Gynecology-Oncology Initiative

9:00 am – 12:00 pm
November 14, 2020
Virtual Meeting
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.
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Welcome</td>
<td>Vanessa Aron, BA</td>
</tr>
<tr>
<td>9:05 am</td>
<td>POQC Introduction</td>
<td>Amanda Itliong, MA</td>
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<tr>
<td></td>
<td>Survivors Teaching Students</td>
<td></td>
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<tr>
<td>9:10 am</td>
<td>Data &amp; Updates</td>
<td>Shitanshu Uppal, MD</td>
</tr>
<tr>
<td>10:00 am</td>
<td>10 Minute Break</td>
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<tr>
<td>10:10 am</td>
<td>MiGHT Grant Update</td>
<td>Jennifer J. Griggs, MD, MPH</td>
</tr>
<tr>
<td>10:25 am</td>
<td>Ovarian Cancer Grant</td>
<td>Vanessa Aron, BA</td>
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<td>Audra Putt, MPH, CPH</td>
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<tr>
<td>11:05 am</td>
<td>10 Minute Break</td>
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</tr>
<tr>
<td>11:15 am</td>
<td>Next Steps/Open Discussion</td>
<td>Shitanshu Uppal, MD</td>
</tr>
</tbody>
</table>
POQC Updates/STS
Amanda Itliong, MA
Data and Updates
Shitanshu Uppal, MD
Our Group – Where Are We Today?

2018 → 2020

18 practices* = 34 surgeons

GOAL

14 practices = 29 surgeons

TODAY

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

- 2 practices N/A

*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

Network building  Data & measures  Planning & strategy  Impactful improvement work

Skepticism  Trust  Intellectual engagement  Collective pride

$$$

MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM
# Round 1 2020 Important Dates
Charts abstracted January 7 – June 4, 2020

<table>
<thead>
<tr>
<th>Patients in Initial Therapy/Treatment (all cross cutting &amp; disease measures)</th>
<th>Patients who have Died (End of Life)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dx dates</strong></td>
<td>December 2, 2018 – March 31, 2020</td>
</tr>
<tr>
<td><strong>First office visit</strong></td>
<td>December 1, 2018 – May 31, 2020</td>
</tr>
<tr>
<td></td>
<td>Not required to be within office visit window (below) – occur within dx window and end of visit window date</td>
</tr>
<tr>
<td><strong>Two visits with provider</strong></td>
<td>October 1, 2019 – May 31, 2020</td>
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</tbody>
</table>

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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MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM
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
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
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
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

Target

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
Standardized Operative Note

Checklist for Ovarian Cancer Operative Note Dictation

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

Quality Project: Days from Cytoreduction to Chemotherapy
Days between Cytoreduction and 1st Day of Chemotherapy
N = 76

R1 + R2 2019:
Mean = 31
Median = 29

R1 2020:
Mean = 29
Median = 28

Target
28 days

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.

<table>
<thead>
<tr>
<th>Emergent/urgent</th>
<th>Semi-urgent</th>
<th>Non-urgent</th>
<th>Elective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>1–4 weeks</td>
<td>&gt;4–12 weeks</td>
<td>&gt;3 months</td>
</tr>
<tr>
<td>Emergent: procedure performed without delay to preserve life or limb. Urgent: Procedure that is acutely time-sensitive and performed when the patient is medically stable.</td>
<td>Procedure performed in order to preserve the patient's life or prevent expected progression of disease/morbidity. Designation determined by specialty.</td>
<td>Progression of disease or symptoms, or readmission within 3 months is unlikely, or nonsurgical treatments available</td>
<td>Procedure that does not involve a medical emergency. The procedure can be delayed without meaningful disease progression or morbidity.</td>
</tr>
<tr>
<td>• Viscus perforation</td>
<td>• Establishment of cancer diagnosis when high suspicion exists (i.e., diagnostic laparoscopy, D&amp;C Hysterectomy, etc.)</td>
<td>• Benign-appearing ovarian cysts/masses</td>
<td>• Risk reducing surgery for genetic predisposition to gynecologic cancer</td>
</tr>
<tr>
<td>• Closed-loop bowel or colonic obstruction</td>
<td>• Grade 1 endometrial cancer when hormonal therapy is contra-indicated or not possible</td>
<td>• VAIN/VIN 2–3</td>
<td>• Hysterectomy for benign disease in absence of anemia</td>
</tr>
<tr>
<td>• Incarcerated hernia with gynecologic tumor</td>
<td>• High grade uterine cancers, all stages (i.e., epithelial and sarcoma histotypes)</td>
<td>• CIN 2–3</td>
<td>• Uncomplicated endometriosis</td>
</tr>
<tr>
<td>• Vaginal, uterine or pelvic hemorrhage</td>
<td>• Cervical and vulvar cancers—surgery with curative intent</td>
<td>• CAH/EIN; Grade 1 endometrial cancer when hormonal therapy is not contraindicated</td>
<td>• Pelvic organ prolapse</td>
</tr>
<tr>
<td>• Molar pregnancy</td>
<td>• Cervical and vaginal malignancies requiring radiation applicators</td>
<td>• Completion surgery for early-stage ovarian cancer</td>
<td>• Urinary incontinence</td>
</tr>
<tr>
<td>• Pelvic mass with torsion or with urinary or intestinal obstruction</td>
<td>• Cervical AIS or inadequate colposcopy and concern for invasive cancer</td>
<td>• Recurrent cancer requiring palliative resection</td>
<td></td>
</tr>
<tr>
<td>*CRS = cytoreductive surgery</td>
<td>• Advanced ovarian cancer, particularly interval CRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*PEG = percutaneous gastrostomy surgery</td>
<td>• Abdominopelvic masses concerning for malignancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*VAIN = vaginal intra-epithelial neoplasia</td>
<td>• Symptomatic gynecologic cancer in pregnancy requiring surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*VIN = vulvar intraepithelial neoplasia</td>
<td>• Patients with recurrent disease without non-surgical options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*CIN = cervical intraepithelial neoplasia</td>
<td>• Symptomatic patients with inoperable primary or recurrent cancer requiring palliative cancer procedures (i.e., diverting colostomy, venting PEG tubes, select extirpation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*CAH/EIN = complex atypical hyperplasia/endometrial intra-epithelial neoplasia</td>
<td>• Moderate-severe anemia requiring repeated transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority</td>
<td>Description</td>
<td>Examples</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Curative therapy with a high (&gt;50%) chance of success</td>
<td>Germ cell tumors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjuvant or neoadjuvant therapy which adds at least 50% chance of cure</td>
<td>Gestational trophoblastic disease</td>
<td></td>
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<tr>
<td></td>
<td>versus surgery or radiotherapy alone or treatment given at relapse</td>
<td>Concurrent chemoradiation for cervical cancers</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Curative therapy with an intermediate (15-50%) chance of success</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjuvant or neoadjuvant therapy which adds 15-50% chance of cure versus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>surgery or radiotherapy alone or treatment given at relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Curative therapy with a low (10-15%) chance of success</td>
<td>Patients with high grade serous or endometrioid ovarian cancer, newly diagnosed or first platinum-sensitive relapse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjuvant or neoadjuvant therapy which adds 10-15% chance of cure versus</td>
<td>Patients with advanced, high-grade endometrial cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>surgery or radiotherapy alone or treatment given at relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-curative therapy with a high (&gt;50%) chance of &gt;1 year of life extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Curative therapy with a low (0-15%) chance of success</td>
<td>Chemotherapy for cervical and endometrial cancer in first recurrence with good performance or advanced previously untreated disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjuvant or neoadjuvant therapy which adds &lt;10% chance of cure versus</td>
<td>Some patients with platinum-sensitive relapsed ovarian cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>surgery or radiotherapy alone or treatment given at relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-curative therapy with an intermediate (15-50%) chance of &gt;1 year of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>life extension</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Non-curative therapy with a high (&gt;50%) chance of palliation / temporary</td>
<td>Platinum-resistant ovarian cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tumor control but &lt;1 year life extension</td>
<td>Recurrent endometrial cancer</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Non-curative therapy with an intermediate (15-50%) chance of palliation /</td>
<td>Chemotherapy for metastatic or recurrent cervical cancer or endometrial cancer in second recurrence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>temporary tumor control and &lt;1 year life extension</td>
<td></td>
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</tbody>
</table>
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
How Are We Doing?

Adequate Family History < 30%
Complete family history documented in patients with invasive cancer, N = 3040

QOPI Measure MOQC PM2 - Practice and Comparative Groups
Round 2 2019

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

Ovarian Cancer

Ovarian cancer is a disease of the ovary, fallopian tubes and peritoneum, and unlike other cancers, there is currently no screening available to detect it early. In early stages of ovarian cancer, there may not be many signs or symptoms. This means that ovarian cancer is often found at a later stage.

Ovarian Cancer Risk Factors

Ovarian Cancer Signs and Symptoms

Michigan Ovarian Cancer Patient Navigation Line

Contact the Michigan Ovarian Cancer Patient Navigation line to speak with a patient navigator. A patient navigator can provide helpful information about finding a gynecologic oncologist in your area, or the closest one to your geographic region. The patient navigator will also be able to share additional resources about ovarian cancer.

Call: 844-448-8727

Ovarian Cancer Patient Resources

Ovarian Cancer Provider Resources
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:

- Ovarian Cancer Education Podcast
  - New Diagnosis

Additional podcasts:
- New Diagnosis
Patient and Physician Checklists
Podcast

Educational Materials

Ovarian Cancer Checklists:
- For Patients
- For Physicians

Additional flyers:
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- Ovarian Cancer Testing

Ovarian Cancer Education Podcasts

Featured podcast:
- Ovarian Cancer Education Podcast
  - New Diagnosis
  - 41:43

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
- Ovarian Cancer Testing

Ovarian Cancer Education Podcasts

Featured podcast:

New Diagnosis

Additional podcasts:

- New Diagnosis
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

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