Michigan Oncology Quality Consortium
Biannual Meeting June 2017

Quality Measurement in Oncology:
Finding Meaning in Measurement
Afternoon Slides
Blue Distinction Center
Cancer Care Program
Overview

Jackie Rau, MHSA
Project Lead, CQI Administration
Blue Distinction® Specialty Care Program

- **Blue Distinction® Specialty Care Program** is a Blue Cross Blue Shield Association national program administered by Blue Cross Plans that recognizes healthcare facilities that demonstrate proven expertise in delivering safe, effective and cost-efficient care for select specialty areas. The program targets procedures and episodes of care in areas of high or increasing demand with variation in quality and cost across facilities.

- The goal of the program is to help consumers find both quality and value for their specialty care needs, while providing a credible foundation for employers to design benefits tailored to meet their quality and cost objectives.
National Access

Broad national access across all top 50 Metropolitan Statistical Areas (MSAs)

Please note that the symbols used on this map are tied to specific ZIP codes. As a result, there are often multiple designated facilities (BDC and/or BDC+) represented by a single visible symbol. Maps reflect designations as of June 2016.
About the BDC Cancer Care Program

• The official start date of the BDC Cancer Care program is 1/1/2018

• Various cancer providers can be evaluated for designation (e.g. both practices units and hospitals), unlike the other specialty care types which are hospital-only

• No requirement or restriction on type of cancer treated

• BCBSM is planning to designate both hospitals and practice units.

• Providers must meet ALL criteria set by Blue Cross Blue Shield Association in order to be eligible for the designation (see Appendix)

• Our Local Plan Criteria for practices is participation in the MOQC or MUSIC CQIs if eligible and recruited. Our additional Local Plan Criteria for all provider entities is site visit validation

• The designation process is rolling, the initial effective date is 1/1/18, but we can submit new practices on a monthly basis to be evaluated for designation. If you do not currently meet all quality criteria, we can still submit your application at which time you do meet the criteria
BDC Cancer Care Will Change Over Time

• This is a very new designation that will continue to evolve over the next few years to include more robust quality and cost measurements considering industry advancements such as core measure sets for medical oncology.

• While all the other specialty programs include a second designation that is based on meeting cost criteria called BDC+, at this point in time only the BDC designation is available for the cancer care program, although the BDC+ designation may be available in the future.
## Cancer Care Program Survey

### Section Name: Cancer Care Program Overview

1. **What is the name of this Cancer Care Provider Entity?**

### Please list all applicable locations where cancer care services are performed by entity listed in Q1.

<table>
<thead>
<tr>
<th>Location</th>
<th>Provider Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Plan Code</th>
<th>Provider Number</th>
<th>National Provider Identifier (NPI)</th>
<th>Tax ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Does this cancer care entity participate in any of the following? (Check all that apply.)

- Community Oncology Medical Home (Come Home) grant
- Commission on Cancer (CoC) Cancer Program Accreditation
- Commission on Cancer (CoC) Oncology Medical Home (OMH) Accreditation
- National Committee for Quality Assurance (NCQA) Patient-Centered Specialty Practice (PCSP) Recognition
- Centers for Medicare & Medicaid Innovation Oncology Care Model (OCM)
- American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI<sup>®</sup>) Certification
- American Society of Clinical Oncology (ASCO) Patient-Centered Oncology Payment (PCOP) Model
- Other (please specify)
Next Steps

• Survey applications are due if you would like your designation to be effective 1/1/18, we will still accept applications after that date on a rolling basis. Our team at BCBSM will be entering in applications for practices that meet the quality criteria based on the surveys that you filled out at the MOQC regional meetings.

• BCBSA will make eligibility decisions between July and October for those survey applications received by 6/30. We will notify you of the eligibility decision.

• Sites who meet all of the BCBSA BDC Cancer Care criteria for designation will receive a Participation Agreement to sign between BCBSA, BCBSM, and the practice.

• BDC designation for eligible sites will be effective on 1/1/18.

• If you have not completed a survey and would like to, visit the MOQC Resource Table and hand to a MOQC Team member or myself.
Questions?
Appendix
<table>
<thead>
<tr>
<th>Delivery Category</th>
<th>Quality Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility to timely, multi-disciplinary, coordinated cancer care</td>
<td>1. Delivers coordinated multidisciplinary care, including facilitating timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience.</td>
</tr>
<tr>
<td></td>
<td>2. Delivers efficient, appropriate, and effective flow of necessary patient care information to providers and patients (e.g., use of EHR and patient portal).</td>
</tr>
<tr>
<td></td>
<td>3. Delivers care planning by managing patients throughout stages of treatment, survivorship, and end of life (e.g., use of patient app “My Care Plan”, ASCO care plan template).</td>
</tr>
<tr>
<td></td>
<td>4. Facilitates multidisciplinary care (either within an integrated delivery system or through coordination within a virtually organized delivery system of medical neighborhood), to ensure that the patient has access to all of the following disciplines:</td>
</tr>
<tr>
<td></td>
<td>• Medical Oncology</td>
</tr>
<tr>
<td></td>
<td>• Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td>• Relevant Surgical Specialties</td>
</tr>
<tr>
<td></td>
<td>• Nursing/Oncology Nursing</td>
</tr>
<tr>
<td></td>
<td>• Palliative Care</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic Radiology</td>
</tr>
<tr>
<td></td>
<td>• Pathology</td>
</tr>
<tr>
<td></td>
<td>• Genetic Counseling</td>
</tr>
<tr>
<td></td>
<td>• Social work/Psychosocial Support</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Appropriate referral to Specialists/Centers with expertise in treating complex and rare cancers; and</td>
</tr>
<tr>
<td></td>
<td>• Access to clinical trials (as appropriate)</td>
</tr>
<tr>
<td></td>
<td>5. Ensures enhanced care access (open access scheduling, expanded hours and new options for communication between patient and practice) to support urgent patient needs, in lieu of ER use.</td>
</tr>
<tr>
<td>Quality Category</td>
<td>Selection Criteria</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Commitment to providing safe, evidence-based, patient-centered care</td>
<td>6. Implements evidence-based care aligned with established guidelines/clinical pathways, as appropriate</td>
</tr>
<tr>
<td></td>
<td>7. Implements patient-centered care by including patient/family in planning and goal setting, as well as managing symptoms, with the goal to improve the quality of life for both the patient and the family.</td>
</tr>
<tr>
<td></td>
<td>8. Commits to standard practices and monitoring for safe administration of chemotherapy, radiation and surgery.</td>
</tr>
<tr>
<td>Commitment to measuring and improving quality of cancer care</td>
<td>9. Commits to system-wide monitoring and reporting of quality measures (e.g., Quality Oncology Practice Initiative [QOPI] measures, ASCO Choosing Wisely, evolving national oncology core measures).</td>
</tr>
<tr>
<td></td>
<td>10. Incorporates measurement results into feedback and improvement of the cancer system of care.</td>
</tr>
</tbody>
</table>
## Quality Selection Criteria - Utility

<table>
<thead>
<tr>
<th>Utility Category</th>
<th>Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on patient experience and patient engagement in shared decision making</td>
<td>11. Engages patient (family) in shared decision making process for goal setting and treatment planning that provides information on realistic expectations and impacts of treatment options, through use of appropriate tools, so that care delivers utility to the patient.</td>
</tr>
<tr>
<td></td>
<td>12. Participates in a standardized Patient Satisfaction and Experience Survey to evaluate and improve care delivery</td>
</tr>
</tbody>
</table>
## Value-Based Payment Selection Criteria

<table>
<thead>
<tr>
<th>Value-Based Payment Criteria Category</th>
<th>Definition</th>
<th>Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability</td>
<td>Commitment to Value-Based Payment Model</td>
<td>Engages with Plan in contracts that contain value-based incentives associated with both cost and quality outcomes for cancer care.</td>
</tr>
</tbody>
</table>
## Business Selection Criteria

<table>
<thead>
<tr>
<th>Business Criteria Category</th>
<th>Selection Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Participation</td>
<td>Provider entity is required to participate in the local Blue Plan’s BlueCard Preferred Provider Organization (PPO) Network.</td>
</tr>
<tr>
<td>Availability for Blue National Account Members</td>
<td>Provider entity is available to Blue national account members through a BlueCard PPO-based product.</td>
</tr>
<tr>
<td>Blue Brands Criteria</td>
<td>Provider entity meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.</td>
</tr>
<tr>
<td>Local Blue Plan Criteria</td>
<td>An individual Blue Plan, at its own independent discretion, may establish and apply local business requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for provider entities located within its Service Area.</td>
</tr>
</tbody>
</table>
Meaningful Highlights from a Practice:
Oral Chemotherapy Management
Oral Chemotherapy Management

Anne Gentz, CMOM
IHA Hematology Oncology Consultants

Carol Yarrington, PharmD, BCOP
St. Joseph Mercy Health System
About IHA Hematology Oncology Consultants

• Providers and Staff
  – 10 Medical Oncologists
  – 5 APP’s
  – 8 Oncology Care Managers (Oncology RN’s)
  – Scribes
  – Medical Assistants/Receptionists in provider teams
  – 1 Regional PharmD employed by SJMHS – Clinical Oncology/Informatics

• Sites in Ann Arbor, Brighton, Canton and Chelsea

• EMR = ARIA (Varian Medical Systems)
About IHA Hematology Oncology Consultants

• Medicare OCM Site
• Michigan Cancer Research Consortium
• MOQC Participating Practice
• QOPI Certified Practice
Oral Chemotherapy Team

• Katie Beekman, MD – Physician Lead
• Laura Bushey, RN – Care Manager
• Kathy Davis – Clinical Coordinator (MA Lead)
• Anne Gentz, CMOM – Program Manager
• Carol Yarrington, PharmD., BCOP - Pharmacist
Background

• Gaps in oral oncolytic measures identified based on QOPI data
• Initial meeting with MOQC in Dec 2015
• Performed baseline assessment with a chart audit and performance survey
• Developed next steps for quality improvement with MOQC
Baseline Data – Dec 2015

Oral Oncolytic Start Date Documentation and Symptom Assessment Rate

Baseline Chart Audit

- Start Date Documentation Rate
- Symptom Assessment Rate

n = 20 charts
Process Development

• Group met and prioritized the following:
  – Start Date Capture
  – Patient Education Sessions
  – Patient Symptom and Adherence Assessments
Start Date Capture

• Assign a flag in the chart for patients on orals
• When oral chemotherapy is initiated
  – Patient referred to an MA who focuses on prescription coverage and financial access
  – Patient scheduled for a chemotherapy teach session with the pharmacist (support from pharmacy students)
  – Start date captured through specialty pharmacy report and recorded in the EMR
Patient Education

Who
- Pharmacist and 4th Pharmacy students
- All oral chemo patients

When
- Prior to any new start
- Appointment scheduled at check-out on day of prescription

What (is discussed)
- Modified MOQC oral chemo patient ed
- Self-management instruction
- Patient intake for PRO
- Follow-up plan

What (is documented)
- Start date
- Patient consent
- Education session
- Medication Reconciliation
Capecitabine (Xeloda®)

Pronounced: [cape-CITE-a-bean] and [zeh-LOE-duh]

About Your Medication

Capecitabine limits the growth of cancer cells. After capecitabine is absorbed into your body, it becomes an active chemotherapy drug "5-fluorouracil" that interferes with the cancer cell’s ability to make proteins and divide into more cancer cells.

Capecitabine comes as a 150 mg tablet and a 500 mg tablet. Your dose may be a combination of both tablet strengths, and may be more than one tablet.

YOUR DOSE: By mouth,
Take (_____x 500 mg tablets and ____x 150 mg tablets) in the morning
And
Take (_____x 500 mg tablets and ____x 150 mg tablets) in the evening, according to the schedule below.
Take within 30 minutes of eating food.

YOUR SCHEDULE:
Take your capecitabine tablets on days ____ to _____, followed by a ____ day rest period (when no tablets are taken). This _____ day period is one treatment cycle.

How to Take Your Medication

- Take your capecitabine twice daily at approximately the same times each day. Take within 30 minutes of eating food.
- Swallow capecitabine tablets whole with a glass of water. Do not crush or chew the tablets.
- If you miss a dose of your capecitabine, take the medicine as soon as possible. If it is closer to the time of your next dose, skip the missed dose and do not double the next dose. Instead, continue your regular dosing schedule and check with your doctor.

Follow-up:
- **Physician appointment**: You will see your oncologist or their physician assistant/nurse practitioner once each cycle
- **Lab Work**: Complete blood count with differential and comprehensive metabolic panel prior to each cycle while on therapy
**Important Precautions/ Storage and Handling/Disposal**

- If you are allergic to capecitabine or 5-fluorouracil (5-FU), you should not take capecitabine.
- If you have ever been told you lack an enzyme called “DPD” (dihydropyrimidine dehydrogenase), you should not take capecitabine.
- If you have a history of heart, liver, or kidney problems, talk to your healthcare provider before taking capecitabine.
- Let your healthcare provider know if you are taking the blood thinner warfarin (Coumadin®) or the seizure medicine phenytoin (Dilantin®). The doses of these medicines may need to be changed or the levels of these medicines may need to be checked more often while taking capecitabine.
- Capecitabine may be harmful to an unborn child. If sexually active with a partner that is pregnant or who may become pregnant during and 2 weeks after treatment, two forms of contraception must be used (a condom and another effective form of birth control).
- Capecitabine may pass into breast milk and could potentially harm nursing infants. Do not breastfeed while taking capecitabine.
- The use of gloves is recommended when directly handling capecitabine tablets. Remember to wash your hands after taking or handling capecitabine without gloves.
- Capecitabine may stay in the body for several days after a dose is taken. It may be present in bodily fluids or waste, including sweat, urine, feces, and vomit. Always wear gloves when cleaning up or coming into contact with bodily fluids.
- Cover the toilet before flushing; **double-flush the toilet for at least 5 days after the last dose** of capecitabine.
- Keep your capecitabine in a safe place, away from other family members’ medications and away from any food or drinks. Keep the medication out of reach from children and pets.
- Store the medication at room temperature in a dry location – avoid storing your medication in the bathroom.
- Return expired, damaged, or unused capecitabine to your specialty pharmacy for disposal. Do not discard into the garbage or toilet, or anywhere that children or pets may have access.
What foods and drugs may interact with my capecitabine?

Please talk to your healthcare provider at your cancer clinic before starting or stopping any medications, vitamins, or herbal supplements, because some of these may interact with your capecitabine. Some examples of products that interact with capecitabine include:

- Some pain medications, including celecoxib (Celebrex®), diclofenac (Voltaren®), ibuprofen (Motrin®), and meloxicam (Mobic®)
- Certain medications for blood sugar, such as glipizide (Glucotrol®), glyburide (Diabeta®), glimepiride (Amaryl®), and nateglinide (Starlix®)
- Some medications for the heart and/or high blood pressure, including losartan (Cozaar®), irbesartan (Avapro®), and torsemide (Demadex®)
- Some medications for mood, including fluoxetine (Prozac®) and amitriptyline (Elavil®)
- Gout medicines including allopurinol
- Warfarin (Coumadin®)
- Phenytoin (Dilantin®)
- Leucovorin (folinic acid)

Folic Acid (a B-vitamin)
Capecitabine (Xeloda®) Side Effect Summary

This list does not include all possible side effects of capecitabine. If you have an unusual symptom, call the clinic. Below are management tips for the most common side effects:

- **Decrease in blood cell counts** (70%- usually mild)
- **Diarrhea** (60 %, sometimes severe)
- **Hand-Foot Syndrome** (60%, sometimes severe) or **Inflamed/irritated skin** (40%, usually mild)
- **Nausea and Vomiting** (50%, usually mild)
- **Fatigue** (40%, sometimes severe)
- **Mouth Sores** (25%, sometimes severe)

### Decrease in Blood Cell Counts
(low red blood cell count, 70%; low white blood cell count and platelets, 25%)
Usually mild

<table>
<thead>
<tr>
<th>What Can I Do...</th>
<th>Call the Oncology Clinic when you have...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wash hands regularly</td>
<td>• Temperature of 100.5°F or higher- <strong>CONTACT THE Oncology CLINIC IMMEDIATELY</strong></td>
</tr>
<tr>
<td>• Avoid close contact with others who are sick</td>
<td>• Any signs of infection (chills, feverish sweats, burning upon urination/ painful urination)</td>
</tr>
<tr>
<td>• Avoid activities with a high potential for injury and bleeding (contact sports, etc.)</td>
<td>• Unusual tiredness or weakness</td>
</tr>
<tr>
<td>• The clinic will monitor your labs regularly. Make sure not to miss clinic visits or lab draws</td>
<td>• Shortness of breath, difficulty breathing</td>
</tr>
<tr>
<td></td>
<td>• Unusual bleeding or bruising</td>
</tr>
</tbody>
</table>
Patient Symptom and Adherence Assessment

• MOQC PRO assessment completed by patient prior to each visit – includes ESAS and adherence question

• Initiated with 5 drug pilot
  – Abiraterone (Zytiga)
  – Capecitabine (Xeloda)
  – Enzalutamide (Xtandi)
  – Erlotinib (Tarceva)
  – Temozolomide (Temodar)
Patient Symptom and Adherence Assessment

• Patient instructed to arrive 10-15 min early to appointment

• Patient completes PRO
  – MA reviews & triages symptoms scored via ESAS > 4 or non-adherence to RN and/or physician
  – PRO scanned in EMR
PRO Results

Self Reported Adherence

- Excellent: 68%
- Very Good: 24%
- Good: 8%

PRO Results

- 51 assessments were completed by 34 patients.
- Of the 48 completed ESAS assessments, 77% included at least 1 moderate side effect and 46% included at least 1 severe side effect.
- 24% of patients reported low-moderate confidence to self-manage their symptoms.
- Less than excellent adherence was reported in 32% of patients with the most commonly reported reason being related to side effects or concerns about side effects and long term effects (50%).
Patient Symptom and Adherence Assessment

• Moved from 5 drugs to all patients taking oral chemotherapy

• Created a standard phone call at 7-14 days s/p first dose. Recently one more phone call after 2nd fill.
  – Phone calls by pharmacy and triaged to nursing when high symptom burden or non-adherence reported
Implementation Challenges

• Workflow
  – Patient identification
  – Multiple clinicians involved

• Time
  – Competing initiatives – OCM, QOPI re-certification, etc.
  – Extra form for patient to complete

• Communication
  – To physician and in EMR
Benefits

• Earlier identification of symptoms and ability to intervene
• Identification of drug interactions
• Enhanced patient knowledge
• Consistent process and information communicated by all providers
Patient Feedback

• Most frequent: “I didn’t know why they scheduled me for this- it’s just a pill. I am so glad they did!”

• Leave feeling much better about what it going to happen
  – where does the drug come from
  – how/when do I take it
  – risks to family members
  – how to manage side effects
  – when to call
Next Steps

• Audit to quantify clinical interventions derived from phone f/u and PRO reporting
• Patient satisfaction survey
• PRO format – paper vs portal vs phone app
Questions
Break Out Sessions
## Breakout Sessions

*Opportunity to Attend Two of the Four Sessions*

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session #1:</td>
<td>Why Do We Stay in Practice?</td>
<td>Conference Room G</td>
</tr>
<tr>
<td>Session #2:</td>
<td>Succeeding at MOQC-VBR Measures – Improving Documentation, Maintaining Patient Connection</td>
<td>Conference Room F</td>
</tr>
<tr>
<td>Session #3:</td>
<td>Getting Your Practice Ready for MIPS</td>
<td>Conference Room E</td>
</tr>
<tr>
<td>Session #4</td>
<td>Using QOPI to Submit MIPS Data to CMS</td>
<td>Big Room (here)</td>
</tr>
</tbody>
</table>
The QOPI® Reporting Registry

2017 MIPS Reporting
NOTE: ASCO removed screen shots used during the June 23rd meeting. Webinars will be scheduled for all interested practices to review step-by-step instructions.

Stephanie T.S. Crist, RN, BSN
Associate Director, QOPI
Clinical Affairs
American Society of Clinical Oncology
ASCO’s Quality Programs

- QOPI® Reporting Registry
- QOPI® Certification
- QOPI® Benchmarking Reporting
- QOPI® QCDR
- Quality Training Program™
**Performance:**
The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can join and provide care during the year through that model.

**Send in performance data:**
To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment by significantly participating in an Advanced APM, just send quality data through your Advanced APM.

**Feedback:**
Medicare gives you feedback about your performance after you send your data.

**Payment:**
You may earn a positive MIPS payment adjustment for 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.
# What does MIPS consist of?

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replaces PQRS.</td>
<td>New Category.</td>
<td>Replaces the Medicare EHR</td>
<td>Replaces the Value-Based Modifier.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incentive Program also known as Meaningful Use.</td>
<td></td>
</tr>
</tbody>
</table>

The cost category will be calculated in 2017, but will not be used to determine your payment adjustment. In 2018, we will start using the cost category to determine your payment adjustment.
Pick-Your-Pace for 2017: MIPS Reporting

Don’t Participate
Not participating in the Quality Payment Program: If you don’t send in any 2017 data, then you receive a negative adjustment for 2019

Test the Program
Report:
✓ 1 quality measure or
✓ 1 Improvement Activity or
✓ The required ACI measures

Partial MIPS Reporting
Report for at least 90 days:*
✓ 1+ Quality measure or
✓ 1+ Improvement Activity or
✓ More than the required ACI

Full MIPS Reporting
Report for at least 90 days:*
✓ Required Quality measures and
✓ Required Improvement Activities and
✓ Required ACI

2019
Negative 4% payment adjustment
Avoid penalties
Avoid penalties and eligible for partial positive payment adjustment
Avoid penalties and eligible for full positive payment adjustment and exceptional performance bonus

*consecutive days
### Participation Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| **MIPS Minimum (Test) Quality Reporting Requirement** (per eligible provider) |  - Avoids negative payment adjustment  
  - Report a minimum of **one quality measure** for **one Medicare Part B patient**                                         |
| **MIPS Partial Quality Reporting Requirement** (per eligible provider)       |  - Avoids negative adjustment, may be eligible for a positive adjustment  
  - Report on **minimum of 90 days** for up to **six quality measures**, including one outcome measure (or one high priority, if outcome isn’t available)  
  - Report on at least **50% of patients** (Medicare and private payer) with **at least 20 patients per measure** |
| **MIPS Full Quality Reporting Requirement** (per eligible provider)          |  - Avoids negative adjustment, may be eligible for a positive adjustment  
  - Report on a **full year** of 2017 data for a **minimum of six quality measures**  
  - Report on at least **50% of patients** (Medicare and private payer) with **at least 20 patients per measure** |
QOPI® QCDR Submission Methods

System-Integrated Approach
- Software-installation behind practice firewall
- Data pulls directly from EHR
- Able to attest to IA/ACI components

Web-Interface Approach
- Web-based
- Manual data input
- For practices who want solely to avoid the penalty
<table>
<thead>
<tr>
<th>MEASURE NAME</th>
<th>NQF</th>
<th>QUALITY ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>389</td>
<td>102</td>
</tr>
<tr>
<td>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer</td>
<td>390</td>
<td>104</td>
</tr>
<tr>
<td>Documentation of Current Medications in the Medical Record</td>
<td>419</td>
<td>130</td>
</tr>
<tr>
<td>Oncology: Medical and Radiation - Pain Intensity Quantified</td>
<td>384</td>
<td>143</td>
</tr>
<tr>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>28</td>
<td>226</td>
</tr>
<tr>
<td>Radical Prostatectomy Pathology Reporting</td>
<td>1853</td>
<td>250</td>
</tr>
<tr>
<td>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
<td>N/A</td>
<td>317</td>
</tr>
<tr>
<td>HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies</td>
<td>1857</td>
<td>449</td>
</tr>
<tr>
<td>Trastuzumab Received By Patients With AJCC Stage I (T1c) - III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy</td>
<td>1858</td>
<td>450</td>
</tr>
<tr>
<td>KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy</td>
<td>1859</td>
<td>451</td>
</tr>
<tr>
<td>Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies</td>
<td>1860</td>
<td>452</td>
</tr>
<tr>
<td>Proportion Receiving Chemotherapy in the Last 14 Days of Life</td>
<td>210</td>
<td>453</td>
</tr>
<tr>
<td>Proportion Admitted to Hospice for less than 3 days</td>
<td>216</td>
<td>457</td>
</tr>
<tr>
<td>Chemotherapy treatment administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented. (Lower Score - Better)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Combination chemotherapy treatment received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer</td>
<td>559</td>
<td>N/A</td>
</tr>
<tr>
<td>GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score-Better)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Systems Integrated Workflow

- Register for QCDR participation
- Sign QCDR Agreements
- Set up Call for Remote Practice Connector (RPC) Install
  - Data pull only
- Begin Mapping
  - ASCO would like to stress the iterative nature of the mapping process for 2017 and beyond so practices understand that performance can actually improve with better mapping for most of the measures
  - ASCO will work with practices/EHRs to help change the documentation practice by providing evidence of why it is crucial.
- Review performance on dashboard
- Payment
- ASCO to submit data to CMS
Web Interface Tool

- Register for QCDR participation
- Sign QCDR Agreements
- Begin manual abstraction of data
- Review performance on dashboard
- Payment
- ASCO to submit data to CMS

- Practice should use this time to become systems-integrated in order to be ready for 2018
Legal Agreements

• QOPI QCDR BAA

• QOPI QCDR Participation Agreement

Both will need to be signed in order to participate in the QOPI QCDR
MIPS Improvement Activities Category

Participation in both QOPI® and QOPI® Certification can earn your practice points within the MIPS IA category. ASCO is in the process of developing a more comprehensive list of these opportunities. Additionally, practices reporting through the QOPI QCDR will earn ACI points.

The following are examples of Improvement Activities that can be met through QOPI® participation:

1. Participation in ABIM Maintenance of Certification Part IV
2. Use of QCDR data for ongoing practice assessment and improvements
3. Tobacco use screening and intervention

The following are examples of Improvement Activities that can be met through QOPI® Certification:

1. Implementation of processes for developing regular individual care plans
2. Improved processes that disseminate appropriate self-management materials
3. Practice improvements that engage community resources to support patient health goals
MIPS Improvement Activities Category

As the self-identified improvement projects vary from practice to practice, no definitive list of MIPS-eligible Improvement Activities can be identified, however it is very likely practices who have completed a Quality Training Program session in 2017 will have activities to submit for MIPS.

The following are examples of Improvement Activities that can be met through the Quality Training Program:

1. Measurement and improvement at the practice and panel level
2. Depression screening
3. Implementation of formal quality improvement methods, practice changes or other practice improvement processes

QOPI® QCDR – Individual vs Group Reporting

• Report as **individual** clinician within a group:
  – Each clinician evaluated individually based on specific measures they choose to report
  – The **payment adjustment is applied to the individual NPI** and is **portable** with the provider if they change TINs

• Report as a **group**:
  – MIPS eligible clinicians that report as part of a group are evaluated on the measures that are reported by the group, **regardless** of whether the group’s measures are **specifically applicable** to the individual MIPS-eligible clinician
  – The subsequent **group payment adjustment is applied to each NPI within the group and is not portable with the NPI if he/she changes TIN**
What’s required in 2018?

Practices will be required to report on 60% of their eligible charts for ALL measures to avoid a Medicare reimbursement penalty in 2020.

• ASCO is using 2017 as a transition year to modify the QOPI QCDR to allow practices to meet this requirement and will provide updates on our progress throughout 2017.

• ASCO encourages all oncology practices to use 2017 to ensure they are positioned to report at the significantly higher volume requirement in 2018.
Timeline

• We will be announcing in the next couple weeks when the QOPI QCDR will launch officially

• Tentative launch date is July 2017

• Tentative cost $75 per NPI

• Practices must have legal agreements signed by October 1 in order to participate in the 2017 QOPI QCDR
  – This is due to onboarding time required
  – Data submission tentatively to end 12/31/2017

• Onboarding of practice to QOPI QCDR will be in order of
Recommendations

• Practices should try to do Systems-Integrated

• If your practice cannot for EHR or legal reasons, we recommend using the rest of 2017 to make steps to transition to systems-integrated before 2018 so that your practice will be ready

• Encourage documentation in existing fields in EHR to facilitate better mapping of data

• We are happy to work with your practice’s EHR vendor to help develop fields but work will need to be done on the practice end regarding modifying documentation practices
Further Resources

For more information on how to register for any of these programs or if you have additional questions, please contact:

QOPI®/QOPI® QCDR: email qopi@asco.org or visit qopi.asco.org

QOPI Certification: email qopicertification@asco.org or visit qopi.asco.org

Quality Training Program™: email qualitytraining@asco.org or visit http://goo.gl/zxtY9u

For more information on MACRA: email macra@asco.org or visit asco.org/MACRA
Next Steps
And the winners are . . .

For Use in Your Practice
Save the Dates

Schedule Your Physician and Administrative Partner

Fall Regional Meetings(s)
6:00 -8:00 pm
Work Session with Dinner
Physician required & One Other Person

- Superior – East: Wednesday, September 27th
- Superior – West: Thursday, September 28th
- Metro East: Tuesday, November 7th
- LMOR: Thursday, November 9th
- WOW: Wednesday, November 15th
- Central Michigan: Friday, November 17th

MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM
**Fall Regional Meetings**

**Step 1**
MOQC will send regional and practice data re: MOQC Pathway Measures

**Step 2**
Practices will be asked to select one Quality Improvement Project for the Region based on data

**Step 3**
MOQC will compile data & communicate the selected QI project for improvement

**Step 4**
MOQC will send prep materials and bring resources to Regional Meeting

**Step 5**
Regional Meeting will be a work session on that topic with knowing their “As Is” and developing targeted solutions
Save the Dates

*A physician per practice must attend one meeting*

<table>
<thead>
<tr>
<th>MOQC BIANNUAL MEETINGS 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday January 18</td>
</tr>
<tr>
<td>Friday June 22</td>
</tr>
</tbody>
</table>
MOQC Deliverables to Practices

1. Practice Participation Agreements
   - Thank you to practices that have submitted agreements
   - Due date extension: June 30 extended to August 31, 2017
   - MOQC will push agreements to remaining practices by Wednesday June 28th, 2017

2. Quality Initiatives Updates & Launches
   a. Advance Care Planning: Hospice
   b. Tobacco: Transition from Paper to eReferral
   c. Pain Management
   d. Cancer Surviving & Thriving – For Patients
   e. Gyn-Oncology
Closing Comments

- **Grab your tickets** – the winner is...
- Email us: first initial, last name@mocq.org
- Telephone us: (734) 232-0043
- Visit [www.moqc.org](http://www.moqc.org) for updates
- Pick up a charger & fidget spinner on way out
- Please Leave iClickers on the tables
- Travel safely & thank you for coming