Gynecologic Oncology Biannual Meeting
Fall 2021 Meeting
Cancer care. Patients first.
The best care. Everywhere.

Welcome
MOQC Testimonials

Testimonial Survey Link
https://umich.qualtrics.com/jfe/form/SV_4VLyyppOsOwee806
Continuing Education Credits

• MiCME: 3 AMA PRA Category 1 Credit(s)™
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:05 a.m.</td>
<td>Patient &amp; Caregiver Update</td>
<td>Amanda Itliiong, MA</td>
</tr>
<tr>
<td>9:20 a.m.</td>
<td>Ovarian Cancer Resources Update</td>
<td>Vanessa Aron, BA</td>
</tr>
<tr>
<td>9:40 a.m.</td>
<td>Data &amp; Updates</td>
<td>Shitanshu Uppal, MD</td>
</tr>
<tr>
<td>10:10 a.m.</td>
<td>MSQC Data</td>
<td>Shitanshu Uppal, MD</td>
</tr>
<tr>
<td>10:50 a.m.</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>Literature Review</td>
<td>Shitanshu Uppal, MD</td>
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</tbody>
</table>
POQC Update
Amanda Itliong
MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM

Resources

https://moqc.org
Resources

https://moqc.org

Gynecologic Oncology Educational Series

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
Resources

Standardized Operative Note

Checklist for Ovarian Cancer Operative Note Dictation

CLICK HERE for an online operative note generator

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

Resources
Ovarian Cancer Education Podcasts

Featured podcast:

Chemotherapy, Part 1
9/17/2021 - 27 min - Listen later

Chemotherapy, Part 2
9/17/2021 - 33 min - Listen later

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
Featured podcast:

- Ovarian Cancer Education Podcast
  - Chemotherapy, Part 1
    - 9/17/2021 - 27 min - Listen later

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
**Resources**

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
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

<table>
<thead>
<tr>
<th>MOQC VBR Measures</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Days between Cytoreduction and 1st Day of Chemotherapy</td>
<td>≤28 days</td>
</tr>
<tr>
<td>Operative report with documentation of residual disease</td>
<td>70%</td>
</tr>
</tbody>
</table>
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

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Signed patient consent for chemotherapy
N = 177

QOPI Measure CORE14 - Practice and Comparative Groups
R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Tobacco cessation counseling administered or patient referred in past year
N = 29

QOPI Measure CORE22bb - Practice and Comparative Groups
R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Infertility risks discussed prior to chemotherapy with patients of reproductive age

N = 5

QOPI Measure SMT33 - Practice and Comparative Groups
R1 2021

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

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Dyspnea addressed appropriately
N = 32

QOPI Measure EOL41 - Practice and Comparative Groups
R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Hospice enrollment within 3 days of death (Lower score better)
N = 20

QOPI Measure EOL44 - Practice and Comparative Groups
R1 2021

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.
Chemotherapy administered within the last two weeks of life
N = 41

QOPI Measure EOL48 - Practice and Comparative Groups
R1 2021

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

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

R1 2020 + R2 2020:
Mean = 30.1
Median = 28

R1 2021:
Mean = 29.6
Median = 28.1

Quality Metric
28 days

QOPI CORE Measure GynOnc #1
Round 1 2021

Each bar = 1 Patient
Operative report with documentation of residual disease (Optimal/Suboptimal)
N = 122

Within 48 hours

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

Within 48 hours

QOPI CORE Measure GYNONC90g
Operative report with documentation of residual disease (Optimal/Suboptimal)
N = 142

Beyond 48 hours

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

Beyond 48 hours

QOPI CORE Measure GYNONC90g

R1 2018: 60.6% (N=127)
R2 2018: 58.4% (N=166)
R1 2019: 62.9% (N=132)
R2 2019: 67.9% (N=140)
R1 2020: 74.1% (N=135)
R2 2020: 75.3% (N=85)
R1 2021: 84.5% (N=142)
## New Target

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<td>≤28 days</td>
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??%
MSQC Data
Shitanshu Uppal
• 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

- Laparoscopic Benign: 5.26%
- Open Benign: 4.48%
- Robotic Benign: 4.48%
- Laparoscopic Cancer: 3.85%
- Open Cancer: 6.48%
- Robotic Cancer: 5.66%
Readmission Rates

- Laparoscopic Benign: 0.00%
- Open Benign: 6.06%
- Robotic Benign: 2.94%
- Laparoscopic Cancer: 1.89%
- Open Cancer: 9.52%
- Robotic Cancer: 4.19%
Reoperation Rates

- Laparoscopic Benign: 5.26%
- Open Benign: 1.45%
- Robotic Benign: 2.19%
- Laparoscopic Cancer: 1.89%
- Open Cancer: 4.55%
- Robotic Cancer: 1.36%
Serious Complications

- Laparoscopic Benign: 0.00%
- Open Benign: 2.94%
- Robotic Benign: 0.72%
- Laparoscopic Cancer: 0.00%
- Open Cancer: 0.88%
- Robotic Cancer: 0.90%
Urinary Tract Infection

- Laparoscopic Benign: 5%
- Open Benign: 3%
- Robotic Benign: 1%
- Laparoscopic Cancer: 0%
- Open Cancer: 2%
- Robotic Cancer: 1%
Venous Thromboembolism

- Laparoscopic Benign: 0.00%
- Open Benign: 1.4%
- Robotic Benign: 0.00%
- Laparoscopic Cancer: 0.88%
- Open Cancer: 0.00%
- Robotic Cancer: 0.90%
Discussion
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

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

In Partnership with Michigan Department of Health and Human Services

**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**

**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/](https://moqc.org/resources/continuing-education-opportunities/)
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!
Thank You!