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

Rural Health Initiative

POQC

MICHIGAN ONCOLOGY QUALITY CONSORTIUM
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

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Metro Detroit</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>22</td>
</tr>
<tr>
<td>February</td>
<td>20</td>
</tr>
<tr>
<td>March</td>
<td>20</td>
</tr>
<tr>
<td>April</td>
<td>22</td>
</tr>
<tr>
<td>May</td>
<td>21</td>
</tr>
<tr>
<td>June – so far</td>
<td>12</td>
</tr>
</tbody>
</table>

117 rainy days since January 1st
Starting Round 2 of 2019

MOQC Measures

- 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)
Starting Round 2 of 2019

Changes to MOQC Measures

- 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
Starting Round 2 2019

Changes to MOQC Measures

- 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
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)

Practices and Comparative Groups

Proportion

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)

Proportion

MOQC
QOPI

Practices and Comparative Groups
Dyspnea addressed appropriately (QOPI Measure EOL41)
Hospice enrollment within 3 days of death (QOPI Measure EOL44) (Lower Score - Better)
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”

VBR, value-based reimbursement
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)

Participation

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

Region meets target for three out of four measures

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

*exceptions are available to practices
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 ± frequency)
- Self-reported unscheduled clinic visits, ED visits, inpatient admission
• 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

- Tingling severity: 7%
- No appetite/taste changes: 8%
- Fatigue: 8%
- Pain frequency: 9%
- Dizziness/balance problems: 9%
- Tingling interference: 9%
- Pain severity: 9%
- Diarrhea frequency: 9%
- Constipation severity: 9%
- Nausea frequency: 10%
- Pain interference: 10%
- Nausea severity: 10%
- Vomiting severity: 15%
- Stomach discomfort: 15%
- Vomiting frequency: 15%
- Skin/nail changes: 17%

Percent of patients seeking medical attention.
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 Friese (cfriese@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 (≤ 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:
- Capecitabine 18%
- Palbociclib 10%
- Lenalidomide 9%
- Hydroxyurea 8%
- Abiraterone 7%
- Ibrutinib 5%
- Temozolomide 6%
- Other 37%
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

- Rash
- Mouth sores
- Tingling/numbness
- Diarrhea
- Constipation
- Anxiety
- Depression
- Shortness of breath
- Lack of appetite
- Nausea
- Drowsiness
- Tiredness
- Pain

Key:
- None (0)
- Mild (1-3)
- Moderate (4-6)
- Severe (7-10)
- Not reported
MOQC PROM – Adherence

Excellent 72%
Very Good 18%
Good 8%
Fair – 2%
Poor – 0.6%
Non-adherence = 28%
## Univariate Analysis – Adherence

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence to self manage symptoms</td>
<td>1.28 (1.20, 1.35)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Confidence to seek medical care</td>
<td>1.26 (1.17, 1.35)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Pain (moderate vs low)</td>
<td>0.5 (0.22, 0.61)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Pain (severe vs low)</td>
<td>0.5 (0.26, 0.96)</td>
<td>0.038</td>
</tr>
<tr>
<td>Tiredness (moderate vs low)</td>
<td>0.52 (0.33, 0.80)</td>
<td>0.003</td>
</tr>
<tr>
<td>Tiredness (severe vs low)</td>
<td>0.4 (0.23, 0.66)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Lack of appetite (moderate vs low)</td>
<td>0.43 (0.26, 0.71)</td>
<td>0.001</td>
</tr>
<tr>
<td>Lack of appetite (severe vs low)</td>
<td>0.39 (0.18, 0.83)</td>
<td>0.014</td>
</tr>
<tr>
<td>Shortness of breath (moderate vs low)</td>
<td>0.49 (0.28, 0.84)</td>
<td>0.01</td>
</tr>
<tr>
<td>Shortness of breath (severe vs low)</td>
<td>0.32 (0.14, 0.73)</td>
<td>0.007</td>
</tr>
<tr>
<td>Depression (moderate vs low)</td>
<td>0.42 (0.24, 0.75)</td>
<td>0.003</td>
</tr>
<tr>
<td>Depression (severe vs low)</td>
<td>0.41 (0.18, 0.93)</td>
<td>0.032</td>
</tr>
<tr>
<td>Anxiety (moderate vs low)</td>
<td>0.47 (0.27, 0.81)</td>
<td>0.007</td>
</tr>
<tr>
<td>Anxiety (severe vs low)</td>
<td>0.26 (0.12, 0.55)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Constipation (moderate vs low)</td>
<td>0.45 (0.23, 0.87)</td>
<td>0.018</td>
</tr>
<tr>
<td>Constipation (severe vs low)</td>
<td>0.29 (0.13, 0.66)</td>
<td>0.003</td>
</tr>
<tr>
<td>Diarrhea (moderate vs low)</td>
<td>0.68 (0.37, 1.27)</td>
<td>0.221</td>
</tr>
<tr>
<td>Diarrhea (severe vs low)</td>
<td>0.39 (0.18, 0.85)</td>
<td>0.018</td>
</tr>
</tbody>
</table>
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
Next Steps for Practices & MOQC
2019 Regional Meeting – Registration Open

A physician per practice must attend this meeting

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

Locations and dates subject to change
Next Biannual Meetings

*A physician per practice must attend one meeting each calendar year*

<table>
<thead>
<tr>
<th>MOQC BIANNUAL MEETINGS 2020 and 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Friday January 17, 2020</strong></td>
</tr>
<tr>
<td><strong>Friday June 19, 2020</strong></td>
</tr>
<tr>
<td><strong>Friday, January 15, 2021</strong></td>
</tr>
</tbody>
</table>

Locations and dates subject to change
Gyn Oncology Surgeons & Administrators

Own Meetings – Twice a Year

SGO Meeting

Saturday* October 12

4 hour meeting
Inn at St. John’s

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

Toronto
Complete Your Evaluation

Remember to set up an account first . . . .

Go to bit.ly/moqjcjune2019
Find Your Ticket
MOQC by Proxy

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