



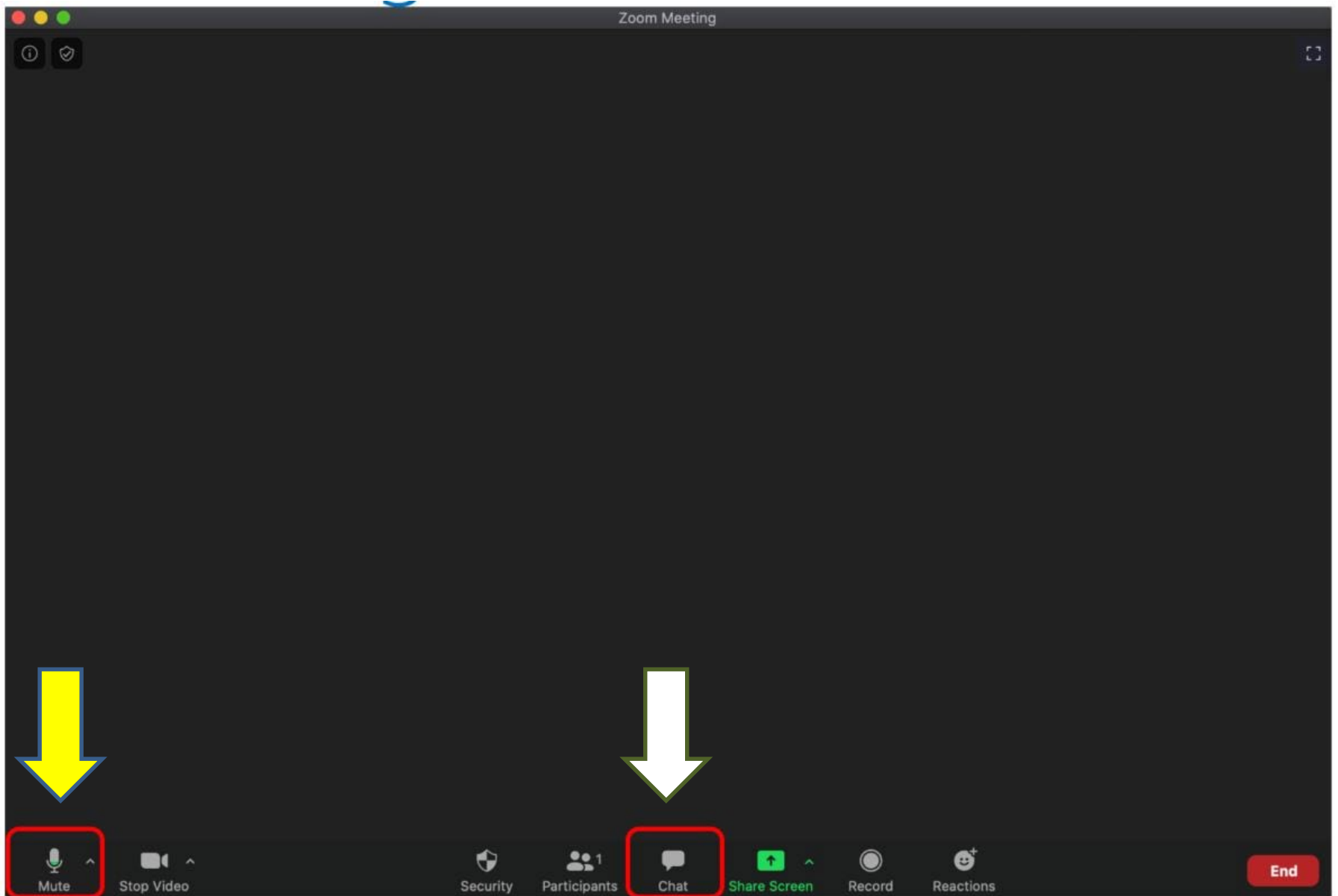
# MOQC

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

Trust • Integrity • Collaboration • Compassion • Growth Mindset

# Michigan Oncology Quality Consortium Biannual Meeting January 15, 2021

## **Palliative Care in the Person with Cancer**



# Before We Start

## Continuing Education

- The University of Michigan Medical School: **4 AMA PRA Category 1 Credits™**
- Michigan Pharmacist Association: **3 CE Hours**
- Social Work Continuing Education Collaborative: **4 CE Hours**



## For Physicians Representing MOQC Medical Oncology Practices

- MOQC/BCBSM VBR Participation Credit – **Complete CME & BCBSM Questions to confirm attendance**



## Disclosures

- No relevant disclosures

# Connect with Us

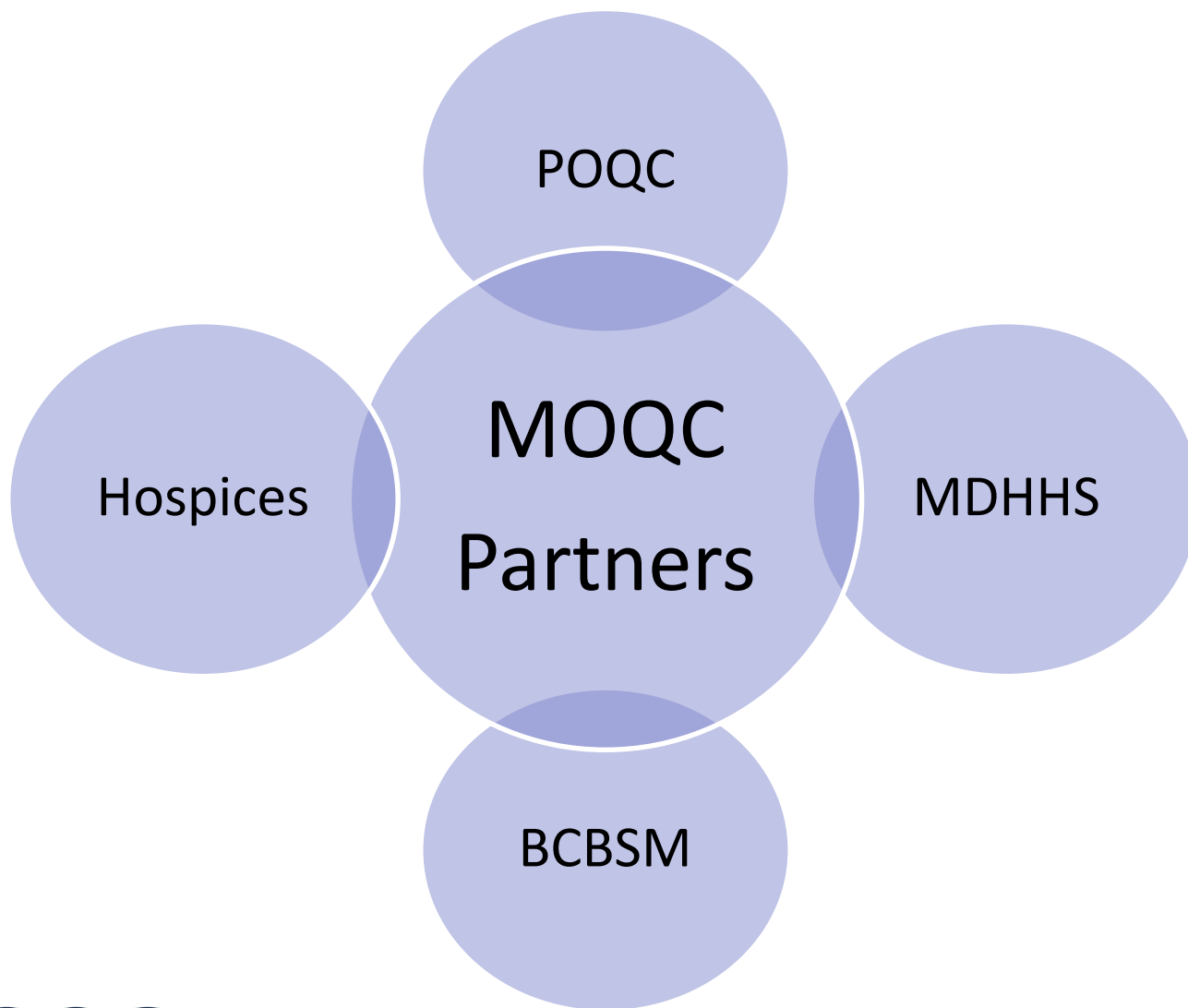


@MOQCTeam or #moqc



moqc@moqc.org

Time	Topic	Speaker
9:00 am	Welcome & Introductions	Jennifer J Griggs, MD, MPH, FACP, FASCO
9:10 am	The Caregiver's Perspective	Heather Fairbanks
9:20 am	<b>Keynote Presentation:</b> Integrated Palliative & Oncology Care: Past, Present, and Future	Jennifer Temel, MD <i>Clinical Director of Thoracic Surgery Massachusetts General Hospital Professor, Harvard Medical School</i>
10:45 am	Break	
11:00 am	<b>State of the Consortium</b> <ul style="list-style-type: none"> <li>• POQC Update</li> <li>• Steering Committee Update</li> <li>• BCBSM Introduction</li> <li>• MOQC Performance: How Are We Doing?</li> </ul>	Mike Harrison Dawn Severson, MD James D Grant, MD, MBA, FASA Jennifer J Griggs, MD, MPH, FACP, FASCO
12:00 pm	Break out Groups: Instructions & Choices	Louise Bedard, MSN, MBA
1:00 pm	Adjourn	





Nicole Timmerman, RN  
Senior Project Manager



Ermili Potka  
Clinical Data Abstractor





*Lindiwe Quinn Beusterien*  
*Born January 7, 2021*  
*6 lb, 8 oz*

## **Thank you to those who performed abstraction for MOQC practices (Round 2, 2020)**

Norine Briolat, Karmanos Cancer Institute  
Jennetta Novak, MHP Hematology Oncology Consultants  
Tracy Messing, MHP Hematology Oncology Consultants  
Nick Casabon, MHP Hematology Oncology Consultants  
Megan Beaudrie, MHP Downriver Oncology  
Heather Spotts, MSU Breslin Cancer Center  
Therese Hecksel, MSU Breslin Cancer Center  
Nicole Brashear, St. Joseph's Mercy Health System  
Aimee Ryan, Great Lakes Cancer Management Specialists  
Ashley Poulin, Great Lakes Cancer Management Specialists  
Adrienne Stevens, Great Lakes Cancer Management Specialists  
Diana Lee, Cancer & Hematology Centers of Western Michigan  
Amy Fliestra, Cancer & Hematology Centers of Western Michigan  
Ericka Burklund, Dickinson Hematology/Oncology Clinic

Joanna Gil, Henry Ford Cancer Institute  
Kelly Bristow, Henry Ford Cancer Institute  
Lisa May, Henry Ford Cancer Institute  
Karen Pfaff, Huron Medical Center  
Vickie Foley, Karmanos Bay Oncology Hematology  
Wendy Mielens, Karmanos Bay Oncology Hematology  
Amanda Boisvert, Karmanos Cancer Institute at McLaren Macomb  
Sarah Zeilinger, Northern Michigan Hematology Oncology  
Heather Weinschenk, Northern Michigan Hematology Oncology  
Jeanie Rye, Memorial Healthcare Cancer Center  
Harita Patel, Michigan Healthcare Professionals Oakland Medical Group  
Renae Vaughn, Munson Oncology  
Kelly Guswiler, Munson Oncology  
Lisa Lang, Karmanos at McLaren Central Michigan  
Angela Gorham, West Michigan Cancer Center

### **MOQC Team & MOQC by Proxy**

Kleanthe Kolizeras, Ermili Potka, Colleen Schwartz, Cindy Michalek, Cindy Michalek, Tiffany Peters, Nicole Timmerman, Louise Bedard

# The Voice of the Patient & Family

## Heather Fairbanks



Introduction – Jennifer Temel, MD

Presentation can be found in a separate deck

See 1-15-20 Future of PC (palliative care)



*Thank  
you*





# State of the Consortium

# POQC Update

Mike Harrison



# POQC Work



**PATIENT AND CAREGIVER  
ONCOLOGY QUALITY COUNCIL (POQC)**

The Michigan Oncology Quality Consortium (MOQC) is dedicated to improving the quality of care cancer patients receive in Michigan (BCBSM) and work is coordinating efforts to support patients, especially those who receive chemotherapy.

**BACKGROUND**  
MOQC formed POQC to increase the role of patients and caregivers in the Consortium. POQC members support our development of new projects and sharing our experiences. We are very interested in having patients and caregivers who are medically underserved, and those who are interested in sharing their experiences.

**A GOOD PATIENT OR CAREGIVER ADVOCATE**

- Has personal experience with cancer as a patient or family member
- Is willing to share insights from their experience or perspective
- Can speak and function as part of a team within a safe group environment
- Works effectively with people of diverse backgrounds
- Has access to a computer and the Internet (Google Chrome as a browser)
- Uses e-mail to receive documents, send messages, and can confirm attendance and receipt of information
- Understands and can manage basic Microsoft Word programs for minor editing of documents

**CONTACT**  
Vanessa Aron, Project Manager  
varon@moqc.org • 734-615-1796



**POQC: PATIENT AND CAREGIVER  
ONCOLOGY QUALITY COUNCIL**  
**PRACTICE HANDOUT**

**BACKGROUND**  
The Michigan Oncology Quality Consortium (MOQC) is a group formed in 2009, whose goal is to improve the quality of care cancer patients receive across the state. MOQC is supported by Blue Cross Blue Shield of Michigan (BCBSM) and work is coordinated at the University of Michigan. MOQC focuses on all cancer patients, especially those who receive chemotherapy, with or without insurance. MOQC improves care by using data gathered as part of the national Quality Oncology Practice Initiative (QOPI®) program, targeting areas of care that need to get better, and working with medical and gynecologic oncologists and their teams to make changes in their practices so that care improves.

MOQC formed POQC to increase the role of patients, their families or caregivers in the work of our Consortium. POQC members support our Steering Committee and our practices by guiding the development of new projects and sharing our work with the community and other interested groups.

**POQC CONTRIBUTIONS**  
POQC Members are able to:

- Share stories of how they have faced challenges in accessing the health care system, and ideas for how systems can be created to better serve patients and loved ones
- Provide the voice of patients and caregivers in focus groups or for patient-facing materials review

**POQC RECRUITMENT**  
In addition to providing support to MOQC and to MOQC practices, POQC is always looking to expand. We are very interested in having patients and caregivers who represent a broader patient voice, including:

- Patients and caregivers from minority groups
- Patients currently receiving treatment; caregivers of patients currently receiving treatment
- Patients with varied diagnosis ages; caregivers of patients with varied diagnosis ages
- Patients and caregivers who are medically underserved

Members of MOQC and/or POQC will reach out to patients or caregivers of interest and schedule one on one meetings to discuss participation.

**CONTACT**  
Vanessa Aron, Project Manager  
varon@moqc.org • 734-615-1796



- Recruitment Handouts
  - Practice
  - Patient
- Financial Toxicity Resources
- Anti-Racism

# Steering Committee Update

Dawn Severson, MD

MOQC Steering Committee Chair

[dsevers1@hfhs.org](mailto:dsevers1@hfhs.org)

# Steering Committee Structure

- Please consider nominating yourself or a colleague for the next term
- Committees and Task Forces
  - MOQC Database Task Force – First meeting Jan 21, 2021, 6 pm
  - Measures Committee – Next meeting May 19, 2021, 6 pm
  - Data Evaluation, Research, and Publications Committee--ongoing

# Updates

- Keynote speaker for June Biannual meeting  
Supriya Mohile, MD, MS, University of Rochester
- Opportunities to expand measures, value based reimbursement in MOQC – committee brainstorming
  - Gold-carding opportunities for imaging & pharmaceuticals
  - Collaborative-wide use of biosimilars
  - Collaborative-wide use to pharmacogenomics testing & treatment

# BCBSM Introduction

# James Grant, MD, MBA, FASA

Executive Vice President and Chief Medical Officer of  
Blue Cross Blue Shield of Michigan (BCBSM)

Past Chair of the Department of Anesthesiology and  
Physician Executive of perioperative services at Cedars-Sinai  
Medical Center in Los Angeles

Past Professor and Chair of Anesthesiology at Oakland  
University William Beaumont School of Medicine and Chair  
of Department of Anesthesiology at Beaumont – Royal Oak

Past President of the American Society of Anesthesiologists

BS from Michigan State, MD from Wayne State and  
anesthesiology residency at Northwestern in Chicago



# MOQC Performance

## How are we doing?

# 11 Measures

- Tobacco cessation counseling provided or referral made
- NK1RA and olanzapine given to people receiving high emetic-risk chemotherapy
- NK1RA or olanzapine given to people receiving low-to-moderate emetic-risk chemotherapy
- Pain assessed & quantified & plan of care for people with moderate-to-severe pain
- Hospice enrollment
- Hospice enrollment and enrollment within 7 days of death
- Hospice enrollment or documented discussion
- Chemotherapy administered within the last 2 weeks of life
- Advanced imaging ordered within 60 days of diagnosis in patients with Stage I or II breast cancer

## 2 rounds of data only

- GCSF given to patients who received chemotherapy with non-curative intent (first regimen, first cycle)
- Complete family history documented in patients with invasive cancer



# Data to be presented

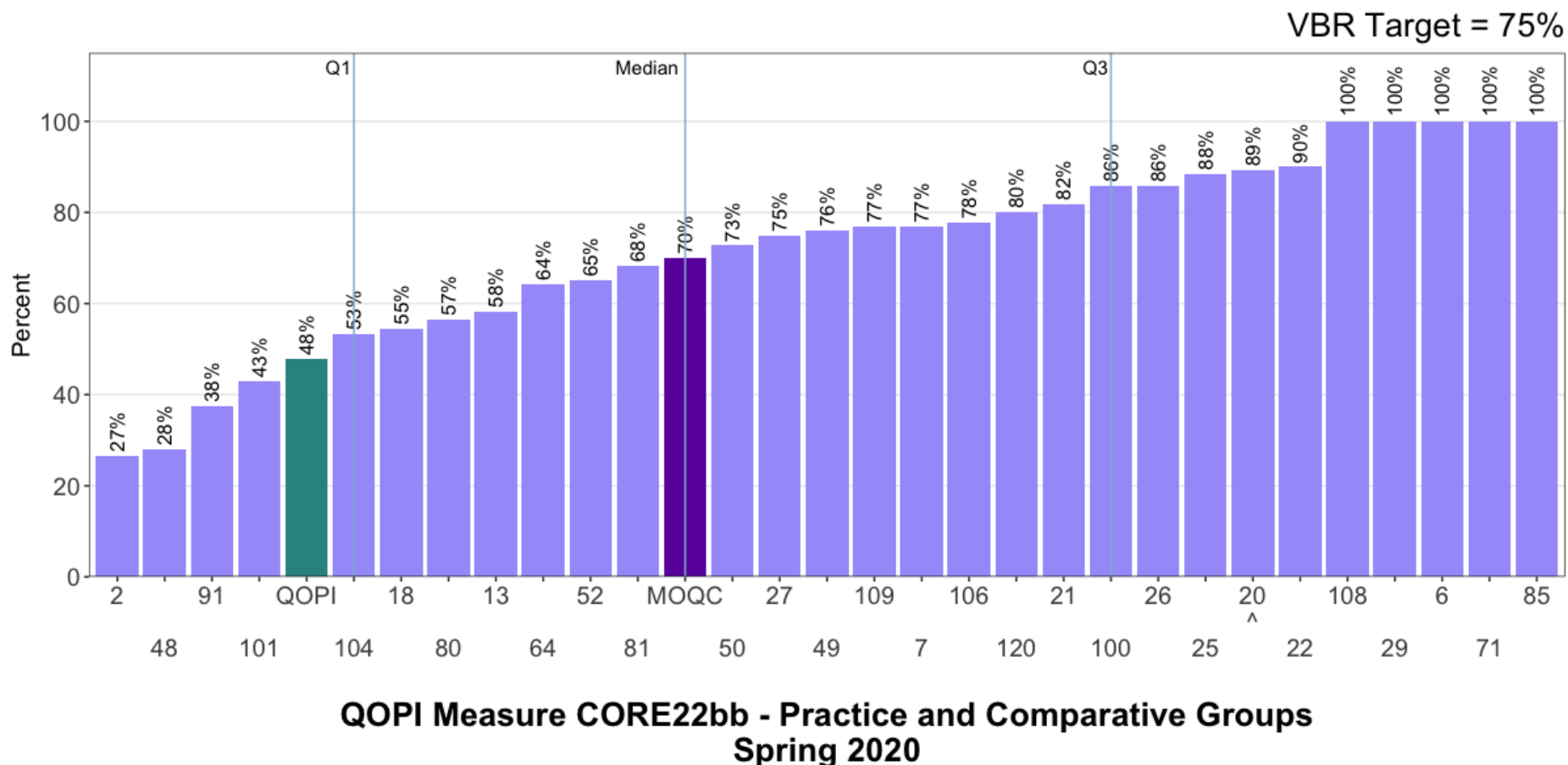
- Two periods of comparison to be shown
  - Round 1 2020  
Seen at regional meetings (most recent data)
  - Combined Rounds 1 & 2 2019

The data collection through December 4, 2020 will be available to you through your QOPI account in February 2021.

# Figures

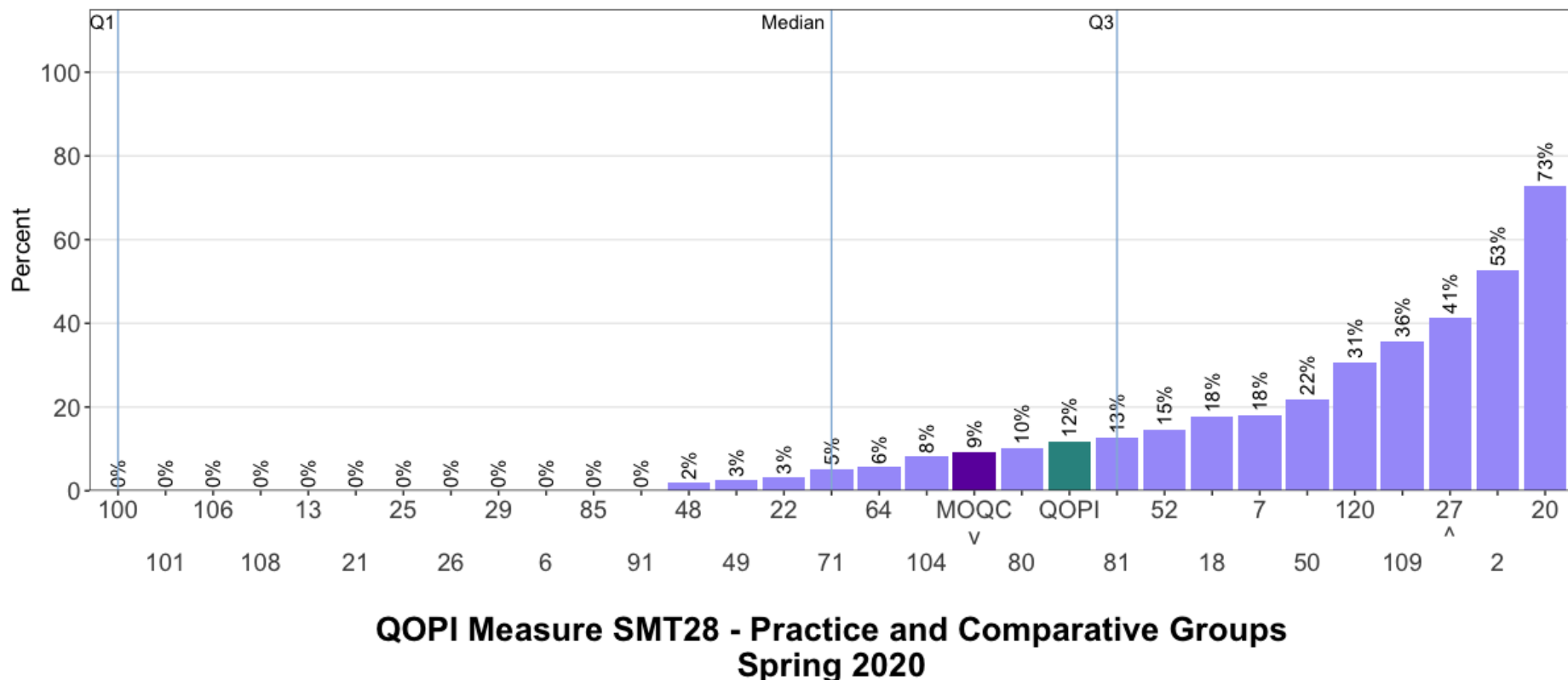
- First histogram (most recent round of data)
  - Performance by practice in order of performance
- Second histogram (previous year of data)
  - Performance by practice, practice stays “fixed”

# Tobacco cessation counseling administered or patient referred in past year N = 332



Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# NK1 Receptor Antagonist & Olanzapine prescribed or administered with high emetic-risk chemotherapy N = 588

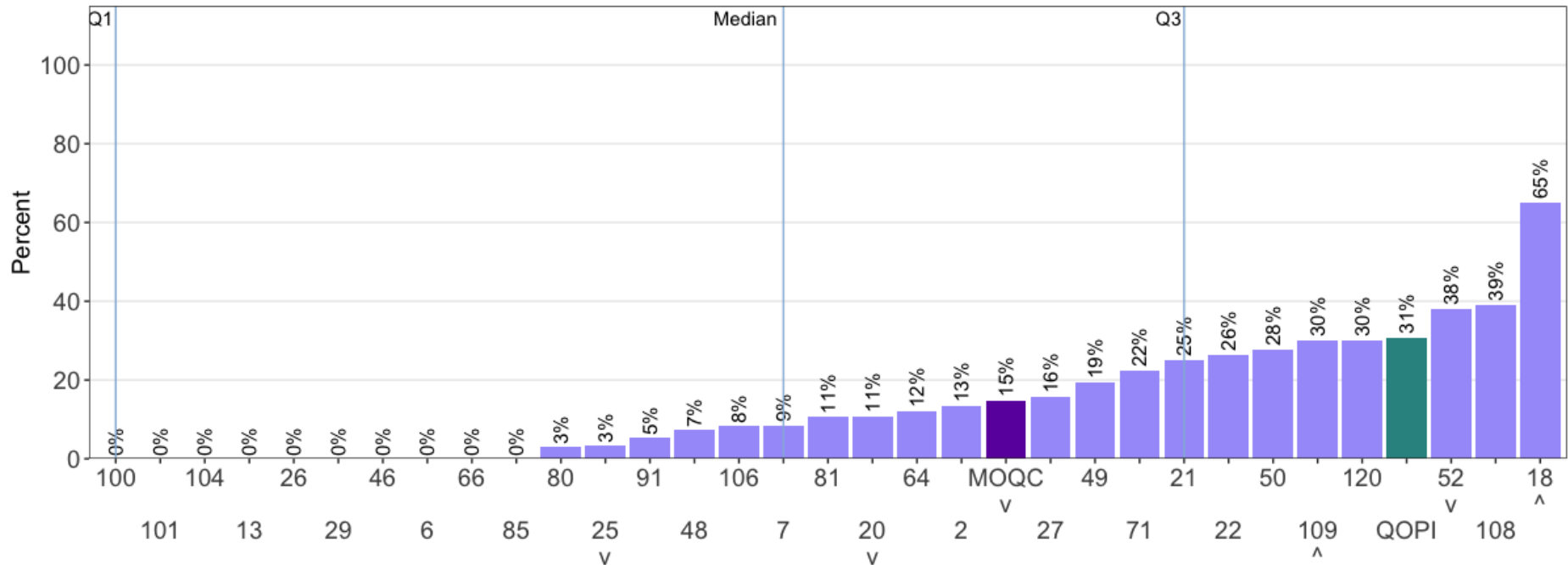


Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

NK1 Receptor Antagonist or Olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower is better)

N = 623

VBR Target = 30%

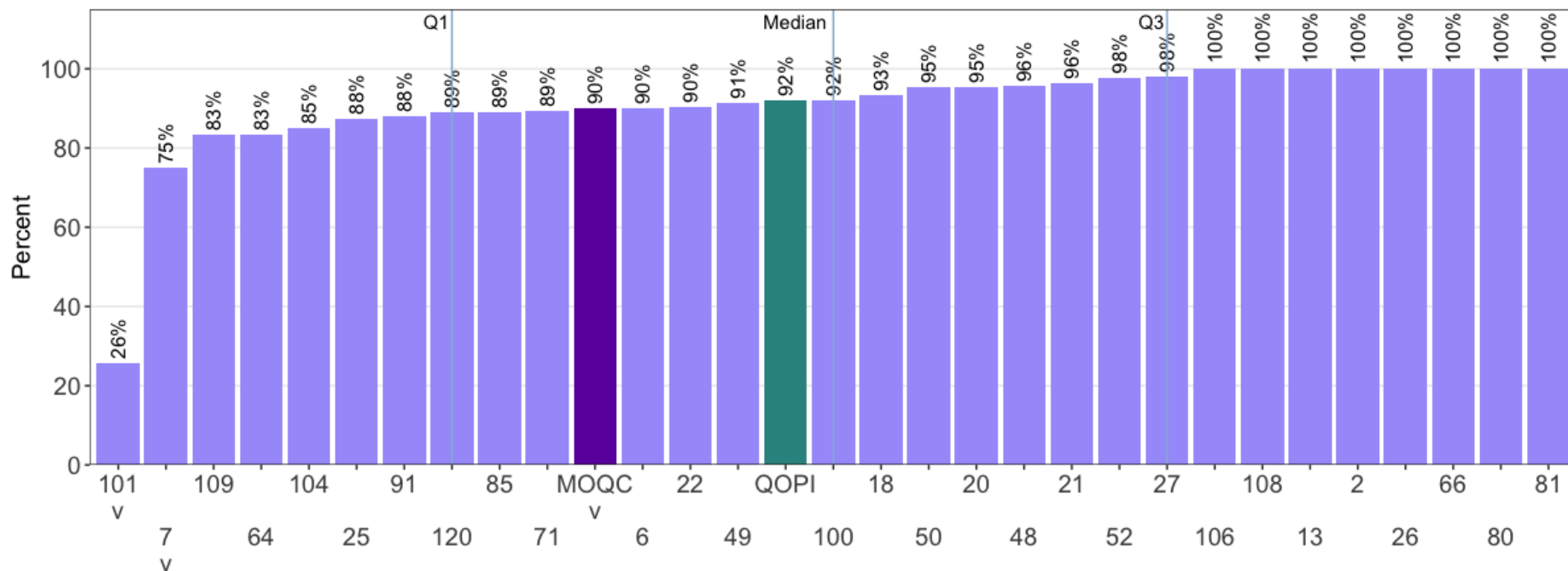


### QOPI Measure SMT28a - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Pain addressed appropriately (assessed, quantified, and plan of care documented for moderate-to-severe pain)

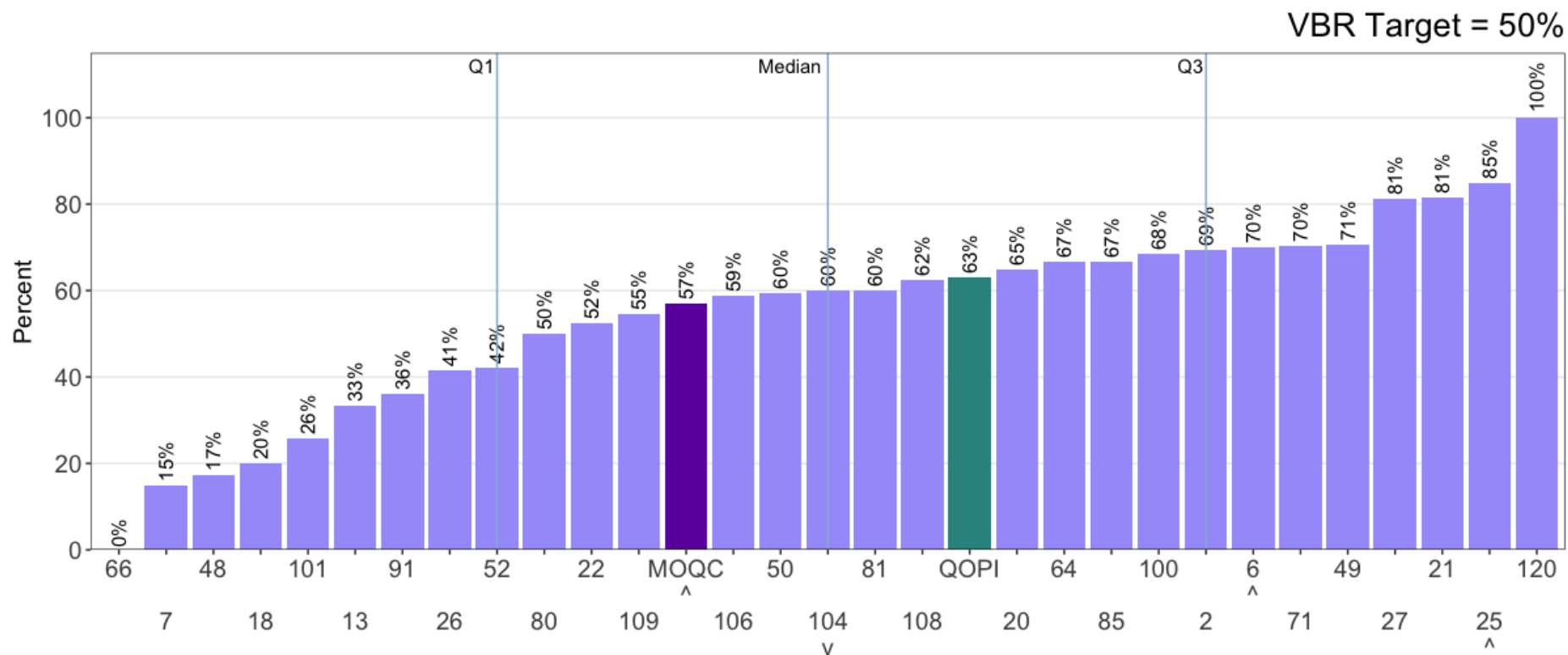
N = 525



## QOPI Measure EOL38 - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Hospice Enrollment N = 517

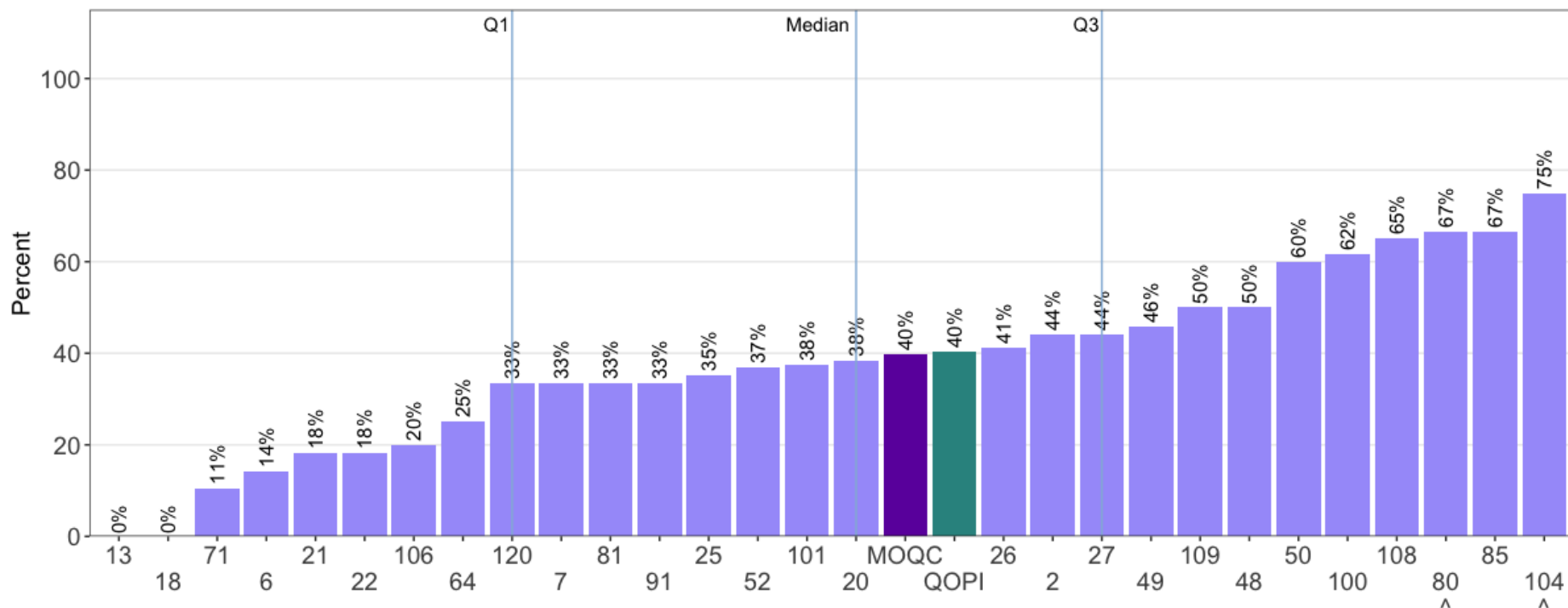


## QOPI Measure EOL42 - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

## Hospice enrollment & enrollment within 7 days of death (lower is better)

N = 294



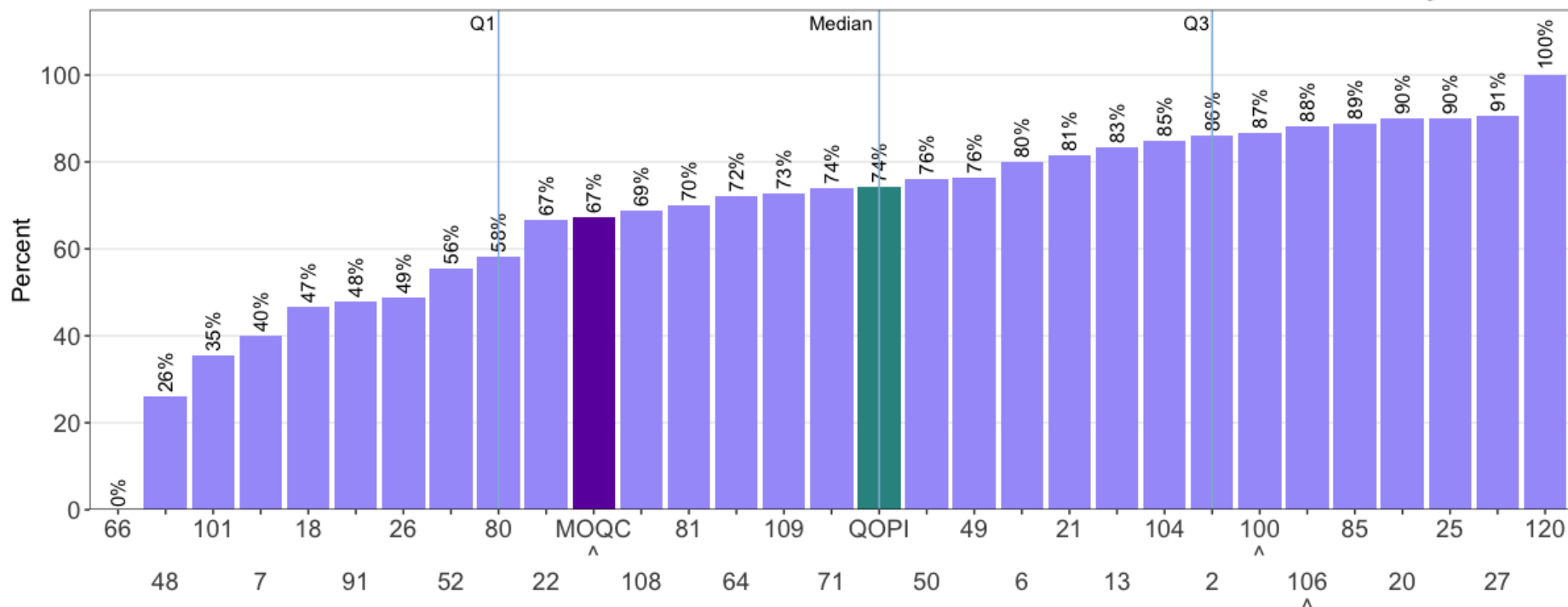
### QOPI Measure EOL45 - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.



# Hospice enrollment or documented discussion N = 517

VBR Target = 65%

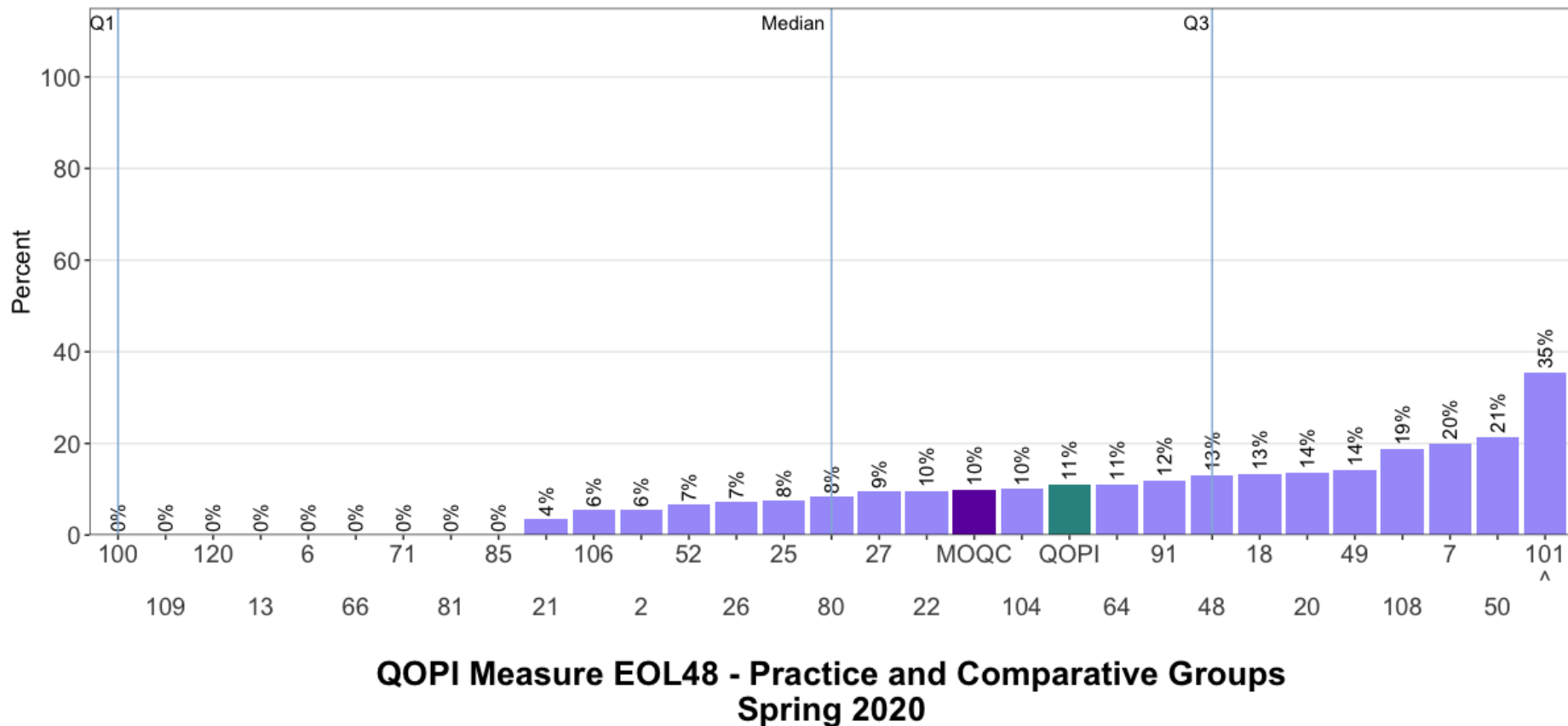


## QOPI Measure EOL47a - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Chemotherapy administered within the last two weeks of life (lower is better)

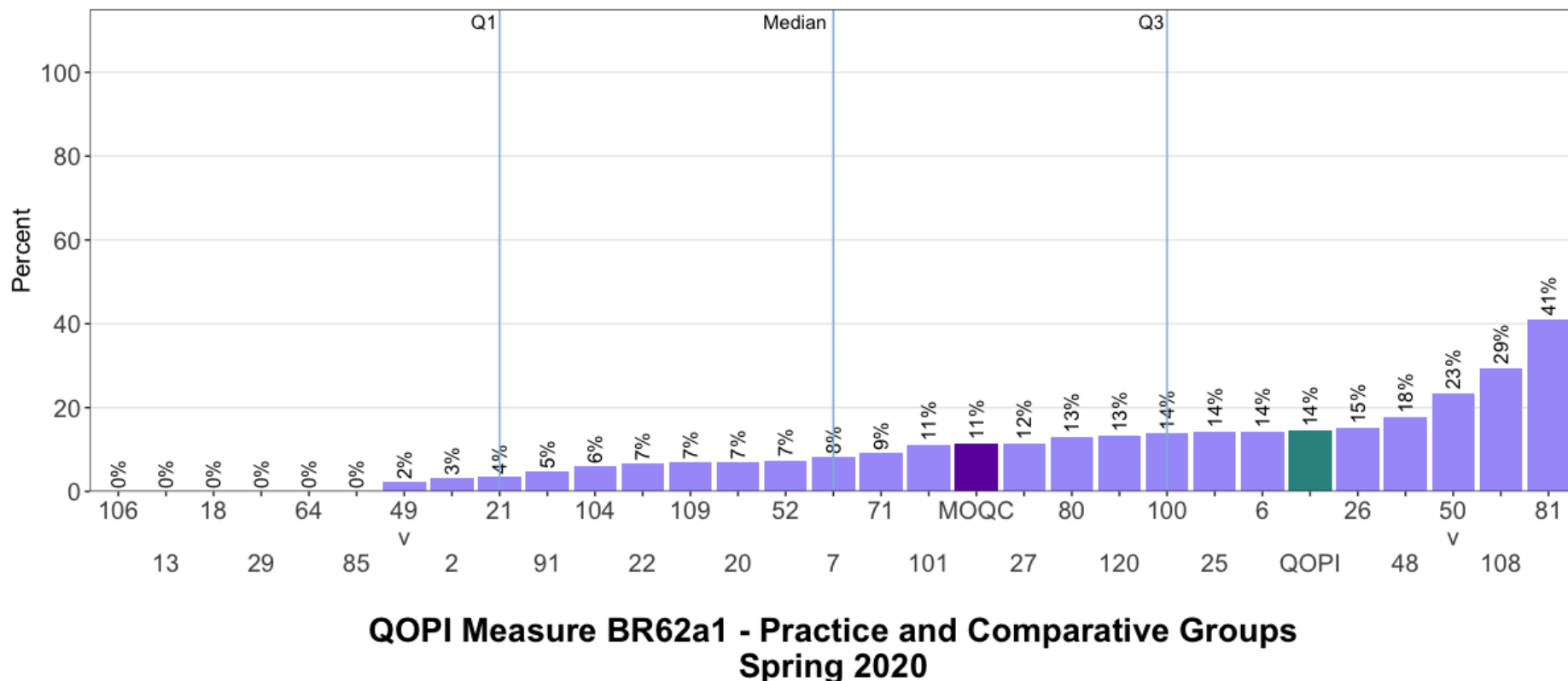
N = 525



Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
 Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for Stage I, IIA or IIB breast cancer (lower is better)

N = 603



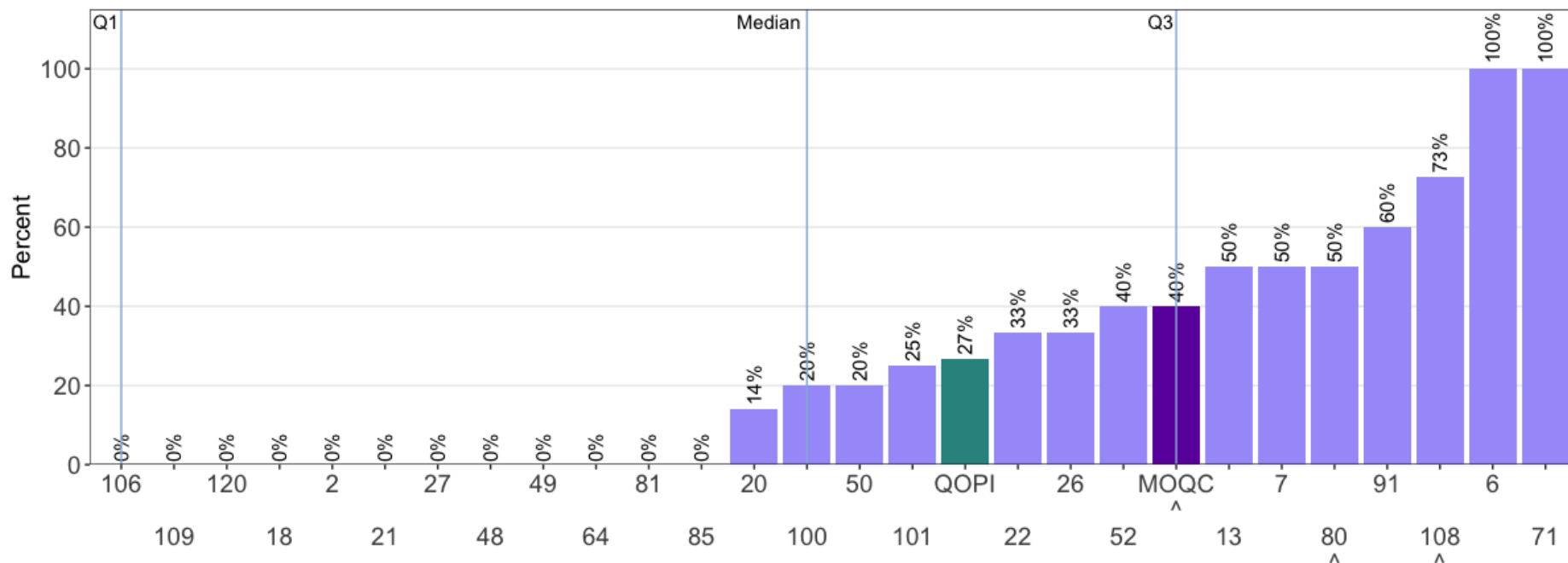
Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )

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

- The following three measures have two rounds of data (MOQC-specific measures)
- R2 2019 & R1 2020:
  - Growth Colony Stimulating Factor (G-CSF) administered to patients who are receiving chemotherapy for non-curative intent
  - Complete family history for patients with invasive cancer

GCSF administered to patients who received chemotherapy with non-curative treatment (lower is better)

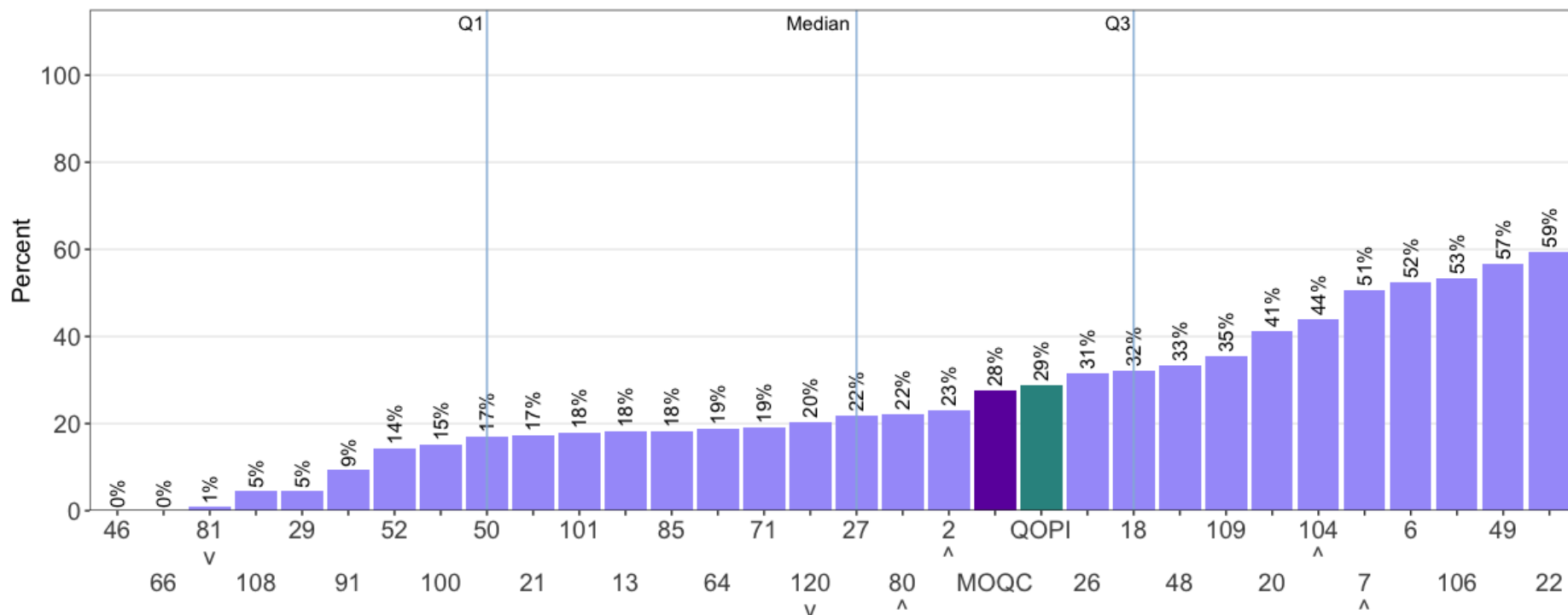
N = 60



### QOPI Measure MOQC PM3 - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Complete family history documented in patients with invasive cancer N = 1934



## QOPI Measure MOQC PM2 - Practice and Comparative Groups Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods ( $p < 0.05$ )  
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Summary

- Excellent progress on a number of measures
- Performance excellent for VBR Measures
- VBR Year begins March 1<sup>st</sup>
  - Meeting Targets - Excellent
  - Participation – Missed VBR
- Measures Committee – May 2021 Meeting
  - Creating new measures
  - Reviewing VBR measures & other opportunities

## Medical Oncology Measures, 2021

	Measure
1	Chemotherapy intent (curative vs. non-curative) documented before or within 2 weeks after administration
2	Oral chemotherapy monitored and addressed on visit/contact following start of therapy
3	Tobacco cessation counseling administered or patient referred in past year
4	NK1RA & olanzapine prescribed or administered with high risk chemotherapy—VBR Measure
5	NK1RA or olanzapine administered with 1 <sup>st</sup> cycle low/moderate emetic risk (lower is better)—VBR Measure
6	Complete family history documented in patients with invasive cancer
7	G-CSF administered to patients who received chemotherapy with non-curative intent (lower is better)
8	Hospice enrollment—VBR Measure
9	Hospice enrollment & enrollment within 7 days of death (lower is better)—VBR Measure
10	Chemotherapy administered within the last 2 weeks of life (lower is better)
11	Percentage of patients who died from cancer with more than once emergency department visit in the last 30 days of life (lower is better)



# MOQC Quality Projects

## Active - 2021

1. Tobacco cessation
2. Oral oncolytics
3. Hospice enrollment
4. Chemotherapy-induced nausea/vomiting

## Exploratory - 2021

1. Gold carding opportunities
2. Primary care-oncology model (PCOM) for complex patients
3. Fatigue management support

## Ongoing grant-funded projects, 2021

1. Michigan Genetics Hereditary Testing (MiGHT)
2. Cancer Thriving & Surviving/Survivorship
3. Ovarian Cancer Grant (podcasts & other resources)



## Strategic Objectives

- Centering Equity
- Maximizing Value
- Generating Trusted Data

# Discussion

*Before we go to the breakout rooms...*

# Three Breakout Rooms

- Choose one
  - **Conversation with Jennifer Temel, MD & Jerome Seid, MD**
  - **How to POEM**
  - **Cancer Care in Times of COVID**
- “Click” on “Break out Room” Button on Task bar
- Select Break out room of Choice
- If you leave by mistake, log back into main MOQC Meeting
- You will leave from your breakout session
- Everyone will receive the same “end of meeting” reminders
- Complete CME to receive participation credit  
(MOQC physicians only)

# 2021 Regional Meetings

A physician per practice must attend each meeting

Region	Spring Meetings 6-8pm	Fall Meetings 6-8pm
<b>Metro East</b>	Wednesday March 31	Wednesday October 27
<b>LMOR</b>	Monday April 5	Monday November 1
<b>WOW</b>	Wednesday April 14	Wednesday November 10
<b>CMG</b>	Monday April 19	Monday November 15
<b>Superior West</b>	Wednesday April 28	Wednesday October 13
<b>Superior East</b>	Thursday April 29	Thursday October 14

# Upcoming Biannual Meetings

MOQC BIENNIAL MEETINGS & 2021 & 2022		
Friday, June 18, 2021	H Hotel	<b>Midland</b>
Friday, January 21, 2022	Inn at St. John's	<b>Plymouth</b>
Friday, June 17, 2022	TBD	<b>Lansing</b>

A physician per practice must attend one meeting each calendar year

Locations and dates subject to change

# Gyn Oncology Practices - 2021

Saturday  
April 10  
9am – 1pm

Virtual

Saturday  
October 9\*  
9am – 1pm

TBD

\*date may change with  
Michigan and Michigan  
State football schedules



# Order MOQC Resources On Line

## Printed Resources

1 Select Printed Resources    2 Add Logo (optional)    3 Enter Contact Information

Click on a category to select available resources, then enter quantities at the bottom of each section.

Fertility Resources



Gynecology Oncology Resources



Herbal Resources



End of Life Resources



POQC



Sexual and Gender Minorities Resources



Tobacco Resources



Next

# Closing Comments

- CME instructions are at the end of this deck
- Deck will be emailed today to everyone registered
- Email us: first initial, last name@moqc.org
- Telephone us: (734) 232-0043 or **1.866.GET.MOQC**
- See you at Spring Regional Meetings (virtual)
- Nominate yourself or someone for Steering Committee

# Continuing Education Credit – Physicians

## Create Your Account

If you have not already created 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.

If you have any difficulties, email [moqc@moqc.org](mailto:moqc@moqc.org)

We will assist you and resolve any issue



# Continuing Education Credit – Physicians Claim Credit

## 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 January 2021 Biannual 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 transcript







# Continuing Education Credit – Pharmacists Claim Credit

To claim credit, either:

- **Scan QR code for sessions**
- **Click on links in email from this meeting**



Click on the “Register” button and follow these steps:

-  Reviewing the course learning materials.
-  Confirming information provided on registration.
-  Claiming participation in applicable credits.
-  Completing all listed evaluations and quizzes.



Keynote Presentation



State of the Consortium



Breakout: Conversation  
with Jennifer Temel



Breakout: POEM

