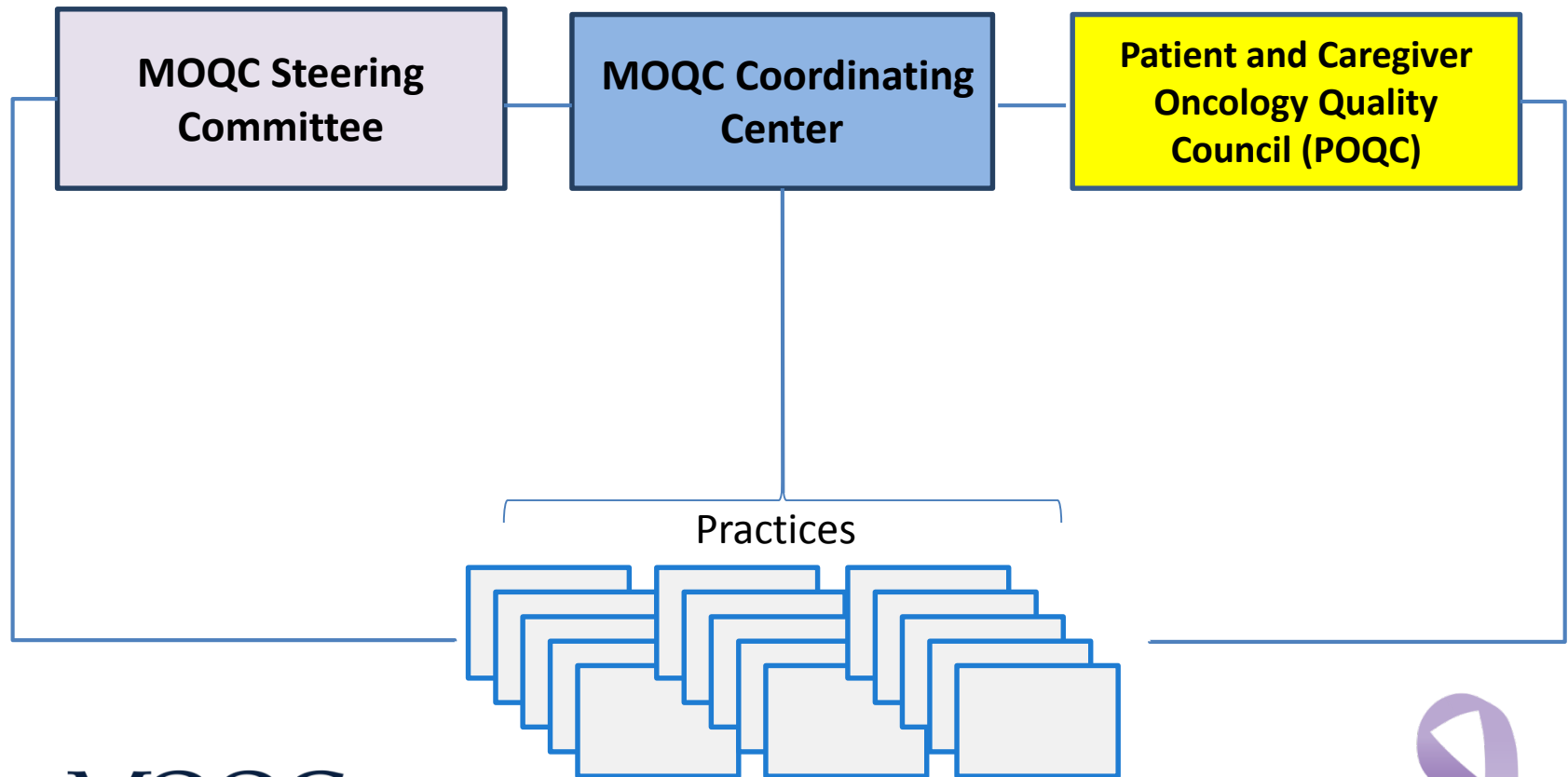
## Questions?

[octet-study@umich.edu](mailto:octet-study@umich.edu)

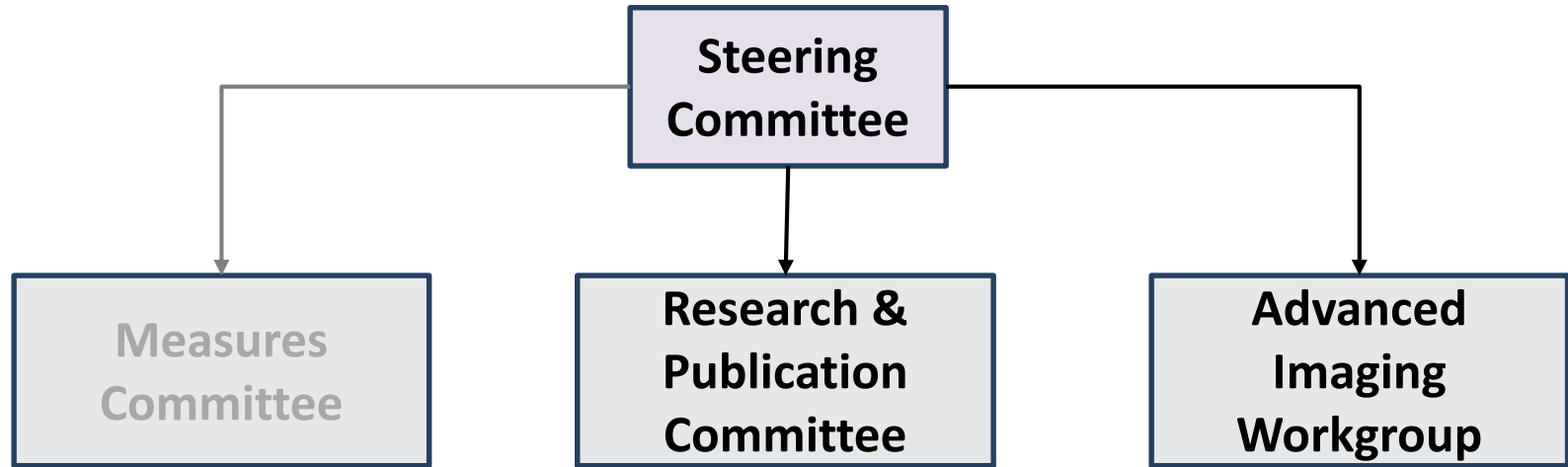
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# MOQC's Structure

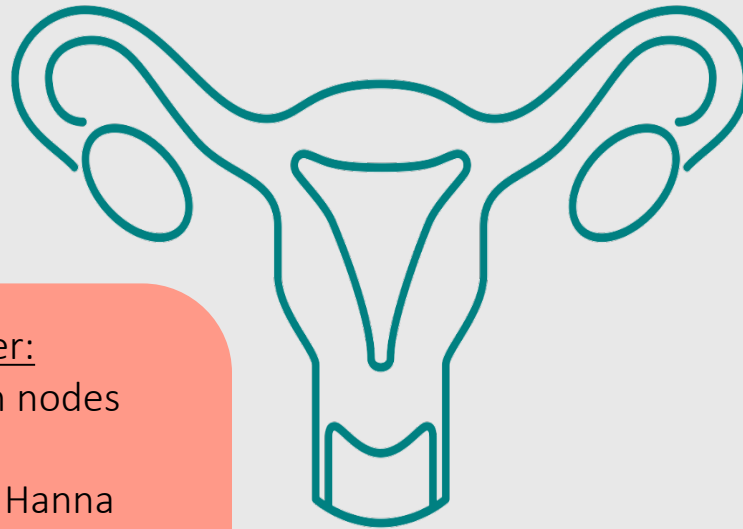


# New Groups & Initiatives



# Gynecology-Oncology Initiative

# Re-Cap: Gynecology Oncology Initiative



## Endometrial Cancer:

- Sentinel Lymph nodes (SLN)
  - Dr. Rabbi Hanna (HFH)
  - Registry SLN outcomes
- Outcomes of type II cancers

## Ovarian Cancer:

- Registry to monitor short & long-term outcomes
- Underlying layer for homegrown region multi-centric clinical trials
- Funding opportunities (↑ sample size)
- Studies with patient reported outcomes

## Cervical Cancer:

- Access to care
- Adherence to guideline based care
- Access to fertility sparing options
- Radical Hysterectomy Debate



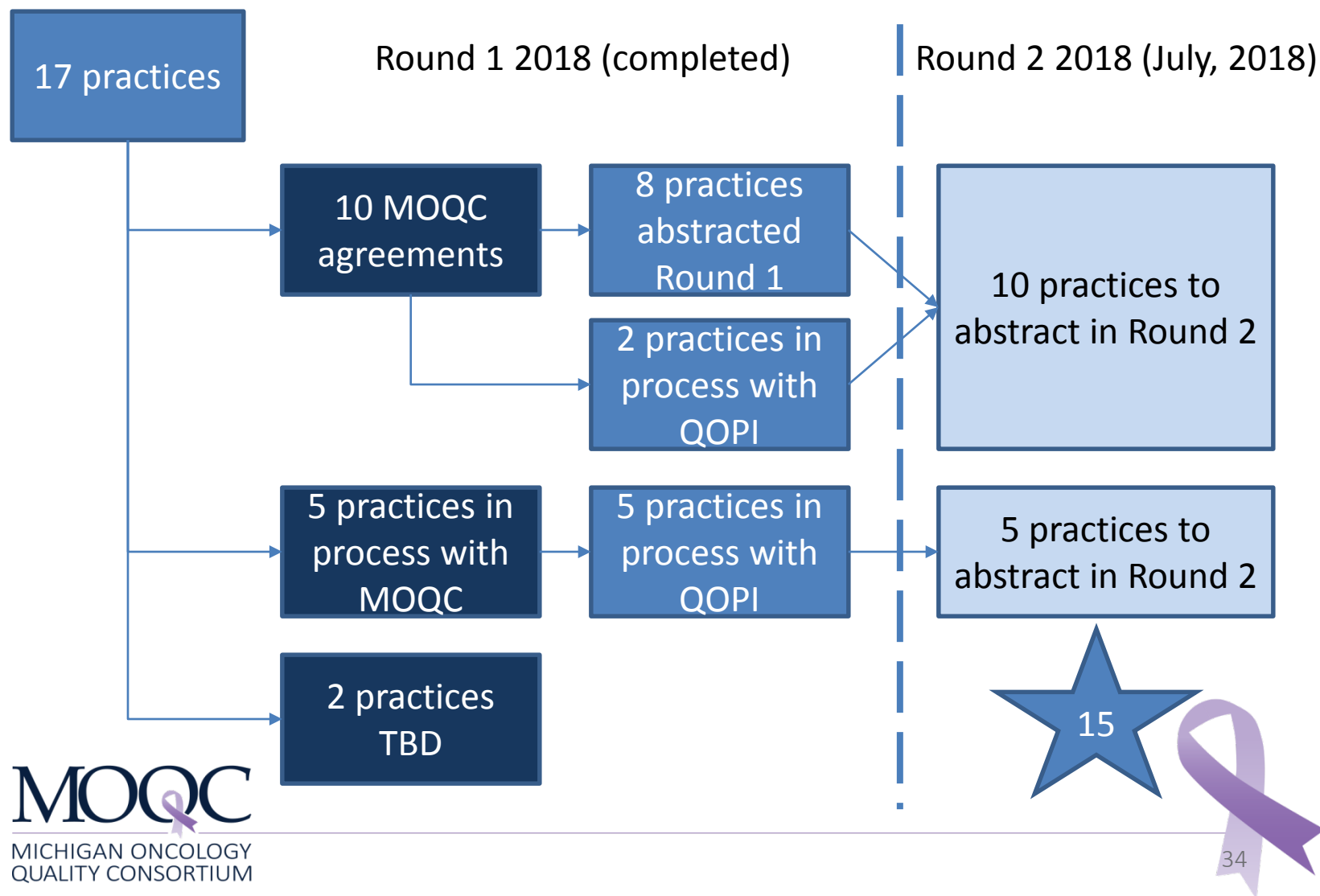


# Goals for First Year (CY2018)

- Received funding/approval from BCBSM
  - Start with one cancer site → *Ovarian cancer*
- Initiated Steering committee meeting → June 13<sup>th</sup>, 2017
- Selected measures for the first year (11 measures)
- Started two areas of focus
  - Operative note
  - Enhanced recovery after surgery
- Abstracted for first time to establish baseline



# Progress to Date

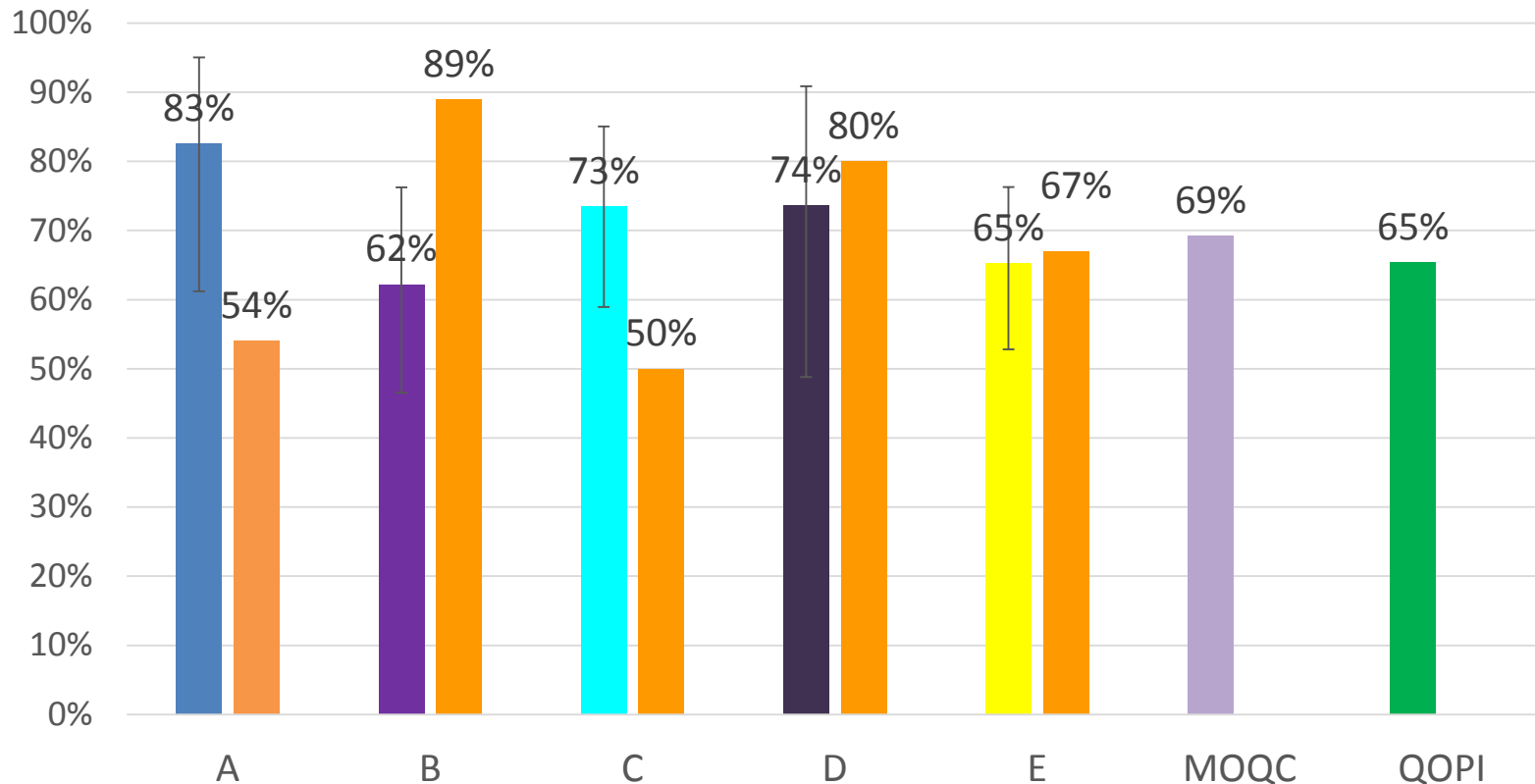


# Gynecology Oncology Measures

*Specific to gynecology oncology*

- **Surgical**
  - **GYNONC90** - Operative report with documentation of residual disease (Optimal/Suboptimal)
- **Chemotherapy**
  - **GYNONC94** - Platinum and taxane administered within 28 days following cytoreduction (or staging surgery) to women with invasive stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer

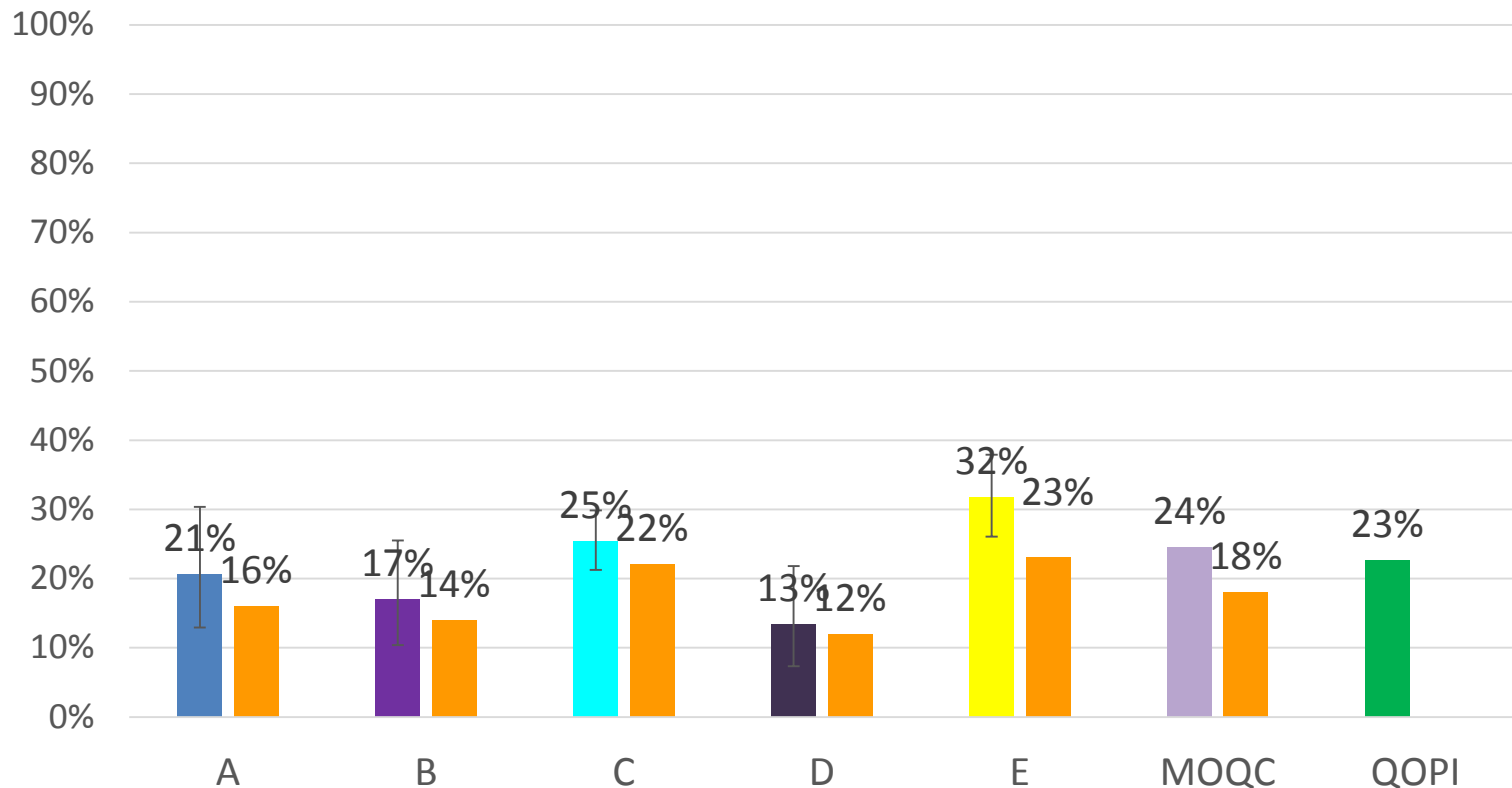
# Antiresorptive therapy given to patients with breast cancer who have bone metastases



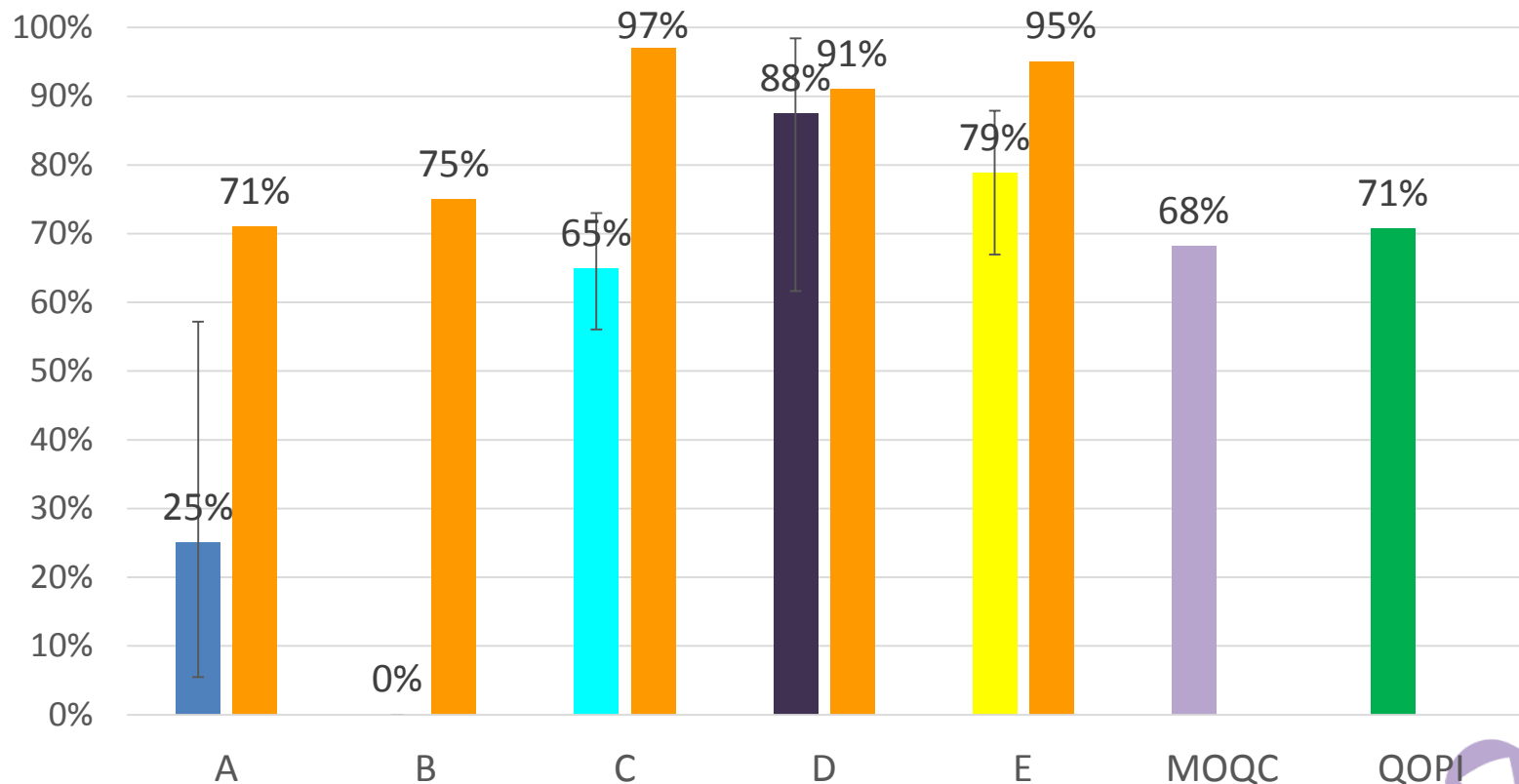
QOPI Measure Number BR61  
1<sup>st</sup> bar: S14-S17; 2<sup>nd</sup> bar: F17



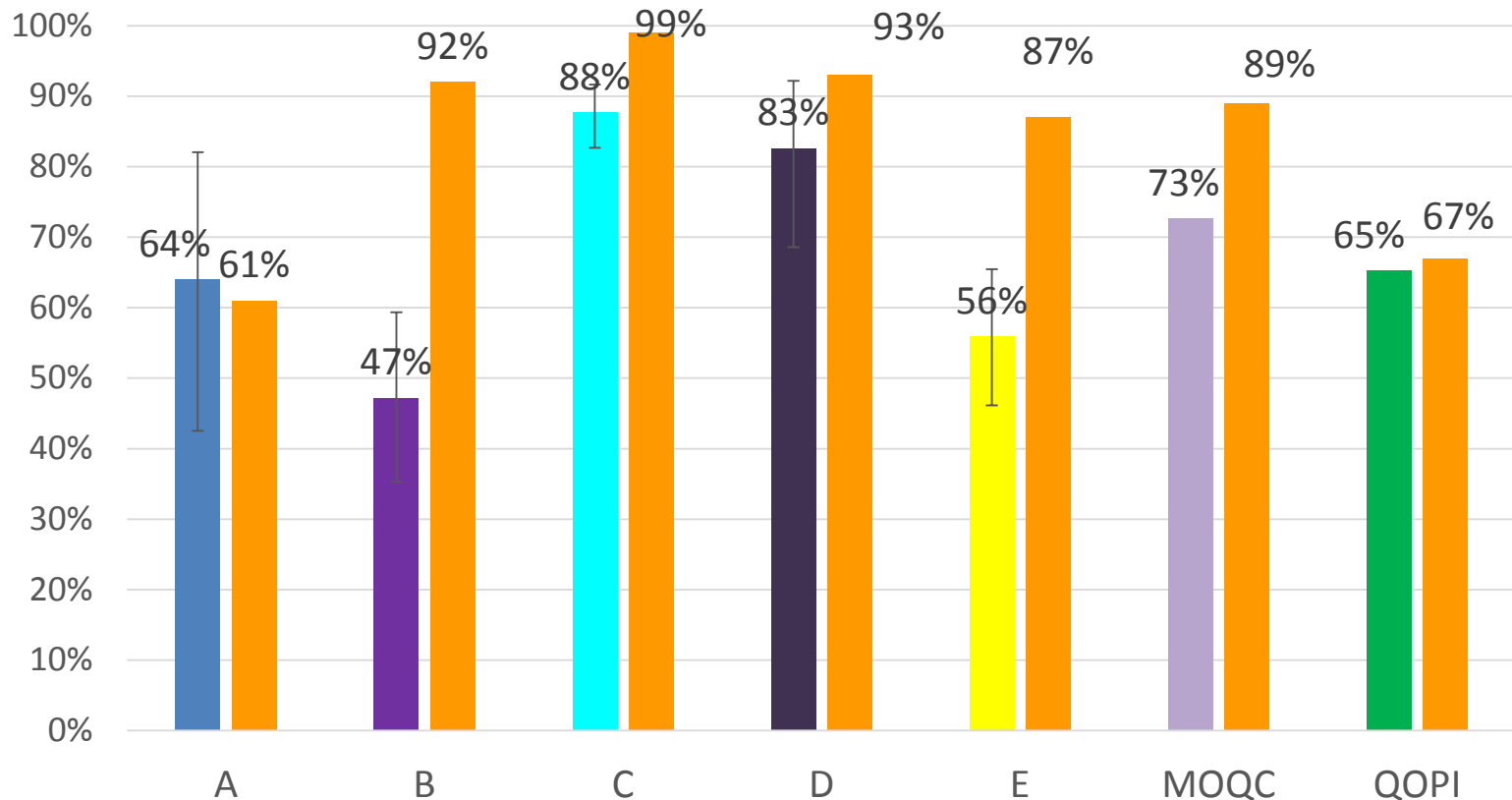
PET, CT, or bone scan ordered by practice within  
60 days after diagnosis for stages I or II breast cancer  
(Lower Score - Better) (Top 5 Measure)



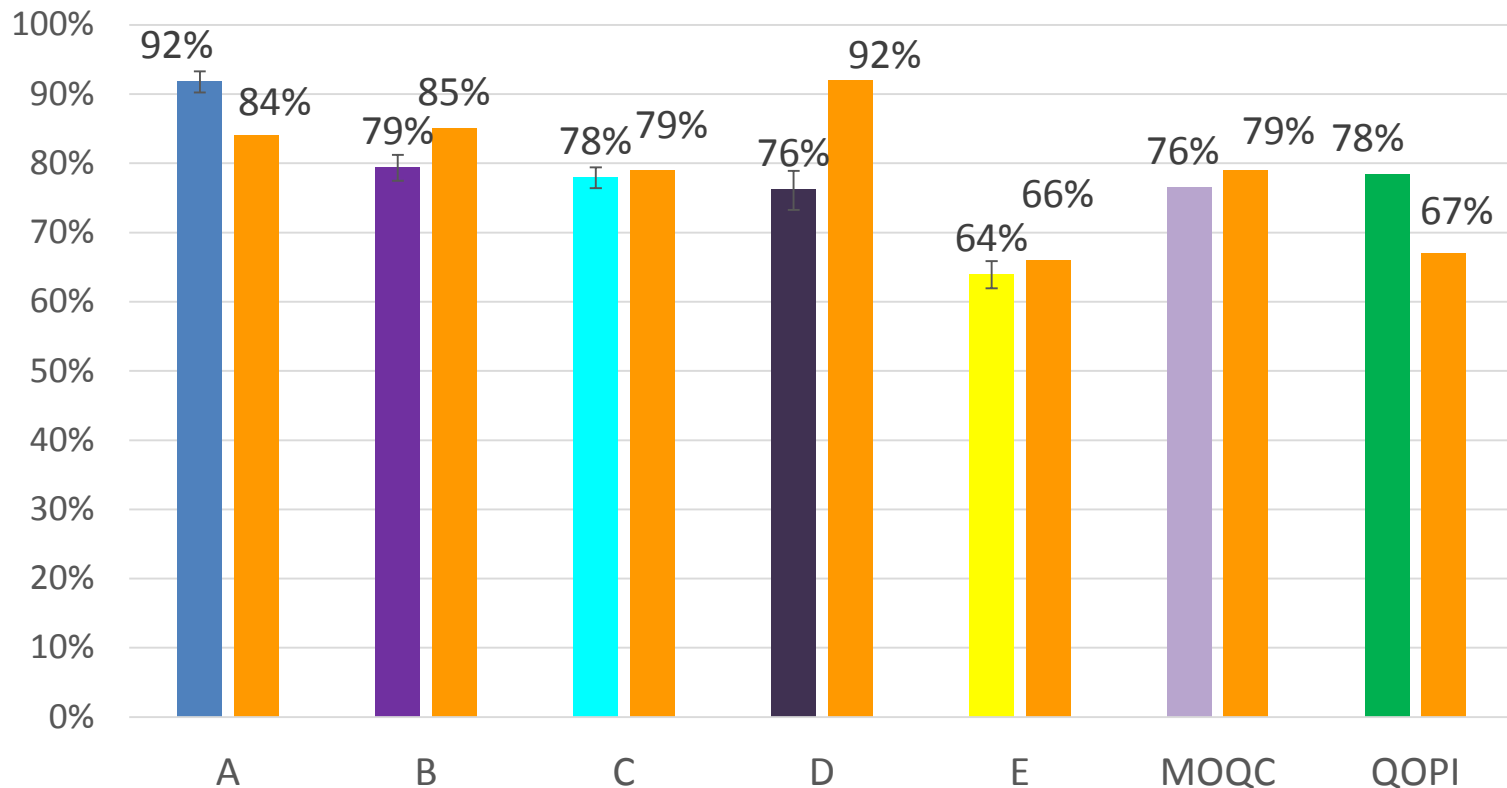
Serum tumor marker surveillance ordered by practice between  
30 – 365 days after diagnosis of early stage breast cancer  
(Lower Score - Better) (Top 5 Measure)



# Oral chemotherapy medication adherence assessed following start of therapy

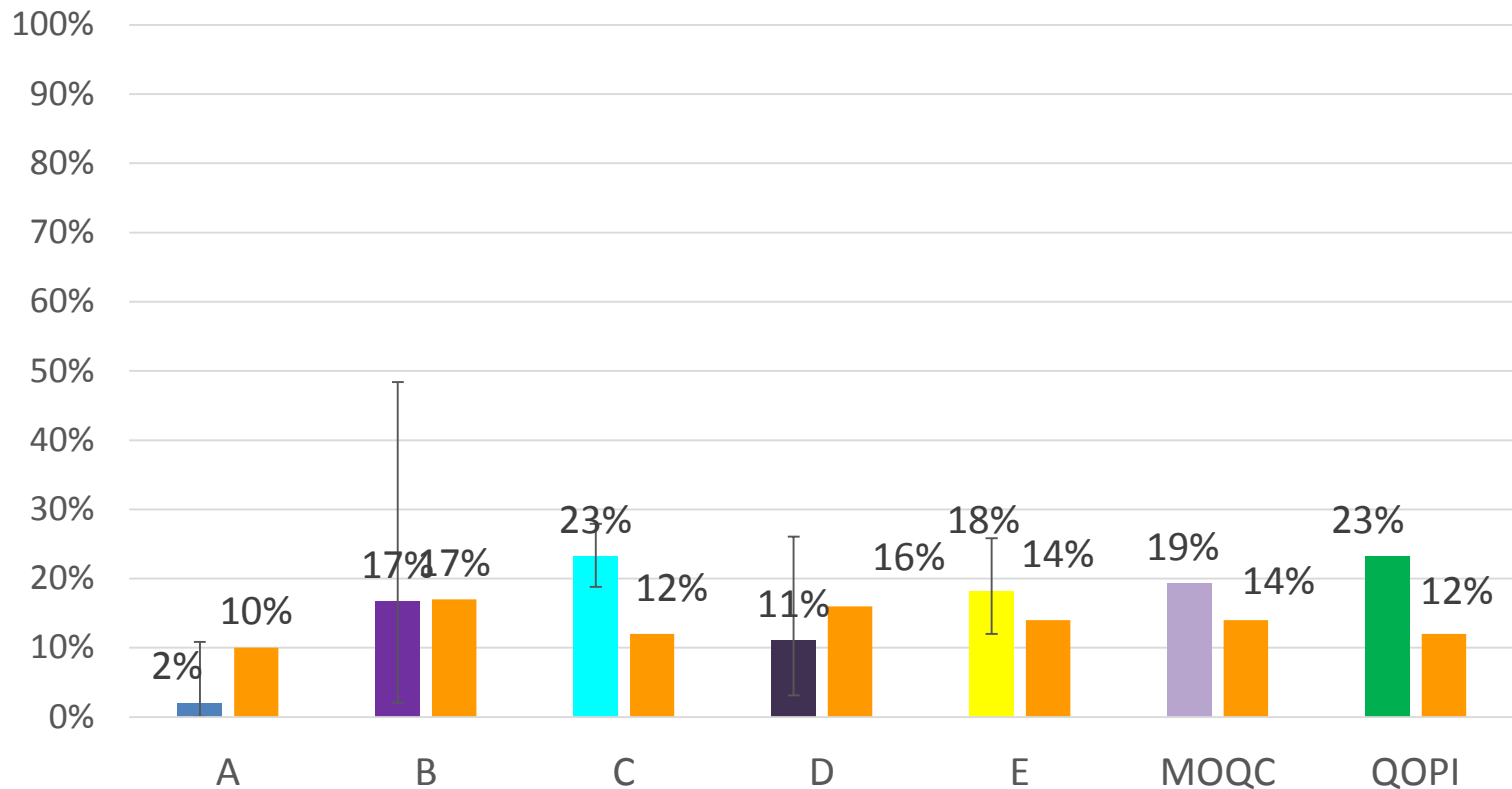


## Signed patient consent for chemotherapy (including oral chemotherapy)

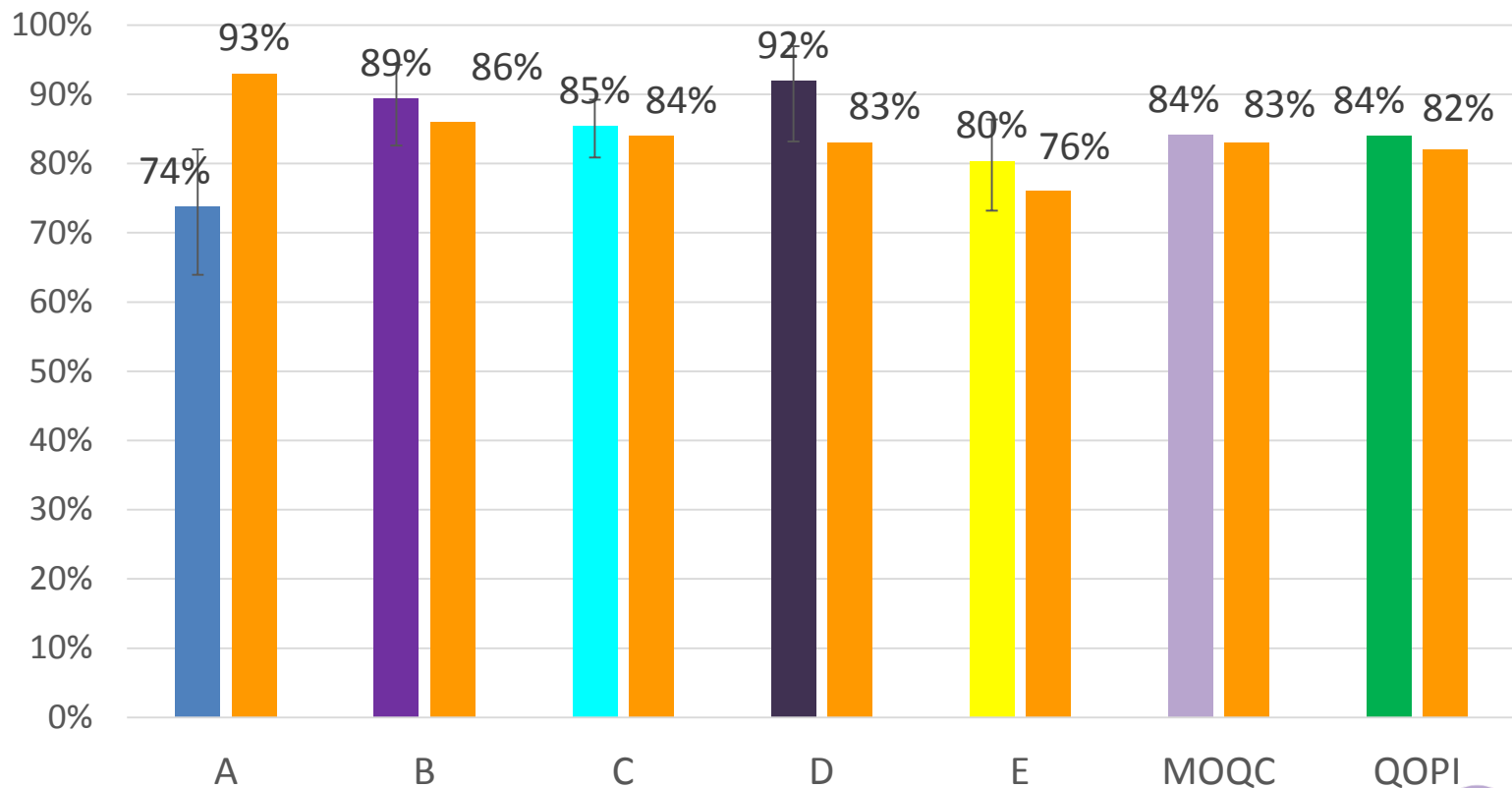




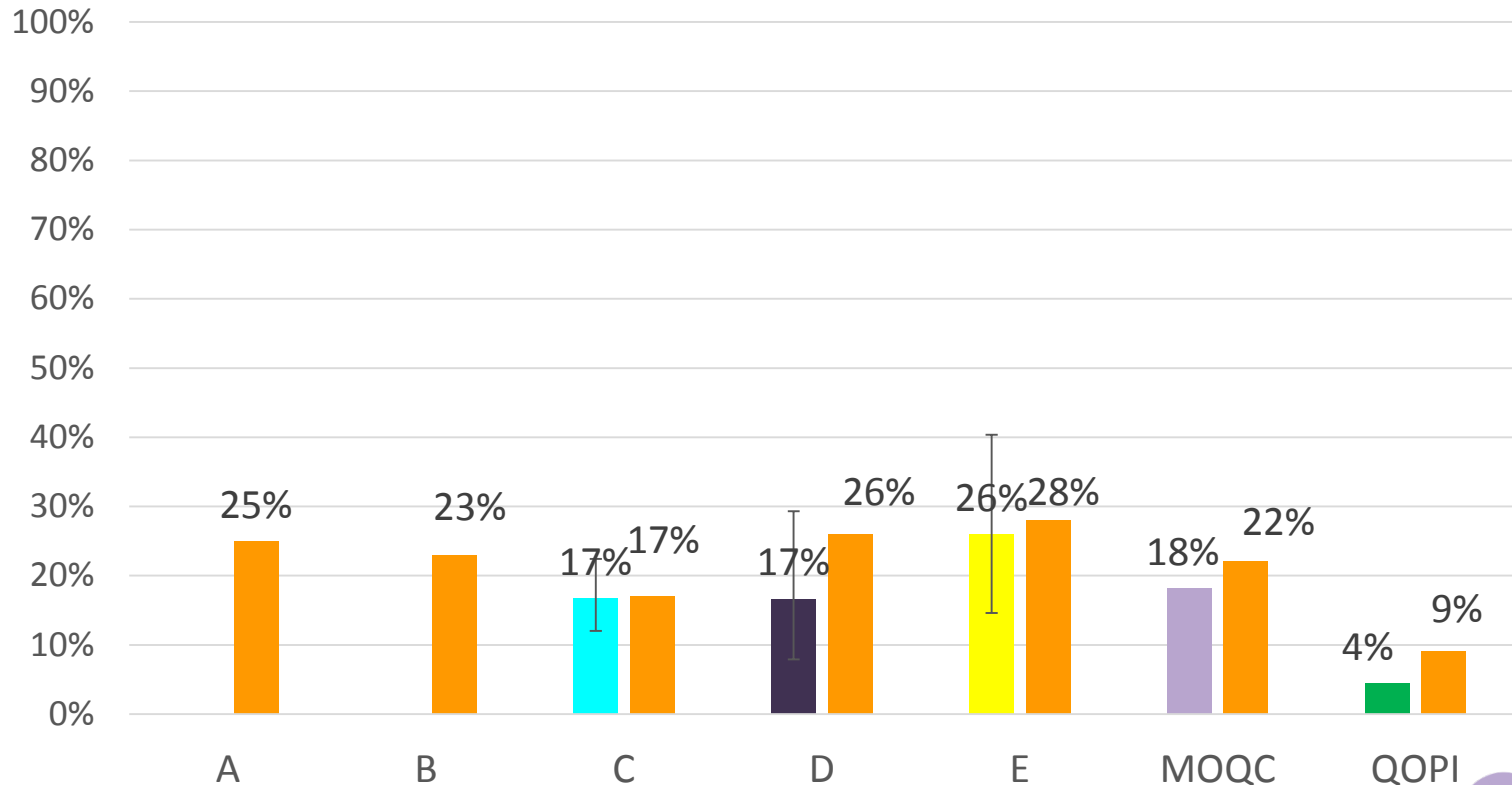
# Complete family history documented for patients with invasive colorectal cancer



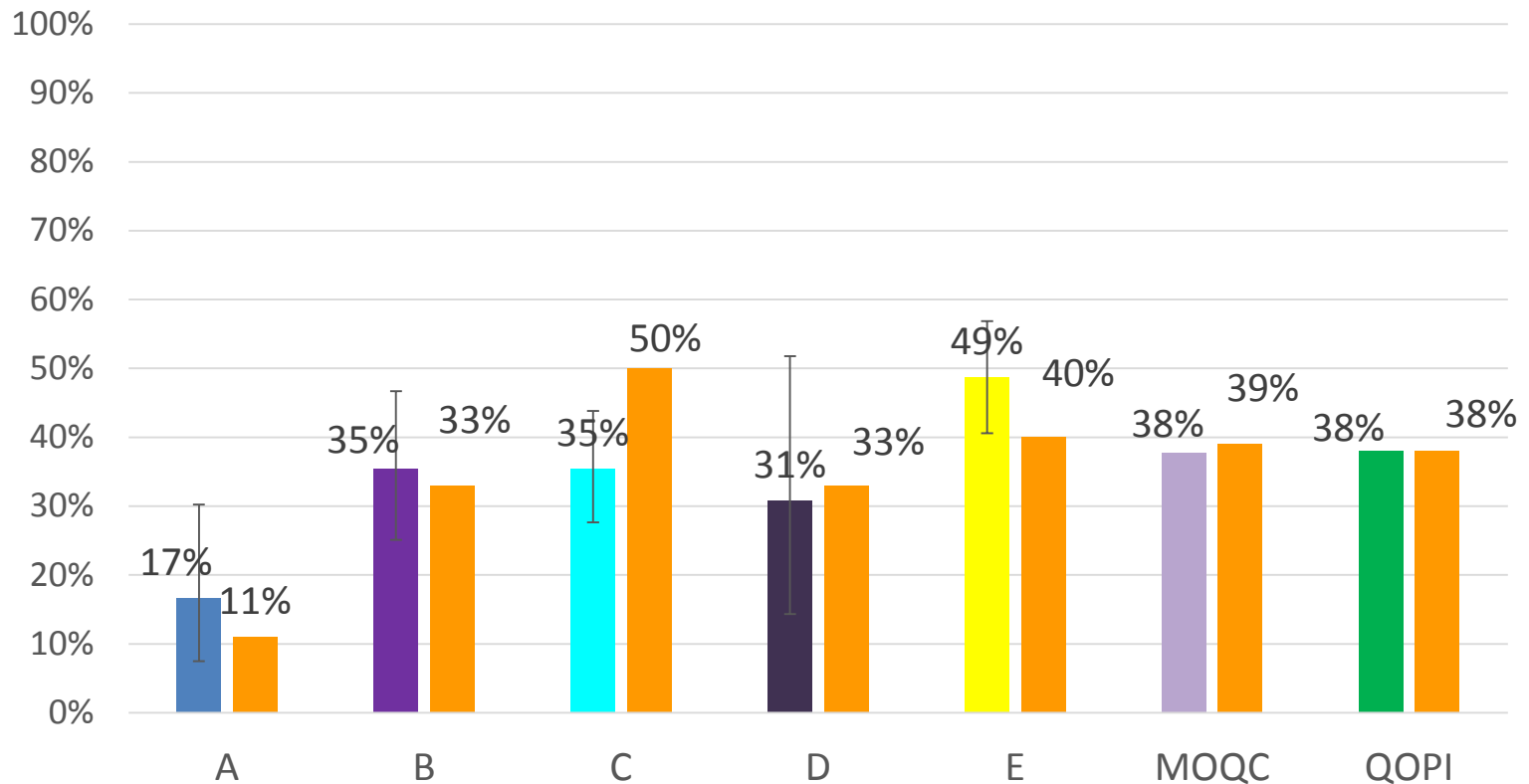
# Colonoscopy before or within 6 months of curative resection or completion of adjuvant chemotherapy






# Neurokinin-1 receptor antagonists for Cycle 1 low or moderate emetic risk chemotherapy (Lower Score - Better)



# Infertility risks discussed before chemotherapy with patients of reproductive age



# Why End of Life?

Number	Measure	2014-17	P value
EOL 38	Pain addressed		<b>&lt;0.01</b>
EOL 44	Dyspnea addressed		<b>&lt;0.05</b>
EOL 47	Chemo in last 2 weeks		<b>&lt;0.01</b>
EOL 44	Hospice enrollment and enrolled 3 days or more	No change (35%-33%)	0.59
EOL 47	Hospice enrollment, palliative care referral or documented discussion	No change (66%-64%)	0.63

# Why End of Life?

- Over last four years, little improvement across MI
- Introduced VBP with two EOL measures
- Re-evaluated approach
  - Integrate/align with MIPS
  - Provide different support to practices
  - Re-think how we measure (e.g. burden of documentation)
  - Involve hospice in solutions
- 2018 Quality focus

