

Gynecologic Oncology Biannual Meeting Fall 2021 Meeting





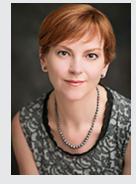


























Cancer care. Patients first.
The best care. Everywhere.







Connecting







MOQC Testimonials

Testimonial Survey Link

https://umich.qualtrics.com/jfe/form/SV_4VLyypOsOwee806







Continuing Education Credits

MiCME: 3 AMA PRA Category 1 Credit(s)™





Agenda

| | Торіс | Facilitator(s) |
|------------|---------------------------------|---------------------|
| 9:05 a.m. | Patient & Caregiver Update | Amanda Itliong, MA |
| 9:20 a.m. | Ovarian Cancer Resources Update | Vanessa Aron, BA |
| 9:40 a.m. | Data & Updates | Shitanshu Uppal, MD |
| 10:10 a.m. | MSQC Data | Shitanshu Uppal, MD |
| 10:50 a.m. | Break | |
| 11:00 a.m. | Literature Review | Shitanshu Uppal, MD |





POQC Update

Amanda Itliong







Ovarian Cancer Resources

Vanessa Aron





https://moqc.org



About Initiatives News Events Resources





Abstraction

Round 1 Abstraction

CLINICAL

Chemotherapy-Induced Nausea and Vomiting (CINV) – Antiemetics Oral Oncolytics

Tobacco Cessation Program

GRANT-FUNDED

Patient-Reported Outcomes in Oncology (PROMOnc)

GYNECOLOGIC ONCOLOGY

Oyn Onc Educational Series
Ovarian Cancer Resources
Past Meeting Library

Standardized Op Note

VTE Khorana Calculator

TE Prophylaxis Calculator

INTERDISCIPLINARY PARTNERSHIPS

Hospice

Palliative Radiation Therapy Pathway

Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM)

Primary Care Oncology Model (PCOM)

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https://moqc.org

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Gynecologic Oncology Educational Series

Support GYOEDU.org

Become a patron

Who are we?

GYOEDU was founded in 2020. We aim to build an inclusive educational community for GYN Oncology based on a model of high-quality, easily-accessible, peer-reviewed content free from commercial bias. We focus on goals and objectives for GYN Oncology fellows and those interested in pursuing fellowship. Our shared vision is knowing that strength comes from ensuring the success of those around us. Just as the highest quality health care organizations implement reliable and reproducible systems in order to elevate patient care, we aim to provide standardized curricula for teaching GYN Oncology throughout the world.

GYOEDU Team

GYNECOLOGIC ONCOLOGY

Gyn Onc Educational Series Ovarian Cancer Resources Past Meeting Library

Standardized Op Note

VTE Khorana Calculator VTE Prophylaxis Calculator

Standardized Operative Note

Checklist for Ovarian Cancer Operative Note Dictation

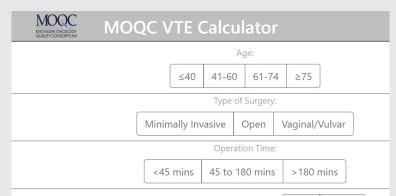


Please make sure to include the following data elements in your operative note.

- Debulking Status Primary vs. Interval Debulking
- Staging Information If available based on imaging (for example, at least stage IIIc for a patient with a biopsy-proven lesion of the omentum) Link to ovarian cancer staging
- Surgery Type Open/Robotic/Laparoscopic
- Residual Disease Status Please specify if:
 - No residual disease (R0 or no visible disease)
 - Optimally debulked (1-5 mm largest visible disease)
 - Optimally debulked (6-10 mm visible disease)
 - Sub-optimally debulked (>10 mm disease residual)
 - For suboptimally debulked patients, specify the size and location of residual disease
- Surgical Complexity Scoring Use the calculator below to get the score (Aletti GD, Dowdy SC, Podratz KC, Cliby WA. Relationship among surgical complexity, short-term morbidity, and overall survival in primary surgery for advanced ovarian cancer. Am J Obstet Gynecol. 2007;197(6):676.e1-e7.)

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Note

VTE Khorana Calculator

VTE Prophylaxis Calculator

MOQC

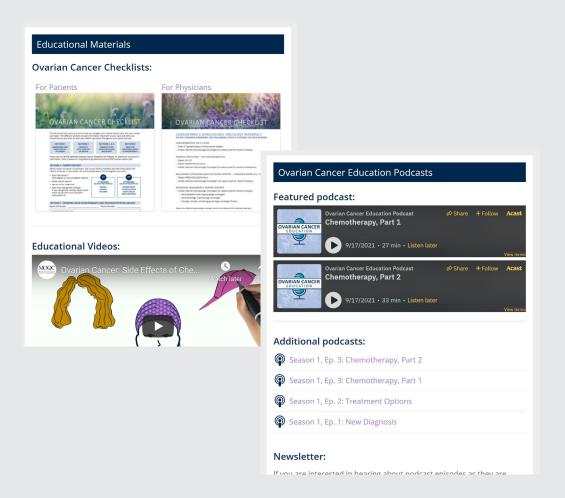
Becoming a MOQC Practice

VBR: Value-Based Reimbursement

Past Meeting Library

Printed Resources

www.ovariancancerpodcast.com





www.ovariancancerpodcast.com

Ovarian Cancer Education Podcasts

Featured podcast:



Additional podcasts:

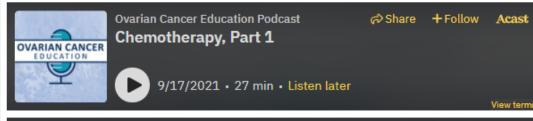
- Season 1, Ep. 3: Chemotherapy, Part 2
- Season 1, Ep. 3: Chemotherapy, Part 1
- Season 1, Ep. 2: Treatment Options
- Season 1, Ep. 1: New Diagnosis



www.ovariancancerpodcast.com

Ovarian Cancer Education Podcasts

Featured podcast:



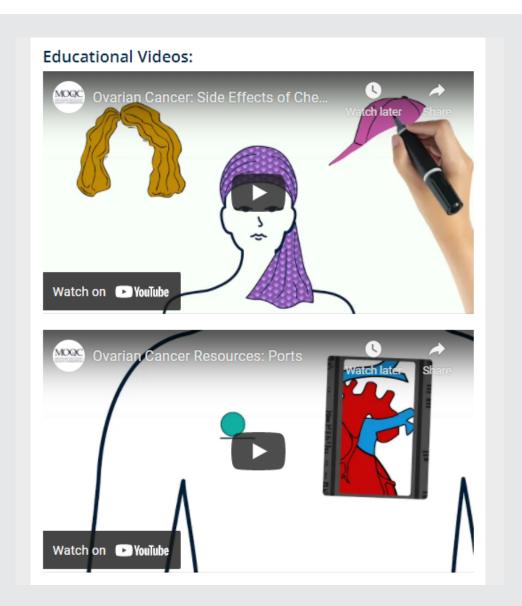


Additional podcasts:

- Season 1, Ep. 3: Chemotherapy, Part 2
- Season 1, Ep. 3: Chemotherapy, Part 1
- Season 1, Ep. 2: Treatment Options
- Season 1, Ep. 1: New Diagnosis

- Side Effects of Chemotherapy
- Ports
- What to Expect for Debulking Surgery
- Regimen vs. Cycle vs. Course

www.ovariancancerpodcast.com





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Newsletter:

If you are interested in hearing about podcast episodes as they are published, or about other ovarian cancer related resources, please sign up for our newsletter:

Ovarian Cancer Education Newsletter

Data & Updates

Shitanshu Uppal







Measure Selection Strategy





MOQC Value Based Reimbursement (VBR)

ELIGIBILITY

Region meets target for 2 of 2 designated VBR measures

+

One physician per practice attends both biannual meetings

PAYMENT



Retrospective care (abstraction)





Prospective payment





MOQC Value Based Reimbursement (VBR)

More information about VBR in meeting materials

https://bit.ly/3Gn7uqr



Cancer care. Patients first. The best care. Everywhere.





Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2022



Michigan Oncology Quality Consortium

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Oncology Quality Consortium (MOQC), and that the et specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (not the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify actitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR. MOQC practitioners must achieve target on all measures listed for their respective disciplines to be eligible to receive 103% CQI VBR. MOQC does not currently have an option to receive a maximum CQI VBR of 105% of the standard fee schedule.

To be eligible for MOQC VBR, practitioners must meet the following scoring criteria:

(<u>See Table 1 below</u>) Medical oncologists participating in MOQC measure performance at a regional level where oncology practices are grouped into five geographic regions. Each geographic region must collectively achieve the target on 3 of 4 measures to be eligible to earn 103% CQI VBR.

(See Table 2 below) Gynecological oncologists participating in MOQC measure performance at the collaborative level. All of the gynecologic oncology practices must meet the targets for 2 of 2 measures to be eligible to earn 103% CQI VBR.

Participants can only receive one CQI VBR even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR Measures

Table 1. Medical oncology measures

| Measure (ASCO QOPI® based measures) | Measurement Period | Target |
|--|-----------------------|--------|
| NK1 receptor antagonist or olanzapine prescribed or administered with Cycle 1 high emetic risk chemotherapy (Lower Score Better) | 03/01/21 - 02/28/2022 | 25% |
| NK1 receptor antagonist or olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower score - better) | 03/01/21 - 02/28/2022 | 14% |

MOQC's VBR Measures & Targets

TO BE PAID TO ELIGIBLE PHYSICIANS Performance Year 2021 VBR Payment 2022

| MOQC VBR Measures | Target |
|---|----------|
| Days between Cytoreduction and 1st Day of Chemotherapy | ≤28 days |
| Operative report with documentation of residual disease | 70% |

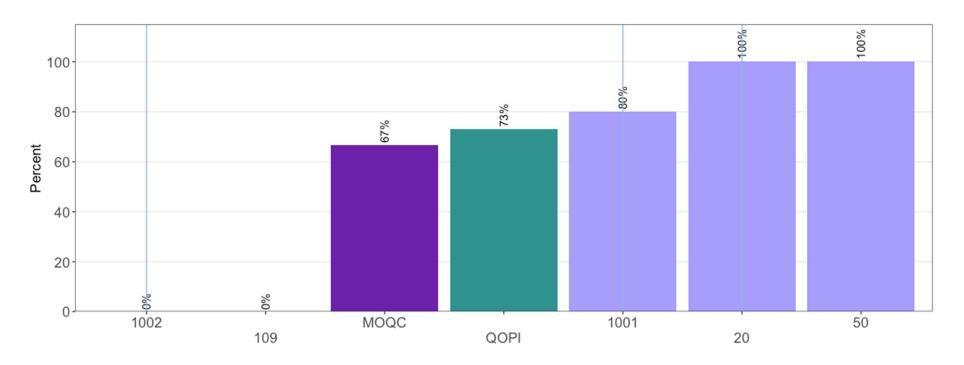




Core and Symptom Measures

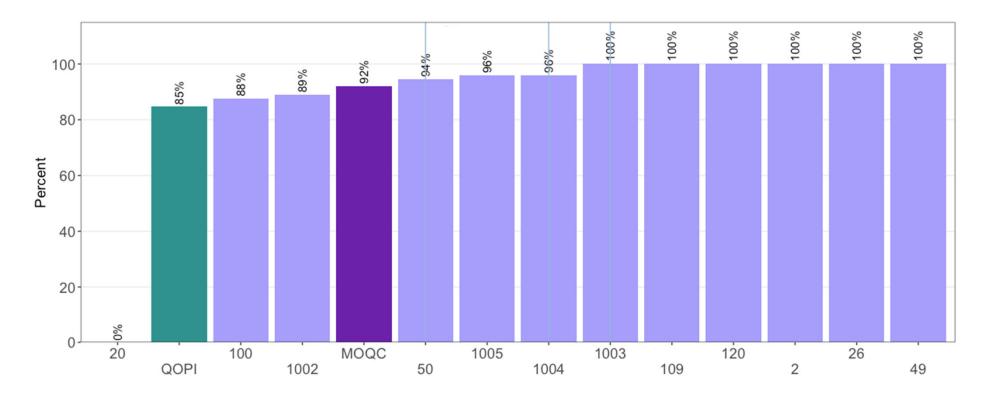
- Oral chemotherapy monitored and addressed on visit/contact following start of therapy
- Signed patient consent for chemotherapy
- Tobacco cessation counseling administered or patient referred in past year

Oral chemotherapy monitored on visit/contact following start of therapy: medication adherence assessed N = 9



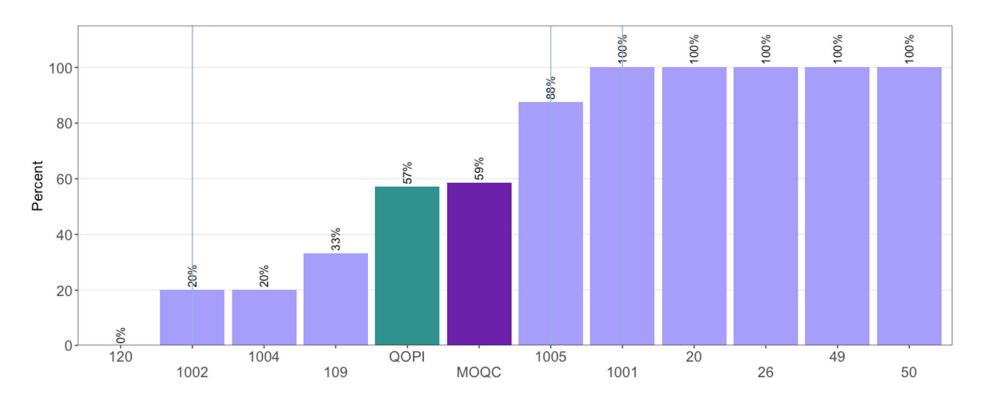
QOPI Measure CORE 13oc6a - Practice and Comparative Groups R1 2021

Signed patient consent for chemotherapy N = 177



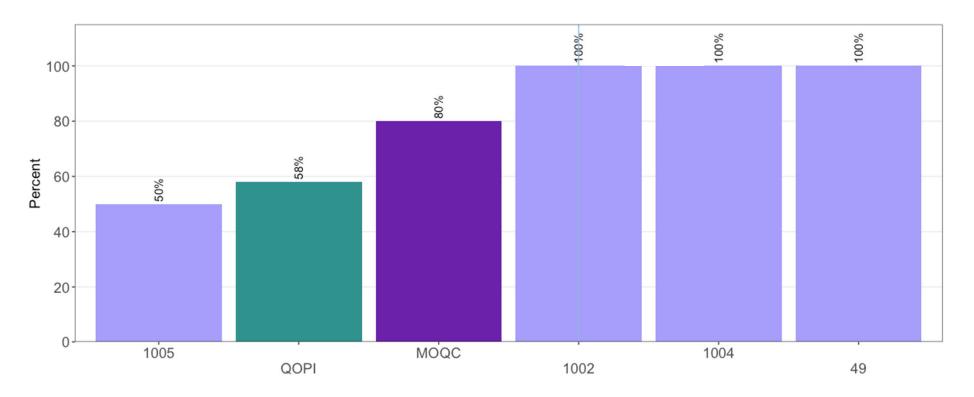
QOPI Measure CORE14 - Practice and Comparative Groups R1 2021

Tobacco cessation counseling administered or patient referred in past year N = 29



QOPI Measure CORE22bb - Practice and Comparative Groups R1 2021

Infertility risks discussed prior to chemotherapy with patients of reproductive age N = 5

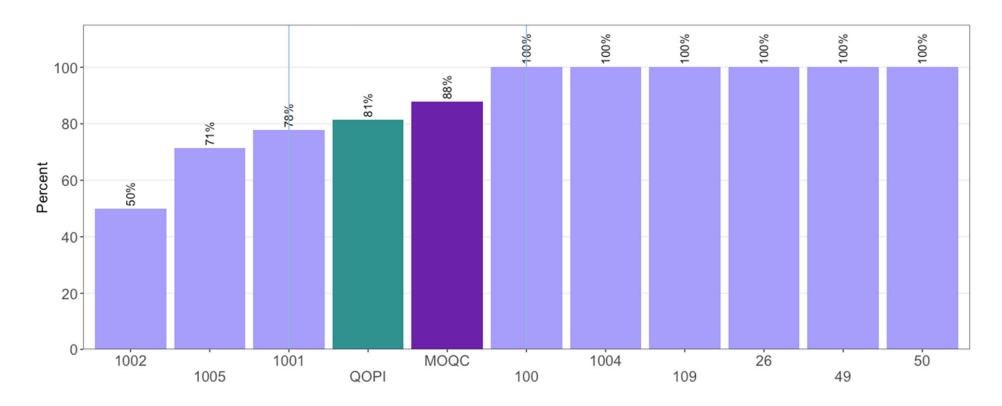


QOPI Measure SMT33 - Practice and Comparative Groups R1 2021

End-of-Life Measures

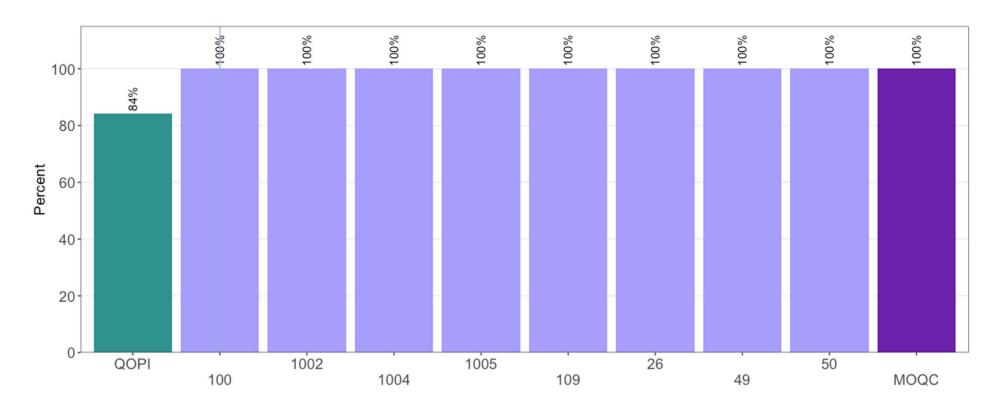
- Pain addressed appropriately
- Dyspnea addressed appropriately
- Hospice enrollment within 3 days of death (Lower score better)
- Chemotherapy administered within the last two weeks of life

Pain addressed appropriately N = 41



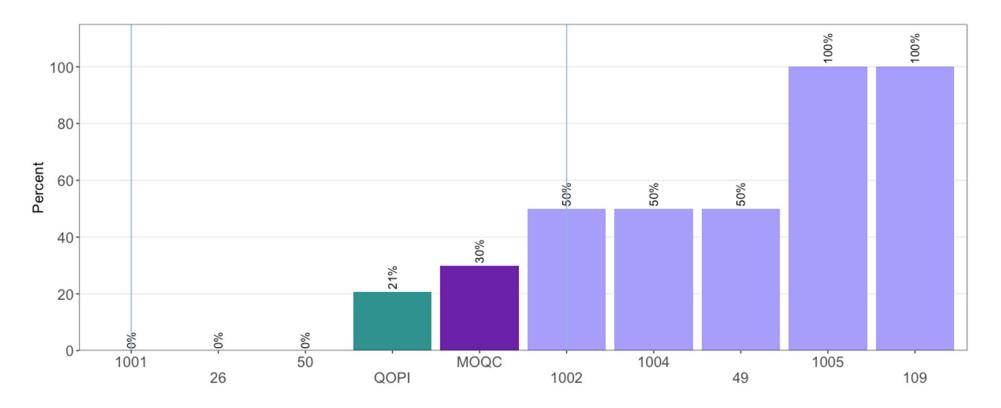
QOPI Measure EOL38 - Practice and Comparative Groups R1 2021

Dyspnea addressed appropriately N = 32



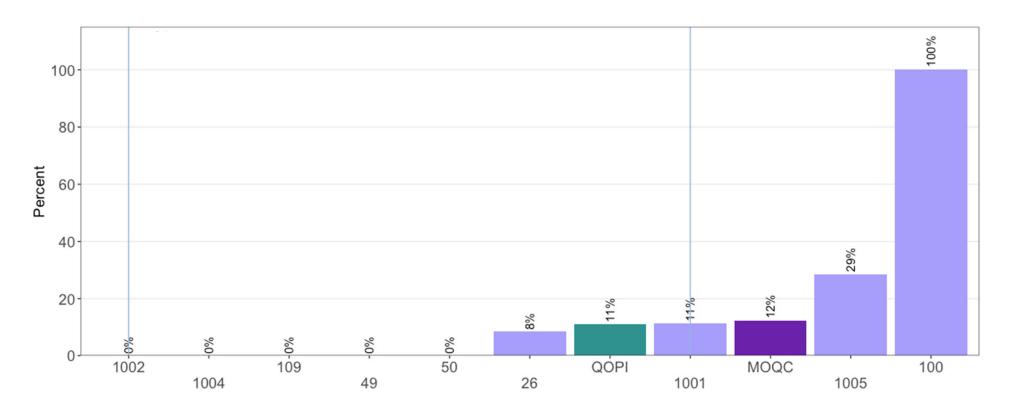
QOPI Measure EOL41 - Practice and Comparative Groups R1 2021

Hospice enrollment within 3 days of death (Lower score better) N = 20



QOPI Measure EOL44 - Practice and Comparative Groups R1 2021

Chemotherapy administered within the last two weeks of life N = 41

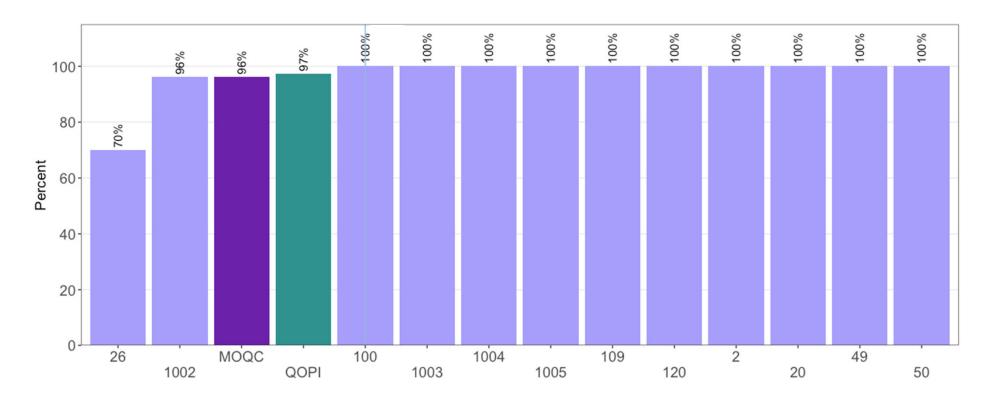


QOPI Measure EOL48 - Practice and Comparative Groups R1 2021

Gynecologic Oncology Measures

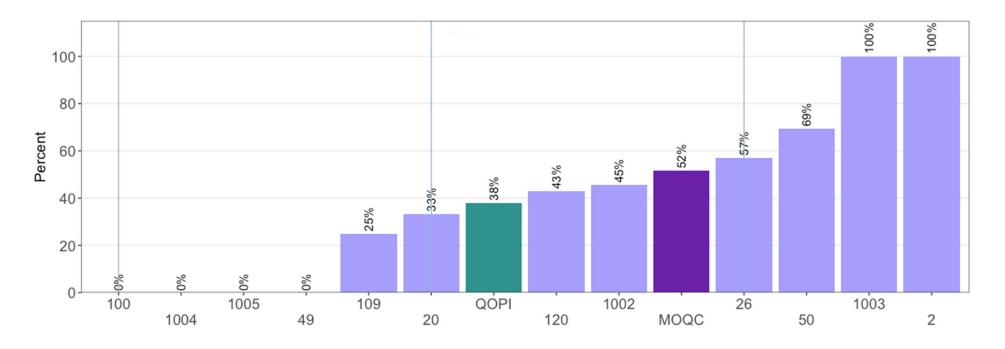
- Patients with ovarian cancer referred to genetic testing/counselling
- Platinum and taxane administered within 28 days following cytoreduction (or staging surgery) to women with invasive stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer
- Days between cytoreduction and 1st day of chemotherapy VBR Measure
- Operative note with documentation of residual disease VBR Measure
 - Within 48 hours
 - Beyond 48 hours

Patients with ovarian cancer referred to genetic testing/counselling N = 109



QOPI Measure GynOnc #2 - Practice and Comparative Groups R1 2021

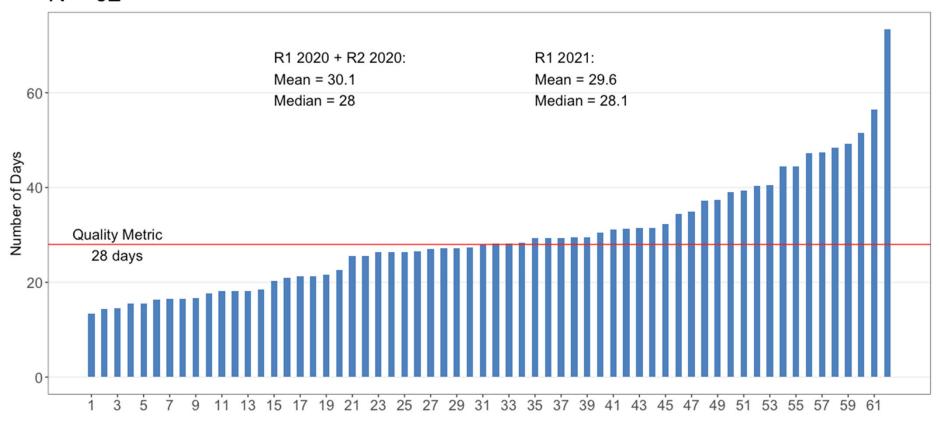
Platinum and taxane administered within 28 days following cytoreduction (or staging surgery) to women with invasive stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer N = 91



QOPI Measure GYNONC94 - Practice and Comparative Groups R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

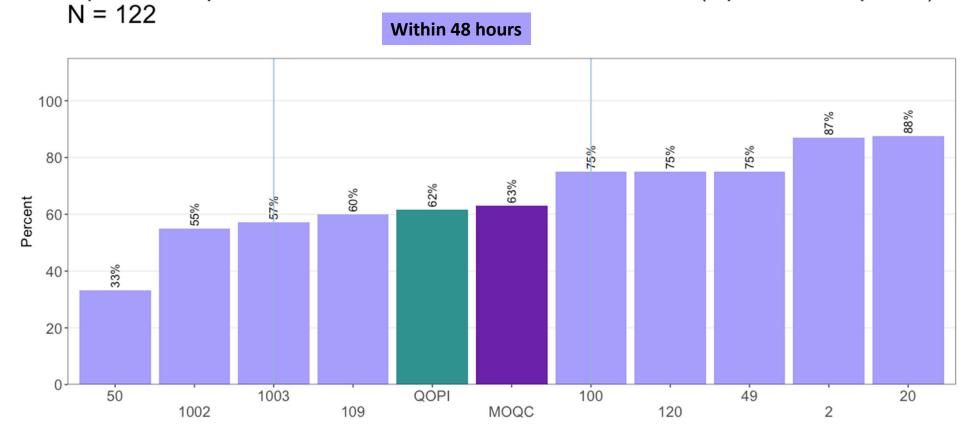
Days between Cytoreduction and 1st Day of Chemotherapy N = 62



QOPI CORE Measure GynOnc #1 Round 1 2021

Each bar = 1 Patient

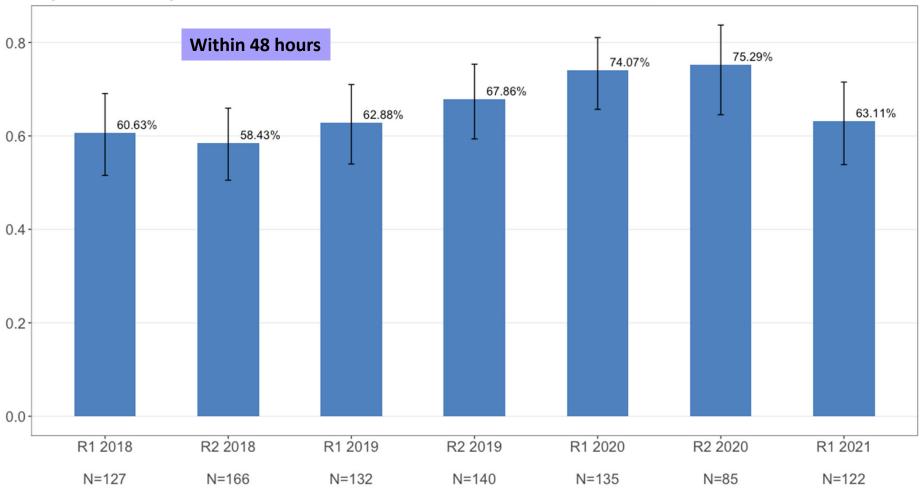
Operative report with documentation of residual disease (Optimal/Suboptimal)



QOPI Measure GYNONC90g - Practice and Comparative Groups R1 2021

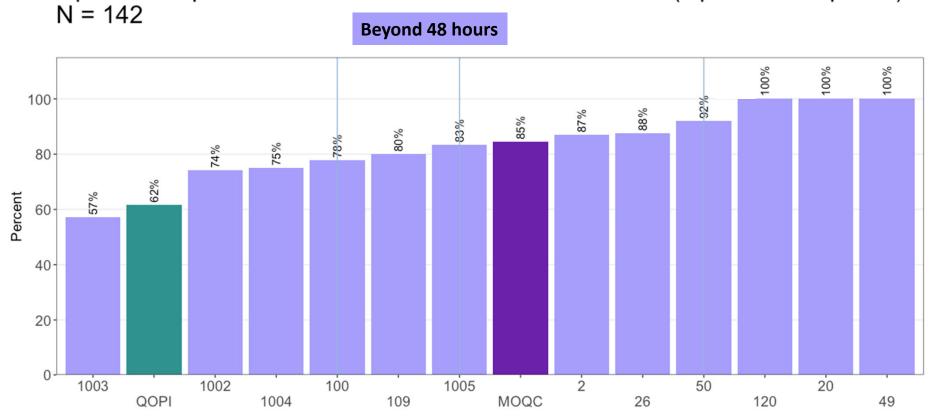
Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Operative report with documentation of residual disease



QOPI CORE Measure GYNONC90g

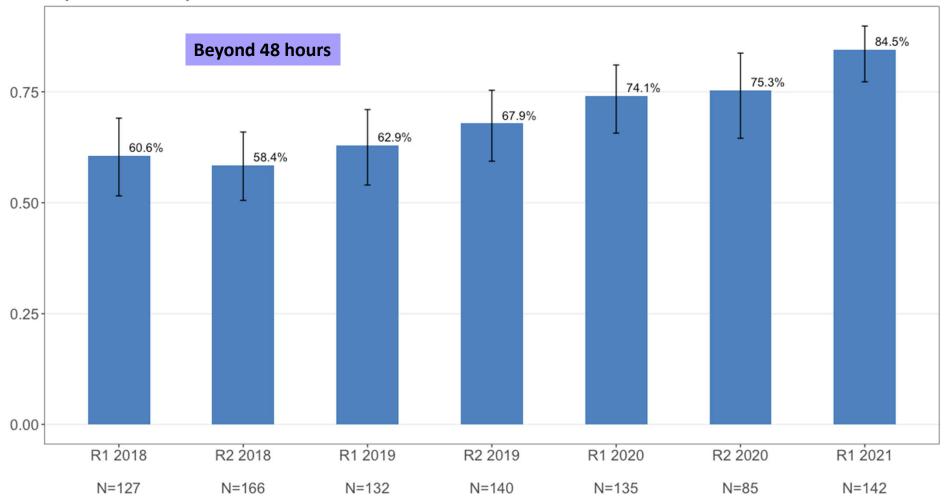
Operative report with documentation of residual disease (Optimal/Suboptimal)



QOPI Measure GYNONC90g - Practice and Comparative Groups R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Operative report with documentation of residual disease



QOPI CORE Measure GYNONC90g

New Target

TO BE PAID TO ELIGIBLE PHYSICIANS Performance Year 2022 VBR Payment 2023

| MOQC VBR Measures | Target |
|--|----------|
| Days between Cytoreduction and 1st Day of Chemotherapy | ≤28 days |
| | |

??%



Discussion





MSQC Data

Shitanshu Uppal





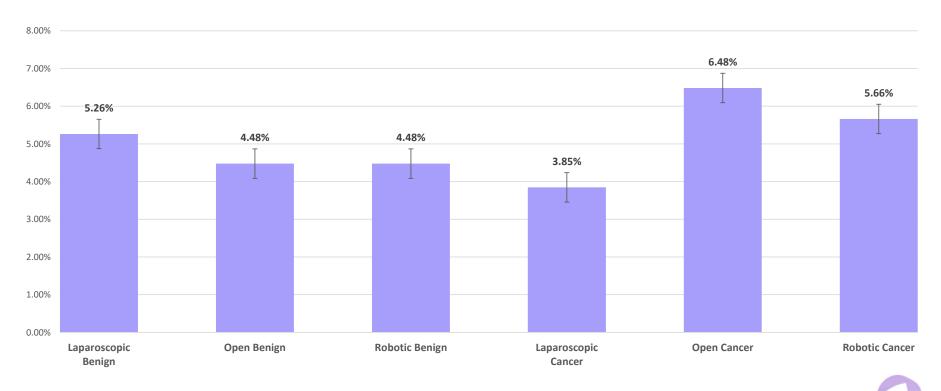
MSQC Data

- Cases abstracted by MSQC if surgeon is a Gynecologic Oncologist participating with MOQC
 - 235 Hysterectomies Benign Final pathology (including CAH)
 - 399 Hysterectomies Cancer final pathology



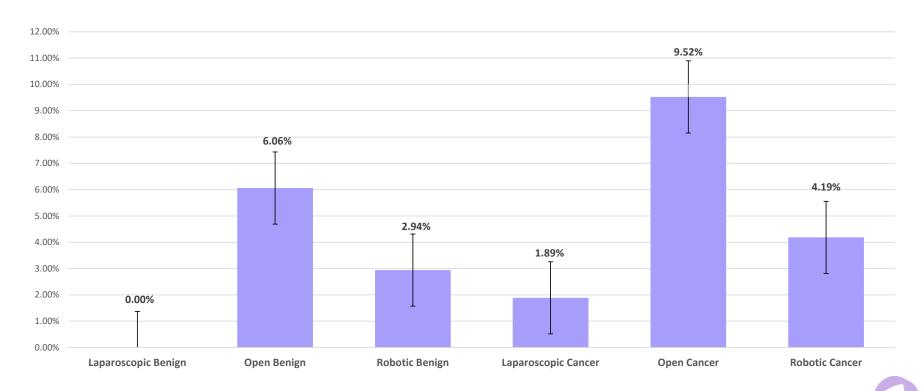


Emergency Room Utilization



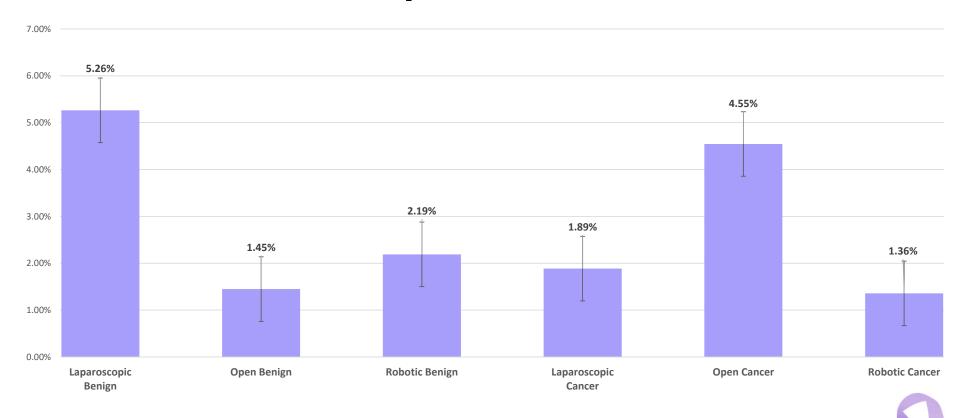


Readmission Rates





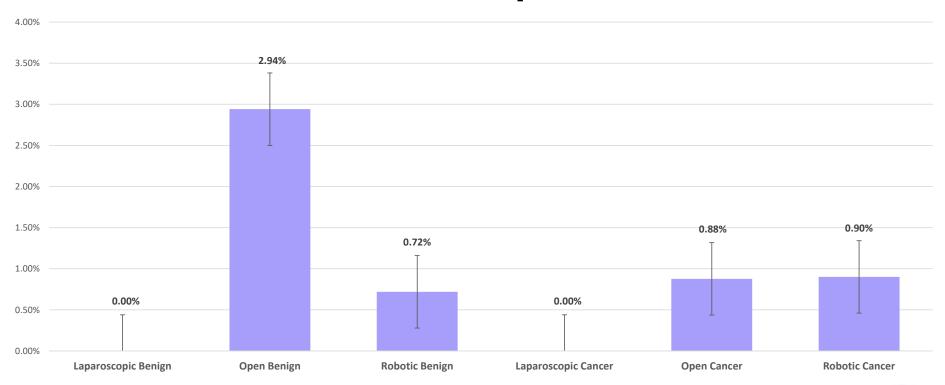
Reoperation Rates





moqc.org

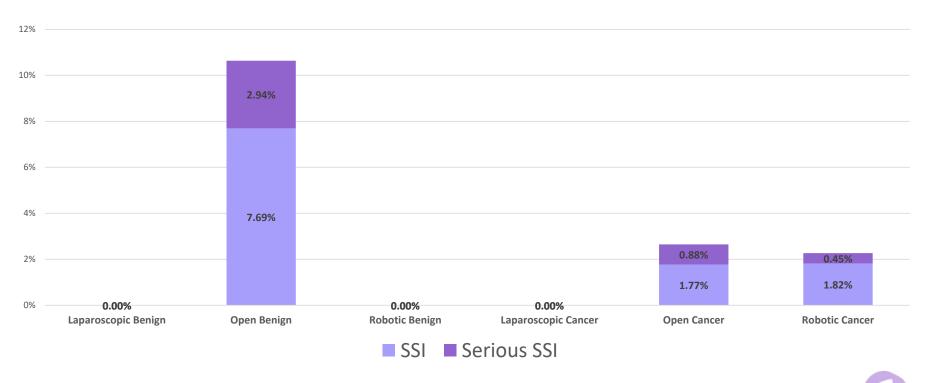
Serious Complications







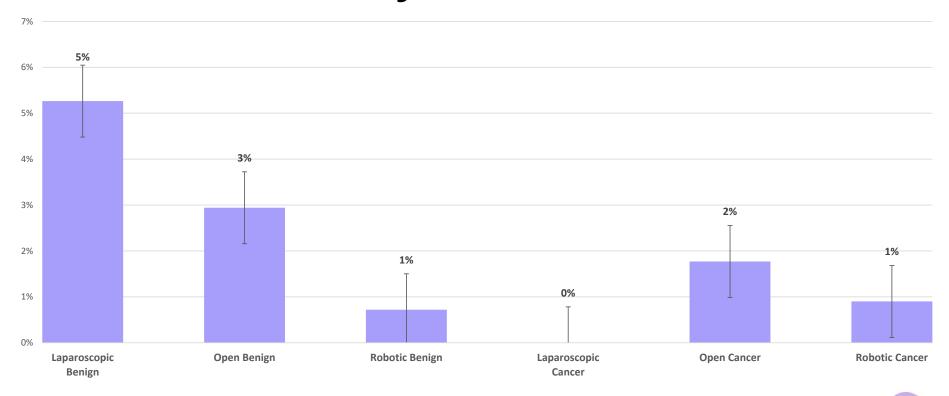
Surgical Site Infections







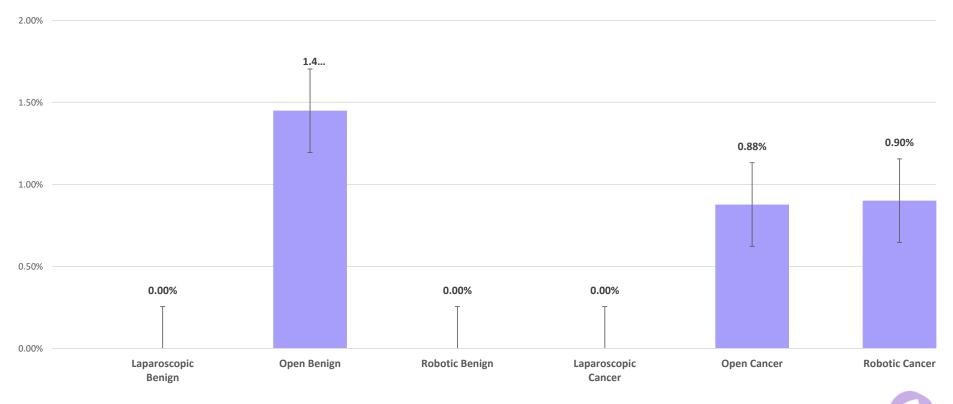
Urinary Tract Infection







Venous Thromboembolism



moqc.org





Discussion







Break







Journal Review

Shitanshu Uppal





Closing Items

- Testimonial Survey Link
- Upcoming Events: https://moqc.org/events/

MOQC Gynecologic Oncology Biannual Meeting

Saturday, April 23, 2022

Location: TBD

• Claim your CME/CEU credit for this meeting



Cancer Genomics Webinar

Thursday, October 14, 2021 12:00 noon - 1:00 p.m. EST

"Ovarian Cancer and Genetic Services in Michigan:
A Surveillance Report, 2008-2018"

Jessica Fritzler, MPH

Epidemiologist, MDHHS Cancer Genomics Program

"Implementation of Strategies to Increase Genetic Counseling Referral Rates for Ovarian Cancer Patients"
Kara Milliron, MS, CGC

Genetic Counselor, Breast and Ovarian Cancer Risk Evaluation Clinic,
Michigan Medicine

How to Join on October 14

Join Microsoft Teams Meeting

Or call in (audio only)

+1 248-509-0316

Phone Conference ID: 899 264 854#

Two Continuing Education Webinars



Genetic Risk Assessment for Hereditary Cancer Syndromes

Release Date: Fri, 1/15/21

Termination Date: Fri, 12/31/21

Credits Available:

AMA PRA Category 1: 0.75

Participation: 0.75

Fee waived for MOQC Members

In Partnership with Michigan Department of Health and Human Services

Survivorship Programs to Support Quality of Life

Release Date: Tues, 3/30/21 Termination Date: Pending

Credits Available:

AMA PRA Category 1: Approval Pending

Participation: Approval Pending

Social Work CE Credit: 1.0

Fee waived for MOQC Members

https://moqc.org/resources/continuing-education-opportunities/

Continuing Education Credit – Creating an Account

Steps to create 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. Your MiCME account is created and you can now claim continuing education credits



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 Gynecology Oncology Fall 2021

 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 University of Michigan CME transcript.

If you have any difficulties, email moqc@moqc.org

We will assist you and resolve any issue!







