



# MOQC

MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM

## Gynecologic Oncology Biannual Meeting

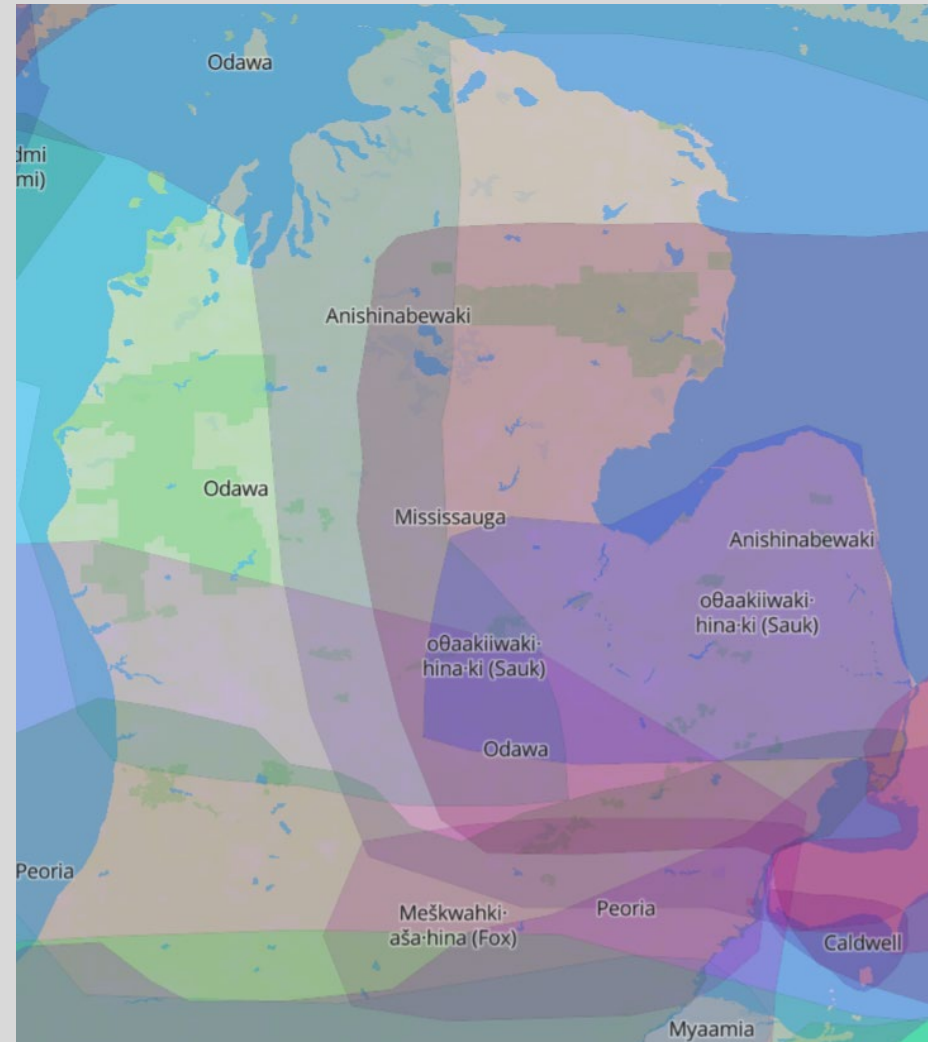
April 23, 2022

<https://moqc.org>

 @MOQCTeam

# Land Acknowledgement

<https://native-land.ca/>



# Reminder – How to Mute



**To mute your microphone**



**To unmute your microphone**



**\*6 to mute/unmute**

**Just Kidding!!!**

Join at  
**slido.com**  
**#060 388**

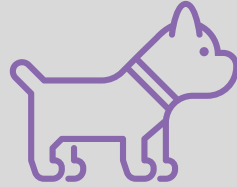




# AGENDA

TIME	TOPIC	FACILITATOR
9:00 am	Welcome & Introductions	Vanessa Aron, BA
9:10 am	Patient & Caregiver Oncology Quality Council (POQC) Update	Amanda Itliong, BA, MEd
9:20 am	Disparities Workshop	Vanessa Aron, BA
10:20 am	Data & Updates MOQC Performance & Trends MSQC Performance & Trends VBR Measures & Requirements Opioid Calculator	Shitanshu Uppal, MD
11:15 am	Lunch	
11:45 am	Placenta Accreta	Michelle Debbink, MD, PhD Aimee Rolston, MD, MS
12:45 pm	Resources Overview and Closing	Vanessa Aron, BA
1:00 pm	Adjourn	

# Welcome & Introductions – Table Talk



# Reminder – Information is Confidential



# New Participation Agreements





# Newsletter

## MOQC NEWS

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

SPRING 2022



### From the Program Director

While we missed seeing you in person, the January Biannual Meeting was exceptionally well-attended, and we were so gratified by your presence and engagement. For those of you who could not attend, please take some time to watch the morning and afternoon sessions (links are on the [www.moqc.org](http://www.moqc.org) website). Dr. Paul Hesketh's presentation on management of nausea and vomiting in people receiving chemotherapy updated all of us on the best way to prevent and manage this common side effect. Dr. Bindu Potuguri shared her work with an interdisciplinary team at IHA that markedly improved prescribing of ondansetron in patients on high emetic risk chemotherapy. The leadership exhibited by POQC as they address financial toxicity raised the salience of this critically important topic to MOQC members.

We are delighted that Christopher Friese, PhD, RN has agreed to serve as the Director of Patient-Reported Outcomes (PROs). Please read more about Dr. Friese and the PRO Task Force in the newsletter. We are beginning a statewide initiative to collect patient-reported outcomes to improve symptom management, the care experience, and, as shown in clinical trials, the clinical outcomes of our patients.

It's hard to believe that we are already preparing for our regional meetings, and we all look forward to seeing you again. You'll have a chance to meet our growing team and to get to know your regional project managers. In addition to reviewing our most recent performance data, we'll collaborate on improving tobacco cessation counseling and will share details of the new tobacco measures that qualify for an additional fee schedule increase.

We're pleased with our transition to Arbor Research as our data vendor partner. We expect to begin entering data into the new database at the end of this year with the transition complete by January 2023. Please let us know if you have any questions.

On a personal note, I am deeply grateful for all the work you do to take the best care of your patients during these challenging times. We hear you and appreciate you.

*Jennifer J. Grigs*

### IN THIS ISSUE

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- 5 New MOQC Team Members Spotlight Continued

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### PRO Task Force

#### CALL FOR MEMBERS TO JOIN MOQC TASK FORCE ON PATIENT-REPORTED OUTCOMES

As part of MOQC's 2022 strategic plan, we are excited to launch an effort to collect patient-reported outcomes (PROs) in practices. We are in the process of forming a PRO task force and we are asking for your help in populating that task force. We know that many practices have experience with collecting patient-reported outcomes as part of your participation in OCTET, the study for which Dr. Friese was the principal investigator, and in PROMOnC, our CMS-funded work.

The patient-reported outcomes task force will help MOQC develop a plan to engage practices across Michigan in collecting, analyzing, and acting upon information shared directly from patients. It will be essential to do this work in a way that is perceived as valuable to practices and patients in our goal to support interdisciplinary teams in providing the best cancer care to all of our patients.

We hope to meet at least monthly through June. Immediate activities will include:

- 1) Planning a panel presentation for the June Biannual meeting on the importance of collecting PROs
- 2) Establishing key principles for a MOQC effort in collecting/reporting/acting upon PROs. What should we collect? How often? From whom? And in what formats?

We are interested in having clinicians (physicians, advanced practice providers, pharmacists, and nurses) and practice leaders join us. POQC and other patient and caregiver representatives will also join the task force. If you would be interested in joining us, please contact Shayna Weiner at [sweiner@moqc.org](mailto:sweiner@moqc.org). We will work to schedule task force meetings at times that work for your schedule.

## Patient Story Idea?

Please email:

[moqc@moqc.org](mailto:moqc@moqc.org)

## Featured Newsletter



Letter from the Program Director



Practice Spotlight



POQC Update



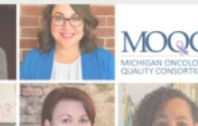
Patient Story



PRO Task Force



New MOQC Team Members Spotlight



MOQC

### MOQC NEWSLETTER Spring 2022:

Letter from the Program Director

Practice Spotlight

PRO Task Force

POQC Update

New MOQC Team Members Spotlight

MOQC Practice Awards

Value-Based Reimbursement

Survey Results

MOQC Measures Update

MOQC Meeting Schedule

ALL ARTICLES

Download PDF

### MOQC CORE VALUES



MOQC Practice Awards



Value-Based Reimbursement



Survey Results



MOQC Measures Update



MOQC Meeting Schedule

# Patient-Reported Outcomes

Leadership: Christopher R. Friese, PhD, RN

Biannual meeting panel presentation



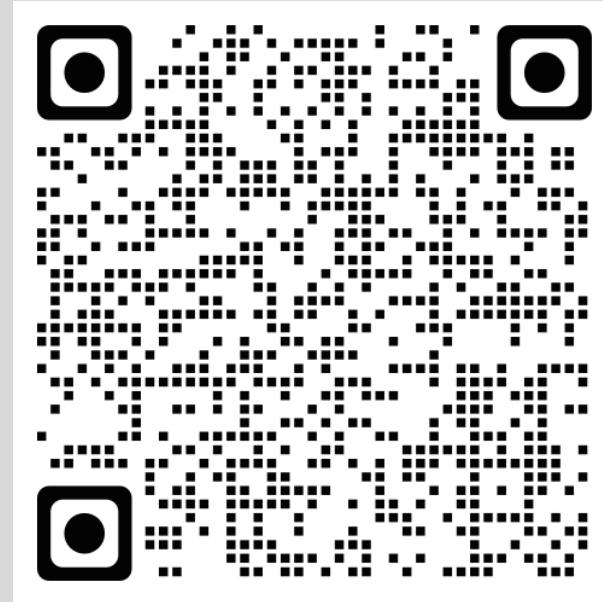
# Patient-Reported Outcomes (PROs)

The PROs Task Force is Active

Join us: [moqc@moqc.org](mailto:moqc@moqc.org)

- Establishing key principles
- Plan the panel presentation
- Open to everyone
  - Physicians, NPs, PAs, SWs
- Meets once a month

# Testimonials



[https://umich.qualtrics.com/jfe/form/SV\\_0Hzm2GOTxtcDoh0](https://umich.qualtrics.com/jfe/form/SV_0Hzm2GOTxtcDoh0)



## POQC Update

Amanda Itliong, BA, MEd



## Amanda Itliong, BA, MEd

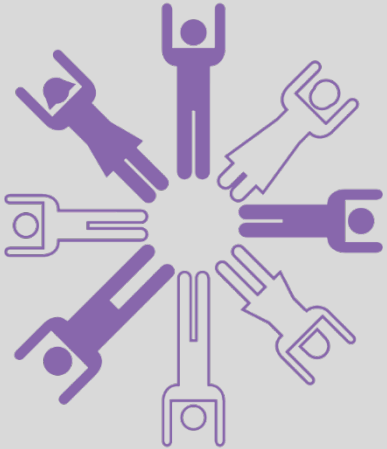


# POQC Video



# POQC Workgroups

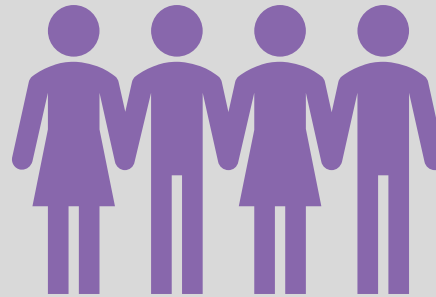
## BVOGUE



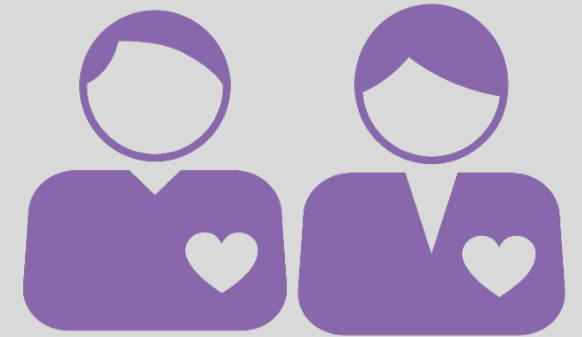
## Financial Navigation



## Recruitment



## Patient & Caregiver Resources



For questions and follow-up email [moqc@moqc.org](mailto:moqc@moqc.org)



# Polls for Caregiving



## Disparities Workshop



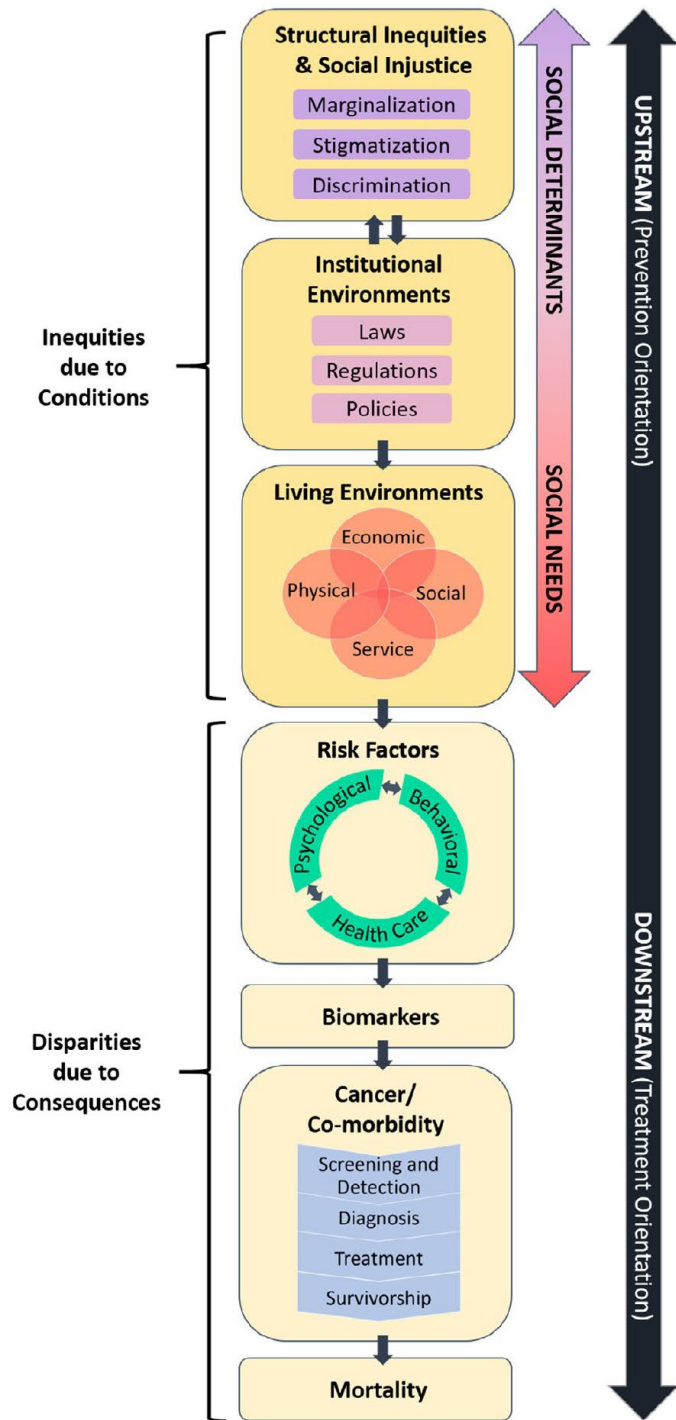


TABLE 1. Summary of Priority Recommendations and Key Domains of Influence

RECOMMENDATION	KEY DOMAIN(S)		
	PRACTICE	RESEARCH	POLICY
Recommendations to address structural inequities and social injustice			
◦ Address income and wealth inequality			•
◦ Support targeted provisions			•
◦ Support models of care that consider social risk	•		•
◦ Enhance multilevel research		•	
◦ Implement focused training for health care providers	•		
Recommendations to address institutional environments			
◦ Improve access to high-quality care			•
◦ Enhance standards relevant to patients' social circumstances	•	•	
◦ Enhance navigation and service integration	•	•	
Recommendations to address living environments			
◦ Enhance surveillance data and data integration		•	•
◦ Increase cross-sectoral collaboration	•	•	
Cross-cutting recommendations			
◦ At the leadership level, commit to eliminating disparities	•	•	•
◦ Proactively partner with disadvantaged communities/patients	•	•	•
◦ Consistently monitor progress and provide feedback	•	•	•

Kassandra I. Alcaraz, PhD, MPH 1; Tracy L. Wiedt, MPH2; Elvan C. Daniels, MD, MPH3; K. Robin Yabroff, PhD4; Carmen E. Guerra, MD5; Richard C. Wender, MD2

CA A Cancer J Clinicians, Volume: 70, Issue: 1, Pages: 31-46, First published: 29 October 2019, DOI: (10.3322/caac.21586)

## Discuss with your table

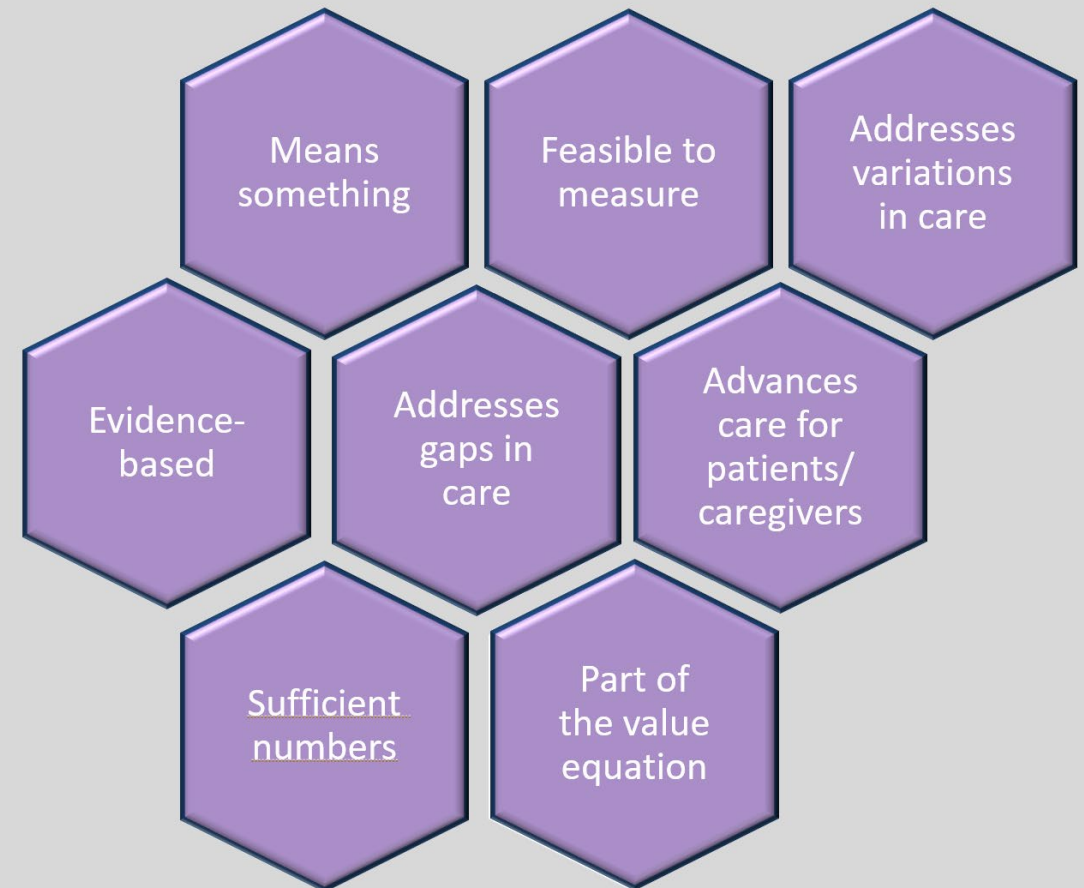
What quality improvement initiatives would fall into the scope of gynecologic oncologists to improve?

What kind of measure would we like to create centered around improving quality in the area of health disparities?

What information would we need to track that measure?

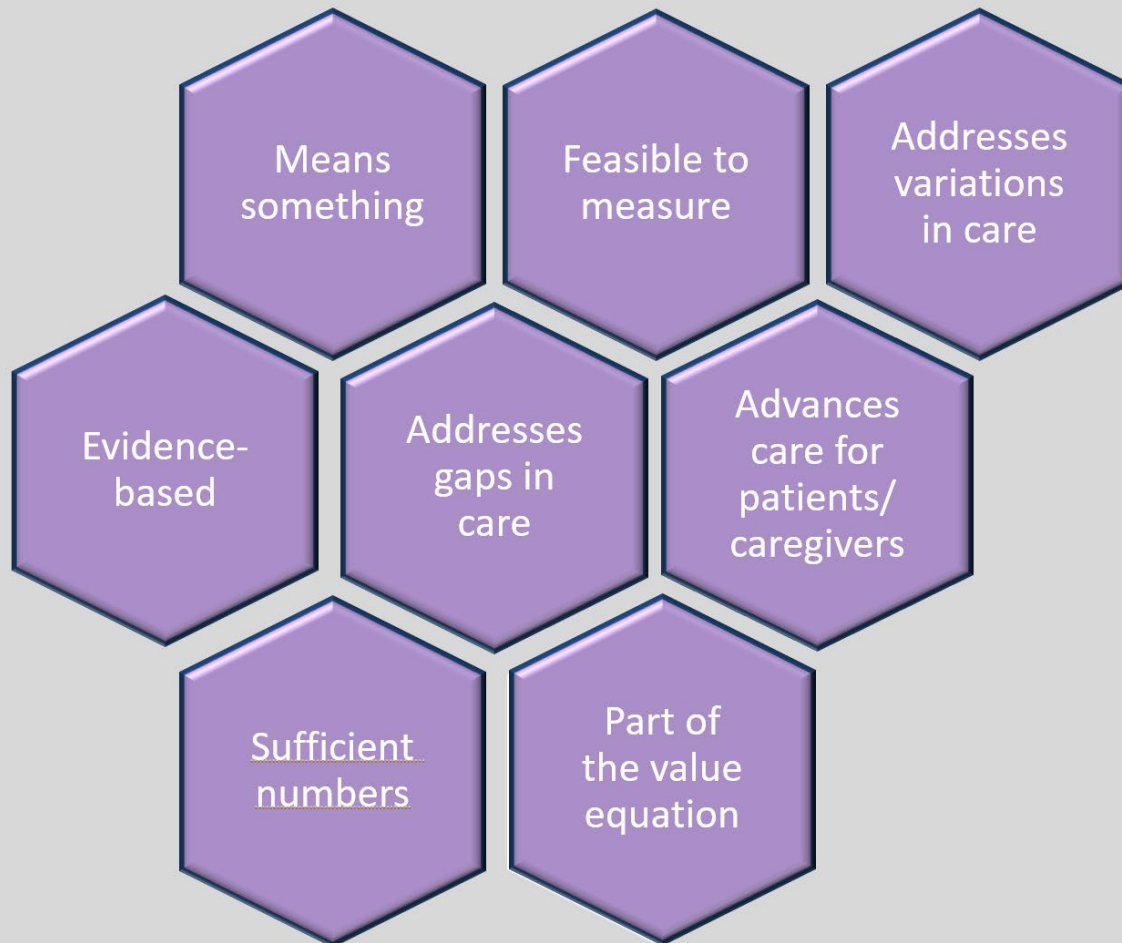
What data fields would be necessary to measure this?

## Measure Selection Strategy





## Measure Selection Strategy



## Report Back

A suggested measure for MOQC to consider in the future

Why that measure links to an opportunity for quality improvement

Necessary elements to track that measure

# How Are We Doing? Data & Updates

Shitanshu Uppal, MD



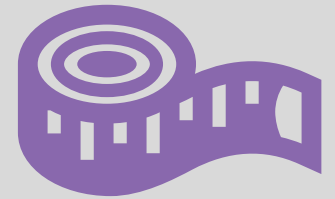
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown



# Participation Reminder to Qualify for VBR

Level	Criteria
Practice Level	At least <b>one physician and one practice manager</b> from the practice must attend <b>both</b> MOQC Gynecologic Oncology Biannual Meetings during that year
Physician Level	Provider must be enrolled in PGIP for at least one year

# MOQC Gynecologic Oncology Measures



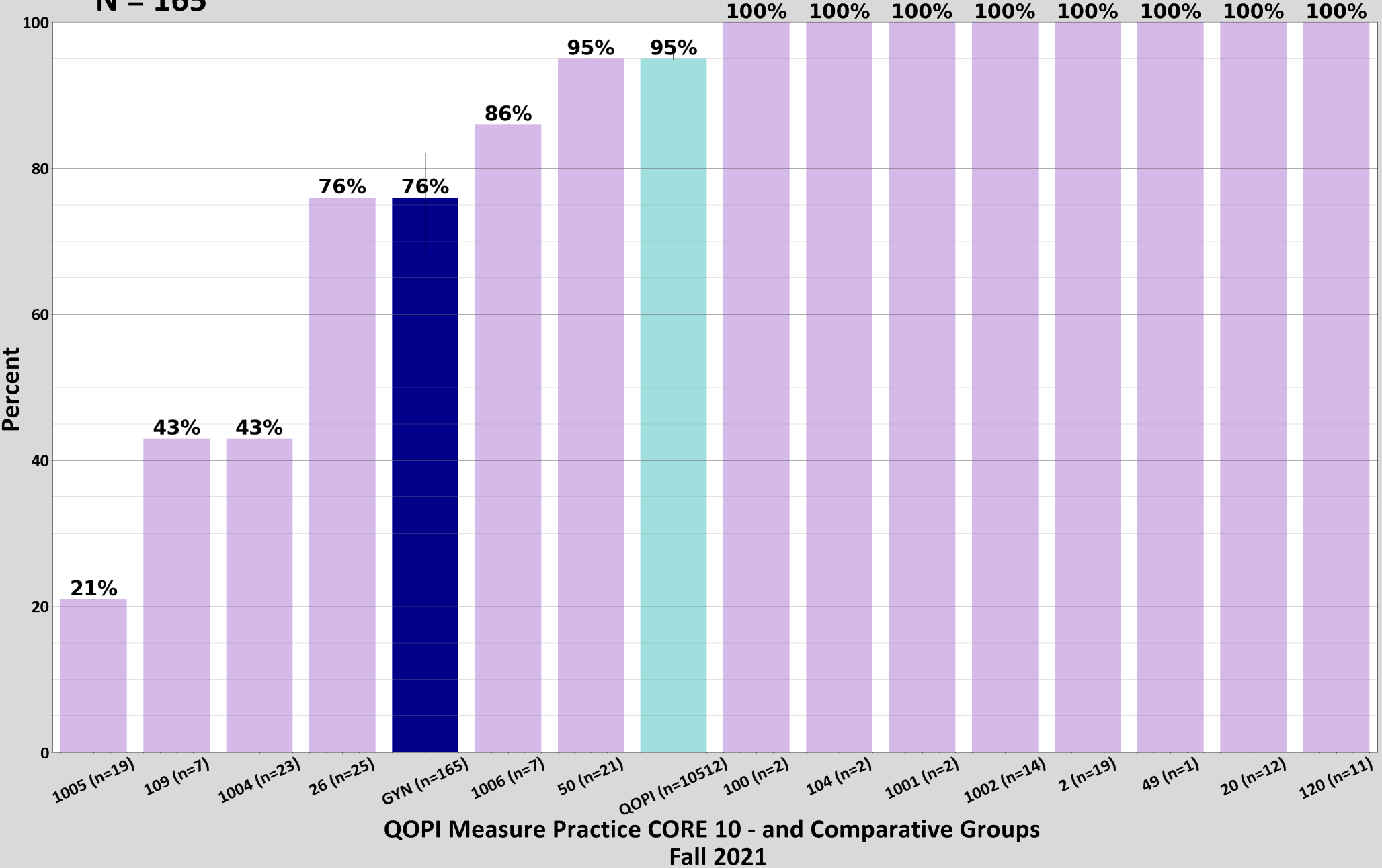
Practices with no eligible cases in the denominator and/or missing data from one of the time periods are not shown



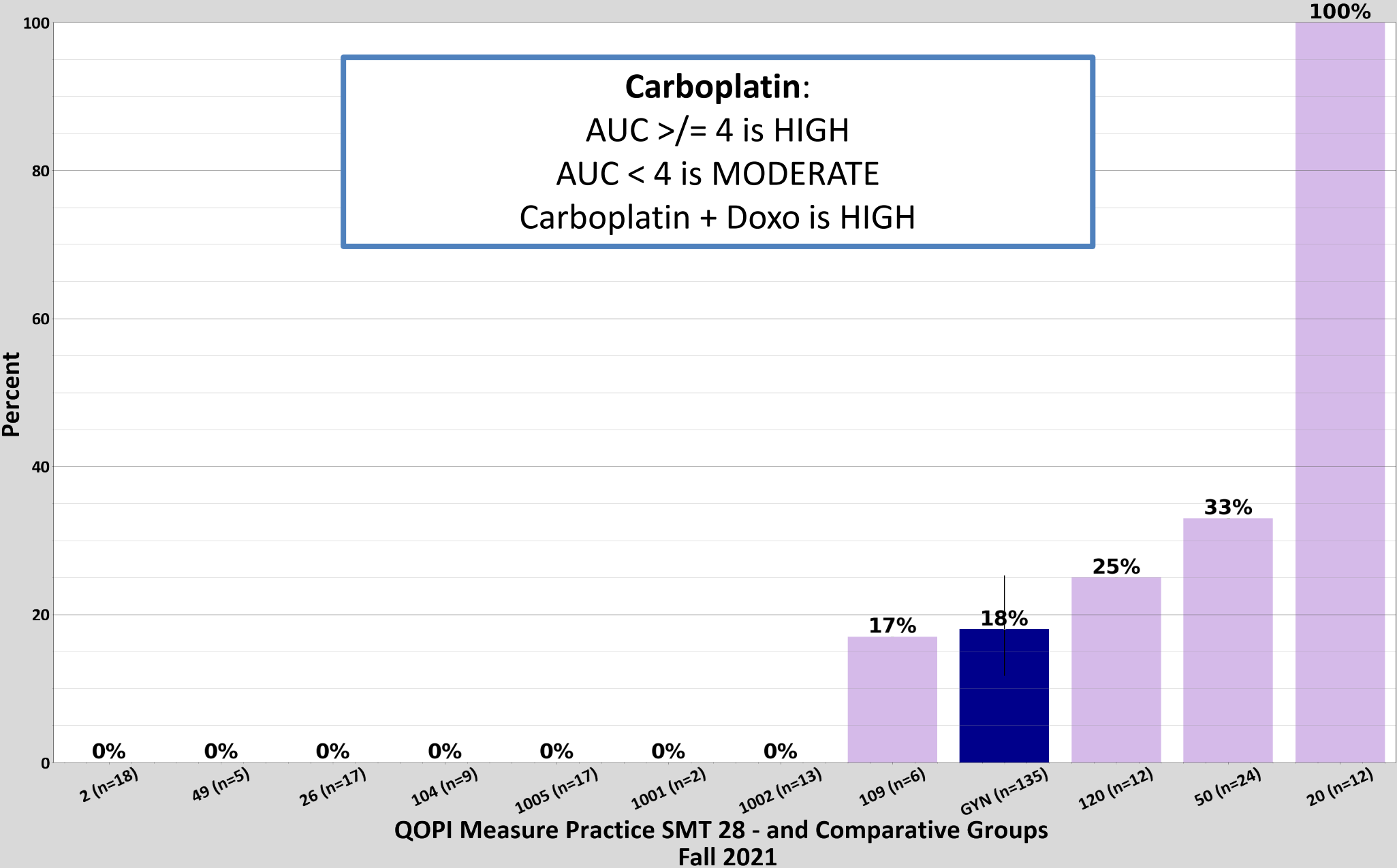
# MOQC Gynecologic Oncology Measures

Measure	MOQC Pathway
CORE 10	Chemotherapy intent (curative vs non-curative) documented before or within 2 weeks after administration)
SMT 28	NK1 receptor antagonist and olanzapine prescribed or administered with high emetic risk chemotherapy
MED #2	Complete family history document for patients with invasive cancer
MED #3	GCSF administered to patients who received chemotherapy for non-curative intent
EOL 42	Hospice enrollment
EOL 48	Chemotherapy administered within the last 2 weeks of life
Hospice_7 days	Enrolled in Hospice for over 7 days
Hospice_30 days	Enrolled in Hospice for over 30 days
GYN ONC 90g	Operative Report with Documentation of Residual Disease – <b>2021 VBR Measure</b>

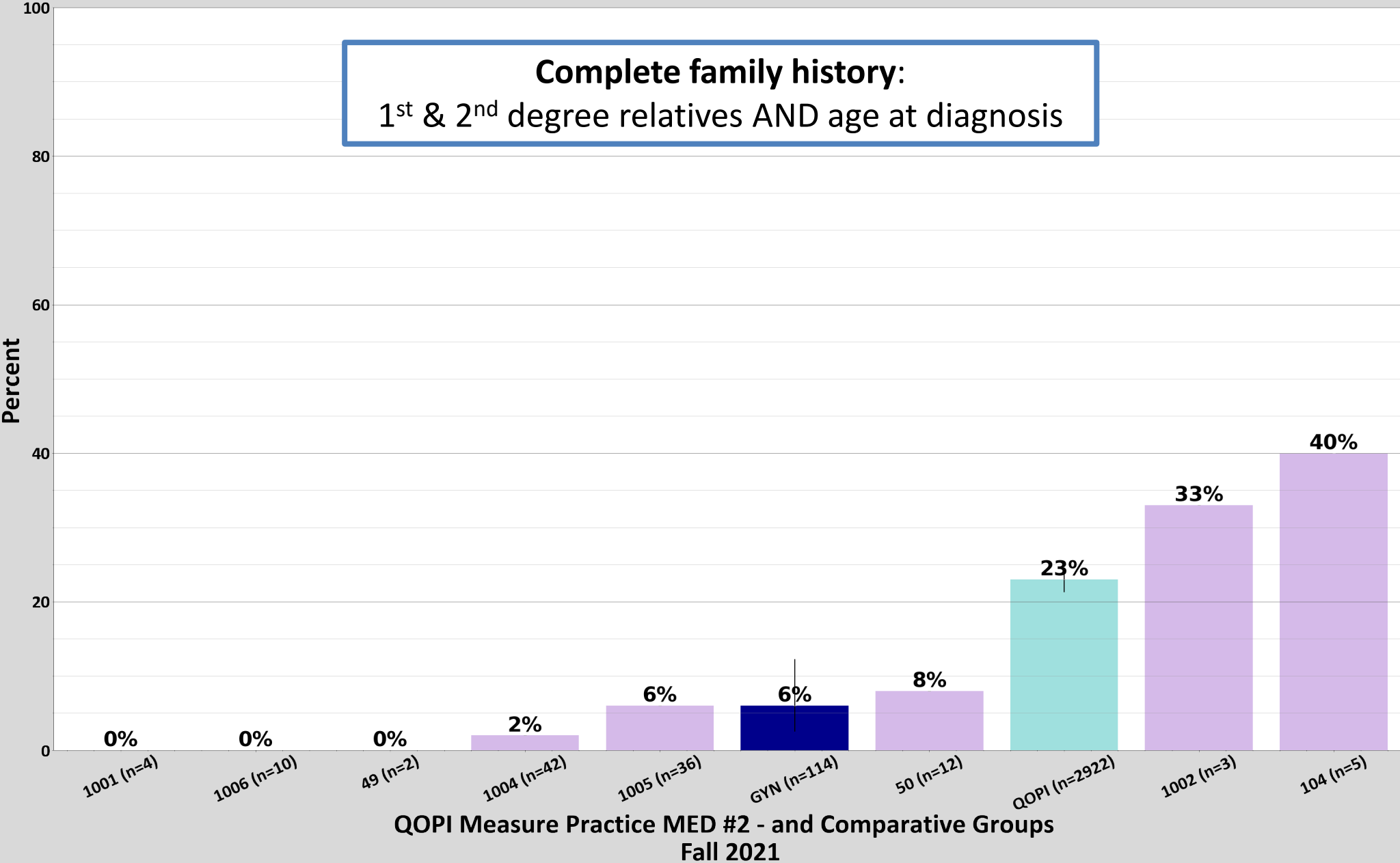
**Chemotherapy Intent (Curative vs. Non-Curative) Documented  
before or within Two Weeks after Administration  
N = 165**



NK-1 RA & Olanzapine Prescribed or Given with High Emetic Risk Chemotherapy  
N = 135

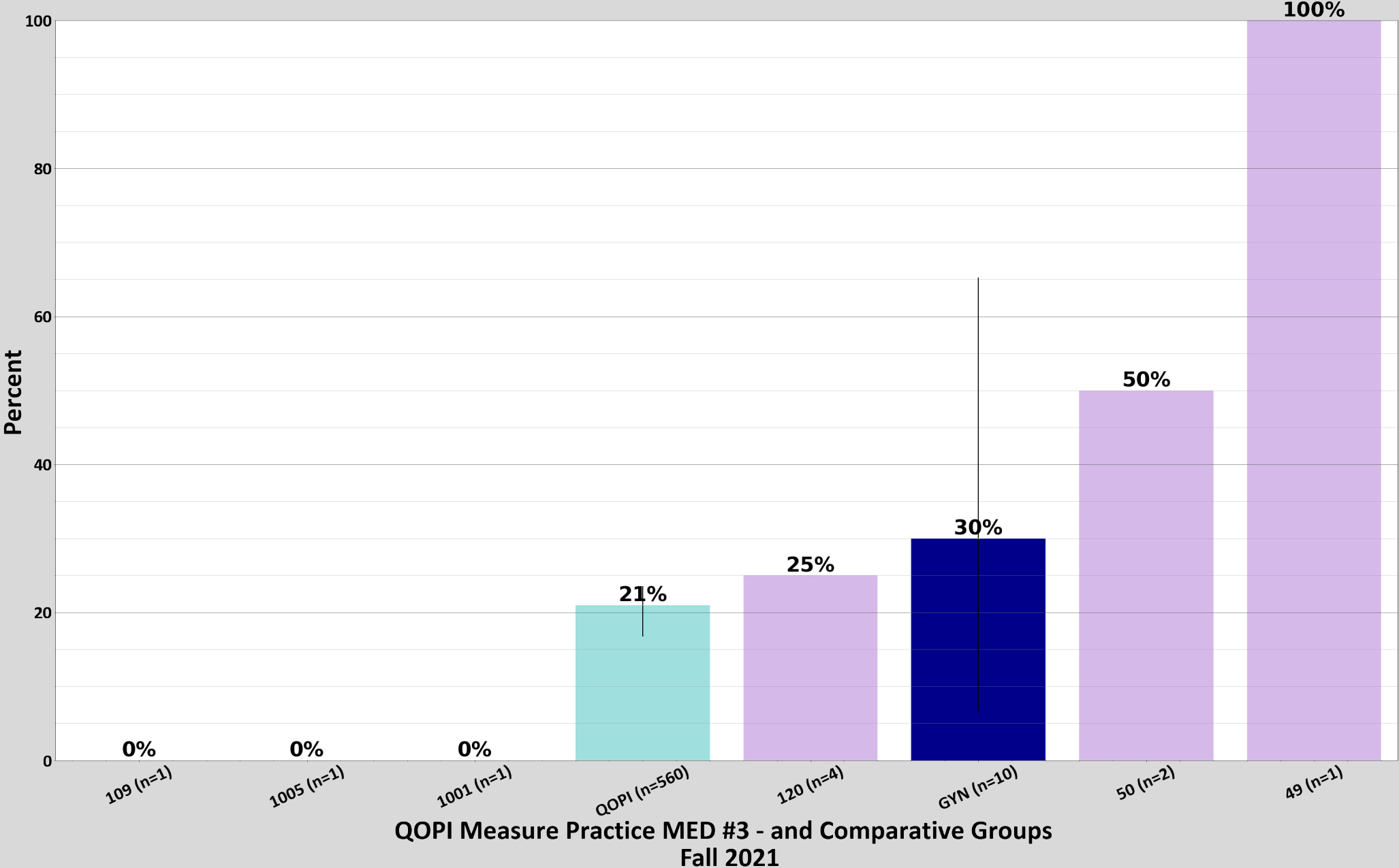


Complete Family History Documented for Patients with Invasive Cancer  
N = 114

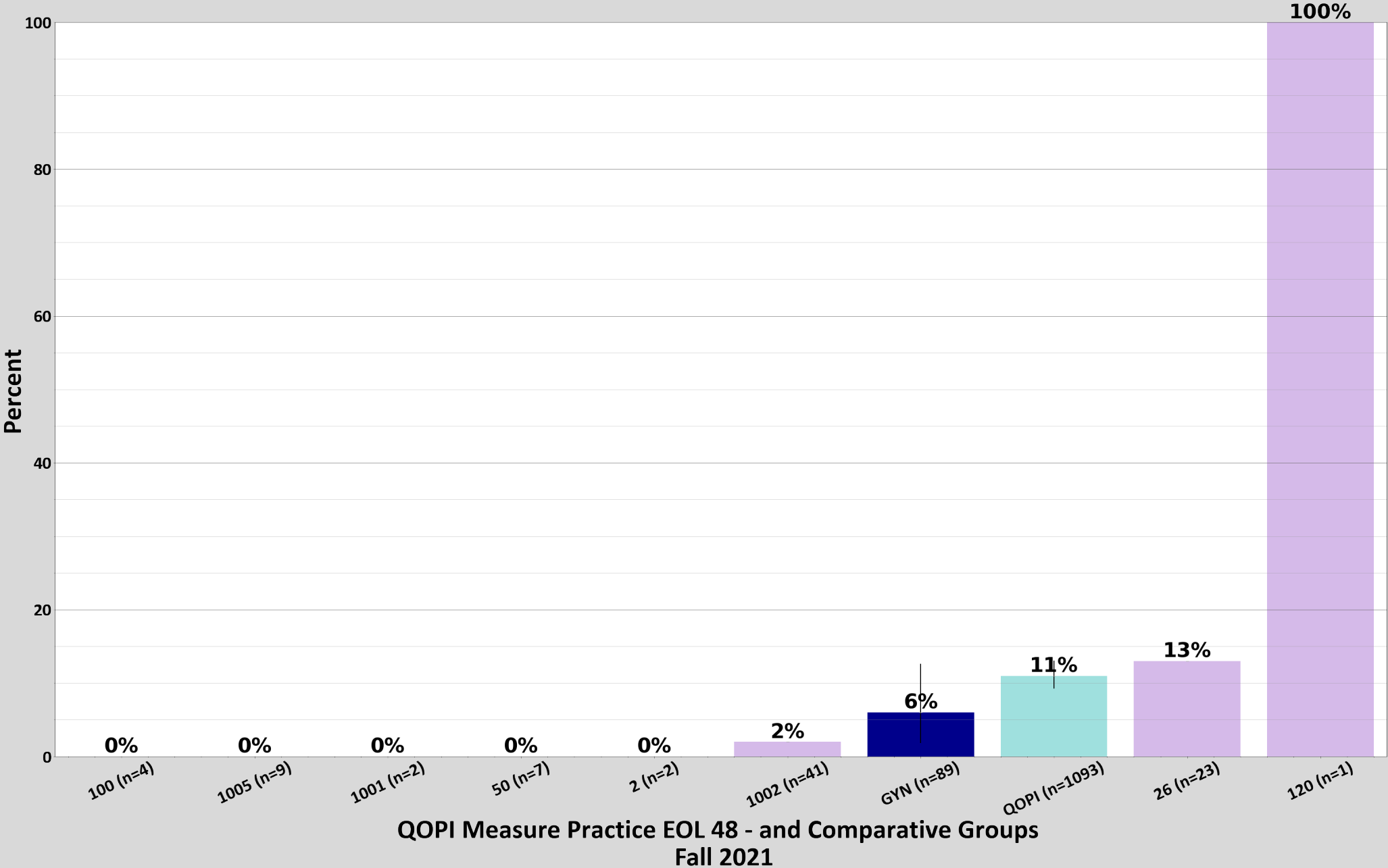




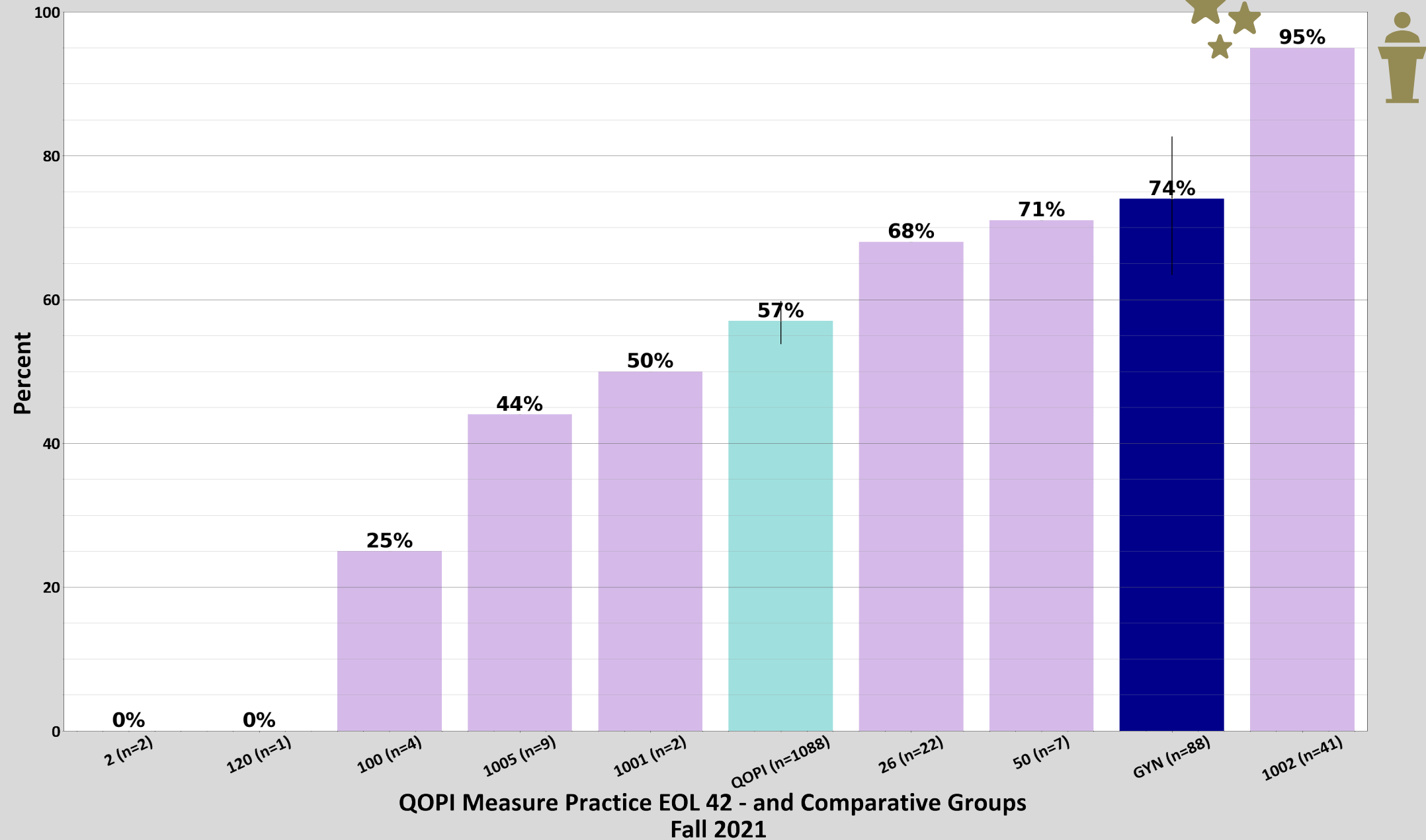
G-CSF Given with 1st Cycle Non-Curative Chemotherapy (Lower Score - Better)  
N = 10



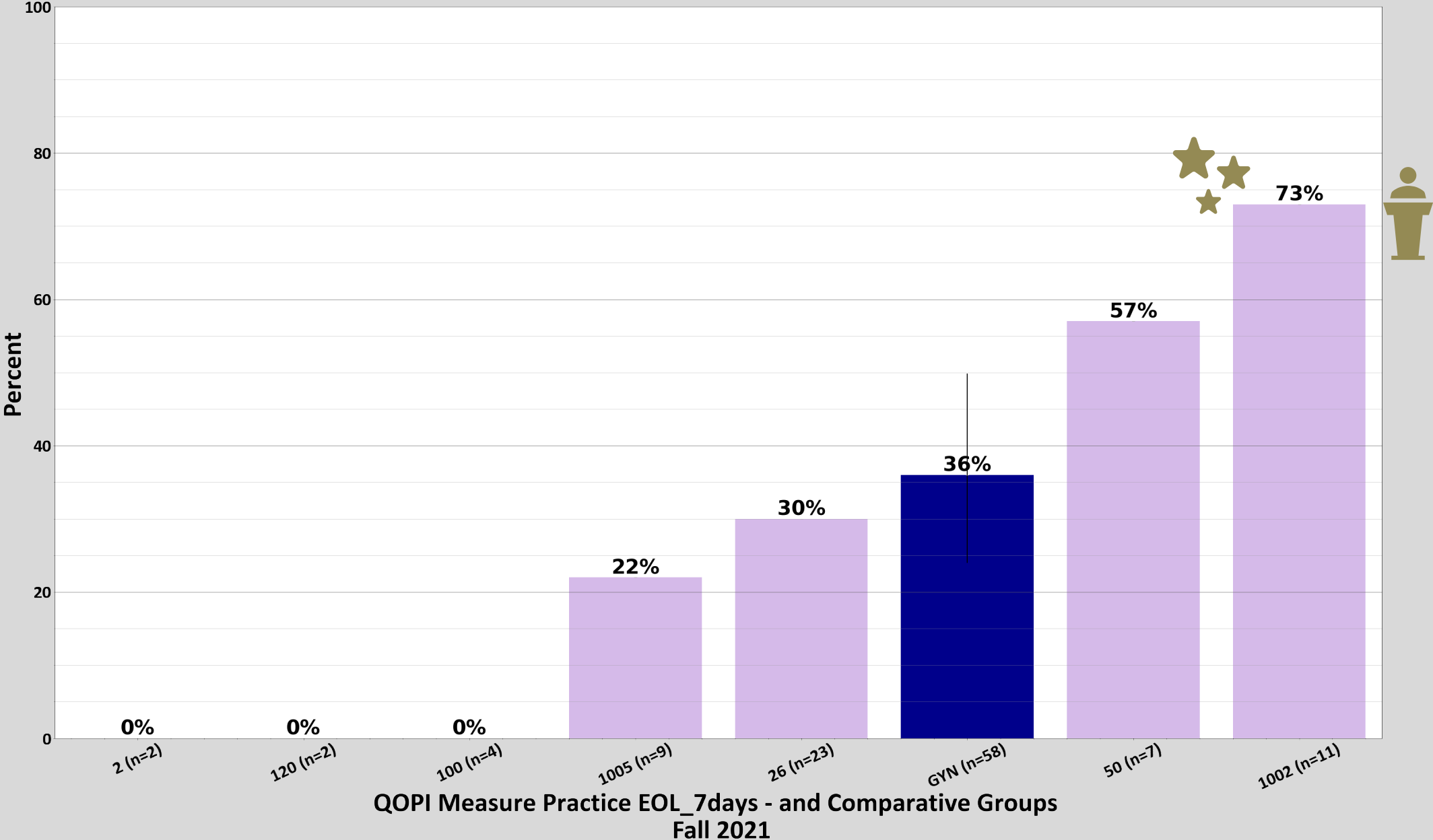
Chemotherapy Given within the Last 2 Weeks of Life (Lower Score - Better)  
N = 89



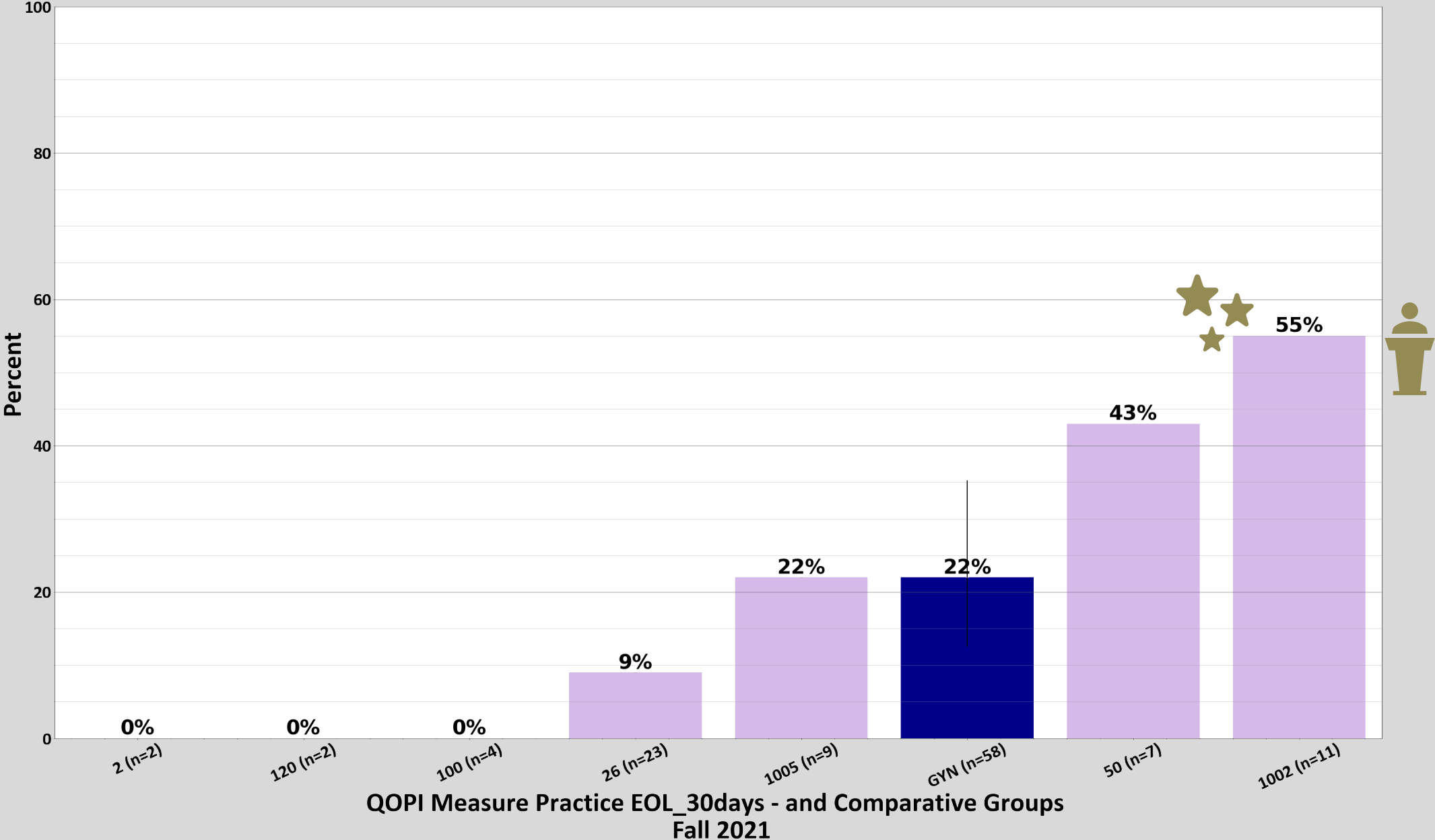
Hospice enrollment  
N = 88



Enrolled in Hospice over 7 Days  
N = 58

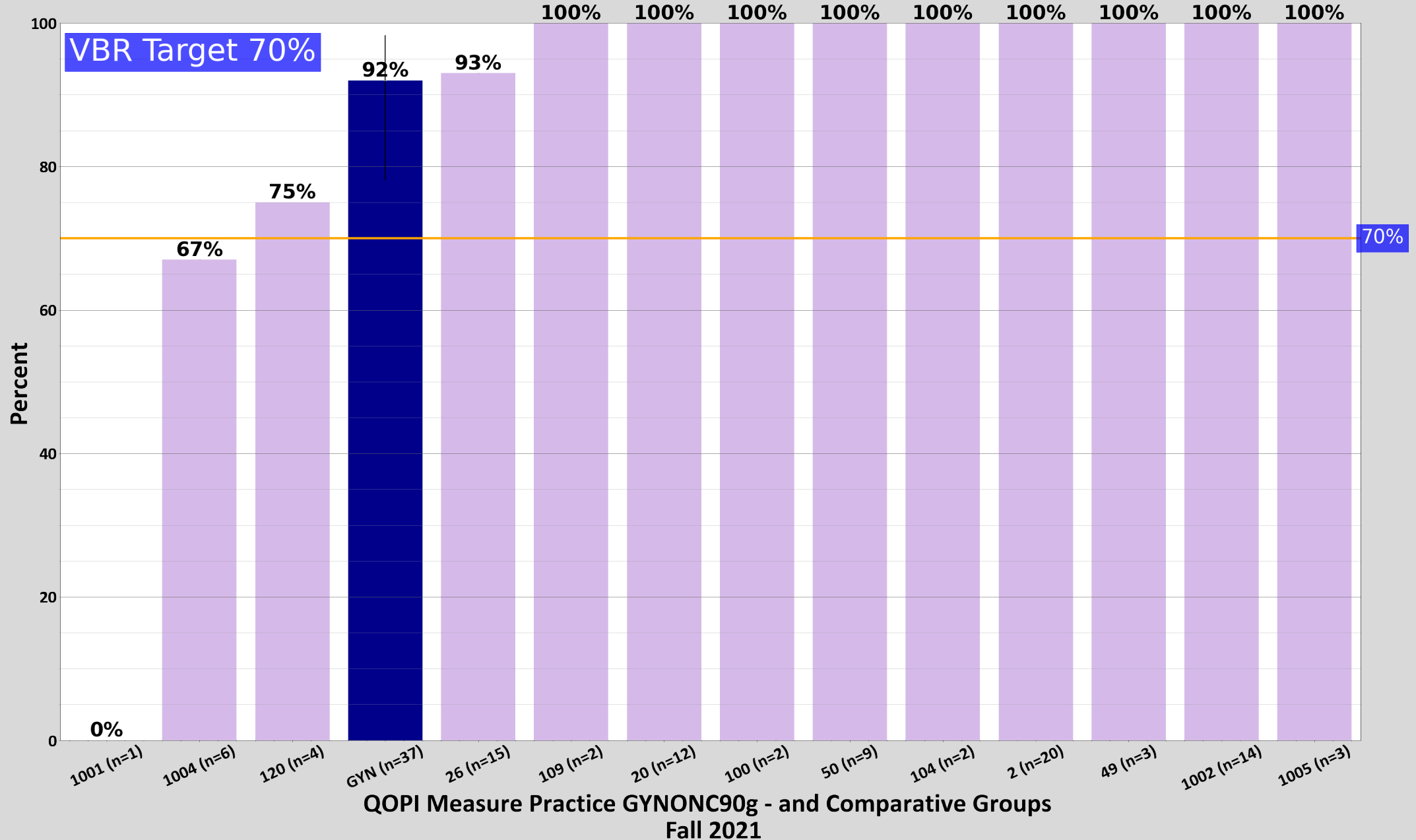


Enrolled in Hospice over 30 Days  
N = 58



# Operative Report with Documentation of Residual Disease (Optimal/Suboptimal)

N = 37



# MSQC Gynecologic Oncology Measures

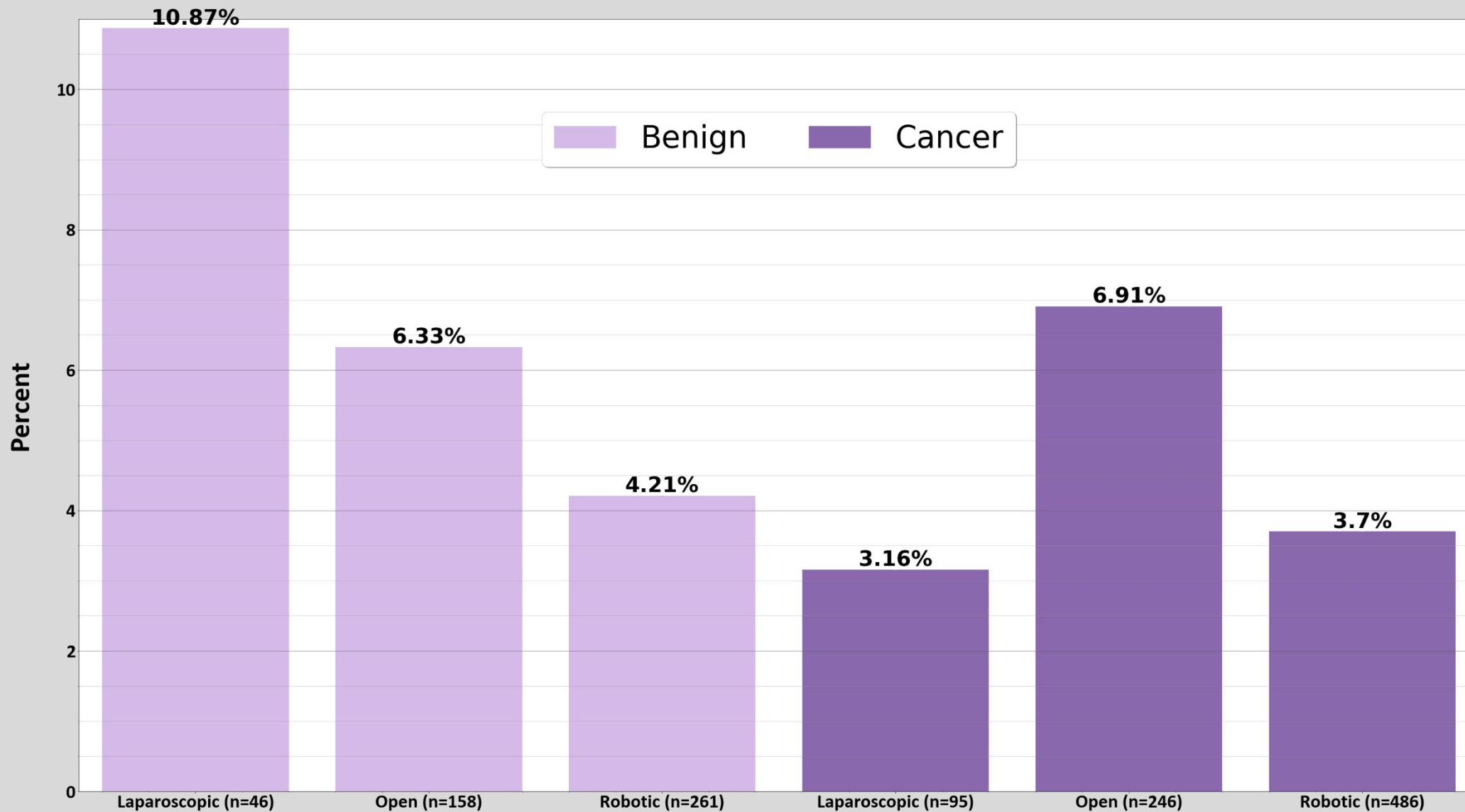


# MSQC Gynecologic Oncology Measures

Measure	MOQC Pathway
<b>1</b>	Emergency Room Utilization
<b>2</b>	Readmission Rates
<b>3</b>	Reoperation Rates
<b>4</b>	Serious Complications
<b>5</b>	Surgical Site Infections
<b>6</b>	Urinary Tract Infections
<b>7</b>	Venous Thromboembolism

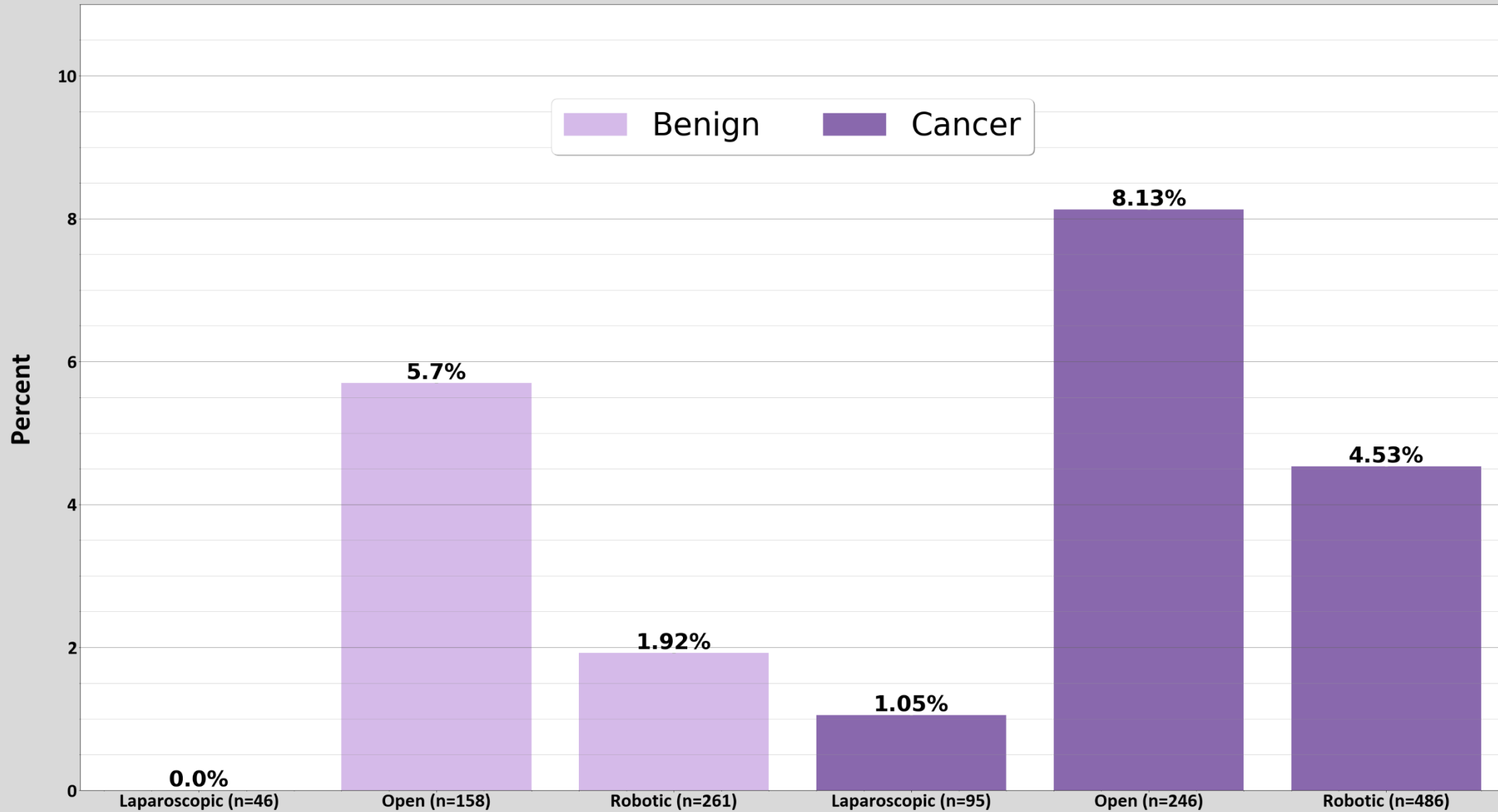


## Emergency Room Utilization

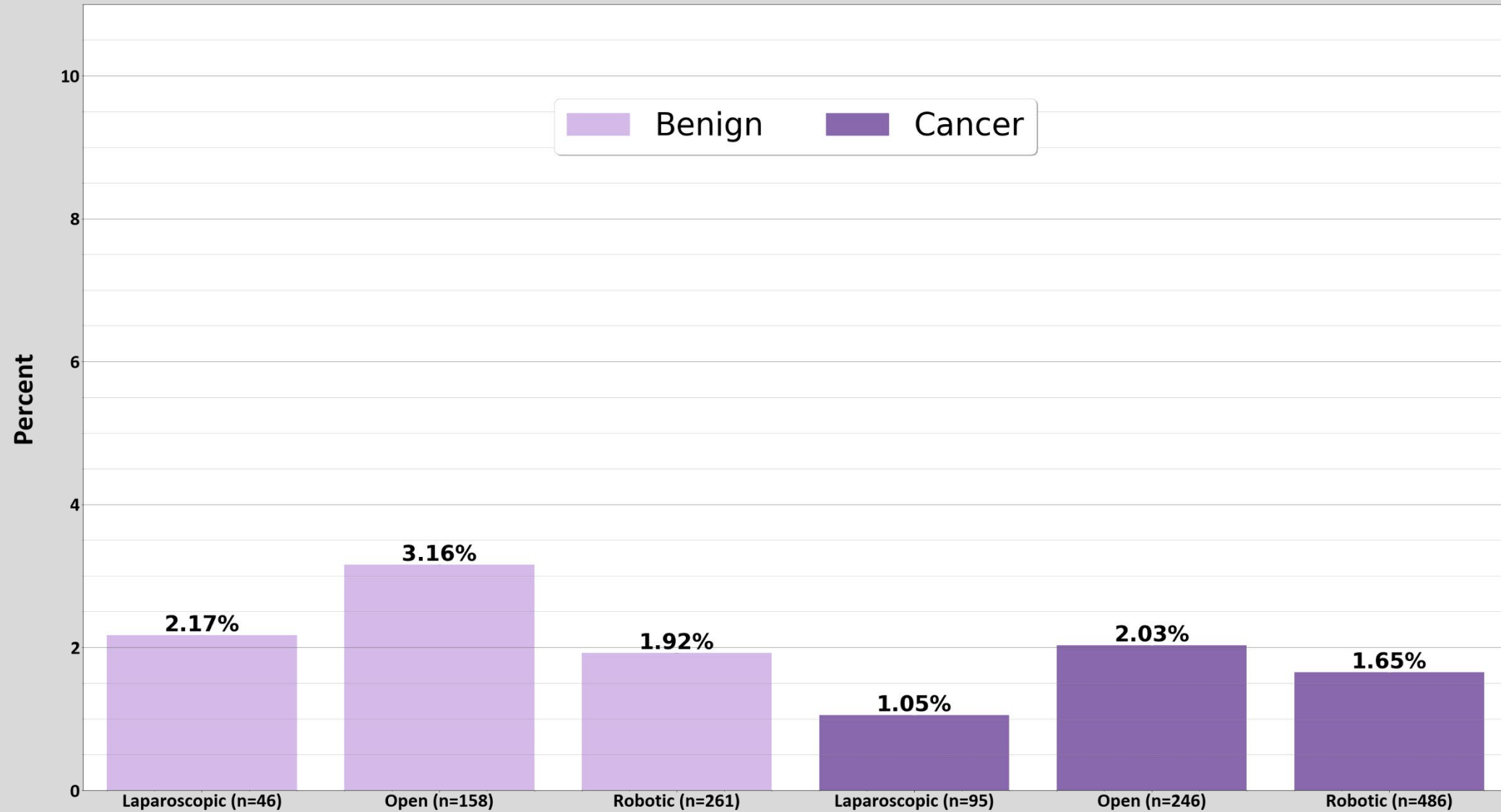


Gyn Onc Measure FLG\_UTIL\_ED - and Comparative Groups  
Fall 2021

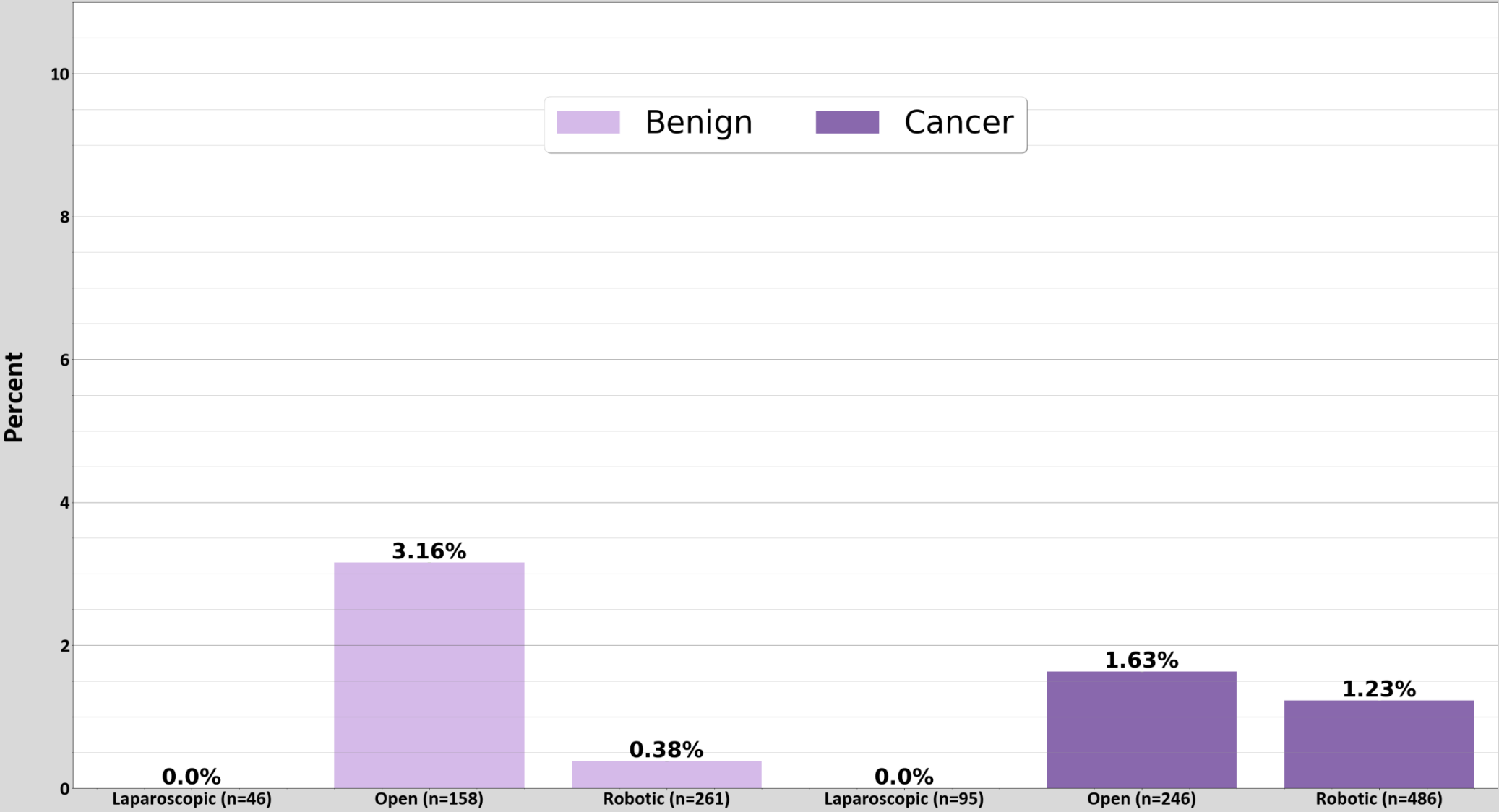
## Readmission Rates



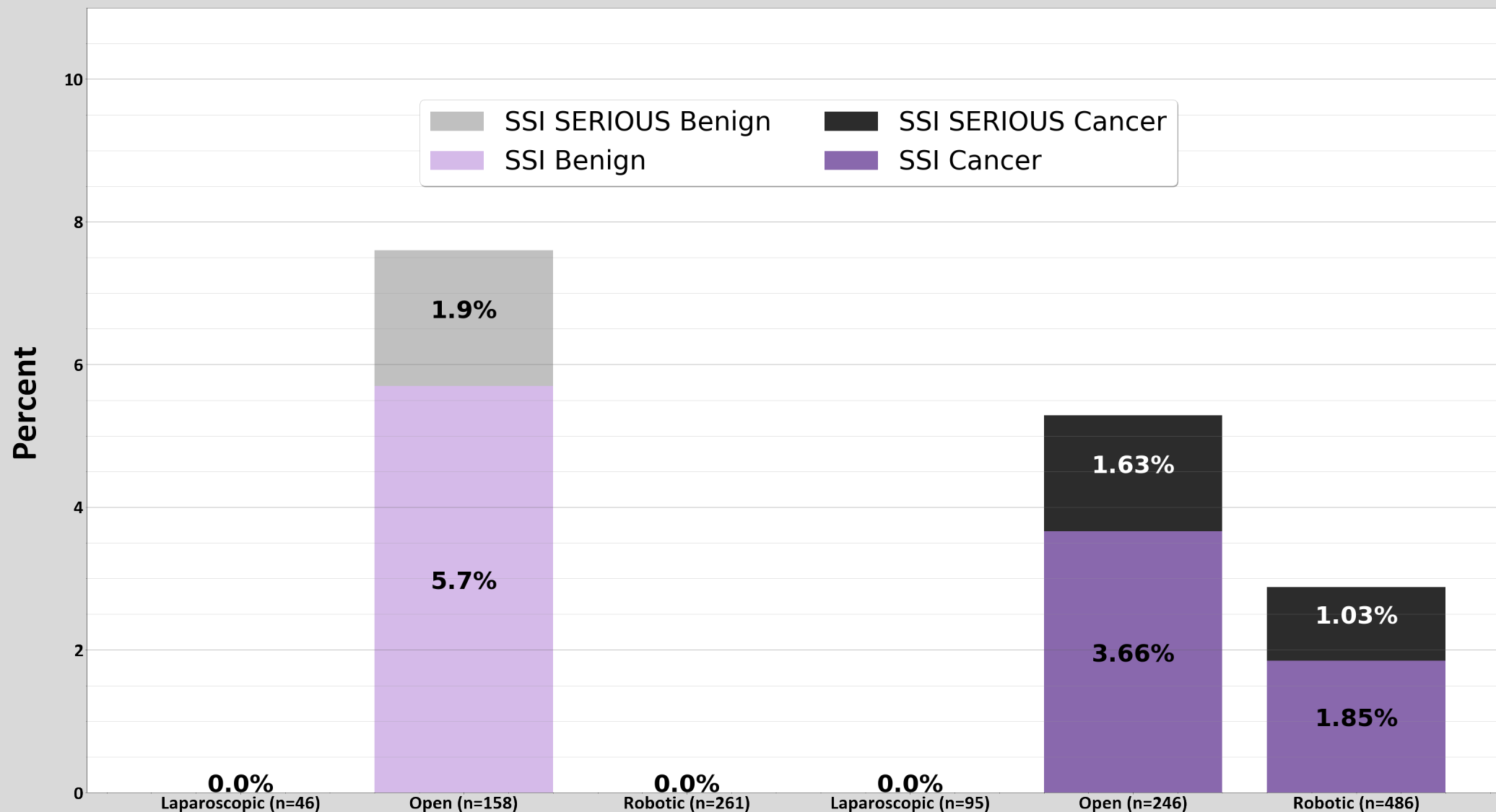
## Reoperation Rates



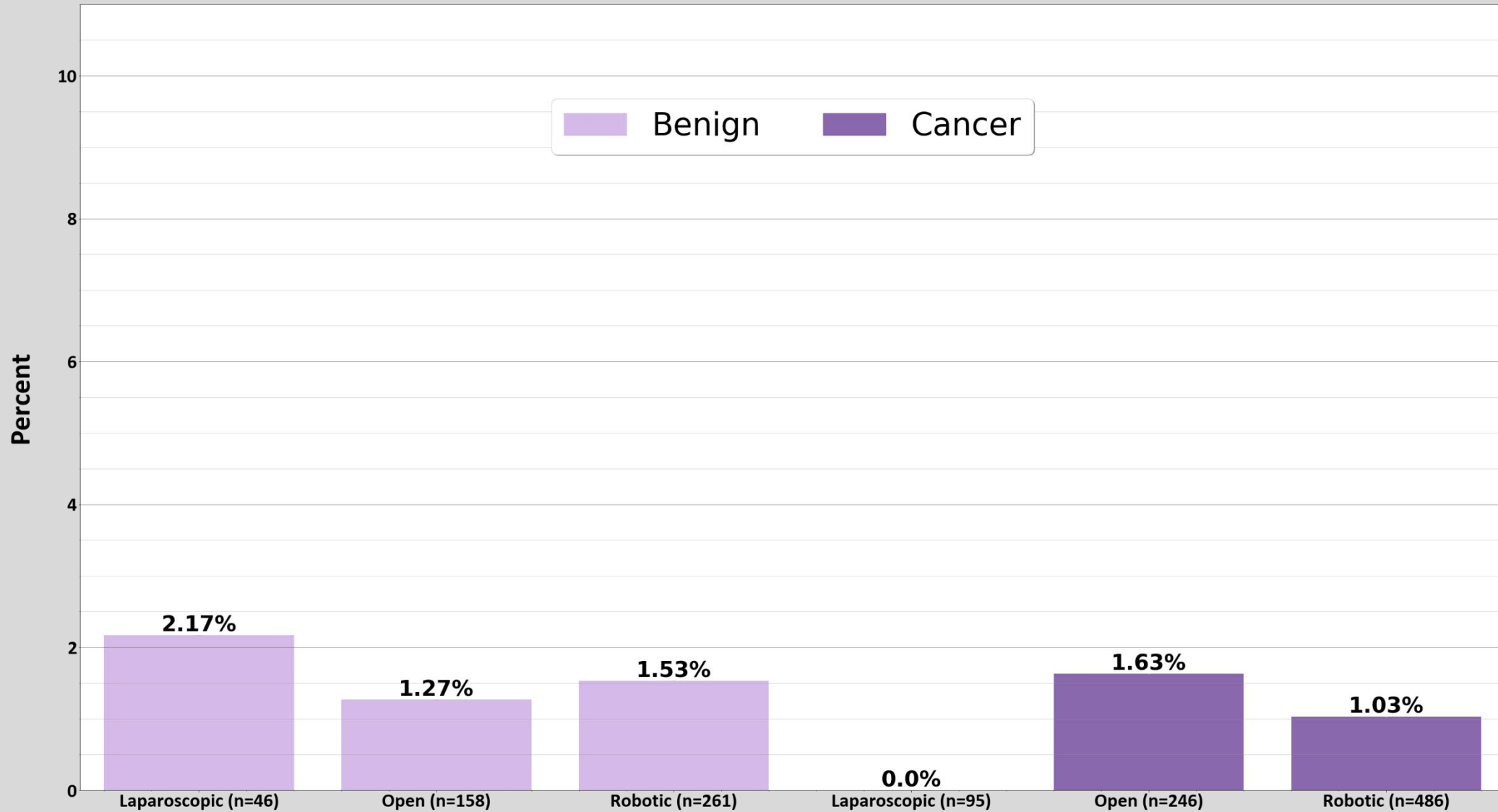
Serious Complications



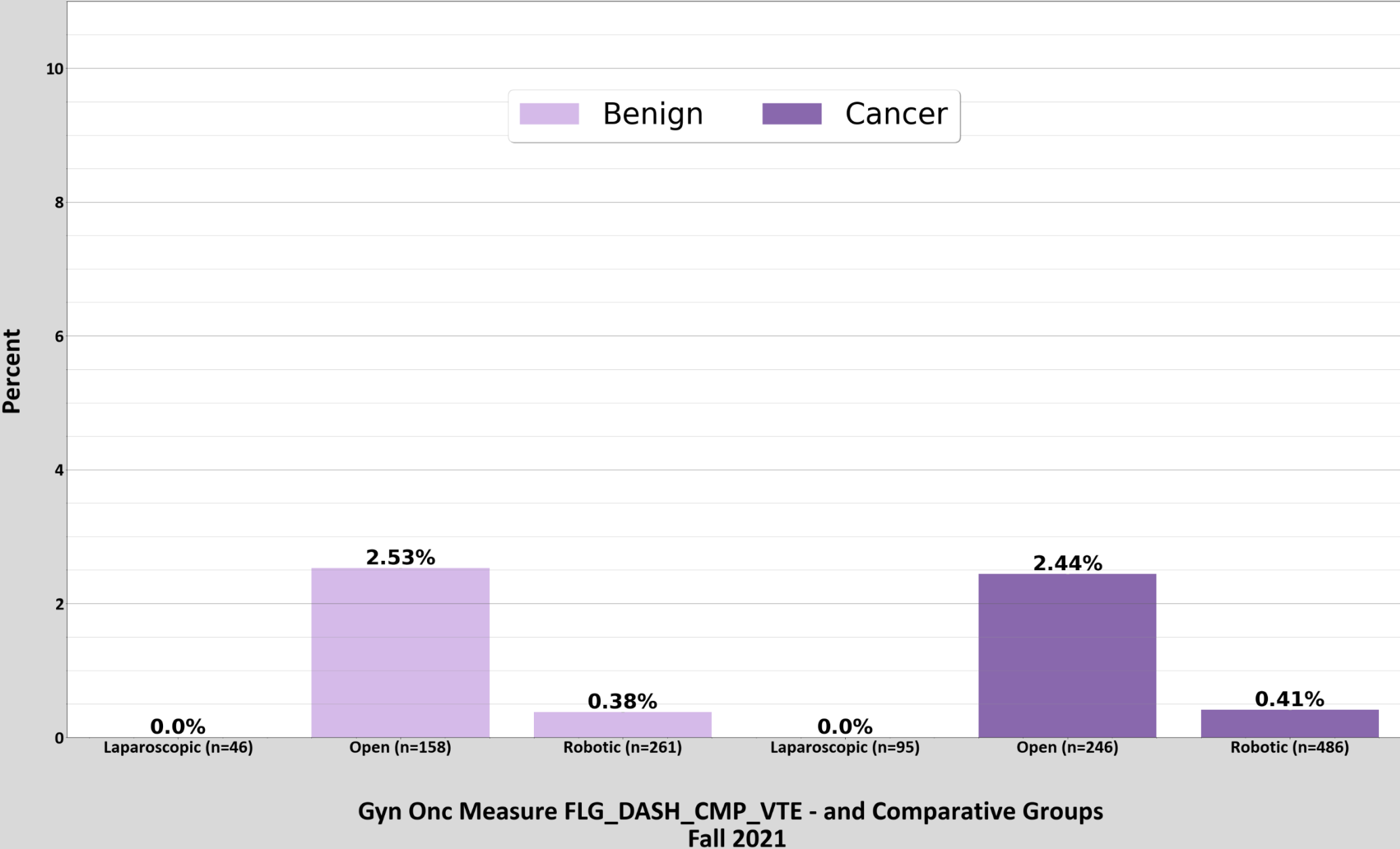
# Surgical Site Infections



# Urinary Tract Infection



# Venous Thromboembolism



## Fee Schedule Increase Opportunities





# 2022 Fee Schedule Increase Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc) - Meet 2 of 3	
Tobacco cessation counseling administered or patient referred in the past year	75%
Proportion of patients with smoking status recorded	90%
Proportion of patients with smoking treatment recorded	30%
2% Opportunity	

VBR Measure Opportunity	
Collaborative-Wide - Meet 2	
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for cancer patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

Race/Ethnicity Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
Race and ethnicity data documented in the oncology record	90%
Additional 2% Opportunity	

**Total eligibility: up to 7%**

# Tobacco Cessation Opportunity

Keli DeVries, LMSW



# 2022 Value-Based Reimbursement Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc) - Meet 2 of 3	
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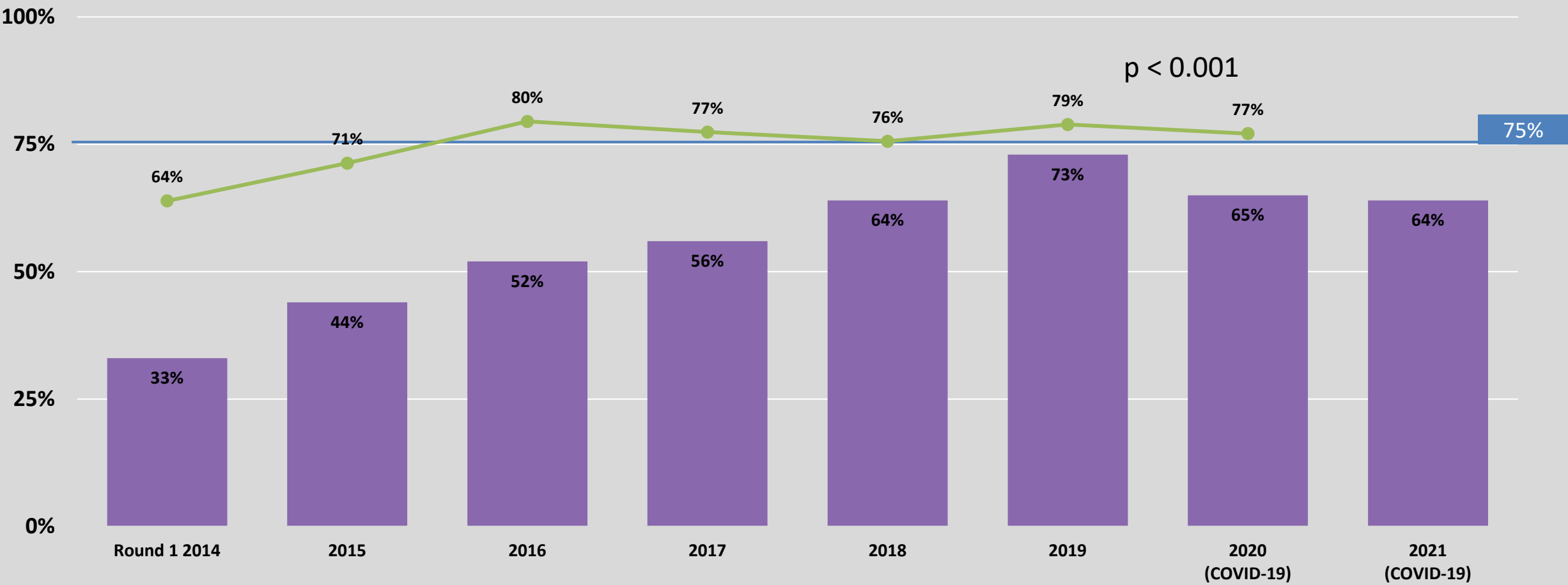
Race/Ethnicity Data Opportunity	
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# MDHHS Data for Smoking and Tobacco Cessation Referrals

CORE 22bb: Tobacco cessation counseling administered or patient referred in the past year

MOQC Performance MDHHS Data VBR Target



# Continued smoking after ovarian cancer diagnosis can increase mortality rates by 40%

---

*Never smokers and individuals quitting after diagnosis show comparable survival rates*





# Women who are current smokers are 21% more likely to die from cervical cancer.

*And 35% more likely to die of any cause compared with known non smoking cases.*

Ann L. Coker, Christopher P. DeSimone, Katherine S. Eggleston, Claudia Hopenhayn, Jaclyn Nee, Thomas Tucker, Smoking and survival among Kentucky women diagnosed with invasive cervical cancer: 1995–2005, Gynecologic Oncology, Volume 112, Issue 2, 2009, Pages 365-369, ISSN 0090-8258, <https://doi.org/10.1016/j.ygyno.2008.10.013>.



# Quitting smoking during cancer treatment can...



Improve the effectiveness of chemotherapy



Decrease the risk of complications and serious side effects



Increase survival rates for tobacco-related and non-tobacco related cancers

# Tobacco Cessation Measure #1

- Tobacco cessation counseling given or patient referred in the past year (Target: 75%)

*Examples of chart documentation that meet this measure:*

Reviewed ASCO NSCLC booklet on Smoking Cessation. Provided quit kit and fidgets to patient at this time.

Informed patient on quitSTART app

Provided a brochure from the local support group offering smoking cessation meetings

Patient referred to QuitLine



# Tobacco Cessation - Measure #2

- Proportion of patients with smoking status recorded (Target: 90%)

*Examples of chart documentation that meet this measure:*

Current Smoker.  
Strongly  
encouraged to quit  
smoking.

Current Smoker. Advised to  
quit. Patient declined  
referral to Tobacco Quitline.

Former smoker.  
Pt quit smoking in  
2015.



# Tobacco Cessation - Measure #3

- Proportion of patients with smoking treatment recorded (Target: 30%)

*Examples of chart documentation that meet this measure:*

PCP prescribed Chantix to patient (in the oncologist's note).

Nicotine patch prescribed to patient.

Discussed Bupropion with pt. Sent a prescription to the preferred pharmacy.



# VBR Measures

Shitanshu Uppal, MD



# 2022 Value-Based Reimbursement Summary

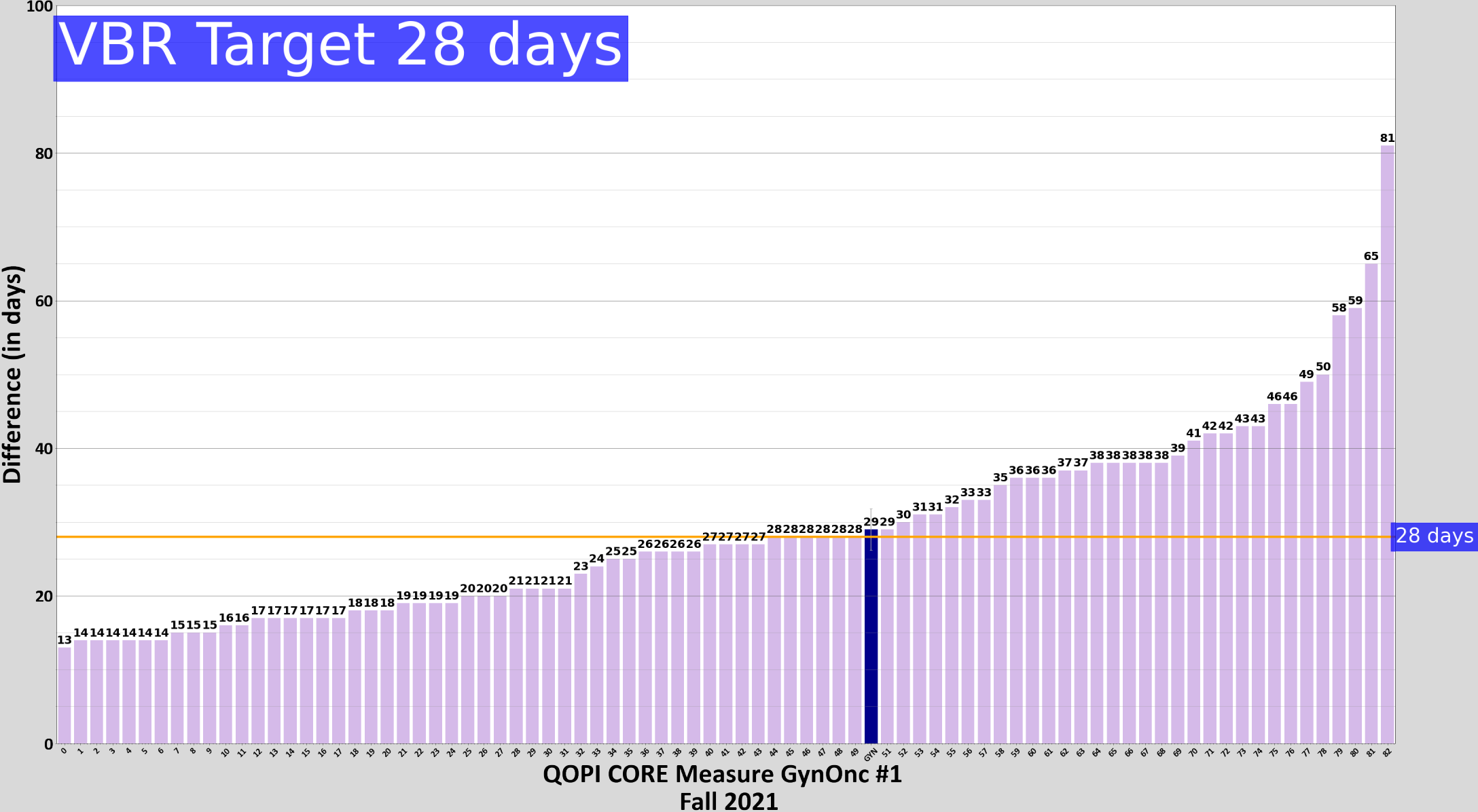
Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc) - Meet 2 of 3	
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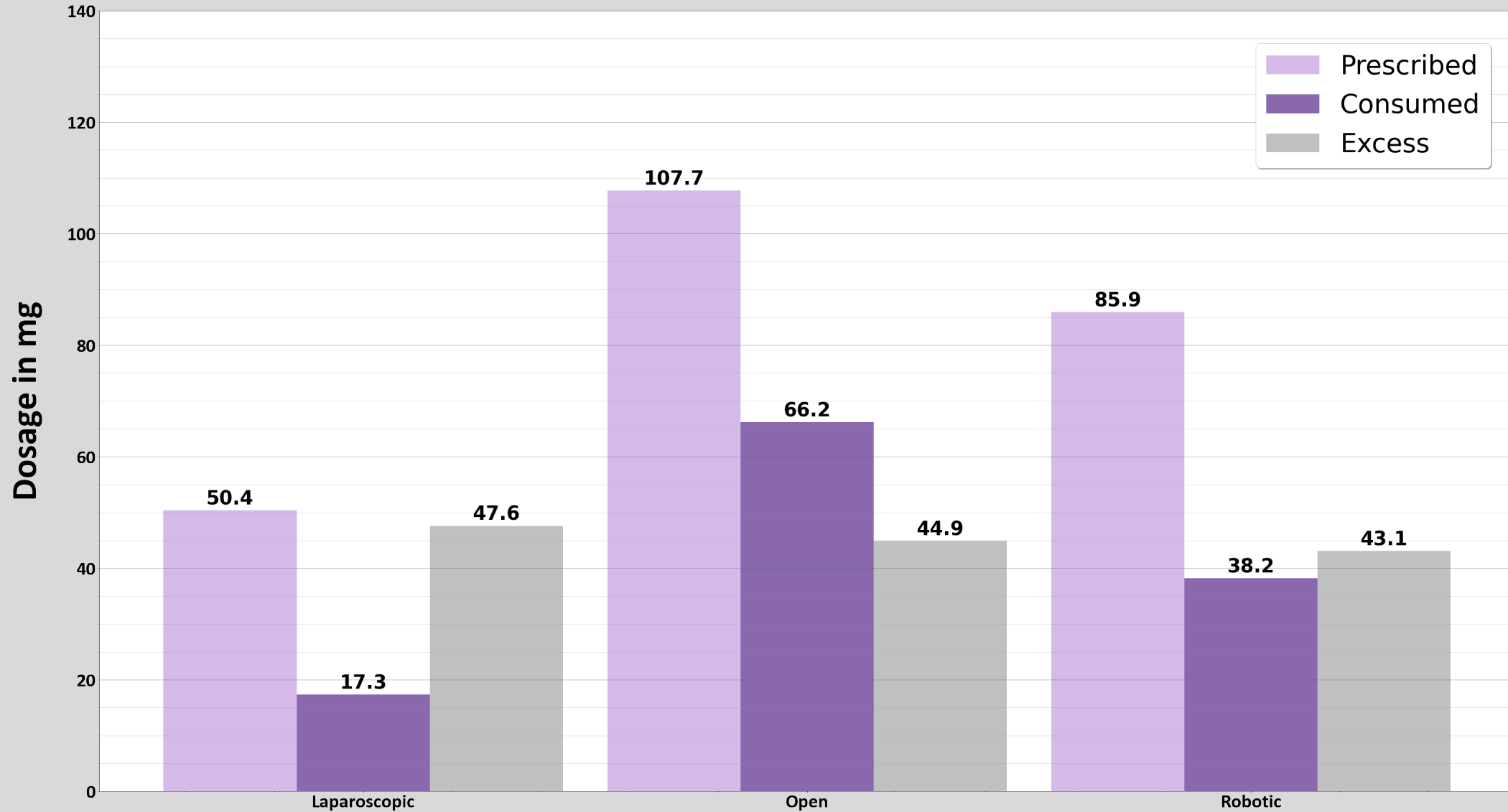
Race/Ethnicity Data Opportunity	
Practice Meet Both	
Meet VBR measures	2
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Additional 2% Opportunity	

**Total eligibility: up to 7%**

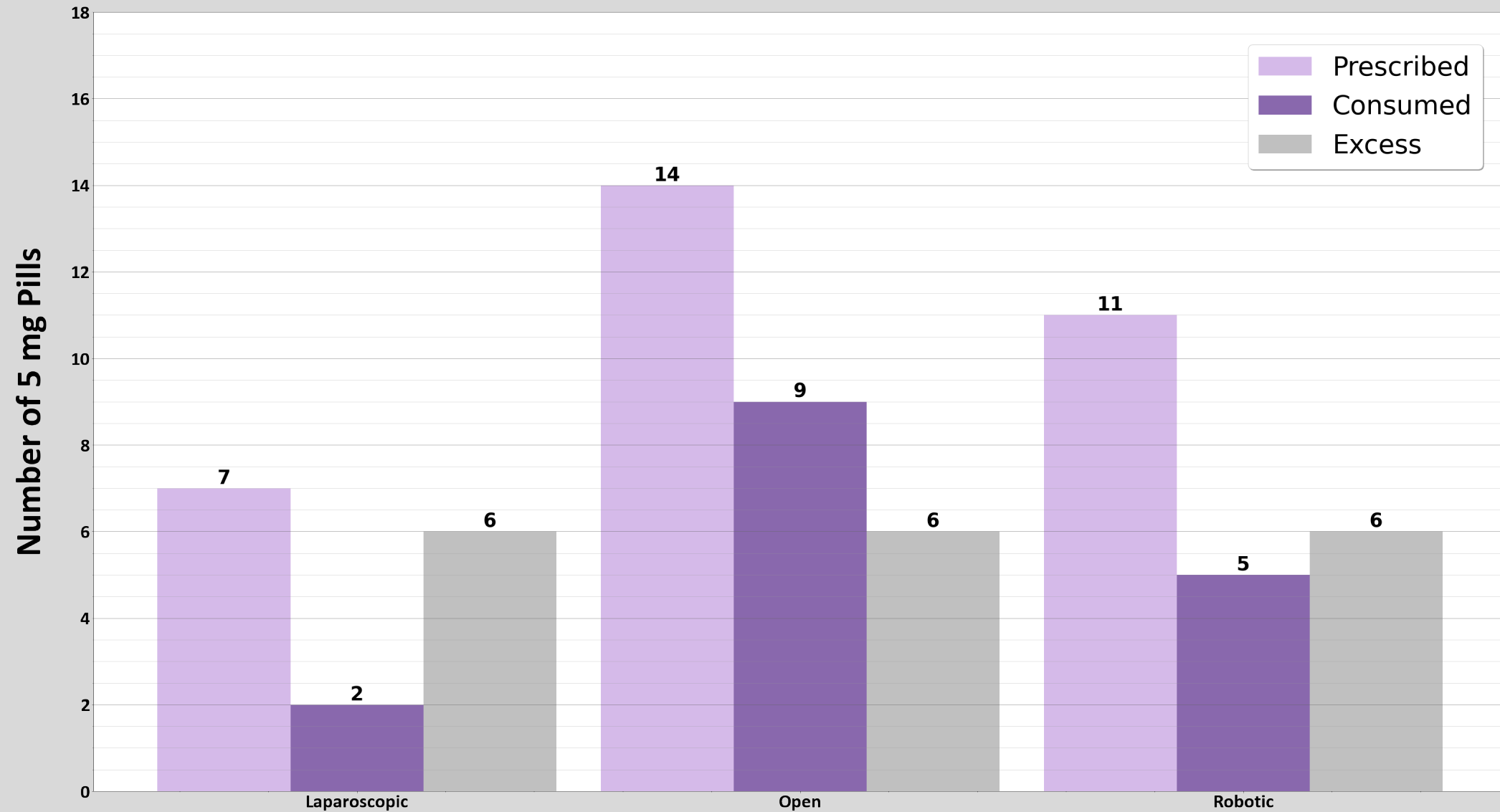
Days between Cyto-reduction and 1st Day of Chemotherapy  
N = 82



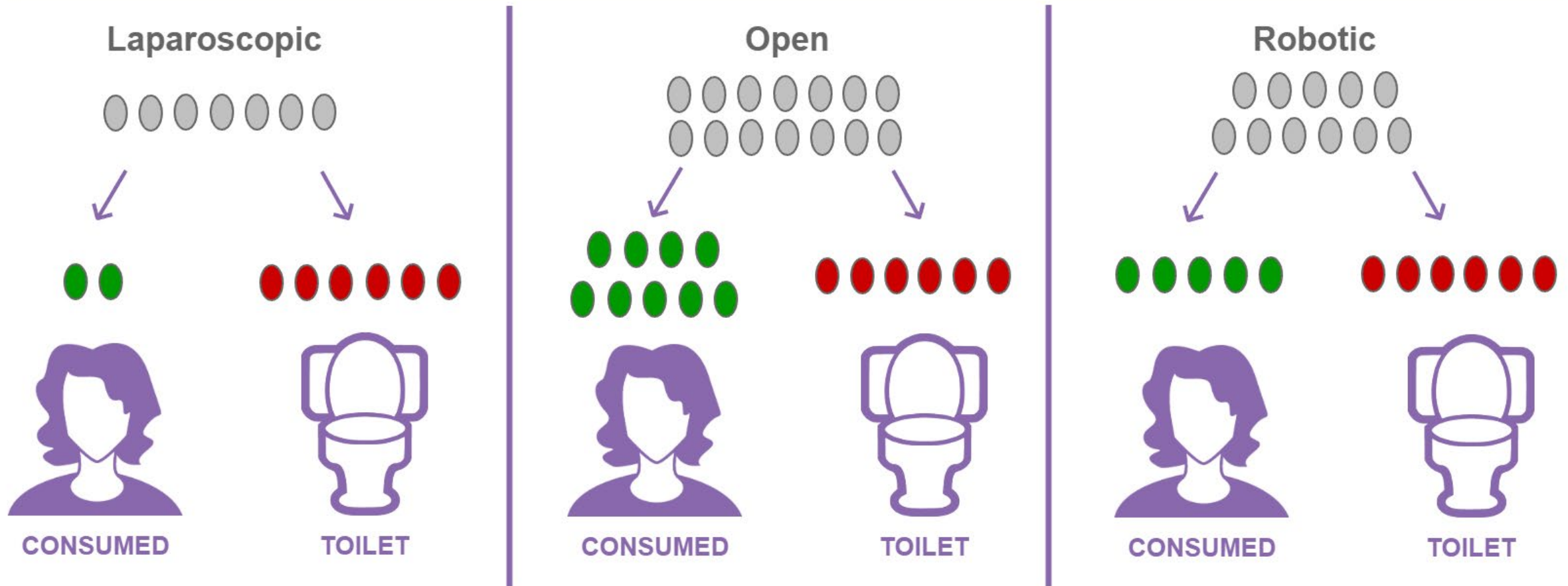
# Morphine Equivalents



# Oxycodone



## Opioid Overprescription and Waste





## Methods: Implementation of Clinical Calculator

- **Baseline census** (Patients who received cyclosporine & tacrolimus)
- **Prevalence comparison** And prevalence ratio from the predicted values results corresponding the spinal calculator
- **Excessive prescription** Report requested showing those that didn't remain after 30 days

epidemiology



NATIONAL INSTITUTE OF  
HEALTH



# Questions?



# Race & Ethnicity Data Opportunity

Keli DeVries, LMSW



# 2022 Value-Based Reimbursement Summary

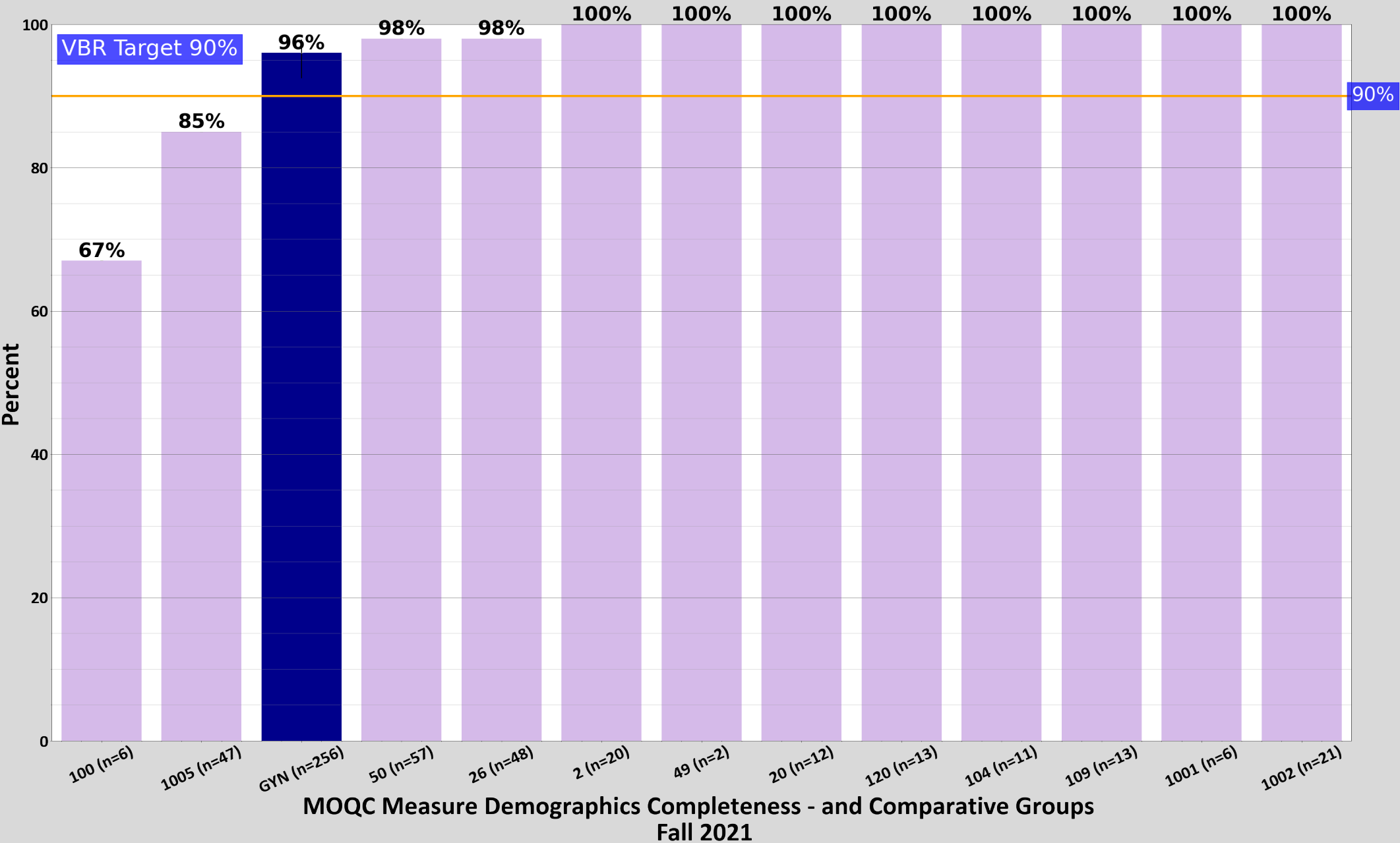
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Race/Ethnicity Data Opportunity	
Practice Meet Both	
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Additional 2% Opportunity	

**Total eligibility: up to 7%**

Completeness of Race and Ethnicity Data  
N = 256



# Discussion



**LUNCH!**



## **Michelle Debbink, MD, PhD**

Maternal-Fetal Medicine Specialist  
University of Utah Health



## **Aimee Rolston, MD, MS**

Gynecologic Oncology Fellow  
Michigan Medicine

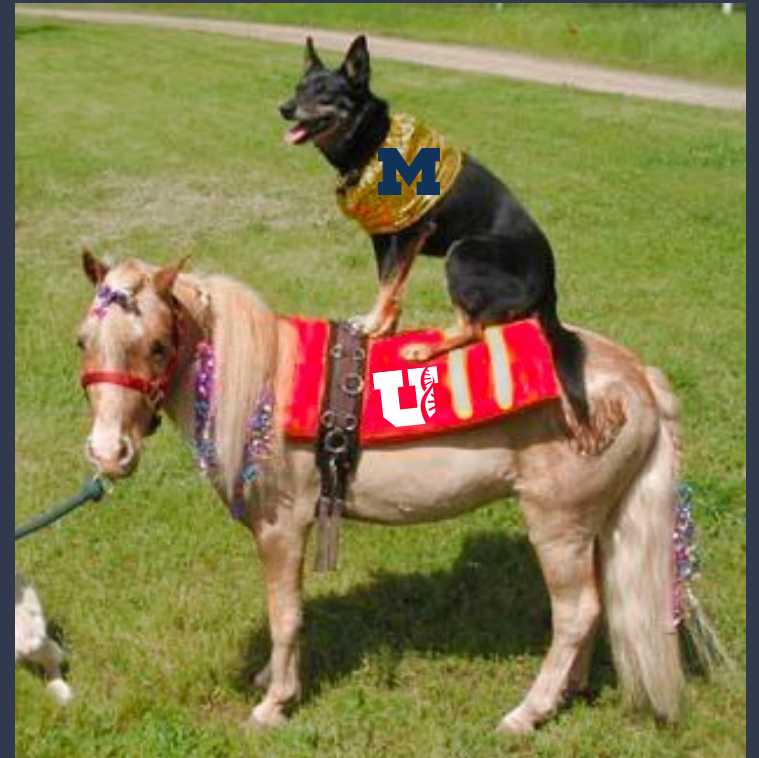


## **Placenta Accreta**



# Multidisciplinary management of Placenta Accreta Spectrum

A TALE OF TWO SISTERS



# Conflict of Interest & Financial Disclosures

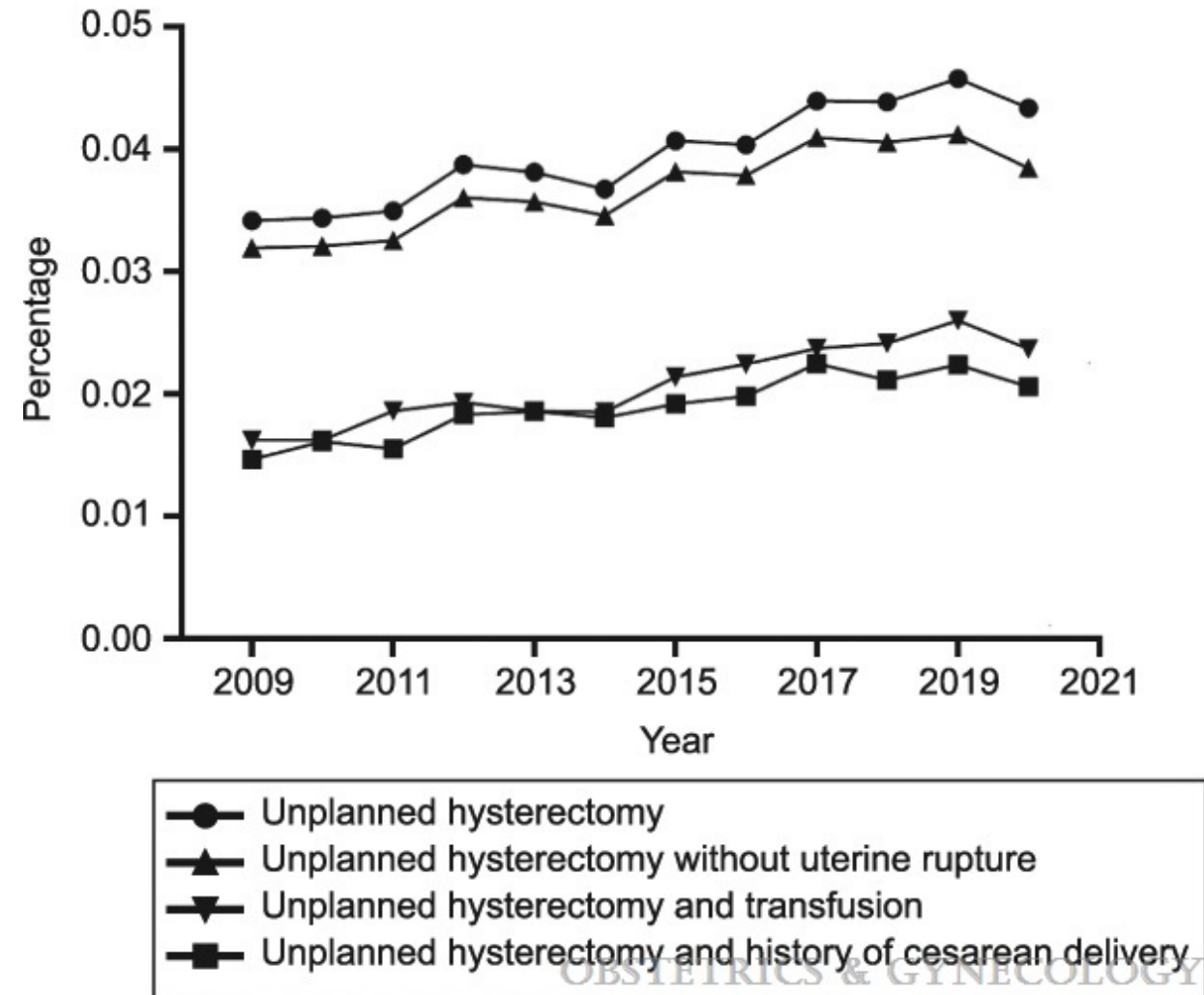
- We have no conflicts to disclose
- Michelle Debbink receives salary support from the March of Dimes and the American Board of Obstetrics and Gynecology as part of the Reproductive Scientist Development Program

# Outline

- Background
- Multidisciplinary protocol
  - Preoperative
  - Intraoperative
  - Postoperative
- Future Directions/“Wish List”

# Background

- Placenta accreta spectrum (PAS)
  - Abnormal adherence of trophoblasts to myometrium
- Increasing incidence
  - 1:4000 (1970s)
  - 1:500-700

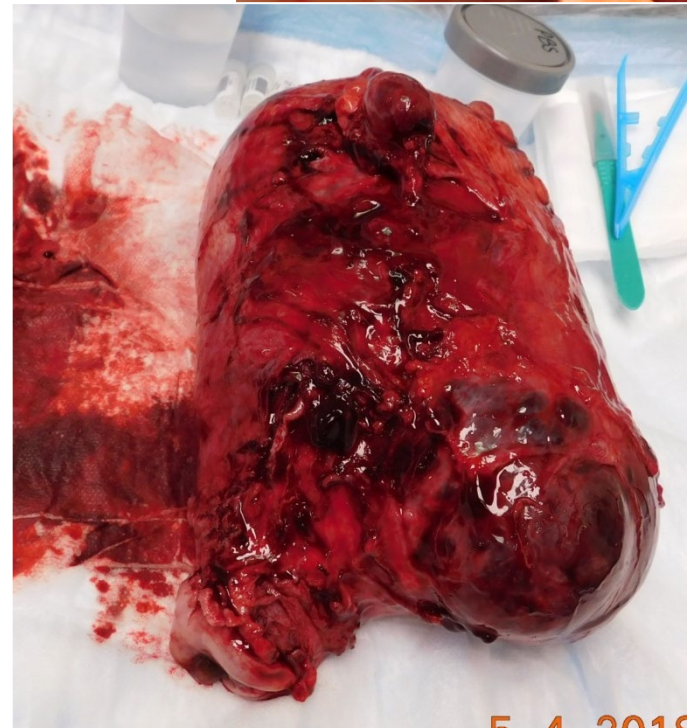
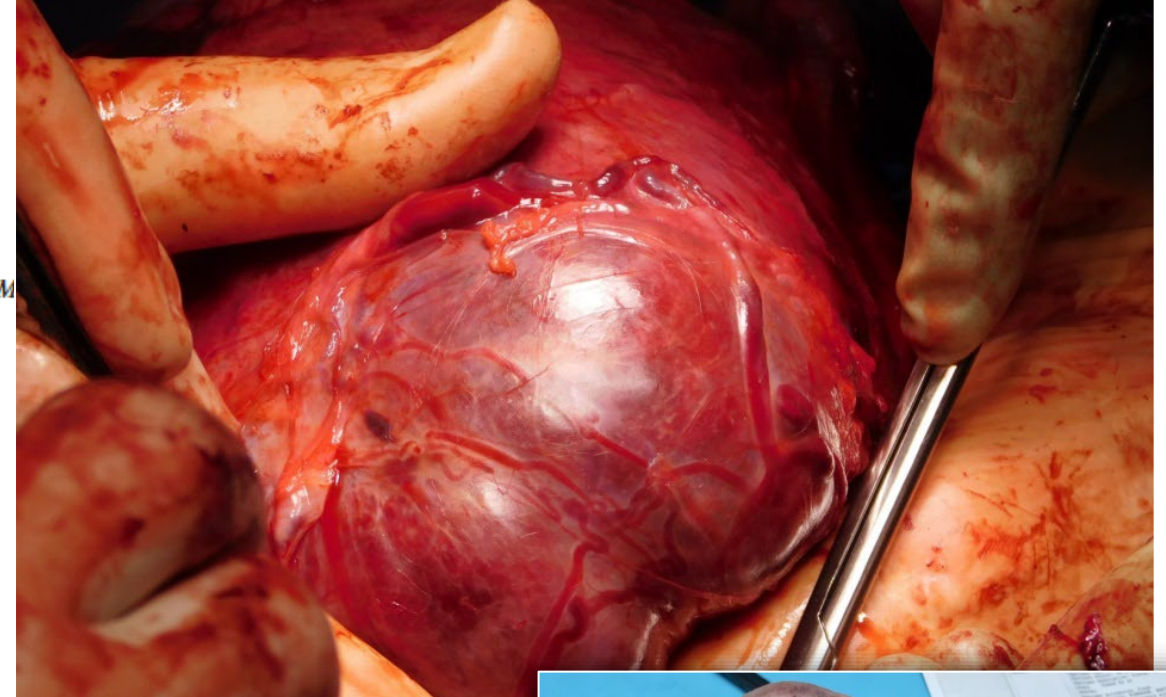
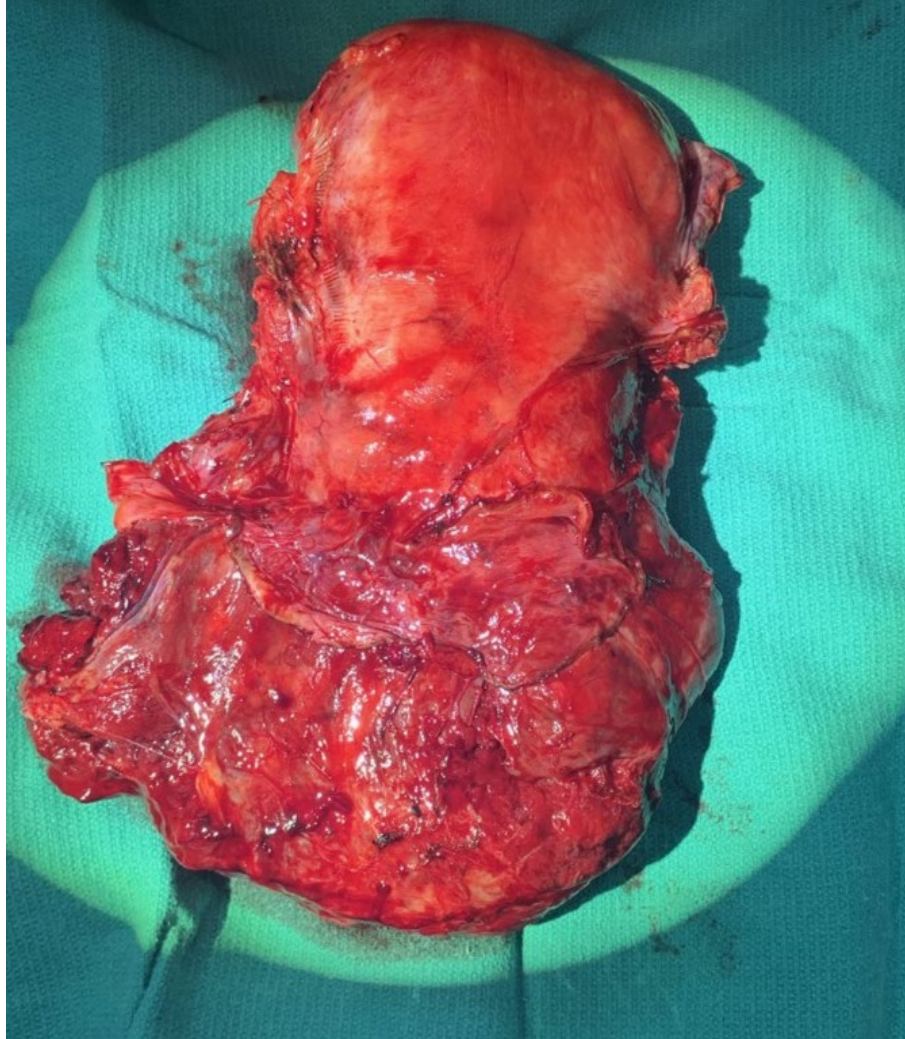




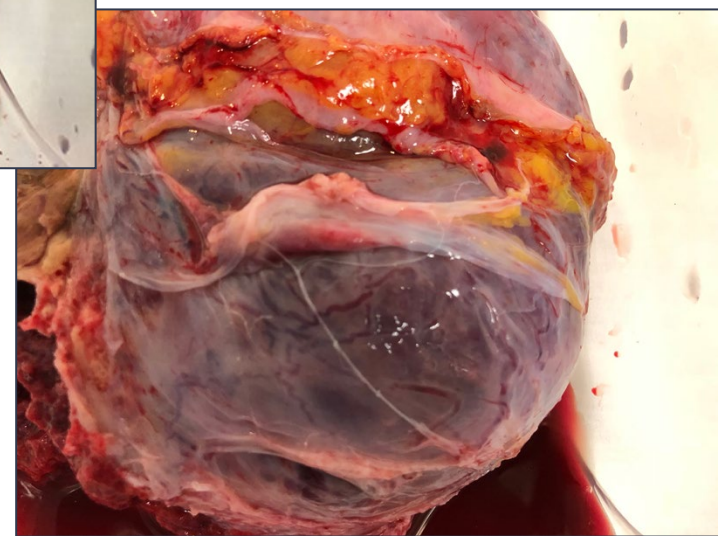
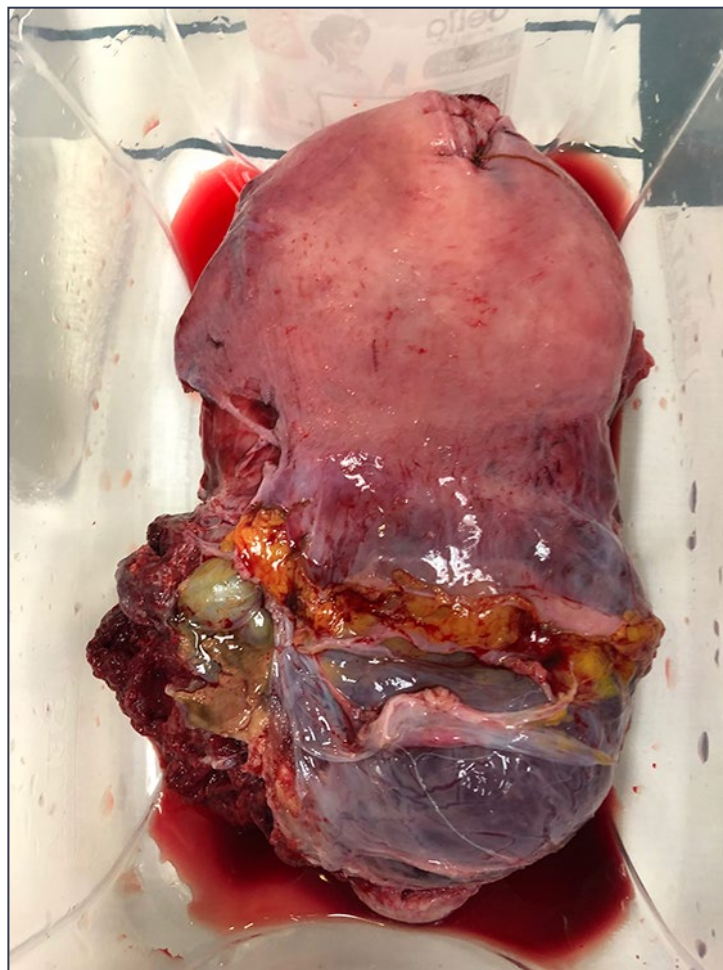
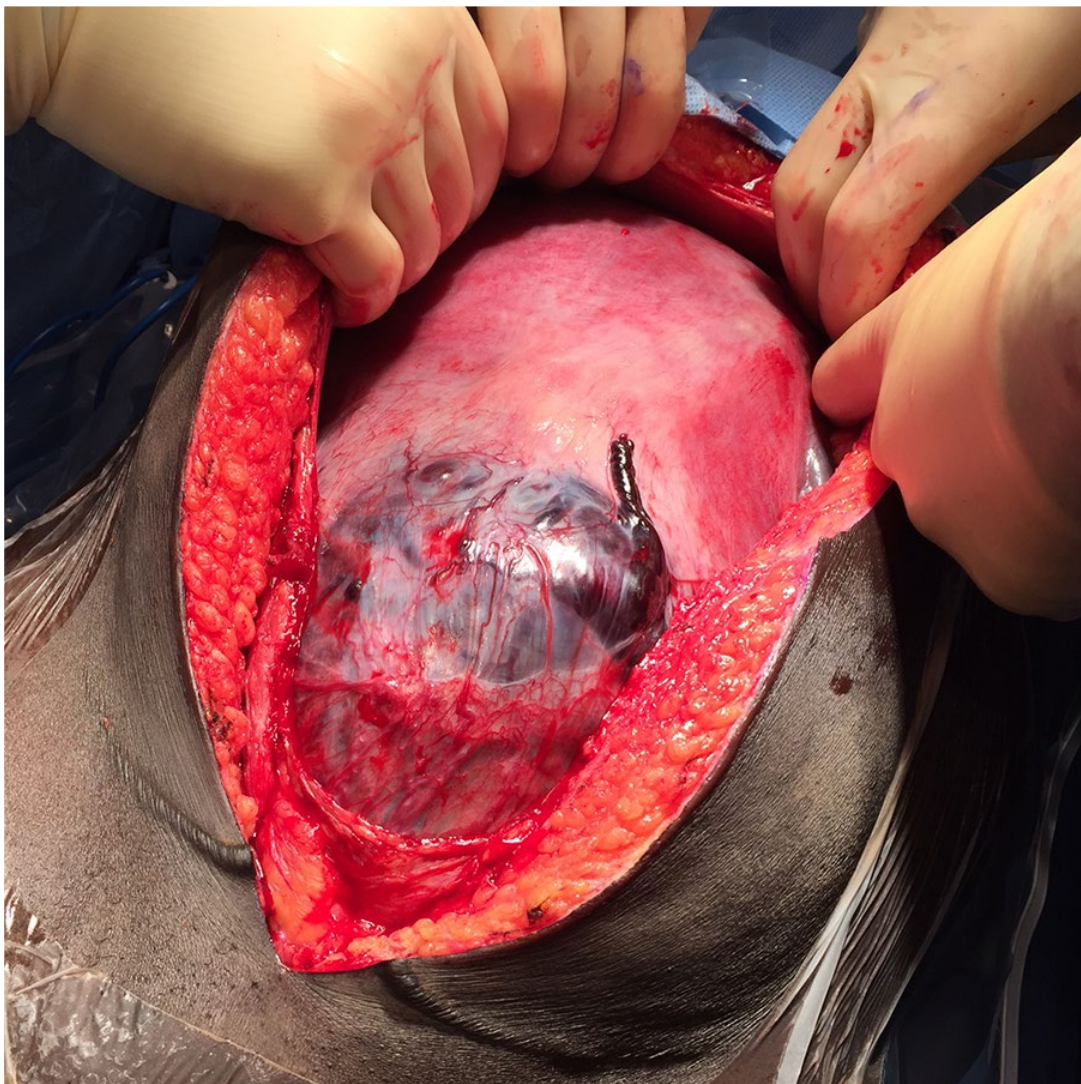
# Placenta Accreta Spectrum Disorder

*Uterine Dehiscence, Not Placental Invasion*

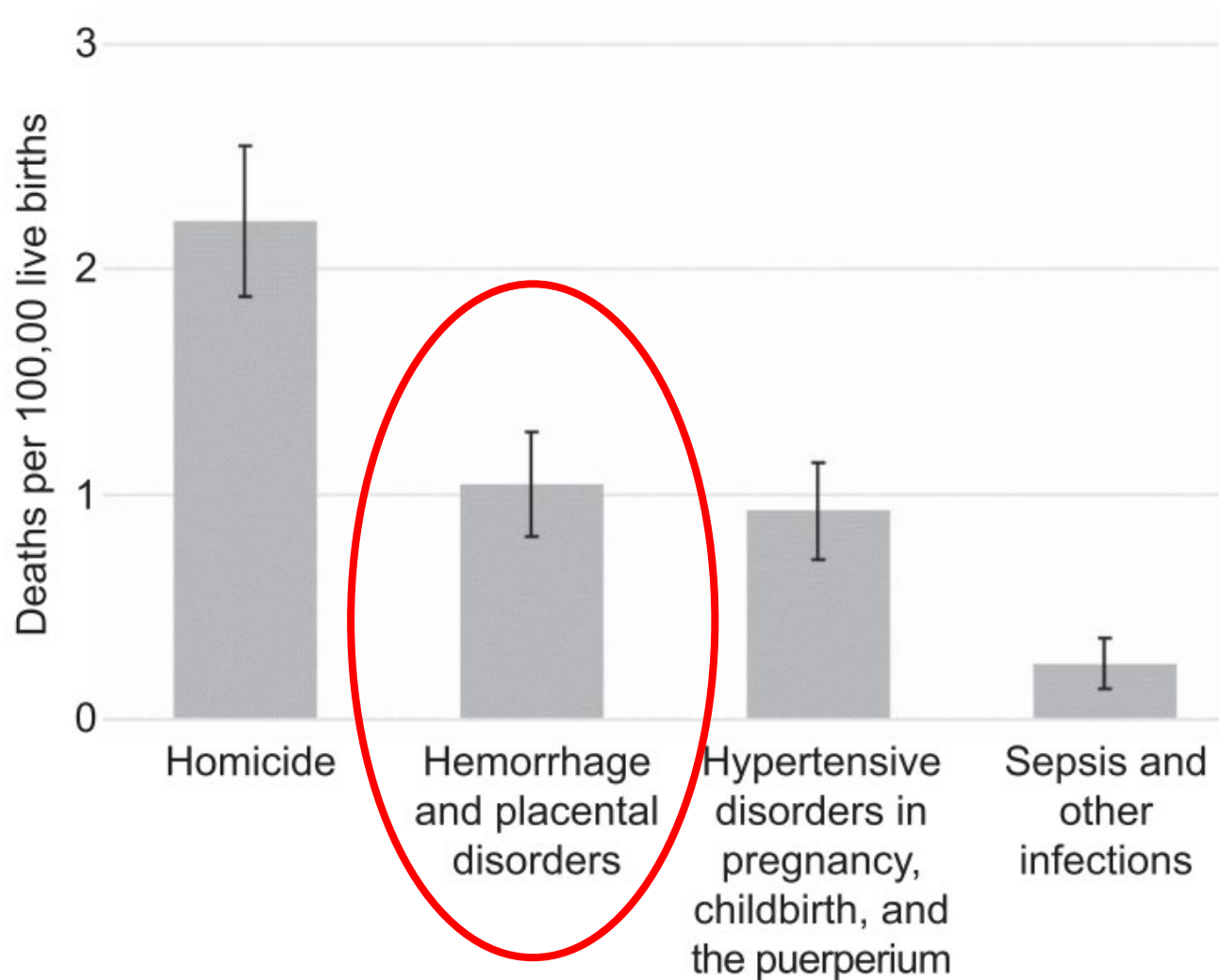
*Brett D. Einerson, MD, MPH, Jessica Comstock, MD, Robert M. Silver, MD, D. Ware Branch, MD, Paula J. Woodward, MD, and Anne Kennedy, MD*







# Background: Mortality



**Fig. 1.** Cause-specific mortality ratios (deaths/100,000 live births) and 95% CIs among females during pregnancy and up to 42 days from the end of pregnancy, United States, 2018–2019 (obstetric causes of death are World Health Organization ICD-10 underlying cause of death code group categories for direct maternal deaths<sup>18</sup>)

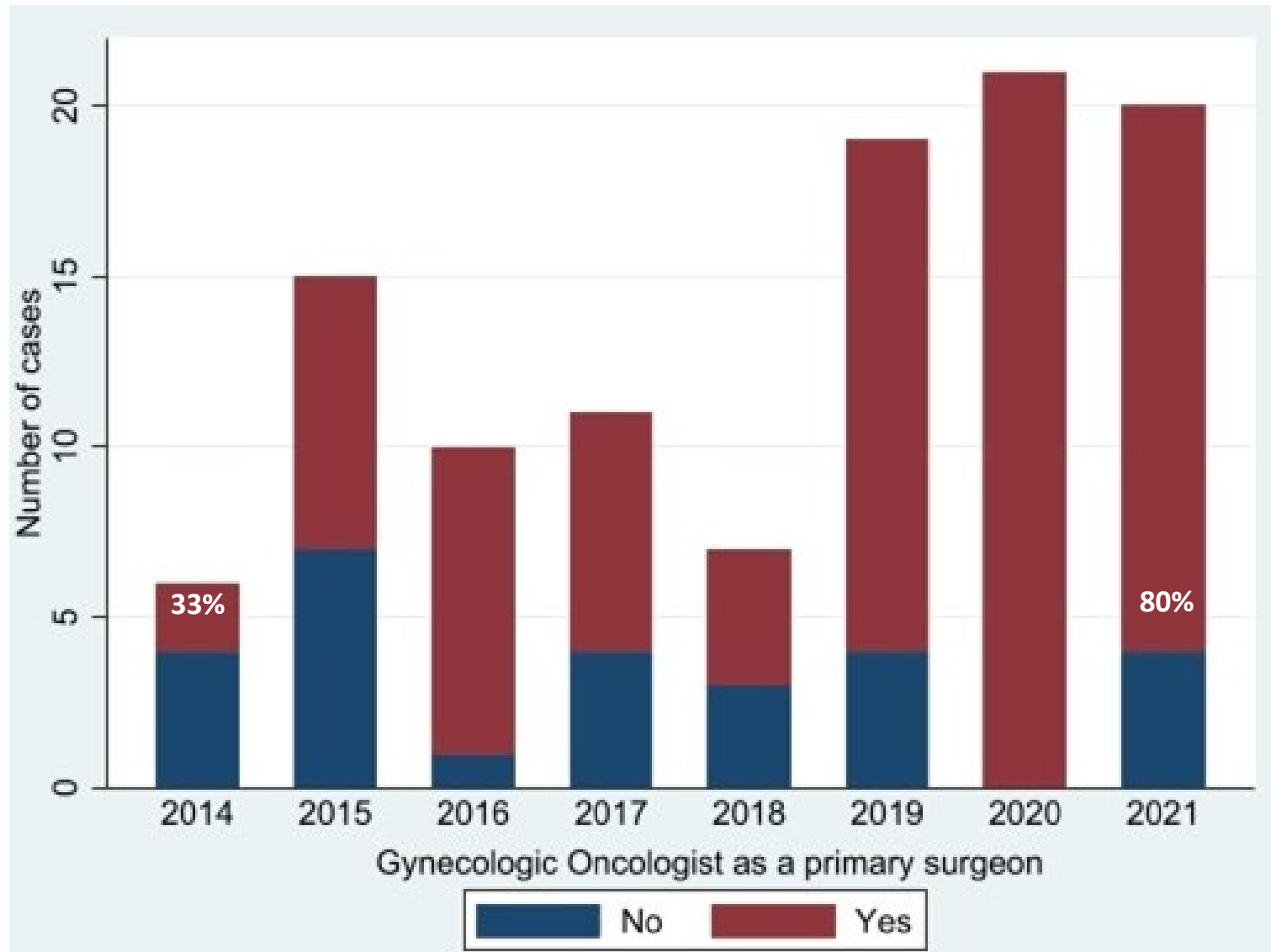
Wallace. *Homicide During Pregnancy and Postpartum*. *Obstet Gynecol* 2021.

# Background: Morbidity

- Hemorrhage/massive transfusion
- Cystotomy/bladder repair
- Ureteral injury
- Bowel injury/obstruction
- ICU admission
- Post-op
  - VTE
  - Pneumonia
  - ARDS
  - Pyelonephritis
  - Prolonged catheterization
  - Surgical site infection
  - Fistula
- Reoperation



# GYO Involvement



# Multidisciplinary standardized approach = improved outcomes



## Key Principles

1. The risk of placenta accreta spectrum (PAS) is highest in women with a history of prior cesarean and current placenta previa; PAS risk increases with each subsequent cesarean.
2. Ultrasound is the preferred tool for diagnosis of PAS.
3. The best outcomes occur with advanced planning for birth in a level III or IV center experienced in the care of women with PAS with a team of surgeons skilled in complex pelvic surgery, a full array of surgical sub-specialty consultants, obstetric anesthesiologists, interventional radiologists and a high-capacity blood bank proficient with massive transfusions.
4. Delivery is advised prior to the onset of labor.
5. ACOG suggests that infants of women with placenta previa with suspected accreta spectrum be delivered between 34 0/7-35 6/7 weeks gestation.
6. Counseling should be offered for those patients with PAS to address emotional concerns and trauma associated with their birth experience to mitigate poor mental health outcomes and increase healing and recovery.

Eller et al 2011. Obstet Gynecol  
Shamshirsaz et al 2015. AJOG  
Bailit et al 2015. Obstet Gynecol

# Institutional Context: Michigan

COVID 19 induced blood shortages

Routine REBOA access

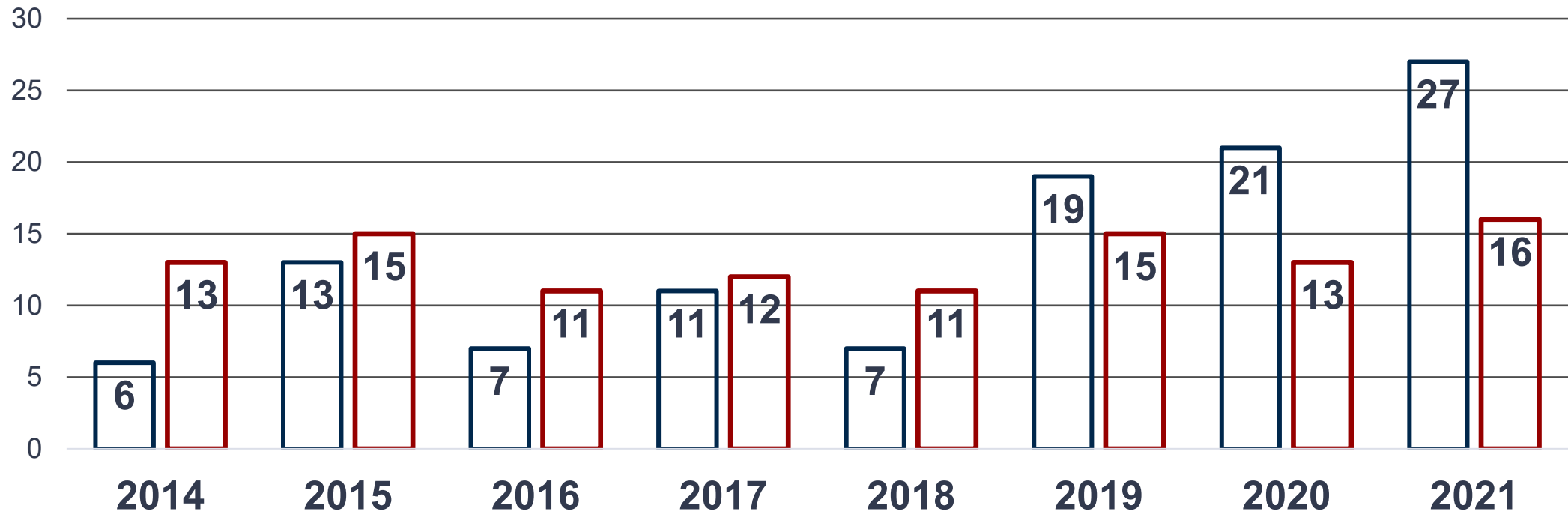
2014

2015-19

2020

2021

Database creation and utilization



# Institutional Approach: Michigan

CLASSIFICATION SYSTEM	
<b>Class I</b>	<b>Planned C-section; hysterectomy unlikely</b>
<b>Class II</b>	<b>Planned cesarean hysterectomy. Sub-classified based on suspicion for bladder/parametrial involvement:</b> <b>IIA – low suspicion</b> <b>IIB – indeterminate</b> <b>IIC – high</b>
<b>Class III</b>	<b>Unplanned cesarean hysterectomy</b> <b>IIIA – hemodynamically stable</b> <b>IIIB – hemodynamically unstable</b>



- 34-36 wk delivery
- GYN ORs; dedicated scrub team / nurses
- Gyn Onc and Acute Care Surgery at all cases
- Femoral A-line access for possible REBOA\*

# Institutional Context: Utah

Placenta Accreta Call Team (MFM/OB/GYO)

Routine Ureteral Stenting

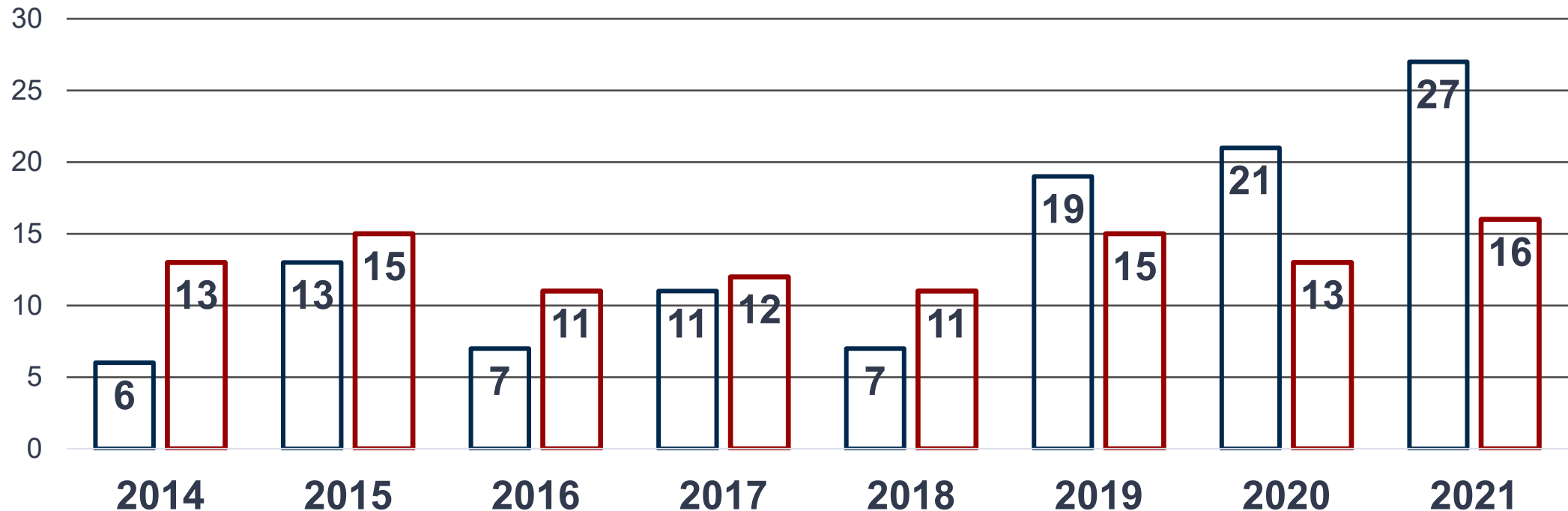
2014

2015-19

2020

2021

Multidisciplinary Placenta Accreta Planning Meeting



# Institutional Approach: Utah

CLASSIFICATION SYSTEM	
<b>Class I</b>	<b>Planned C-section; hysterectomy unlikely</b>
<b>Class II</b>	<b>Planned cesarean hysterectomy. Sub-classified based on suspicion for bladder/parametrial involvement:</b> <b>IIA – low suspicion</b> <b>IIB – indeterminate</b> <b>IIC – high</b>
<b>Class III</b>	<b>Unplanned cesarean hysterectomy</b> <b>IIIA – hemodynamically stable</b> <b>IIIB – hemodynamically unstable</b>



- 34-36 wk delivery
- Main/GYN ORs
- MFM Primary For Class I and Class IIA; GYO on backup
- Class IIB and above GYO present at start of case
- Trauma Surgery involvement for REBOA if Class IIC or Class IIIB

# **Multidisciplinary Protocols**

# Preoperative

## MICHIGAN

- Imaging/Diagnosis – no routine MRI
- OR timing and planning
- Treat anemia aggressively
- Multidisciplinary Communication
  - Case class, specific personnel decided
  - Group email
  - EMR report
- Consults/Counseling
  - MFM
  - Anesthesia
  - NICU
  - Gyn Onc\*
- Social Work
- Informational Materials

### Michigan Medicine Placenta Accreta Spectrum Program

Preparing for your Delivery and  
Cesarean Hysterectomy





# Preoperative

## MICHIGAN

- Imaging/Diagnosis – no routine MRI
- OR timing and planning
- Treat anemia aggressively
- Multidisciplinary Communication
  - Case class, specific personnel decided
  - Group email
  - EMR report
- Consults/Counseling
  - MFM
  - Anesthesia
  - NICU
  - Gyn Onc\*
- Social Work
- Informational Materials

## UTAH

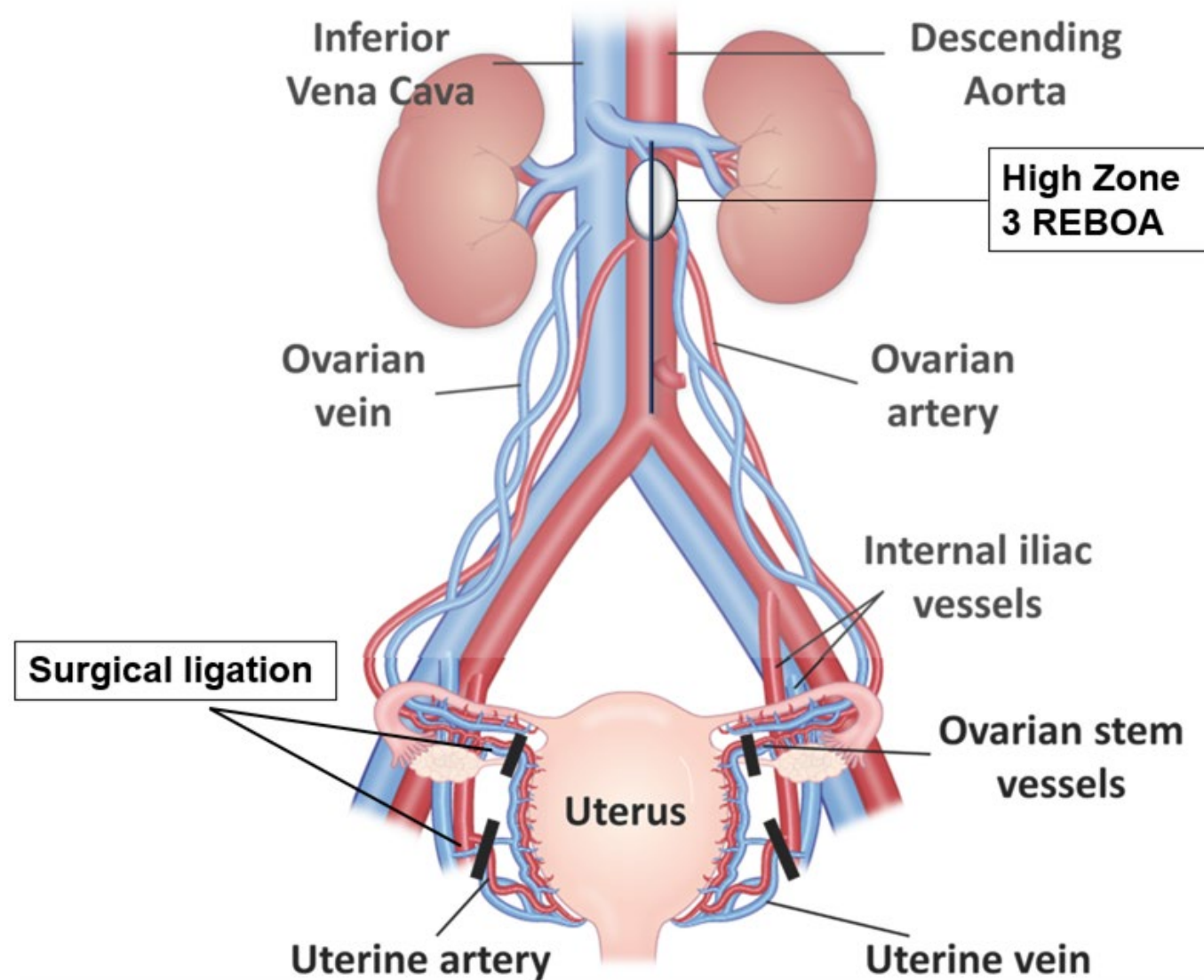
- Imaging/Diagnosis – no routine MRI
- Treat anemia aggressively
- Multidisciplinary Conference (modeled on tumor board)
  - Case class, who to involve
  - IR, REBOA, GYO, Anesthesia, Research
- Common for rural patients to be admitted/relocate
- Multidisciplinary Communication
  - Group email, specific personnel decided
  - EMR report
- Consults/Counseling
  - MFM
  - NICU
- Informational Materials

# Intraoperative: Michigan

- Patient arrives to OR
- Pre-induction timeout
  - Key stakeholders
  - Review plan (cell saver, antibiotics, VTE prophylaxis)
  - Confirm presence of equipment, blood
- General anesthesia, access
- Patient prepped and draped
- Lines including femoral A-line
  - 5 Fr to start in most cases
- Pre-incision robust timeout
- Cesarean delivery
- Placental timeout\*
  - Confirm if proceeding with hysterectomy
  - Confirm REBOA use
- Hysterectomy
- ROTEM
  - Directed resuscitation

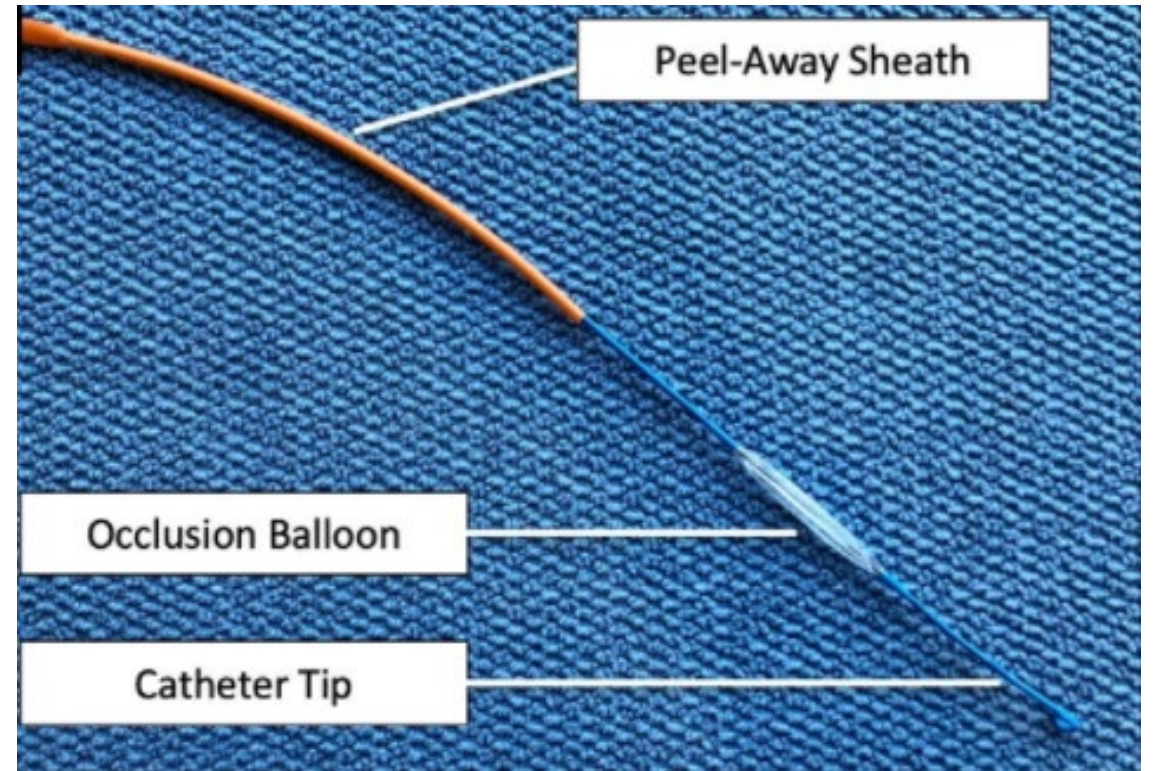
# REBOA

## Resuscitative Endovascular Balloon Occlusion of the Aorta



# REBOA

- Potential benefits
  - Decreased blood loss/# of transfusions
- Potential complications
  - Arterial thrombosis
  - Pseudoaneurysm
  - Nerve ischemia
  - Mesenteric ischemia
  - Limb ischemia



# REBOA

- **UM usage started in 2019**
  - **2019 – 1/19 (<1%)**
  - **2020 – 6/21 (29%)**
  - **2021 – 3/16 (19%)\***

\*1<sup>st</sup> half of 2021

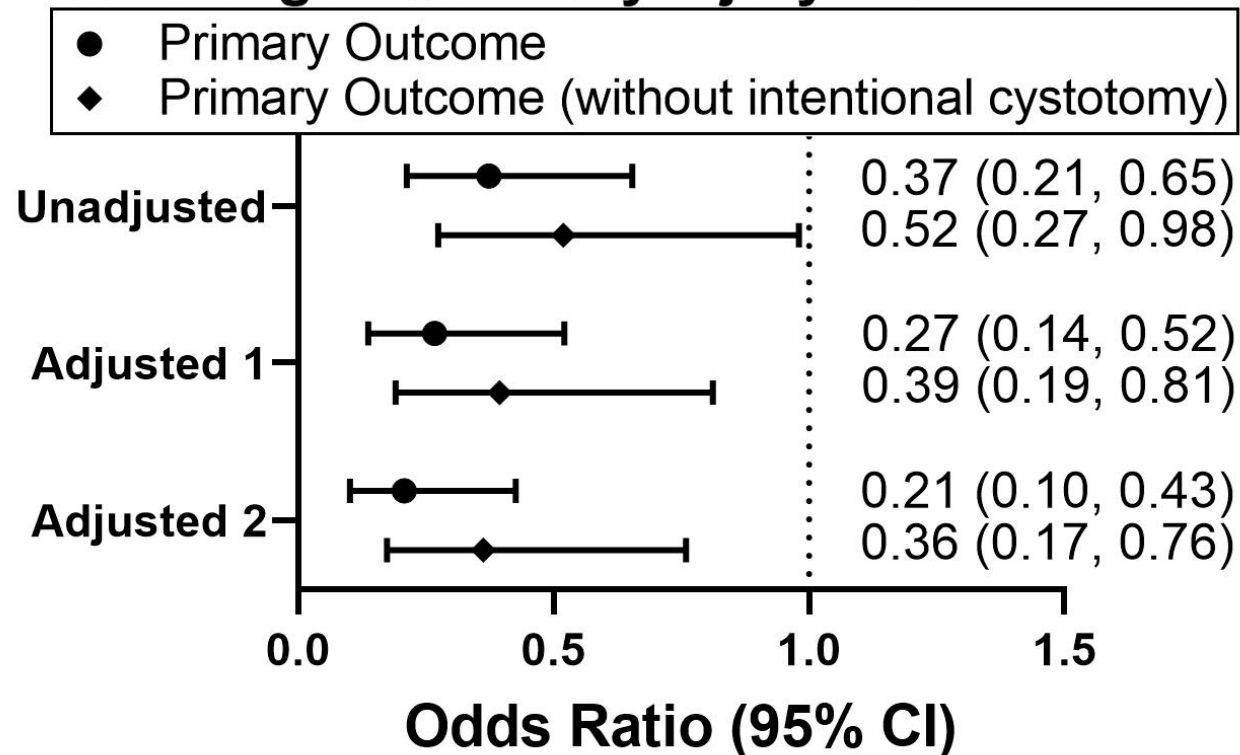
- **1 arterial thrombus → femoral arterial stent + anticoagulation**
- **1 pseudoaneurysm → IR thrombin injection**

# Intraoperative: **ITALI**

- Pa
  - Pr
    - 
    - 
    -
  - No
    - 
    - 
    -
- stapler
- with
- eam
- olized
- n

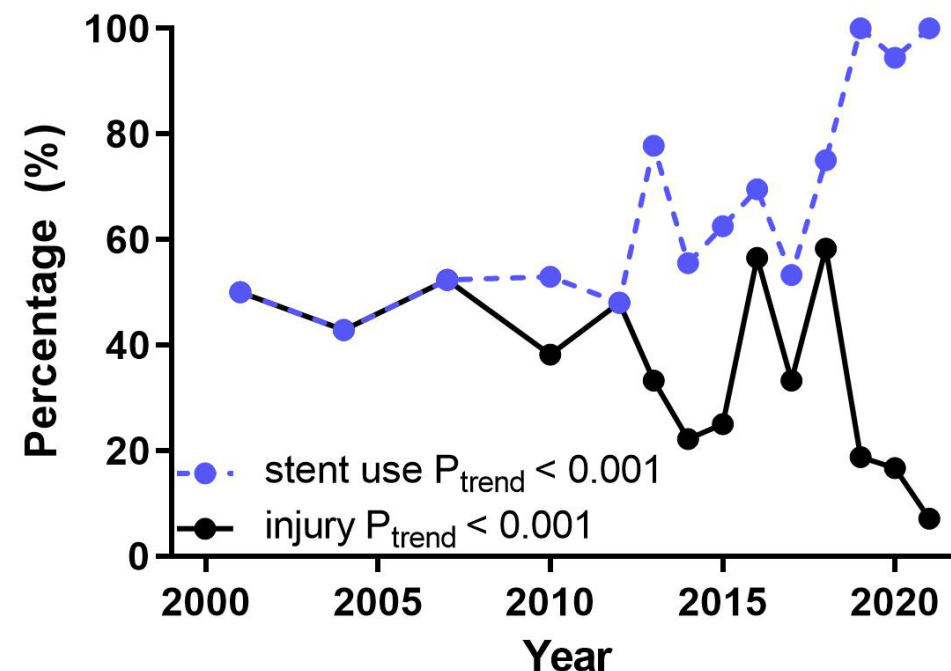
# Ureteral Stenting

## Odds of genitourinary injury with stent use



Adjusted for: urgency of delivery, 3+ cesarean deliveries, whether a gynecologic oncologist was primary surgeon (Model 1) and adding disease severity (Model 1)

## Trend over time



# Postoperative

## MICHIGAN

- Enhanced recovery protocols
  - Avoid PCA
  - Strict foley management
- Post REBOA monitoring, if used
- ICU admission NOT routine
- Lactation initiation

## UTAH

- Universal post-op TAPS Block
- Enhanced recovery protocols
  - Avoid PCA
  - Strict Foley management
- ICU admission NOT routine
- Lactation initiation



# ICU admission data

- 2014 – 2021 – **University of Utah**
  - Post op ICU admission decreased from 30-50% on average to 18-20% on average
- 2014-2021 – **University of Michigan**
  - Post op ICU admission decreased from 58% (2014-2019) to 35% (2020-2021)

# Ripple Effect

Bonding/  
NICU visits

Trauma reduction



Lactation

Reduction in trips  
back to hospital

Home sooner to family

# Future directions

- Rural “alert bracelet”
- PTSD and emotional counseling/support groups from the start
- Streamlining these protocols for unplanned/emergent cases
- Developing protocols accessible to the community
  - How to stabilize and transfer
  - Who to call for help

Thank you!

# Multidisciplinary management of Placenta Accreta Spectrum

A TALE OF TWO SISTERS





# TITLE SLIDE

# Results: Case Series

<b>INTRAOPERATIVE COMPLICATIONS</b>	<b>n (%)</b>
<b>Bladder injury</b>	<b>8 (7.3%)</b>
<b>Ureter injury</b>	<b>4 (3.7%)</b>
<b>Vascular injury</b>	<b>3 (2.8%)</b>
<b>Femoral pseudoaneurysm</b>	<b>1 (0.9%)</b>
<b>POSTOPERATIVE COMPLICATIONS</b>	
<b>Surgical Site Infection</b>	<b>13 (11.2%)</b>
<b>Urinary tract Infection</b>	<b>11 (10.1%)</b>
<b>Venous thromboembolism</b>	<b>5 (4.6%)</b>
<b>Nerve injury</b>	<b>1 (0.9%)</b>



# Resources Overview and Closing

Vanessa Aron, BA



# Resources

ives News Events Resources 🔍

## GYNECOLOGIC ONCOLOGY

Gyn Onc Educational Series

Ovarian Cancer Resources

Past Meeting Library

Standardized Op Note

VTE Khorana Calculator

VTE Prophylaxis Calculator

## MOQC

Becoming a MOQC Practice

VBR: Value-Based Reimbursement

Past Meeting Library

Printed Resources

[www.ovariancancerpodcast.com](http://www.ovariancancerpodcast.com)

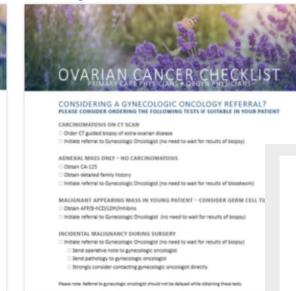
## Educational Materials

### Ovarian Cancer Checklists:

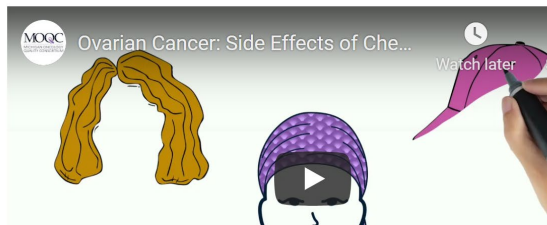
For Patients



For Physicians



### Educational Videos:



## Ovarian Cancer Education Podcasts

### Featured podcast:



### Additional podcasts:

- Season 1, Ep. 3: Chemotherapy, Part 2
- Season 1, Ep. 3: Chemotherapy, Part 1
- Season 1, Ep. 2: Treatment Options
- Season 1, Ep. 1: New Diagnosis

### Newsletter:

If you are interested in hearing about podcast episodes as they are



[www.ovariancancerpodcast.com](http://www.ovariancancerpodcast.com)

## Ovarian Cancer Education Podcasts

### Featured podcast:



Ovarian Cancer Education Podcast

### Chemotherapy, Part 1

9/17/2021 • 27 min • [Listen later](#)

[View terms](#)

[Share](#) [+ Follow](#) [Acast](#)



Ovarian Cancer Education Podcast

### Chemotherapy, Part 2

9/17/2021 • 33 min • [Listen later](#)

[View terms](#)

[Share](#) [+ Follow](#) [Acast](#)

### Additional podcasts:

-  Season 1, Ep. 3: Chemotherapy, Part 2
-  Season 1, Ep. 3: Chemotherapy, Part 1
-  Season 1, Ep. 2: Treatment Options
-  Season 1, Ep. 1: New Diagnosis

# MOQC Tobacco Cessation Resources

## Tobacco Cessation

MOQC Michigan Tobacco Quitline video:

If you are a MOQC member and would like a copy of this video, which you can upload to devices at your practice, please contact [moqc@moqc.org](mailto:moqc@moqc.org)



The video thumbnail features a woman wearing a headset, smiling, with a play button icon overlaid. The text on the left side of the thumbnail lists the resources available through the Michigan Tobacco Quitline.

**MOQC Tobacco Cessation Initiative: Michigan Tobacco Quitline**

**MICHIGAN TOBACCO QUITLINE RESOURCES**

- Call center available 24/7
- Nicotine Replacement Therapy (gum or patches)
- Coaching sessions
- Email, text, or chat support

Watch on  YouTube

## Resources

### National Guidelines

- [ASCO: Tobacco Cessation Guide](#)
- [NCCN: Smoking Cessation Guidelines](#)

### National Reports

- [Surgeon General: The Health Consequences of Smoking – 50 years of Progress](#)
- [Surgeon General: E-Cigarette Use Among Youths and Young Adults](#)

### Michigan Programs

- [Michigan Tobacco Quitline](#)
  - [Michigan Tobacco Quitline FAQs](#)
  - [Quitline Insurance Eligibility](#)
- [Blue Cross Blue Shield of Michigan](#)



# Tobacco Cessation Resources

HBOM has curated a selection of state and national tobacco cessation resources. Click on an individual resource to find more information on what they offer and how to access services.

Filter Sort ...



## American Indian Commerci...

### NOTES

Culturally sensitive phone counseling focused on commercial tobacco use (does not discourage the use of ceremonial tobacco) an...

### WEBSITE

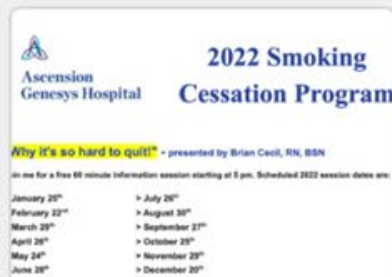
[aiquitline.com](http://aiquitline.com)

### PHONE NUMBER

1-855-5AI-QUIT

### TAGS

National Counseling NRT C



## Ascension Smoking Cessat...

### NOTES

Join for a free 60 minute information session starting at on tobacco cessation. Each session will:...

### WEBSITE

[brian.cecil@ascension.org](mailto:brian.cecil@ascension.org)

### PHONE NUMBER

(810) 606-7848

### TAGS

Online Michigan Only Course



## Asian Smokers Quitline

### NOTES

Participants receive tobacco cessation counseling with language and cultural background in mind. ...

### WEBSITE

[asiansmokersquitline.org](http://asiansmokersquitline.org)

### PHONE NUMBER

1-800-838-8917

### TAGS

National NRT Counseling P



## BecomeAnEX

### NOTES

BecomeAnEx offers a diversity of free and well-designed online tools and support for tobacco cessation. Developed in partnership with Ma...

### WEBSITE

<https://www.becomeanex.org/>

### PHONE NUMBER

### TAGS



## Blue Cross Complete of Mi...

### NOTES

Phone-based support program conducted with a nurse health coach that provides planning, guidance and support (in group or...

### WEBSITE

<https://www.mibluecrosscomplete...>

### PHONE NUMBER

1-800-QUIT-NOW (784-8669)

### TAGS

Phone Counseling NRT



## CDC Quit Smoking Tips

### NOTES

Highlights the stories of people living with chronic conditions related to smoking or secondhand smoke + the effect on family ...

### WEBSITE

<https://www.cdc.gov/tobacco/quit...>

### PHONE NUMBER

800-QUIT-NOW

### TAGS

National NRT Text Phone





## REQUEST A BOX

# Available Now! Tobacco Cessation Resources

- HBOM is developing materials to support counseling and referral, including...
  - Patient and provider tools for cessation
    - Counseling and prescription guidelines
  - “One-tap” referral cards
  - MI Tobacco Quitline patient information cards



**YOU CAN QUIT SMOKING RESOURCE GUIDE**

**MICHIGAN TOBACCO QUITLINE**  
1.800.QUIT.NOW 784.8669

Get FREE Confidential Counseling & Support  
DOUBLE your chances of quitting.  
Call Now 1.800.QUIT.NOW  
Or Enroll Online michigan.quitlogix.org

LEARN MORE

TREATMENT	HOW TO GET	HOW TO USE	PROS / CONS	NOTES
PATCH	OVER THE COUNTER or PRESCRIPTION	REPLACE PATCH ONCE DAILY	<ul style="list-style-type: none"> <li>✓ Easy to use</li> <li>✓ Few side effects</li> </ul>	
GUM	OVER THE COUNTER or PRESCRIPTION	USE AS NEEDED* Up to 24 pieces per day	<ul style="list-style-type: none"> <li>✓ Fast nicotine release</li> <li>✓ Flexible dosing</li> </ul>	
LOZENGE	OVER THE COUNTER or PRESCRIPTION	USE AS NEEDED* Up to 20 lozenges per day	<ul style="list-style-type: none"> <li>✓ More nicotine than gum</li> <li>✓ Flexible dosing</li> </ul>	
NASAL SPRAY	PRESCRIPTION	SPRAY ONCE IN EACH NOSTRIL* Up to 40 doses per day	<ul style="list-style-type: none"> <li>✓ Fastest nicotine delivery</li> <li>✓ Flexible dosing</li> </ul>	
INHALER	PRESCRIPTION	5-20 MIN SESSIONS THROUGHOUT THE DAY* Up to 16 cartridges per day	<ul style="list-style-type: none"> <li>✓ Keeps hands busy</li> <li>✓ Flexible dosing</li> </ul>	
MEDICATION VARENICLINE BUPROPION	PRESCRIPTION	USE AS DIRECTED BY YOUR DOCTOR	<ul style="list-style-type: none"> <li>✓ Easy to take pill</li> <li>✓ Can be combined with other treatments</li> </ul>	

**WELLBUTRIN ZYBAN**  
PROS: Easy to use, Pill form, Few side effects. CONS: May not be good for people with certain medical conditions like high blood pressure or seizures.

**VARENICLINE**  
PROS: Easy to use, Pill form, Significantly reduces cravings. CONS: Can cause nausea, mood changes, and abnormal dreams.

**CHANTIX**  
HOW TO USE: Start 1 week before quit date. It will take this long to feel the effects of the medication. Take with food and water. Can be used for up to 12 months.

**You can Quit! We can help!**  
1-800-480-QUIT  
1-800-480-7848  
Free! Michigan Tobacco QuitLine  
Funded by the Michigan Department of Community Health

[www.hbomich.org/box-request](http://www.hbomich.org/box-request)



# Resources

MOQC has a variety of free resources for your patients, caregivers and practice sites in both virtual and printed formats.

Visit <https://www.moqc.org/resources/>

## Cancer, Thriving, and Surviving Workshops

Friday Morning Series:  
Apr. 15 – May 20, 2022  
10:00 am - 12:30 pm

Tuesday Afternoon Series:  
May 24 – June 28, 2022  
2:00 pm - 4:30 pm

Visit <http://moqc.org/wp-content/uploads/Cancer-PATH-2022.pdf> for additional details



HOSPICE IS...	
MYTH A place – I will not be able to stay at home.	REALITY Hospice is a philosophy of care and can be provided in a patient's home, facility, or a hospice house.
MYTH Only for people with cancer.	REALITY Cancer patients make up a large number of hospice patients, but hospice is also available for those with terminal dementia, kidney failure or multiple sclerosis.
MYTH Only provided to old people.	REALITY Most hospices provide services to people of all ages.
MYTH A place of last resort.	REALITY When medical treatments can no longer do much to control pain, red support, and improve quality of life for a patient.


HOSPICE MEANS...	
MYTH That my doctors are giving up on me.	REALITY Nothing could be further from the truth. Hospice is a way of caring for a patient that focuses on relieving pain and seeking to cure the disease.
MYTH That I am giving up.	REALITY Choosing hospice is choosing to focus on quality of life.
MYTH Death comes sooner.	REALITY The goal of hospice is neither to prolong life nor to hasten death. Studies show that patients live longer when receiving hospice care.
MYTH My doctor has failed me.	REALITY Hospice is supportive medical care that focuses on symptom management, a psychological comfort.
MYTH I am not going to receive any further care from my medical oncologist.	REALITY You can continue to see your medical oncologist for treatment while receiving hospice care. Your medical oncologist will stop a treatment if it is no longer providing symptom management.
MYTH If my doctor talks to me about hospice it means that I am dying.	REALITY Research has shown that doctors should talk to patients about hospice early, well before they actually need it, about and plan for what they want. It is a family and friends what their wishes are.

## Herbal Supplements & Cancer Treatment

The interactions on this list are related to supplements not standard use in cooking or foods

Common Herbal Supplements	Potential Interactions	Patients Who Should Avoid Use
<ul style="list-style-type: none"><li>Garlic</li><li>Ginkgo Biloba</li><li>Ginseng</li><li>Grapefruit Extract</li><li>Green Tea</li><li>High-dose Vitamin E &amp; C</li><li>Melatonin</li><li>Red Clover &amp; GUGU</li><li>Selenium</li></ul>	<b>Antioxidant Properties</b>  May interfere with cancer cell killing effects of certain chemotherapy and radiation	<ul style="list-style-type: none"><li>Patients undergoing radiation therapy</li><li>Patients on some chemotherapy</li></ul>
<ul style="list-style-type: none"><li>Black Cohosh</li><li>Chasteberry</li><li>Dong Quai</li><li>Flax Seed Oil</li><li>Ginkgo Biloba</li><li>Red Clover</li><li>Soy Products</li></ul>	<b>Estrogenic Properties</b>  Estrogenic effect may stimulate estrogen dependent tumor growth	
<ul style="list-style-type: none"><li>Carrots (Turnips)</li><li>Dong Quai</li><li>Evening Primrose</li><li>Fenugreek</li><li>Fish Oil</li><li>Garlic</li><li>Ginkgo Biloba</li><li>Ginseng</li><li>Grapefruit Extract</li><li>High-dose Vitamin E &amp; C</li><li>Maitake &amp; Reishi Mushroom</li><li>Selenium</li></ul>	<b>Blood Thinning Properties</b>  Inhibits platelets' ability to clump together (clot) and increases risk of bleeding	
<ul style="list-style-type: none"><li>Chrysanthenum</li><li>Dong Quai</li><li>Maitake Mushroom</li><li>St. John's Wort</li></ul>	<b>Photosensitivity Properties</b>  Increases skin sensitivity to sunlight	
<ul style="list-style-type: none"><li>Astragalus</li><li>Echinacea</li><li>Maitake &amp; Reishi Mushroom</li><li>Mistletoe (European)</li></ul>	<b>Immunomodulatory Properties</b>  Boosts or suppresses the immune system	
<ul style="list-style-type: none"><li>Black Cohosh</li><li>Carrots (Turnips)</li><li>Echinacea</li><li>Garlic</li><li>Ginseng</li><li>Grapefruit Extract</li><li>Kava</li><li>Licorice</li><li>MIL Thistle</li><li>Melatonin (European)</li><li>Nettle</li><li>Reishi Mushroom</li><li>Soy Extract</li><li>St. John's Wort</li><li>Valerian</li></ul>	<b>Enzyme Modifying Properties</b>  May affect how the chemotherapy drug is broken down in the body and either increase or decrease how well it works	

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### MOQC: PATIENT AND CAREGIVER ONCOLOGY QUALITY COUNCIL PRACTICE HANDOUT

**BACKGROUND**  
The Michigan Oncology Quality Consortium (MOQC) is a group formed in 2009 whose goal is to improve the quality of care for patients with cancer across the state. MOQC is supported by Blue Cross Blue Shield of Michigan (BCBSM) and work is coordinated at the University of Michigan. MOQC focuses on the care of people with cancer, especially those who receive chemotherapy, with or without insurance. MOQC improves care by using data gathered as part of the national Quality Oncology Practice Initiative (QOPI) program, targeting areas of care that need to get better, and working with medical and oncologic oncologists and their teams to make changes in their practices so that care improves.

MOQC formed POQC to increase the role of patients, their families or caregivers in the work of our Consortium. POQC members contribute to the vision and purpose of MOQC by guiding the development of new projects and sharing our work with the community and other interested groups.

**POQC CONTRIBUTIONS**  
POQC Members are able to:

- Share stories of how they have faced challenges in accessing the health care system, and ideas for how systems can be created to better serve patients and loved ones
- Provide the voice of patients and caregivers in focus groups or for patient-facing materials review

**POQC RECRUITMENT**  
In addition to providing support to MOQC and to MOQC practices, POQC is always looking to expand. We are very interested in having patients and caregivers who represent a broader patient voice, including:

- Patients and caregivers from minority groups
- Patients currently receiving treatment; caregivers of patients currently receiving treatment
- Patients with varied diagnosis ages; caregivers of patients with varied diagnosis ages
- Patients and caregivers who are medically underserved

Members of MOQC and/or POQC will reach out to patients or caregivers of interest and schedule one on one meetings to discuss participation.

MOQC provides hotel rooms to POQC members for in-person meetings, when appropriate, reimbursement for mileage costs to in-person meetings, and payment for time spent in MOQC Meetings.

**CONTACT**  
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# 2022 MOQC June Biannual Meeting Information

**June 17, 2022**

**10:00am - 4:00pm**

**(Registration at 9:00am, program starts at 10:00am)**

**Radisson Hotel Lansing at the Capitol  
Lansing, MI**

## **Multidisciplinary PROs Panel**

**Led by Christopher Frise, PhD, RN, Director of Patient-Reported Outcomes**

### ***The Clinician as Activist***

**Interview with Jerome Seid, MD**

### **Discussion on the Importance of Caregivers**

**Featured Presenter: Laurel Northouse, PhD, RN, FAAN**



# 2022 October Gynecologic Oncology Biannual Meeting Date

**October 1, 2022**

Time: TBD

Michigan League

911 N University Ave.

Ann Arbor, MI 48109



**In partnership with the Heartland  
Association of Gynecologic Oncology  
(HAGO)**

# Continuing Education Credits

Group	Number of Credits
Physician/Nurse	3.5

# Continuing Education Credit – Physician/Nurse

## Steps to create 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. Your MiCME account is created, and you can now claim continuing education credits



## 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 Gynecology Oncology Spring 2022 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 University of Michigan CME transcript.
9. Social Work: A certificate will be e-mailed to you

If you have any difficulties, email

[moqc@moqc.org](mailto:moqc@moqc.org)

We will be happy to assist you!



MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM

# Thank You