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

MOQC MICHIGAN ONCOLOGY QUALITY CONSORTIUM

MOQC January 2020 Biannual Meeting Summary: FINAL

Attendance

Category	Number
MOQC Medical Oncology Physicians	38
MOQC Practice Staff (Nurses, Nurse Practitioners, Pharmacists, Practice Managers, Social Workers)	59
Hospice Representatives (Physicians and Nurses)	14
Patient and Caregiver Oncology Quality Council (POQC)	8
Sponsor (BCBSM)	4
Speakers /State Representatives	4
MOQC Coordinating Team	16
Total Attendees	**143**

Meeting Agenda, Slides and Continuing Education Credits

Agenda and slides from the meeting can be found on the MOQC website https://moqc.org → Resources → Past Meeting Library → January 17, 2020 Biannual

Continuing education can be claimed by physicians, nurses, administrators, social workers and now pharmacists. See instructions at the end of this document.

MOQC Year in Review, Jennifer J. Griggs, MD, MPH

Dr. Griggs updated practices on the progress of the Collaborative. **Measure** histograms were shared for each MOQC measure, revealing how each practice performed against regional, statewide, and national benchmarks. Starting with Round 2, 2019, new measures were added that represented clinician interest in practice improvement, meaningful measures at the patient- and population-level, that address the value equation or exhibit high variation amongst practices/regions.

The **new** medical oncology measures include:

- Oral chemotherapy monitored on visit/contact following start of therapy – Core 13oc6
- NK1 RA and olanzapine prescribed or administered with high emetic risk chemotherapy – SMT28
- Hospice enrollment – EOL 42
- Hospice enrollment within 7 days of death – EOL 45
- Patients with prostate cancer who received bone density testing within 1 year of initiating ADT – PROS 113
- Bone modifying agents administered for breast cancer bone metastases or multiple myeloma – MOQC Test
- Complete family history for patients with invasive cancer – MOQC Test
- G-CSF administered to patients who received chemo for non-curative intent – MOQC Test

Starting with Round 2, 2019, a subset of MOQC measures was retired on the recommendations of MOQC Measures Group and endorsed by MOQC Steering Committee. A measure is retired when:

- the gap in performance has been narrowed or eliminated
- performance is “topped out” or achieves a level performance that can no longer be exceeded
- it has no continued meaning or value in current practice, or
- it would be more meaningful or transitioned to a patient-reported measure.

The following **measures** have been **retired** from the MOQC medical oncology pathway:

- Pain managed appropriately (for patients receiving initial therapy) – Core 6e
- Signed patient consent for chemotherapy – Core 14
- Infertility risks discussed with patients of child bearing age – SMT 34
- Dyspnea addressed – EOL 41
- Hospice enrollment within 3 days – EOL 44
- Complete family history for patients with invasive colorectal cancer – CRC 63
- Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy – CRC 73

Steering Committee Update: Dawn Severson, MD, Chair

Dr. Severson addressed the dissemination of practice data after each Round of abstraction which occurs twice a year. MOQC will be exploring innovative ways with physician champions from each practice as to how this can be done, and how physicians may receive credit for reviewing and acting on the data. MOQC's Steering Committee has members that have completed their term; therefore, the Committee is seeking volunteers to serve a one or two-year term. Volunteer forms were placed on all the table at the event for attendees to complete if interested. If you did not sign a card, you can contact MOQC if you are interested in participating in Steering or any of its Committees at moqc@moqc.org. The Committee will be working on speakers for future meetings. If you would like to nominate a speaker to serve as either a key note or as a leader for a break out session, please let MOQC know. Lastly, MOQC will be reviewing all measures this year in June. If you would like to participate in this activity, let MOQC know. This is usually a 2-4 dinner meeting in Lansing.

State Partnership Update: Debbie Webster, RN, MSW

Debbie Webster presented an update on MOQC's Partnership with the Michigan Department of Health and Human Services (MDHHS), Cancer Division. There are three grants in which MOQC is involved with at the State-level:

1. A one-year grant was recently established to help increase a woman's awareness with the signs and symptoms of **ovarian cancer**, and to ensure that all women who have a diagnosis of ovarian cancer are seen by a gynecologic oncologist. There are three components of this grant:
    a. Establishing a podcast for use by practices, MOQC and the State for education;

   b. Providing checklists regarding ovarian cancer symptoms, work ups and treatment for patients and providers, such as primary care providers, general surgeons and ob-gyns; and
   c. Establishing a Patient Navigation phone number at the State which will be marketed to women who may think, or have been diagnosed with ovarian cancer. This phone number will provide referral information to any of State's gyn oncology practices and will provide other patient resources.
2. Support to deliver **Cancer Surviving and Thriving**, a self-management course for any cancer survivor and their caregivers. This program was developed by Stanford. The curriculum and training is now available to any MOQC practice. It must be delivered by a cancer survivor and another facilitator who has taken the training established by Stanford. The course is offered to patients and caregivers over a 6 week, 2.5-hour period of time and assists attendees with learning how to self-manage symptoms and issues such as stress, nutrition, exercise, self-care and problem solving. Support for training, curriculum material and marketing is available through MOQC.
3. The State is supporting a **Program for Breast Cancer in Young Women**. Michigan has higher mortality rates in black females compared to national rates. If any practices are looking to participate in any of these projects, they are asked to contact Debbie at WebsterDI@Michigan.gov.

National Cancer Institute Partnership/Rogel Cancer Center: Sarah Hawley, PhD, MPH

Dr. Sarah Hawley led a project over the last year focused on rural cancer care, funded by the National Cancer Institute at Rogel Cancer Center and at Karmanos Cancer Institute. This project involved interviewing 11 MOQC practices on rural cancer care and prevention; improving Tips4Health, a text-based behavioral intervention; deploying a smoking survey in collaboration with Munson Healthcare; and conducting a motivational interviewing workshop with Dr. Ken Resnicow, School of Public Health. Through the interview process, the most significant challenges to providing rural cancer care documented were:

- distance from providers, and lack of transportation services
- financial burden on patients for receiving care
- access to genetic testing and counseling, and
- a shortage of oncology and primary care physicians, and cancer support staff

Dr. Hawley will be working with Munson Healthcare on a rural version of Tips4Health for smoking cessation and will be focused on funding strategies to improve access to genetic testing and counseling.

MOQC Quality Projects: Emily Mackler, PharmD, BCOP

A summary of the current quality projects was provided to all practices, including: tobacco cessation, oral chemotherapy, hospice enrollment, patient-reported outcomes, chemotherapy induced nausea/vomiting (CINV), advanced imaging and tumor marker surveillance, primary-care oncology model (PCOM), and fatigue management support.

- Tobacco cessation and oral chemotherapy projects are ongoing and practices who have not yet enrolled were invited to take part.
- The most recent regional meetings saw great progress in the hospice/end of life initiative with practice resources being added to the MOQC website. In addition, MOQC recently formed an interdisciplinary advisory panel comprising of both hospice and oncology clinicians. This area continues to have a VBR measure associated with it.
- Chemotherapy-induced nausea and vomiting (CINV) is another area with a MOQC VBR measure. MOQC completed its educational roll-out in 2019 and is now providing individual practice feedback. Round 2, 2019 abstraction saw an improvement in this measure.
- Primary care oncology model (PCOM)'s initial pilot was just completed and there was benefit seen with the primary care pharmacist's conducting comprehensive medication reviews (CMRs) for patients with cancer and comorbid conditions. Results are currently being analyzed to determine next steps.
- Patient-reported outcomes were discussed after lunch.
- Both advanced imaging and tumor marker surveillance, and the fatigue management initiative are in the early stages of development.

Keynote Presentation:
Culture, Faith, and Important Conversations in the Cancer Journey

The keynote presentation was introduced by POQC Member, Llewellyn Drong, and moderated by Dr. Jennifer Griggs.

Panel Member	Faith/Tradition Representation
Imam Kamau Ayubbi	Islam
Rabbi Robert Dobrusin	Judaism
Father Joe Mahoney	Roman Catholicism
Lauren Tatarsky, MA	Secular Humanist
Tony King, PhD	Buddhism
Reverend Diane Smith, MDiv	Protestant Christian

Presented as a Case Conference panel, faith leaders discussed patient situations in which the clinical team found themselves challenged to meet a patient or family's needs. Generally, the provider lacked an understanding of the patient's faith or culture, or the provider or team did not have the vocabulary to understand what was being shared by the patient/family. Cases were prepared and presented from the audience. Video of the keynote panel will be posted on the MOQC website: https://moqc.org/resources/video-library/

Case #1: The patient and family belonged to a culture and religion tradition that is not familiar to the oncologist.

Case #2: The patient refused to engage in any discussions about goals of care. The patient's family did not want the patient's diagnosis or prognosis discussed directly with him, and they wanted to be intimately involved in medical decision making. The oncologist's unfamiliarity with the family's religious background was a barrier.

Case #3: Patient diagnosed with ovarian cancer and ultimately had progressive disease and was admitted to hospice. Her son is struggling and there is friction between him and his father.

Lessons from the Field:
Patient-Reported Outcomes and Measurement in Oncology (PROM-Onc)

Panel Member	Affiliation
Louise Bedard, MSN, MBA	Michigan Oncology Quality Consortium
Kathy LaRaia, MS	Munson Healthcare
Cindy Michelin, CMCM	Munson Healthcare
Cyndi Muszynski, OTRL, CMC, CMOM	Henry Ford Health System
Theresa Zatirka, MPH	Henry Ford Health System

MOQC recruited two practices to initiate the PROM-Onc project, to develop implementation guidelines and materials, and to identify the challenges with rolling out a patient-reported outcomes (PROs) survey in a clinical practice. Henry Ford Macomb and Munson Healthcare volunteered to be the two “alpha” or initial sites.

MOQC collaborated with the Pacific Business Group on Health (PBGH) on a proposal focused on developing patient-reported outcome measures (PROMs) for oncology care. PBGH was awarded a three-year cooperative agreement from CMS to implement PROMs in both a community and academic setting, and MOQC was chosen to serve as the community arm for this project. The goal of the PROM-Onc project is to develop patient-reported outcome measures for patients undergoing chemotherapy and to submit these measures to CMS and the National Quality Forum (NQF).

For a patient to be eligible to participate in this project, a patient must be diagnosed with stage I-III breast cancer, stage II-III colon cancer, or stage I-IIIA non-small cell lung cancer and be receiving chemotherapy. The symptoms being measured in this project are pain, fatigue, and health-related quality of life. Three PROMIS surveys were chosen to collect this information. These surveys were consolidated into one 18-question survey, called the Treatment Experience Survey, and are given to a patient at three time points during treatment: on the first day of chemotherapy treatment (-7 days), on the last day of chemotherapy treatment (+7 days), and three months after the last chemotherapy treatment (+1 month).

In addition to collecting patient surveys, clinical data is abstracted for risk adjustment purposes. This presented a burden to the clinic staff, so the alpha sites identified solutions for this challenge. Henry Ford identified a set of individuals outside of its practice to collect this data. MOQC will provide data abstractors for Munson. In addition, a burden and feasibility study will be completed. Feasibility is part of the NQF evaluation for new measures, and it is important for practices to identify and quantify what burden is placed on a practice with the start of any measure / data collection.

To initiate this project at each practice, three items had to be completed.

1. The internal review board (IRB) that oversees the practice needed to approve the project
2. Contracts with the vendor needed to be signed
3. Information technology (IT) work had to be completed

Completing these steps presented unique challenges at each practice with respect to time and coordination with other departments. These challenges were important to identify early so that these findings could be considered prior to expansion to other sites of care.

To collect survey data, MOQC and practices chose Varian's web-based PRO application called Noona. Noona is accessed via the internet or a smartphone app to collect patient reported outcomes. An eligible patient can be enrolled into Noona at the clinic and can complete their surveys using a smartphone, a tablet, or a computer. Survey results can be viewed in Noona by the clinic team and can be imported into the patient's EMR via a cut and paste function. Noona offers a patient diary that a patient can use privately to track their symptoms and morale.

Varian and MOQC provided on-site workflow development and staff training. The role of physicians and clinic staff needed to be considered, as did the impact to the current clinic workflows. Both alpha sites determined that the best place to introduce the project and Noona to a patient was during the chemotherapy teach session and both sites have had buy-in from physicians. Munson has received patient feedback that patients are enjoying using the diary function.

Alpha sites have been addressing connectivity issues, and finding once starting the project that they did not have eligible patients for the study. There have been fewer patients enrolled than anticipated prior to the start of the project. Although this is not unusual for a new project, it can be difficult for staff to remember all the details of a new application if it is not used on a daily basis.

Looking forward, Munson is planning to expand their patient population to include additional diagnoses, and Henry Ford is planning to expand their PRO work to include all symptom reporting functionality of Noona and additional cancer patients.

Breakout Session:
Clinical Pearls for Medication Use in End of Life Care, Part II
Michael Smith, PharmD, BCPS

Dr. Michael Smith, Palliative Care Pharmacist, made a return to MOQC's Biannual meeting to present Part II of *Medication Use in End of Life Care*. The current National Comprehensive Cancer Center (NCCN) Adult Pain Guidelines were reviewed (updated annually in January). He presented end of life cancer pain management using the following agents: buprenorphine, methadone, ketamine, and lidocaine. An overview of each agent was discussed, with a focus on safety, efficacy, and monitoring parameters. Advantages and limitations were highlighted through a patient case, with audience engagement.

Breakout Session:
2020 Participation in the Quality Payment Program
Bruce Maki, MA

This breakout session provided a summary of the current basics of Medicare's Quality Payment Program (QPP), its tracks for participation and the following areas within each track:

- Scores
- Timeline
- Pathways
- Eligibility
- Performance Categories
- Performance Thresholds and Payment Adjustments

The finale to the session addresses alternative payment models and free assistance programs for practices

To review, MIPS is the Merit-based Incentive Payment System, which combines multiple legacy Medicare Part B Programs into a single program. There are 4 performance categories: Quality, Cost, Promoting Interoperability and Improvement activities. Each category has a weight; together, they must equal 100%

- Quality (45%)
- Cost (15%)
- Improvement Activities (15%)
- Promoting Interoperability (25%)

How a practice scores (MIPS final score) determines if the practice receives a positive, negative or neutral CMS payment adjustment. The 2020 Final performance Threshold is a 45-point performance threshold; exceptional performance is set at 85 points. Additional key points include:

- 2020 Final Payment adjustment could be up to +9% or as low as -9%
- Two-year time lag between performance and payment
- Most clinicians are eligible (physicians, NPs, CNS, CRNAs, PTs, OTs, RDs); low volume threshold in place
- 2020 has new categories requirements (e.g. quality, cost, improvement activities); check because previous year's may not work for this year
- Performance periods (e.g. 90 days, one year) have not changed
- Quality scores vary by submission type (e.g. claims versus EHR versus registry) – as a practice, it is important you understand how you submit data to CMS. Changing how you submit your data can change your score.

- Avoid topped out measures because they are capped and/or scoring options are limited
- Improvement activities – select an activity that 50% of physicians can attest to for 90+days

Free technical assistance is available to any practice of 15 physicians or less.
Go to www.qppresourcecenter.org > join now.
Any MOQC practices can contact Bruce Maki at the following information:

M-CEITA | Center for Appropriate Care
ALTARUM | Ann Arbor, MI
O 734.302.4744 | F 734.302.4984
@altarum | altarum.org

Breakout Session: A Deeper Dive into Culture and Cancer Care
Members of the Panel

- Imam Kamau Ayubbi
- Kathy Laritz (colleague of Dr. King)
- Reverend George Lambrides
- Reverend Diane Smith

Attendees shared challenging cases, such as providing care to patients with limited English-language proficiency, as well as personal, cultural or religious differences which presented barriers to care. Such barriers often led to misunderstandings, gaps in communication, and the potential to further exacerbate disparities in health care. Potential solutions were discussed, such as:

a. **Honor patients' individual choices and beliefs**, even when not fully aware of them, or if you do not fully understand the culture. Being present and accepting can empower the patient and promote understanding.
b. **Incorporate self-awareness.** Identify your own beliefs, emotions, perceptions, assumptions, and personal biases when caring for patients.

c. **Establish clear expectations early** on with the patient and family with respect to their family dynamics, culture, and religious practices. Frame sensitive conversations in such a way that demonstrates respect and reassures the patient and family that your goal is to provide quality care that honors their needs.
d. Bring in **professional translation services** (in-person or phone-in) where possible.

Article suggestion: Arthur Kleinman, Patients and Healers in the Context of Culture (1980).

Kleinman's 8 questions for Cultural Assessment

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a long or a short course?
6. What kind of treatment do you think you should receive?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

Tools for taking a spiritual history and resources from the literature were shared with attendees. The tools are available electronically. Please email moqc@moqc.org to request copies.

Resources Provided at the Meeting

1. Continuing Education Credits (CMEs for Physicians, Nursing; CE Hours for Social Workers; CEs for Pharmacists)
2. Tobacco cessation materials
3. End of Life resources
4. Herbal Supplement resources
5. Sexual and gender minority resources

Email moqc@moqc.org if you would like copies of any of these materials to be sent to your practice.

Round 1 2020 Abstraction Update

- Registration for Round 1, 2020 opened on December 9, 2019.
- Abstraction for Round 1 2020 opened on January 7, 2020 and will close on June 4, 2020. Finish your abstraction before Memorial Day. Start now.
- Round Registration can be completed via the registration portal at https://myqopi.asco.org/registration/login.aspx.
- If you have any questions, contact MOQC at moqc@moqc.org or 1-866-GET-MOQC.
- MOQC will review your practice and round registration prior to abstraction. Please do this rather than begin abstraction and discover that you are abstracting an incorrect module or set of measures. It is easier to correct before you begin to abstract charts!
- QOPI resources are available on the QOPI Welcome Page for your practice account and on the QOPI resource page of moqc.org. You can log into your practice's QOPI account to access or log into moqc.org to access resource documents.

2020 MOQC Meetings

MOQC participation requires that one physician from each medical oncology practice attend both Spring and Fall regional meetings and one of two Biannual (January or June) Meetings to be eligible to be nominated for MOQC's annual value-based reimbursement (VBR).

Regional Meeting	2020 Dates	Location
Metro East (ME)	**April 1,** Wednesday **October 28,** Wednesday	Detroit Marriott Troy 200 W. Big Beaver Rd. Troy, MI 48084
Lake Michigan Oncology (LMOR)	**April 6,** Monday **November 2,** Monday	**April 6** - Lansing Community College 5708 Cornerstone Drive Lansing, MI 48917 **November 2** - Grand Valley State University 301 West Fulton, 210 L.V. Eberhard Grand Rapids, MI 49504
West of Woodward (WOW)	**April 15,** Wednesday **November 11,** Wednesday	Eagle Crest Conference Center 1275 S. Huron Ypsilanti, MI 48197
Central Michigan (CMG)	**April 20,** Monday **November 16,** Monday	Horizons Conference Center 6200 State Street Saginaw, MI 48603
Superior – West	**April 29**, Wednesday **October 14,** Wednesday	Hampton Inn Marquette Waterfront 461 South Lakeshore Boulevard Marquette, MI 49855
Superior – East	**April 30,** Thursday **October 15,** Thursday	Bay Harbor 4000 Main Street Bay Harbor, MI 49770
Biannual Meeting	**2020 Dates**	**Location**
June 2020 Biannual Meeting	**June 19,** Friday **Room block**: Courtyard by Marriott Traverse City (3615 South Airport Road West, Traverse City, MI 49684). Your reservation must be made **by May 7, 2020.** Call the hotel directly at (231) 929-1800. Reference MOQC or the University of Michigan Block.	Hagerty Center 715 East Front St. Traverse City, MI 49686

Continuing Education Credits

The Michigan Board of Nursing accepts ACCME credits for licensing renewal or re-licensure.
The Practice Management Institute accepts ACCME credits and Michigan Social Work Continuing Education Collaborative CEs for CMOM certification.

This course is approved by the Michigan Social Work Continuing Education Collaborative – Approval # 122719-01.
The Collaborative is the approving body for the Michigan Board of Social Work.

Number of CE Hours approved: 5

Disclosure Information:
Existing conflicts are managed and resolved.

1. Jennifer J. Griggs, MD, MPH is a consultant for the Pacific Business Group on Health Group (PBGH), which holds the CMS contract funding the PRO work. PBGH is a non-profit corporation.
2. Michael Smith, PharmD, BCPS is a consultant for Wolters Kluwer.

ACCME Accreditation and Credit Designation Statements:
The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of **4.75 *AMA PRA Category 1 Credits™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

NOTE: If you have not done so already, please create a MiCME account in order to claim credits.

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 CME credits.

Complete an evaluation:

Please provide MOQC feedback about the meeting. An online evaluation is required in order to claim CME credits and print a certificate. **Evaluation link:** bit.ly/moqcjanuary2020
(Note: the link is case sensitive)

You can also use your phone's camera and this QR code to navigate to the evaluation (follow the instructions below):

For iOS devices: You do not need to download a QR reader. Open your phone's camera app and hover over the code. When the notification box appears at the top of the screen, tap on it to open the evaluation.

For Android devices: Visit the Google Play store to download a QR reader app of your choice. Follow the scanning directions provided by the app.

Steps to Claim Credits and Print a Transcript

1. Once your MiCME account has been created (see instructions above), navigate to your Dashboard on the day of the activity. The event is available 30 minutes before the activity happens and up to 6 months after the activity.
2. Click on *Claim Credits and View Certificates*.
3. Locate 'MOQC January 2020 Biannual 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 form to provide feedback on the activity.
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.

For Pharmacists

1. Register as a user on the MPA website at michiganpharmacists.org (or just log in if you are already a registered user). Registering on the MPA website is a quick process and only requires first name, last name, e-mail address and password.

To complete the program evaluation and posttests go to:

https://www.michiganpharmacists.org/education/moqcmtg1/17/20

You will be required to provide your CPE Monitor e-profile identification number as well as date of birth (month and day only). This information is necessary to receive continuing education credit. If you do not provide this information, credit cannot be awarded. If you have not registered for CPE Monitor, please register at MyCPEMonitor.net.

The program evaluation and posttests must be completed no later than February 7, 2020.
Evaluations and posttests will not be available for completion and requests to process credit will not be accepted after this date.

2. Once the program evaluations and posttests are complete, you will receive a grade on the tests. You must pass posttests questions with a grade of 70% or higher. If you do not achieve the required 70%, you will be given the option to take the posttest again.

3. Michigan Pharmacists Association will upload credit to your CPE Monitor record within two weeks of the online evaluation and posttest closing. After credit has been uploaded, you can log into your CPE Monitor account and print statements of credit. NOTE: Guidelines established by the Accreditation Council for Pharmacy Education prohibit MPA from issuing credit more than 60 days after the activity for any reason; therefore, participants are encouraged to review their CPE Monitor record to ensure credit has been submitted and errors can be resolved prior to the 60-day deadline.