MOQC

Our mission is to be the best state in the nation for cancer care.
Michigan Oncology Quality Consortium
Biannual Meeting
January 2020

Culture, Faith, & Difficult Conversations:
Patient- and Family-Centered Care

To all practices:
Please contact MOQC for VBR targets as this is proprietary information.
Disclosures

• Jennifer Griggs, MD, MPH is a consultant for Pacific Business Group on Health (PBGH),* which hold the CMS contract.
• Michael Smith, PharmD, BCPS is a consultant for Wolters Kluwer.
• No other disclosures

*Non-profit entity
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

Program has details on number of credit hours. Pharmacy CE approved
MOQC Performance by Practice
Pain addressed appropriately by 2nd office visit & during most recent visits

QOPI Measure CORE6e - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Tobacco cessation counseling administered or patient referred in past year

Note: Practices with no eligible cases in the denominator are not shown
NK1 Receptor Antagonist or Olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (Lower Score – Better)

QOPI Measure SMT28a - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Infertility risks discussed prior to chemotherapy with patients of reproductive age

**QOPI Measure SMT33 - Practice and Comparative Groups Round 1 2019**

Note: Practices with no eligible cases in the denominator are not shown
Complete family history documented for patients with invasive CRC

Note: Practices with no eligible cases in the denominator are not shown
Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy

QOPI Measure CRC73 - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Pain addressed appropriately at end of life

25th Percentile
Median
75th Percentile

QOPI Measure EOL38 - Practice and Comparative Groups Round 1 2019

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

QOPI Measure EOL42 - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Hospice enrollment within 3 days of death (Lower Score - Better)

QOPI Measure EOL44 - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Hospice enrollment or documented discussion

QOPI Measure EOL47a - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Chemotherapy administered within last 2 weeks of life (Lower Score - Better)

QOPI Measure EOL48 - Practice and Comparative Groups Round 1 2019

Note: Practices with no eligible cases in the denominator are not shown
Started Round 2 of 2019

MOQC Measures  Maintaining

• 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)
• 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)
Started 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 1 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-curable intent (lower is better)
Started Round 2 of 2019

Changes to MOQC Measures

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

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MICHIGAN ONCOLOGY QUALITY CONSORTIUM
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
- Novel & interesting

VBR, value-based reimbursement
MOQC VBR

Region meets target for 3 of 4 measures

One physician/practice attends one biannual meeting and both regional meetings (12 hours)

Retrospective care (abstraction)

Prospective payment
# VBR Summary

<table>
<thead>
<tr>
<th>VBR Measures</th>
<th>Target</th>
<th>VBR Measures</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO BE PAID TO PRACTICES STARTING MARCH 1, 2020</strong></td>
<td></td>
<td><strong>TO BE PAID TO PRACTICES IN 2021</strong></td>
<td></td>
</tr>
<tr>
<td>Pain addressed appropriately by 2&lt;sup&gt;nd&lt;/sup&gt; office visit and during most recent office visit</td>
<td>See MOQC</td>
<td>NK1-RA or Olanzapine administered for low or moderate risk Cycle 1 chemotherapy (lower is better)</td>
<td>See MOQC</td>
</tr>
<tr>
<td>Pain address appropriately (EOL)</td>
<td></td>
<td>Hospice enrollment</td>
<td></td>
</tr>
<tr>
<td>Hospice enrollment, palliative care services, and/or documented discussion</td>
<td></td>
<td>Hospice enrollment or documented discussion</td>
<td></td>
</tr>
<tr>
<td>Tobacco cessation counseling administered or patient referred in past year</td>
<td></td>
<td>Tobacco cessation counseling administered or patient referred in past year</td>
<td></td>
</tr>
</tbody>
</table>
POQC Update
Steering Committee Update
Steering Committee

- Dissemination of practice data to practices & organizational leadership
- Speakers for future meetings
- Opportunities to expand types of VBR measures
- Measures Meeting – June
- Members rotating off – thank you!
- Volunteer Form on tables
Steering Committee

- Dissemination of practice data to practices & organizational leadership
- Speakers for future meetings
- Opportunities to expand types of VBR measures
- Measures Meeting – June
- Members rotating off – thank you!
- Volunteer Form on tables
Partnerships

State of Michigan
Michigan Medicine, Rogel Cancer Center
Federal Funding for Ovarian Cancer

• Increase awareness of the importance of women with ovarian cancer being treated by gynecologic oncologists

• Identify strategies to increase referrals to all gynecological oncologists in Michigan
MOQC Project

- Patient Navigation
- Patient Education
  - Checklist(s)
  - Podcast
- Provider Education
  - General surgeons
  - PCPs
  - GYNs

Invasive Ovarian Cancer Incidence,
Michigan Cancer Surveillance Program 2012-2016

Legend
Age-Adjusted Rate per 100,000
- 6.58 - 10.07
- 10.08 - 11.42
- 11.43 - 12.58
- 12.59 - 22.00
- Unstable Rate: <20 Cases

Gynecologic Oncologist Clinics
Cancer Surviving and Thriving (CTS)

• Patient self-management course
• 6 week, 2.5 hours per week
• Developed by Stanford University
• Partnerships in place
• Training available – see MOQC
Program for Breast Cancer in Young Women

A focus on women diagnosed under age 45

• Address the unique needs of young women in both early stage & metastatic cancers & their caregivers
• Address the needs of underserved women
• Increase the availability of support services for all women
• Close disparity gaps in mortality & quality of life for the underserved
Michigan’s Young Breast Cancer Survivors

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<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incidence all YBCS</strong></td>
<td>42.2/100,000 women</td>
<td>38.5/100,000 women</td>
</tr>
<tr>
<td><strong>Triple Negative Breast Cancer</strong></td>
<td>12.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td><strong>Incidence MBC</strong></td>
<td>3.9 %</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Mortality – Michigan - 2016</strong></td>
<td>3.7/100,000</td>
<td>9.2/100,000</td>
</tr>
<tr>
<td><strong>Mortality – National * 2017</strong></td>
<td>3.9/100,000</td>
<td>6.7/100,000</td>
</tr>
</tbody>
</table>

*National data source: CDC Wonder
Questions?

• If you are interested in any of these MDHHS/MOQC projects:
  
  • See a MOQC team member

  • Email Debbie Webster at WebsterD1@Michigan.gov
Michigan Oncology Quality Consortium
Biannual Meeting January 2020

Development of Sustainable Cancer Control Research Capacity in Rural Michigan
Partnerships

Michigan Medicine, Rogel Cancer Center
Karmanos Cancer Institute
Overview

• Updated and enhanced Tips4Health platform
• Interviewed 11 practices
  • Reviewed and summarized themes
• Conducted motivational interviewing session in mid-Michigan (Dr. Ken Resnicow)
• Deployed rural smoking survey in collaboration with Cowell Family Cancer Center at Munson Healthcare
Challenges identified

• Distance and lack of transportation services
• Financial burden of cancer on patients & families
• Access to genetic testing & counseling
• Shortage of oncology and primary care
• Shortage of support staff—navigators, social workers, financial advisors
Lessons learned

• Need for cancer prevention and control initiatives for rural cancer patients, survivors and communities
• A texting program (like Tips4Health) holds promise for some
• Further effort to consider helping people with data plans too support texting programs and “apps” is needed
• Improving mood and reducing anxiety are additional priorities
Next Steps

• Focus on trying to improve access to genetic testing/counseling through future funding
• Working with Munson Healthcare on a rural version of Tips4Health-smoking
• Ongoing collaboration with Karmanos Cancer Institute and Michigan DHHS on rural cancer prevention and control
# Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Sarah Hawley, PhD, MPH</td>
<td>Study leader, Rogel Cancer Center</td>
<td></td>
</tr>
<tr>
<td>Shayna Weiner, MPH</td>
<td>Project Coordinator</td>
<td>Ken Resnicow, PhD</td>
</tr>
<tr>
<td>Louise Bedard, MSN, MBA</td>
<td>Program Manager</td>
<td>Lauren Hammel, PhD</td>
</tr>
<tr>
<td>Jennifer J. Griggs, MD, MPH</td>
<td>MOQC Director</td>
<td>Lauren Hammel, PhD</td>
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</table>

**MOQC**  
**MICHIGAN ONCOLOGY QUALITY CONSORTIUM**
MOQC Quality Project Updates

Emily Mackler, PharmD, BCOP
MOQC Quality Projects

Active
1. Tobacco cessation
2. Oral oncolytics
3. Hospice enrollment
4. Patient reported outcomes
5. Chemotherapy-induced nausea/vomiting (CINV)

In Development
1. Advanced imaging & serum tumor marker surveillance
2. Primary care-oncology model (PCOM)
3. Fatigue management support
Tobacco Cessation

- Oldest QI project of CQI
  - Opportunities available to practices
    - Basic Skills for Working with Smokers
    - Tobacco Treatment Specialist (TTS) training
    - Maintenance of Certification (MOC) credits
Oral Oncolytics

• Comprehensive update at June 2019 Biannual
• MOQC-PROM tool
• Billing opportunities for 2020 – see website
Hospice Enrollment

- Priority for MOQC
- Partnership initiatives with hospices across the state
- Provided 1st set of resources
  - Website
  - VitalTalk for physicians – see Jennifer, Louise, or Kelly
- Formed Advisory Council to support Coordinating Center
- Maintenance of Certification (MOC) credits available
Patient Reported Outcomes (PROs)

- Will be addressed after lunch by two MOQC practices
Chemotherapy Induced Nausea & Vomiting

Background

• Over- and under-utilization of antiemetics exists within IV chemotherapy regimens across the state
• MOQC has incorporated over-utilization as a VBR measure

MOQC Initiative

• Provide education and resources to practices, for alignment with current national antiemetic guidelines
• Support practices in assessing their pre-printed order sets, for consistency in guideline concordant care
Results to Date

- SMT28a
  - 15 practices ≥ 20%
  - 11 practices ≥ 30%
- Pre-populated antiemetic order set survey
  - 48% of practices are working on or have modified

Next Steps

- Analyze next 2 rounds of SMT28a data
- Send out pre-populated order set survey 1 year later
- Maintenance of Certification credits (2021)
Advanced Imaging & Serum Tumor Markers

• Pre-authorization burdensome to practices & physicians
  - Particularly peer-to-peer review process
• BCBSM/CQI has had success with “gold carding”
  • nominated practice (and its physicians) to bypass peer-to-peer review process based on performance
• MOQC is re-exploring with BCBSM—may be a possibility with advanced imaging & selected cancers during surveillance
• More to come
Primary Care Oncology Model (PCOM)

Background
• Evidence indicates that lapses in communication between oncology and primary care may provide opportunity for improvements in care
• Cancer (and its treatment) affects comorbidities
• Comorbidities affect cancer outcomes

MOQC Initiative
• Pilot utilizing primary care pharmacists to conduct comprehensive medication reviews (CMRs) on patients receiving cancer treatment with at least one of the following comorbidities: diabetes, hypertension, heart failure, depression, anxiety
Primary Care Oncology Model (PCOM)

Pilot Results
- N = 96 patients
- Majority had medication profiles updated
- 18% referred for ongoing chronic disease management with the PharmD
- 22% referred to the MD/DO for follow-up
- 66 instances of patient education provided related to the medication, disease, and/or lifestyle
- 22 medication related problems (MPRs) identified

Next Steps
- Expanding beyond the pilot site
- Contact us if interested

CMR completed

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<td>Pending</td>
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MPRs

<table>
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<th>Category</th>
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<td>Indication</td>
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<td>Effectiveness</td>
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<tr>
<td>Safety</td>
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<tr>
<td>Adherence</td>
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<tr>
<td>Other</td>
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</table>
Fatigue Management

Background
• Fatigue was reported most commonly in cancer patients receiving intravenous or oral anti-cancer therapy
• Most effective treatment strategy is for the patient to increase his/her physical activity
• Anecdotally, physicians and patients feel there isn’t much they can do to improve fatigue

MOQC Initiative
• Pilot the use of a patient-facing software that assesses patient fatigue level and provides education and encouragement related to physical activity
Fatigue Management

Current Status

• Educational materials created and software program developed and tested – POQC members reviewed educational materials and provided feedback

• Pilot practice identified

Next Steps

• Begin pilot and assess results

• Contact MOQC if interested
Culture, Faith, and Important Conversations in the Cancer Journey
<table>
<thead>
<tr>
<th>Panelists</th>
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<tbody>
<tr>
<td>Imam Kamau Ayubbi</td>
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<tr>
<td>Rabbi Robert Dobrusin</td>
</tr>
<tr>
<td>Tony King, PhD</td>
</tr>
<tr>
<td>Father Joe Mahoney</td>
</tr>
<tr>
<td>Reverend Diane Smith</td>
</tr>
<tr>
<td>Lauren Tatarsky, MA</td>
</tr>
</tbody>
</table>
Patient-Reported Outcomes Measures for Oncology Care (PROMOnc)

MOQC Biannual Meeting

January 17, 2020
Introductions
Agenda

Background

Where Are We Today?

Accomplishments & Lessons Learned

Next Steps
Background

CMS

3 Years
Objectives
Community and Academic Partners
Original Timeline & Major Decisions Points for Alpha Sites

1. Recruit practices
2. Identify patients
3. Find survey instrument(s)
4. Collect data in what?
5. Evaluate/adjust workflows
Recruit Practices – “Alpha” Practices

1. Make timely decisions
2. Grow a team
3. Use data
4. Receive rewards
5. Support with implementation
6. Participate in decisions
Eligible Patients

- Curative intent
- Stages I – III
- Primary or adjuvant chemotherapy
- Other systemic and locoregional therapy allowed
- Speakers of all languages
Survey Instruments

- Global Health V1.2
  - Pain Intensity Scale 1a
  - Pain Interference Short Form 4a
  - Fatigue Short Form 4a
- Consolidated all 3 surveys
- Treatment Experience Survey

**PAIN:**
For pain, the following items from the PROMIS Pain Intensity Scale and Pain Interference Short Form 4:

- How would you rate your pain on average? (PROMIS Pain Intensity Scale)
- Pain Interference Short Form 4:
  - In the past 7 days... How much did pain interfere with your day to day activities?
  - In the past 7 days... How much did pain interfere with work around the home?
  - In the past 7 days... How much did pain interfere with your ability to participate in social activities?
  - In the past 7 days... How much did pain interfere with your household chores?

**FATIGUE:**
For fatigue, the PROMIS Fatigue Short Form 4a:

- During the past 7 days... I feel fatigued.
- During the past 7 days... I have trouble starting things because I am tired.
- During the past 7 days... How run down do you feel on average?
- During the past 7 days... How fatigued do you feel on average?

**HEALTH RELATED QUALITY OF LIFE:**
For HRQOL, the PROMIS-10 Global Health:

- In general, would you say your health is ...
- In general, would you say your quality of life is ...
- In general, how would you rate your physical health?
- In general, how would you rate your mental health, including your mood and ability to think?
- In general, how would you rate your satisfaction with your social activities and relationships?
- In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
- To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
- In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
- How would you rate your fatigue on average?
- How would you rate your pain on average?

http://www.healthmeasures.net/explore-measurement-systems/promis
Times Survey Administered

- **Baseline**: Day of first chemotherapy administration (-7 Days)
- **Symptomatic**: Last day chemotherapy administration (+7 Days)
- **Post Chemo**: 3 months post last chemotherapy (+1 Month)
Aligning the Practices

Contracts

IRB Approval

IT
• Noona Team: customized tools

• Training manuals: step-by-step
  • Individualized provider interaction/training (usability)
  • Search for a patient
  • Reports
Functionality of Noona

- How to Register a Patient
- Prioritized workflow queues
- Patient diary
- Surveys
- Scanning/Importing Surveys
• Role of physicians and team
• Volume & impact on work
Collect Data In Noona
Volume and Impact on Work

Risk adjustment - Burden Assessment

- # of Data elements
- Inter rater reliability

As Alpha sites solutions were identified for practices:

- HFHS QOPI abstracters will provide this information to MOQC
- Munson: MOQC will provide data abstracters for ARIA EMR

BE PATIENT!! Enrollment will come!
Performance scores for each measure are derived from patient-reported survey data and clinical and demographic data.

Time involved in capturing data

Accuracy of data submission
NQF evaluates measures based on:

- Importance to Measure and Report
- Scientific Acceptability of Measure Properties
- Feasibility
- Usability and Use
- Related and Competing Measures
NQF Feasibility Endorsement Considerations

Feasibility: Extent to which data readily available or could be captured without undue burden and implemented for performance measurement

<table>
<thead>
<tr>
<th>Data Generated and Used in Care</th>
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<tbody>
<tr>
<td>3</td>
<td>Routinely generated and used</td>
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<tr>
<td>2</td>
<td>Not routinely generated but used or routinely collected but not used</td>
</tr>
<tr>
<td>1</td>
<td>Not routinely generated and not used</td>
</tr>
</tbody>
</table>

Electronic Data – Consider adding assessment of whether data available in a discreet data field

<table>
<thead>
<tr>
<th>3</th>
<th>Data element exists in EHR or another electronic format</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Data element not currently in EHRs but there are plans to include in the future</td>
</tr>
<tr>
<td>1</td>
<td>Data element not available in EHRs tested</td>
</tr>
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</table>

Data Collection Strategy Can Be Implemented

<table>
<thead>
<tr>
<th>3</th>
<th>Barriers to implementation are addressed during testing at most sites (71-100%) and data collection was successful at all collection timepoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Barriers to implementation are addressed during testing at some sites (31-70%) and data collection was successful at some collection timepoints</td>
</tr>
<tr>
<td>1</td>
<td>Barriers to implementation are addressed during testing at a few sites (0-30%) and data collection was successful only at a few collection timepoints</td>
</tr>
</tbody>
</table>

Generated  ➔  Captured  ➔  Accuracy
LESSONS LEARNED
NEXT STEPS
• Developed measure gap analysis, landscape review of PROMs in oncology
• Created preliminary business case for PRO-PMs in PROMOnc
• Selected PROMs instruments
• Obtained consensus on time intervals for survey collection
• Defined measure specifications
• Selected preliminary risk adjustment factors
• Developed analytic plan
• Developed Implementation Guide and Data Dictionary
• Completed Alpha Testing
• Prepared for launch of Beta Testing
At Practice Level

- Physician involvement
- Physician use
- Patient feedback
- Adoption by practitioners & nurses
- Use at time of chemotherapy teach

- Interface
- Connectivity
- Development time with project-specific requirements
- Too few eligible patients
Next Steps . . . Continue and Expand

- Symptom management (telephone counseling, supportive medications, referrals)
- Cancer therapy dose modifications
Contact Information & Thank You

Kathy Laraia, Executive Director
231.392.8410
klaraia@mhc.net

Cindy Michelin, CHCM
231.392.8472
lmichelin@mhc.net

Cynthia Muszynski, Group Practice Director
586.323.4543
Cmuszyn1@hfhs.org

Theresa Zatirka, MPH
313.874.4082
TZatirk1@hfhs.org
Everyone - Complete Your Evaluation

1. Go to bit.ly/moqccjanuary2020

2. ...if you wish to obtain CME/CEUs, you must create a MiCME account if you have not done so previously. See instructions on page 8 in your program.

Pharmacists.....see page 9 for details
Enjoy Your Breakout Sessions!

Return to this room by 3:15pm
Snacks and Refreshments available
Next Steps for Practices & MOQC
Steps for Practices & MOQC

• Volunteers for Steering Committee – Hand in Yellow Form
• Volunteers for Data Integration, Research, Publications Committee
• MOQC practices: Chemotherapy in the last two weeks of life
• Standard Operating Procedures—Palliative Radiation Therapy
• Opportunities to expand VBR measures at the practice level
Oncologists’ Use of Chemotherapy Near the End of Life

- Research project seeking to understanding oncologists’ decision-making in end-of-life care
- Hoping to interview oncologists regarding their experiences
- Interviews (45-minutes)—in-person or over the phone
- If you are interested, please contact
  - Dr. Chithra Perumalswami cperumal@med.umich.edu (734.770.0015) or
  - Ms. Iman Ali imanali@med.umich.edu (734.615.0518)
- Cash gift will be provided as a token of appreciation

Study is exempt from full review per the IRB through the University of Michigan- HUM00165487. Study is funded by the National Institutes of Health (NIH) & University of Michigan Office of Research. Participants will receive $50 in cash for participating as a token of our appreciation.
### 2020 Regional Meeting – Registration Open

*An physician per practice must attend this meeting*

<table>
<thead>
<tr>
<th>Region</th>
<th>Spring 2020</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Metro East</td>
<td>Wednesday, April 1</td>
<td>Troy Marriott Troy</td>
</tr>
<tr>
<td>LMOR</td>
<td>Monday, April 6</td>
<td>Lansing Community College (LCC) Lansing</td>
</tr>
<tr>
<td>WOW</td>
<td>Wednesday, April 15</td>
<td>Eagle Crest Conference Center (Marriott) Ypsilanti</td>
</tr>
<tr>
<td>CMG</td>
<td>Monday, April 20</td>
<td>Horizons Conference Center Saginaw</td>
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<tr>
<td>Superior West</td>
<td>Wednesday, April 29</td>
<td>Hampton Inn Marquette</td>
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<tr>
<td>Superior East</td>
<td>Thursday, April 30</td>
<td>Bay Harbor Village Petoskey</td>
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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 BIENNIAL MEETINGS 2020 and 2021</th>
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<tbody>
<tr>
<td><strong>Friday June 19, 2020</strong></td>
</tr>
<tr>
<td><strong>Friday, January 15, 2021</strong></td>
</tr>
<tr>
<td><strong>Friday, June 18, 2021</strong></td>
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</table>

Locations and dates subject to change
Gyn Oncology Surgeons & Administrators
Four hours, Twice a Year

Saturday
April 25
Lansing

Saturday
November 14
Inn at St. John’s
Plymouth

No Michigan State or Michigan Football within Michigan on this date
Find Your Ticket
MOQC by Proxy & Team

- Shannon Hough
- Cindy Michalek
- Tiffany Peters
- Kristina Sangalang
Visit our Resource Table

• End of Life
• Fertility (sperm and ovarian function preservation)
• Herbal & Cancer Posters & Pamphlets
• LGBT
• Tobacco Cessation Certificates
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 or return to MOQC member
• See you at Spring Regional Meetings
• Travel safely
THANK YOU