Michigan Oncology Quality Consortium
Biannual Meeting June 2018

Financial Hardship in Cancer Care:
Can We Provide Quality Care?
For Your Use

On MOQC.org/

Today’s Slides: Monday June 25, 2018

Today’s Videos: Friday, July 27, 2018

Password: TBD from Mary
Our mission is to be the best state in the nation for cancer care.
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.
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

THANK YOU
Accomplishments - 2017
Physician Participation

*January 14, 15, 16 was a shared meeting with MiBOQI and Pathways CQIs
January 2018 1st meeting involving gynecology oncology practices
Numbers include only practices physicians, counting one from each practice

Source: MOQC records
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

*exceptions are available to practices
Pain Managed Appropriately

First two office visits and most recent office visits

2018 87%

2017 78%

Calendar Year 2017

MOQC

A B C D E MOQC
Pain Managed Appropriately

Last two visits prior to death

Calendar Year 2017

2018 87%
2017 80%

A 78% 86% 87% 86% 84% 85% MOQC
Tobacco Cessation

Counseling administered or patient referred

Calendar Year 2017
Hospice Enrollment/Discussion or Palliative Care Services

Calendar Year 2017

2017

70%

2018

73%

A  42%
B  76%
C  67%
D  66%
E  61%
MOQC  64%

MOQC

MICHTON ONCOLOGY QUALITY CONSORTIUM

Calendar Year 2017
Summary of Changes for 2018

- Attendance requirements  
  Change?  No

- Measures for Pathway  
  Change?  Yes

- VBR Measures  
  Change?  No

- Number of VBR Measures  
  Change?  Yes

- VBR Targets  
  Change?  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)

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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

Year 1 – Aim 1
- In all MOQC practices
  - Survey clinicians & patients
  - Practice characteristics
  - Technology maturity index

Year 2 – Aim 2
- In 8 selected sites
  - Observation, shadowing, patient interviews

Year 3 – Aim 3
- Fall 2018 – Winter 2019
  - Focus groups
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, ≤ 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

MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM
Acknowledgments

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

Questions?

octet-study@umich.edu
734-615-4017
MOQC’s Structure

MOQC Steering Committee

MOQC Coordinating Center

Patient and Caregiver Oncology Quality Council (POQC)

Practices
New Groups & Initiatives

Steering Committee

- Measures Committee
- Research & Publication Committee
- Advanced Imaging Workgroup
Gynecology-Oncology Initiative
Re-Cap: Gynecology Oncology Initiative

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

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

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\textsuperscript{th}, 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

17 practices

Round 1 2018 (completed)

10 MOQC agreements

8 practices abstracted Round 1

2 practices in process with QOPI

Round 2 2018 (July, 2018)

10 practices to abstract in Round 2

5 practices in process with MOQC

2 practices in process with QOPI

5 practices to abstract in Round 2

2 practices TBD

15
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
1st bar: S14-S17; 2nd 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)

QOPI Measure Number BR62a1
1st bar: S14-S17; 2nd bar: F17
Serum tumor marker surveillance ordered by practice between 30 – 365 days after diagnosis of early stage breast cancer (Lower Score - Better) (Top 5 Measure)

QOPI Measure Number BR62c1
1st bar: S14-S17; 2nd bar: F17
Oral chemotherapy medication adherence assessed following start of therapy

QOPI Measure Number Core13oral6a
1st bar: S14-S17; 2nd bar: F17
Signed patient consent for chemotherapy (including oral chemotherapy)

QOPI Measure Number Core14
1st bar: S14-S17; 2nd bar: F17
Complete family history documented for patients with invasive colorectal cancer

QOPI Measure Number CRC63
1st bar: S14-S17; 2nd bar: F17
Colonoscopy before or within 6 months of curative resection or completion of adjuvant chemotherapy

QOPI Measure Number CRC73
1st bar: S14-S17; 2nd bar: F17
Neurokinin-1 receptor antagonists for Cycle 1 low or moderate emetic risk chemotherapy (Lower Score - Better)

QOPI Measure Number SMT28
1st bar: S14-S17; 2nd bar: F17
Infertility risks discussed before chemotherapy with patients of reproductive age

QOPI Measure Number SMT33
1st bar: S14-S17; 2nd bar: F17
<table>
<thead>
<tr>
<th>Number</th>
<th>Measure</th>
<th>2014-17</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOL 38</td>
<td>Pain addressed</td>
<td>↑</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>EOL 44</td>
<td>Dyspnea addressed</td>
<td>↑</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>EOL 47</td>
<td>Chemo in last 2 weeks</td>
<td>↓</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>EOL 44</td>
<td>Hospice enrollment and enrolled 3 days or more</td>
<td>No change</td>
<td>0.59</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(35%-33%)</td>
<td></td>
</tr>
<tr>
<td>EOL 47</td>
<td>Hospice enrollment, palliative care referral or documented discussion</td>
<td>No change</td>
<td>0.63</td>
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<td>(66%-64%)</td>
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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