Consortium Updates

- Steering Committee
- End-of-Life Task Force
- MOQC Practice Performance
Steering Committee Report
Dawn Severson, MD
# Steering Committee Members

<table>
<thead>
<tr>
<th>Katie Beekman†</th>
<th>Michele Loree</th>
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<tbody>
<tr>
<td>Tim Cox ‡</td>
<td>Susan Lyons†</td>
</tr>
<tr>
<td>Donna Edberg‡</td>
<td>Dan Phillips†</td>
</tr>
<tr>
<td>Nick Erikson‡</td>
<td>Aimee Ryan‡</td>
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<tr>
<td>Tom Gribbin</td>
<td>Kate Schumaker</td>
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<tr>
<td>Mike Harrison</td>
<td>Colleen Schwartz‡</td>
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<tr>
<td>Joan Herbert‡</td>
<td>Dawn Severson, Chair</td>
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<tr>
<td>Cynthia Koch</td>
<td>Heather Spotts</td>
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<tr>
<td>Diana Kostoff</td>
<td>Mike Stellini</td>
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<tr>
<td>Kathy LaRaia</td>
<td>Ammar Sukari</td>
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<tr>
<td>Isabelle Le†</td>
<td>Padmaja Venuturumilli</td>
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<tr>
<td></td>
<td>Shannon Wills</td>
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<td>Sherry Levandowski</td>
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</tbody>
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†Rotating off  
‡New member, beginning June 2021
Thank you
Updates

• Keynote speaker for January Biannual meeting Paul Hesketh, MD, FASCO, Tufts University School of Medicine and Lahey Health Cancer Institute

• MOQC Database
  – MOQC’s database task force selected ArborMetrix as our vendor. Currently undergoing contracting.

• Strategic Objective – Equity
  – Improve completion of race and ethnicity data. Currently 65% of charts are complete.
  – MOQC Task Force to address Cancer Disparities. Contact if interested.

• Strategic Objective – Maximizing Value
  – Coming soon – patient education related to Biosimilars
End-of-Life Task Force Committee Updates

Patrick Miller, RN, MBA, MHSA, FACHE
End-of-Life Task Force Committee

Hospices
• Chris Korest
• Gayle Deshambo
• Hope Dudek
• Patrick Miller

POQC
• Diane Drago

Medical Oncology Practices
• Jerome Seid
• Jim Spears
• Kathy LaRaia
• Mike Stellini
• Mike Trexler
Updates

• Measure what matters
• Share stories – success and failures
• Identify grant funding for innovative projects
• Pursue opportunities for collaboration
Measures Committee Members

- Ernie Balcueva
- John Bartnik
- Kathleen Beekman
- Tracey Cargill-Smith
- Llewellyn Drong
- Mike Harrison
- Amanda Itliong
- Sharon Kim
- Diana Kostoff
- Kathy LaRaia

- Colleen Schwartz
- Jerome Seid
- Dawn Severson
- Ammar Sukari
- Padmaja Venuturumilli
- Shannon Wills
- Laura Winningham
- Taylor Wofford
- Michael Zakem
Thank You

Norine Briolat, Karmanos Cancer Institute
Jennetta Novak, MHP Hematology Oncology Consultants
Tracy Messing, MHP Hematology Oncology Consultants
Nick Casabon, MHP Hematology Oncology Consultants
Denise Gregoire, MHP Downriver
Julie Boylan, 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 Flietstra, Cancer & Hematology Centers of Western Michigan
Amy Morgan, Genesee Hematology Oncology
Mary Nicholson, Genesee Hematology Oncology
Thank You

Vicky Reyes, Genesee Hematology Oncology
Angela Fraley, Marquette General Hematology Oncology
Joanna Gil, Henry Ford Cancer Institute
Kelly Bristow, Henry Ford Cancer Institute
Lisa May, Henry Ford Cancer Institute
Karen Pfaff, Huron Medical Center
Lori Longhrige, Huron Medical Center
Tiffany Sheldon, Huron Medical Center
Vickie Foley, Karmanos Bay Oncology Hematology

Wendy Mielens, Karmanos Bay Oncology Hematology
Amanda Boisvert, Karmanos 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
Roxy Salam, Cancer & Leukemia Center
Kelly Guswiler, Munson Oncology
Angela Gorham, WMCC & Institute for Blood Disorders
Erika Burkland, Dickinson Hematology/Oncology Clinic

MOQC Team & MOQC by Proxy
Kleanthe Kolizeras, Ermili Potka, Heather Behring, Cindy Michalek, Nicole Timmerman, Tiffany Peters, Colleen Schwartz
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tobacco cessation counseling administered or patient referred in the past year – VBR Measure</td>
</tr>
<tr>
<td>2</td>
<td>NK1 receptor antagonist or olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower is better) – VBR Measure</td>
</tr>
<tr>
<td>3</td>
<td>NK1 receptor antagonist and olanzapine prescribed or administered with high emetic-risk chemotherapy</td>
</tr>
<tr>
<td>4</td>
<td>Complete family history documented in patients with invasive cancer</td>
</tr>
<tr>
<td>5</td>
<td>GCSF administered to patients who received chemotherapy with non-curative treatment (lower is better)</td>
</tr>
<tr>
<td>6</td>
<td>PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for stage I or II breast cancer (lower is better)</td>
</tr>
<tr>
<td>7</td>
<td>Pain addressed appropriately at the end of life (assessed, quantified, and plan of care documented for moderate-to-severe pain)</td>
</tr>
<tr>
<td>8</td>
<td>Hospice enrollment – VBR Measure</td>
</tr>
<tr>
<td>9</td>
<td>Hospice enrollment and enrollment within 7 days of death (lower is better)</td>
</tr>
<tr>
<td>10</td>
<td>Hospice enrollment or documented discussion – VBR Measure</td>
</tr>
<tr>
<td>11</td>
<td>Chemotherapy administered within the last 2 weeks of life (lower is better)</td>
</tr>
</tbody>
</table>
Tobacco cessation counseling administered or patient referred in past year
N = 351

VBR Target = 75%

QOPI Measure CORE22bb - Practice and Comparative Groups
Fall 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.
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.
NK1 Receptor Antagonist & Olanzapine prescribed or administered with high emetic-risk chemotherapy
N = 588

QOPi Measure SMT28 - 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 = 2098

QOPI Measure MOQC PM2 - Practice and Comparative Groups
Fall 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.
GCSF administered to patients who received chemotherapy with non-curative treatment (lower is better)
N = 80

QOPI Measure MOQC PM3 - Practice and Comparative Groups
Fall 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.
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 = 738

QOPI Measure BR62a1 - Practice and Comparative Groups
Fall 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 = 651

QOPI Measure EOL38 - Practice and Comparative Groups
Fall 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.
QOPI Measure EOL42 - Practice and Comparative Groups
Fall 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 = 358

QOPI Measure EOL 45 - Practice and Comparative Groups
Fall 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 = 645

VBR Target = 65%

QOPI Measure EOL47a - Practice and Comparative Groups
Fall 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 = 651

QOPI Measure EOL48 - Practice and Comparative Groups
Fall 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.
<table>
<thead>
<tr>
<th></th>
<th>Measures for 2022 MEDICAL ONCOLOGY</th>
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<tbody>
<tr>
<td>1</td>
<td>Chemotherapy intent (curative vs. non-curative) documented before or within 2 weeks after administration</td>
</tr>
<tr>
<td>2</td>
<td>Oral chemotherapy monitored and addressed on visit/contact following start of therapy</td>
</tr>
<tr>
<td>3</td>
<td>Tobacco cessation counseling administered or patient referred in past year</td>
</tr>
<tr>
<td>4</td>
<td>NK1RA &amp; olanzapine prescribed or administered with high risk chemotherapy – <strong>VBR Measure</strong></td>
</tr>
<tr>
<td>5</td>
<td>NK1RA or olanzapine administered with 1&lt;sup&gt;st&lt;/sup&gt; cycle low/moderate emetic risk (lower is better) – <strong>VBR Measure</strong></td>
</tr>
<tr>
<td>6</td>
<td>Complete family history documented in patients with invasive cancer</td>
</tr>
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<td>GCSF administered to patients who received chemotherapy with non-curative intent (lower is better)</td>
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<td>Hospice enrollment – <strong>VBR Measure</strong></td>
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<td>Hospice enrollment &amp; enrollment within 7 days of death (lower is better) – <strong>VBR Measure</strong></td>
</tr>
<tr>
<td>10</td>
<td>Hospice enrollment for greater than 30 days</td>
</tr>
<tr>
<td>11</td>
<td>Chemotherapy administered within the last 2 weeks of life (lower is better)</td>
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