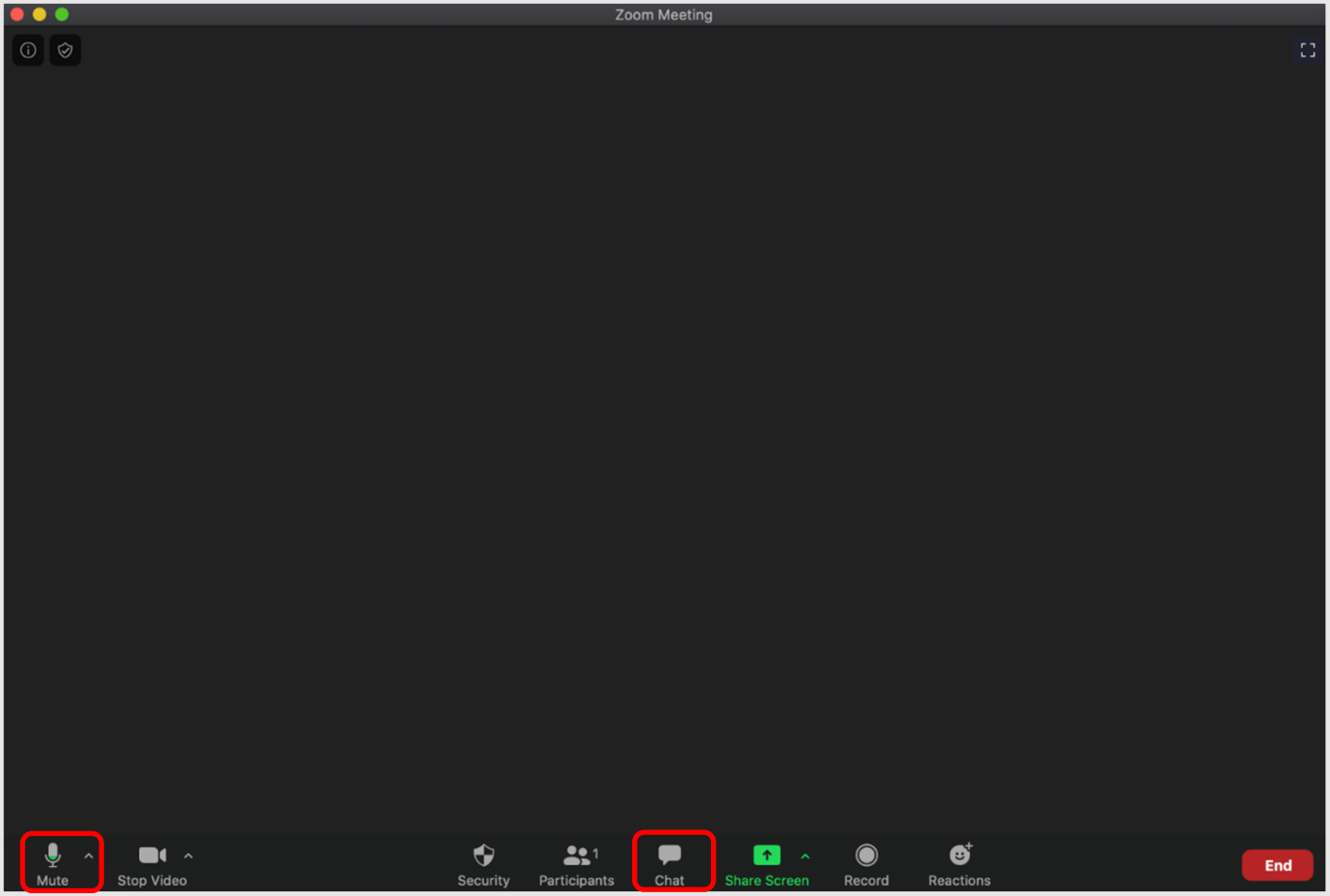
# Gynecology-Oncology Initiative

9:00 am – 12:00 pm
November 14, 2020

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

moqc.org

# Virtual Meeting

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# Continuing Education Credits

## Accreditation 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 **2.5 *AMA PRA Category 1 Credits™*.** Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# Continuing Medical Education

**Learning objectives**

- Utilize learned gynecologic oncology quality measures
- Integrate relevant content to provide cost-effective health care that does not compromise care quality
- Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care
- Analyze and implement experience and improve practice

**Competencies**

- Practice-based learning and improvement
- Professionalism
- Systems-based practice

# Agenda

| Time | | Presenter |
|---|---|---|
| **9:00 am** | Welcome | Vanessa Aron, BA |
| **9:05 am** | POQC Introduction<br>Survivors Teaching Students | Amanda Itliong, MA |
| **9:10 am** | Data & Updates | Shitanshu Uppal, MD |
| **10:00 am** | **10 Minute Break** | |
| **10:10 am** | MiGHT Grant Update | Jennifer J. Griggs, MD, MPH |
| **10:25 am** | Ovarian Cancer Grant | Vanessa Aron, BA<br>Audra Putt, MPH, CPH |
| **11:05 am** | **10 Minute Break** | |
| **11:15 am** | Next Steps/Open Discussion | Shitanshu Uppal, MD |

# POQC Updates/STS

## Amanda Itliong, MA

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# Data and Updates

Shitanshu Uppal, MD

# Our Group – Where Are We Today?

2018 → 2020

| 18 practices* | = | 34 surgeons |
|---|---|---|

GOAL

| 14 practices | = | 29 surgeons |
|---|---|---|

- 2 practices to be recruited — 5 surgeons
  - Beaumont
  - Royal Oak/Troy
  - Oakwood
- 2 practices N/A — 2 surgeons
  - Dr. Guy Boike
  - Dr. Vinay Malviya

TODAY

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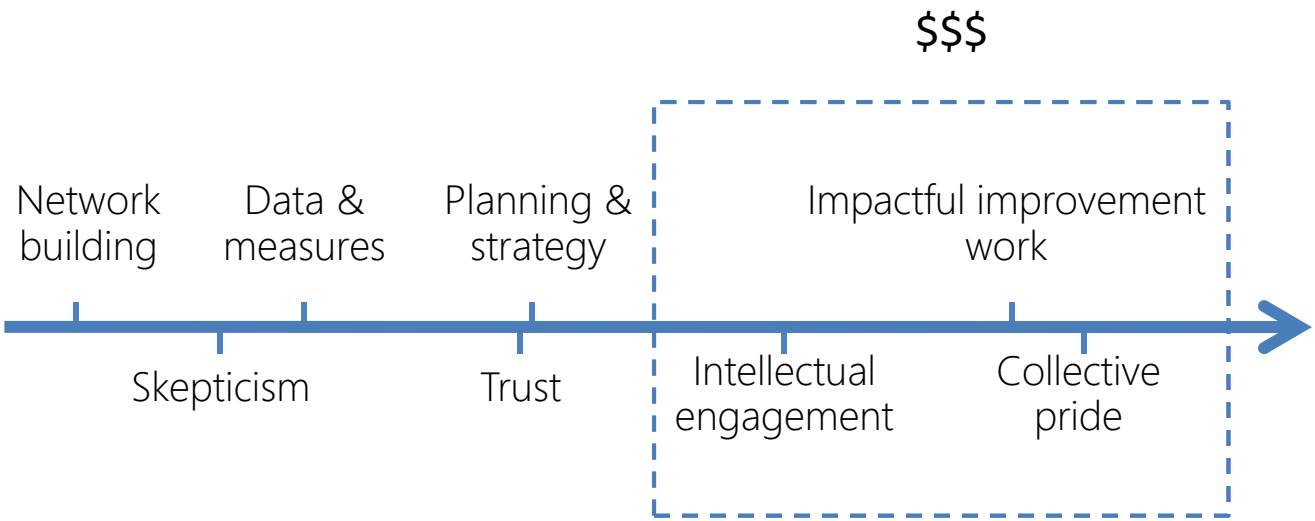
*Adjusted from 17 to 18 practices with addition of Midland MI
Note: 2020 # of surgeons = 36; includes 1 locum & recruited surgeons into State
N/A=not reachable or have indicated to MOQC not interested in joining

# Evolution of Successful CQI Programs

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# Round 1 2020 Important Dates
## Charts abstracted January 7 – June 4, 2020

| | Patients in Initial Therapy/Treatment (all cross cutting & disease measures) | Patients who have Died (End of Life) |
|---|---|---|
| Dx dates | December 2, 2018 – March 31, 2020 | Dx with invasive cancer on or before March 31, 2020 |
| First office visit | December 1, 2018 – May 31, 2020<br><br>Not required to be within office visit window (below) – occur within dx window and end of visit window date | December 1, 2018 – May 31, 2020 |
| Two visits with provider | October 1, 2019 – May 31, 2020 | Two office visits within 9 months of date of death (DoD)<br><br>DoD occurred between June 1, 2018 and March 31, 2020 |

Notes for Graph Interpretation:
0% and no bar graph = "0" in number / "x" number in denominator
No percentage (%) and no bar graph = no denominator for calculation

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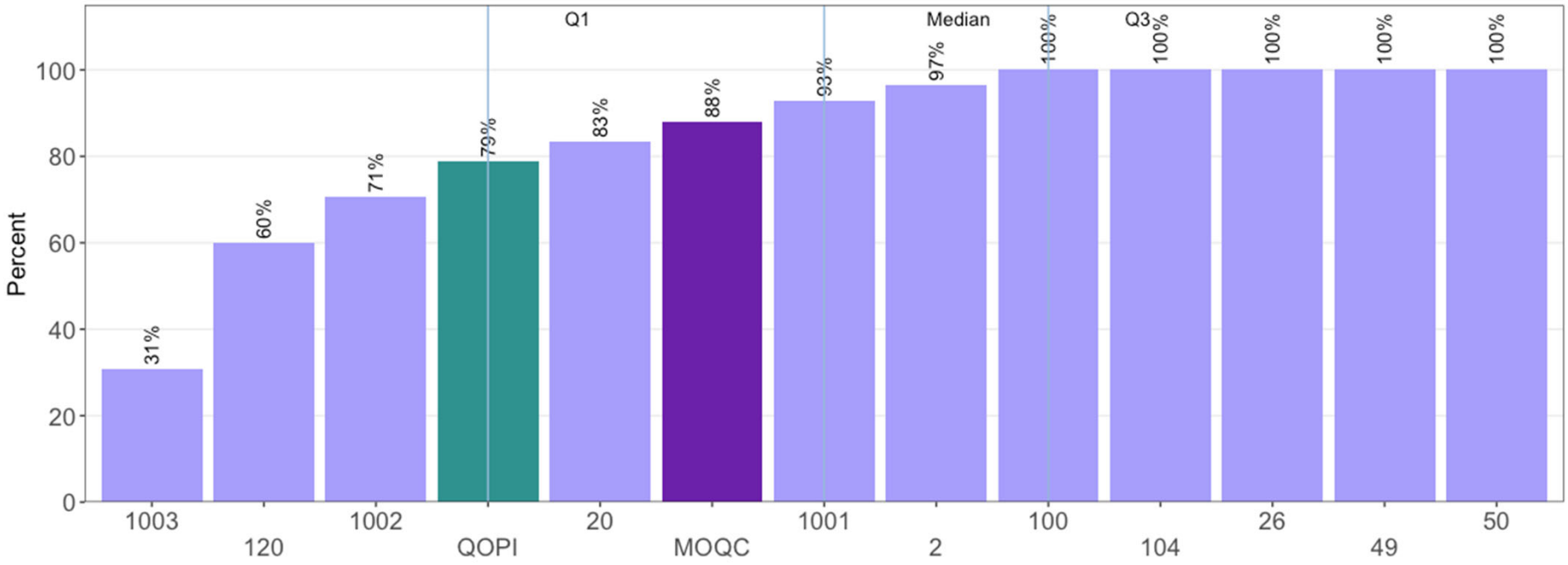
# GynOnc November 2020 Meeting

R1 2020

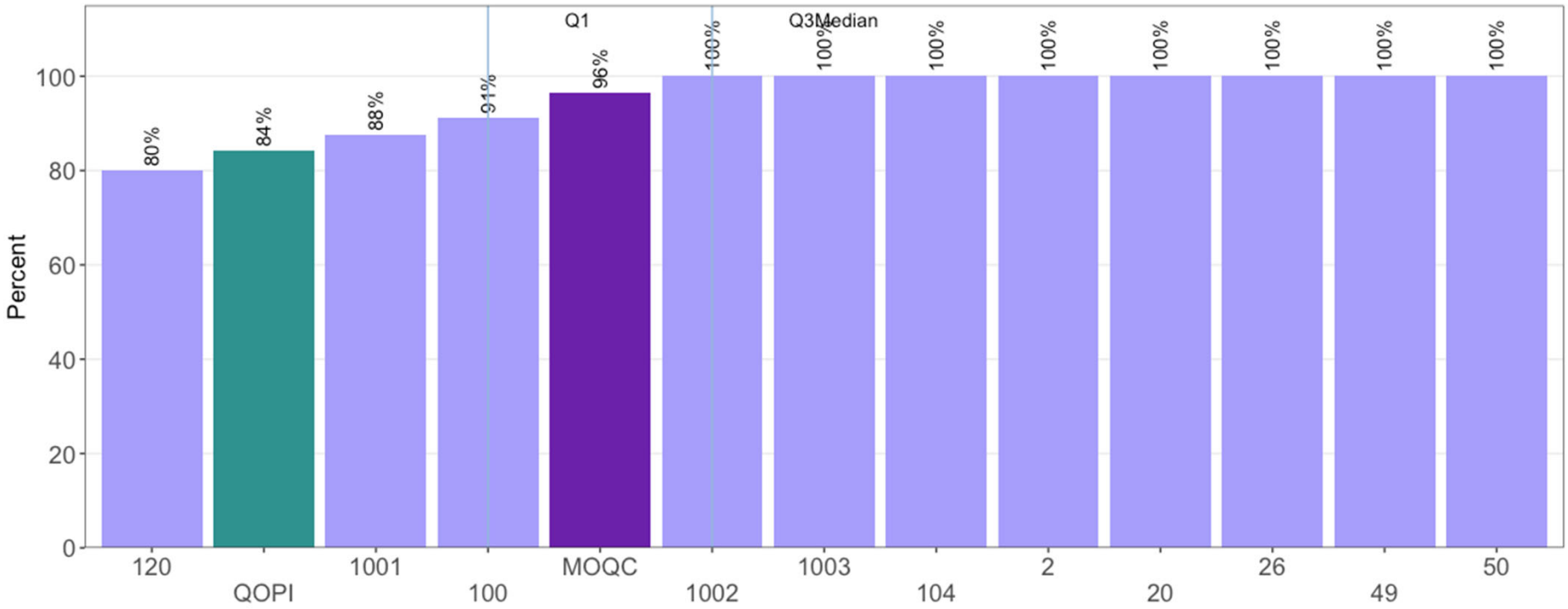
Pain addressed appropriately by second office visit and during most recent office visits
N = 182




**QOPI Measure CORE6e - Practice and Comparative Groups**
**R1 2020**

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

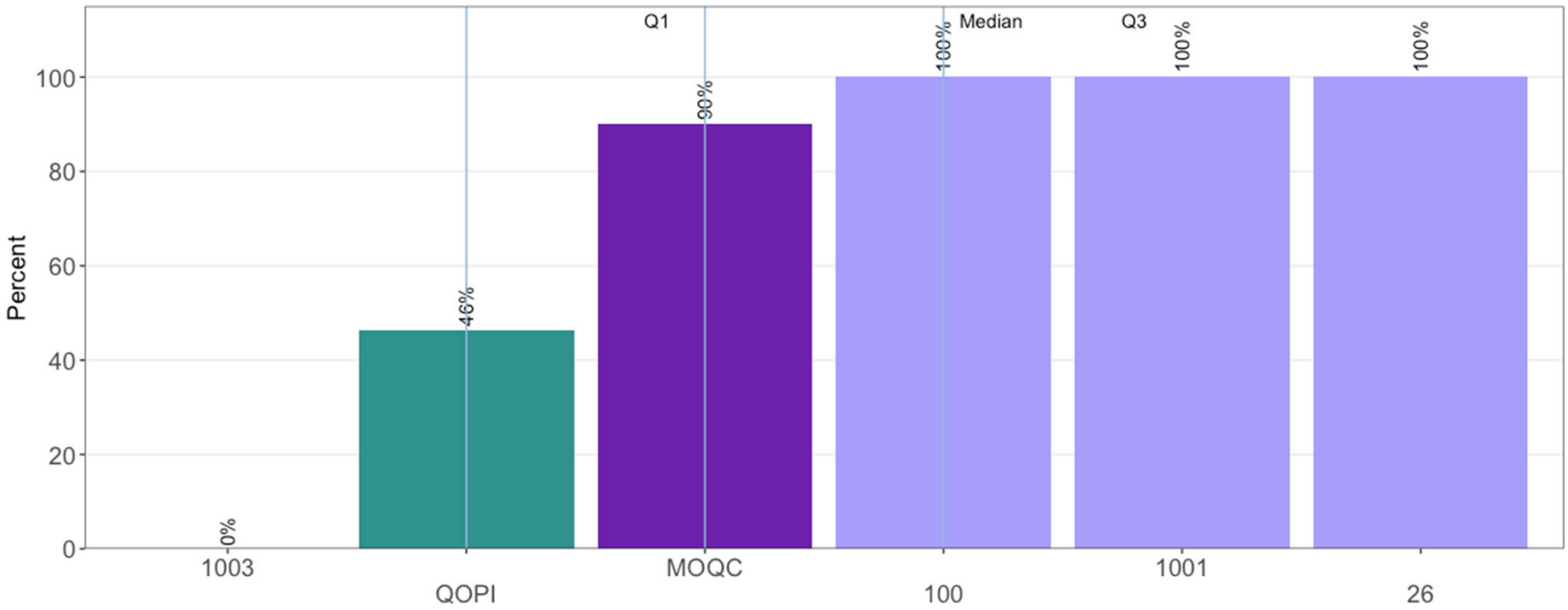
# Signed patient consent for chemotherapy
N = 141




**QOPI Measure CORE14 - Practice and Comparative Groups**
**R1 2020**

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

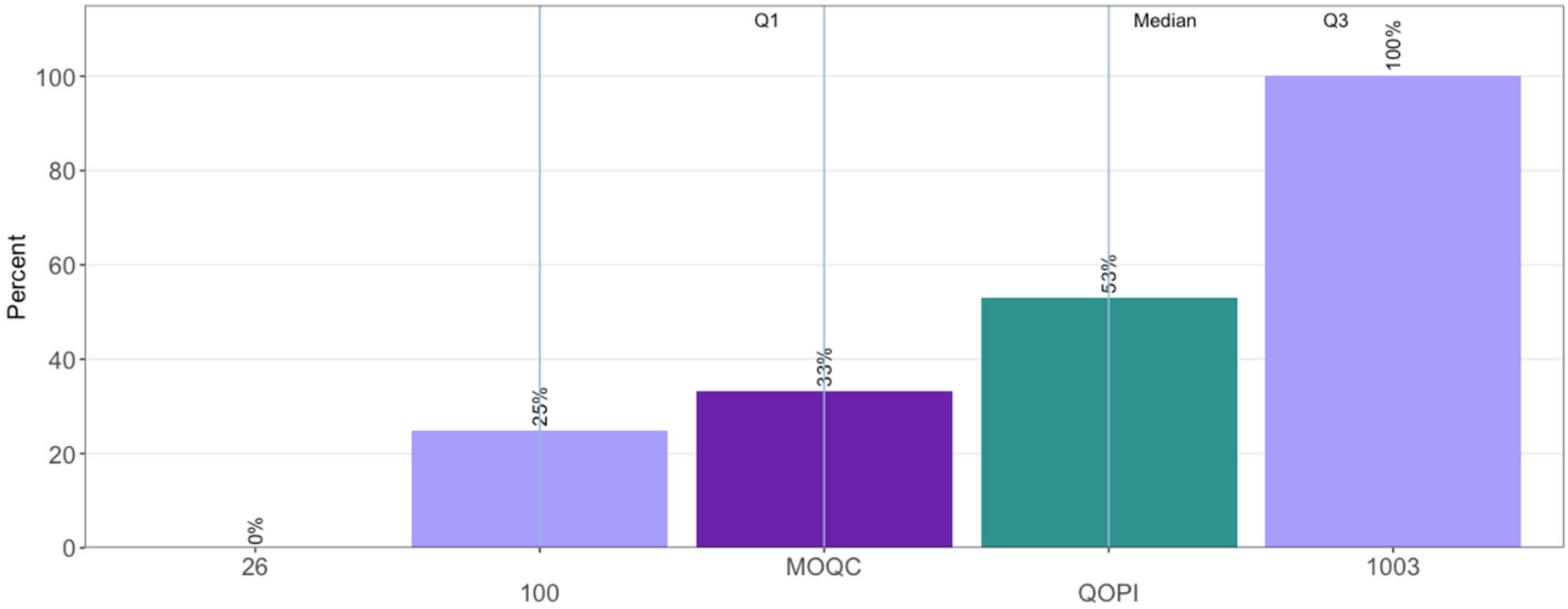
Tobacco cessation counseling administered or patient referred in past year
N = 10




**QOPI Measure CORE22bb - Practice and Comparative Groups**
**R1 2020**

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 = 6



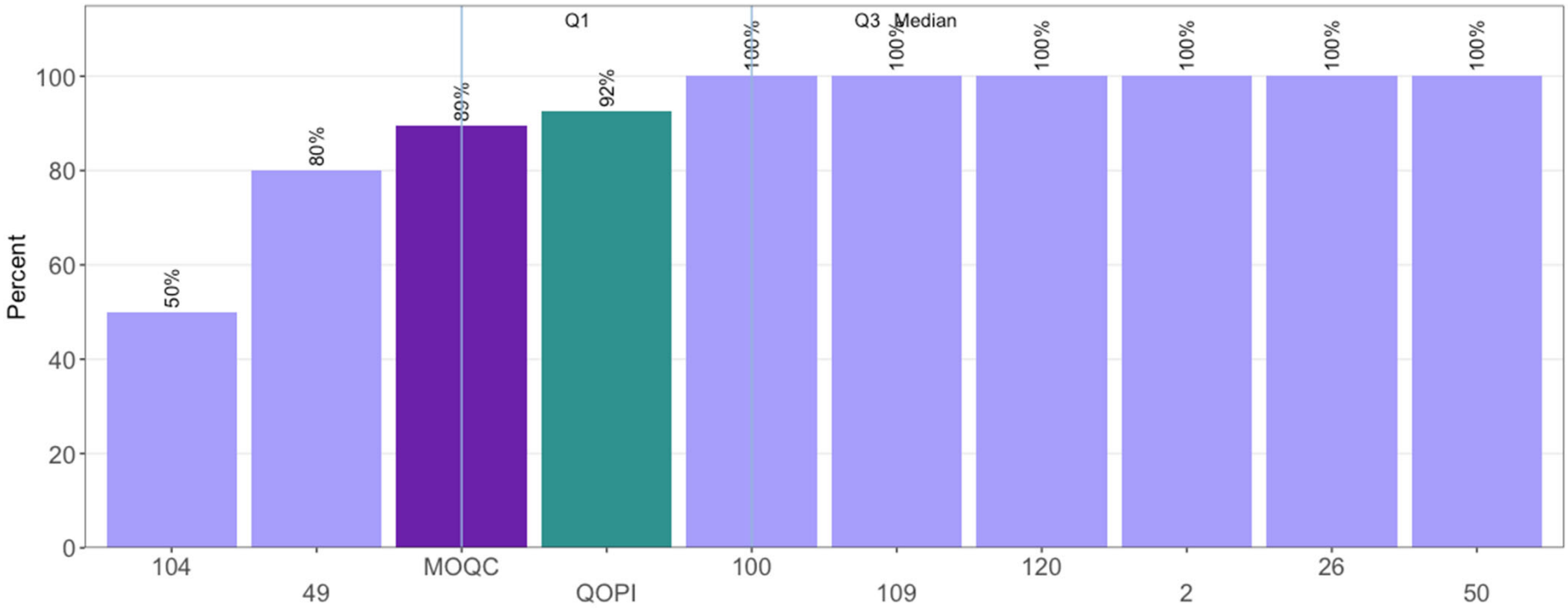

**QOPI Measure SMT33 - Practice and Comparative Groups**
**R1 2020**

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

# End of Life Measures



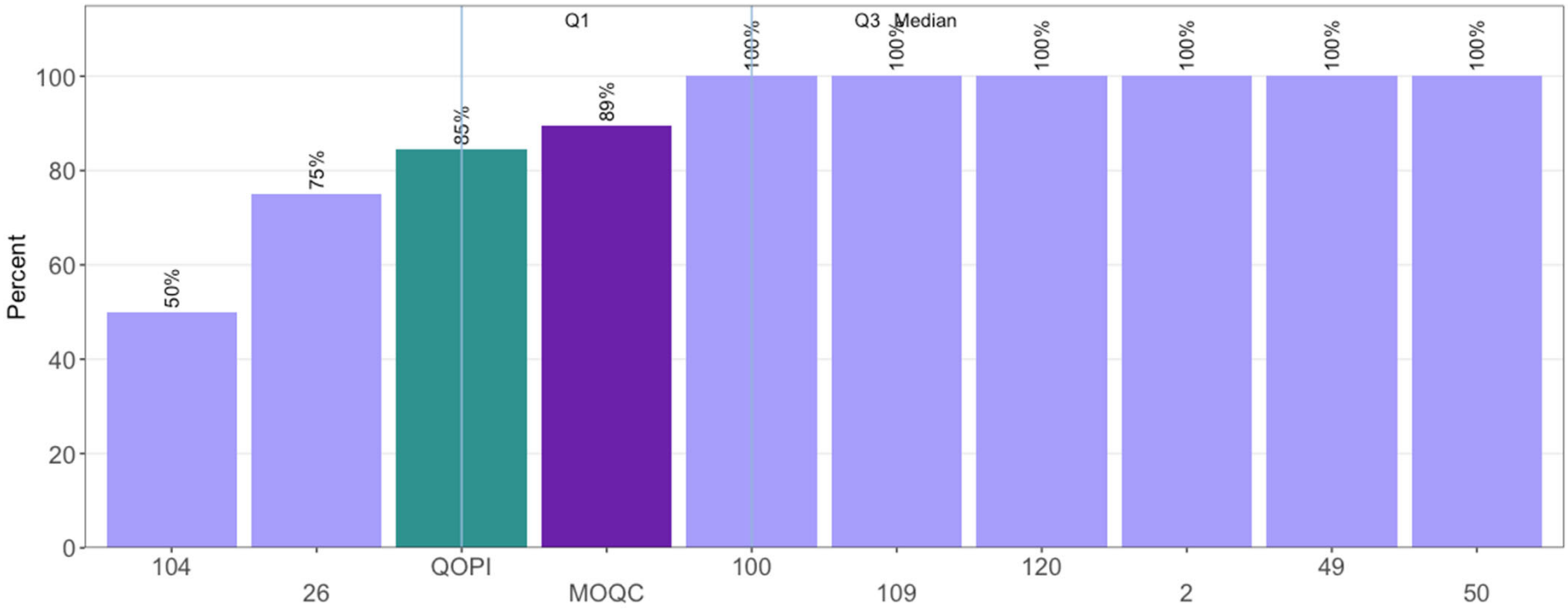
Pain addressed appropriately
N = 19




**QOPI Measure EOL38 - Practice and Comparative Groups**
**R1 2020**

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

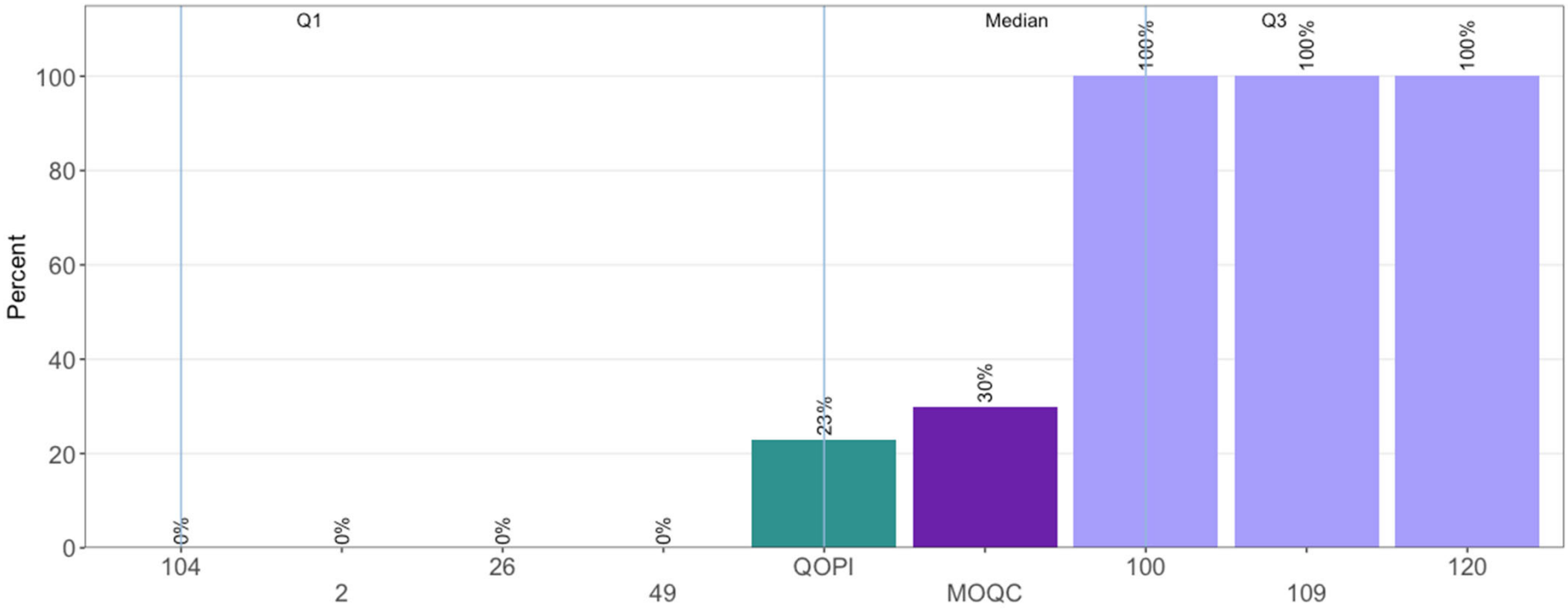
# Dyspnea addressed appropriately
N = 19




**QOPI Measure EOL41 - Practice and Comparative Groups**
**R1 2020**

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

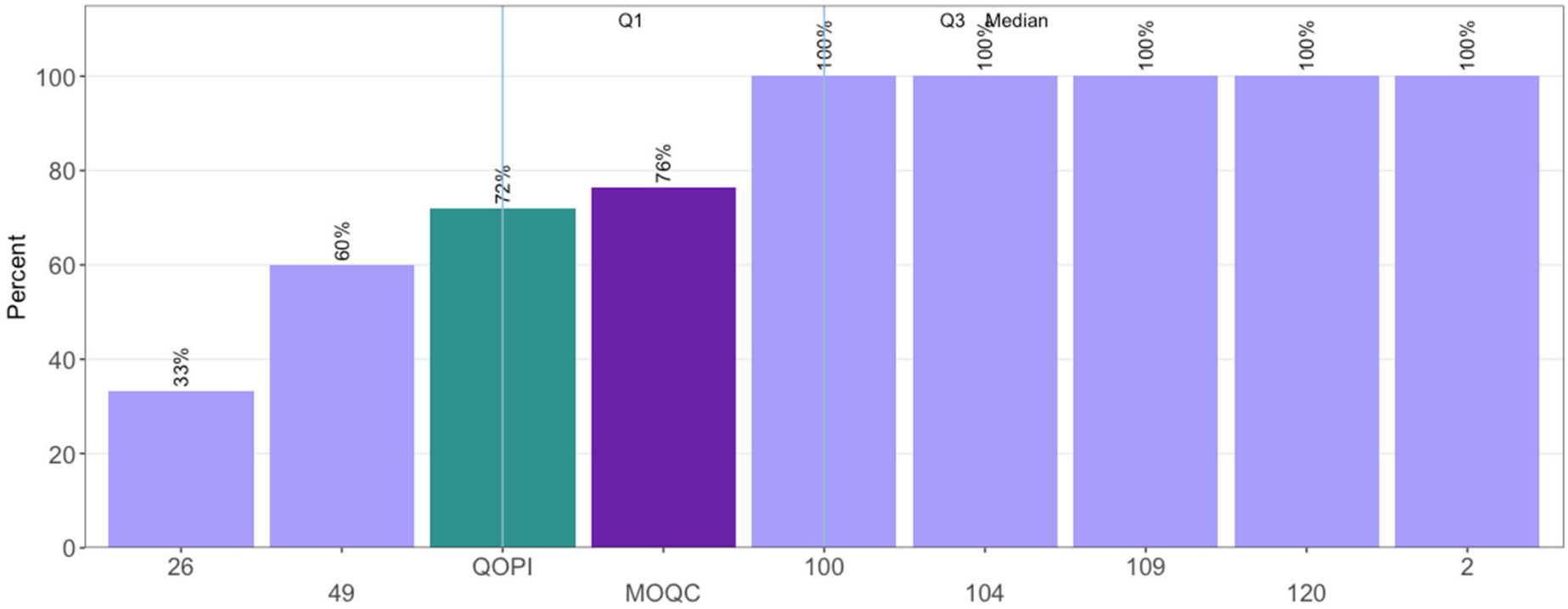
Hospice enrollment within 3 days of death (Lower score better)
N = 10




**QOPI Measure EOL44 - Practice and Comparative Groups**
**R1 2020**

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

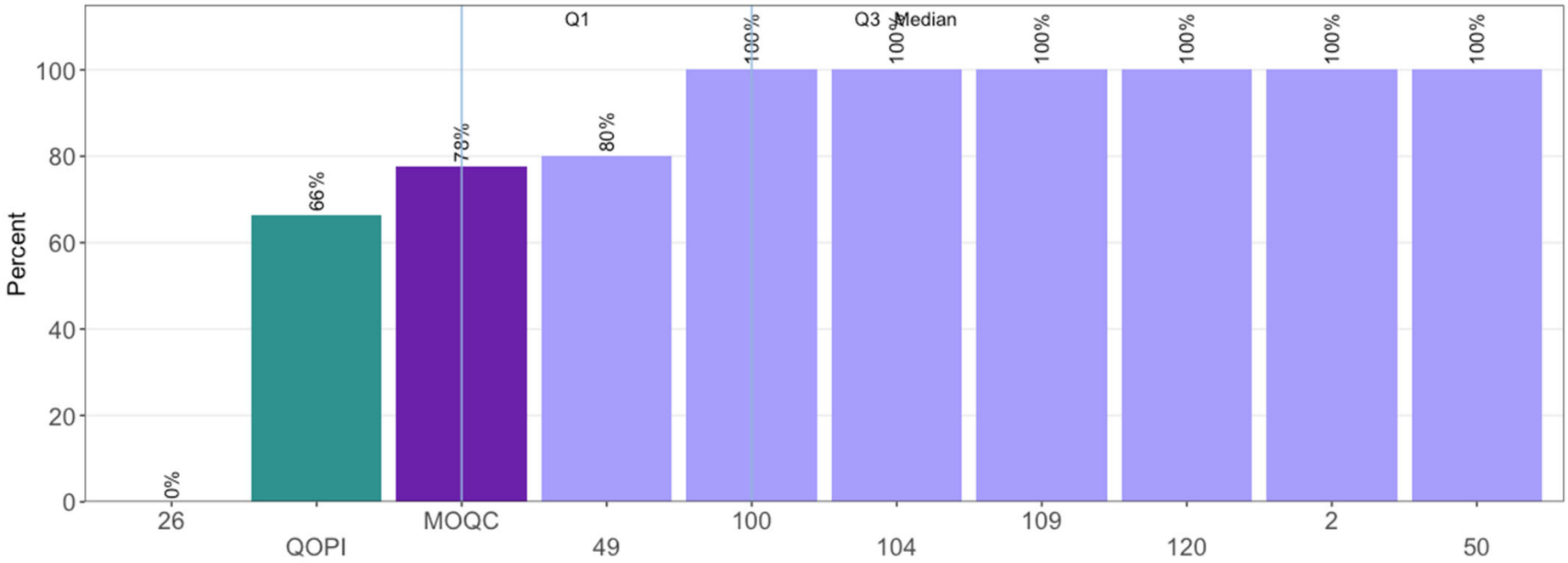
Hospice enrollment, or documented discussion (Combined measure 42 or 46)
N = 17




**QOPI Measure EOL47a - Practice and Comparative Groups**
**R1 2020**

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

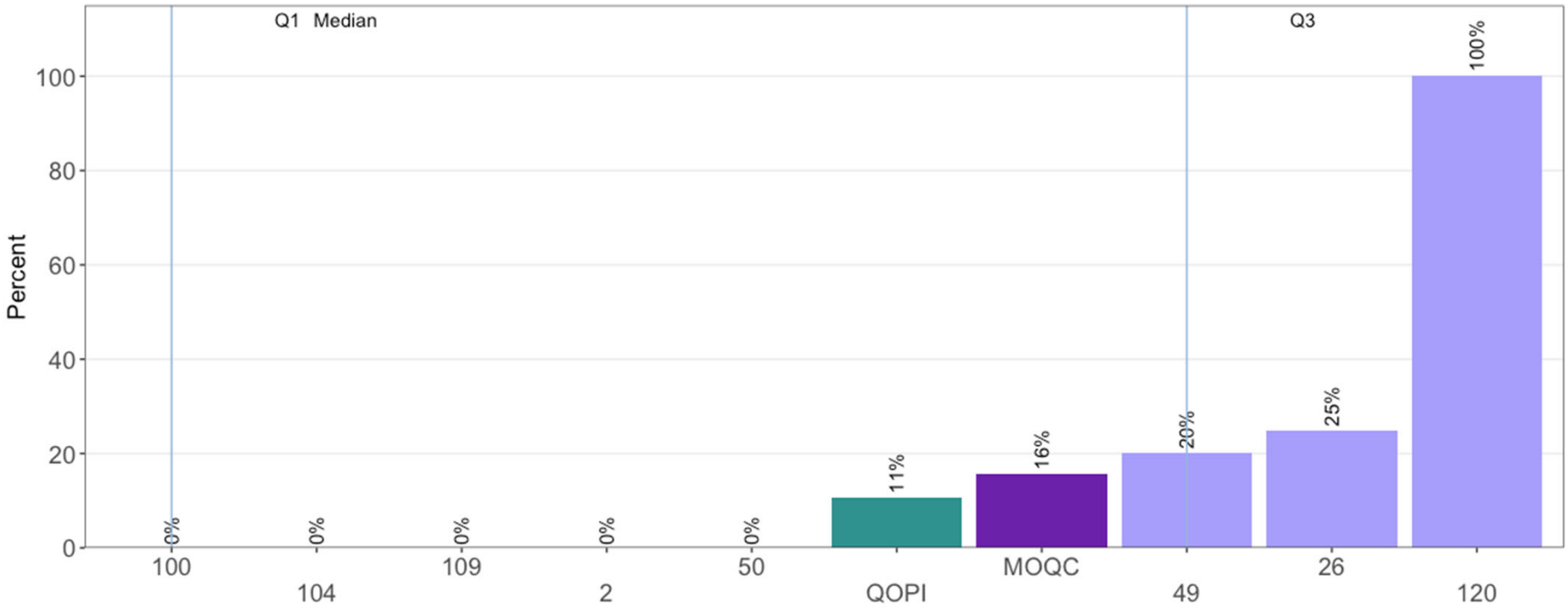
# Palliative care referral/services, or documented discussion (Combined measure 43 or 46)
# N = 18




**QOPI Measure EOL47b - Practice and Comparative Groups**
**R1 2020**

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 = 19




**QOPI Measure EOL48 - Practice and Comparative Groups**
**R1 2020**

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

# Gyn Onc Measures - Ovarian

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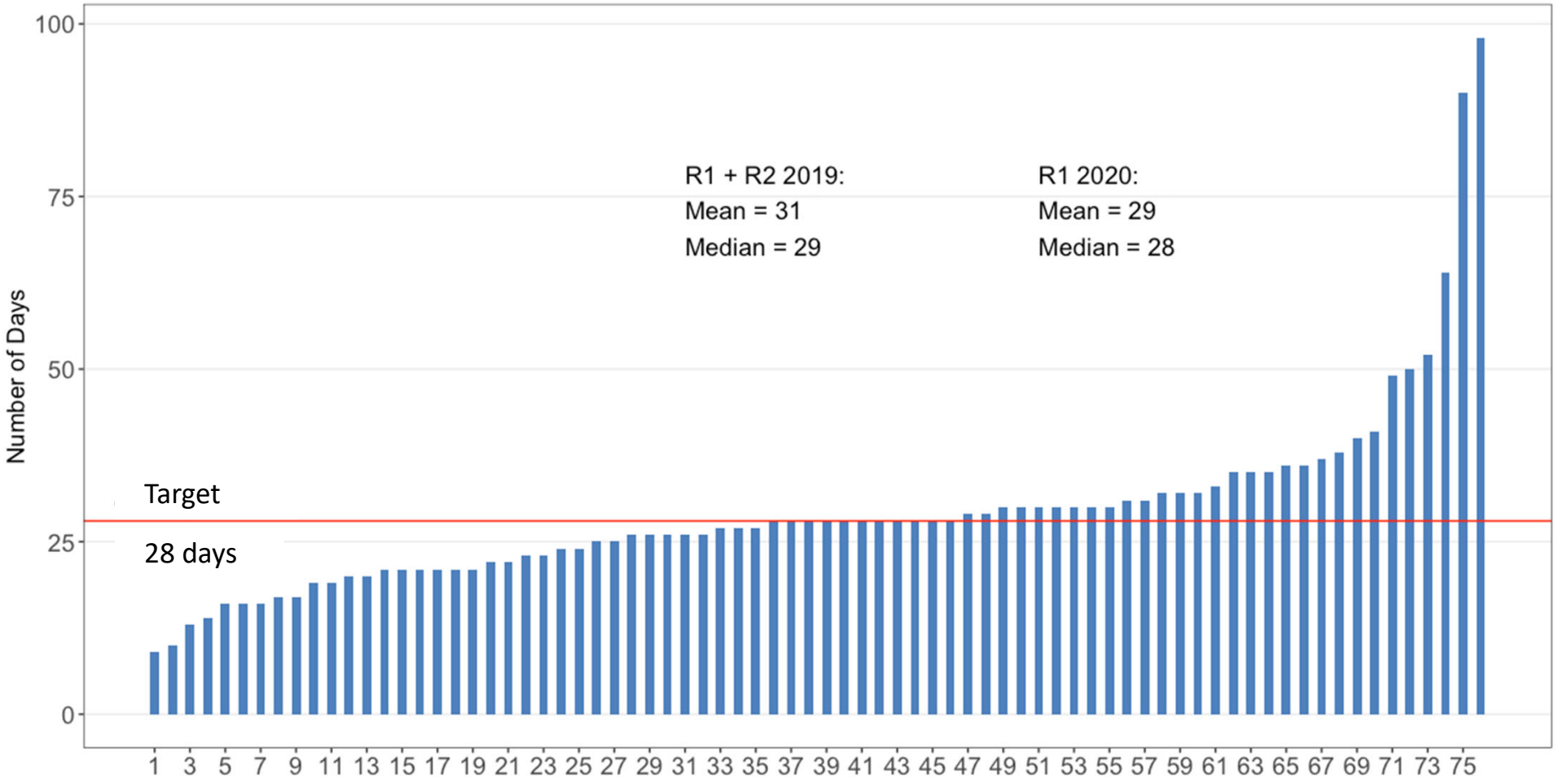
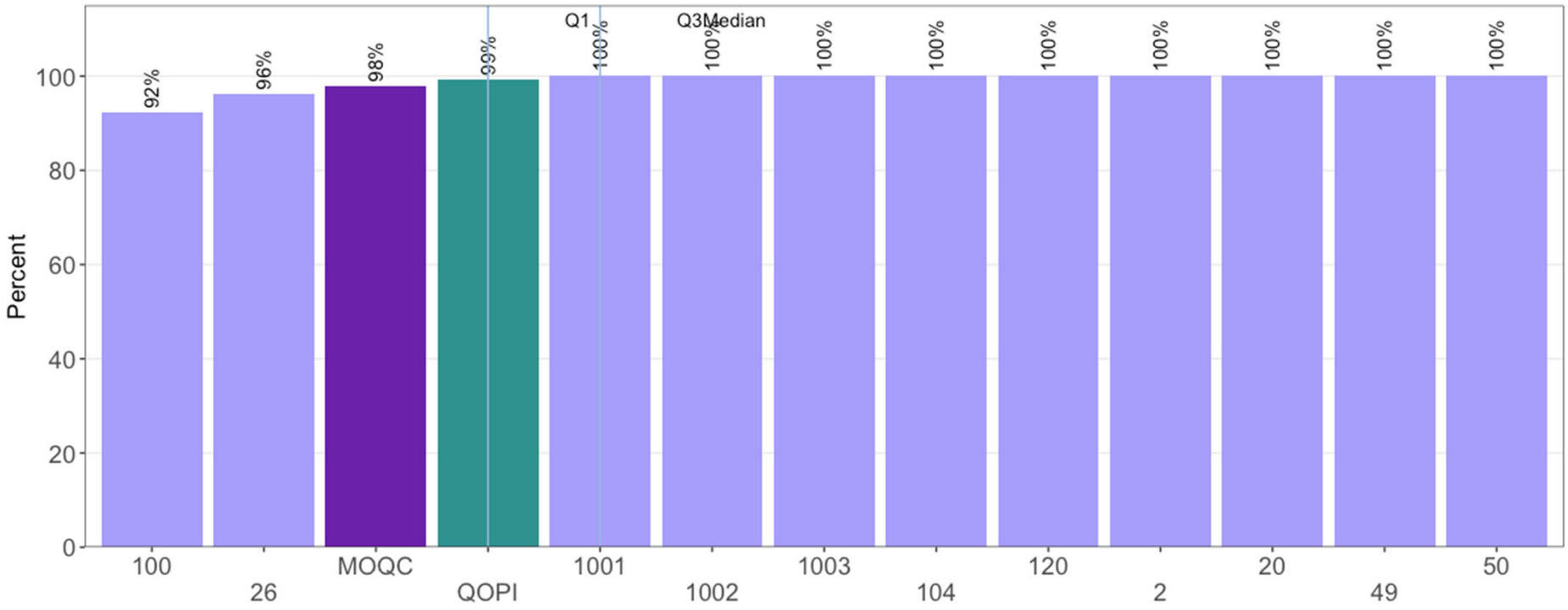
# Days between Cytoreduction and 1st Day of Chemotherapy
N = 76




**QOPI CORE Measure GynOnc #1**
**Round 1 2020**

Each bar = 1 Patient

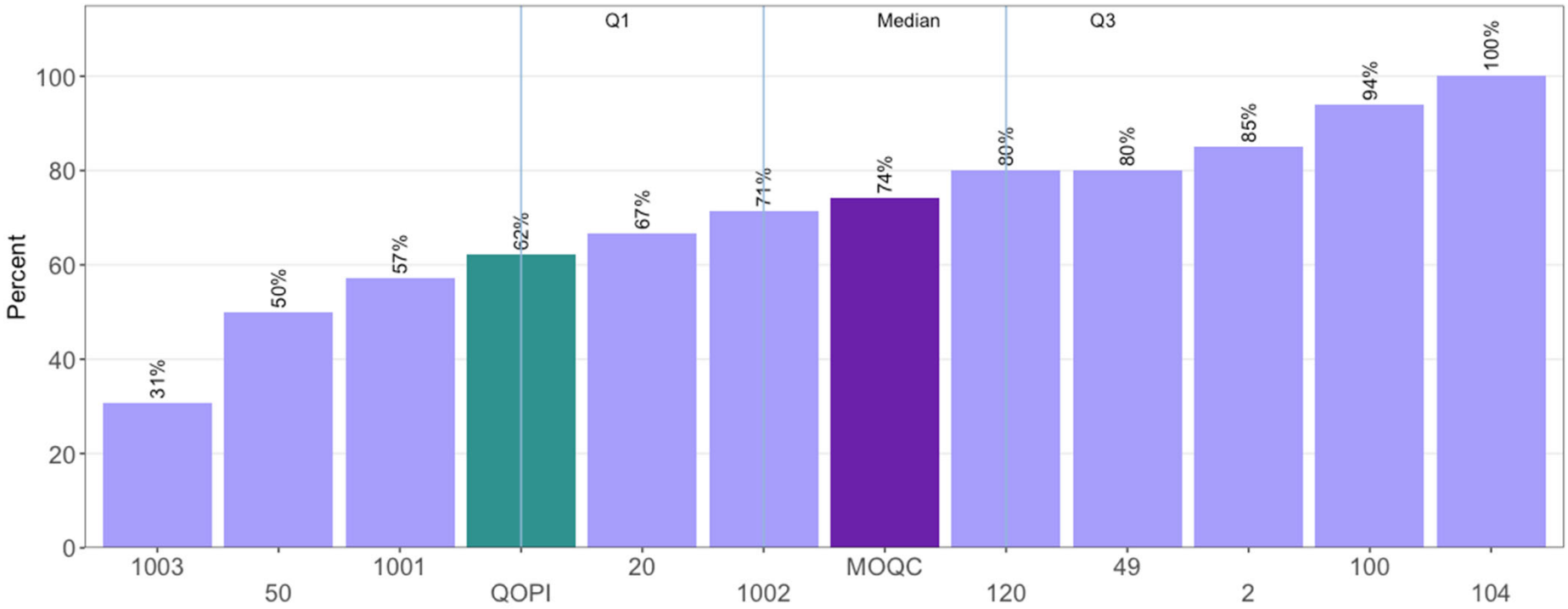
# Patients with ovarian cancer referred to genetic testing/counselling
# N = 144




**QOPI Measure GynOnc #2 - Practice and Comparative Groups**
**R1 2020**

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

Operative report with documentation of residual disease (Optimal/Suboptimal)
N = 135




**QOPI Measure GYNONC90g - Practice and Comparative Groups**
**R1 2020**

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

# Value Based Reimbursement Summary

- Criteria for qualification
  1. 100% Attendance at Biannual Meetings (1 physician per practice)
  2. Operative report with documentation of residual disease within 48 hours of cytoreduction
     - Current: 74%
     - Goal: 70%
  3. Days from cytoreduction to chemotherapy
     - Current: 29 days
     - Goal: 28 days or less

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# Future State

- Database Updates
  - Retired Measures
    - Consensus?
  - Abstracting all gynecologic charts, not just ovarian
    - Consensus?
  - MSQC Partnership (hysterectomy database)
- Possible VBR Measures
  - Opioid Utilization
  - Surgical Site Infections/Readmission/Reoperations etc. from MSQC
  - VTE
    - VTE Calculator
    - https://moqc.github.io/vte-calculator/

# Quality Project: Operative Note

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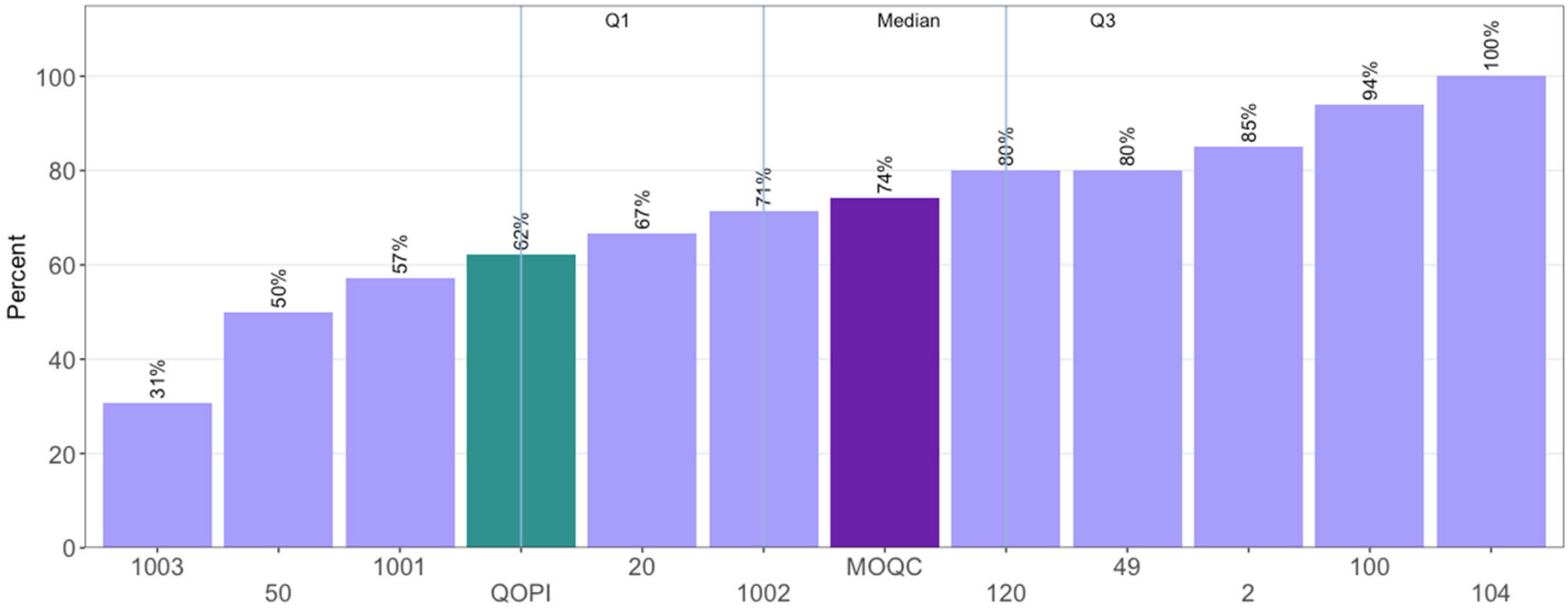
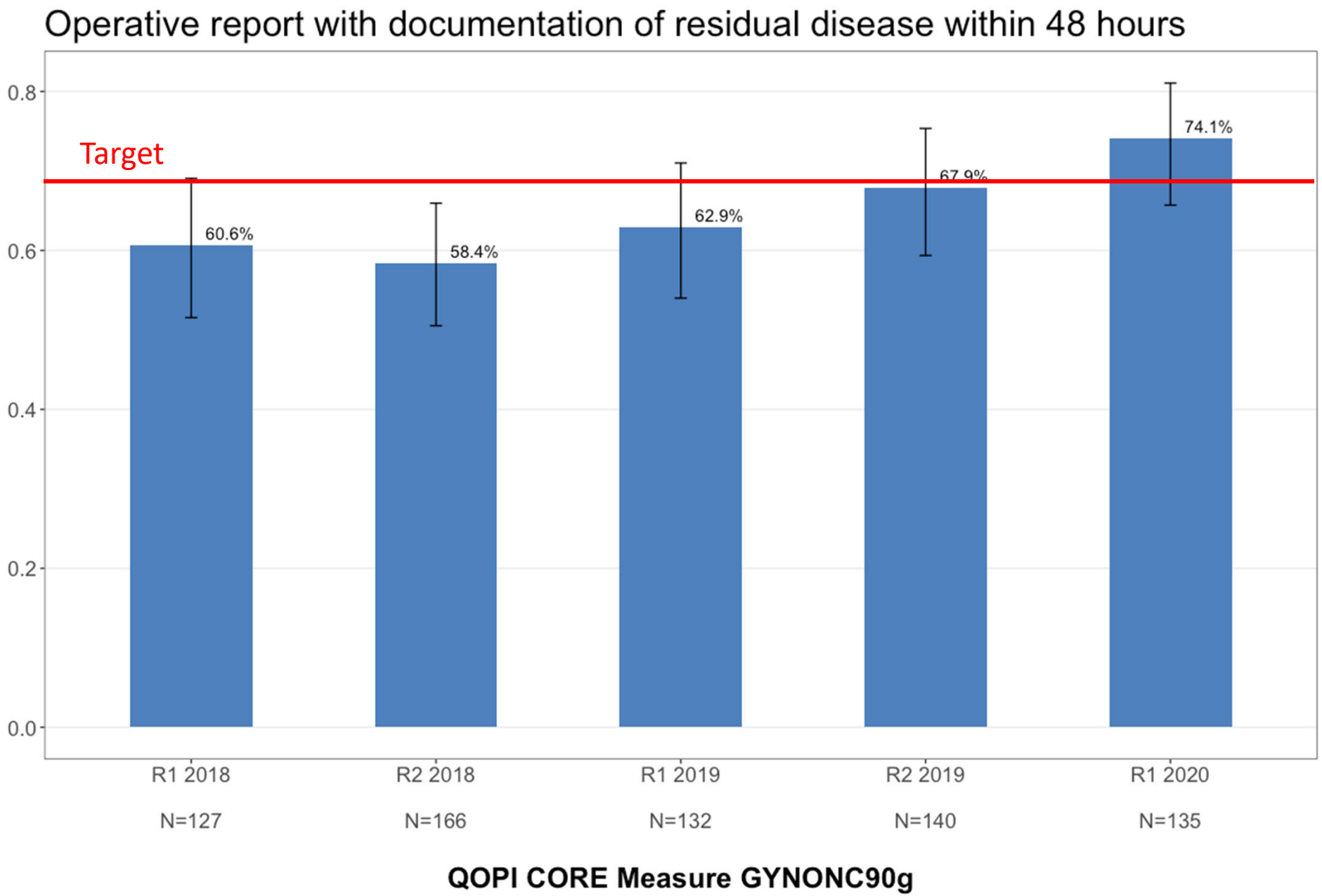
Operative report with documentation of residual disease (Optimal/Suboptimal)
N = 135




**QOPI Measure GYNONC90g - Practice and Comparative Groups**
**R1 2020**

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
0.8
0.6
0.4
0.2
0.0
Target
60.6%
58.4%
62.9%
67.9%
74.1%
R1 2018
R2 2018
R1 2019
R2 2019
R1 2020
N=127
N=166
N=132
N=140
N=135
QOPI CORE Measure GYNONC90g

# Interventions

- Presentation by B Rosen, Beaumont, June 2018 → Op Note Templates
- Discussed data and re-vamped website, October 2019
- Developed templates
  - Website
    - www.moqcopnote.org
  - Lab Coat Pocket Card – sent to practices, contact Vanessa Aron for additional, if desired
- Op Note Measure → VBR

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www.moqcopnote.org

# 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

  (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.)

# Quality Project:
# Days from Cytoreduction to Chemotherapy

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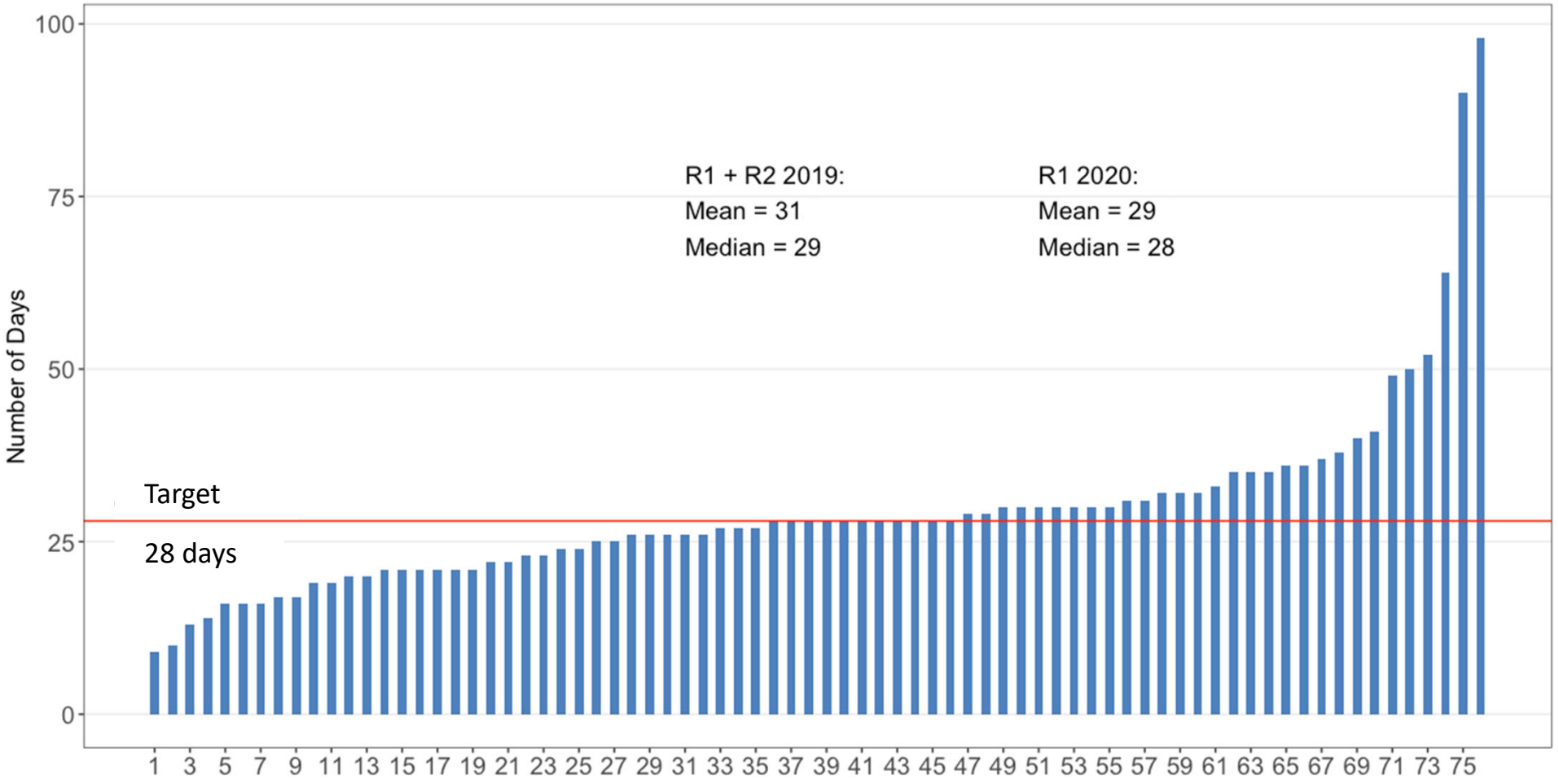
# Days between Cytoreduction and 1st Day of Chemotherapy
N = 76




**QOPI CORE Measure GynOnc #1**
**Round 1 2020**

Each bar = 1 Patient

# Days from Cytoreduction to Chemotherapy

- Literature
- Scheduler expectations/education
- What should we do next?

**Table 1**
SGO guidelines for classification of urgency in gynecologic surgery.

| Emergent/urgent<br>Immediate | Semi-urgent<br>1–4 weeks | Non-urgent<br>>4–12 weeks | Elective<br>>3 months |
|---|---|---|---|
| Emergent: procedure performed without delay to preserve life or limb.<br>Urgent: Procedure that is acutely time-sensitive and performed when the patient is medically stable. | Procedure performed in order to preserve the patient's life or prevent expected progression of disease/morbidity. Designation determined by specialty. | Progression of disease or symptoms, or readmission within 3 months is unlikely, or nonsurgical treatments available | Procedure that does not involve a medical emergency. The procedure can be delayed without meaningful disease progression or morbidity. |
| • Viscus perforation<br>• Closed-loop bowel or colonic obstruction<br>• Incarcerated hernia with gynecologic tumor<br>• Vaginal, uterine or pelvic hemorrhage<br>• Molar pregnancy<br>• Pelvic mass with torsion or with urinary or intestinal obstruction | • Establishment of cancer diagnosis when high suspicion exists (i.e., diagnostic laparoscopy, D&C Hysteroscopy etc.)<br>• Grade 1 endometrial cancer when hormonal therapy is contra-indicated or not possible<br>• High grade uterine cancers, all stages (i.e., epithelial and sarcoma histotypes)<br>• Cervical and vulvar cancers—surgery with curative intent<br>• Cervical and vaginal malignancies requiring radiation applicators<br>• Cervical AIS or inadequate colposcopy and concern for invasive cancer<br>• Advanced ovarian cancer, particularly interval CRS<br>• Abdominopelvic masses concerning for malignancy<br>• Symptomatic gynecologic cancer in pregnancy requiring surgery<br>• Patients with recurrent disease without non-surgical options<br>• Symptomatic patients with inoperable primary or recurrent cancer requiring palliative cancer procedures (i.e., diverting colostomy, venting PEG tubes, select exenteration)<br>• Moderate-severe anemia requiring repeated transfusion | • Benign-appearing ovarian cysts/-masses<br>• VAIN/VIN 2–3<br>• CIN 2–3<br>• CAH/EIN; Grade 1 endometrial cancer when hormonal therapy is not contraindicated<br>• Completion surgery for early-stage ovarian cancer<br>• Recurrent cancer requiring palliative resection | • Risk reducing surgery for genetic predisposition to gynecologic cancer<br>• Hysterectomy for benign disease in absence of anemia<br>• Uncomplicated endometriosis<br>• Pelvic organ prolapse<br>• Urinary incontinence |

*CRS = cytoreductive surgery
*PEG = percutaneous gastrostomy surgery
*VAIN = vaginal intra-epithelial neoplasia
*VIN = vulvar intraepithelial neoplasia
*CIN = cervical intraepithelial neoplasia
*CAH/EIN = complex atypical hyperplasia/endometrial intra-epithelial neoplasia

| Priority | Description | Examples |
|---|---|---|
| 1 | • Curative therapy with a high (>50%) chance of success<br>• Adjuvant or neoadjuvant therapy which adds at least 50% chance of cure versus surgery or radiotherapy alone or treatment given at relapse | • Germ cell tumors<br>• Gestational trophoblastic disease<br>• Concurrent chemoradiation for cervical cancers |
| 2 | • Curative therapy with an intermediate (15-50%) chance of success<br>• Adjuvant or neoadjuvant therapy which adds 15-50% chance of cure versus surgery or radiotherapy alone or treatment given at relapse | • Patients with high grade serous or endometrioid ovarian cancer, particularly in patients known to have a BCRA mutation, low volume disease or good performance status |
| 3 | • Curative therapy with a low (10-15%) chance of success<br>• Adjuvant or neoadjuvant therapy which adds 10-15% chance of cure versus surgery or radiotherapy alone or treatment given at relapse<br>• Non-curative therapy with a high (>50%) chance of >1 year of life extension | • Patients with high grade serous or endometrioid ovarian cancer, newly diagnosed or first platinum-sensitive relapse<br>• Patients with advanced, high-grade endometrial cancer |
| 4 | • Curative therapy with a low (0-15%) chance of success<br>• Adjuvant or neoadjuvant therapy which adds <10% chance of cure versus surgery or radiotherapy alone or treatment given at relapse<br>• Non-curative therapy with an intermediate (15-50%) chance of >1 year of life extension | • Chemotherapy for cervical and endometrial cancer in first recurrence with good performance or advanced previously untreated disease<br>• Some patients with platinum-sensitive relapsed ovarian cancer |
| 5 | • Non-curative therapy with a high (>50%) chance of palliation / temporary tumor control but <1 year life extension | • Platinum-resistant ovarian cancer<br>• Recurrent endometrial cancer |
| 6 | • Non-curative therapy with an intermediate (15-50%) chance of palliation / temporary tumor control and <1 year life extension | • Chemotherapy for metastatic or recurrent cervical cancer or endometrial cancer in second recurrence |

# BREAK

Return in 10 minutes

# MiGHT Grant

Jennifer J. Griggs, MD, MPH

# Michigan Genetic Hereditary Testing (MiGHT)


Elena M. Stoeffel, MD, MPH
Jennifer J. Griggs, MD, MPH
Kenneth Resnicow, PhD
Shitanshu Uppal, MD, MS

MDHHS
Michigan Department of Health & Human Services

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Blue Cross Blue Shield Blue Care Network of Michigan

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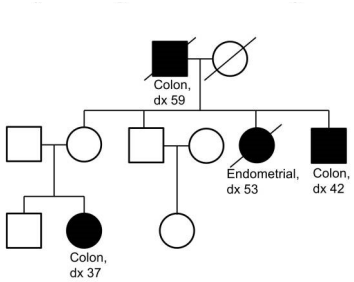
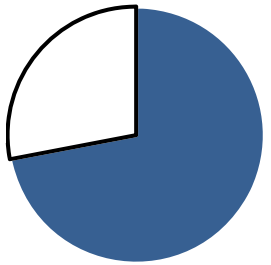
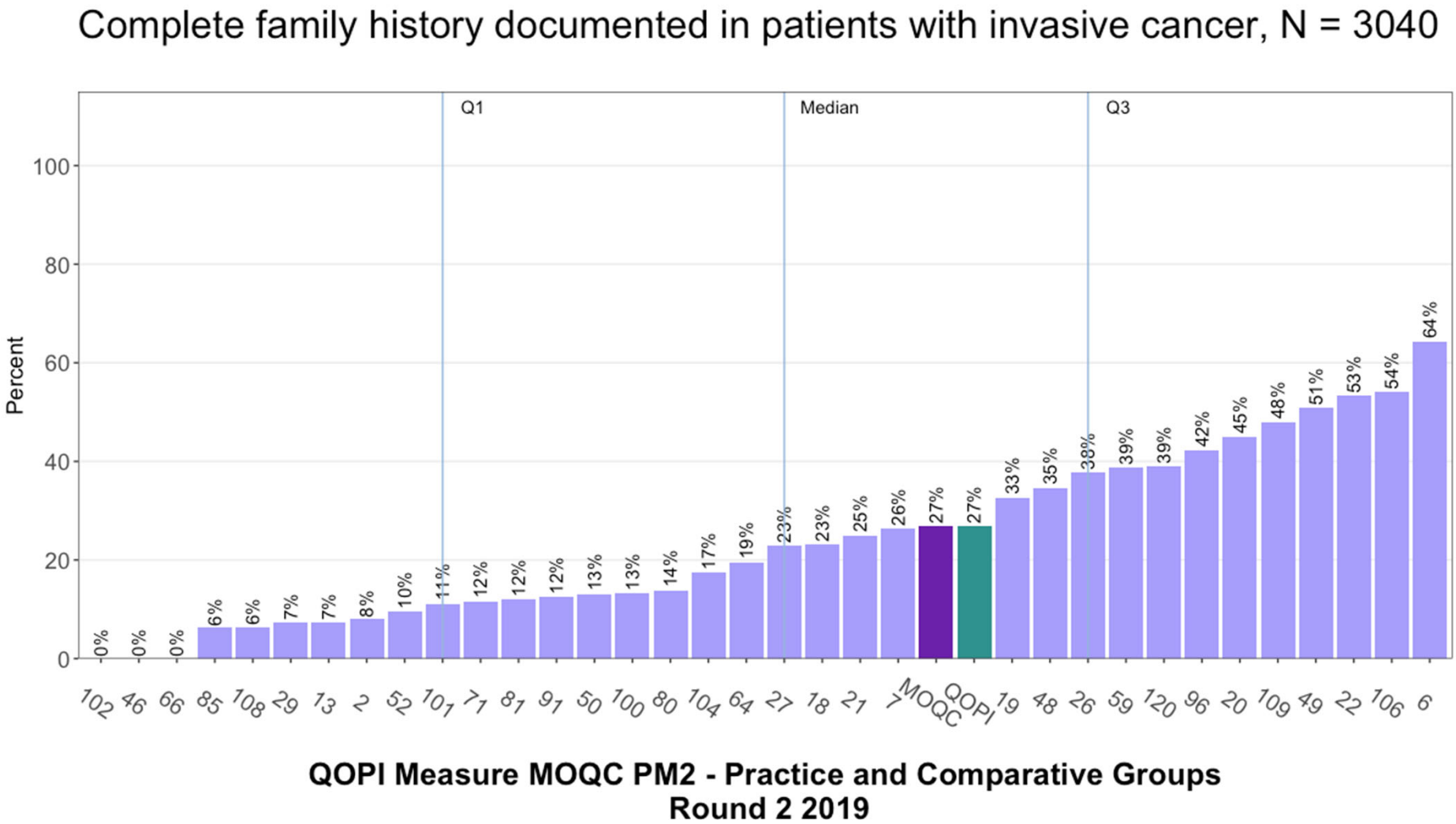



Adequate Family History
< 30%



# How Are We Doing?




Note: Practices with no eligible cases in the denominator are not shown

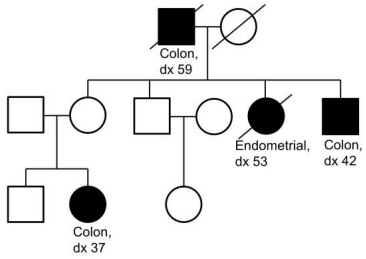
# Study Aims

Practice-Level

1. Improving quality of the family history in all patients with cancer

*Does a tablet-based family health history survey tool with output for clinicians improve completion of the family history?*

*In conjunction with genetics information support for oncology teams & practices*



# Study Aims

Patient- and Family-Level

2. Increasing the proportion of people who get genetic testing

*Can we improve the proportion of patients getting guideline-concordant genetic risk assessment & testing?*

3-arm study of
tailored messaging via mobile optimized web interface (app)
vs
genetic counseling with motivational interviewing
vs
usual care

*Exploratory question: Can we improve the uptake of cascade testing?*

# VIRTUAL GENETIC COUNSELOR APP (AIM2)

## CONTENT

**Why should I get tested?**

- Knowledge
- Myths & realities
- Attitudes
- Norms
- Motivation
- Barriers

**How/Where do I get tested?**

- Clinic
- Direct-to-consumer
- Payment/Insurance

**Understanding Results**

**Communication w/ Family**

- Cascade Testing Tips

## FUNCTION

- Link to Family History Tool
- Tailored Content
- Reminders To Test
- Communicate With PCP/Oncologist
- Push Button Genetic Counselor
- Geolocated Testing And Genetic Counselor
- Searchable FAQ

# Partnership with State

## Ovarian Cancer Grant

Vanessa Aron, BA
MOQC Project Manager

Audra Putt, MPH, CPH
State of Michigan – Department of Health and Human Resources



# Federal Funding for Ovarian Cancer


**≈ 650 New cases per year**

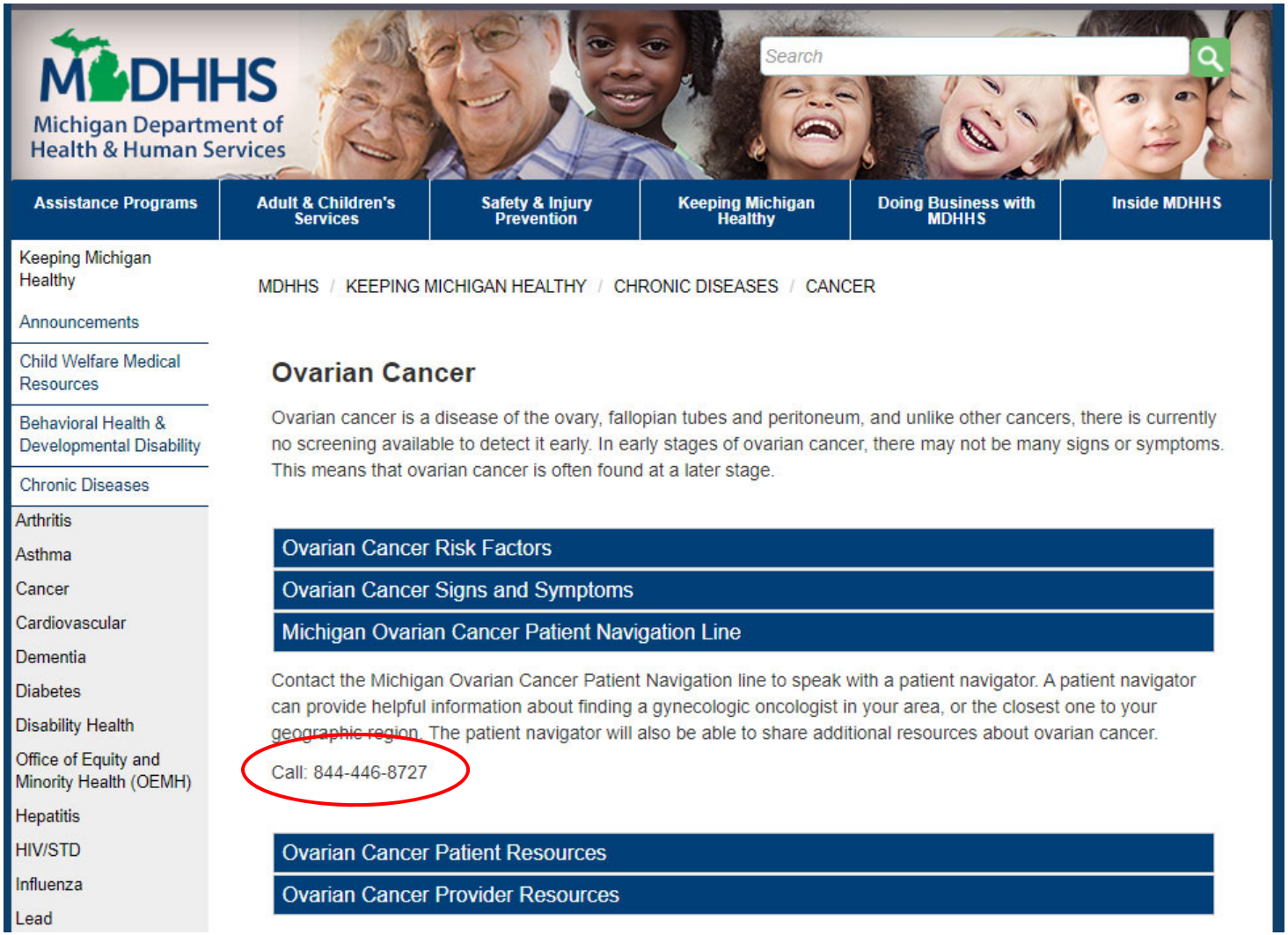

**≈ 500 Found cases**

**150 Case gap**

# Grant Projects

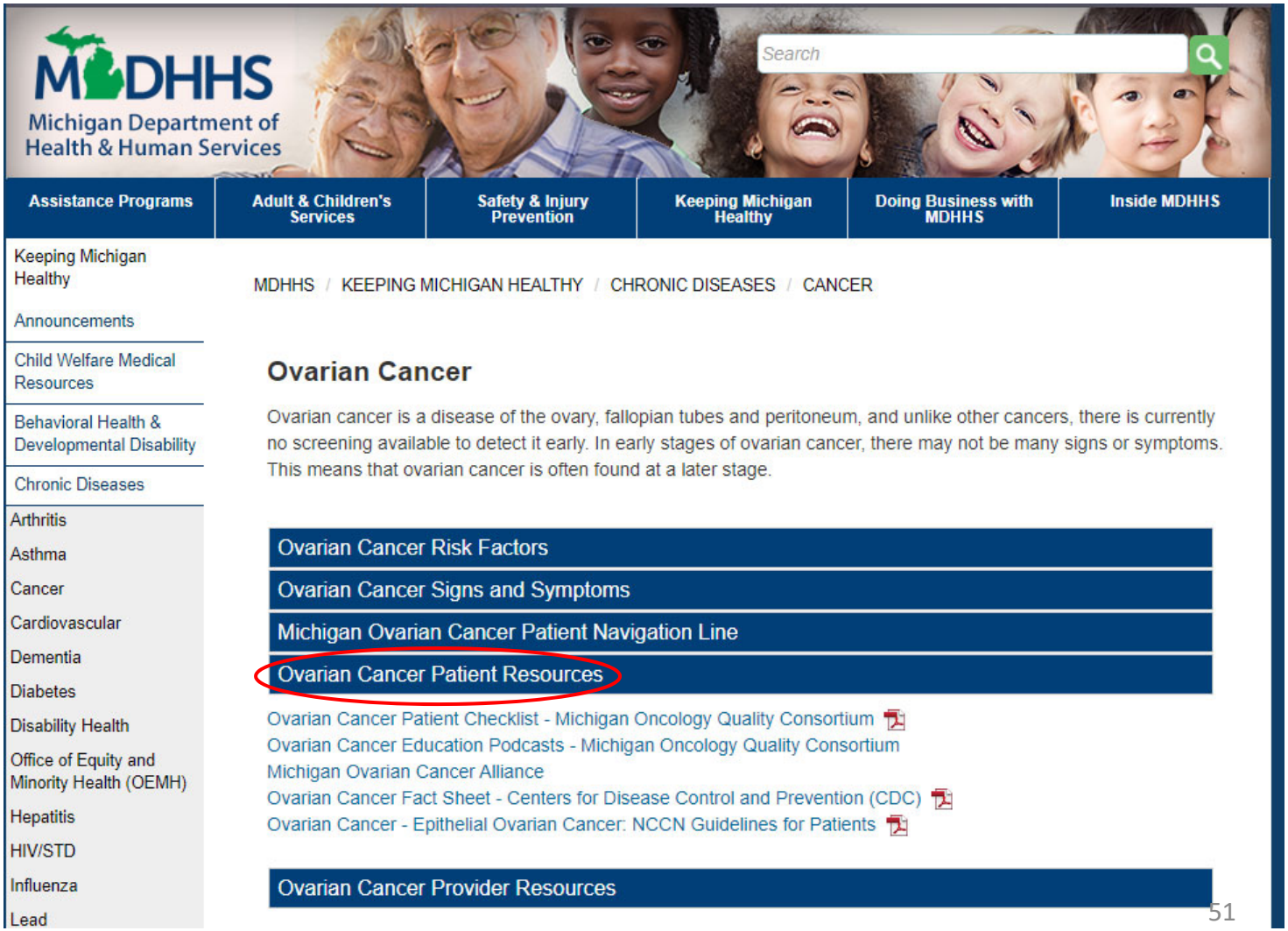
# Patient Navigation Line

https://www.michigan.gov/ovariancancer



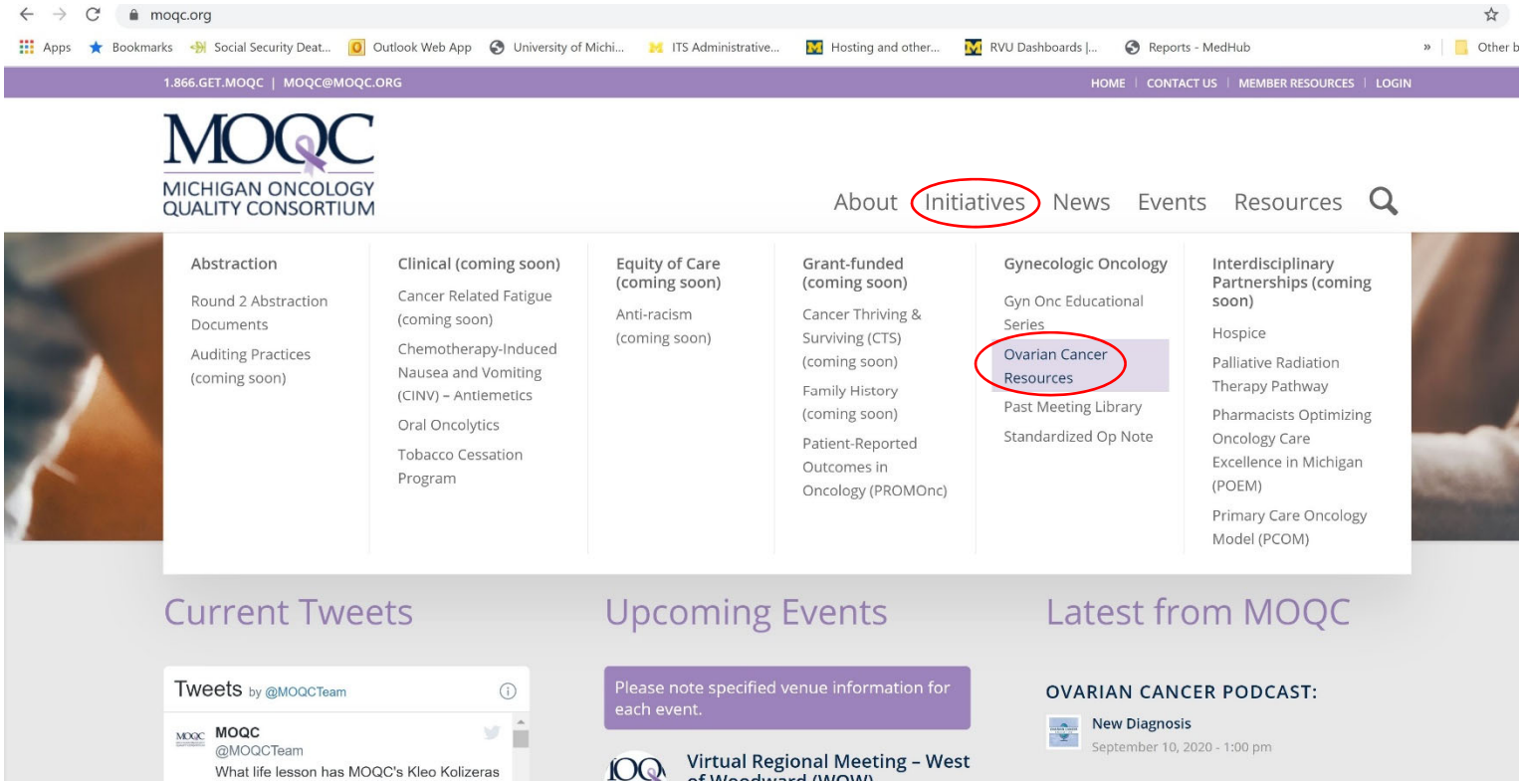
# Patient Navigation Line

https://www.michigan.gov/ovariancancer



# Patient and Physician Checklists

https://moqc.org/

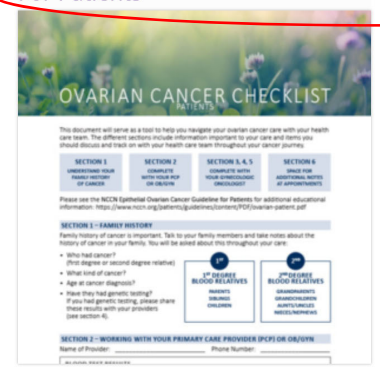


# Patient and Physician Checklists

## Educational Materials

### Ovarian Cancer Checklists:

For Patients




For Physicians

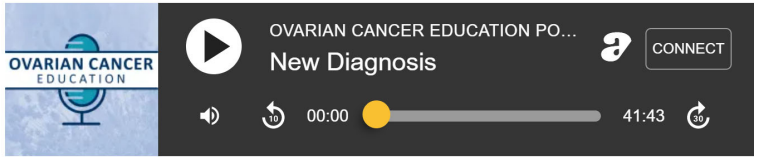

### Additional flyers:

- Ovarian Cancer Resources
- Ovarian Cancer Staging
- Ovarian Cancer Testing

## Ovarian Cancer Education Podcasts

### Featured podcast:

VIEW TRANSCRIPT, DISCLAIMER & SHOW NOTES




### Additional podcasts:

- New Diagnosis

# Patient and Physician Checklists


# Podcast

## Educational Materials

### Ovarian Cancer Checklists:

For Patients


For Physicians


### Additional flyers:

- Ovarian Cancer Resources
- Ovarian Cancer Staging
- Ovarian Cancer Testing

## Ovarian Cancer Education Podcasts

### Featured podcast:

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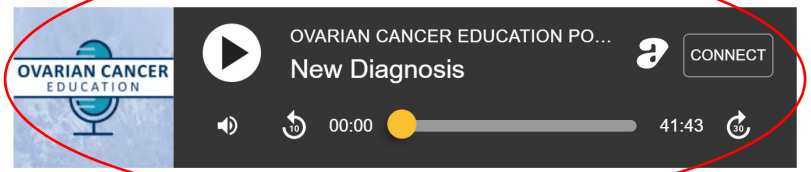


### Additional podcasts:

- New Diagnosis

# Podcast

OVARIAN CANCER
EDUCATION

# Podcast

## Educational Materials

### Ovarian Cancer Checklists:

For Patients


For Physicians


### Additional flyers:

- Ovarian Cancer Resources
- Ovarian Cancer Staging
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## Ovarian Cancer Education Podcasts

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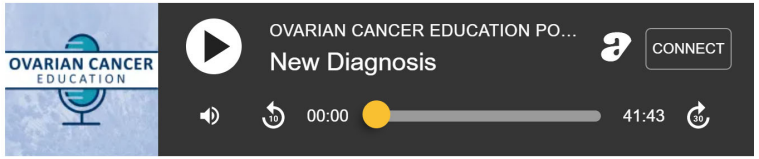



### Additional podcasts:

New Diagnosis

Spotify

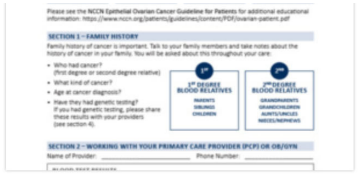
Google Podcasts

Acast

iTunes

amazon music

# Patient and Physician Checklists



## Additional flyers:

- Ovarian Cancer Resources
- Ovarian Cancer Staging
- Ovarian Cancer Testing
- Ovarian Cancer Treatments
- Ovarian Cancer Treatment Team
- Types of Ovarian Cancer

Order MOQC Ovarian Cancer Printed Materials

## Additional podcasts:

- New Diagnosis

## Additional resources:

Michigan Dept. of Health and Human Services (MDHHS) Ovarian Cancer Patient Navigation Line:
**1-844-446-8727**

# Next Steps

Thank you!

Questions?

# BREAK

Return in 10 minutes

# Next Steps/Open Discussion

Shitanshu Uppal, MD

# Next Steps

- Future MOQC Gyn-Onc Meetings
  - Saturday still best?
- POQC Recruitment
- MOQC Biannual Meeting: January 15
  - Integrated Oncology & Palliative Care
  - Keynote Speaker:

    Jennifer Temel, MD

    Clinical Director of Thoracic Oncology
    Co-Director, Cancer Outcomes Research and Education Program
    Professor of Medicine at Harvard Medical School

# Discussion

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