



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.



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Continuing Medical Education

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

Continuing Medical Education

Learning objectives

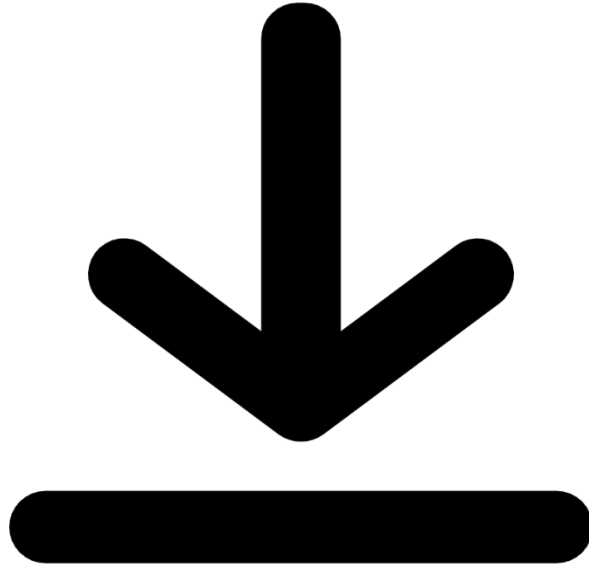
1. Analyze experience and improve practice
2. Integrate relevant content to provide cost-effective health care that does not compromise care quality
3. Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care

Competencies

1. Practice-based learning and improvement
2. Systems-based practice

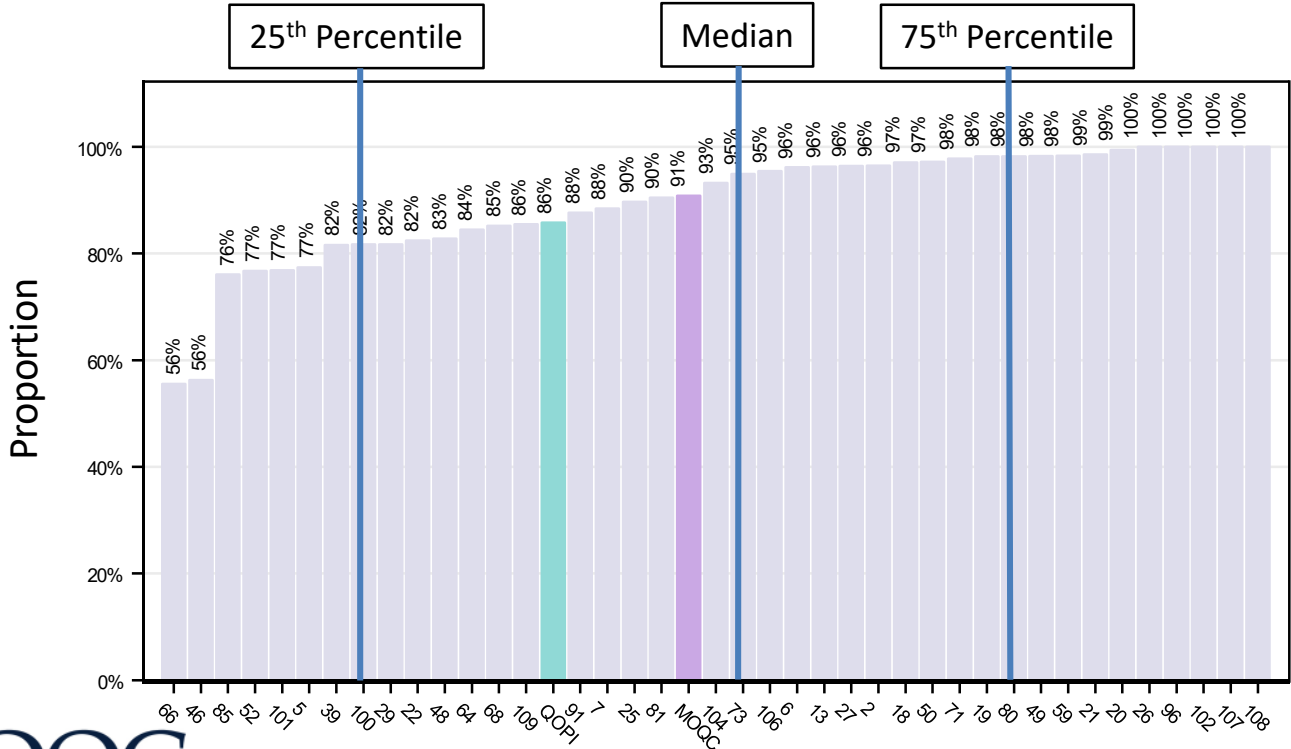


Program has details on
number of credit hours.
Pharmacy CE approved

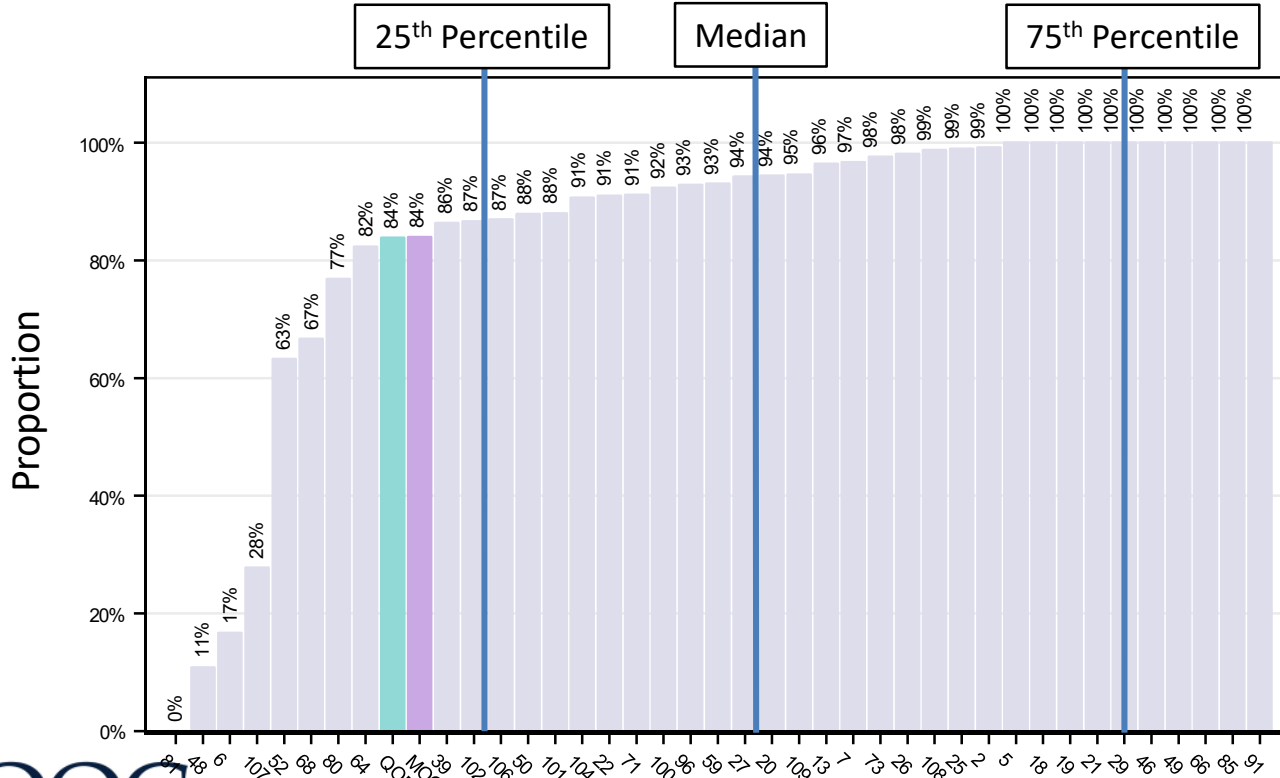


MOQC Performance by Practice

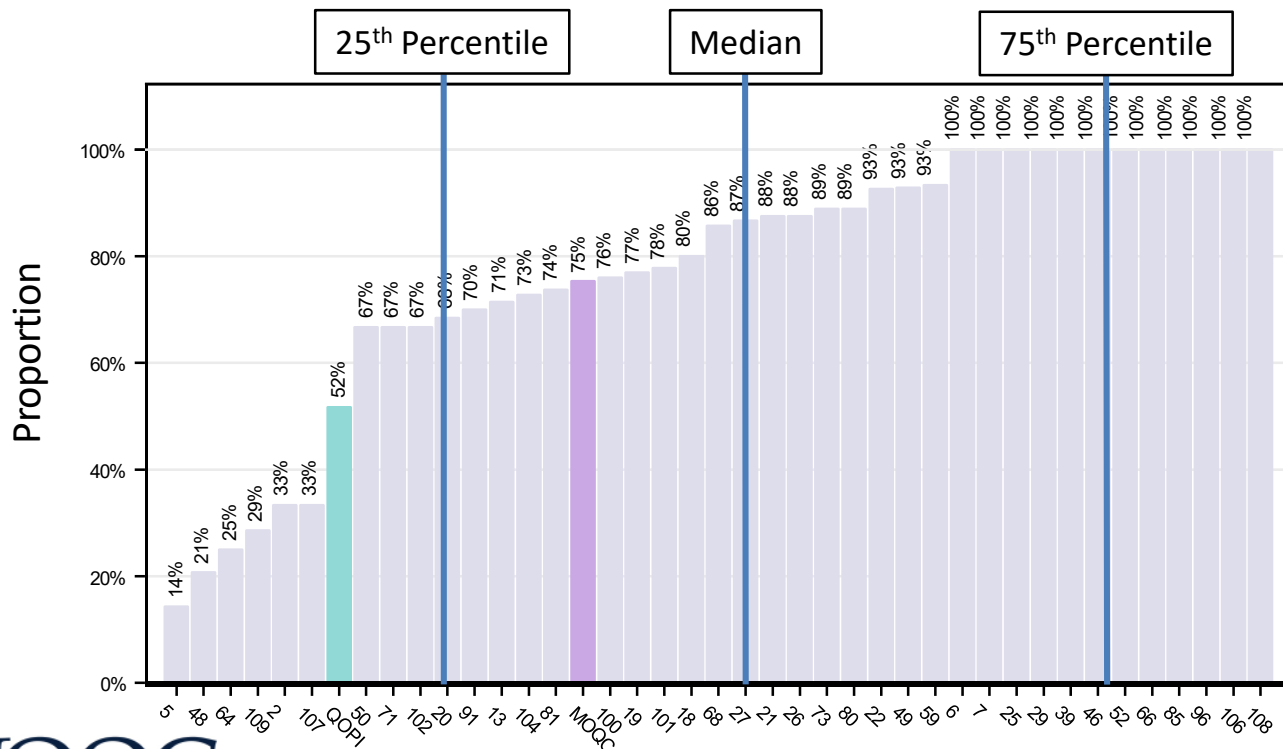
Pain addressed appropriately by 2nd office visit & during most recent visits



Signed patient consent for chemotherapy



Tobacco cessation counseling administered or patient referred in past year

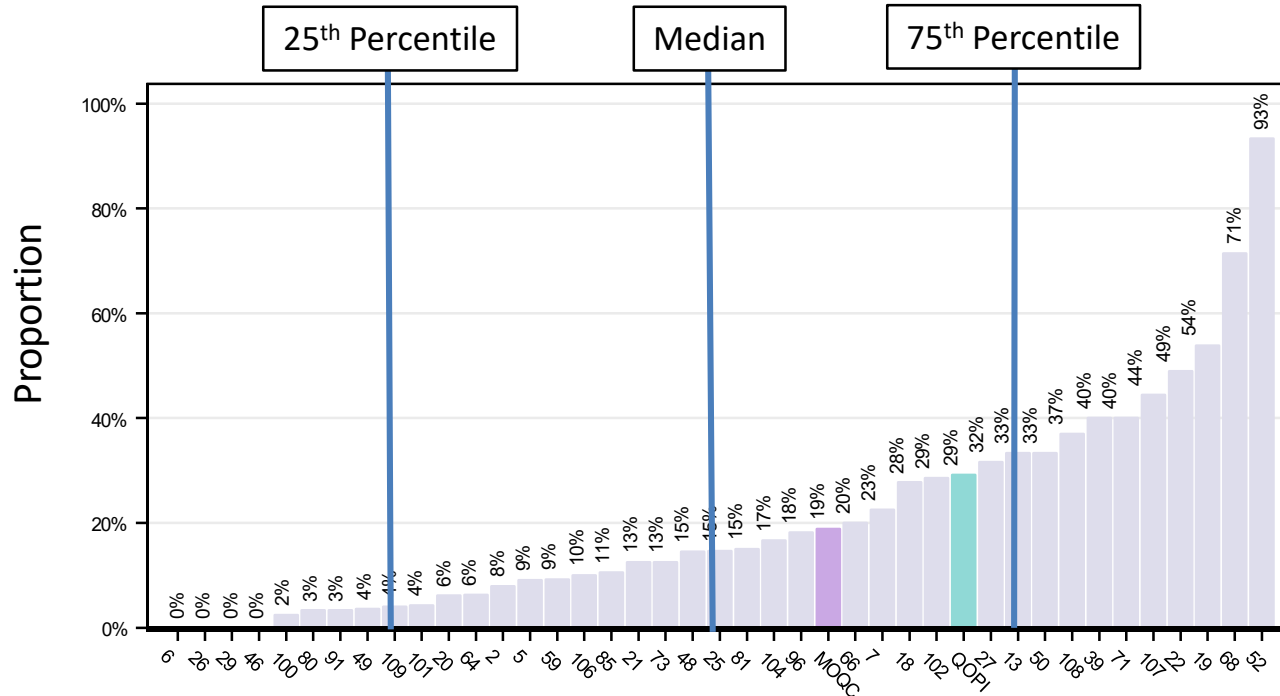


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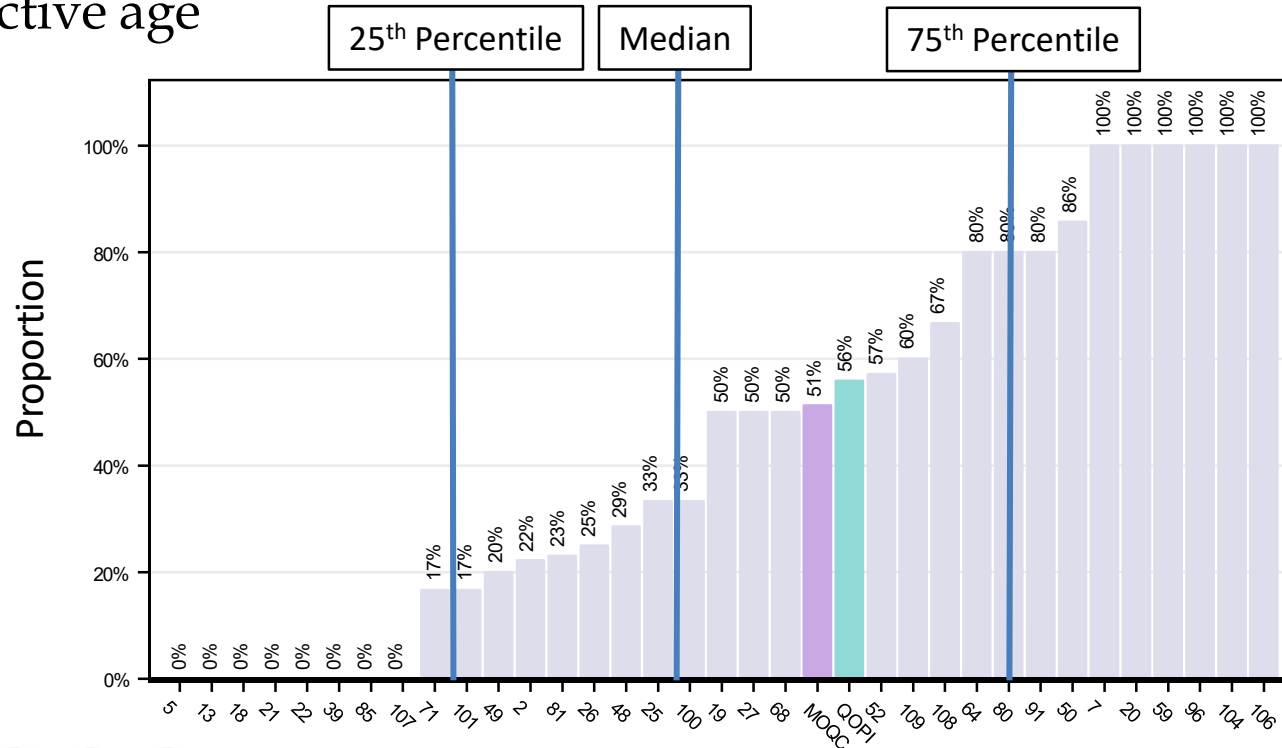
QOPI Measure CORE22bb - Practice and Comparative Groups Round 1 2019

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)



Infertility risks discussed prior to chemotherapy with patients of reproductive age

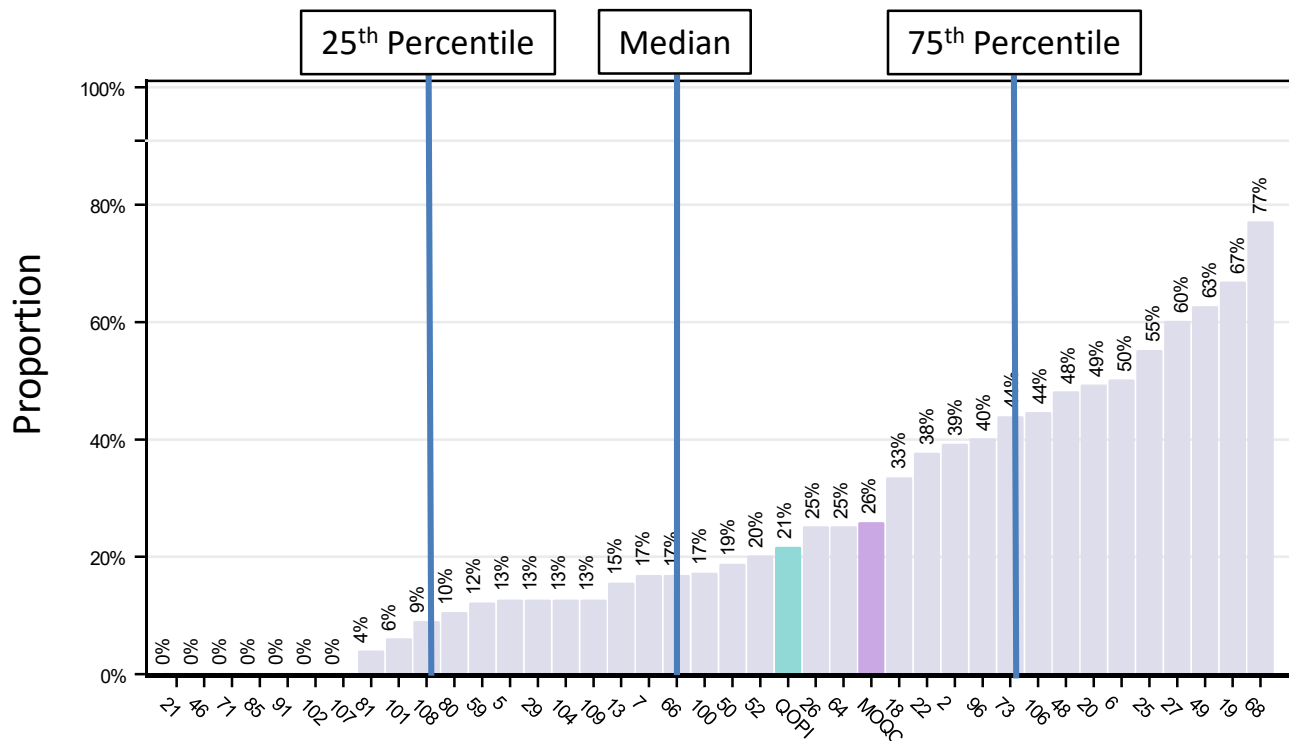


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QOPI Measure SMT33 - Practice and Comparative Groups Round 1 2019

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

Complete family history documented for patients with invasive CRC

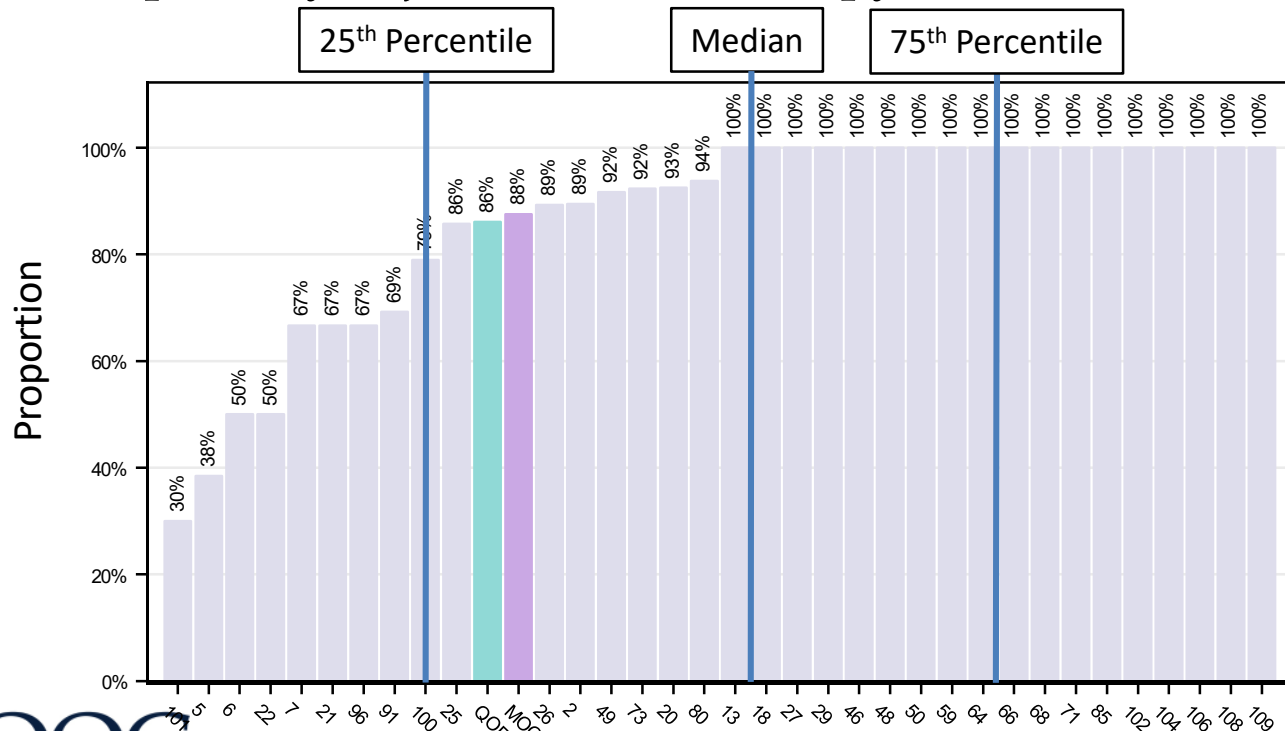


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QOPI Measure CRC63 - Practice and Comparative Groups Round 1 2019

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

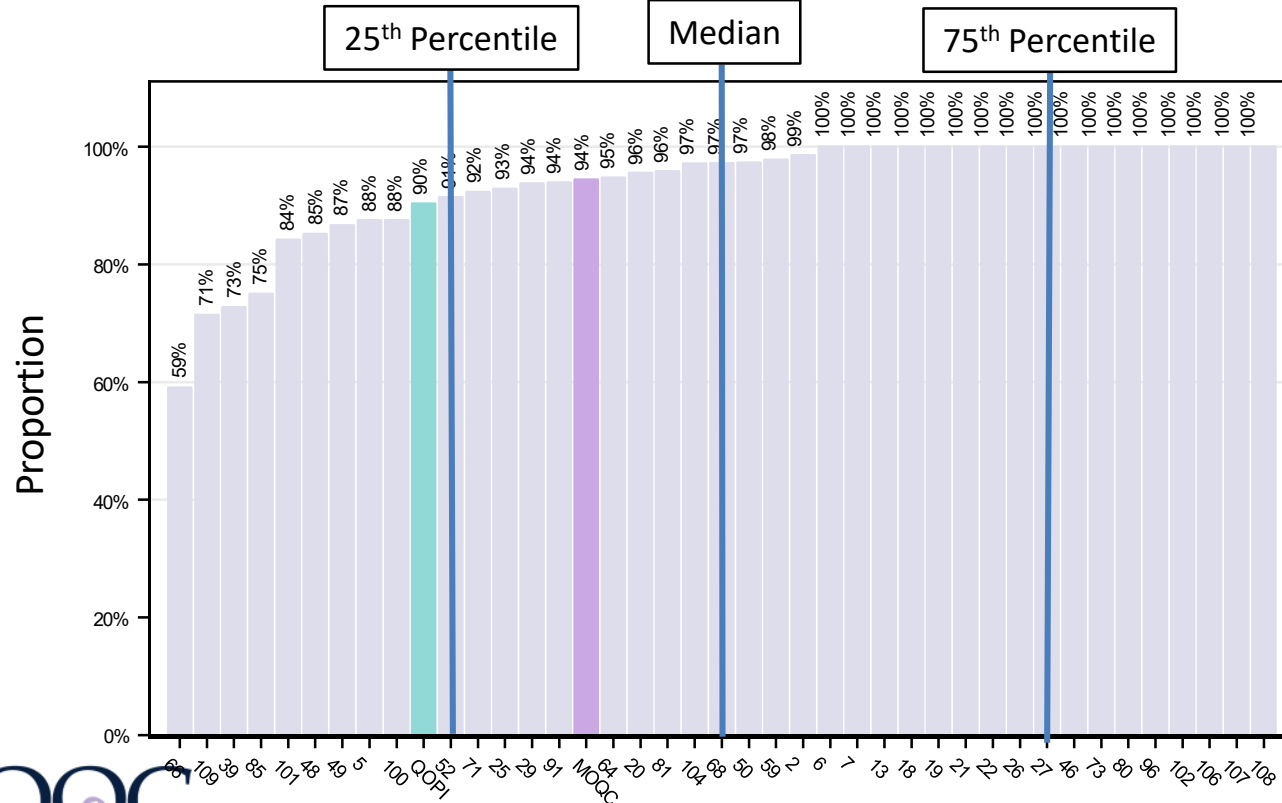


QOPI Measure CRC73 - Practice and Comparative Groups Round 1 2019

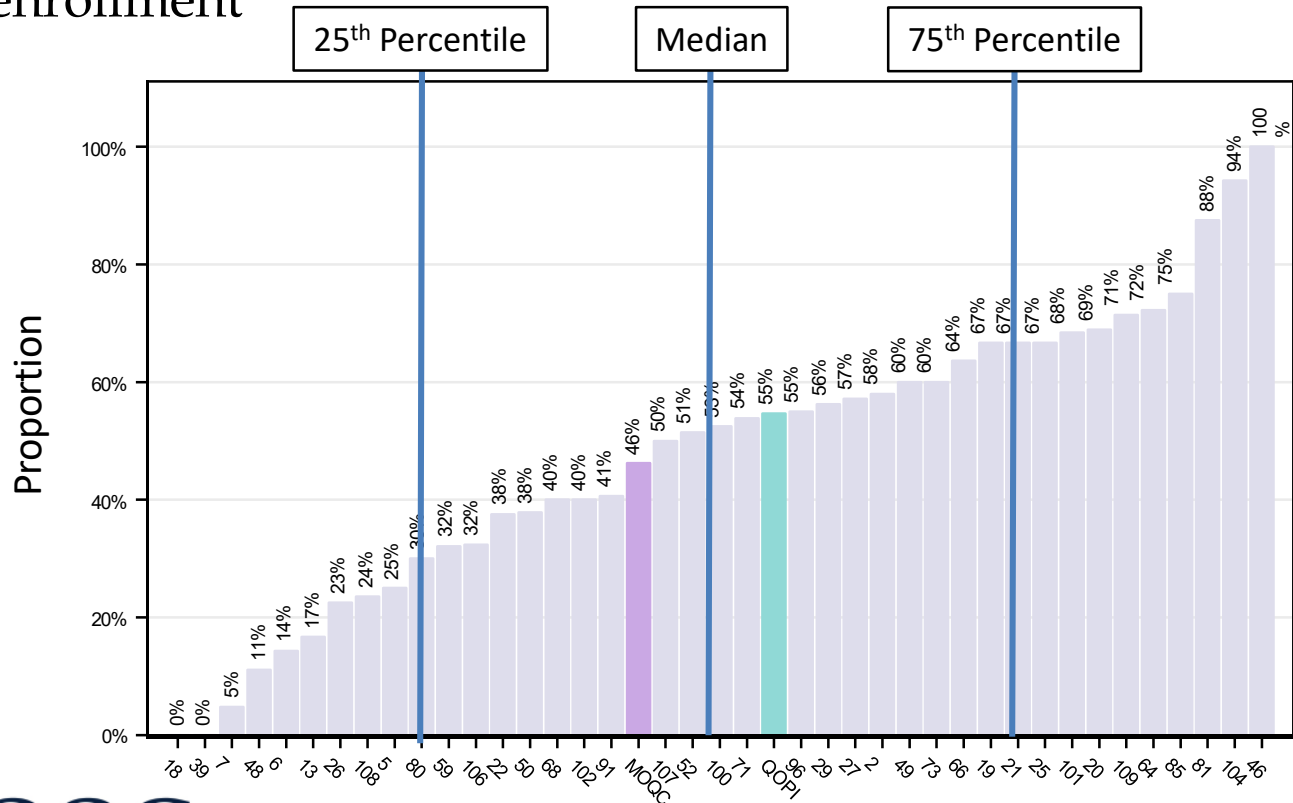
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Note: Practices with no eligible cases in the denominator are not shown

Pain addressed appropriately at end of life



Hospice enrollment

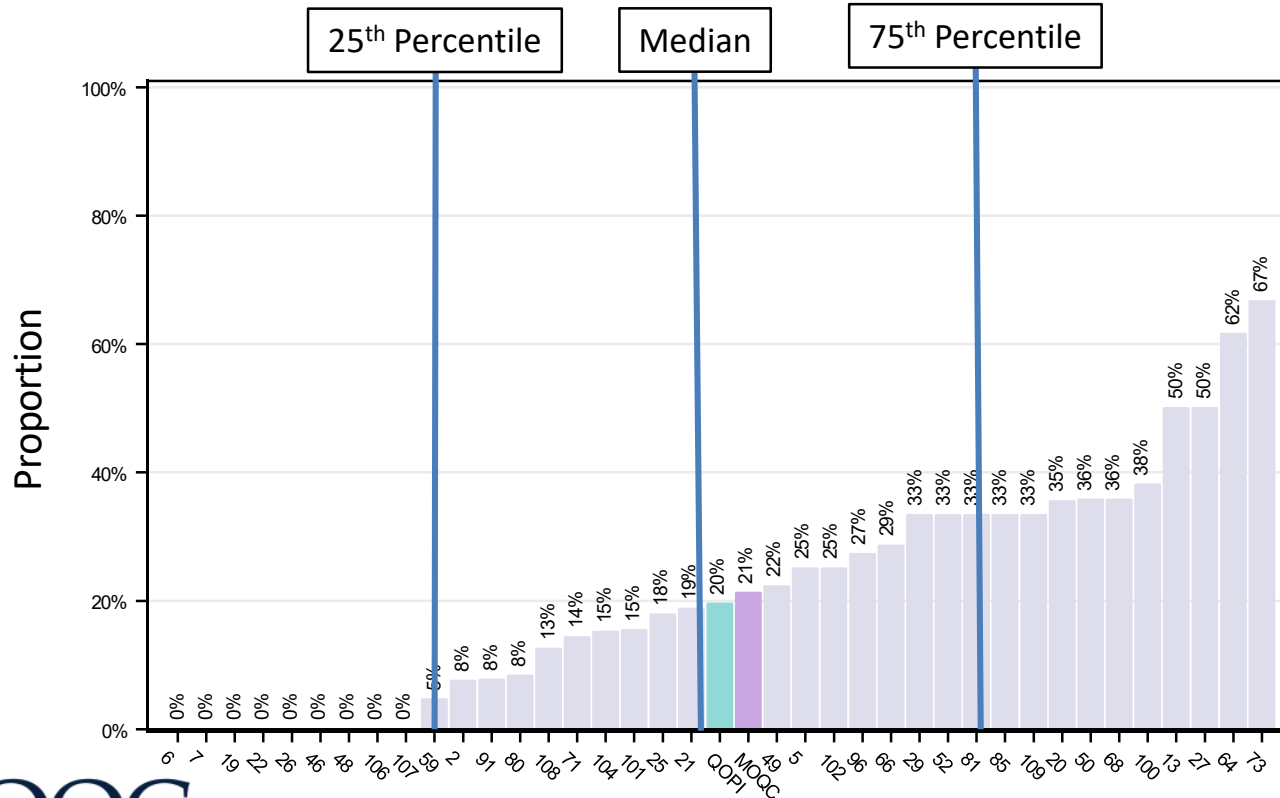


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QOPI Measure EOL42 - Practice and Comparative Groups Round 1 2019

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

Hospice enrollment within 3 days of death (Lower Score - Better)

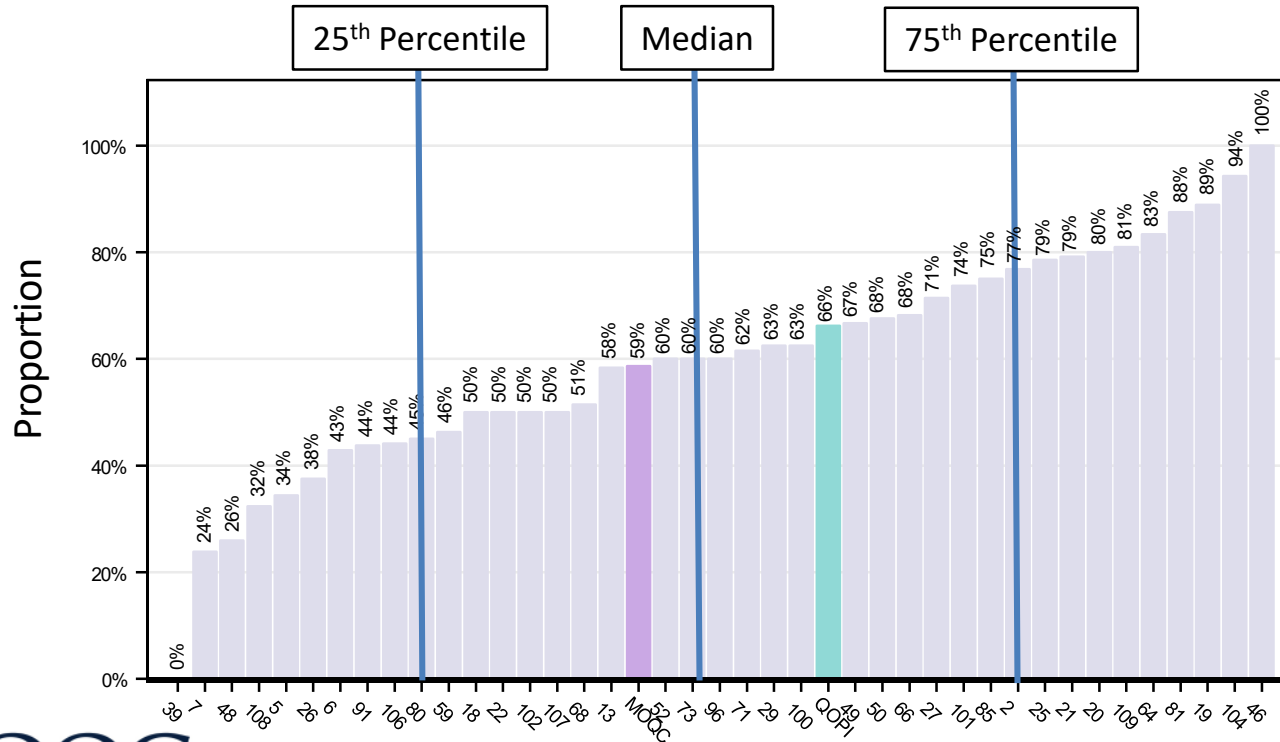


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QOPI Measure EOL44 - Practice and Comparative Groups Round 1 2019

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

Hospice enrollment or documented discussion

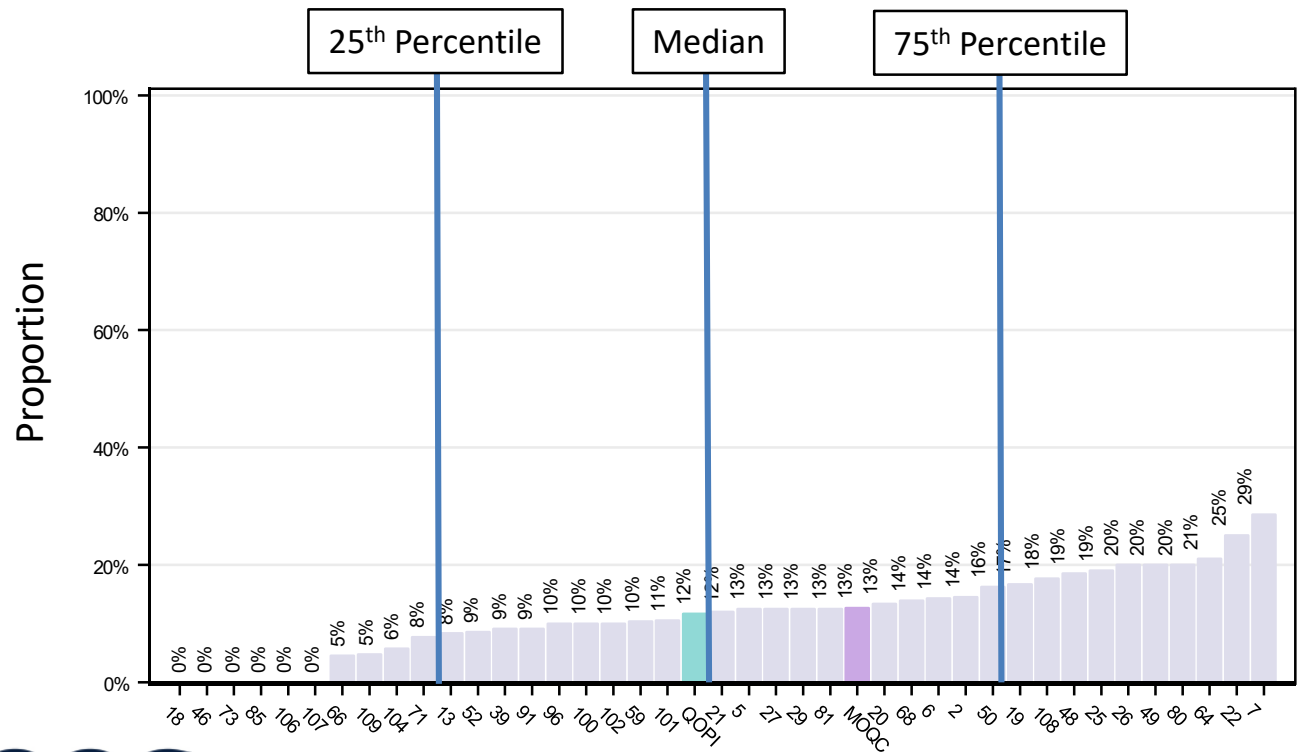


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QOPI Measure EOL47a - Practice and Comparative Groups Round 1 2019

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

Chemotherapy administered within last 2 weeks of life (Lower Score - Better)



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)



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Started Round 2 2019

Changes to MOQC Measures

Added or Created

- 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-curative intent (lower is better)

Started Round 2 of 2019

Changes to MOQC Measures

Removed

- 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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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

MOQC VBR

ELIGIBILITY

Region meets target for 3 of 4 measures

+

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



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PAYMENT



Retrospective care
(abstraction)



Prospective
payment

VBR Summary

TO BE PAID TO PRACTICES STARTING MARCH 1, 2020		TO BE PAID TO PRACTICES IN 2021	
VBR Measures	Target	VBR Measures	Target
Pain addressed appropriately by 2 nd office visit and during most recent office visit	See MOQC	NK1-RA or Olanzapine administered for low or moderate risk Cycle 1 chemotherapy (lower is better)	See MOQC
Pain address appropriately (EOL)		Hospice enrollment	
Hospice enrollment, palliative care services, and/or documented discussion		Hospice enrollment or documented discussion	
Tobacco cessation counseling administered or patient referred in past year		Tobacco cessation counseling administered or patient referred in past year	

POQC Update

Steering Committee Update



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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
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Partnerships

State of Michigan

Michigan Medicine, Rogel Cancer Center



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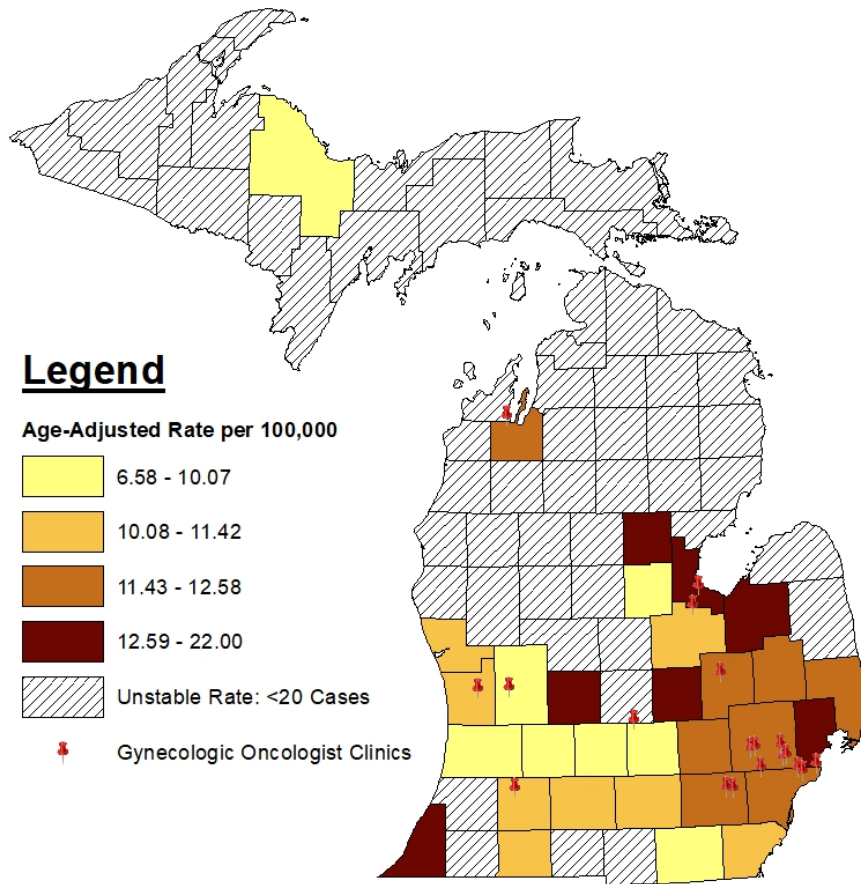
Federal Funding for Ovarian Cancer

- 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

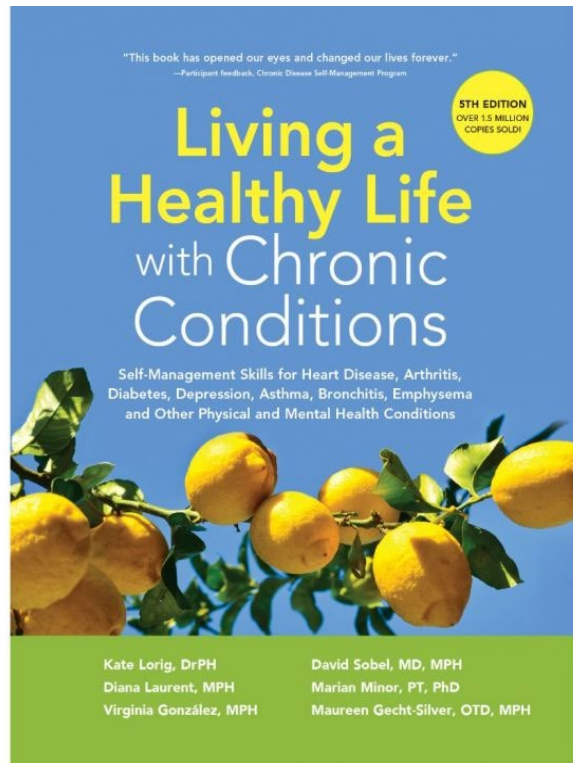
- Patient Navigation
- Patient Education
 - Checklist(s)
 - Podcast
- Provider Education
 - General surgeons
 - PCPs
 - GYNs

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



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

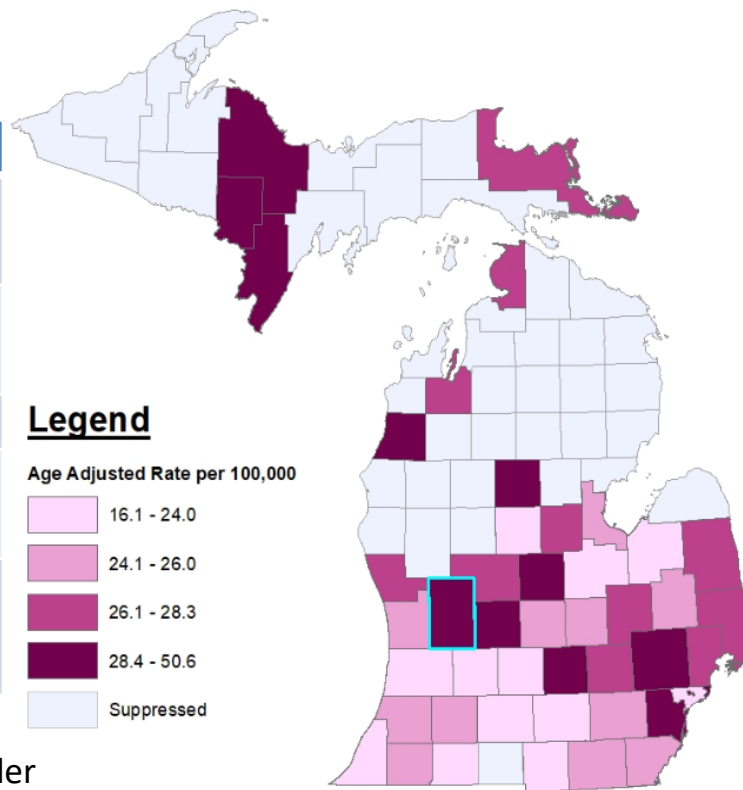


- Address the unique needs of young women in both early stage & metastatic cancers & their caregivers
- Address the needs of underserved women
- Increase the availability of support services for all women
- Close disparity gaps in mortality & quality of life for the underserved

Michigan's Young Breast Cancer Survivors

Female Invasive Breast Cancer Incidence among those Less than 45, MCSP 2012-2016

	White	Black
Incidence all YBCS	42.2/100,000 women	38.5/100,000 women
Triple Negative Breast Cancer	12.8%	23.8%
Incidence MBC	3.9 %	7%
Mortality – Michigan - 2016	3.7/100,000	9.2/100,000
Mortality – National * 2017	3.9/100,000	6.7/100,000



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

Sarah Hawley, PhD, MPH Study leader, Rogel Cancer Center	Stefanie Zygnier Center for Health Communications Research
Shayna Weiner, MPH Project Coordinator	Ken Resnicow, PhD U-M School of Public Health and Rogel Cancer Center
Louise Bedard, MSN, MBA Program Manager	Lauren Hammel, PhD Karmanos Cancer Institute
Jennifer J. Griggs, MD, MPH MOQC Director	



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MOQC Quality Project Updates

Emily Mackler, PharmD, BCOP



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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



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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

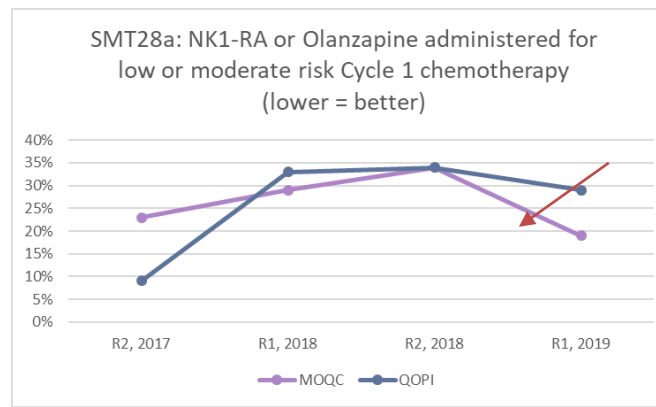
- *Over-* and under-utilization of antiemetics exists within IV chemotherapy regimens across the state
- MOQC has incorporated over-utilization as a VBR measure

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

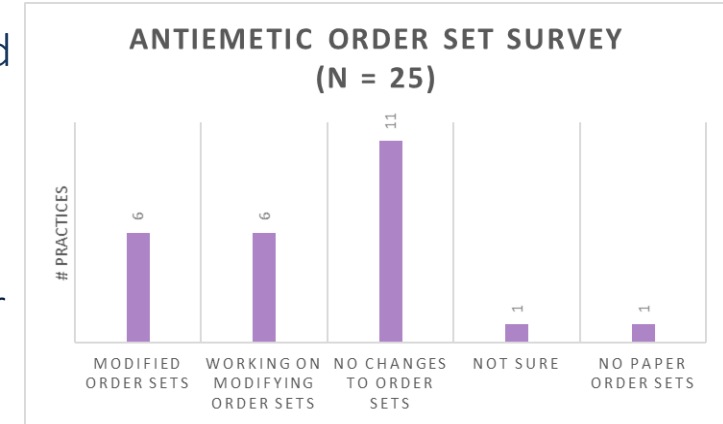
Results to Date

- SMT28a
 - 15 practices $\geq 20\%$
 - 11 practices $\geq 30\%$
- 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



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Primary Care Oncology Model (PCOM)

Pilot Results

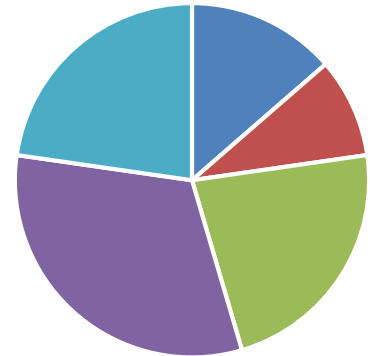
- N = 96 patients
- Majority had medication profiles updated
- 18% referred for ongoing chronic disease management with the PharmD
- 22% referred to the MD/DO for follow-up
- 66 instances of patient education provided related to the medication, disease, and/or lifestyle
- 22 medication related problems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

Next Steps

- Expanding beyond the pilot site
- Contact us if interested

CMR completed	55
Refused	6
Deceased	4
Pending	11
Wrong Clinic	1
Unable to reach	19

MPRs



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■ Indication ■ Effectiveness ■ Safety
■ Adherence ■ Other

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



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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

Panelists

Imam Kamau Ayubbi

Rabbi Robert Dobrusin

Tony King, PhD

Father Joe Mahoney

Reverend Diane Smith

Lauren Tatarsky, MA



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The project is supported by Funding Opportunity Number CMS-1V1-18-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.



Patient-Reported Outcomes Measures for Oncology Care (PROMOnc)

MOQC Biannual Meeting

January 17, 2020



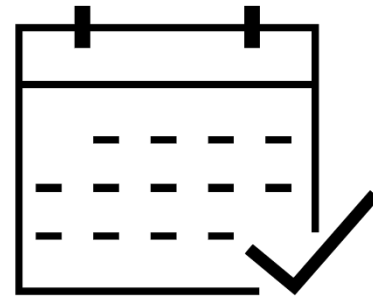


Background

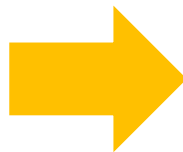
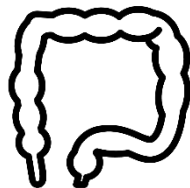
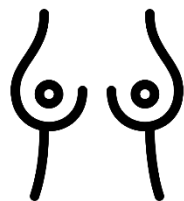
Where Are We Today?

Accomplishments & Lessons Learned

Next Steps



3 Years



Community and Academic Partners

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Measure Concept/ Select PRO Tool/ Specification			Alpha Test	• Beta Testing					Final Analysis	Measure Implementation	
Dec 18	Mar 19	Jun 19	Sept 19	Dec 19	Mar 20	Jun 20	Sept 20	Dec 20	Mar 21	Jun 21	Sept 21

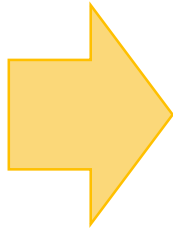
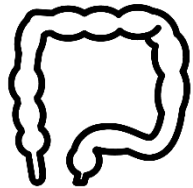
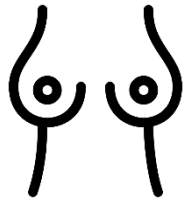
Original Timeline & Major Decisions Points for Alpha Sites

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

4. Receive rewards
5. Support with implementation
6. Participate in decisions



1. Make timely decisions
2. Grow a team
3. Use data



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

- 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?





Contracts



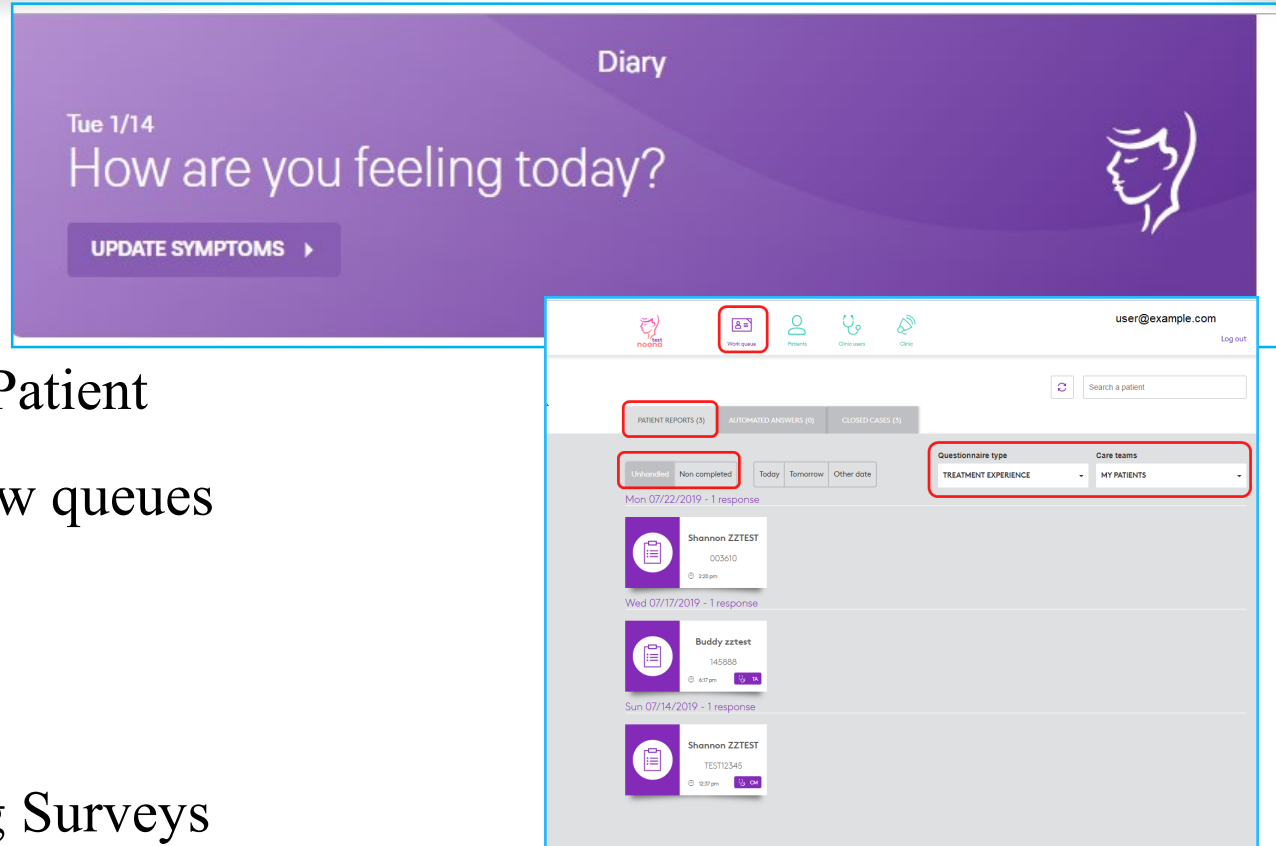
IRB Approval



IT

- Noona Team: customized tools
- Training manuals: step-by-step
 - Individualized provider interaction/training (usability)
 - Search for a patient
 - Reports

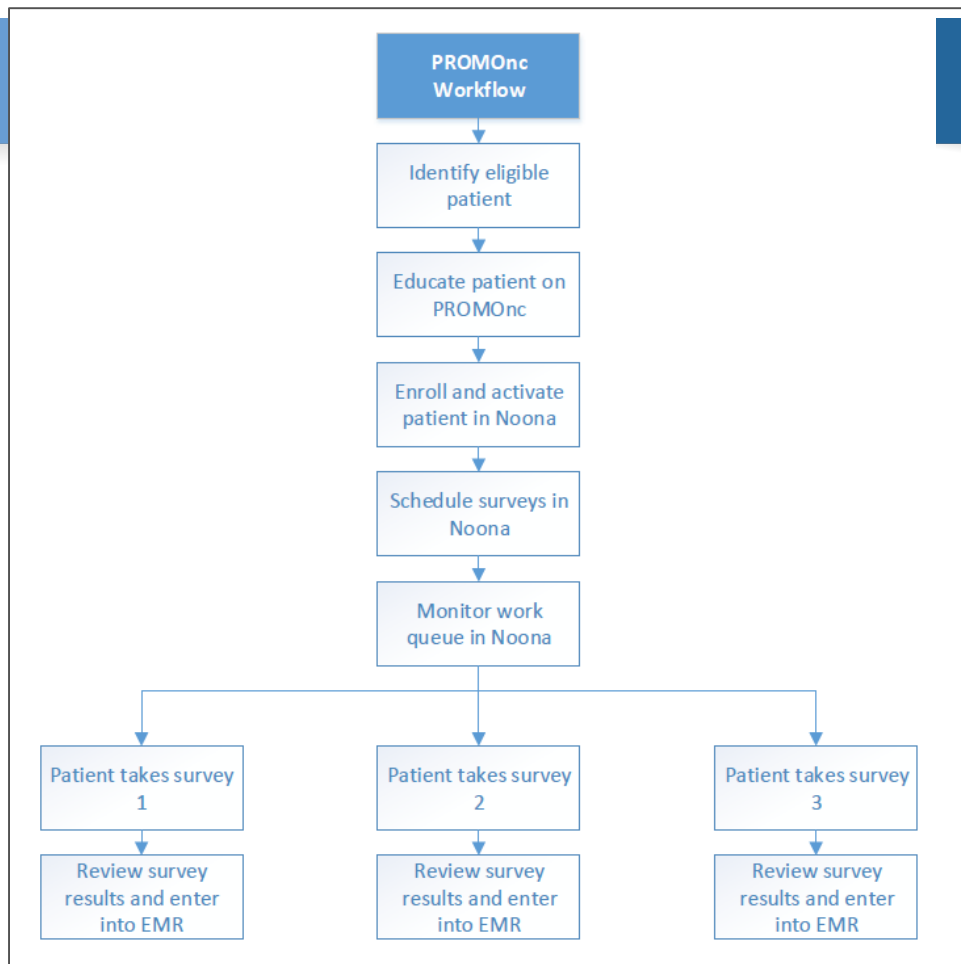
- How to Register a Patient
- Prioritized workflow queues
- Patient diary
- Surveys
- Scanning/Importing Surveys

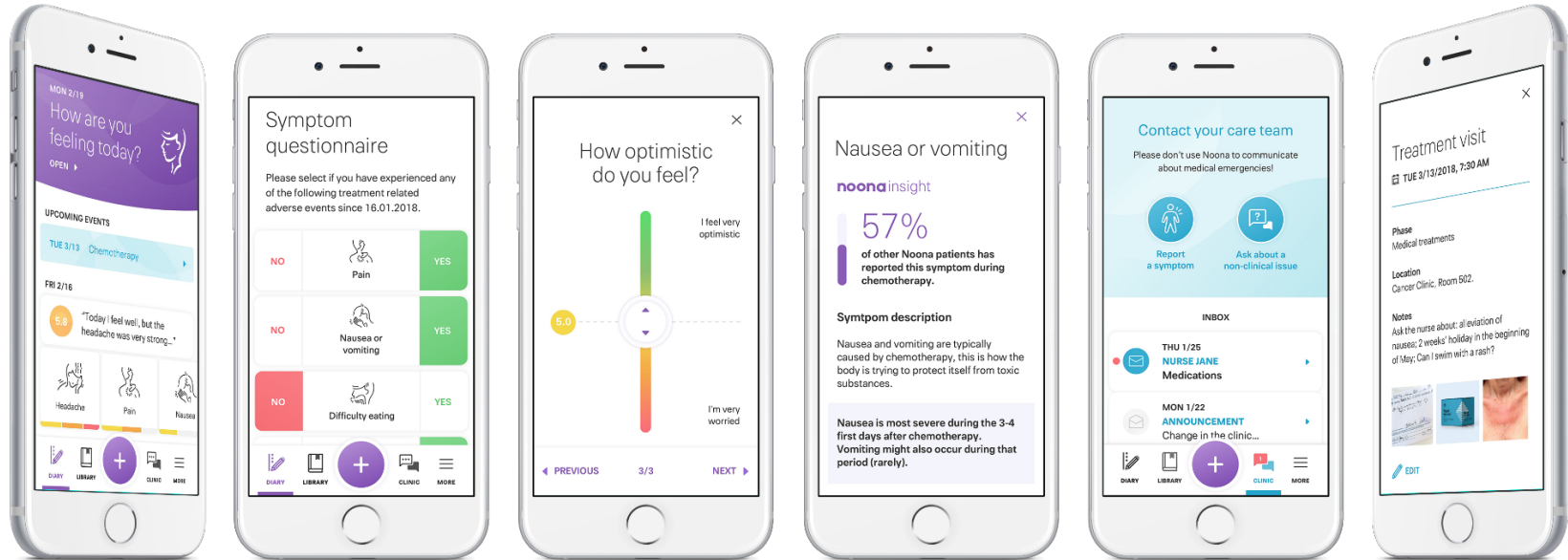


Adjust Clinical Workflow

- Role of physicians and team
- Volume & impact on work

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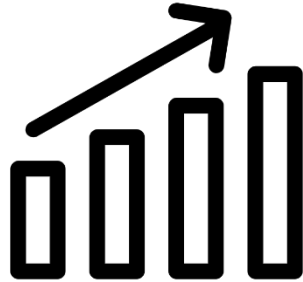
Risk adjustment - Burden Assessment

- # 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



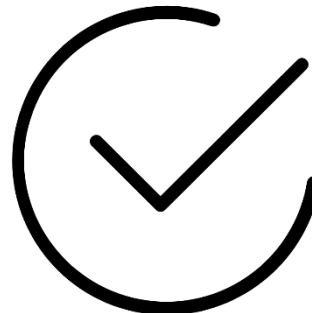
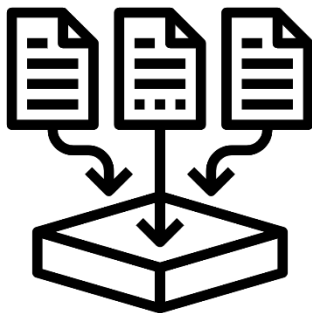
Accuracy of data submission

NQF evaluates measures based on:

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

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

Data Generated and Used in Care	
3	Routinely generated and used
2	Not routinely generated but used or routinely collected but not used
1	Not routinely generated and not used
Electronic Data – Consider adding assessment of whether data available in a discreet data field	
3	Data element exists in EHR or another electronic format
2	Data element not currently in EHRs but there are plans to include in the future
1	Data element not available in EHRs tested
Data Collection Strategy Can Be Implemented	
3	Barriers to implementation are addressed during testing at most sites (71-100%) and data collection was successful at all collection timepoints
2	Barriers to implementation are addressed during testing at some sites (31-70%) and data collection was successful at some collection timepoints
1	Barriers to implementation are addressed during testing at a few sites (0-30%) and data collection was successful only at a few collection timepoints



Generated



Captured



Accuracy

LESSONS LEARNED NEXT STEPS



At Project Level – Many Accomplishments

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Measure Concept/ Select PRO Tool/ Specification					Alpha Test				Beta Testing				Final Analysis	Measure Implementation		
Dec 18	Mar 19	Jun 19	Sept 19	Dec 19					Mar 20	Jun 20	Sept 20	Dec 20	Mar 21	Jun 21	Sept 21	

- 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



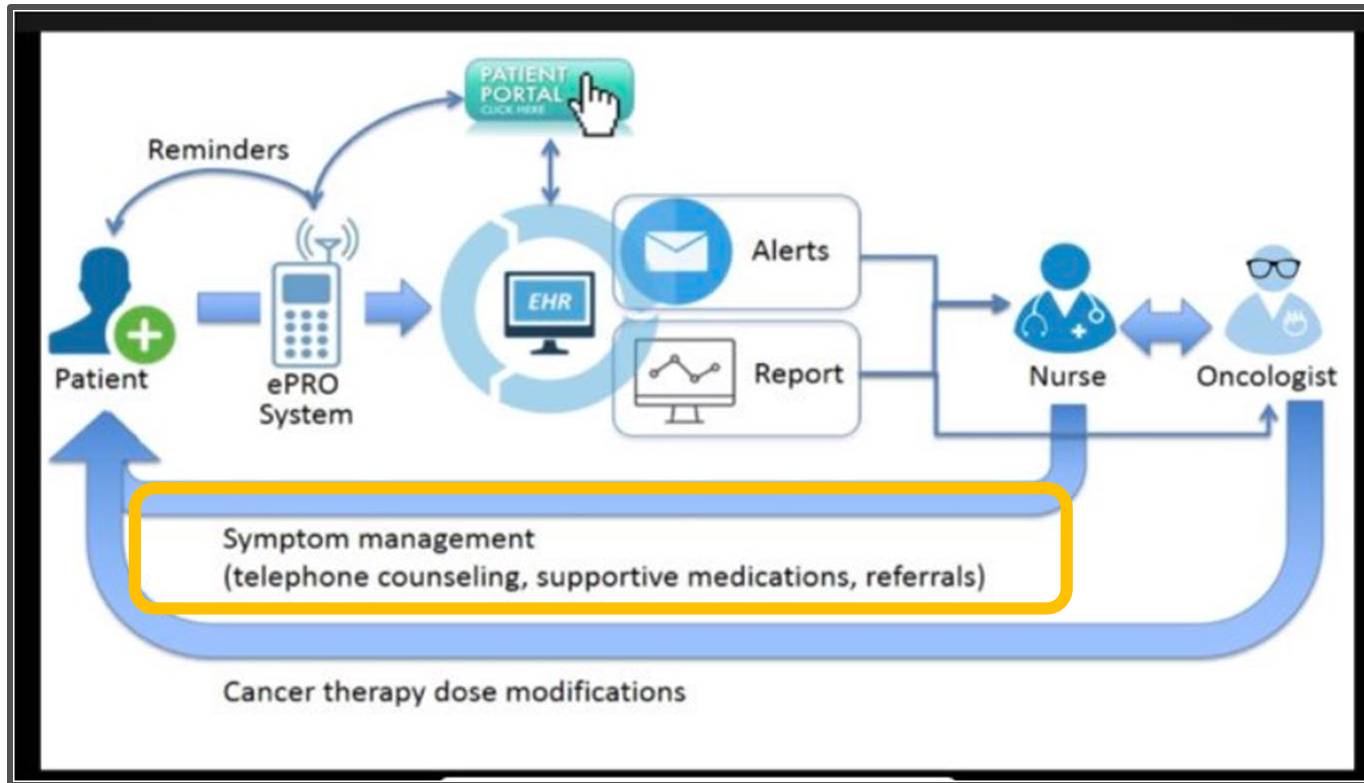
- Physician involvement
- Physician use
- Patient feedback
- Adoption by practitioners & nurses
- Use at time of chemotherapy teach



- Interface
- Connectivity
- Development time with project-specific requirements
- Too few eligible patients

Next Steps . . . Continue and Expand

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Contact Information & Thank You

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Everyone - Complete Your Evaluation

1 Go to bit.ly/moqcjanuary2020

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.

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

A physician per practice must attend this meeting

Region	Spring 2020	Location
Metro East	Wednesday, April 1	Troy Marriott Troy
LMOR	Monday, April 6	Lansing Community College (LCC) Lansing
WOW	Wednesday, April 15	Eagle Crest Conference Center (Marriott) Ypsilanti
CMG	Monday, April 20	Horizons Conference Center Saginaw
Superior West	Wednesday, April 29	Hampton Inn Marquette
Superior East	Thursday, April 30	Bay Harbor Village Petoskey



Next Biannual Meetings

A physician per practice must attend one meeting each calendar year

MOQC BIENNIAL MEETINGS 2020 and 2021		
Friday June 19, 2020	Hagerty Center	Traverse City
Friday, January 15, 2021	Inn at St. John's	Plymouth
Friday, June 18, 2021	TBD	Midland

Gyn Oncology Surgeons & Administrators

Four hours, Twice a Year

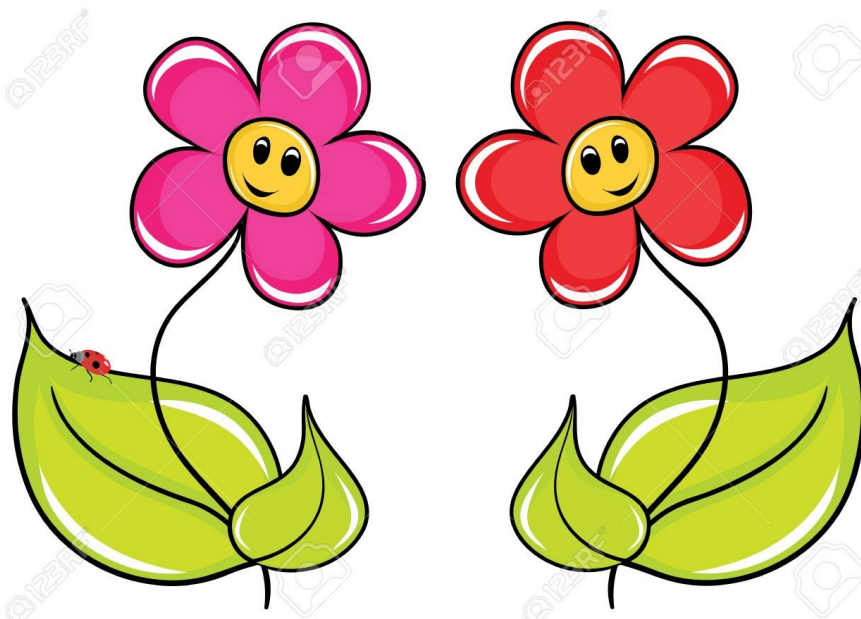
Saturday
April 25

Lansing

Saturday
November 14

Inn at St. John's
Plymouth

Find Your Ticket



MOQC

MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

MOQC by Proxy & Team

- Shannon Hough
- Cindy Michalek
- Tiffany Peters
- Kristina Sangalang



MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

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

