



MOOC

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

Michigan Oncology Quality Consortium Biannual Meeting June 2019

Does Performance Variation Indicate
A Gap In Quality?



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Sponsor



POQC



MICHIGAN ONCOLOGY
QUALITY CONSORTIUM



Rural
Health
Initiative

Continuing Medical Education

Disclosures

- Jennifer Griggs, MD, MPH, the faculty planner, has no commercial or financial interests, relationships, or other conflicts of interest that are relevant to this activity.
- See additional disclosures in the Program.

Continuing Medical Education

Learning objectives

1. Analyze experience and improve practice
2. Integrate relevant content to provide cost-effective health care that does not compromise care quality
3. Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care

Competencies

1. Practice-based learning and improvement
2. Systems-based practice

Agenda has details on
number of credit hours





Number of Rainy Days

MONTH	Metro Detroit
January	22
February	20
March	20
April	22
May	21
June – so far	12

117 rainy
days since
January 1st

Starting Round 2 of 2019

MOQC Measures

Keeping

- Oral chemo monitored: medication adherence assessed
- Tobacco cessation counselling administered or patient referred
- NK1 RA or olanzapine administered with Cycle 1 low or mod emetic risk chemotherapy (lower is better)
- Pain addressed appropriately (EOL)
- Hospice enrollment or documented discussion (EOL) (revised)
- Palliative care referral/services or documented discussion (EOL) (revised)
- Chemotherapy in last 2 weeks of life (EOL) (lower is better)
- Serum tumor marker surveillance (30-365 days p dx) in early stage breast cancer (lower is better)



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Starting Round 2 of 2019

Changes to MOQC Measures

Deleting

- Pain managed appropriately (initial therapy)
- Signed patient consent for chemotherapy
- Infertility risk discussed
- Dyspnea addressed (EOL)
- Hospice enrollment within 3 days (EOL) (lower is better)
- Complete family history for patients with invasive colorectal cancer
- Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy



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Starting Round 2 2019

Changes to MOQC Measures

Adding or Creating

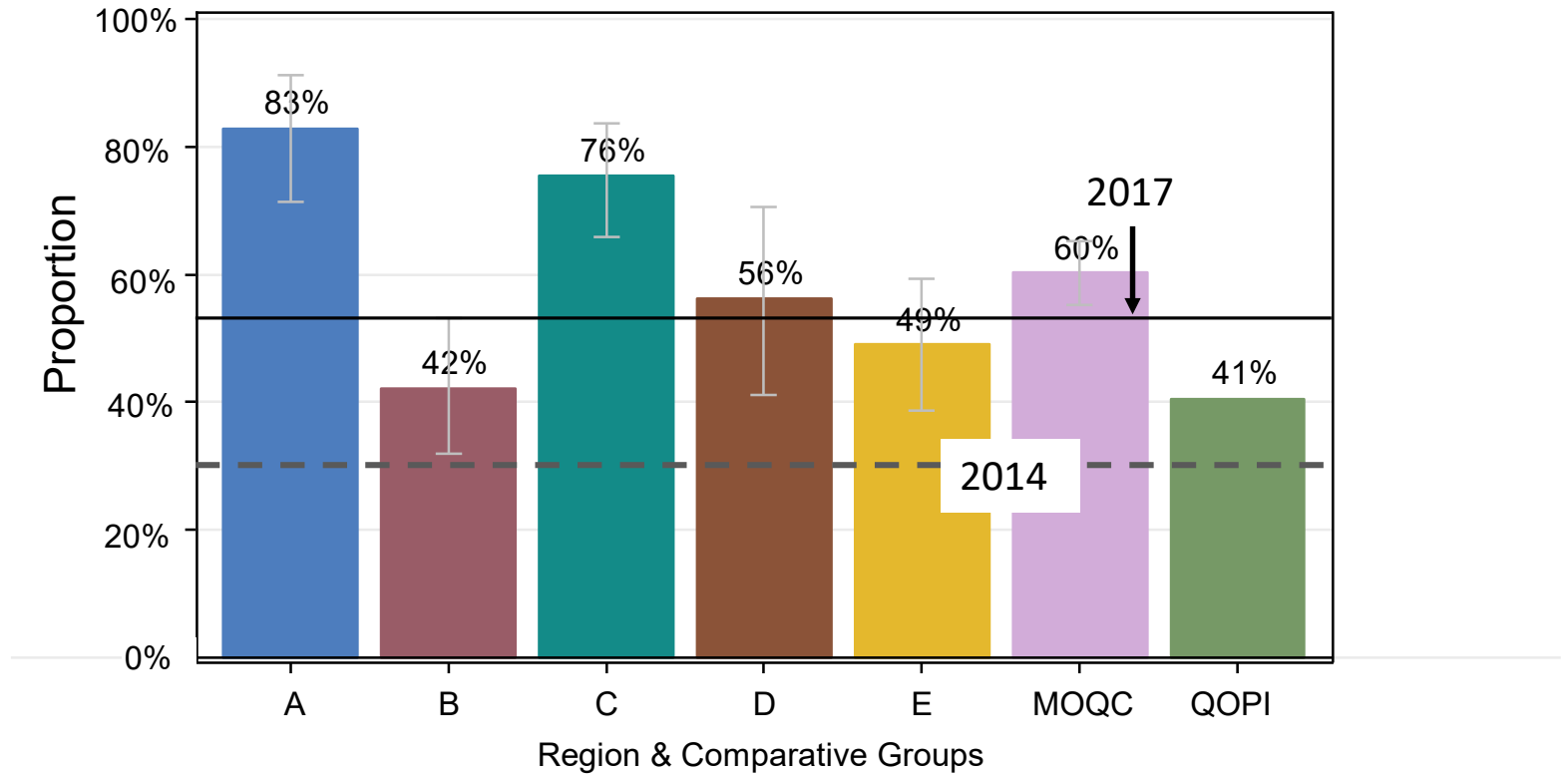
- Oral chemotherapy monitored on visit/contact following start of therapy
- NK1 RA and olanzapine prescribed or administered with high emetic risk chemotherapy
- Hospice enrollment
- Hospice enrollment within 7 days of death (lower is better)
- Patients with prostate ca receiving ADT who received bone density testing within one year of initiating ADT
- Bone modifying agents administered for breast ca bone mets *or multiple myeloma*
- Complete family history for patients with invasive cancer
- GCSF administered to patients who received chemo for non-curative intent (lower is better)

Visualization of Data Updates on Performance



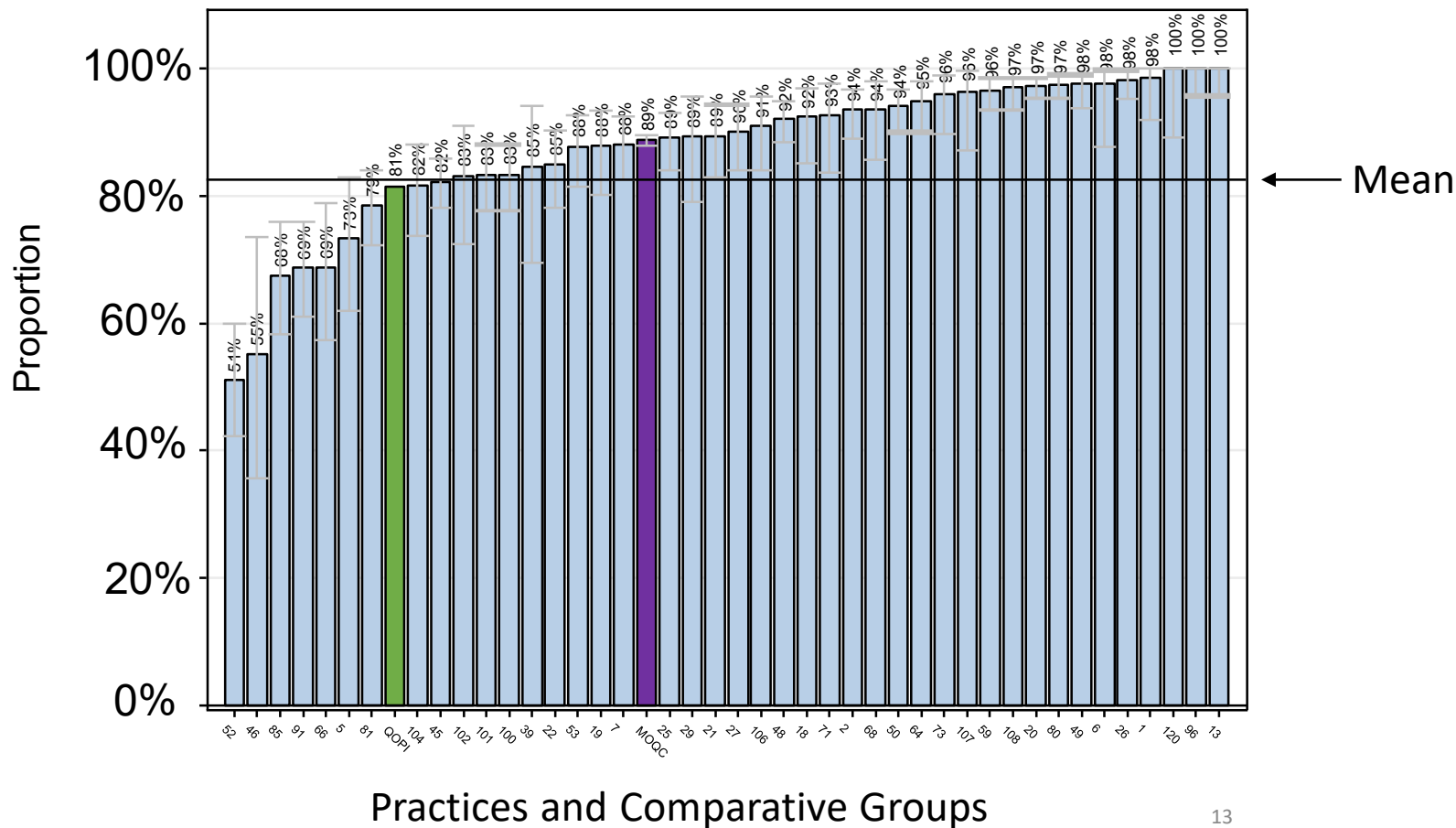
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Tobacco cessation counseling or referral

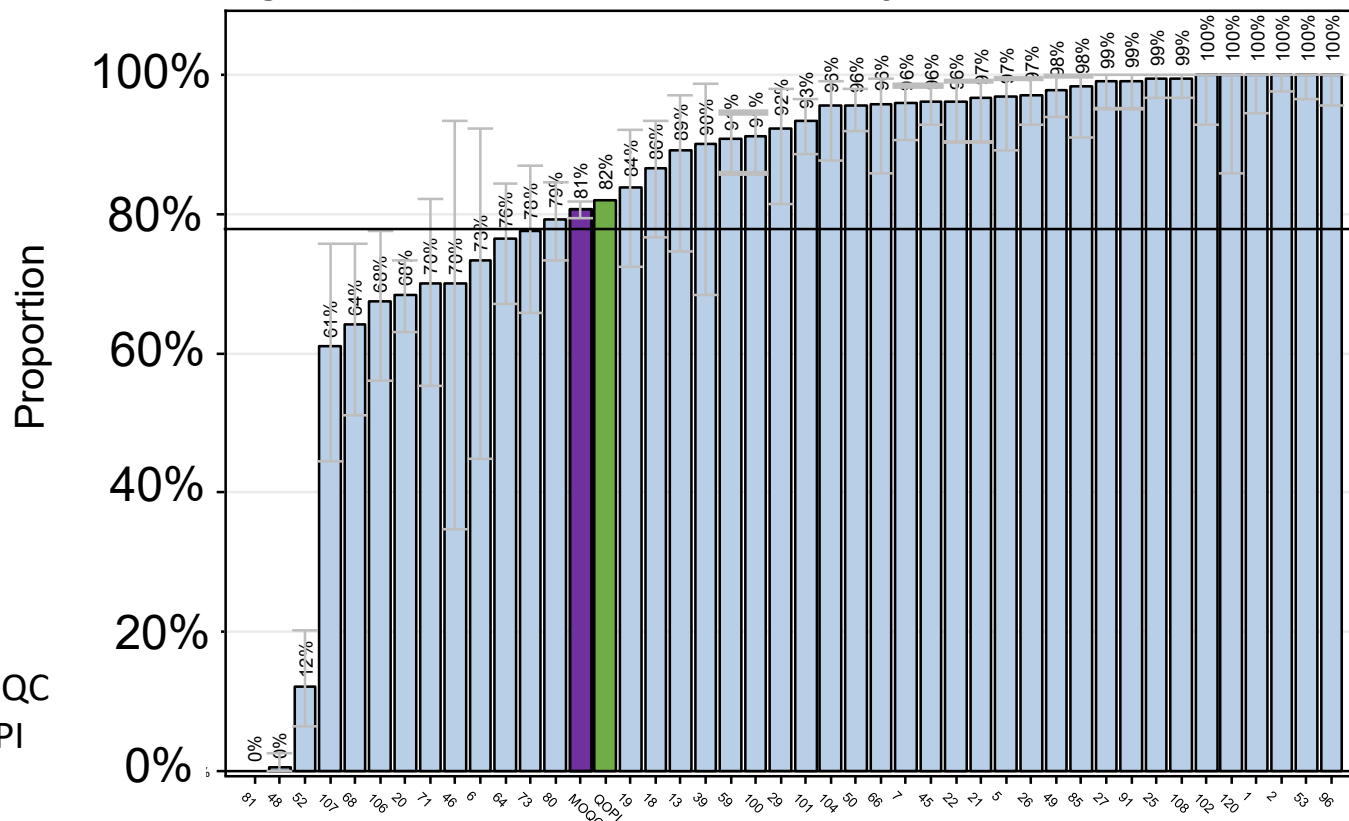


Spring 2018 (through 6/18); Round 2 data (through 12/4/18) pending

Pain addressed appropriately (QOPI Measure CORE6e)

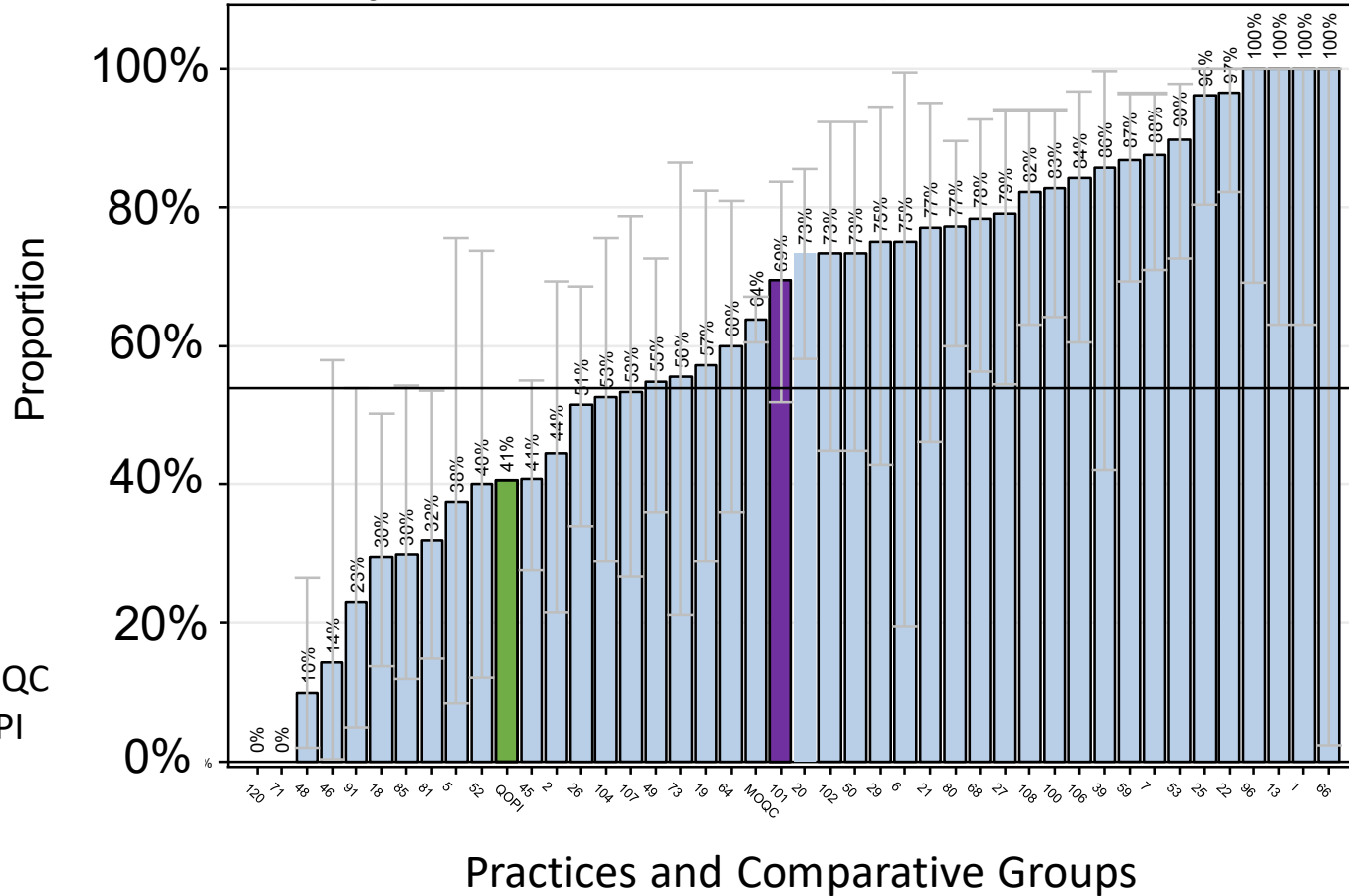


Signed patient consent for chemotherapy (QOPI Measure CORE14)

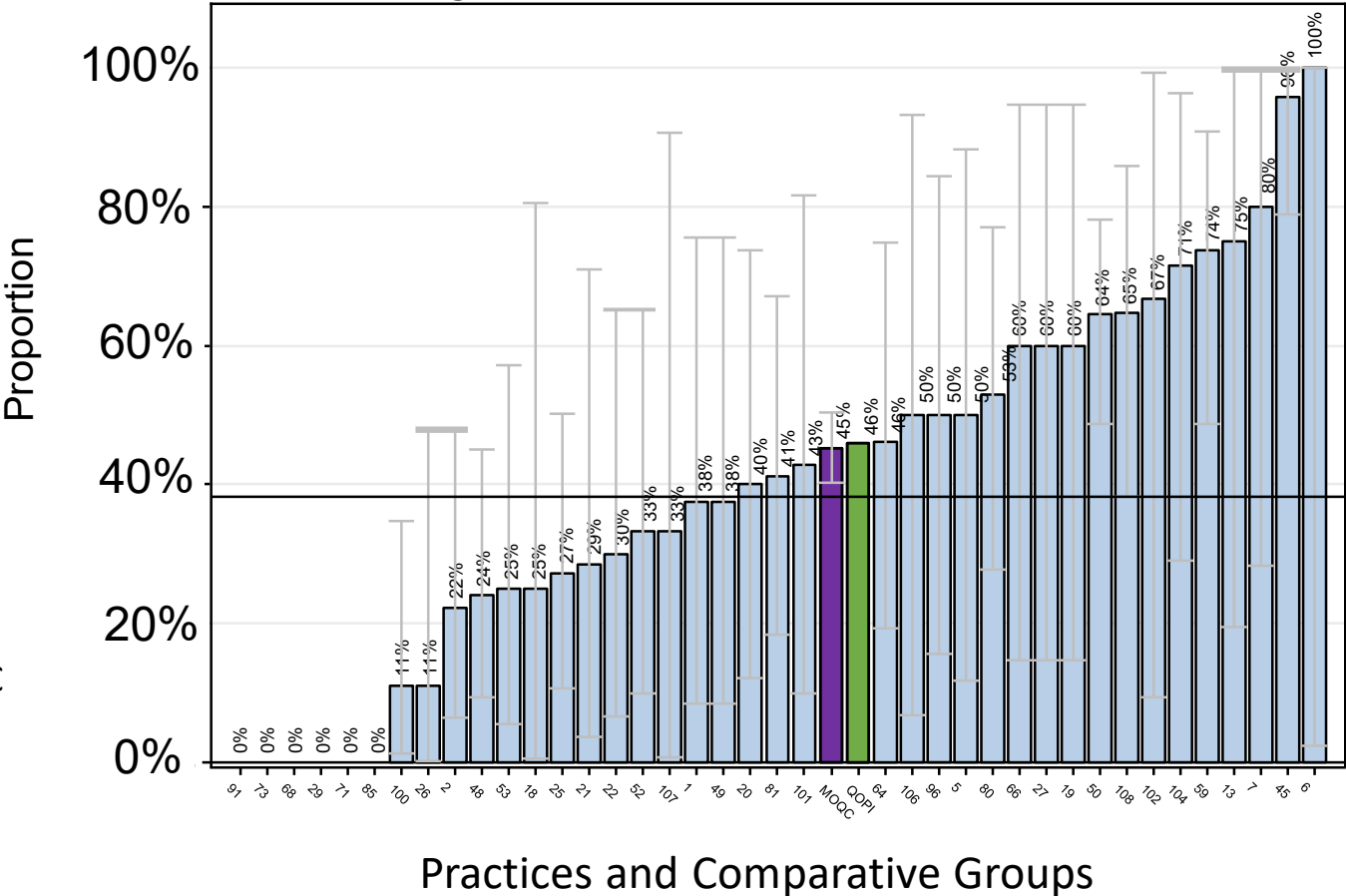


MOQC
QOPI

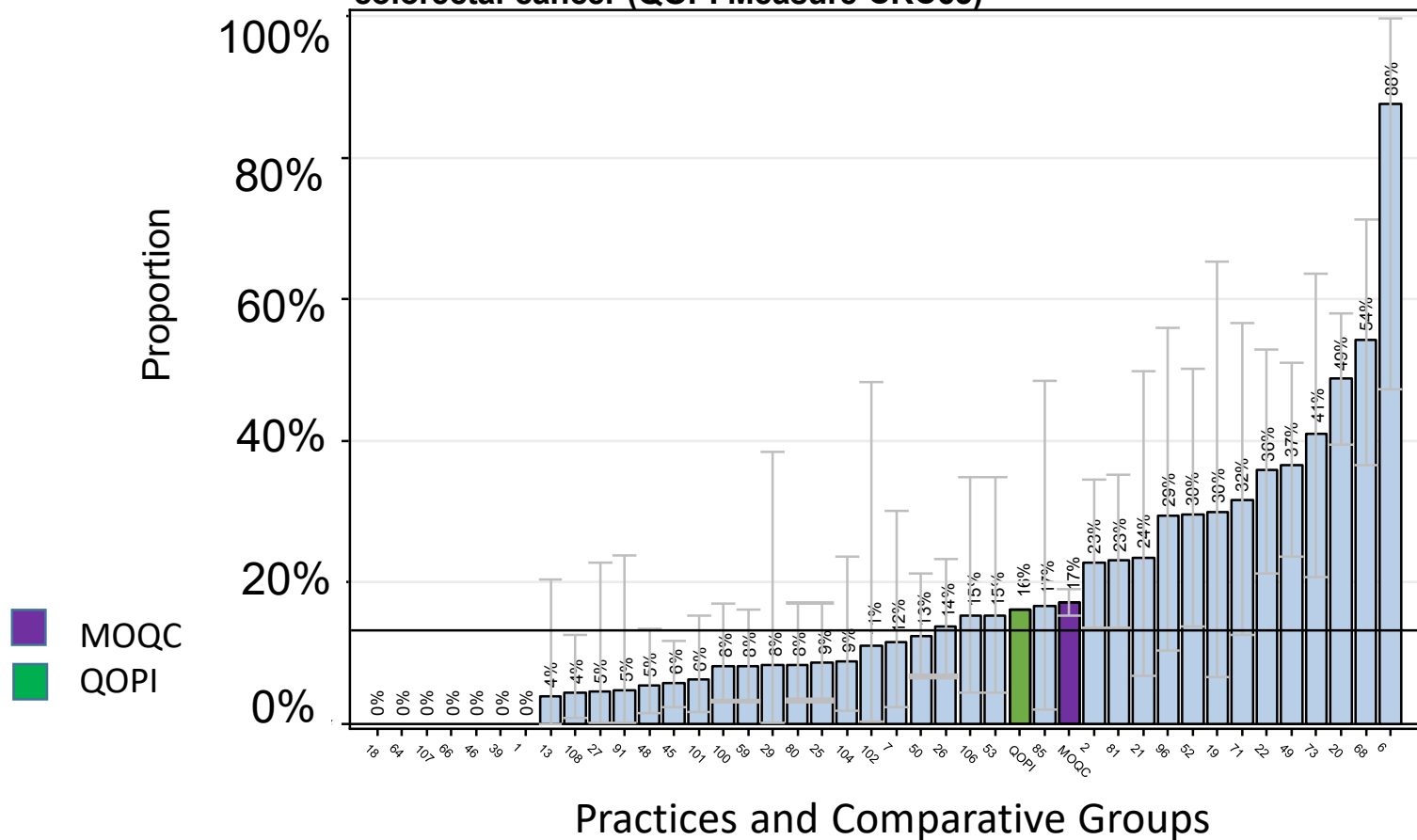
Tobacco cessation counselling administered or patient referred in the past year (QOPI Measure CORE22bb)



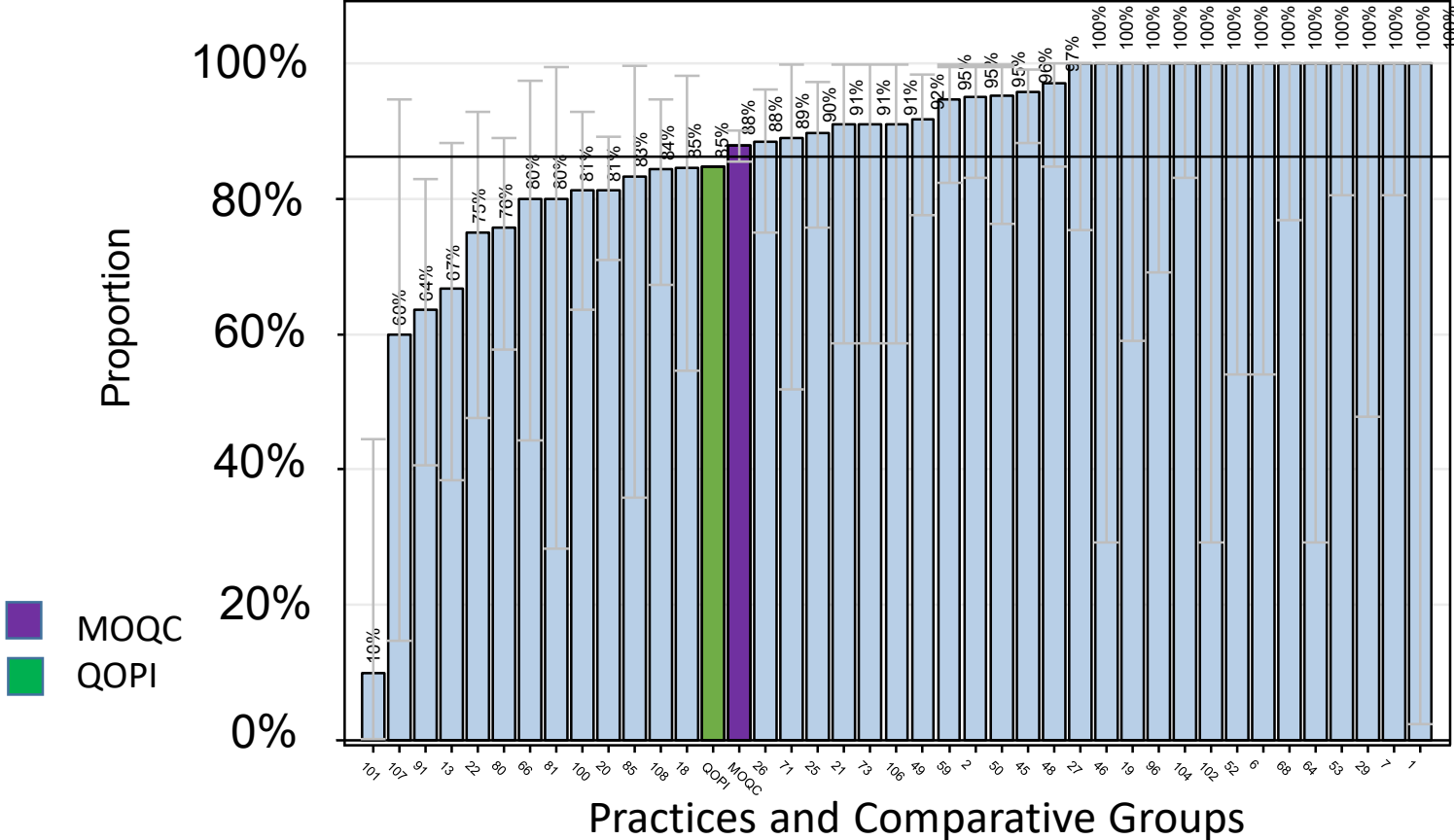
Infertility risks discussed prior to chemotherapy with patients or reproductive age (QOPI Measure SMT33)



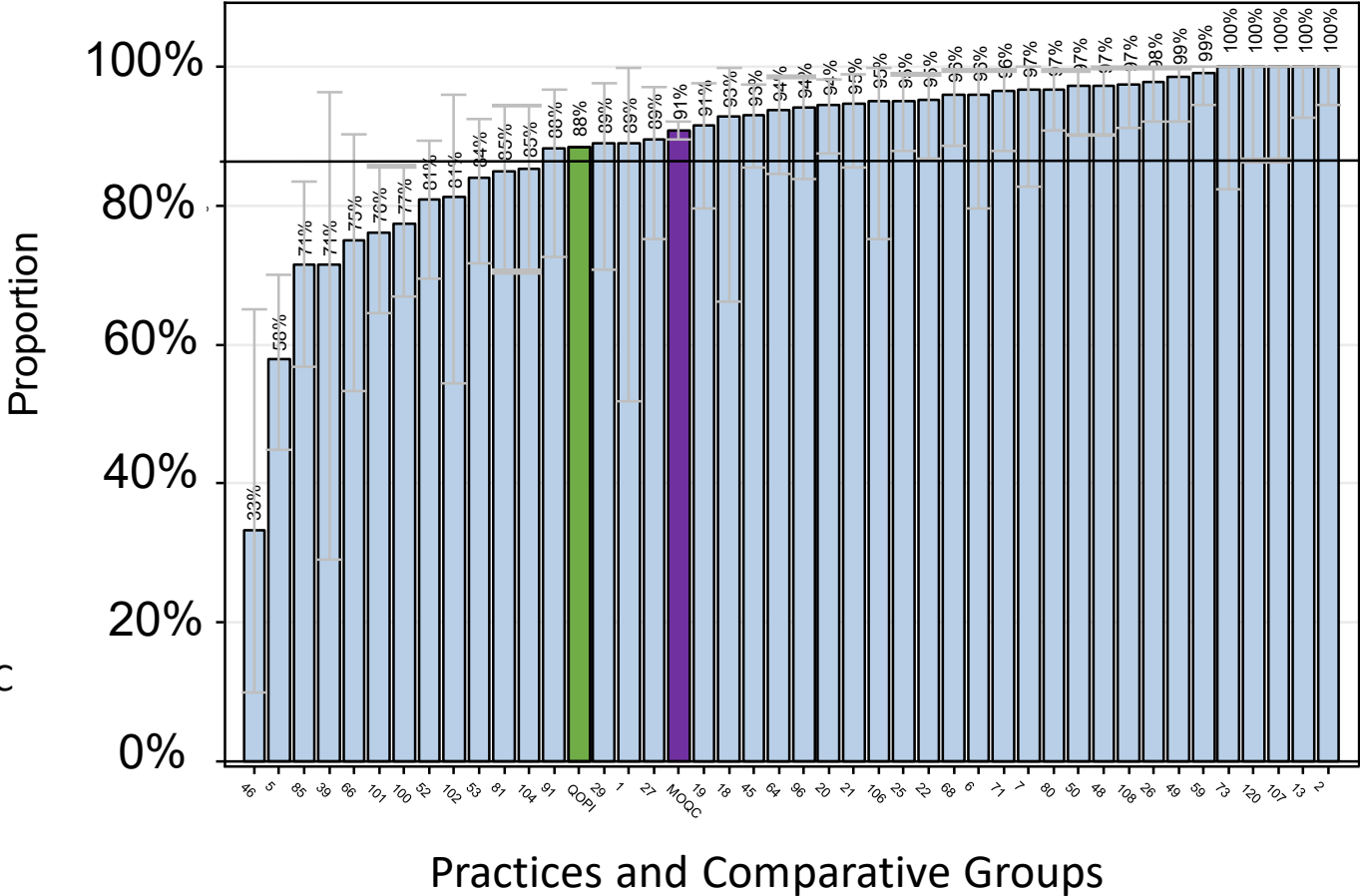
Complete family history documented for patients with invasive colorectal cancer (QOPI Measure CRC63)



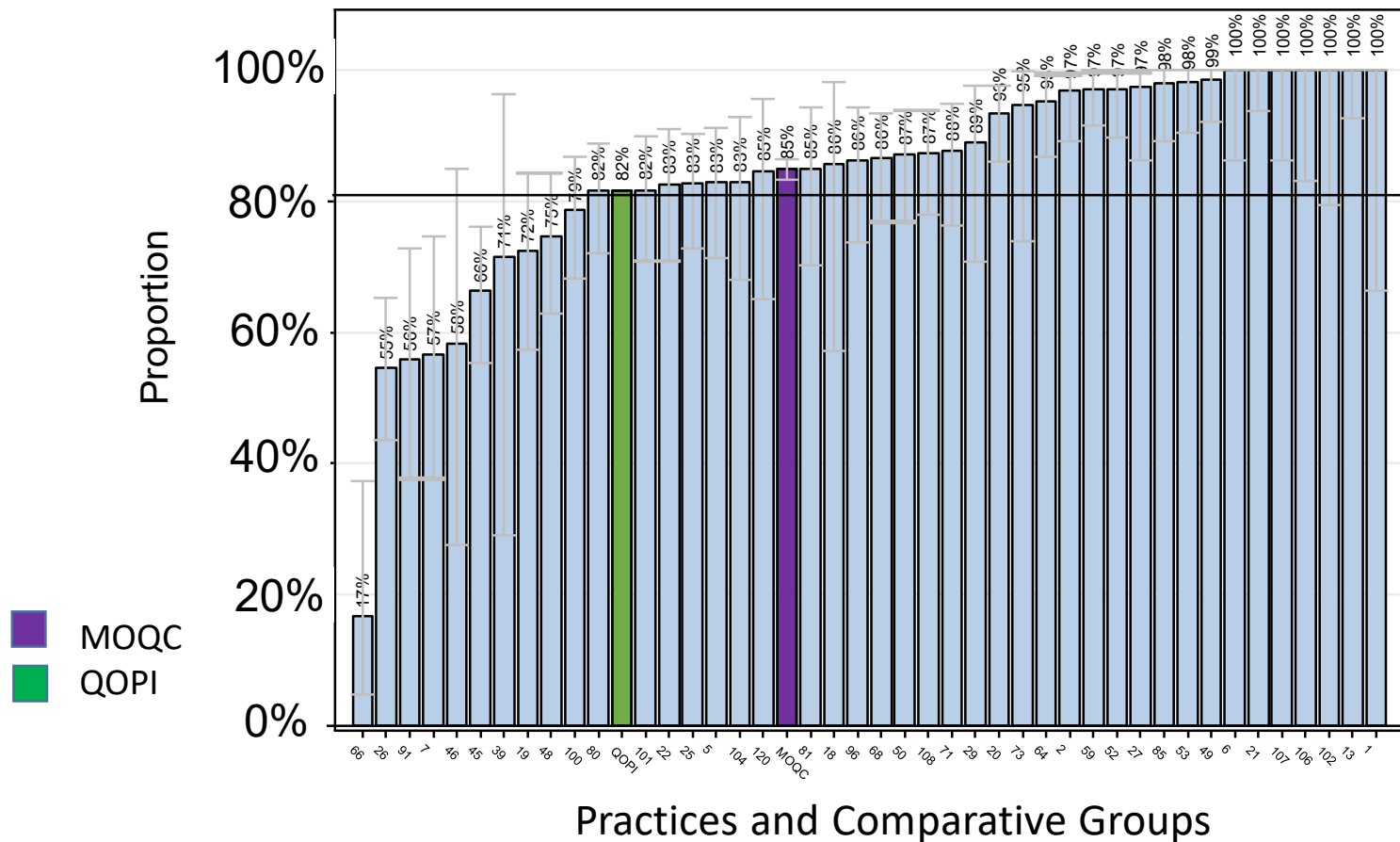
Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy QOPI (Measure CRC73)



Pain addressed appropriately (QOPI Measure EOL38)



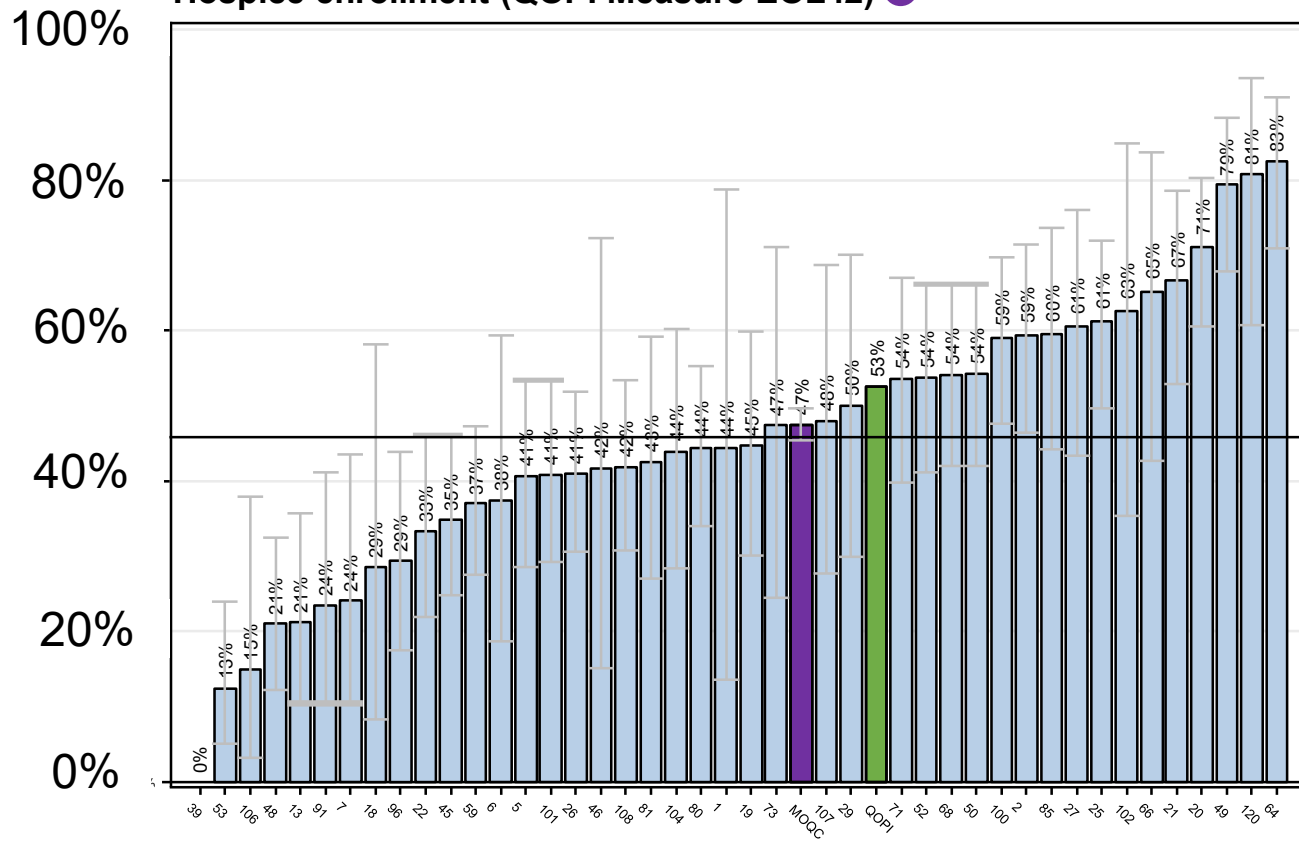
Dyspnea addressed appropriately (QOPI Measure EOL41)



Hospice enrollment (QOPI Measure EOL42) ●

Proportion

MOQC
QOPI



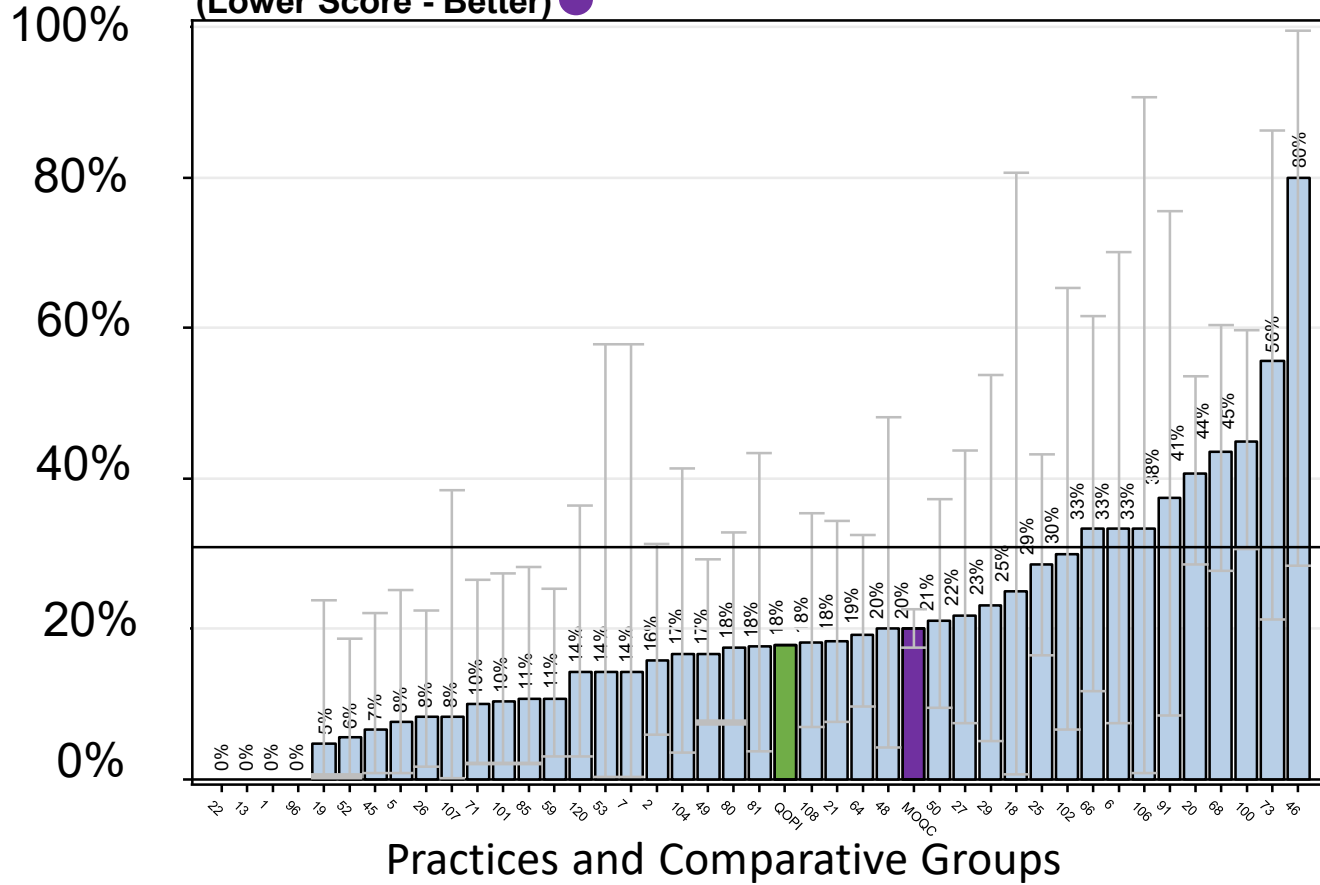
Practices and Comparative Groups

Hospice enrollment within 3 days of death (QOPI Measure EOL44) (Lower Score - Better) ●

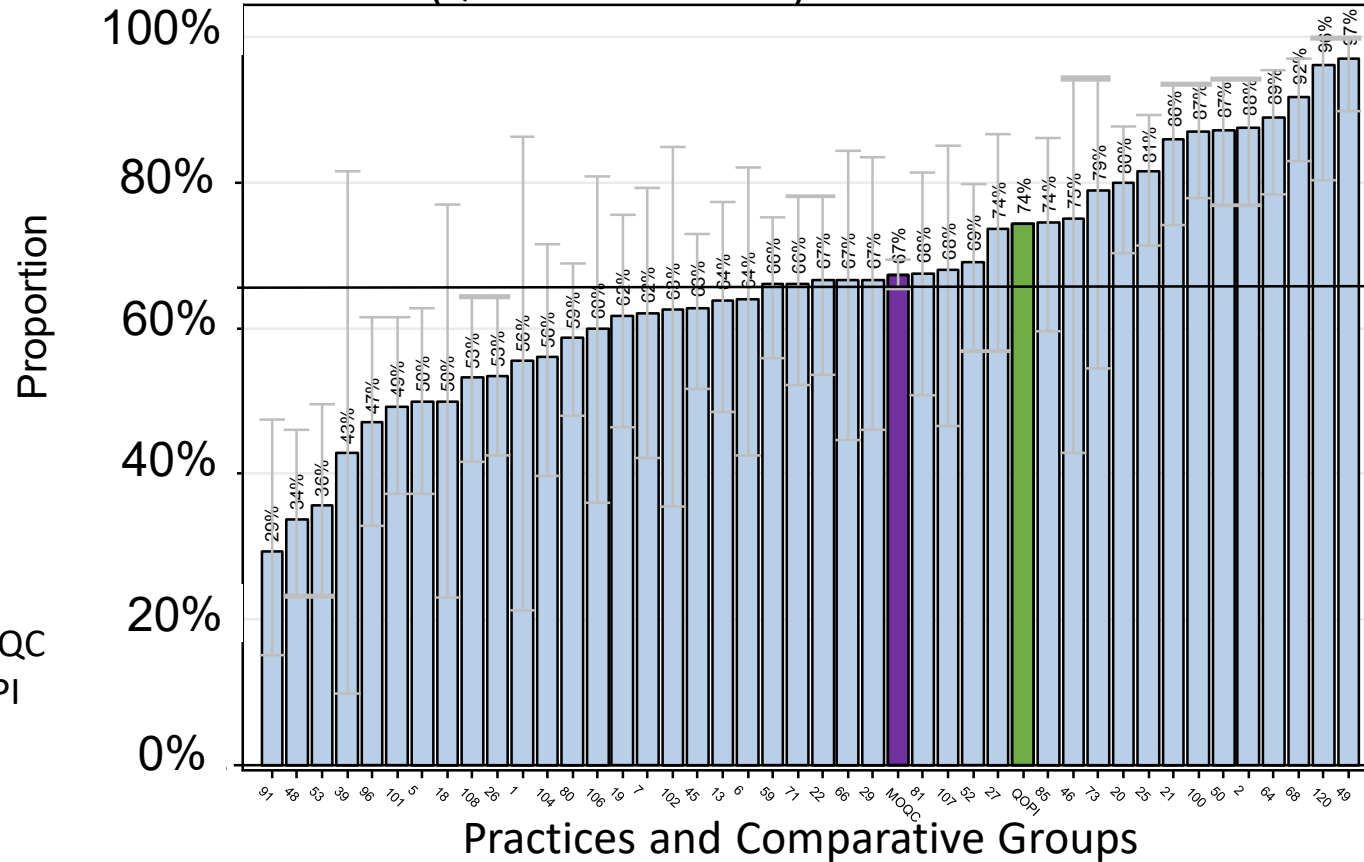
Proportion

MOQC

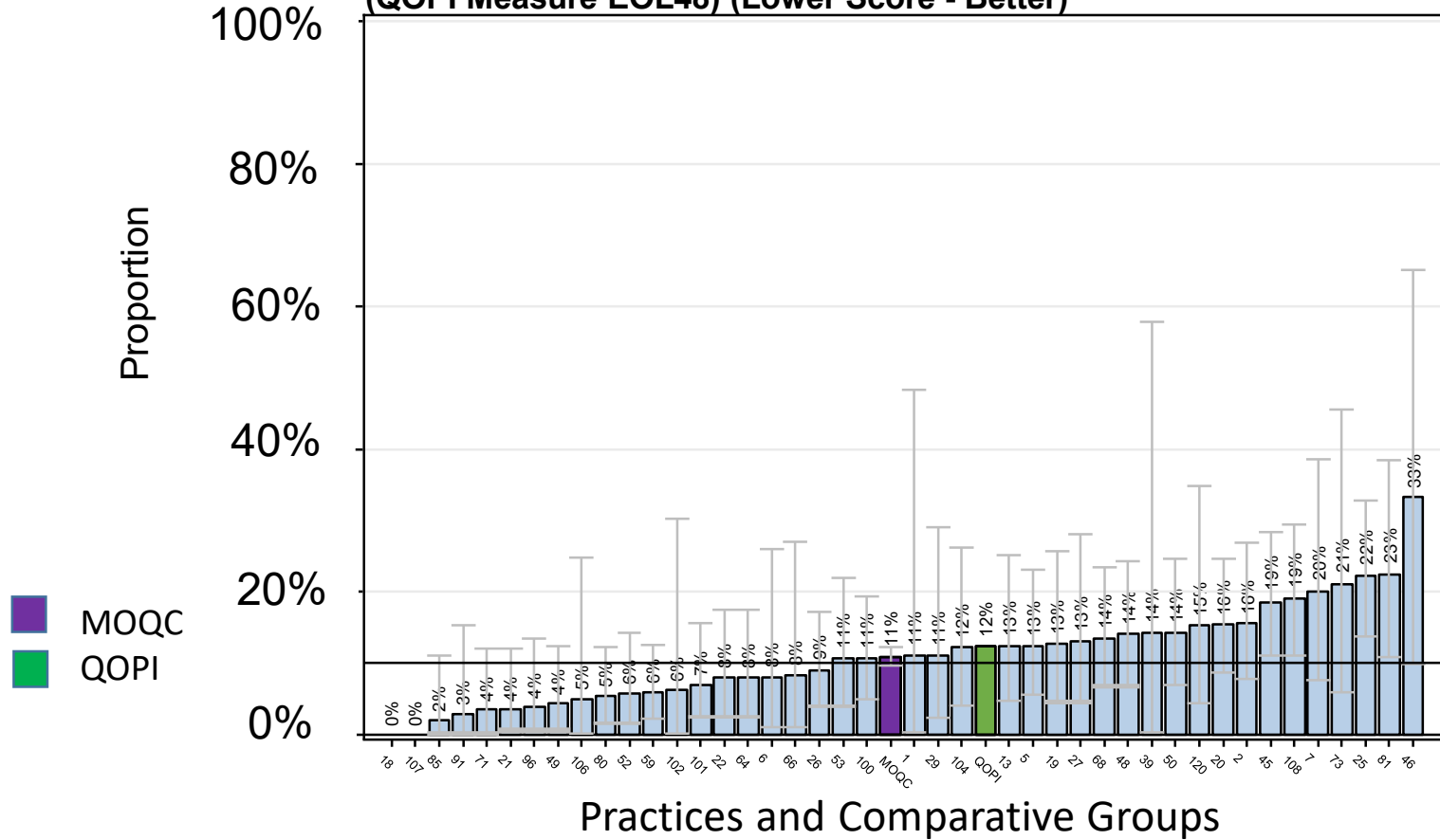
QOPI



Hospice enrollment, palliative care services or documented hospice discussion (QOPI Measure EOL47)



Chemotherapy administered within the last two weeks of life (QOPI Measure EOL48) (Lower Score - Better)



Changes in VBR Measures



Criteria for Selection of VBR Measures

- Meaningful measures at patient- & population-level
- Clinicians have interest in practice improvement
- Addresses the value equation
- Current performance not too high
- Current performance not too low
- Variation in practice between practices & regions
- “Freshness”

MOQC VBR 2020: 2 Requirements

Performance

- Tobacco cessation counselling administered or patient referred in last year
- Hospice enrollment or documented discussion
- **Hospice enrollment**
- **NK1-RA or olanzapine administered with first cycle low or moderate emetic risk chemotherapy (Lower-Better)**

Region meets target for three out of four measures

+

Participation

1. Physician attendance at 1 biannual meeting*
2. Physician attendance at Spring & Fall evening regional meetings

*exceptions are available to practices

One physician from each practice must attend one biannual meeting and both regional meetings (12 hrs)

Quality Initiatives

Hospice Enrollment

Why Hospice?



- Improved outcomes
- Survival
 - Quality of life
 - Value
 - Caregiver outcomes



Identified Barriers / Areas for Improvement

Access

Communication

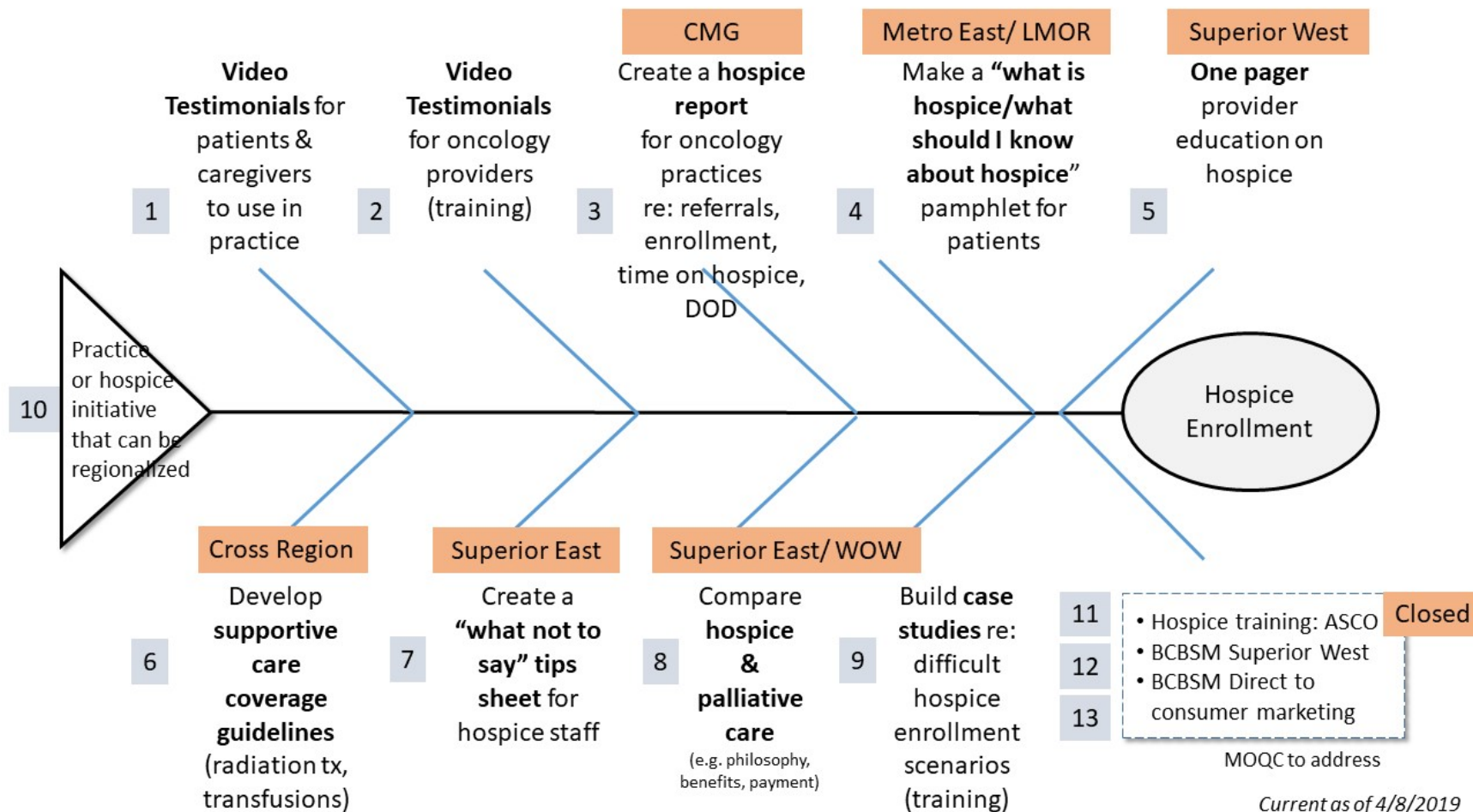


Patient &
Family
Knowledge

Clinician
Knowledge

Patient/caregiver
characteristics





Deliverables – Plan is August 2019



Update from Steering Committee

Dawn Severson, MD - Chair

Steering Committee Report

- New Members

- Heather Spotts, LMSW, OSW-C
- Diana Kostoff, BsPharm, PharmD, BCPS, BCOP

- Future Biannual Meetings

- Faith and Culture Panel – January 2020
- Jennifer S. Temel, MD – June 2020
Professor, Harvard Medical School
Clinical Director of Thoracic Oncology at Massachusetts General
Director of Cancer Outcomes Research, Massachusetts General Cancer Center
Research expertise in early palliative care

Steering Committee Report

- Measures Committee
- MOQC's involvement in extramural funded projects
 - Rural Health Initiative
 - PROM Onc, Patient Reported Outcome Measures – Oncology



Patient Reported Outcomes

- Fully develop and test patient-reported outcome performance measures (PRO-PMs) of health-related quality of life (HRQoL), fatigue and pain for patients with breast, colon & non small cell lung cancer
 - Meaningful and applicable in community & academic settings
 - Useful for commercial and public payers
 - Minimize burden for patients and providers
- Prepare for successful submission of measures to NQF and CMS
- Start with two sites this summer; more to come as we deploy in the field





Updates from the **Oncology Communication, Technology and Adverse Events (OCTET)** Study

Christopher R. Friese, PhD, RN, AOCN[®], FAAN
Elizabeth Tone Hosmer Professor
University of Michigan

Project Specific Aims

1. Characterize clinician communication processes, technologies, & adverse events (Surveys – Year 1)
2. Examine how communication & technologies affect practice (Observation and Interviews – Year 2)
3. Assess barriers & facilitators to safer cancer care (Focus Groups – Year 3)

Today

- Preview of interesting patient-reported outcomes data
- Emerging areas for possible practice-level interventions

Patient-Reported Outcomes (PRO) Data

- 29 practices participated, 2,232 patients
- Six-week data collection schedule
- Eligible patients: receiving intravenous chemotherapy
- Complete survey assessing toxicities in past seven days using valid & reliable PRO-CTCAE (converts CTCAE to patient-reported version)
- Nausea, Vomiting, Constipation, Diarrhea, Neuropathic Pain, General Pain, + two write-in options; 5-point scale (severity \pm frequency)
- Self-reported unscheduled clinic visits, ED visits, inpatient admission

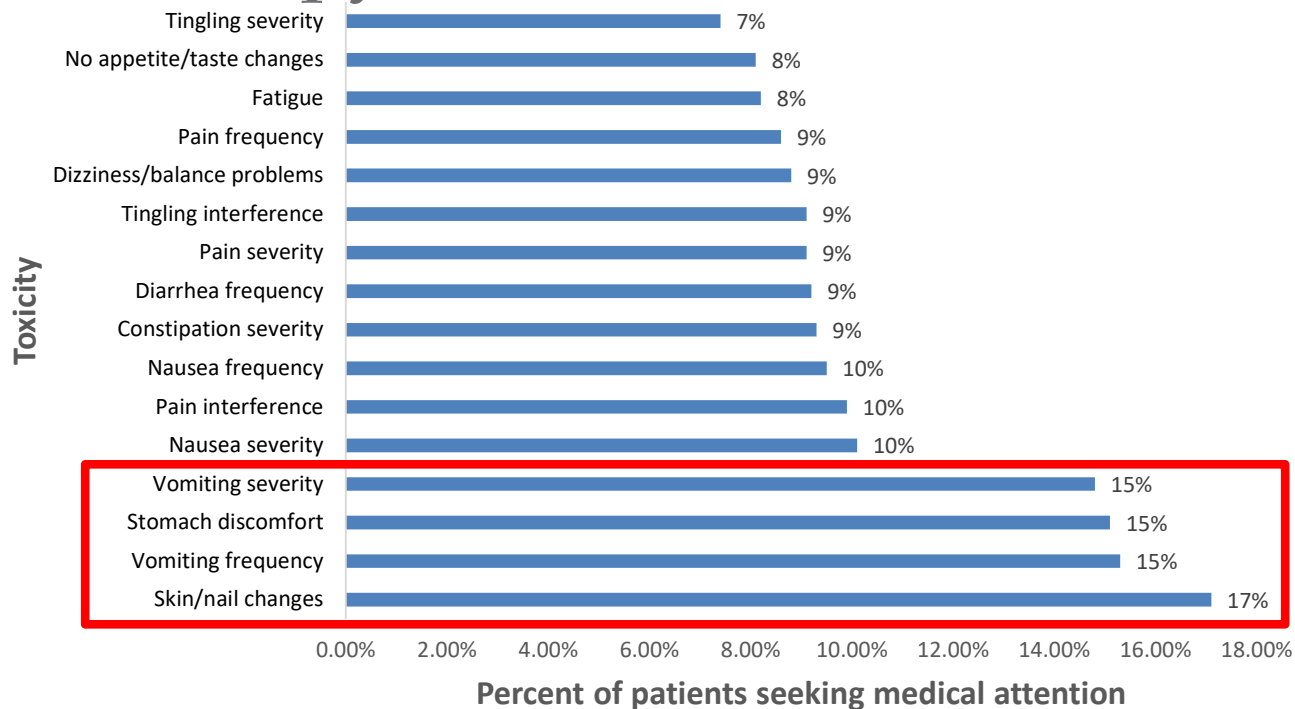


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PRO Data: Key Findings

- 453 (20%) of patients reported one toxicity as severe/very severe in the past week
- 156 (7%) of patients sought medical attention for a toxicity
 - Mean severity of worst toxicity was 2, which is lower than CTCAE grade 3.
- Frequent write-ins: Fatigue, Vague GI Sx, Skin/Nail Changes
- Next slide: toxicities aligned with excess service use: some surprises?

Chemotherapy Toxicities and Service Use



PRO Data: Discussion Points

- Substantial number of patients have clinically-significant toxicity
- “We won’t know (and intervene) unless we ask (systematically).”
- Service use correlated with lower patient-reported severity (2 vs. 3)
- Asking open-ended toxicity questions can help clinical management

Focus Groups: Intervention Targets

- Organizational learning to address delays on treatment days
- Clarifying and codifying clinical team roles and responsibilities
- Contingency planning for absences and/or personnel changes
- Clinically-nuanced electronic health record training and *ongoing* professional development

Dissemination and Next Steps

- March 2019 *Journal of Oncology Practice* – copies at registration
 - Two posters at AcademyHealth
 - Two additional manuscripts under review
-
- Identifying potential interventions for pilots – practices may be needed
 - If interested, contact Chris Frieze (cfrieze@umich.edu)

Acknowledgements

- Participating practices, clinical teams, and patients
- MOQC leadership and team
- OCTET study team
- Agency for Healthcare Research and Quality (AHRQ)

QUESTIONS or COMMENTS?

octet-study@umich.edu or 734-615-4017

Oral Oncolytics Initiative MOQC-PROM Updates

Emily Mackler, PharmD, BCOP
Director, Clinical Initiatives

Disclosures

- None

MOQC PROM

Pilot: 2015

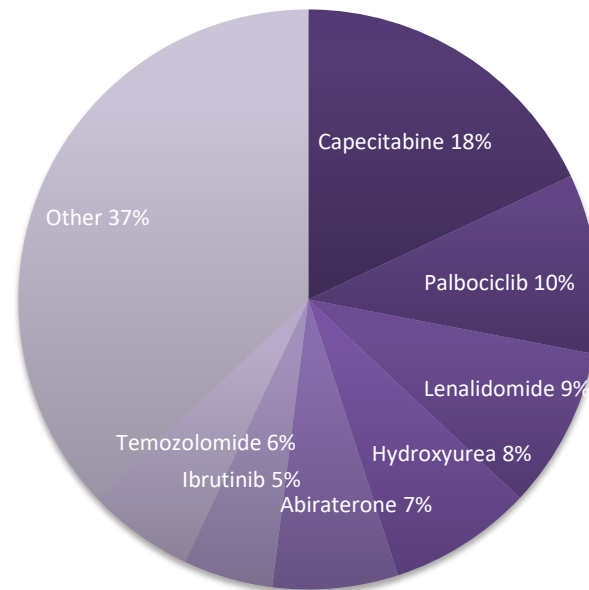
- Piloted in 8 MOQC practices in 2015
- N= 125 patients
- Approximately 30% of respondents reported some level of non-adherence to their oral oncolytic ($\leq 80\%$ adherence)
- Main reason for non-adherence was related to side effects or concerns about side effects
- MOQC modified/shortened the assessment for incorporation into everyday practice

MOQC PROM

Practice Experience: July 2016 – December 2018

- 6 Michigan oncology practices
- 2252 PROMs in 695 patients
 - Median age = 69 years
 - 48% female
 - 580 PROMs reported a cancer diagnosis
 - Prostate (24%), breast (19%), colorectal (16%), lung (6%)

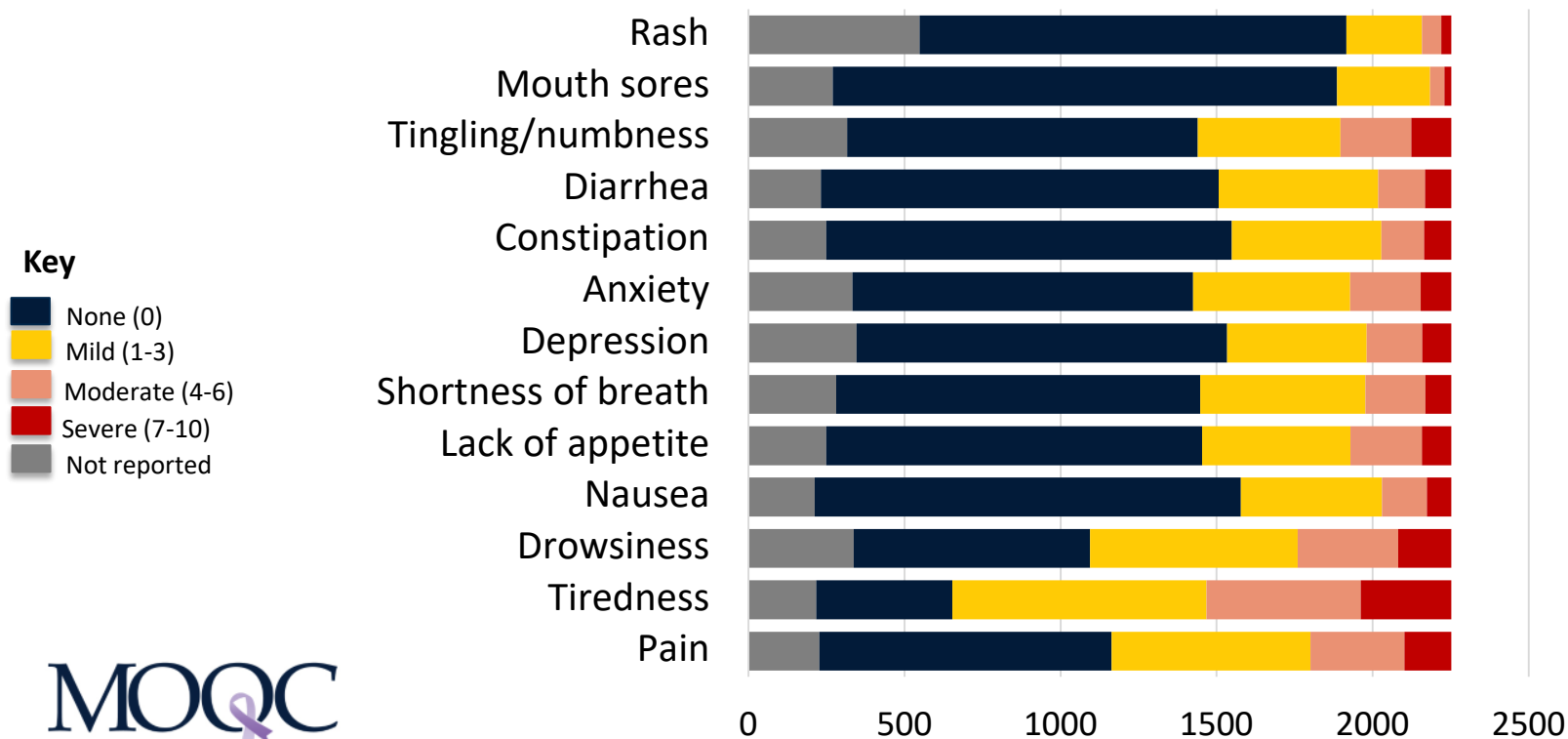
Oral oncolytic utilized:



MOQC PROM – Results

- 54% PROMs had at least 1 symptom rated as moderate or severe
- Non-adherence was reported in 20% of PROMs
- Symptoms rated as moderate or severe and patients with lower confidence scores were more likely to have reduced adherence

MOQC PROM - Symptoms

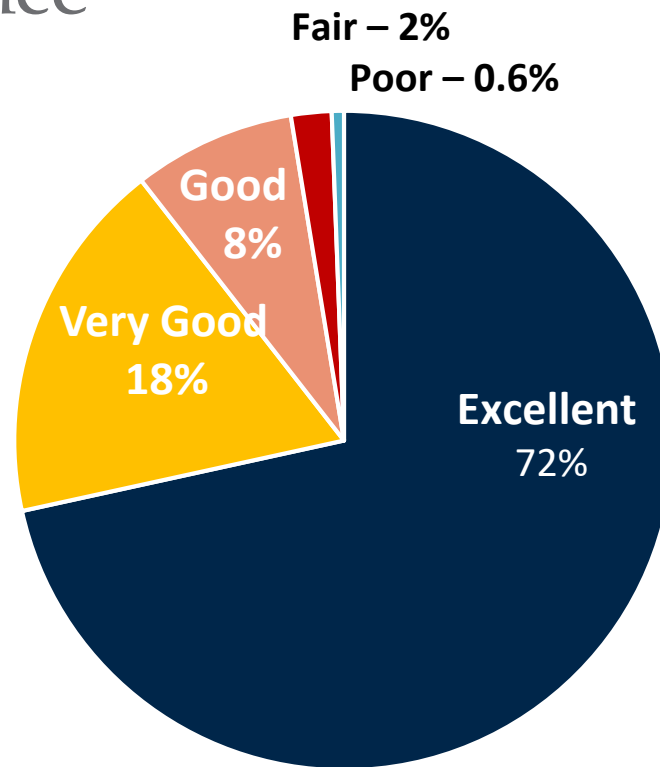


MOQC PROM – Adherence

Excellent

72%

Non-adherence = 28%



Univariate Analysis – Adherence

Variable	OR (95% CI)	P-value
Confidence to self manage symptoms	1.28 (1.20, 1.35)	<0.001
Confidence to seek medical care	1.26 (1.17, 1.35)	<0.001
Pain (moderate vs low)	0.5 (0.22, 0.61)	<0.001
Pain (severe vs low)	0.5 (0.26, 0.96)	0.038
Tiredness (moderate vs low)	0.52 (0.33, 0.80)	0.003
Tiredness (severe vs low)	0.4 (0.23, 0.66)	<0.001
Lack of appetite (moderate vs low)	0.43 (0.26, 0.71)	0.001
Lack of appetite (severe vs low)	0.39 (0.18, 0.83)	0.014
Shortness of breath (moderate vs low)	0.49 (0.28, 0.84)	0.01
Shortness of breath (severe vs low)	0.32 (0.14, 0.73)	0.007
Depression (moderate vs low)	0.42 (0.24, 0.75)	0.003
Depression (severe vs low)	0.41 (0.18, 0.93)	0.032
Anxiety (moderate vs low)	0.47 (0.27, 0.81)	0.007
Anxiety (severe vs low)	0.26 (0.12, 0.55)	<0.001
Constipation (moderate vs low)	0.45 (0.23, 0.87)	0.018
Constipation (severe vs low)	0.29 (0.13, 0.66)	0.003
Diarrhea (moderate vs low)	0.68 (0.37, 1.27)	0.221
Diarrhea (severe vs low)	0.39 (0.18, 0.85)	0.018

MOQC PROM

Summary

- Moderate to severe symptom burden occurred in over 50% of PROMs among 695 patients taking oral oncolytics for cancer.
- Optimizing symptom management appears to improve adherence and patient outcomes.

MOQC Next Steps

- Develop resources to address patient reports and identify those high risk patients
- Develop resources for practices related to fatigue education and patient engagement

Break out Sessions

- Selection
- Refer to Your Program

Complete Your Evaluation

Remember to set up an account first

Go to bit.ly/moqcjune2019

Enjoy Your Breakout Sessions!

Return to this room by 3:00pm

Snacks and Refreshments will be available



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Next Steps for Practices & MOQC

2019 Regional Meeting – Registration Open

A physician per practice must attend this meeting

Region	Fall 2019	Location
Metro East	Wednesday, November 6	Troy Marriott Troy
LMOR	Monday, November 11	Lansing Community College (LCC) Lansing
WOW	Wednesday, November 13	Marriott Ypsilanti at Eagle's Crest
CMG	Monday, November 18	Horizons Conference Center Saginaw
Superior West	Wednesday, October 9	Hampton Inn Marquette
Superior East	Thursday, October 10	Bay Harbor Village Petoskey



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Locations and dates subject to change

Next Biannual Meetings

A physician per practice must attend one meeting each calendar year

MOQC BIENNIAL MEETINGS 2020 and 2021			
Friday January 17, 2020	Inn at St. John's	Plymouth	Faith and Culture Panel
Friday June 19, 2020	Hagerty Center	Traverse City	Jennifer S. Temel, MD
Friday, January 15, 2021	Inn at St. John's	Plymouth	

Gyn Oncology Surgeons & Administrators

Own Meetings – Twice a Year

SGO
Meeting

Toronto

Saturday*
October 12

4 hour meeting
Inn at St. John's

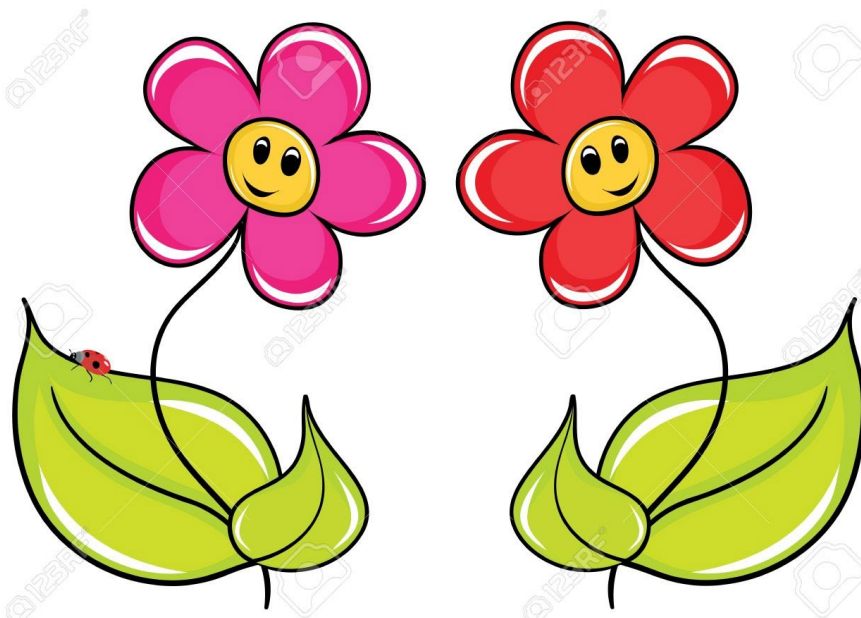
* No Michigan State or Michigan
Football within Michigan on this date

Complete Your Evaluation

Remember to set up an account first

Go to **bit.ly/moqcjune2019**

Find Your Ticket



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MOQC by Proxy

- Michelle Azar
- David Hayes
- Shannon Hough
- Maya Manning
- Jack Luckas



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Visit our Resource Table

- Fertility (sperm and ovarian function preservation)
- Tobacco Cessation
- Herbal & Cancer Material (Posters & Pamphlets)
- End of Life Material
- QOPI® Certification

Closing Comments

- Email us: first initial, last name@moqc.org
- Telephone us: (734) 232-0043 or **1.866.GET.MOQC**
- Leave name tags on tables
- Travel safely
- See you at Fall Regional Meetings

