

Consortium Updates



Steering Committee



End-of-Life Task Force



MOQC Practice Performance





Steering Committee Report

Dawn Severson, MD

Steering Committee Members

Katie Beekman[†]

Tim Cox[‡]

Donna Edberg[‡]

Nick Erikson[‡]

Tom Gribbin

Mike Harrison

Joan Herbert[‡]

Cynthia Koch

Diana Kostoff

Kathy LaRaia

Isabelle Le[†]

Michele Loree

Susan Lyons[†]

Dan Phillips[†]

Aimee Ryan[‡]

Kate Schumaker

Colleen Schwartz[‡]

Dawn Severson, Chair

Heather Spotts

Mike Stellini

Ammar Sukari

Padmaja Venuturumilli

Shannon Wills

Sherry Levandowski

[†]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



MOQC Practice Performance

Jennifer J Griggs, MD, MPH, FASCO

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 Longhridge, 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

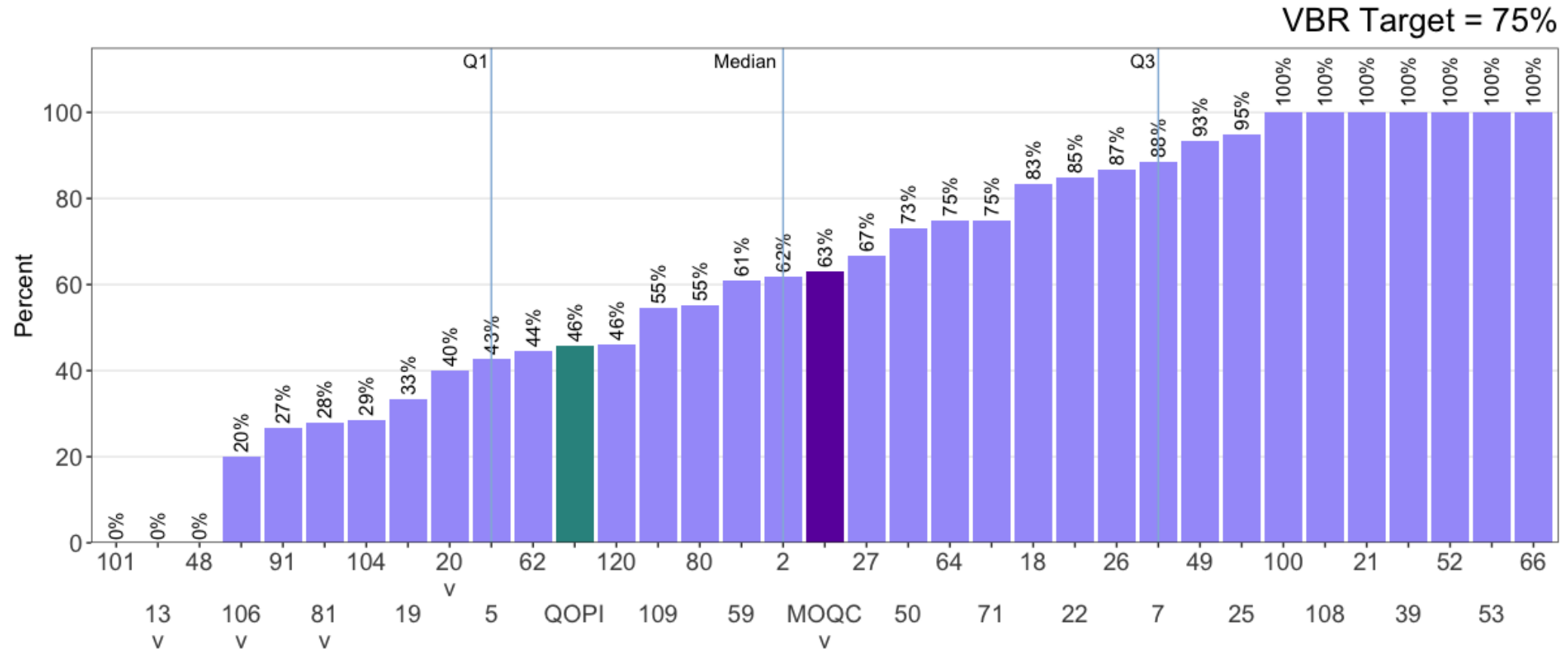
Kleanthe Kolizeras, Ermili Potka, Heather Behring, Cindy
Michalek, Nicole Timmerman, Tiffany Peters, Colleen Schwartz

Measures for 2021

MEDICAL ONCOLOGY

1	Tobacco cessation counseling administered or patient referred in the past year – VBR Measure
2	NK1 receptor antagonist or olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower is better) – VBR Measure
3	NK1 receptor antagonist and olanzapine prescribed or administered with high emetic-risk chemotherapy
4	Complete family history documented in patients with invasive cancer
5	GCSF administered to patients who received chemotherapy with non-curative treatment (lower is better)
6	PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for stage I or II breast cancer (lower is better)
7	Pain addressed appropriately at the end of life (assessed, quantified, and plan of care documented for moderate-to-severe pain)
8	Hospice enrollment – VBR Measure
9	Hospice enrollment and enrollment within 7 days of death (lower is better)
10	Hospice enrollment or documented discussion – VBR Measure
11	Chemotherapy administered within the last 2 weeks of life (lower is better)

Tobacco cessation counseling administered or patient referred in past year N = 351

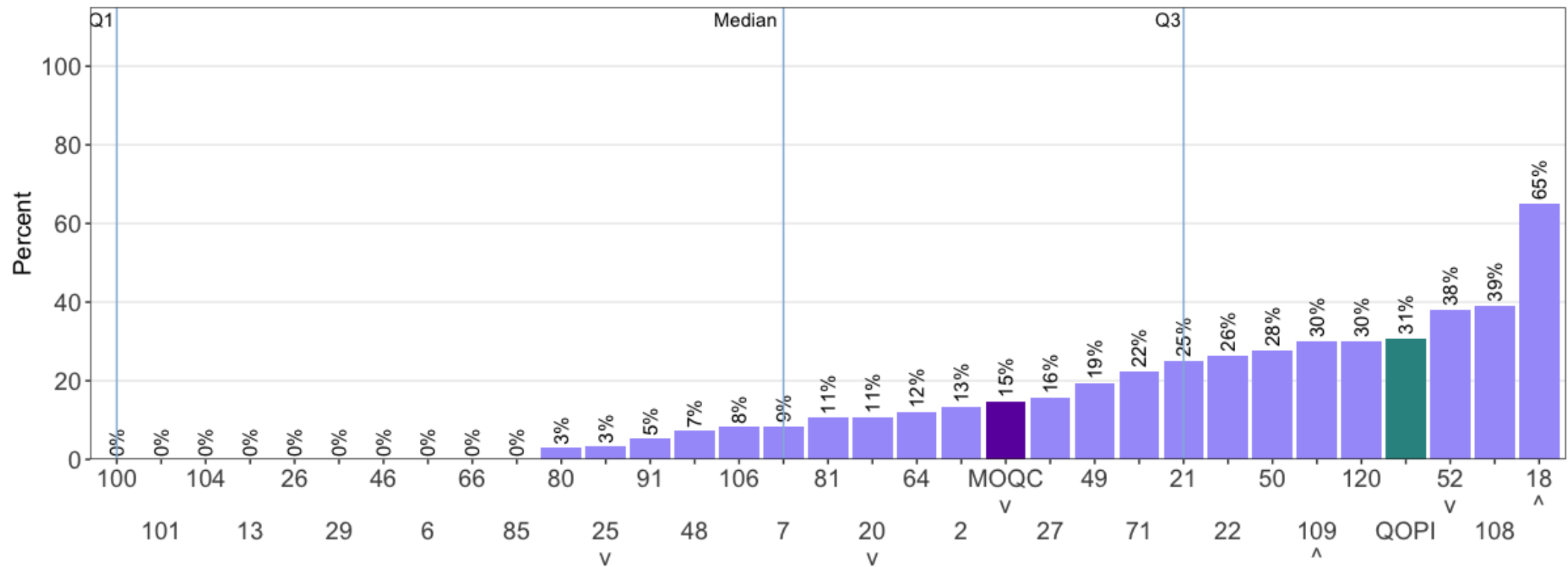


QOPI Measure CORE22bb - Practice and Comparative Groups Fall 2020

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

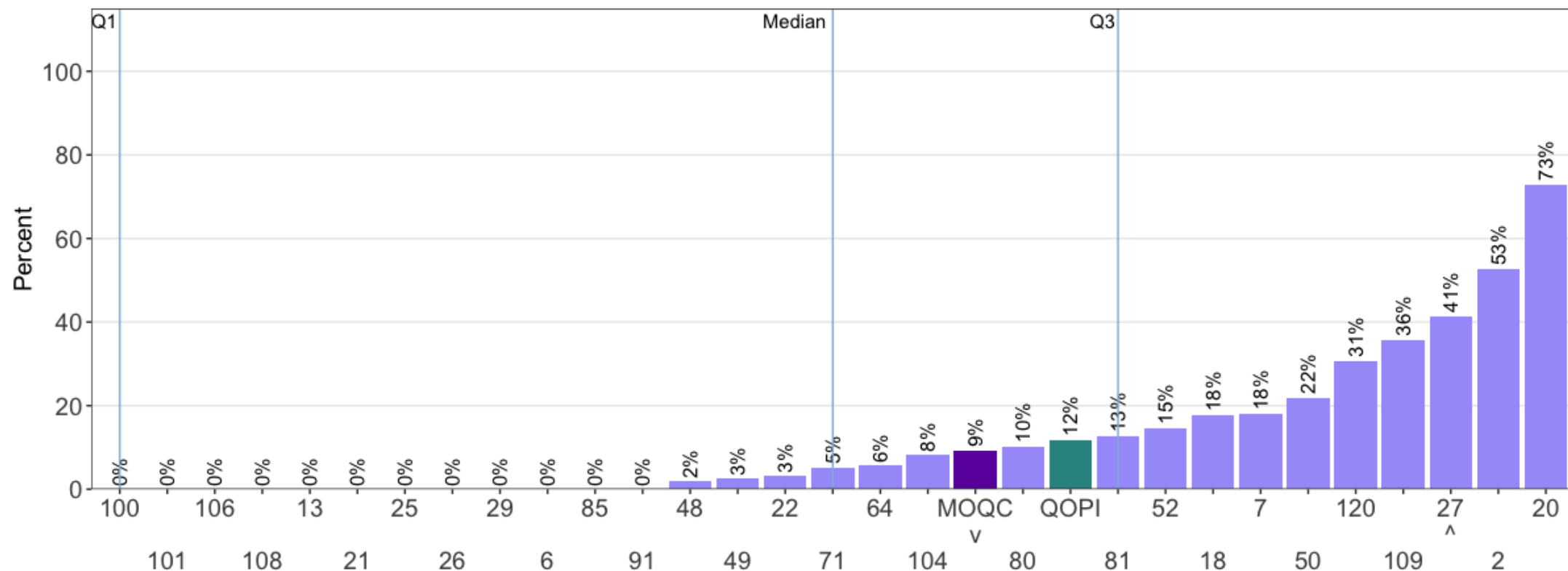
VBR Target = 30%



**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.

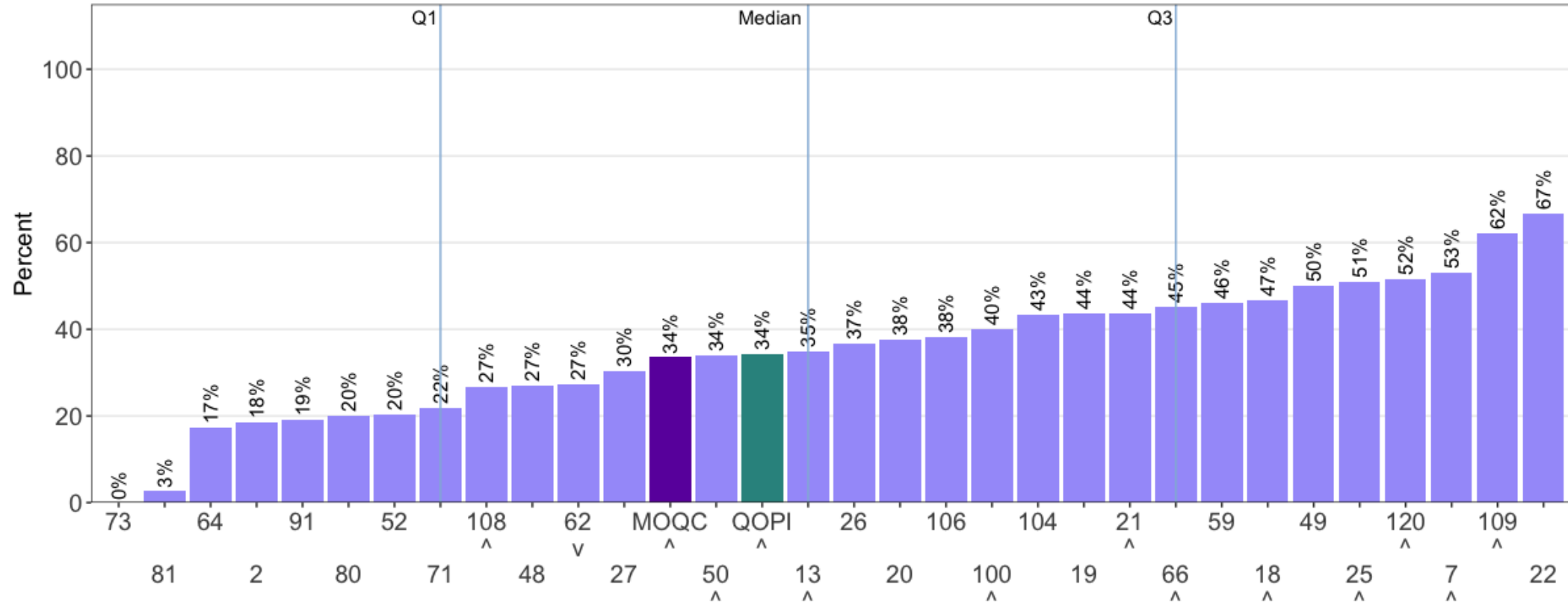
NK1 Receptor Antagonist & Olanzapine prescribed or administered with high emetic-risk chemotherapy N = 588



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

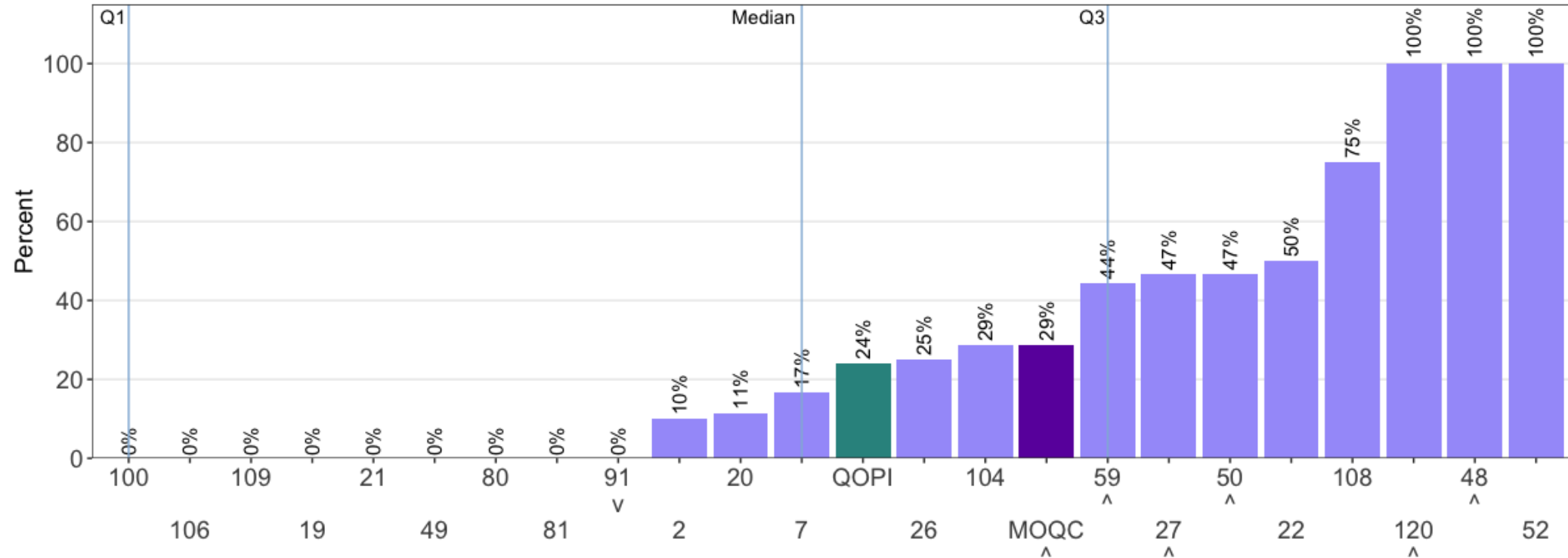


QOPI Measure MOQC PM2 - Practice and Comparative Groups Fall 2020

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

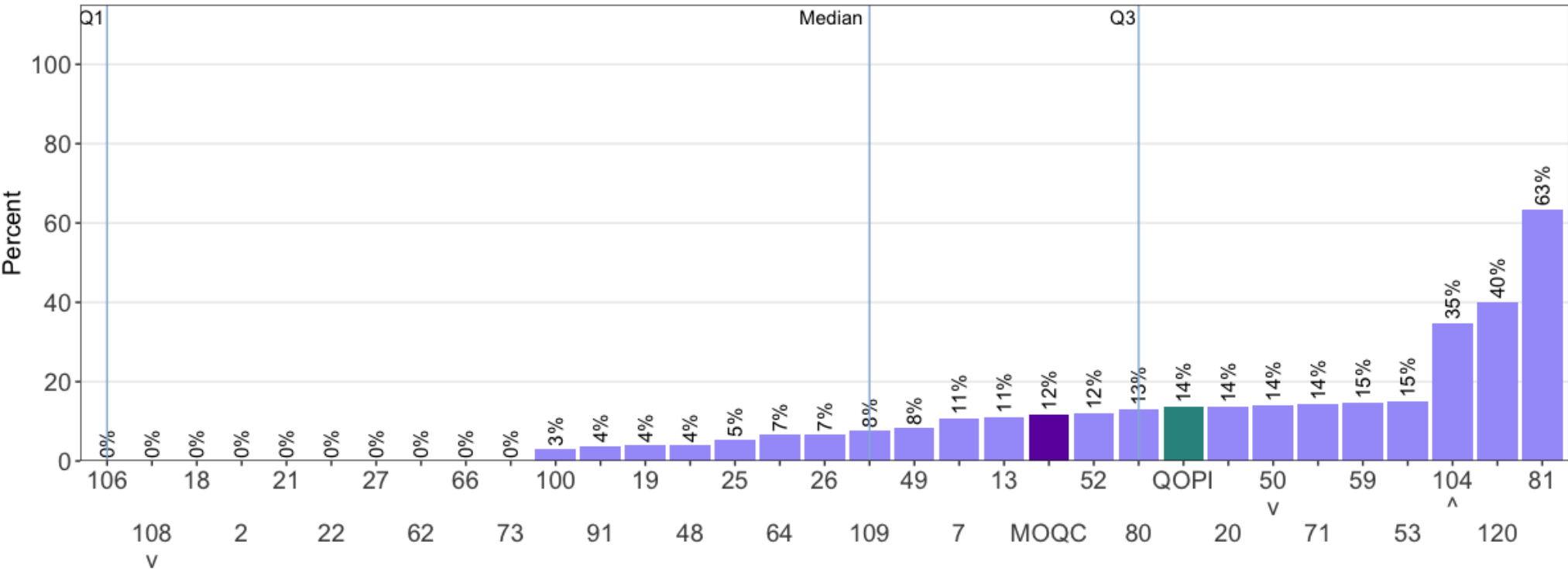


QOPI Measure MOQC PM3 - Practice and Comparative Groups Fall 2020

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)

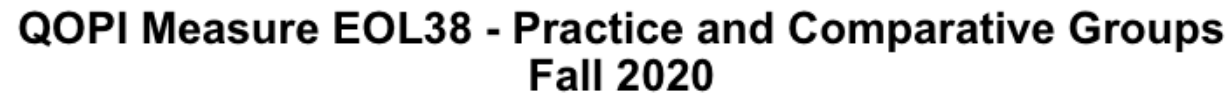
N = 738



**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.

N = 651

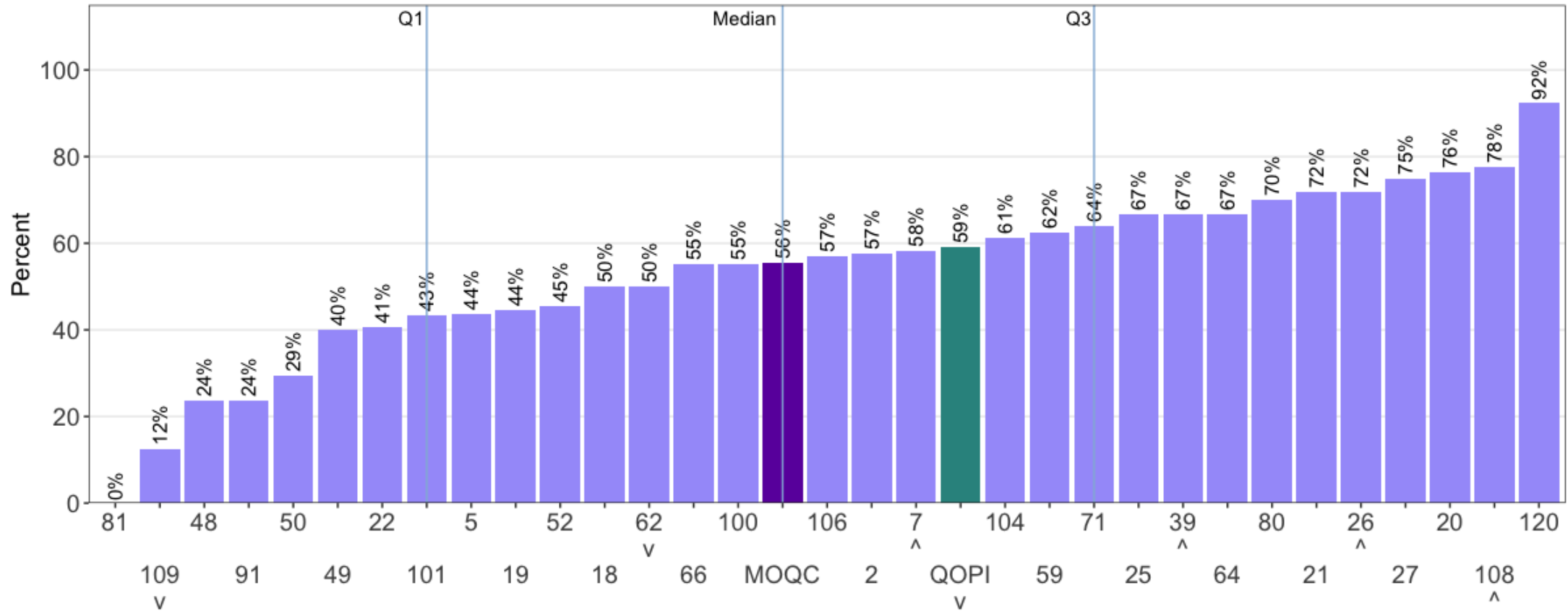


Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

Hospice Enrollment

N = 645

VBR Target = 50%

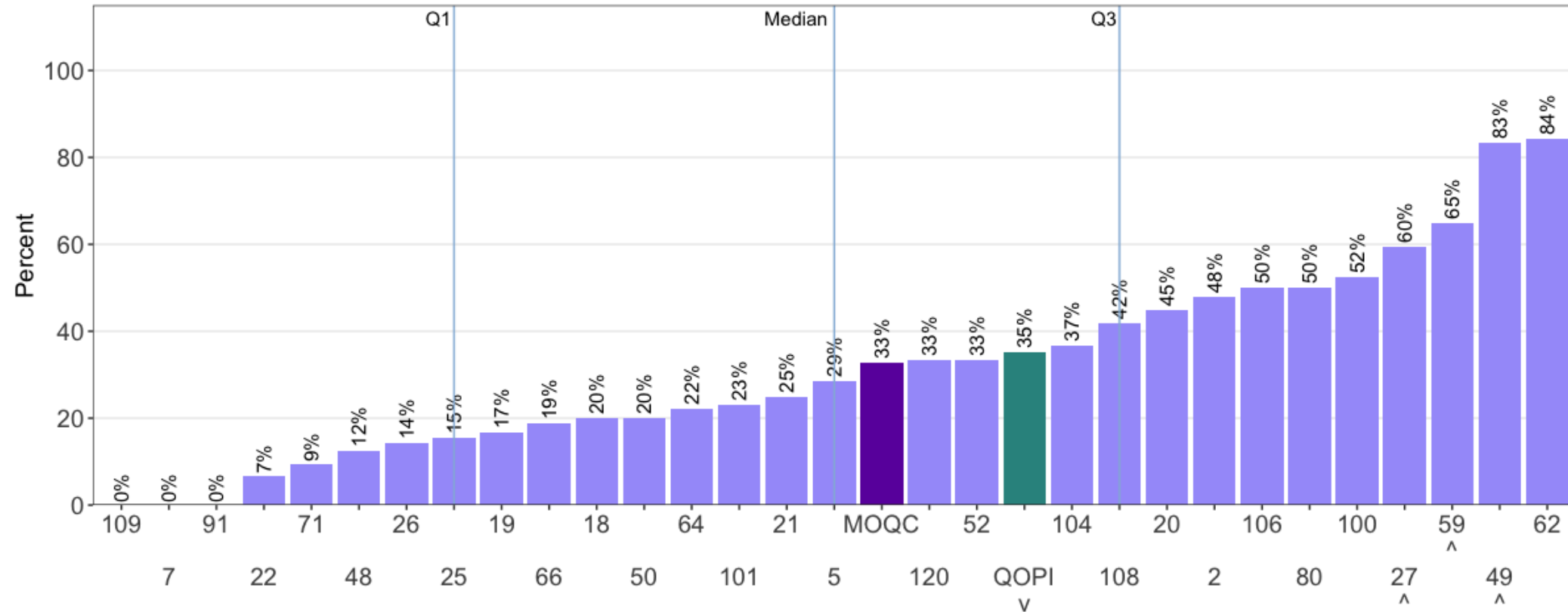


QOPI Measure EOL42 - Practice and Comparative Groups Fall 2020

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)

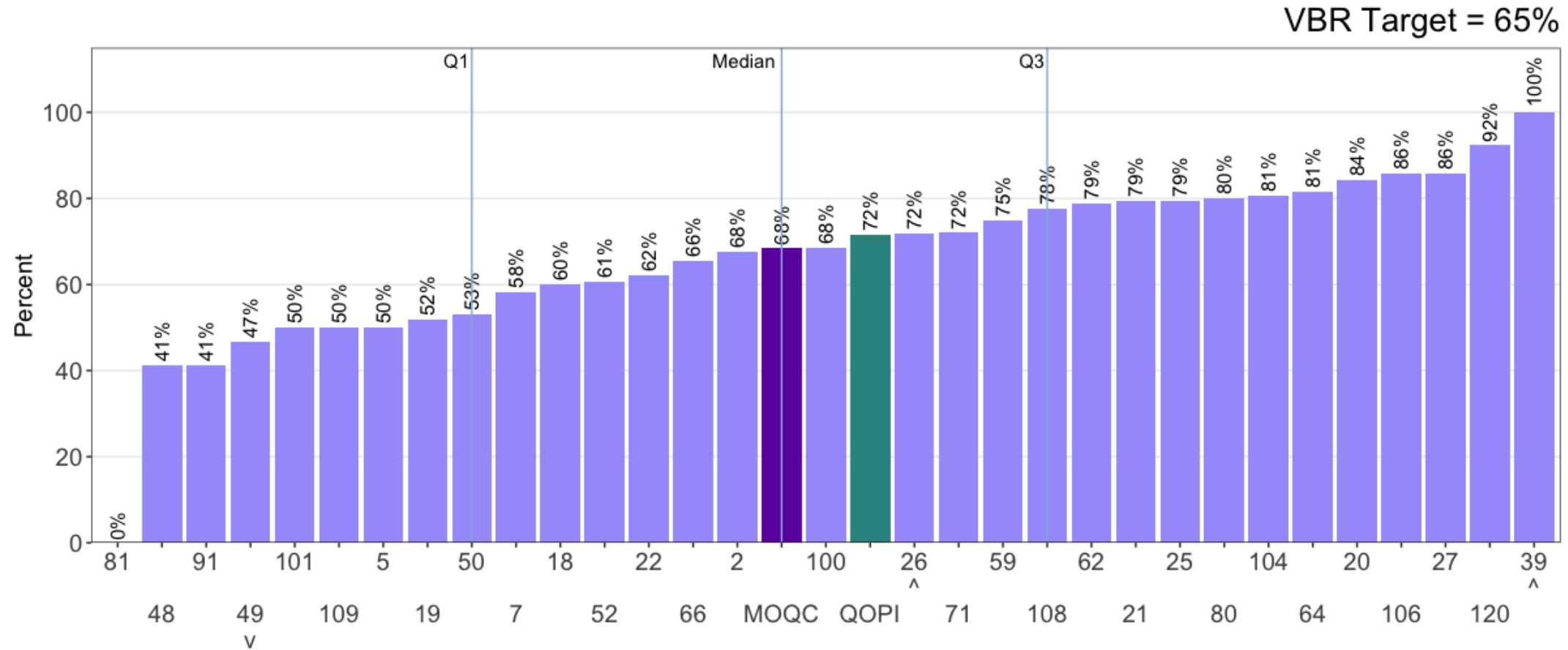
N = 358



QOPI Measure EOL45 - 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.

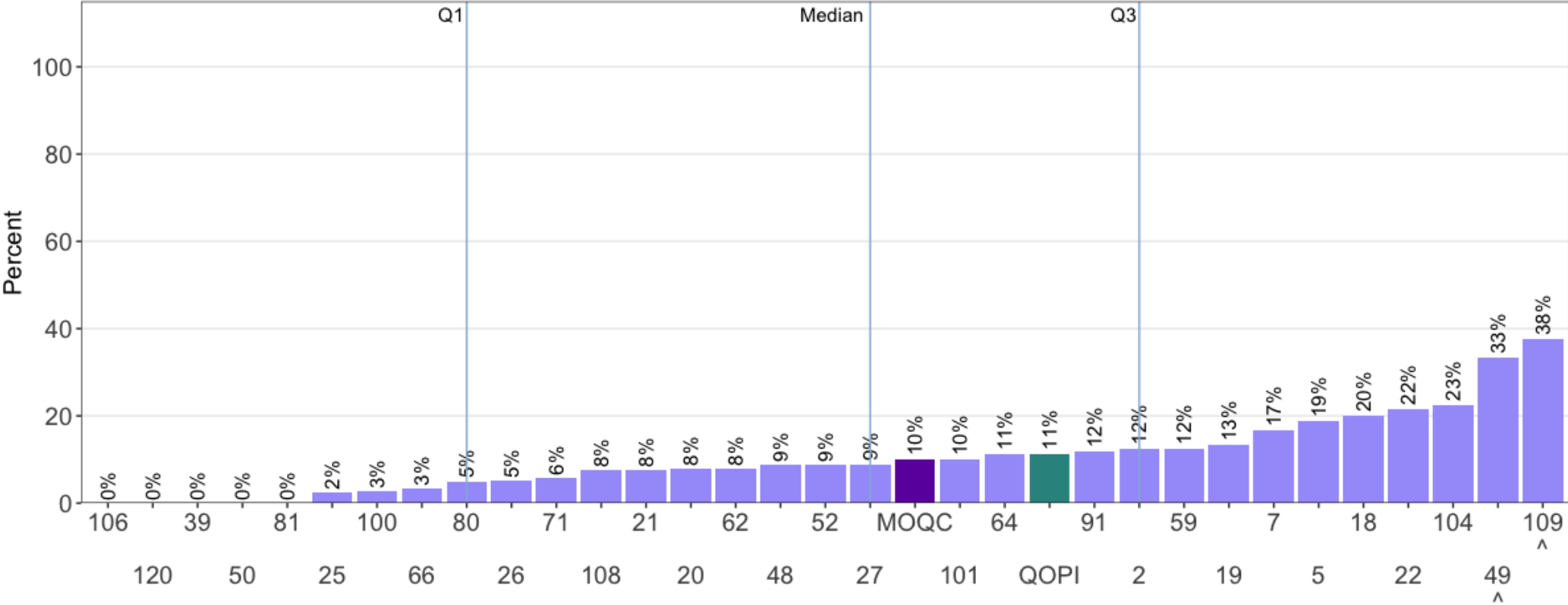
Hospice enrollment or documented discussion N = 645



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.

Measures for 2022 MEDICAL ONCOLOGY

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 st cycle low/moderate emetic risk (lower is better) – VBR Measure
6	Complete family history documented in patients with invasive cancer
7	GCSF 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	Hospice enrollment for greater than 30 days
11	Chemotherapy administered within the last 2 weeks of life (lower is better)