

POQC Discussion

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Objectives

- What is the relationship between Blue Cross Blue Shield of Michigan and MOQC?
- How does Blue Cross Blue Shield of Michigan benefit from MOQC's work?
- What is ASCO?
- What is QOPI?
- How do we collect data? Which data do we collect?
- What do we do with the data?
- What value does MOQC provide to practices?



BCBSM, MOQC, and the CQI's

(All those acronyms)

- The Michigan Oncology Quality Consortium (MOQC) is one of 17 Collaborative Quality Initiatives (CQI's).
- The CQI's are part of the Blue Cross/Blue Shield of Michigan's (BCBSM) Value Partnerships, a collection of patient safety, clinical quality, and care process efforts.
- Hospitals and physicians share data to develop best practices around areas of care with **high costs** and **high variation**.



How BCBSM relates to the CQI's

- Hospital & physician performance not judged
- Blue Cross never sees individual hospital or physician data
- The data are used only to identify areas of opportunity for improvement.

Other Ways in Which BCBSM Relates to the CQI's

- BCBSM funds the CQIs
- Approves our budget
- Approves our Statement of Work (SOW)



So what does BCBSM get out of the CQI's?

Value Partnerships initiatives have saved more than
\$1.4 billion in health care expenses.

There are currently 17 CQIs

- Michigan Cardiovascular Consortium
- Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative
- Michigan Bariatric Surgery Consortium
- Michigan Surgical Quality Collaborative
- Michigan Anticoagulation Quality Improvement Initiative
- **Michigan Oncology Quality Consortium**
- Hospital Medicine Safety Consortium
- Michigan Trauma Quality Improvement Project
- Michigan Urological Surgery Improvement Collaborative
- Michigan Radiation Oncology Quality Consortium
- Michigan Arthroplasty Registry Collaborative for Quality Improvement
- Michigan Spine Surgery Improvement Collaborative
- Michigan Value Collaborative
- Anesthesiology Performance Improvement and Reporting Exchange
- Michigan Pharmacists Transforming Care and Quality Consortium
- Michigan Emergency Department Improvement Collaborative
- Integrated Michigan Patient-Centered Alliance on Care Transitions



American Society of Clinical Oncology (ASCO)

ASCO®

- International organization with over 40,000 oncology providers
- Represent oncologists and allied health professionals & their patients
- Activities include scientific dissemination, advocacy, quality advancement, and more
- Core values are **Evidence, Care, Impact**



- Quality measurement & certification “arm” of ASCO
- Includes 177 validated measures in adult oncology
- Branching into pediatrics & into hematology
- Certifies practices across the country & internationally
- Committee in ASCO works to keep QOPI up-to-date
- Measures group in ASCO keep quality measures up-to-date
- All committees are volunteer-based & include patients

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM



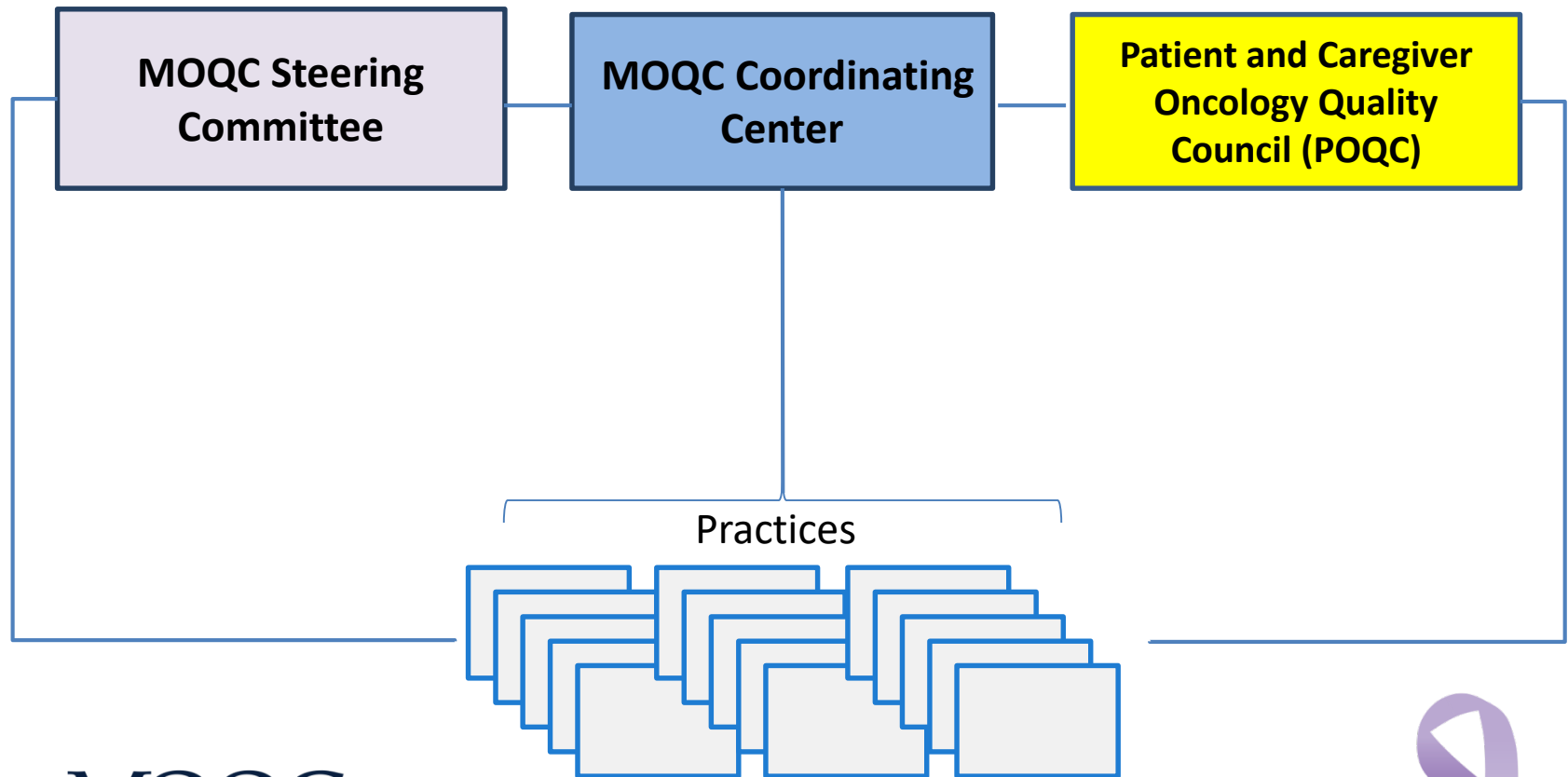


MOQC

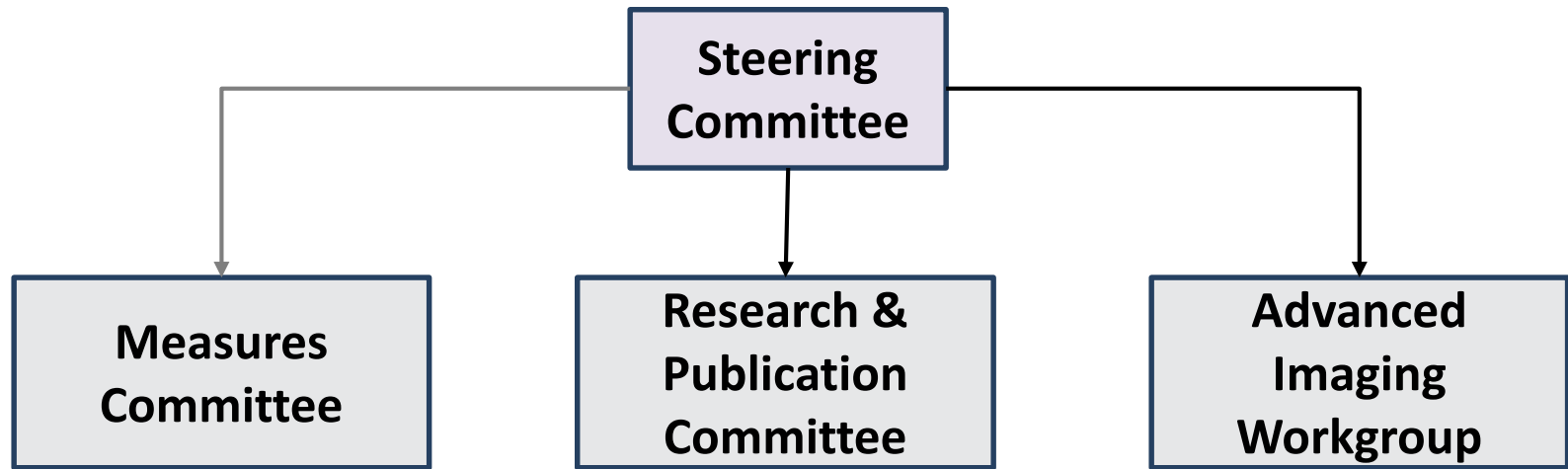
Our mission is to be the
best state in the nation
for cancer care.



MOQC's Structure



Committees that Report to the Steering Committee



How do we collect data?

- Practices identify patient charts that meet criteria
- Criteria differ by measure
- Professional abstractors go through patient records
 - All abstractors are trained in protecting confidentiality
 - Paper charts (unusual)
 - Electronic records (more common)
 - Combination of paper charts and electronic records
- Abstractors may work for practices or be MOQC abstractors

MOQC Measures

Subset of QOPI Measures

- Selected by the MOQC Measures Committee
- Chosen with patient and caregiver input
- Committee meets annually to revisit measures
- Approved by Steering Committee
- Measures need to
 - Be meaningful
 - Demonstrate some gap in care
 - Be feasible to measure
 - Be addressable through practice system(s)



VBR Measure	Module	Name of QOPI Measure	MOQC Performance	QOPI Performance
	Core	Pain addressed appropriately	81%	82%
X	Core*	Pain addressed appropriately by second office visit and during most recent office visits	74%	75%
	Core*	Antineoplastic treatment administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (Lower Score Better)	23%	21%
	Core	Oral antineoplastic/chemotherapy treatment monitored on visit/contact following start of therapy: medication adherence assessed	72%	66%
	Core	Signed patient consent for antineoplastic treatment	76%	79%
X	Core	Tobacco cessation counseling administered or patient referred in past year	42%	35%
	Core*	Smoking/tobacco use cessation administered appropriately in past year	86%	89%
	Symptom	Aprepitant/fosaprepitant or netupitant prescribed with low or moderate risk emetic antineoplastic/chemotherapy treatment (Lower Score Better)	18%	9%
	Symptom	Infertility risks discussed prior to antineoplastic treatment with patients of reproductive age	38%	37%
X	EOL*	Pain addressed appropriately	77%	80%
	EOL*	Dyspnea addressed appropriately	77%	77%
	EOL	Hospice enrollment within 3 days of death (Lower Score Better)	18%	16%
X	EOL**	Hospice enrollment, palliative care referral/services, or documented discussion	66%	76%
	Breast	PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis to stage I, IIA, or IIB breast cancer (Lower Score Better)	42%	22%
	Breast	Serum tumor marker surveillance ordered by practice between 30 days and 365 days after diagnosis of breast cancer in patients who received treatment with curative intent (Lower Score Better)	96%	87%
	Colorectal*	Complete family history documented for patients with invasive colorectal cancer	32%	32%
	Colorectal	Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant antineoplastic treatment	70%	85%
	NSCLC	GCSF administered to patients who received antineoplastic treatment for metastatic NSCLC (Lower Score Better)	27%	23%

What do we do with the data?

- Disseminate the findings
 - Present in a way that allows practices to see where they stand (“benchmark”)
 - Identify key areas for improvement
 - Develop quality improvement initiatives
 - Reward practices for performance (for select measures)
-
- Marketing by practices is not allowed → agreement of participation

MOQI

- Measures quality using the QOPI platform
- Selects a set of metrics from among the 177
- Why not all 177 measures?



What else does MOQC do?

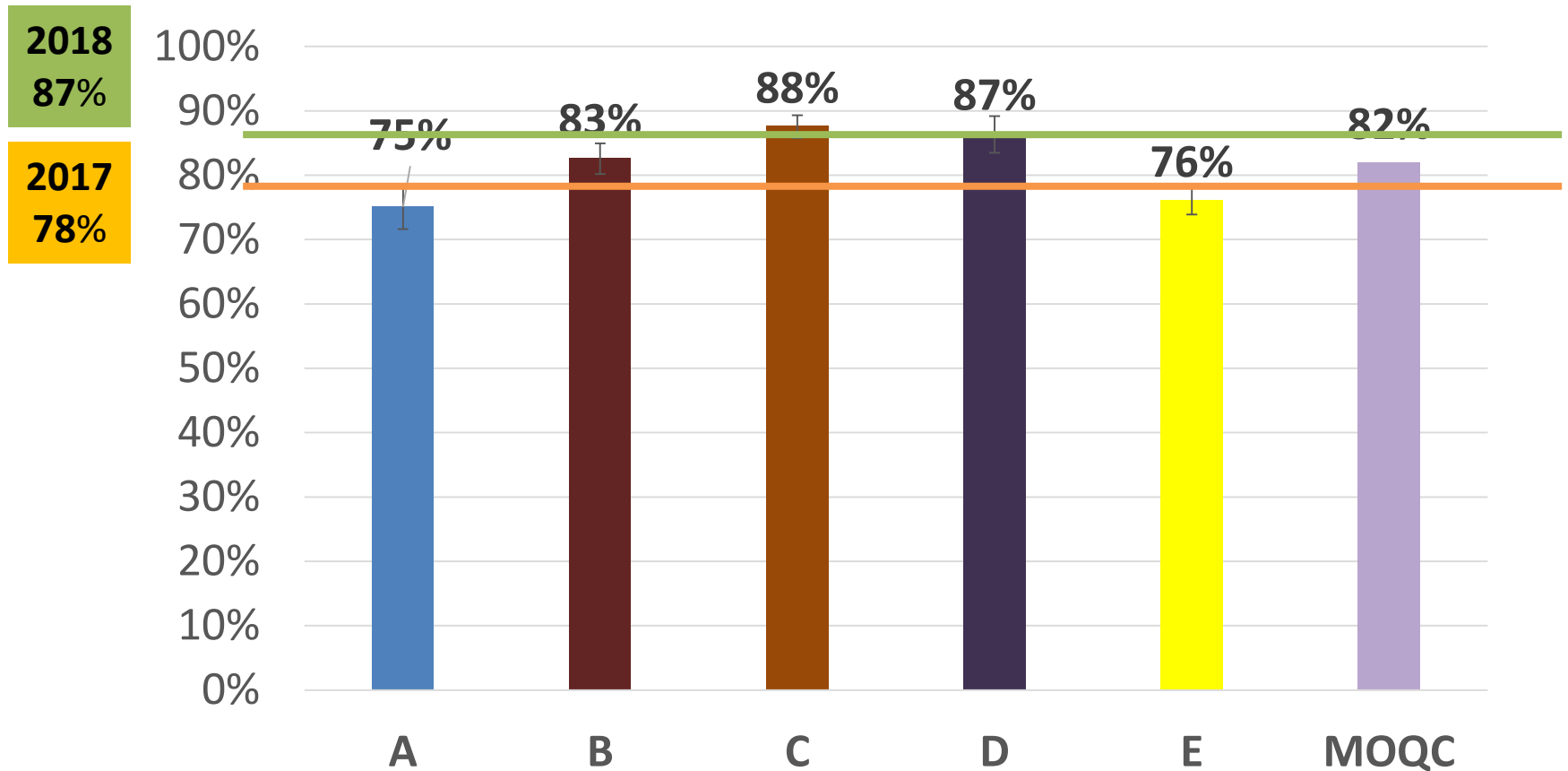
- Quality improvement projects
- Education & outreach for providers and patients
- Harmonization of care
- Advocacy for the medically-underserved
- Asks provocative questions

What are the benefits to practices?

- Provides data *benchmarked* across region, state, nation
- Helps providers improve quality by providing evidence-based tools
- Gives practices access to patient & caregiver perspectives
- Helps providers maintain board certification
- Helps providers report required quality data to Medicare
- Provides opportunities for value-based reimbursement
- Creates opportunities for collaboration around improving care

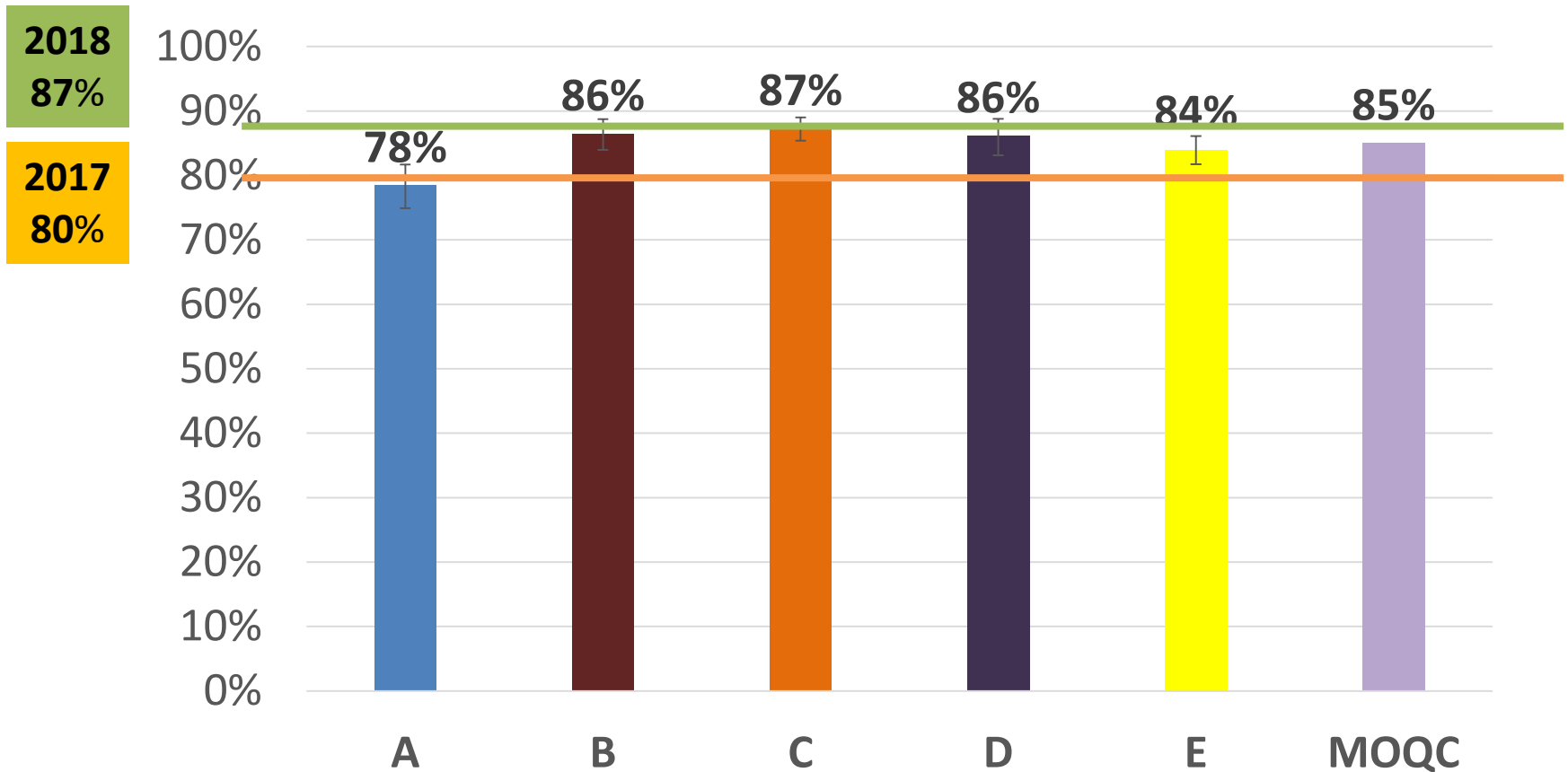
Pain Managed Appropriately

First two office visits and most recent office visits



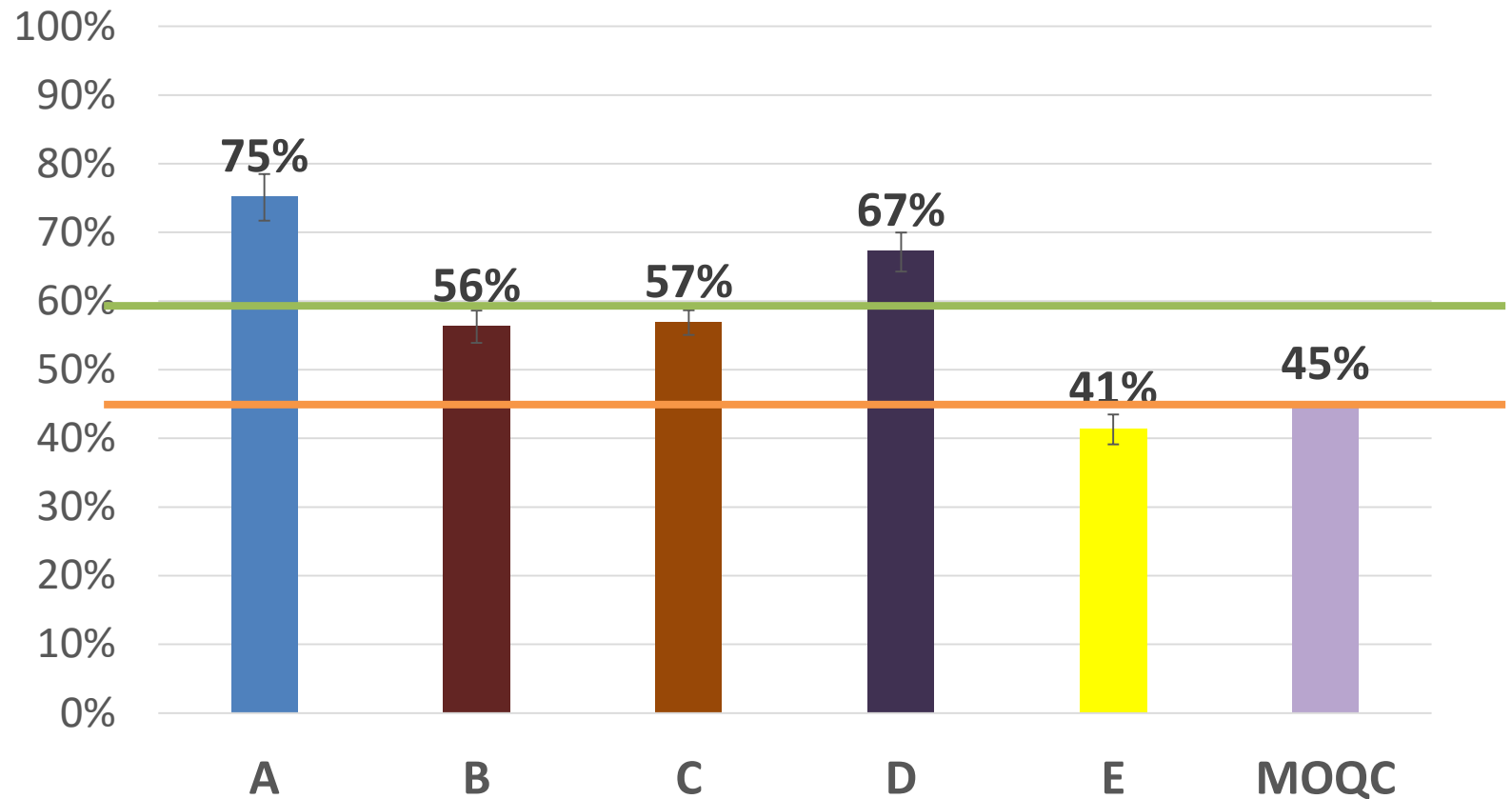
Pain Managed Appropriately

Last two visits prior to death

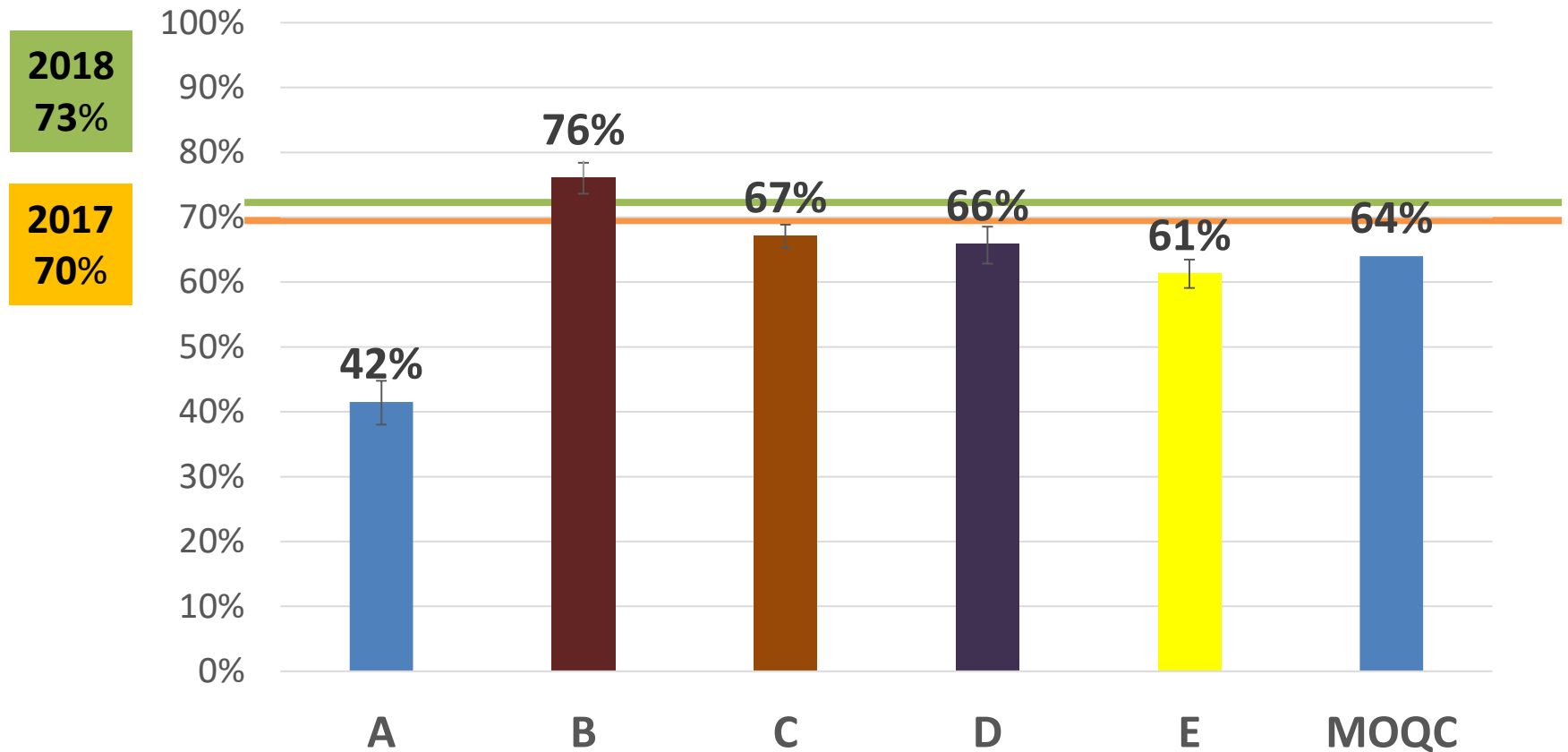


Tobacco Cessation

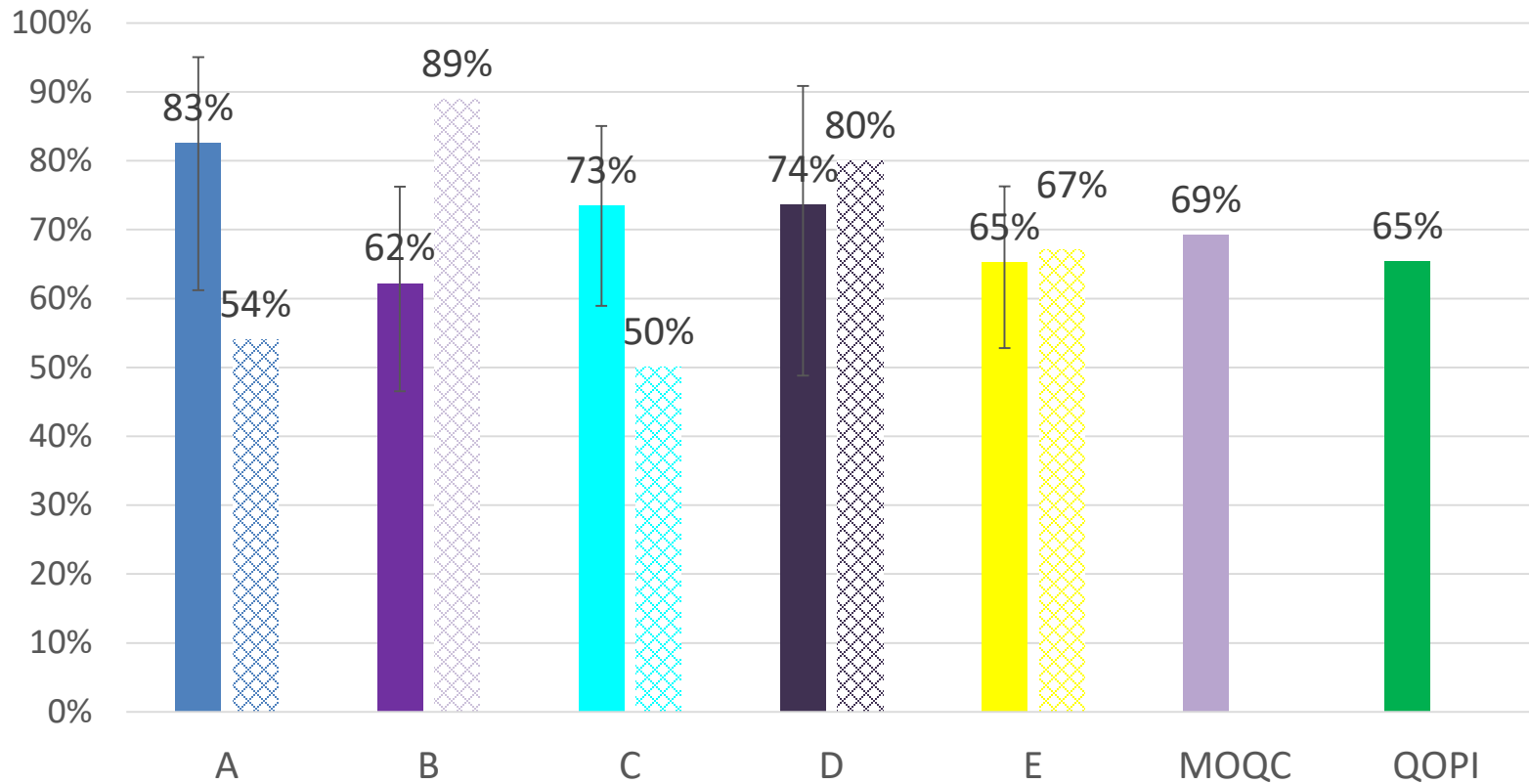
Counseling administered or patient referred



Hospice Enrollment/ Discussion or Palliative Care Services

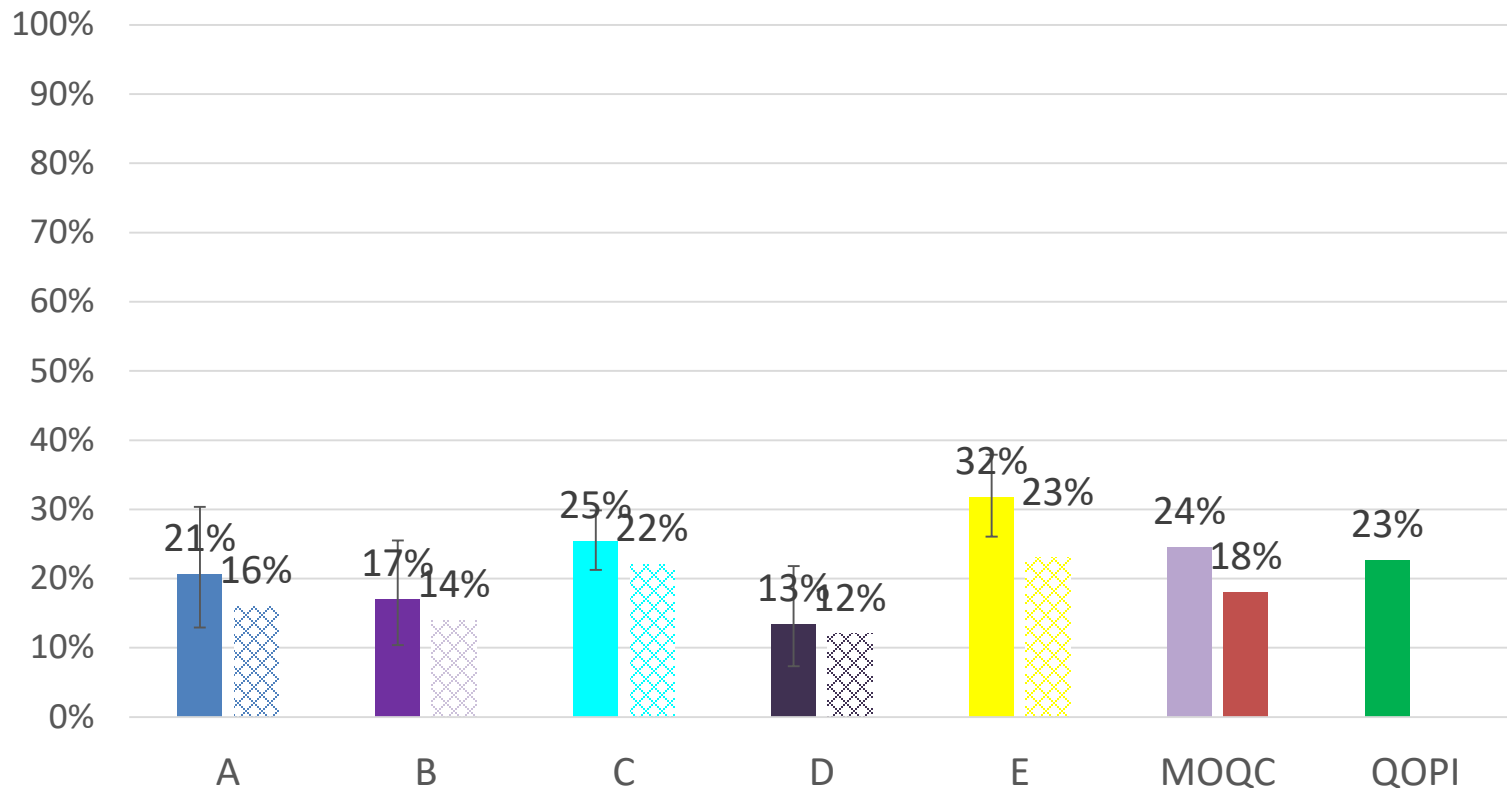


Antiresorptive therapy given to patients with breast cancer who have bone metastases

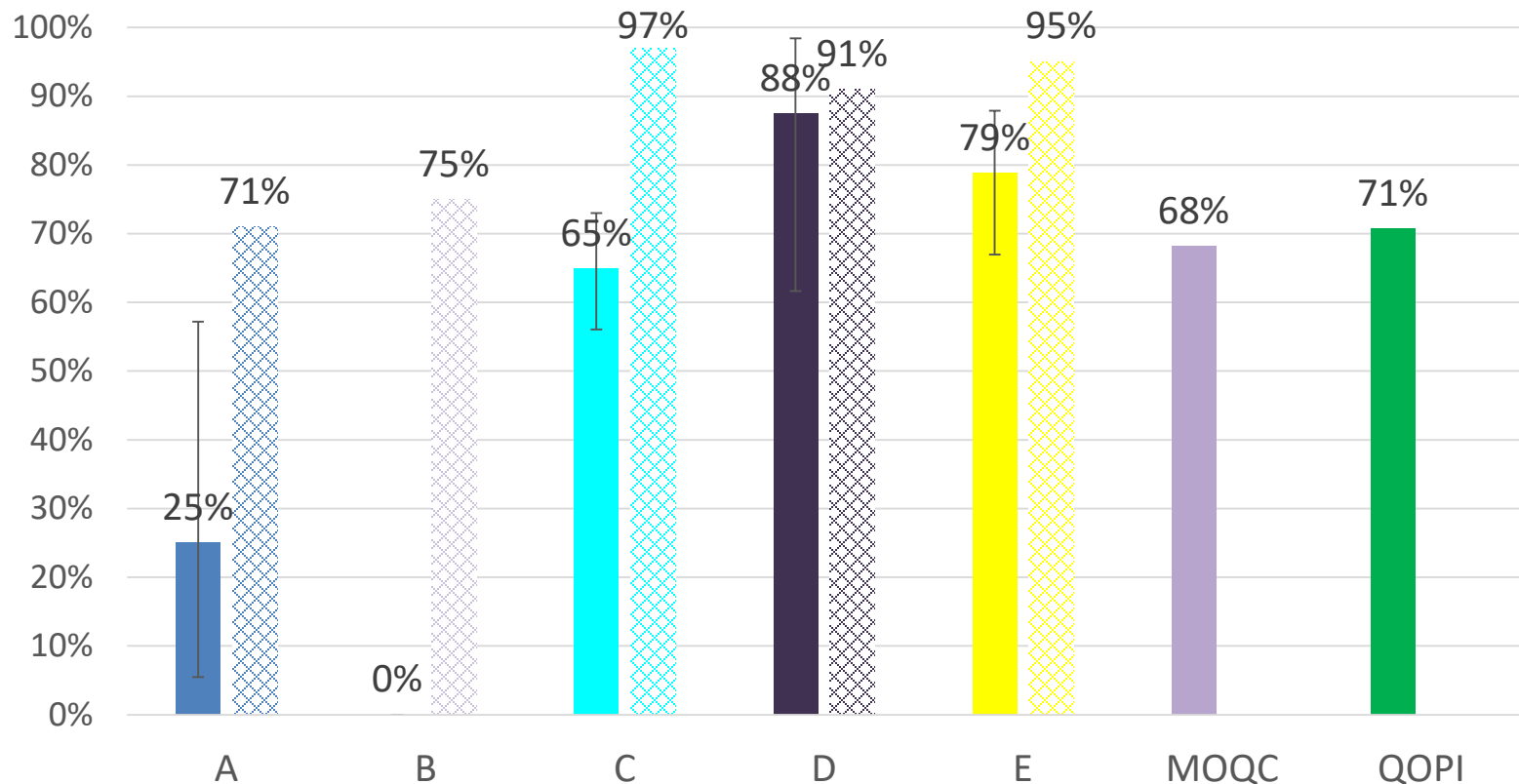


QOPI Measure Number BR61
1st bar: S14-S17; 2nd bar: F17

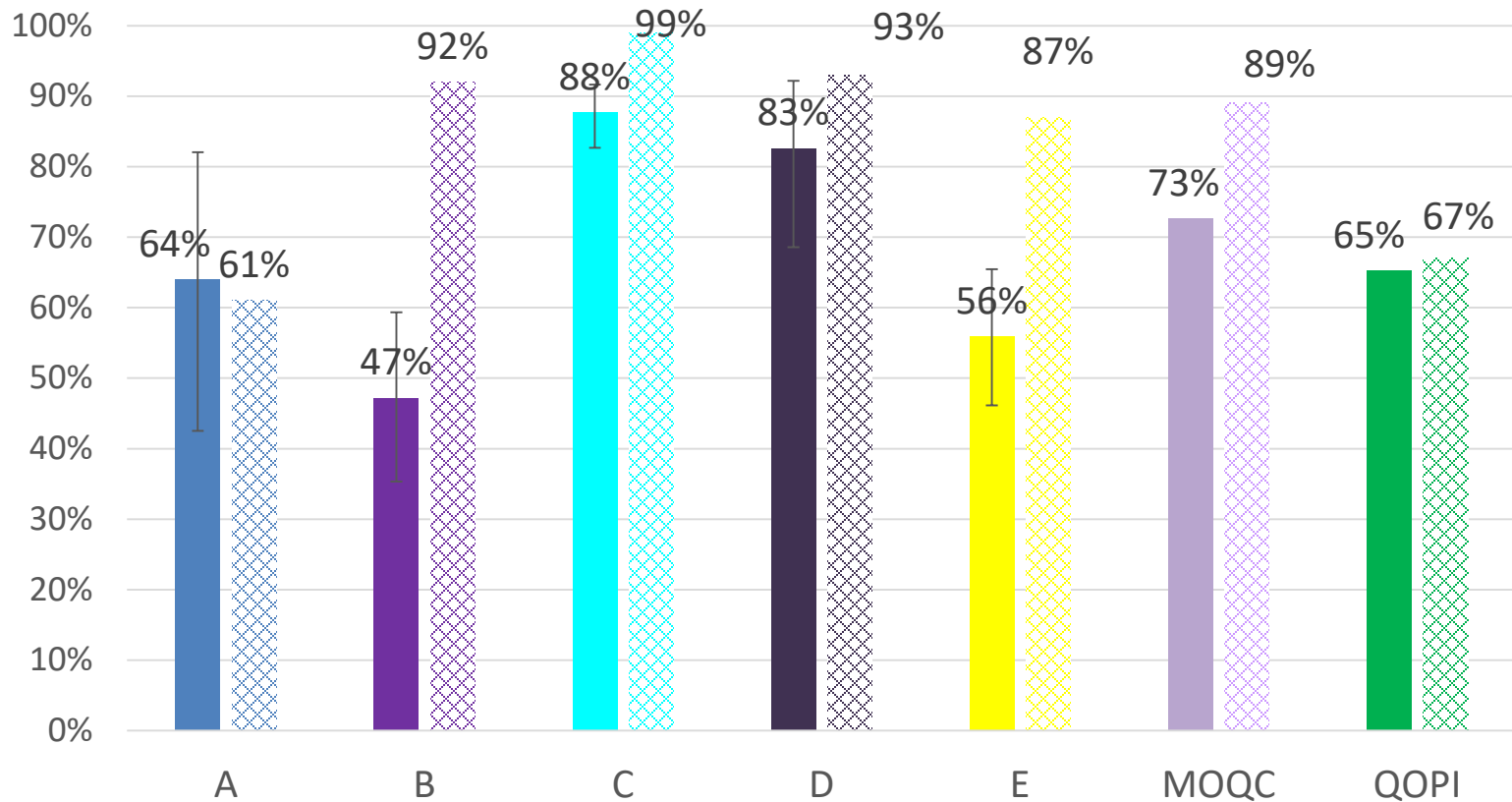
PET, CT, or bone scan ordered by practice within
60 days after diagnosis for stages I or II breast cancer
(Lower Score - Better) (Top 5 Measure)



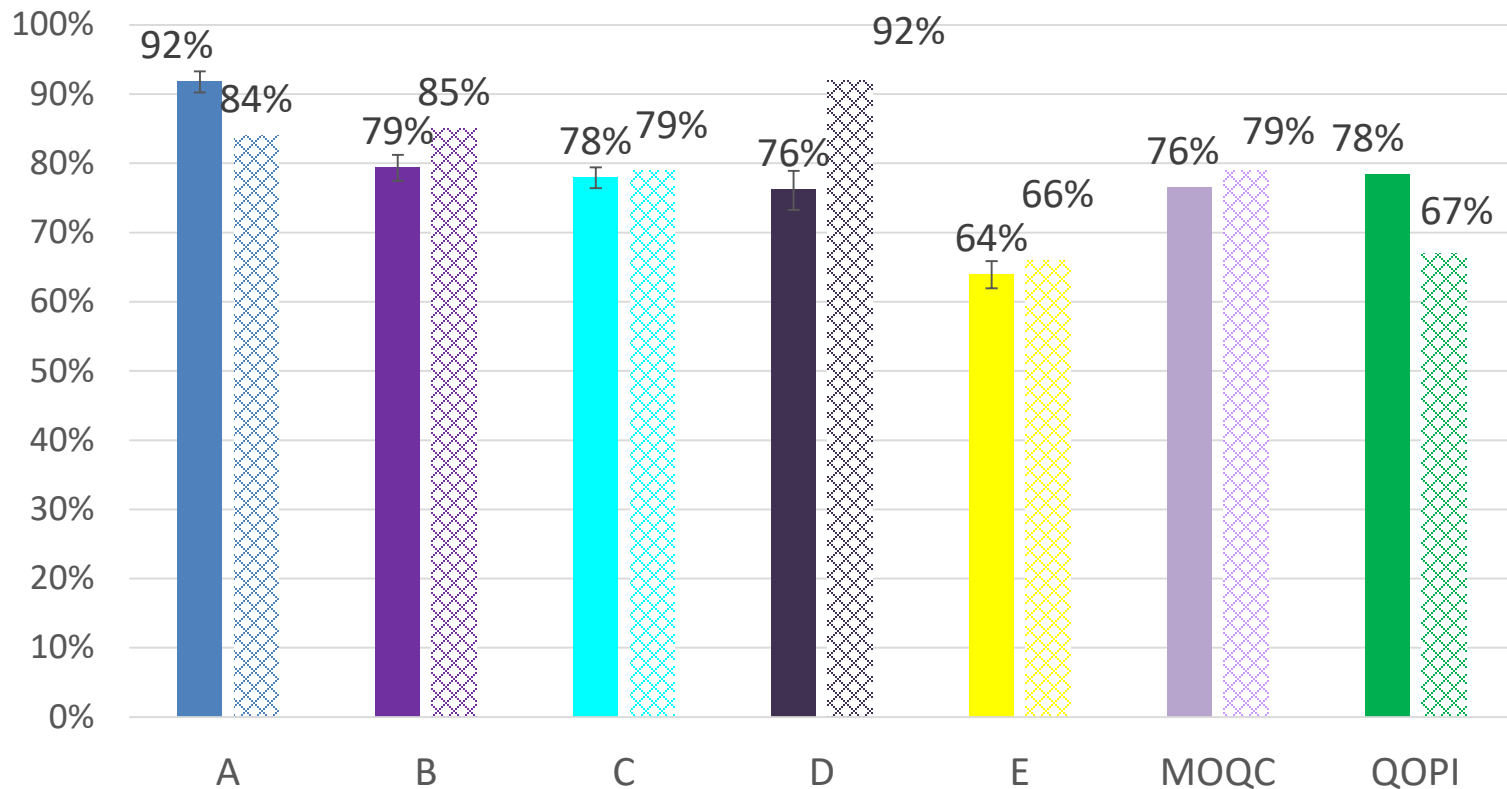
Serum tumor marker surveillance ordered by practice between 30 – 365 days after diagnosis of early stage breast cancer
(Lower Score - Better) (Top 5 Measure)



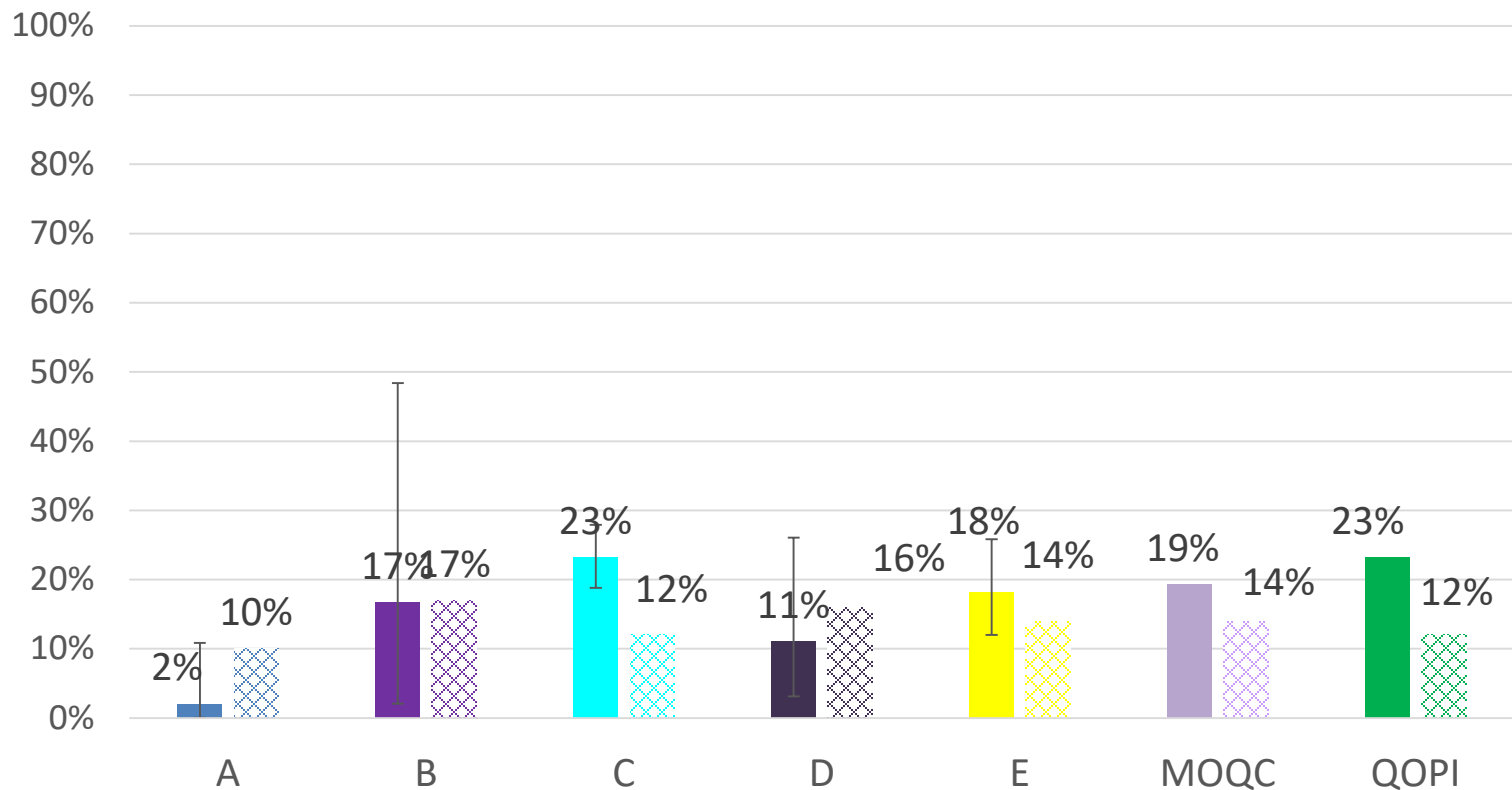
Oral chemotherapy medication adherence assessed following start of therapy



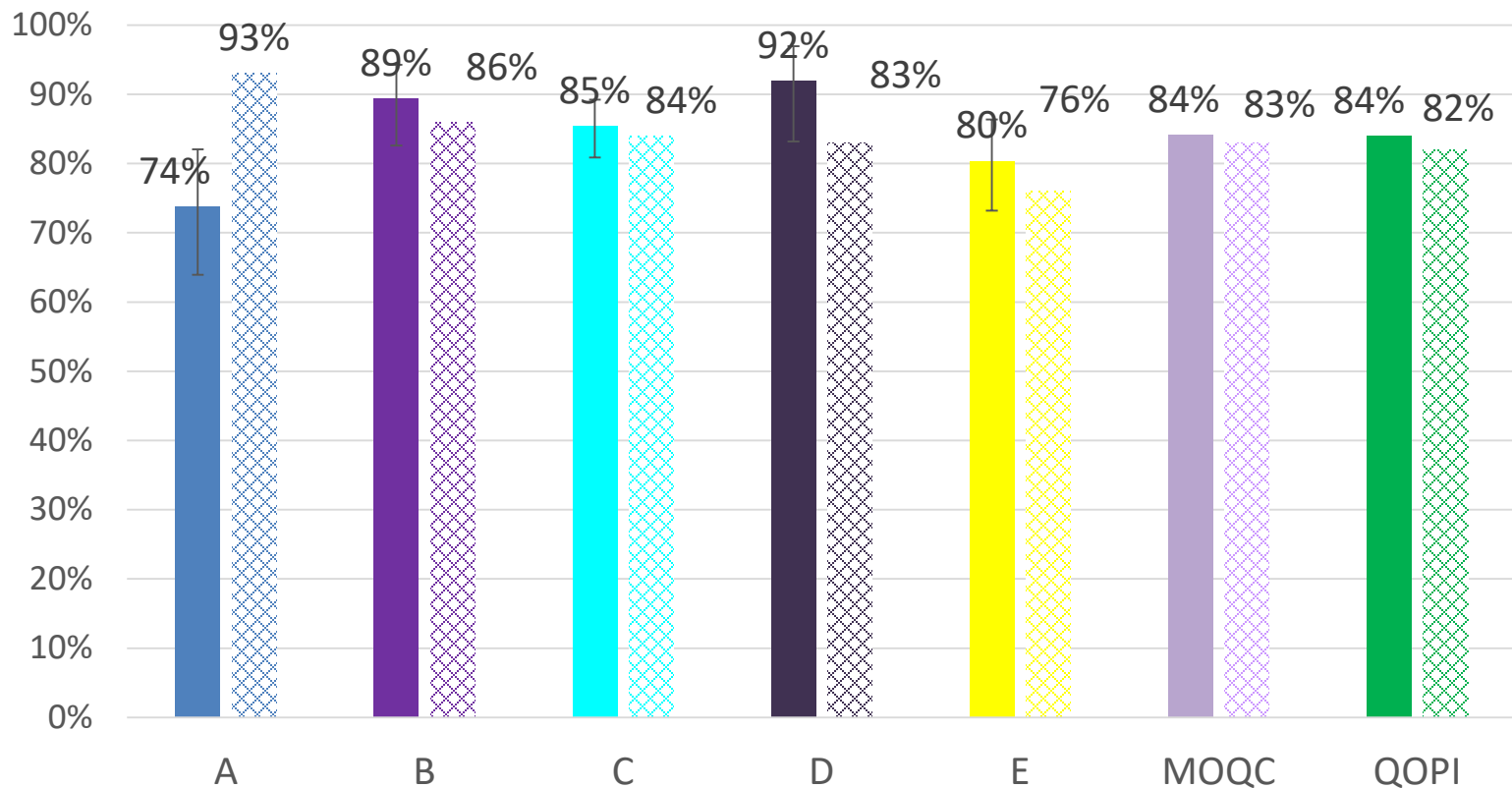
Signed patient consent for chemotherapy (including oral chemotherapy)



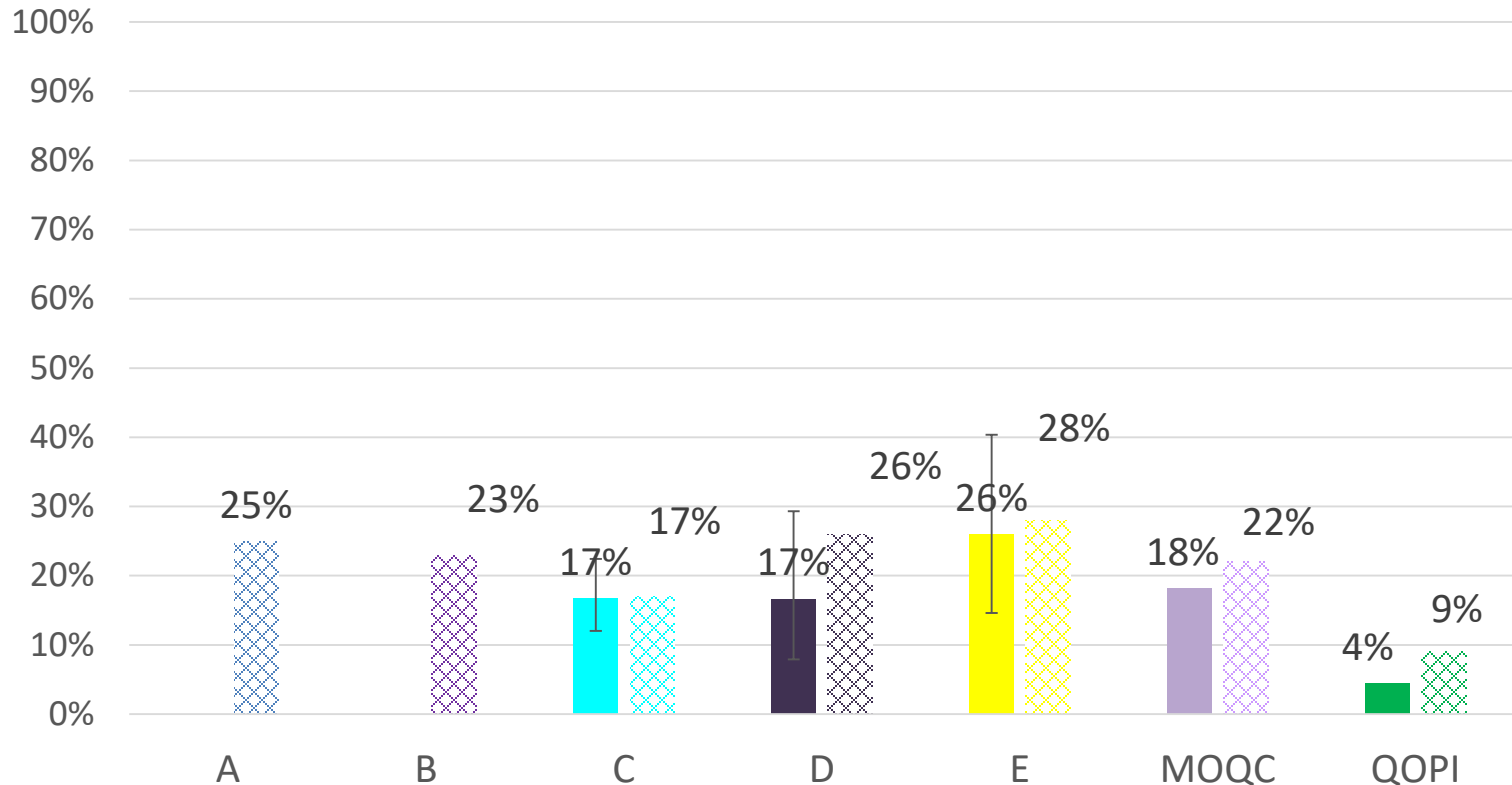
Complete family history documented for patients with invasive colorectal cancer



Colonoscopy before or within 6 months of curative resection or completion of adjuvant chemotherapy



Neurokinin-1 receptor antagonists for Cycle 1 low or moderate emetic risk chemotherapy (Lower Score - Better)



QOPI Measure Number SMT28
1st bar: S14-S17; 2nd bar: F17

Infertility risks discussed before chemotherapy with patients of reproductive age

