Our mission is to be the best state in the nation for cancer care.

Trust • Integrity • Collaboration • Compassion • Growth Mindset

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Michigan Oncology Quality Consortium Biannual Meeting January 15, 2021

Palliative Care in the Person with Cancer

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Cancer care. Patients first. The best care. Everywhere.
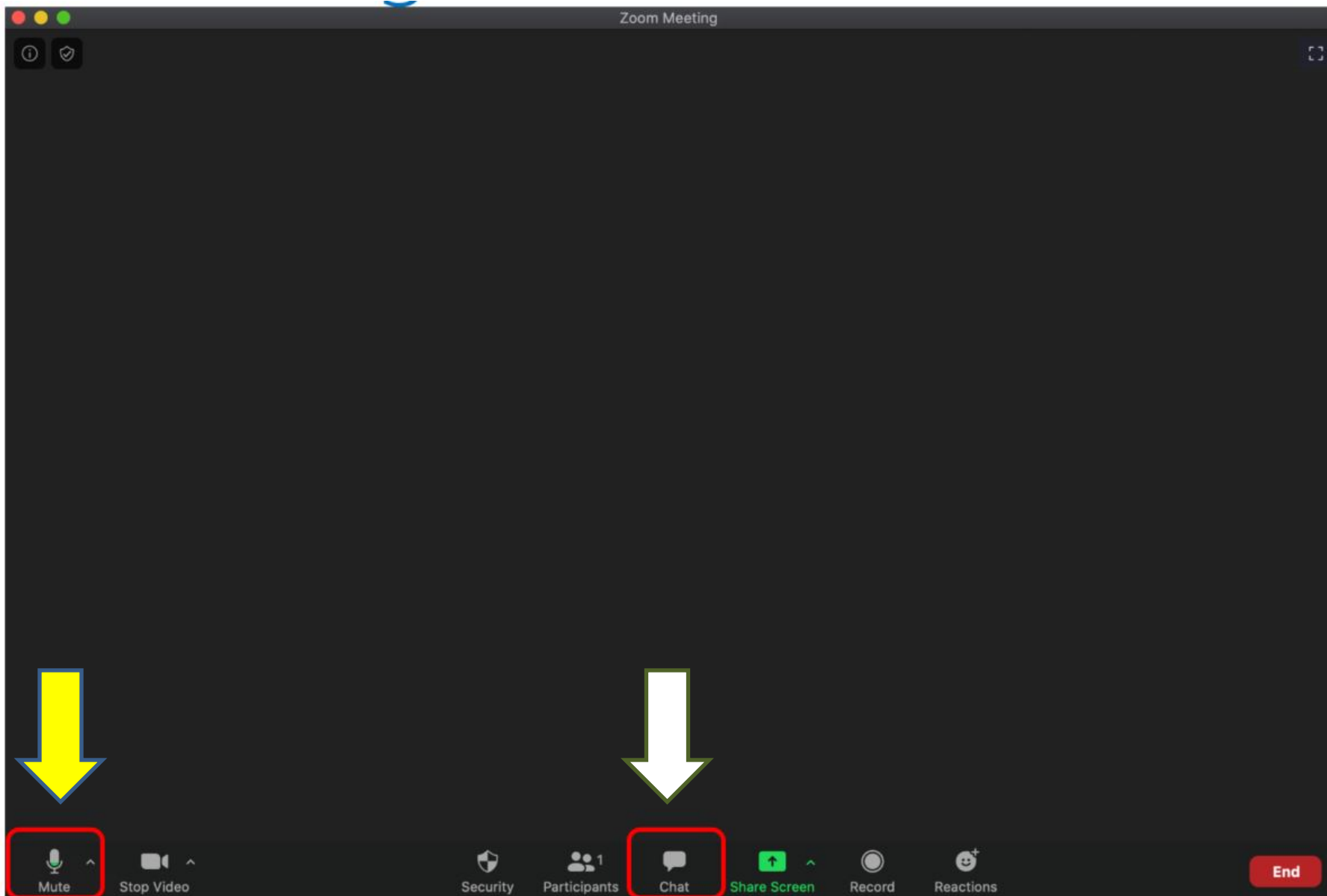
Before We Start

Continuing Education

- The University of Michigan Medical School: **4 *AMA PRA Category 1 Credits™***
- Michigan Pharmacist Association: **3 CE Hours**
- Social Work Continuing Education Collaborative: **4 CE Hours**

NEW

For Physicians Representing MOQC Medical Oncology Practices

- MOQC/BCBSM VBR Participation Credit **– Complete CME & BCBSM Questions to confirm attendance**
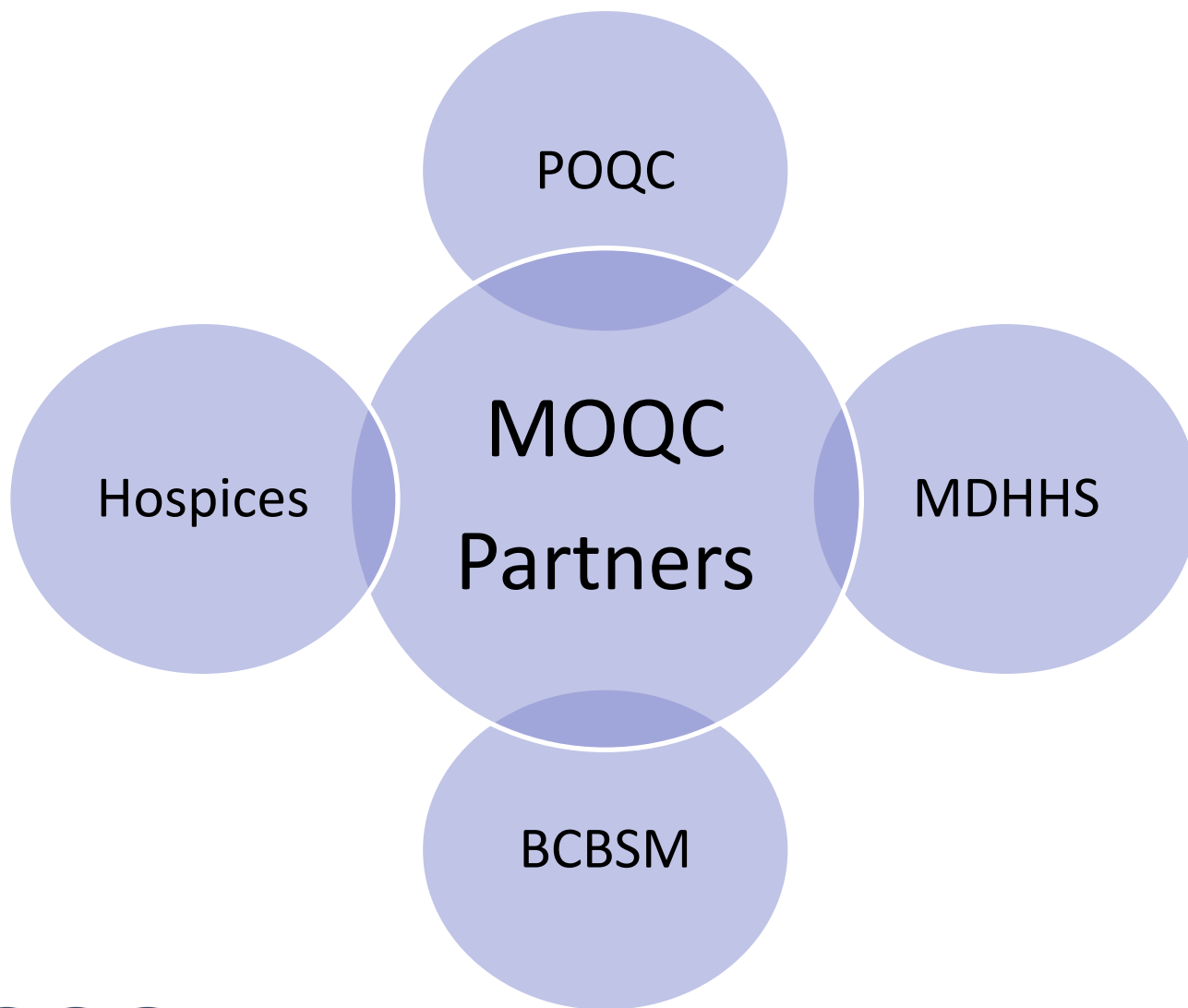
Disclosures

- No relevant disclosures

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Connect with Us

@MOQCTeam or #moqc

moqc@moqc.org

Time	Topic	Speaker
9:00 am	Welcome & Introductions	Jennifer J Griggs, MD, MPH, FACP, FASCO
9:10 am	The Caregiver's Perspective	Heather Fairbanks
9:20 am	**Keynote Presentation:** Integrated Palliative & Oncology Care: Past, Present, and Future	Jennifer Temel, MD *Clinical Director of Thoracic Surgery Massachusetts General Hospital Professor, Harvard Medical School*
10:45 am	Break	
11:00 am	**State of the Consortium** • POQC Update • Steering Committee Update • BCBSM Introduction • MOQC Performance: How Are We Doing?	Mike Harrison Dawn Severson, MD James D Grant, MD, MBA, FASA Jennifer J Griggs, MD, MPH, FACP, FASCO
12:00 pm	Break out Groups: Instructions & Choices	Louise Bedard, MSN, MBA
1:00 pm	Adjourn	

Nicole Timmerman, RN
Senior Project Manager

Ermili Potka
Clinical Data Abstractor

Lindiwe Quinn Beusterien
Born January 7, 2021
6 lb, 8 oz

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Thank you to those who performed abstraction for MOQC practices (Round 2, 2020)

Norine Briolat, Karmanos Cancer Institute

Jennetta Novak, MHP Hematology Oncology Consultants

Tracy Messing, MHP Hematology Oncology Consultants

Nick Casabon, MHP Hematology Oncology Consultants

Megan Beaudrie, MHP Downriver Oncology

Heather Spotts, MSU Breslin Cancer Center

Therese Hecksel, MSU Breslin Cancer Center

Nicole Brashear, St. Joseph's Mercy Health System

Aimee Ryan, Great Lakes Cancer Management Specialists

Ashley Poulin, Great Lakes Cancer Management Specialists

Adrienne Stevens, Great Lakes Cancer Management Specialists

Diana Lee, Cancer & Hematology Centers of Western Michigan

Amy Fliestra, Cancer & Hematology Centers of Western Michigan

Ericka Burklund, Dickinson Hematology/Oncology Clinic

Joanna Gil, Henry Ford Cancer Institute

Kelly Bristow, Henry Ford Cancer Institute

Lisa May, Henry Ford Cancer Institute

Karen Pfaff, Huron Medical Center

Vickie Foley, Karmanos Bay Oncology Hematology

Wendy Mielens, Karmanos Bay Oncology Hematology

Amanda Boisvert, Karmanos Cancer Institute at McLaren Macomb

Sarah Zeilinger, Northern Michigan Hematology Oncology

Heather Weinschenk, Northern Michigan Hematology Oncology

Jeanie Rye, Memorial Healthcare Cancer Center

Harita Patel, Michigan Healthcare Professionals Oakland Medical Group

Renae Vaughn, Munson Oncology

Kelly Guswiler, Munson Oncology

Lisa Lang, Karmanos at McLaren Central Michigan

Angela Gorham, West Michigan Cancer Center

MOQC Team & MOQC by Proxy
Kleanthe Kolizeras, Ermili Potka, Colleen Schwartz, Cindy Michalek, Cindy Michalek, Tiffany Peters, Nicole Timmerman, Louise Bedard

The Voice of the Patient & Family
Heather Fairbanks

Introduction – Jennifer Temel, MD Presentation can be found in a separate deck See 1-15-20 Future of PC (palliative care)

State of the Consortium

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POQC Update

Mike Harrison

POQC Work

- Recruitment Handouts
  - Practice
  - Patient

- Financial Toxicity Resources

- Anti-Racism

Steering Committee Update

Dawn Severson, MD
MOQC Steering Committee Chair
dsevers1@hfhs.org

Steering Committee Structure

- Please consider nominating yourself or a colleague for the next term

- Committees and Task Forces
  - MOQC Database Task Force – First meeting Jan 21, 2021, 6 pm
  - Measures Committee – Next meeting May 19, 2021, 6 pm
  - Data Evaluation, Research, and Publications Committee--ongoing

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Updates

- Keynote speaker for June Biannual meeting Supriya Mohile, MD, MS, University of Rochester
- Opportunities to expand measures, value based reimbursement in MOQC – committee brainstorming
  - Gold-carding opportunities for imaging & pharmaceuticals
  - Collaborative-wide use of biosimilars
  - Collaborative-wide use to pharmacogenomics testing & treatment

BCBSM Introduction

James Grant, MD, MBA, FASA

Executive Vice President and Chief Medical Officer of Blue Cross Blue Shield of Michigan (BCBSM)

Past Chair of the Department of Anesthesiology and Physician Executive of perioperative services at Cedars-Sinai Medical Center in Los Angeles

Past Professor and Chair of Anesthesiology at Oakland University William Beaumont School of Medicine and Chair of Department of Anesthesiology at Beaumont – Royal Oak

Past President of the American Society of Anesthesiologists

BS from Michigan State, MD from Wayne State and anesthesiology residency at Northwestern in Chicago

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MOQC Performance
How are we doing?

11 Measures

- Tobacco cessation counseling provided or referral made
- NI1RA and olanzapine given to people receiving high emetic-risk chemotherapy
- NK1RA or olanzapine given to people receiving low-to-moderate emetic-risk chemotherapy
- Pain assessed & quantified & plan of care for people with moderate-to-severe pain
- Hospice enrollment
- Hospice enrollment and enrollment within 7 days of death
- Hospice enrollment or documented discussion
- Chemotherapy administered within the last 2 weeks of life
- Advanced imaging ordered within 60 days of diagnosis in patients with Stage I or II breast cancer

<u>2 rounds of data only</u>
- GCSF given to patients who received chemotherapy with non-curative intent (first regimen, first cycle)
- Complete family history documented in patients with invasive cancer

Data to be presented

- Two periods of comparison to be shown
  - Round 1 2020
    Seen at regional meetings (most recent data)
  - Combined Rounds 1 & 2 2019

The data collection through December 4, 2020 will be available to you through your QOPI account in February 2021.

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Figures

- First histogram (most recent round of data)
  - Performance by practice in order of performance

- Second histogram (previous year of data)
  - Performance by practice, practice stays "fixed"

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Tobacco cessation counseling administered or patient referred in past year
N = 332

VBR Target = 75%

QOPI Measure CORE22bb - Practice and Comparative Groups
Spring 2020
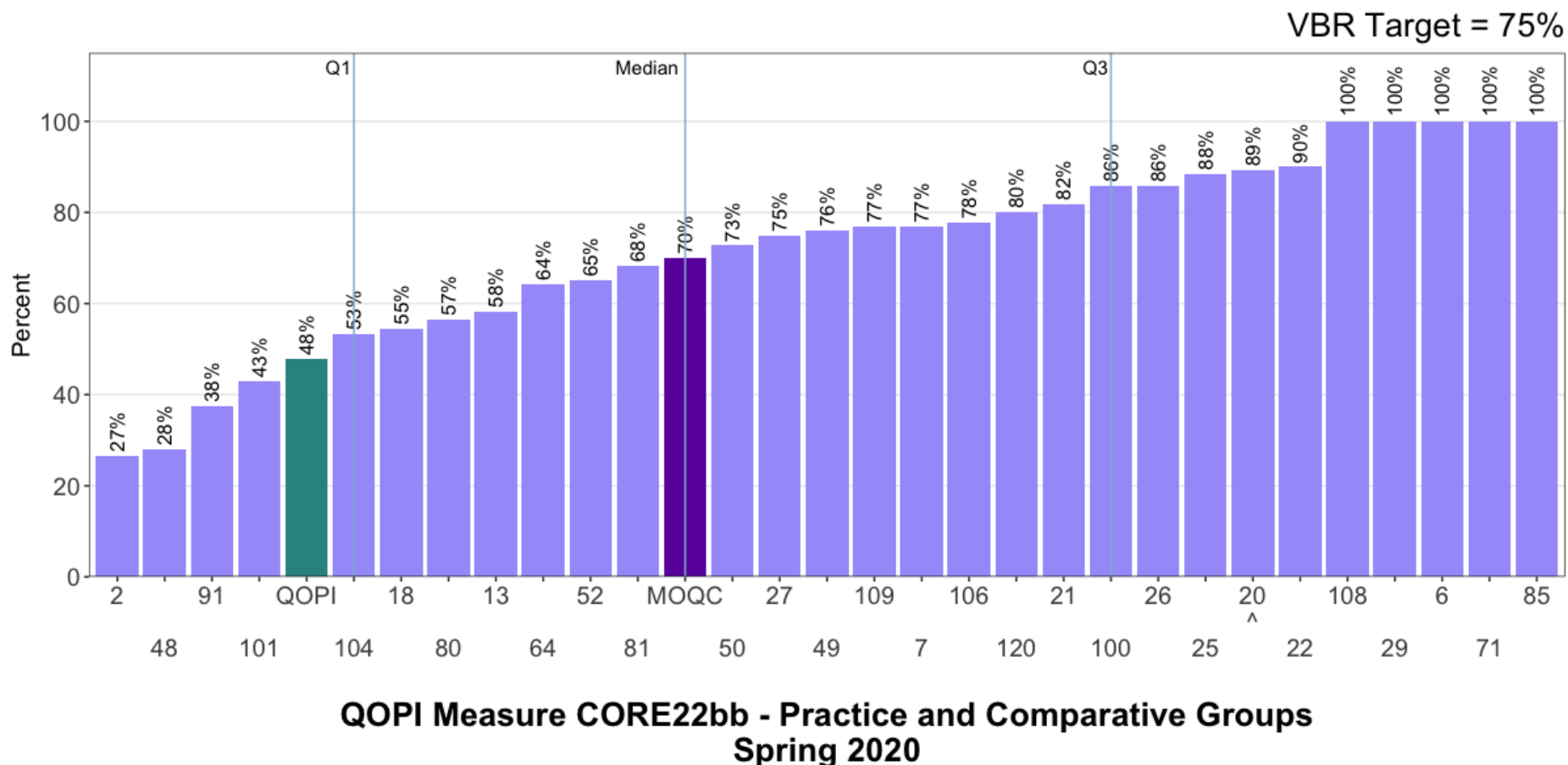
Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

NK1 Receptor Antagonist & Olanzapine prescribed or administered with high emetic-risk chemotherapy
N = 588
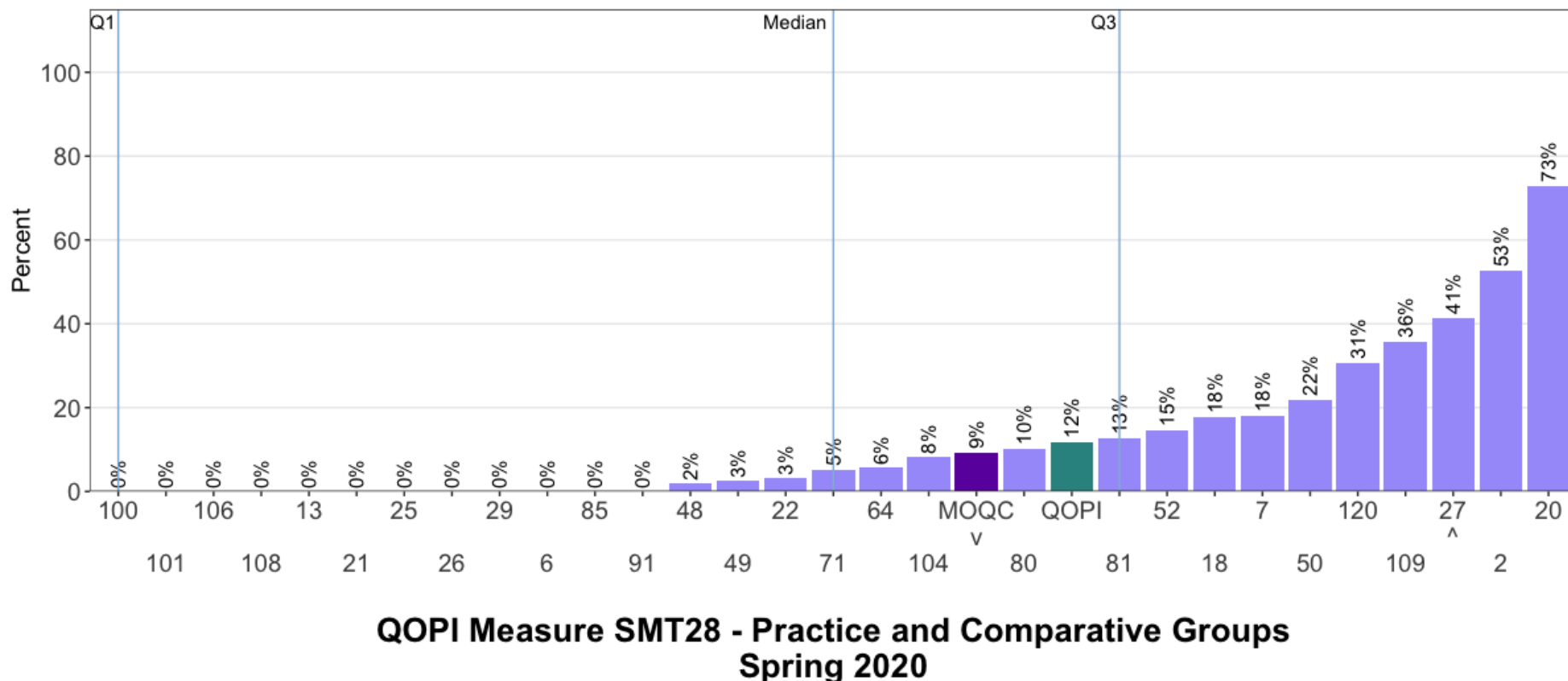
QOPI Measure SMT28 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

NK1 Receptor Antagonist or Olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower is better)
N = 623

VBR Target = 30%

QOPI Measure SMT28a - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

# Pain addressed appropriately (assessed, quantified, and plan of care documented for moderate-to-severe pain)
N = 525

QOPI Measure EOL38 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

Hospice Enrollment
N = 517

VBR Target = 50%

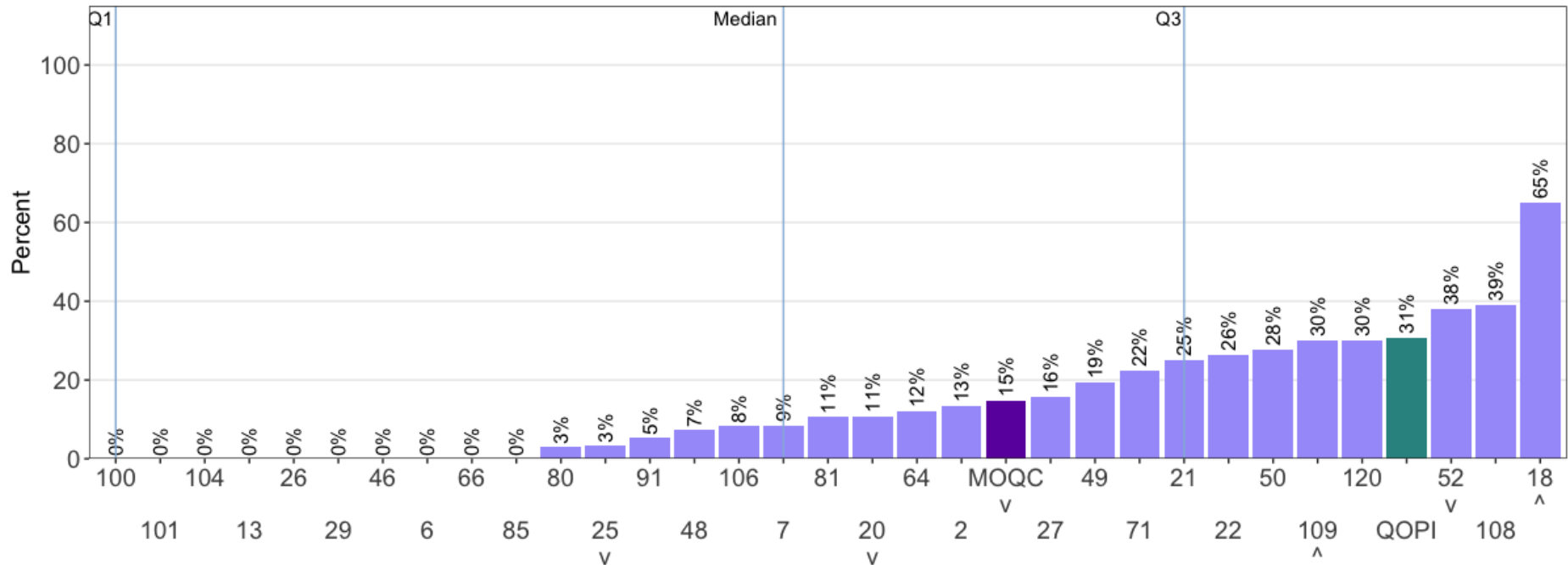QOPI Measure EOL42 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

Hospice enrollment & enrollment within 7 days of death (lower is better)
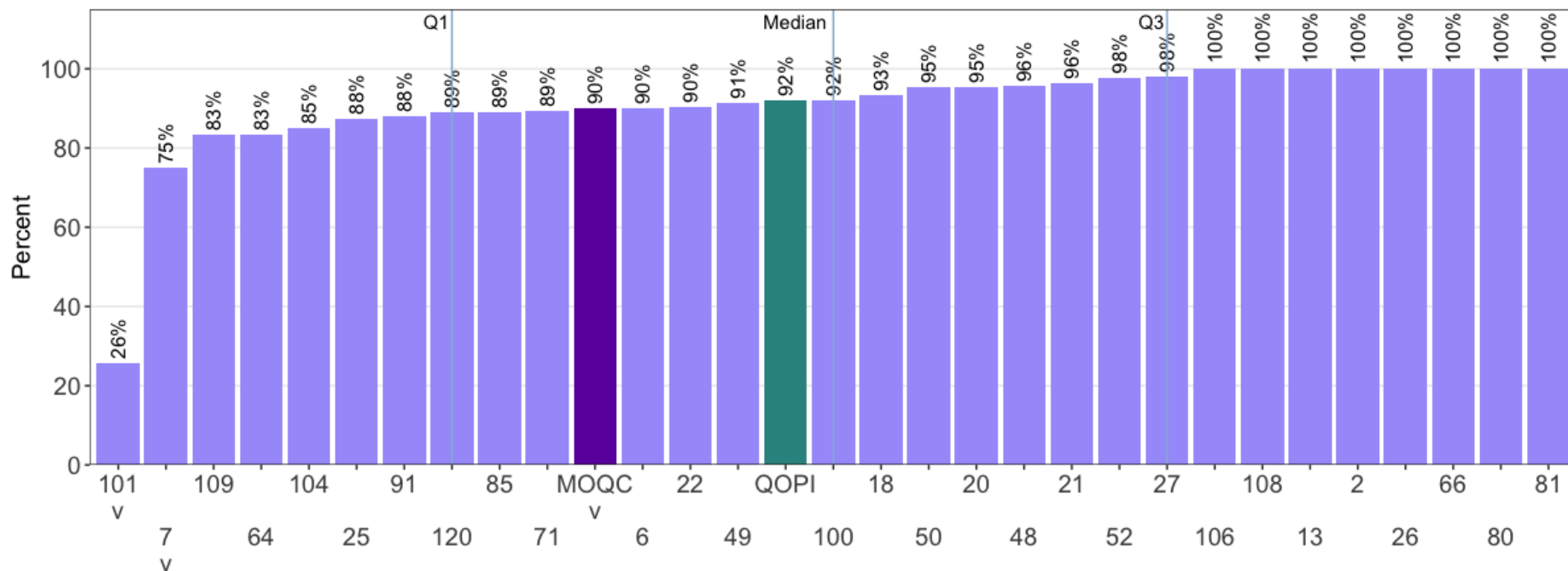## N = 294

**QOPI Measure EOL45 - Practice and Comparative Groups
Spring 2020**

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

Hospice enrollment or documented discussion
N = 517

VBR Target = 65%

QOPI Measure EOL47a - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

34

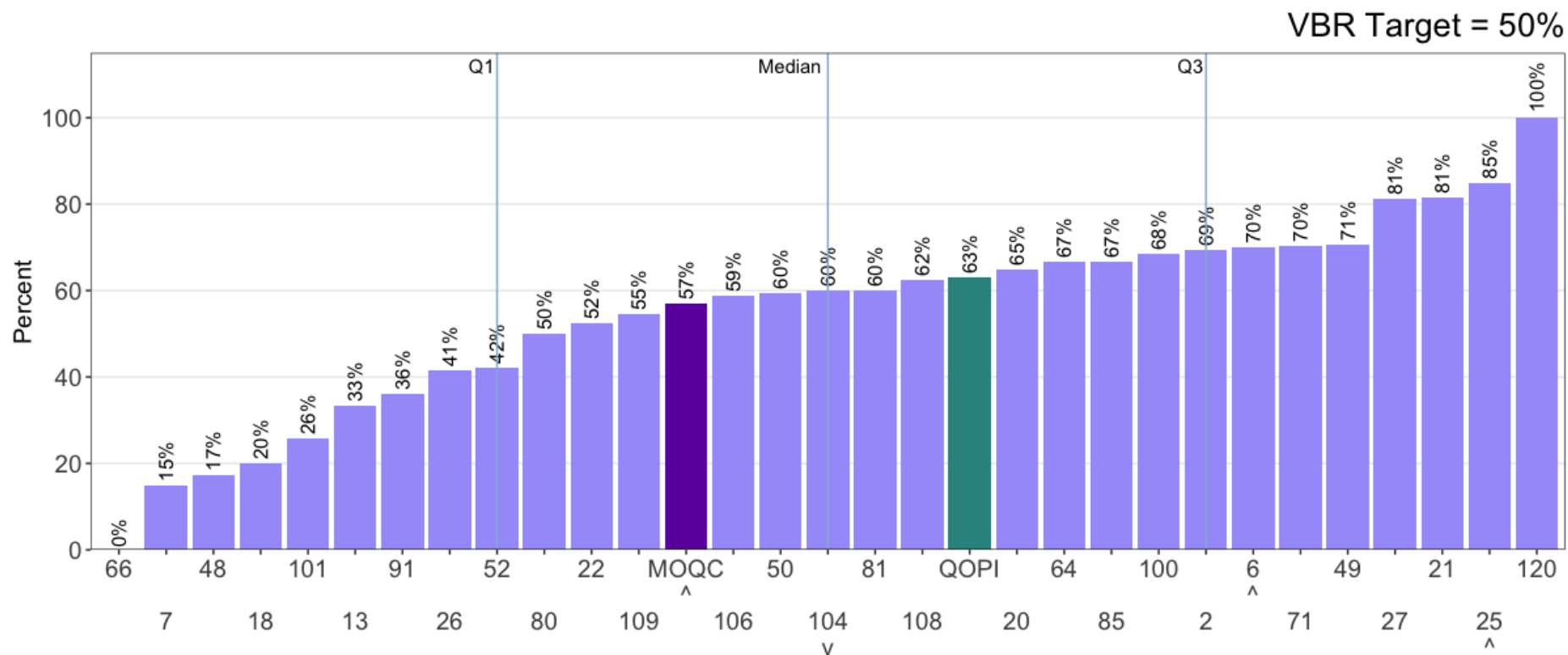# Chemotherapy administered within the last two weeks of life (lower is better)
N = 525

QOPI Measure EOL48 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for Stage I, IIA or IIB breast cancer (lower is better)
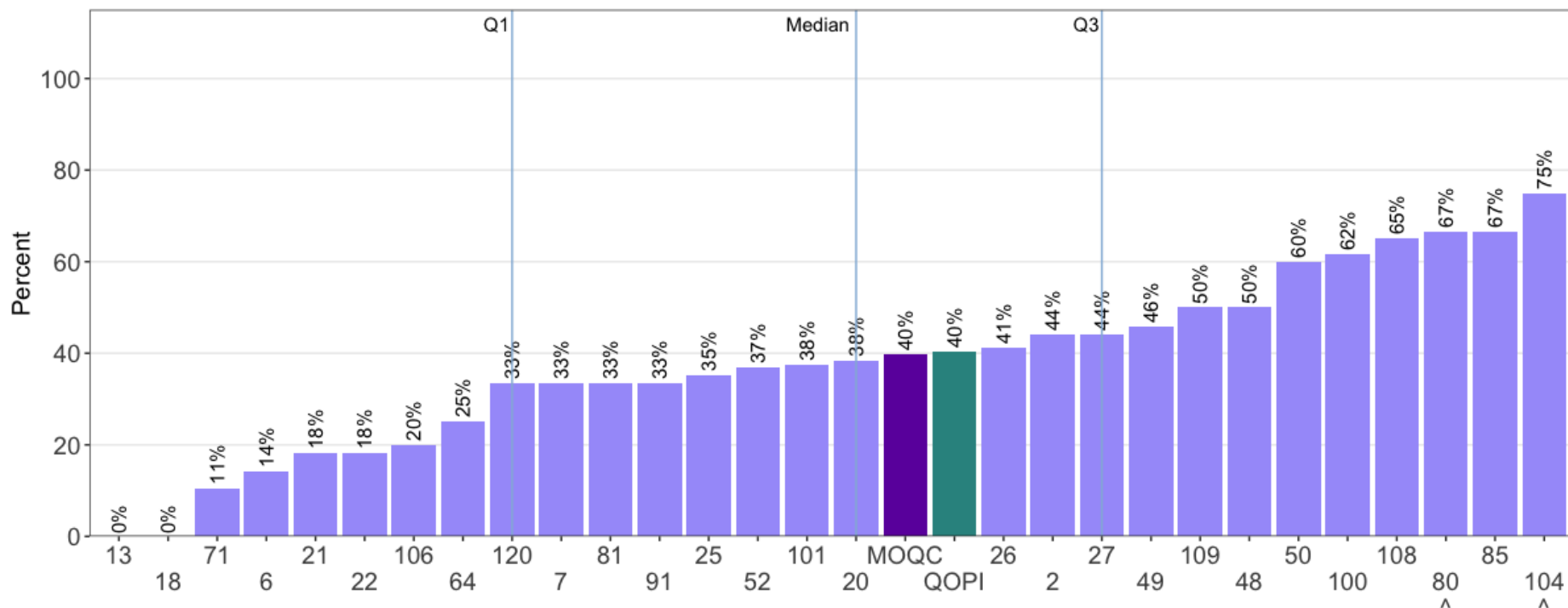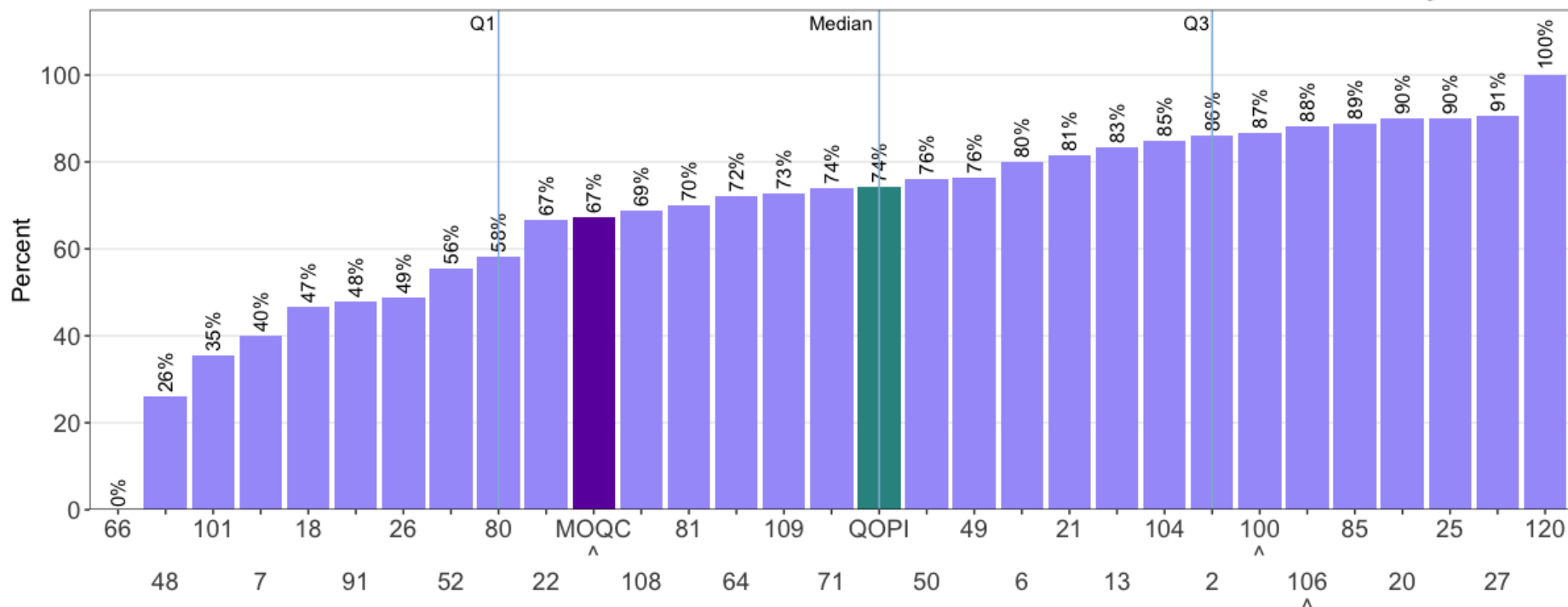# N = 603

QOPI Measure BR62a1 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

- The following three measures have two rounds of data (MOQC-specific measures)
- R2 2019 & R1 2020:
  - Growth Colony Stimulating Factor (G-CSF) administered to patients who are receiving chemotherapy for non-curative intent
  - Complete family history for patients with invasive cancer

GCSF administered to patients who received chemotherapy with non-curative treatment (lower is better)
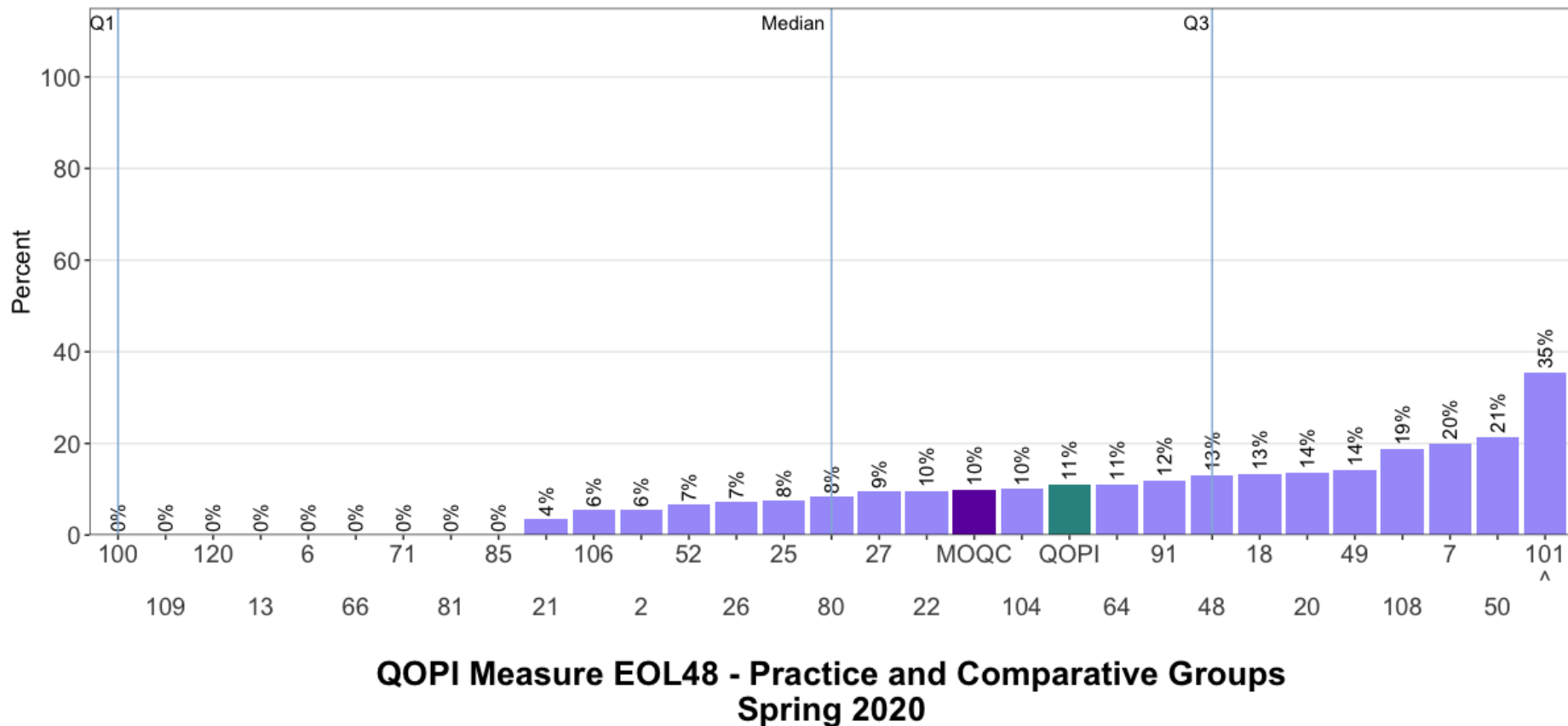# N = 60

QOPI Measure MOQC PM3 - Practice and Comparative Groups
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

38

Complete family history documented in patients with invasive cancer
N = 1934

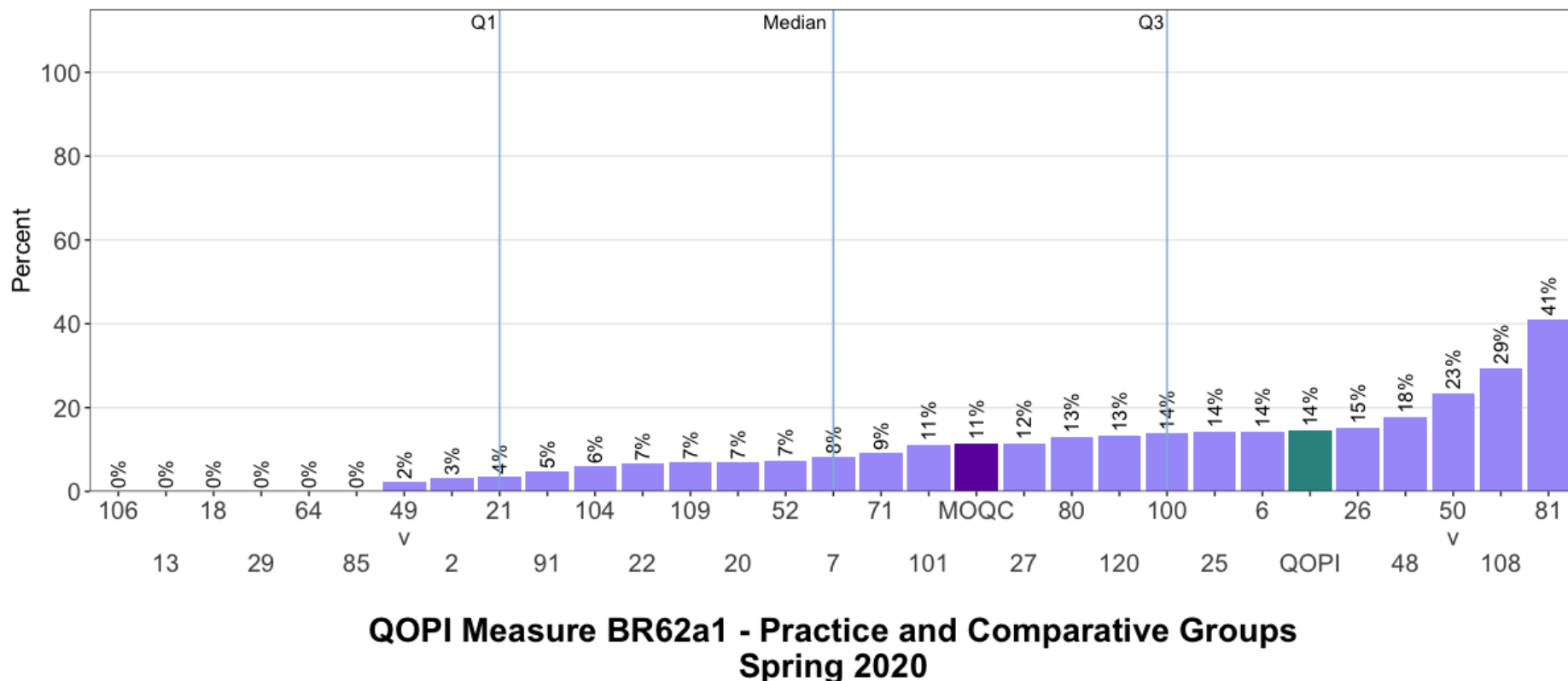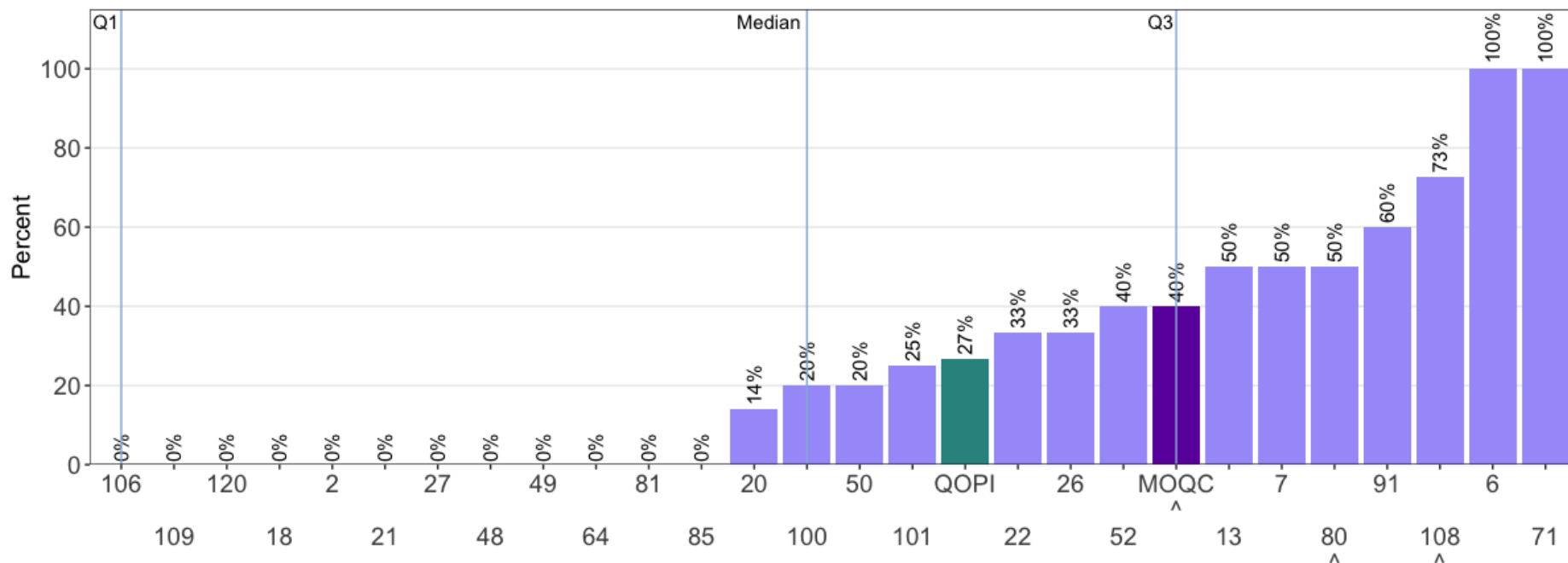**QOPI Measure MOQC PM2 - Practice and Comparative Groups**
Spring 2020

Note: ^ or v indicates statistically significant difference in proportions between time periods (p < 0.05)
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown.

Summary

- Excellent progress on a number of measures

- Performance excellent for VBR Measures

- VBR Year begins March 1st

  - Meeting Targets - Excellent

  - Participation – Missed VBR

- Measures Committee – May 2021 Meeting

  - Creating new measures

  - Reviewing VBR measures & other opportunities

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Medical Oncology Measures, 2021

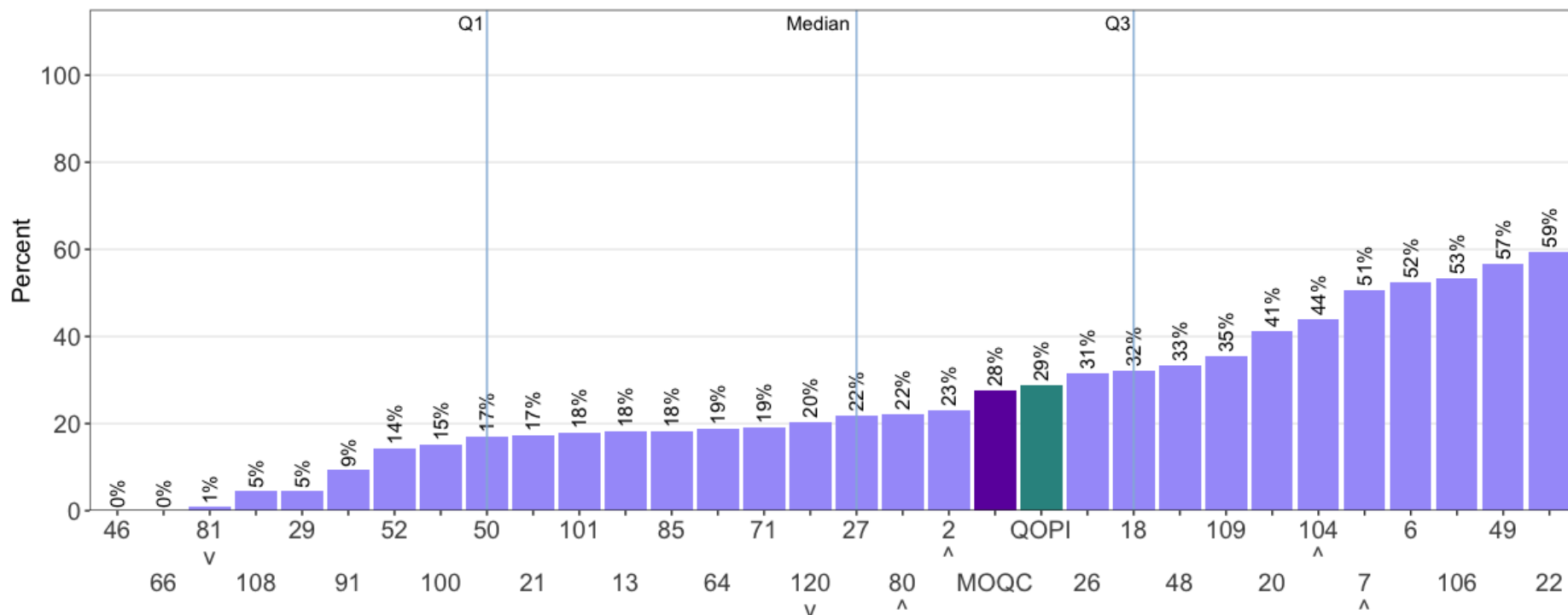|	Measure
1	Chemotherapy intent (curative vs. non-curative) documented before or within 2 weeks after administration
2	Oral chemotherapy monitored and addressed on visit/contact following start of therapy
3	Tobacco cessation counseling administered or patient referred in past year
4	NK1RA & olanzapine prescribed or administered with high risk chemotherapy—VBR Measure
5	NK1RA or olanzapine administered with 1st cycle low/moderate emetic risk (lower is better)—VBR Measure
6	Complete family history documented in patients with invasive cancer
7	G-CSF administered to patients who received chemotherapy with non-curative intent (lower is better)
8	Hospice enrollment—VBR Measure
9	Hospice enrollment & enrollment within 7 days of death (lower is better)—VBR Measure
10	Chemotherapy administered within the last 2 weeks of life (lower is better)
11	Percentage of patients who died from cancer with more than once emergency department visit in the last 30 days of life (lower is better)

MOQC Quality Projects

Active - 2021

1. Tobacco cessation
2. Oral oncolytics
3. Hospice enrollment
4. Chemotherapy-induced nausea/vomiting

Exploratory - 2021

1. Gold carding opportunities
2. Primary care-oncology model (PCOM) for complex patients
3. Fatigue management support

Ongoing grant-funded projects, 2021

1. Michigan Genetics Hereditary Testing (MiGHT)
2. Cancer Thriving & Surviving/Survivorship
3. Ovarian Cancer Grant (podcasts & other resources)

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Strategic Objectives

- Centering Equity
- Maximizing Value
- Generating Trusted Data

Discussion

Before we go to the breakout rooms…

Three Breakout Rooms

- Choose one
  - **Conversation with Jennifer Temel, MD & Jerome Seid, MD**
  - **How to POEM**
  - **Cancer Care in Times of COVID**
- "Click" on "Break out Room" Button on Task bar
- Select Break out room of Choice
- If you leave by mistake, log back into main MOQC Meeting
- You will leave from your breakout session
- Everyone will receive the same "end of meeting" reminders
- Complete CME to receive <u>participation</u> credit (MOQC physicians only)

![MOQC logo - Michigan Oncology Quality Consortium]

2021 Regional Meetings

A physician per practice must attend each meeting

Region	Spring Meetings 6-8pm	Fall Meetings 6-8pm
Metro East	Wednesday March 31	Wednesday October 27
LMOR	Monday April 5	Monday November 1
WOW	Wednesday April 14	Wednesday November 10
CMG	Monday April 19	Monday November 15
Superior West	Wednesday April 28	Wednesday October 13
Superior East	Thursday April 29	Thursday October 14

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Spring Meetings will be virtual

Fall Meetings – in person (most likely)

Upcoming Biannual Meetings

MOQC BIANNUAL MEETINGS& 2021 & 2022		
Friday, June 18, 2021	H Hotel	**Midland**
Friday, January 21, 2022	Inn at St. John's	**Plymouth**
Friday, June 17, 2022	TBD	**Lansing**

A physician per practice must attend <u>one</u> meeting each calendar year

Locations and dates subject to change

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Gyn Oncology Practices - 2021

Saturday
April 10
9am – 1pm

Virtual

Saturday
October 9*
9am – 1pm

TBD

*date may change with
Michigan and Michigan
State football schedules

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Order MOQC Resources On Line

Printed Resources

1 Select Printed Resources   **2** Add Logo (optional)   **3** Enter Contact Information

Click on a category to select available resources, then enter quantities at the bottom of each section.

Fertility Resources	⌄

Gynecology Oncology Resources	⌄

Herbal Resources	⌄

End of Life Resources	⌄

POQC	⌄

Sexual and Gender Minorities Resources	⌄

Tobacco Resources	⌄

Next

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Closing Comments

- CME instructions are at the end of this deck

- Deck will be emailed today to everyone registered

- Email us: first initial, last name@moqc.org

- Telephone us: (734) 232-0043 or **1.866.GET.MOQC**

- See you at Spring Regional Meetings (virtual)

- Nominate yourself or someone for Steering Committee

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Continuing Education Credit – Physicians Create Your Account

If you have not already created a MiCME Account:

1. Go to https://ww2.highmarksce.com/micme/
2. Click the "Create a MiCME Account" tile at the bottom of the screen
3. Under New User? click "Create a MiCME Account"
4. Enter the Profile Information questions, confirm consent, and click "Create a MiCME Account"
5. Enter your password and complete your profile.

If you have any difficulties, email moqc@moqc.org
We will assist you and resolve any issue

Continuing Education Credit – Physicians Claim Credit

Steps to Claim Credits and Print a Transcript

1. Once your MiCME account has been created, navigate to your Dashboard
2. Click on *Claim Credits and View Certificates*
3. Locate '**MOQC January 2021 Biannual Meeting**' in the *Activities Available for Credit Claiming* section
4. Under Action, click on *Claim*. *Add Credit*
5. Enter the number of credits you are claiming and the *"I Attest"* button
6. Complete the evaluation
7. Click the *Submit* button
8. Scroll down to the *Awarded Credits* section to view or print your certificate and/or comprehensive transcript

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Continuing Education Credit – Pharmacists Claim Credit

To claim credit, either:
- **Scan QR code for sessions**
- **Click on links in email from this meeting**

[Register button]

Click on the "Register" button and follow these steps:

- Reviewing the course learning materials.
- Confirming information provided on registration.
- Claiming participation in applicable credits.
- Completing all listed evaluations and quizzes.

Keynote Presentation

State of the Consortium

Breakout: Conversation with Jennifer Temel

Breakout: POEM

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