
MOOC
Excellence in Quality Certification

MOQC Excellence in Quality Certification

2025 Certified Practices

- The Cancer & Hematology Centers
- Covenant Med Oncology
- Henry Ford Health Jackson
- **Henry Ford Health Gyn Oncology**
- Karmanos Cancer Center Med Oncology
- **Karmanos Cancer Center Gyn Oncology**
- **KCI at McLaren Flint Gyn Oncology**
- KCI at McLaren Greater Lansing
- KCI at McLaren Macomb
- KCI at McLaren Northern Michigan
- Munson Healthcare Med Oncology
- **Munson Healthcare Gyn Oncology**
- **Rogel Cancer Center Gyn Oncology**
- Trinity Health IHA Med Oncology
- **Trinity Health IHA Gyn Oncology**
- UMH Sparrow Med Oncology
- UP Health System Portage

Benefits

- ✓**15% VBR** to offset the costs of care transformation
- ✓Recognition as a MOQC Excellence in Quality Certified practice
- ✓Comprehensive site visit
- ✓Support from MOQC for success
- ✓Improve the care experience for your patients

Requirements

- ✓Achieve measure targets
- ✓Host site visit
- ✓Submit Measure Action Plan
- ✓Submit Closing the Gap Action Plan
- ✓Meet MOQC attendance requirements and be a member of PGIP for at least 1 year

Additional details are available on the website:
https://moqc.org/initiatives/clinical/meqc/

2027

If your practice is interested in pursing certification next year, contact us by **November 30**

moqc@moqc.org

2026 Measure Targets

MEQC Measure

Total eligibility: **15%**

VBR Measure

Total eligibility: up to **7%**

2026 MEQC & VBR Measures

Measure Description	2026 Target
Complete **family history** documented for patients with invasive cancer	**40%**
Olanzapine prescribed as part of a 4-drug antiemetic regimen with cycle 1 high emetic risk	**65%**
Hospice enrollment	**65%**
Median days on **hospice**	**11 days**
Palliative care consultation more than 90 days before death	**25%**
Days from **surgery to chemotherapy**	**28 days or less**
Prescribing of **opioids** for patients after laparoscopic or open hysterectomy	**9 pills or less**

Standard VBR: 5%; scored at REGIONAL level
MEQC VBR: 15%; scored at PRACTICE level

MEQC: 6 out of 7 **VBR: 5 out of 7**

Tobacco Cessation Measure

Measure Description	2026 Target
Tobacco cessation counseling or referral for tobacco users (includes use of vaping and chewing tobacco)	**68%**

Standard VBR: 2%; scored at COLLABORATIVE level

2026 Additional Criteria for Receiving VBR

Other Requirements	
Physician Level	Provider must be enrolled in PGIP for at least one year
Practice Level	10 charts in the denominator per VBR measure per round *Exceptions may be made for EOL measures

Points Needed: **100**

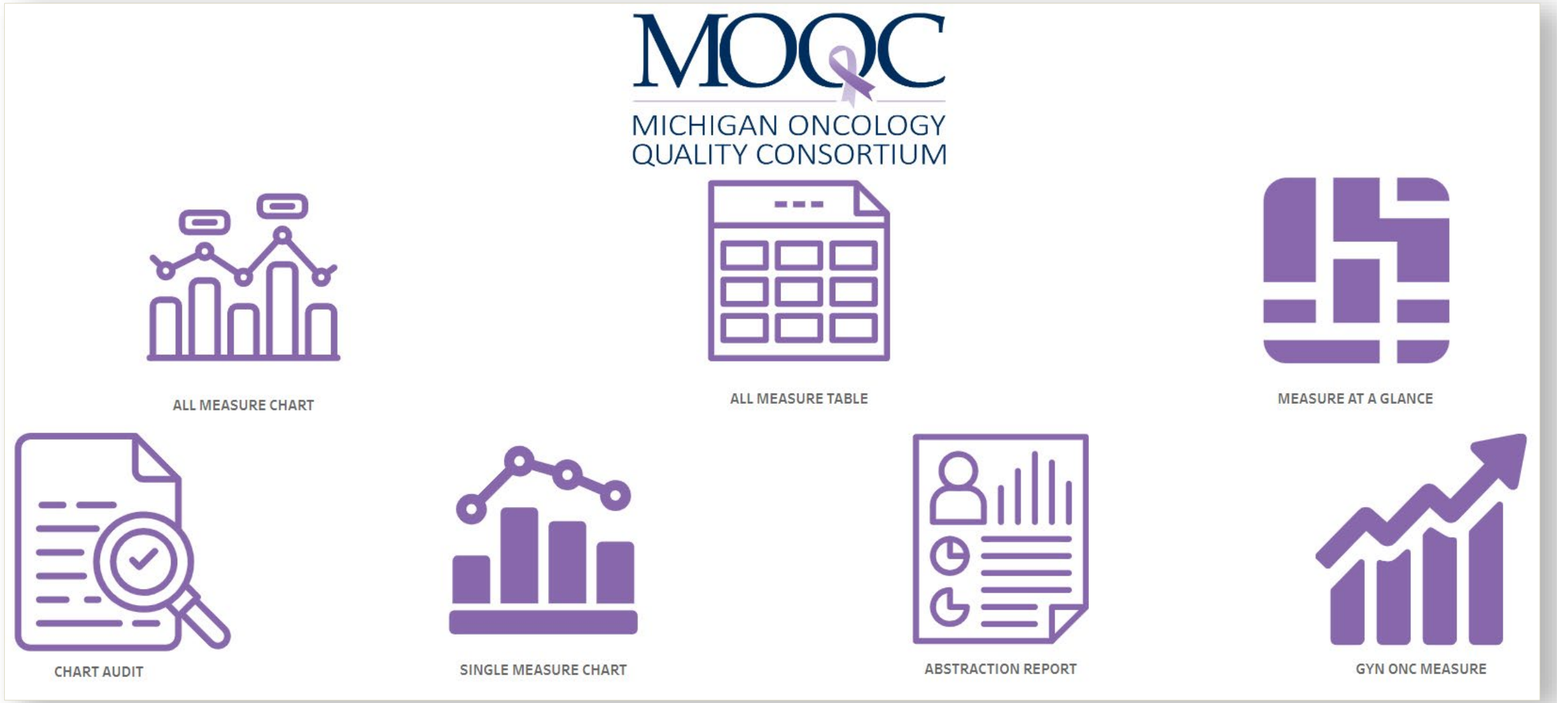
Meeting Participation	Points	Notes
Spring Gynecologic Oncology Meeting **Physician Champion**	**25**	At least **one physician and one practice manager or other change agent** from the practice must attend **a fall in-person** MOQC regional meeting and **at least one** biannual meeting during that year
Spring Gynecologic Oncology Meeting **Administrative Champion**	**25**	
Fall Gynecologic Oncology Meeting **Physician Champion**	**25**	
Fall Gynecologic Oncology Meeting **Administrative Champion**	**25**	

Participation to Qualify for Fee Schedule Increases

Points Needed: 100		
Additional Participation	**Points**	**Description**
Presentation at a MOQC Biannual Meeting	40	Gynecologic oncology or medical oncology biannual meetings
MOQC Steering Committee	30	Attend and actively participate with at least 50% of the meetings within the eligibility year
MOQC Measures Committee	30	Attend and actively participate with at least 50% of the meetings within the eligibility year
Approved MOQC Task Forces or Workgroups	30	Attend and actively participate with at least 50% of the meetings within the eligibility year
Development of educational resources	20	Examples: checklist creation workgroup, clinical trials navigation tool development, podcast expert participation
Connection Visit on-site	20	Have MOQC come visit your practice!
POEM	20	Participate with a POEM pharmacist
Participation with MOQC newsletter	10	Practice spotlight interview, article about best practices, etc.
Attendance at Interprofessional Development Session	10	Attend a session of Interprofessional Development – any practice member

MOQC Dashboards

- Breakdown by
  - Practice
  - Site
  - Measure
  - Time/round



To request a dashboard account contact moqc@moqc.org

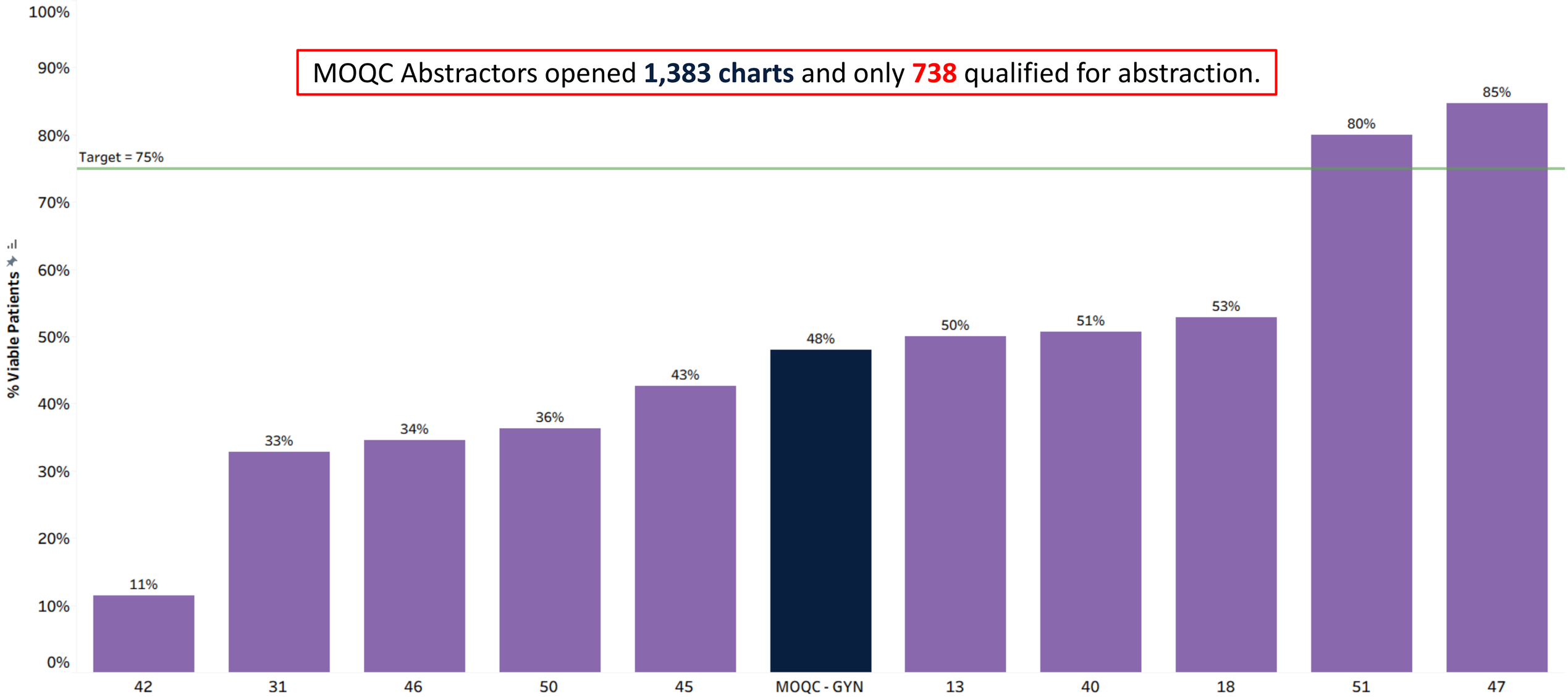
MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

MOQC Measures

Stefany Acosta -Torres, MD

Proportion of Patient Lists Eligible for Abstraction, Round 1 2026

MOQC Abstractors opened **1,383 charts** and only **738** qualified for abstraction.



Shared Measures

- Tobacco cessation counseling or referral
- Complete family history
- Designated patient advocate documentation
- Palliative care consultation more than 90 days before death*
- Olanzapine as part of 4-drug regimen with Cycle 1 high emetic risk chemotherapy
- Screening for non-medical needs

*Uses end-of-life chart selection criteria

Practices with fewer than 5 eligible cases per measure are not displayed.

Chart Selection Criteria for Presented Data

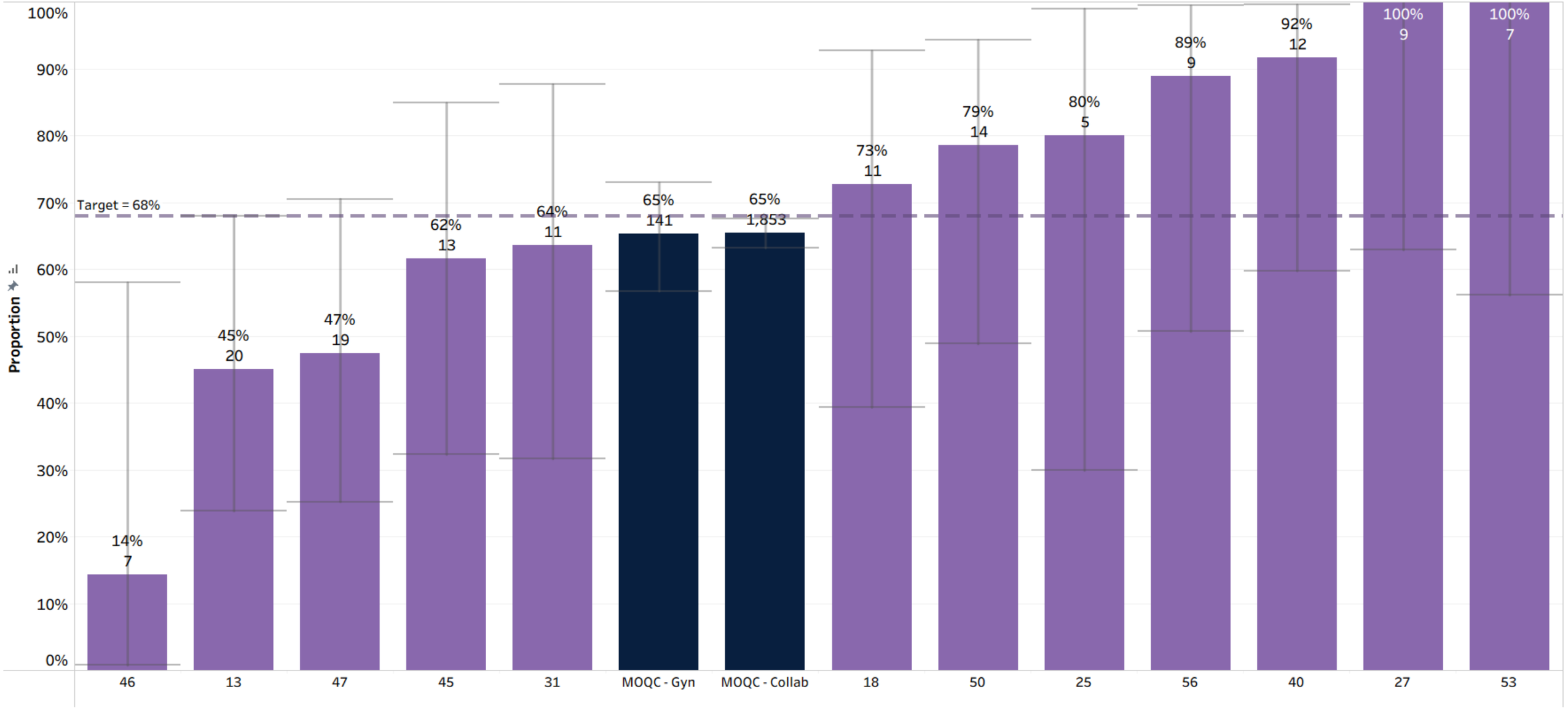
Abstracted November 1, 2025 – September 30, 2026

Eligible Patient Criteria
18 or older at diagnosis
Invasive malignancy or hematologic malignancy

Diagnosis & Visit Window
Diagnosed as early as 6/1/2024
First Office Visit as early as 6/1/2024
2 Office Visits (practitioner) between 4/1/2025 and 9/15/2026

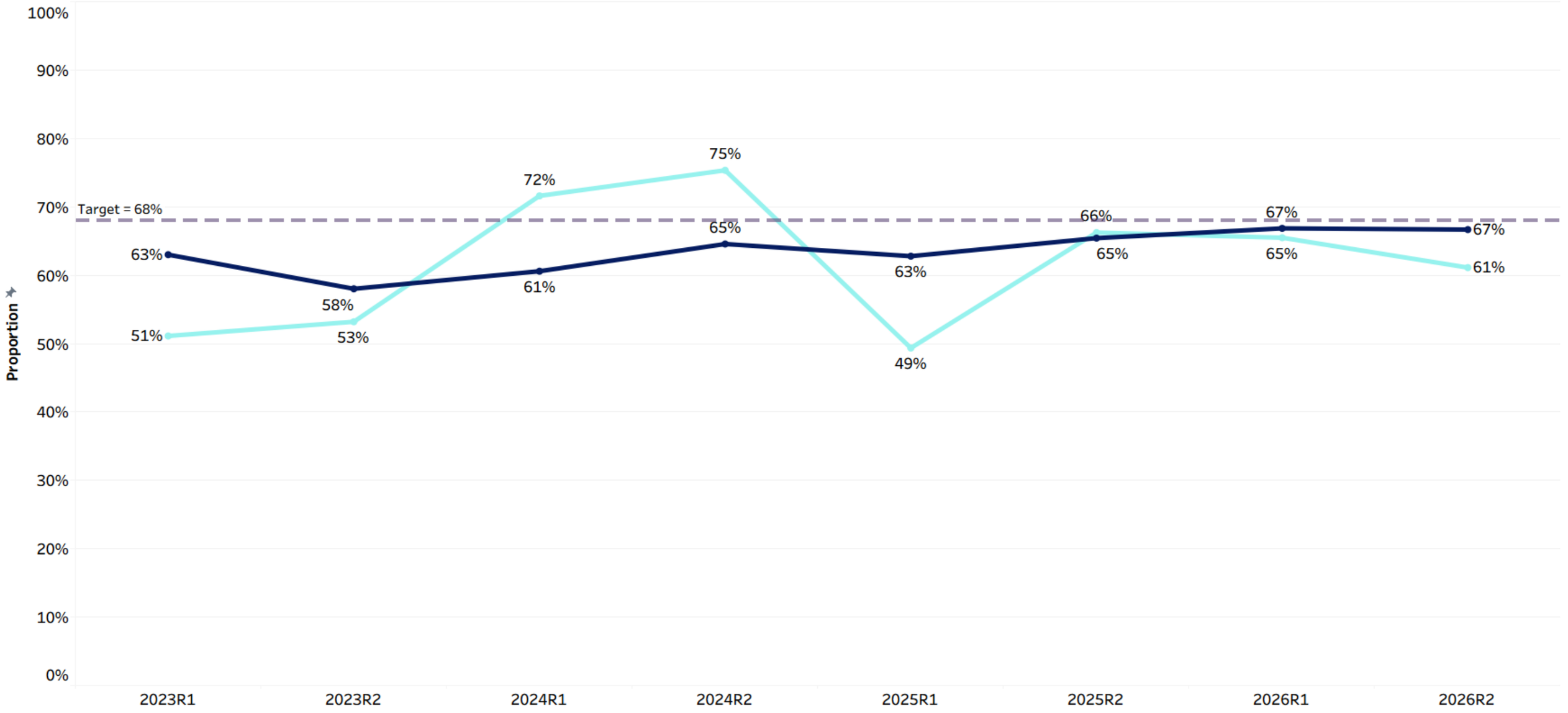
VBR

101b: Tobacco Cessation Counseling or Referral for Tobacco Users Once a Year
11/1/2025 - 9/30/2026, n = 141



VBR

101b: Tobacco Cessation Counseling or Referral for Tobacco Users Once a Year



Region

- MOQC - All
- MOQC - GYN

R2 2026 in progress

Tobacco Measure Update



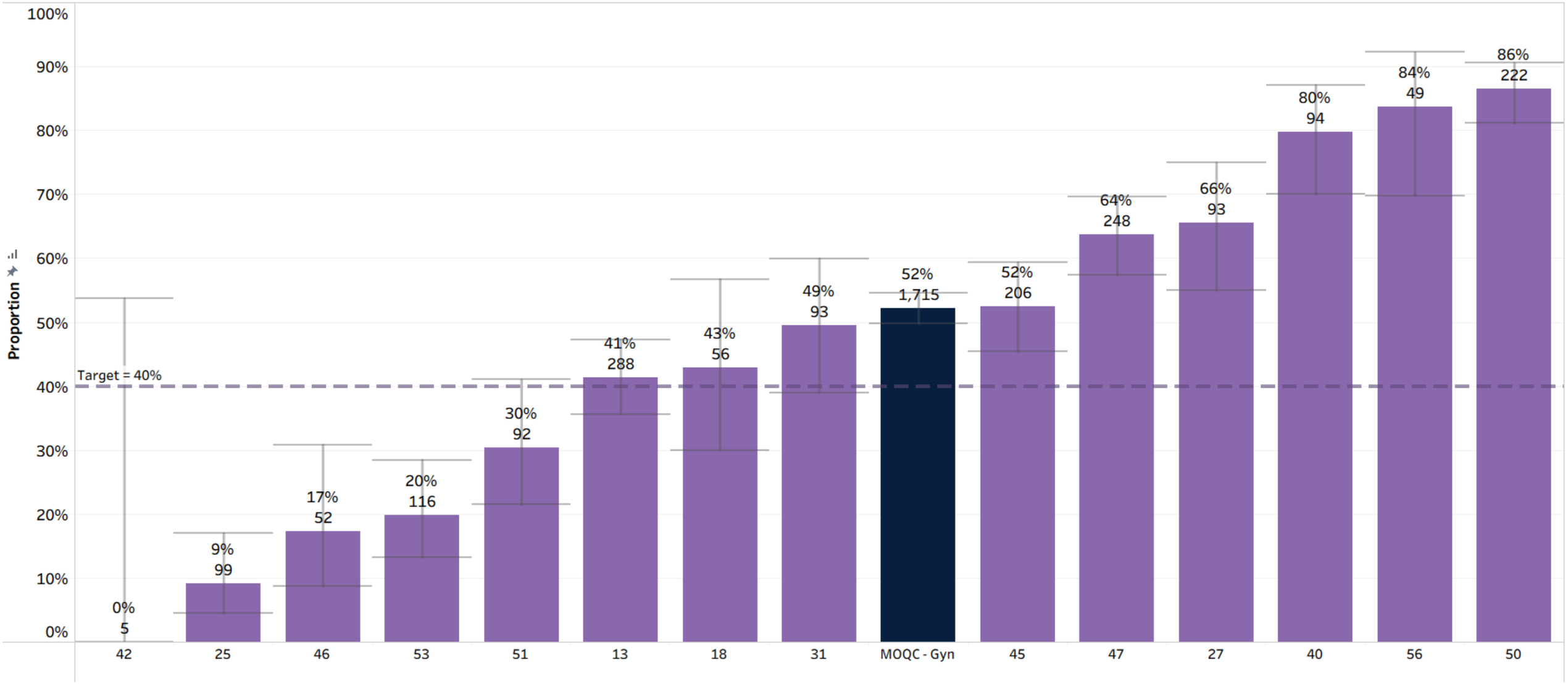
Update coming to Tobacco Cessation measure in **2027**:

- Automated referral will no longer fulfill the measure
- Brief counseling and/or pharmacotherapy prescription required
    - Counseling does not need to be provided by the physician

MEQC

VBR

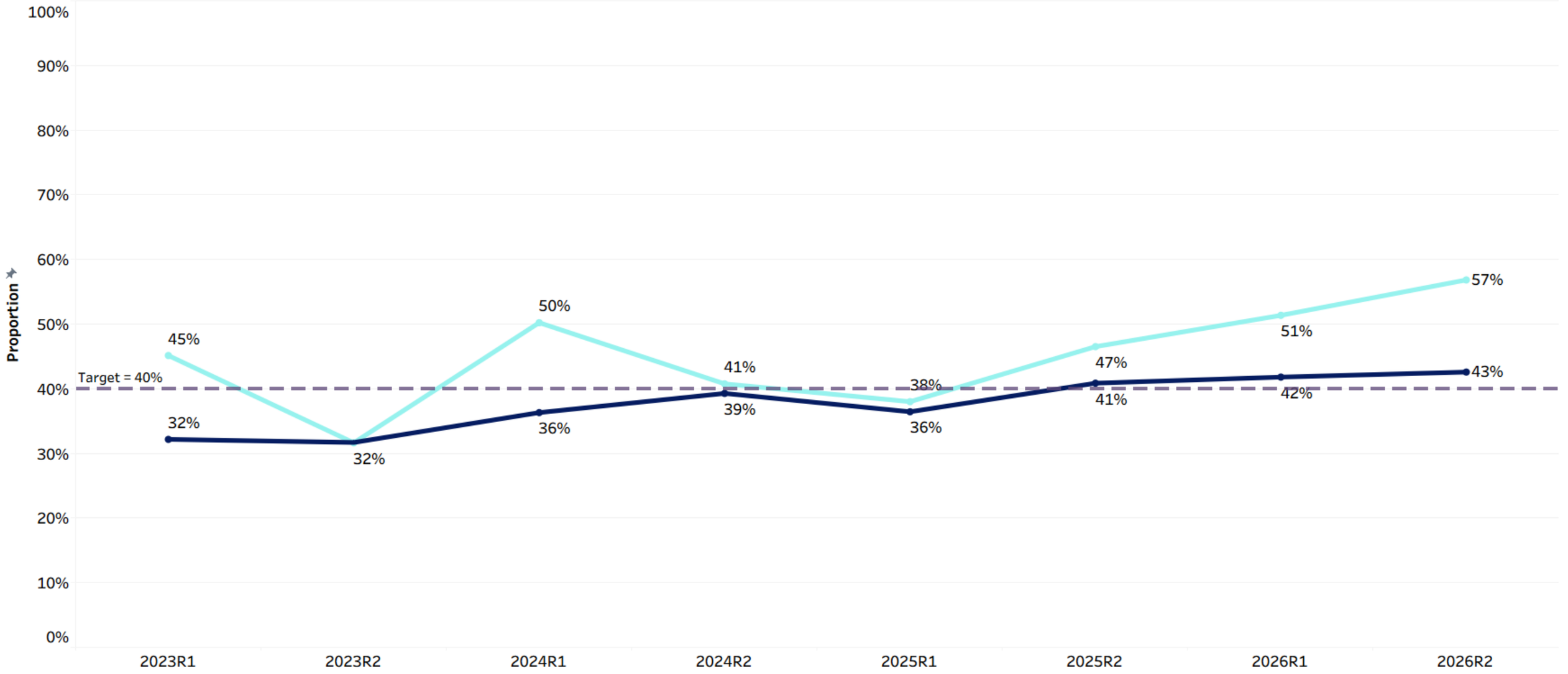
108a: Complete Family History Documented for Patients with Invasive Cancer
11/1/2025 - 9/15/2026, n = 1,715



MEQC

VBR

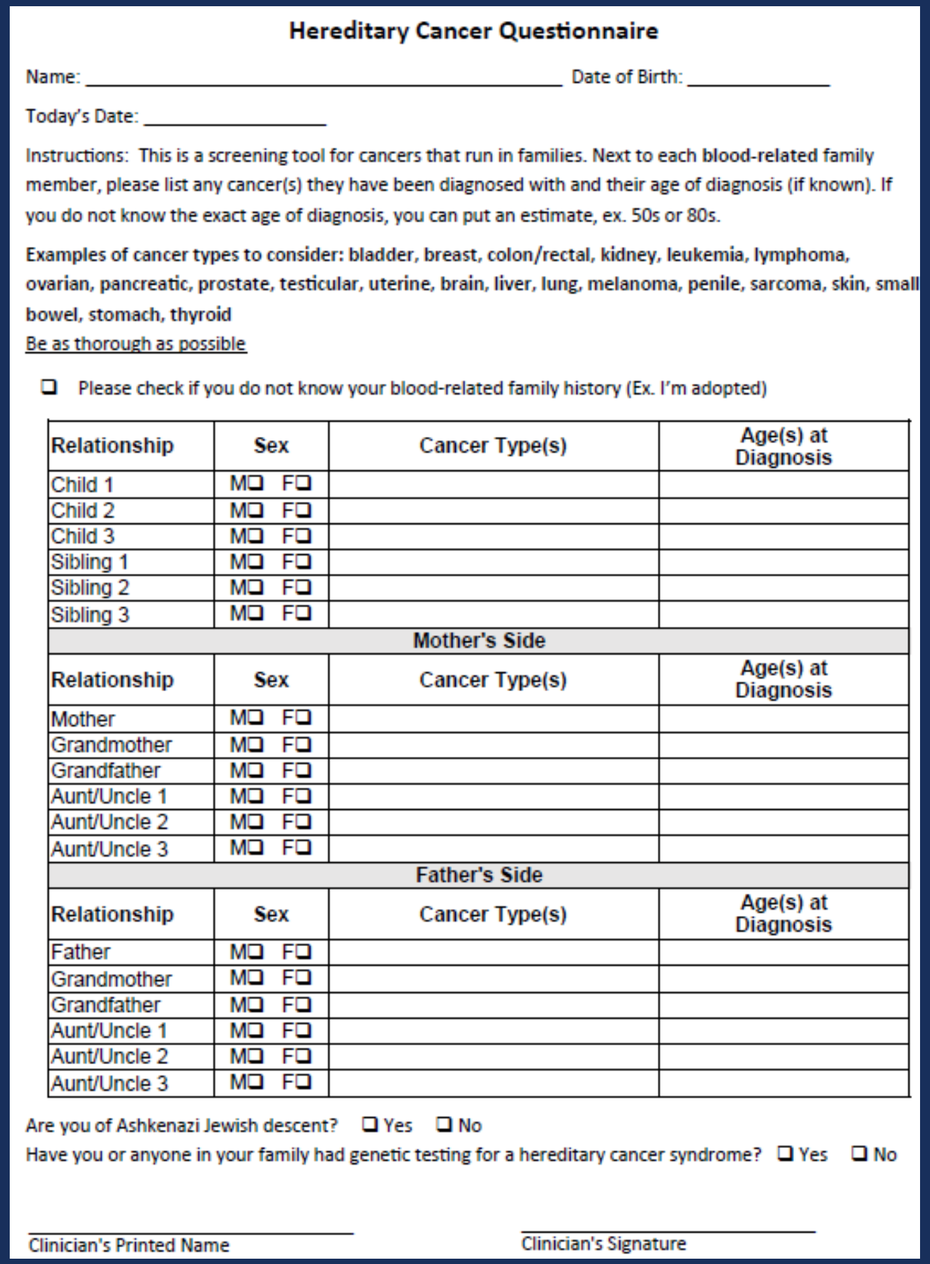
108a: Complete Family History Documented for Patients with Invasive Cancer



Region

- MOQC - All
- MOQC - GYN

R2 2026 in progress



Hereditary Cancer Questionnaire

Name: _____ Date of Birth: _____

Today's Date: _____

Instructions: This is a screening tool for cancers that run in families. Next to each blood-related family member, please list any cancer(s) they have been diagnosed with and their age of diagnosis (if known). If you do not know the exact age of diagnosis, you can put an estimate, ex. 50s or 80s.

Examples of cancer types to consider: bladder, breast, colon/rectal, kidney, leukemia, lymphoma, ovarian, pancreatic, prostate, testicular, uterine, brain, liver, lung, melanoma, penile, sarcoma, skin, small bowel, stomach, thyroid

Be as thorough as possible

❑ Please check if you do not know your blood-related family history (Ex. I'm adopted)

Relationship	Sex	Cancer Type(s)	Age(s) at Diagnosis
Child 1	M❑ F❑		
Child 2	M❑ F❑		
Child 3	M❑ F❑		
Sibling 1	M❑ F❑		
Sibling 2	M❑ F❑		
Sibling 3	M❑ F❑		
Mother's Side			
Relationship	**Sex**	**Cancer Type(s)**	**Age(s) at Diagnosis**
Mother	M❑ F❑		
Grandmother	M❑ F❑		
Grandfather	M❑ F❑		
Aunt/Uncle 1	M❑ F❑		
Aunt/Uncle 2	M❑ F❑		
Aunt/Uncle 3	M❑ F❑		
Father's Side			
Relationship	**Sex**	**Cancer Type(s)**	**Age(s) at Diagnosis**
Father	M❑ F❑		
Grandmother	M❑ F❑		
Grandfather	M❑ F❑		
Aunt/Uncle 1	M❑ F❑		
Aunt/Uncle 2	M❑ F❑		
Aunt/Uncle 3	M❑ F❑		

Are you of Ashkenazi Jewish descent? ❑ Yes ❑ No

Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? ❑ Yes ❑ No

_____ _____

Clinician's Printed Name Clinician's Signature

Examples of Dot Phrases for Family History

- *Include notable family history.* No other family history of cancer in any first- or second-degree relative.

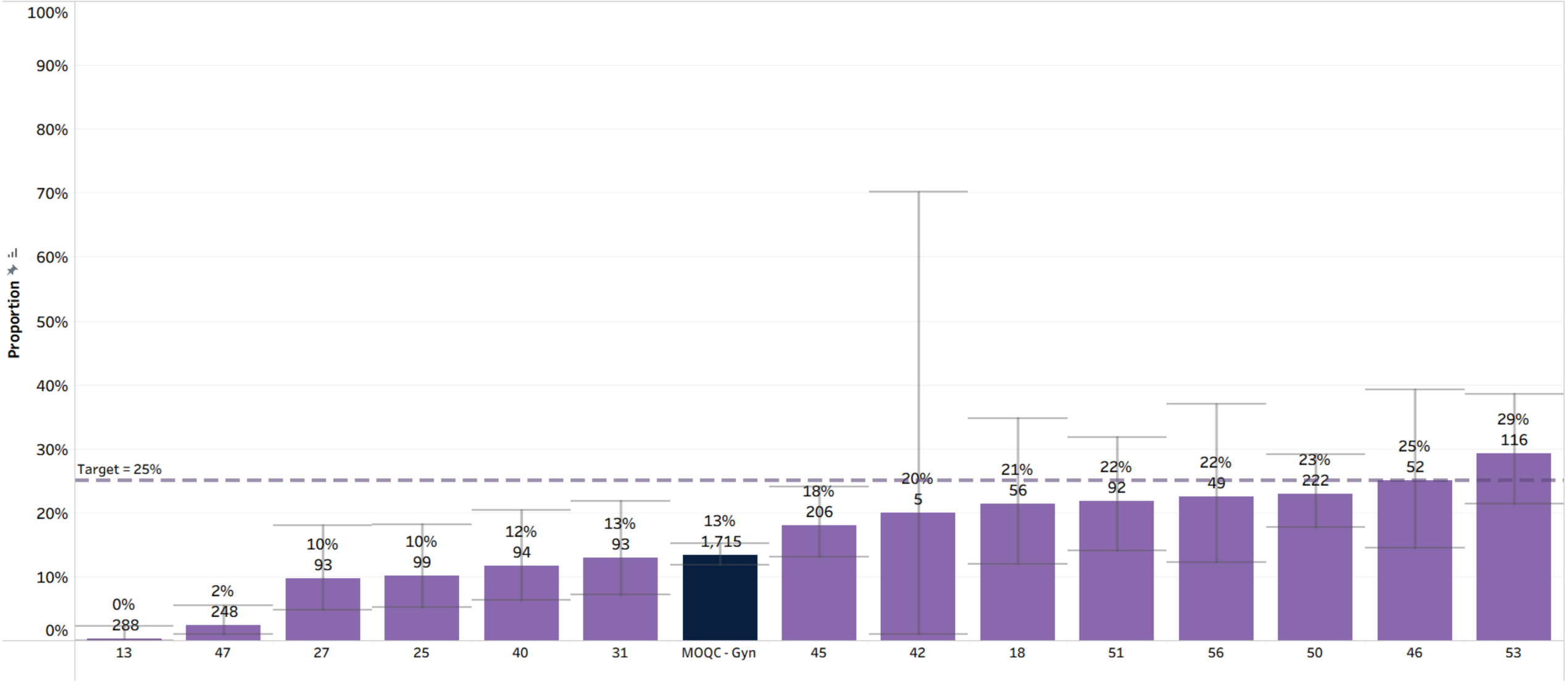
- No other known cancer or blood disorder in first- or second-degree relatives.

- A comprehensive family history of 1st and 2nd degree relatives was reviewed, including any cancer diagnoses and age of onset. No known family history of cancer was reported unless otherwise documented above.

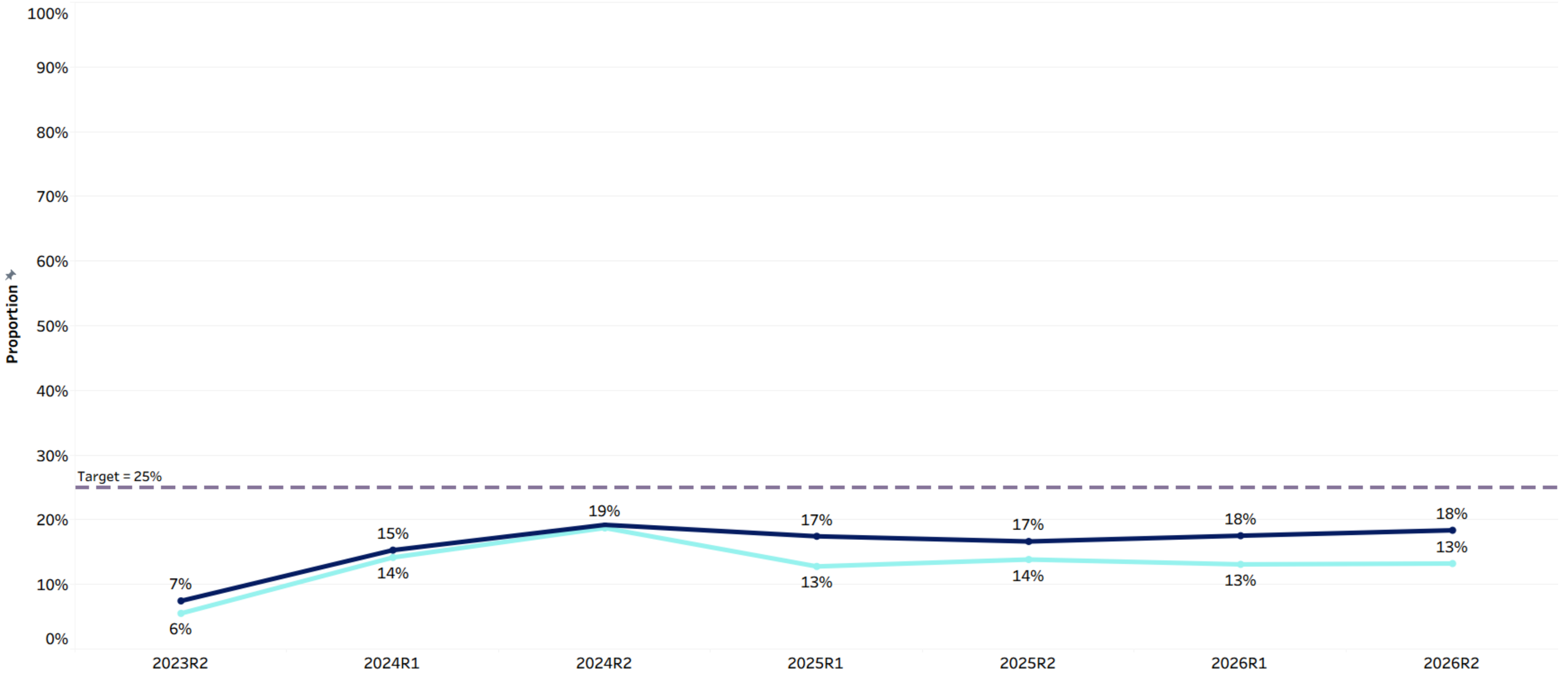
- Family history was reviewed for all 1st and 2nd degree relatives, including cancer diagnoses, type of cancer, and age of onset. The patient reports no known family history of cancer unless otherwise specified above.

- All known family history documented in Epic Family History Tool, including age and cancer type if known. Per patient, no other 1st or 2nd degree relatives with history of cancer.

103: Designated Advocate Documented on a Legally Recognized Document in the Inpatient or Outpatient Medical Record
11/1/2025 - 9/30/2026, n = 1,715



103: Designated Advocate Documented on a Legally Recognized Document in the Inpatient or Outpatient Medical Record



Region

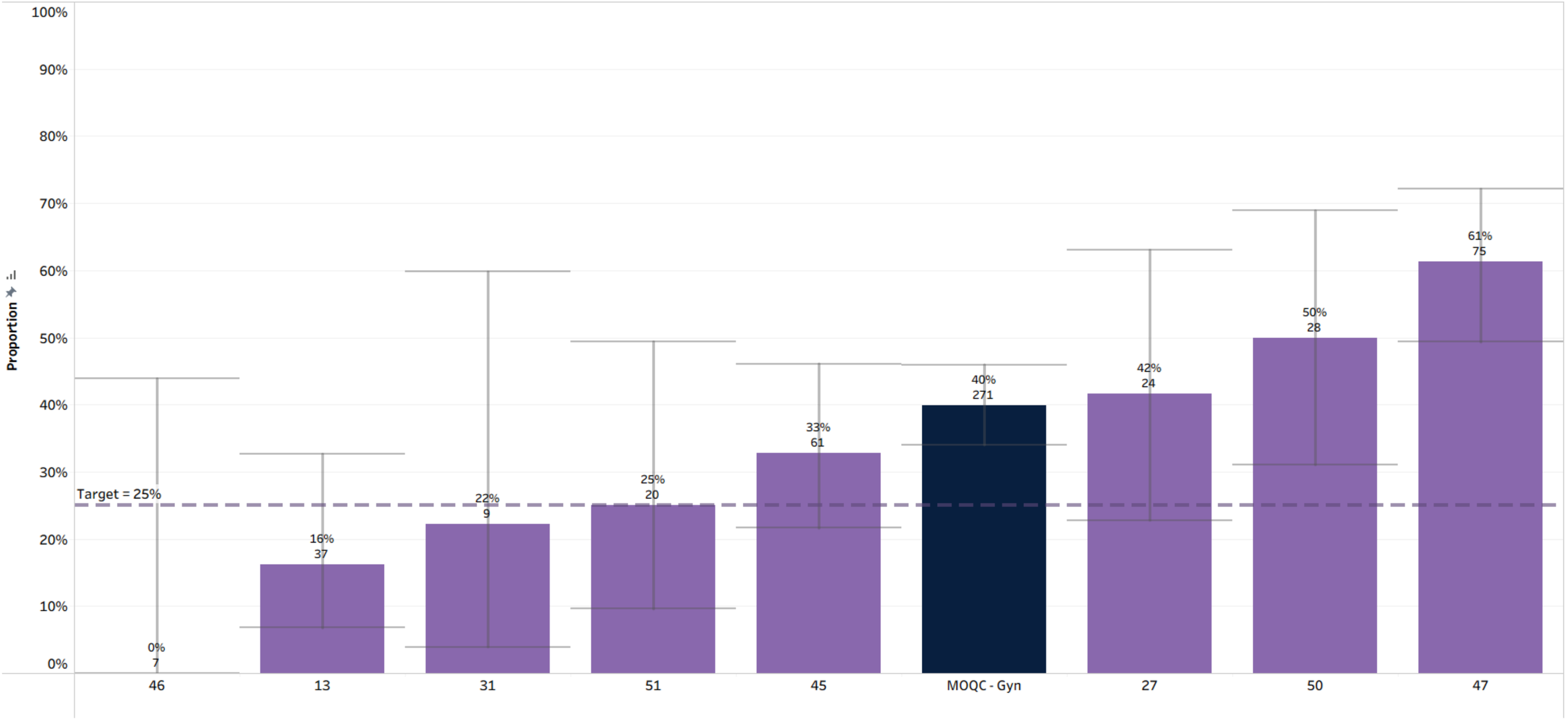
- MOQC - All
- MOQC - GYN

R2 2026 in progress

MEQC

VBR

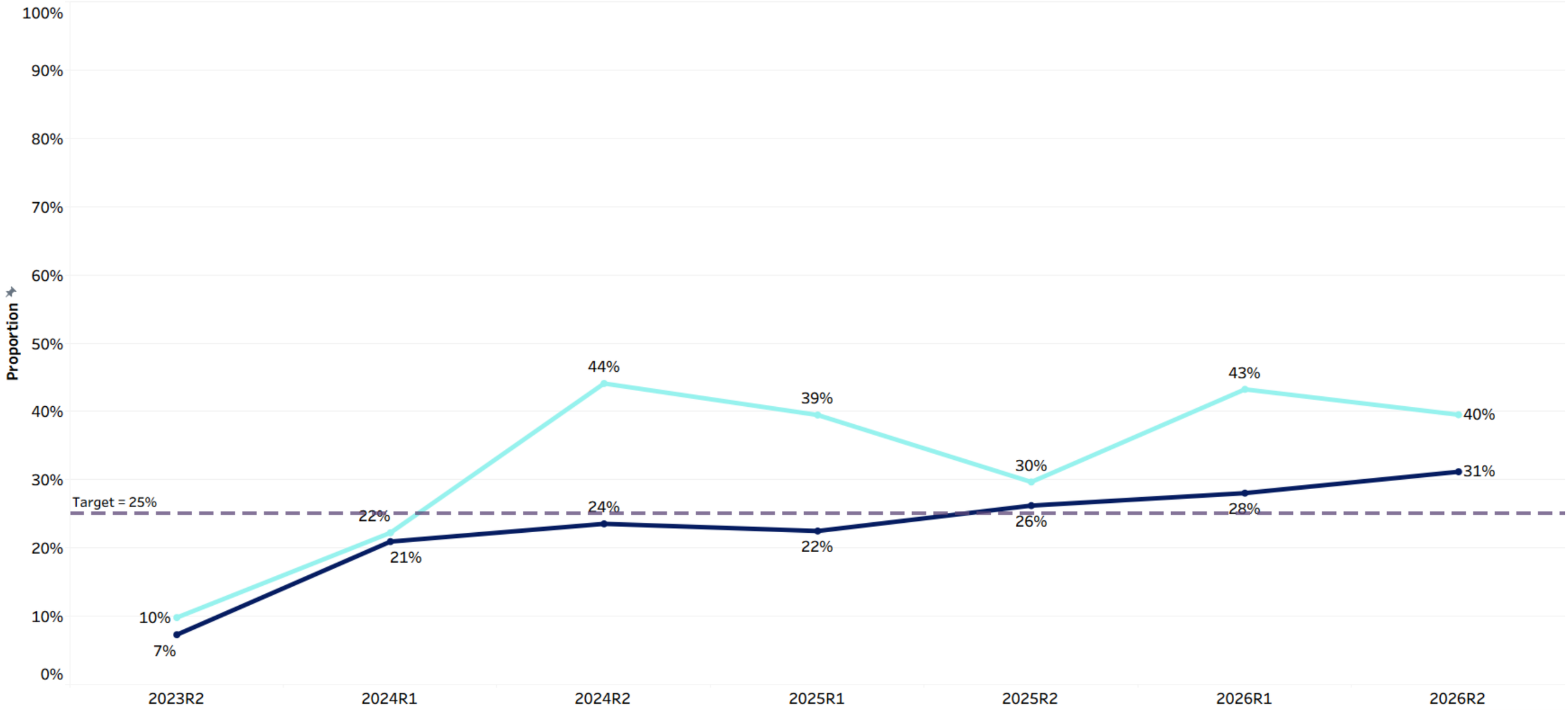
129: Palliative Care Consultation More than 90 Days Before Death
11/1/2025 - 9/30/2026, n = 271



MEQC

VBR

129: Palliative Care Consultation More than 90 Days Before Death



Region

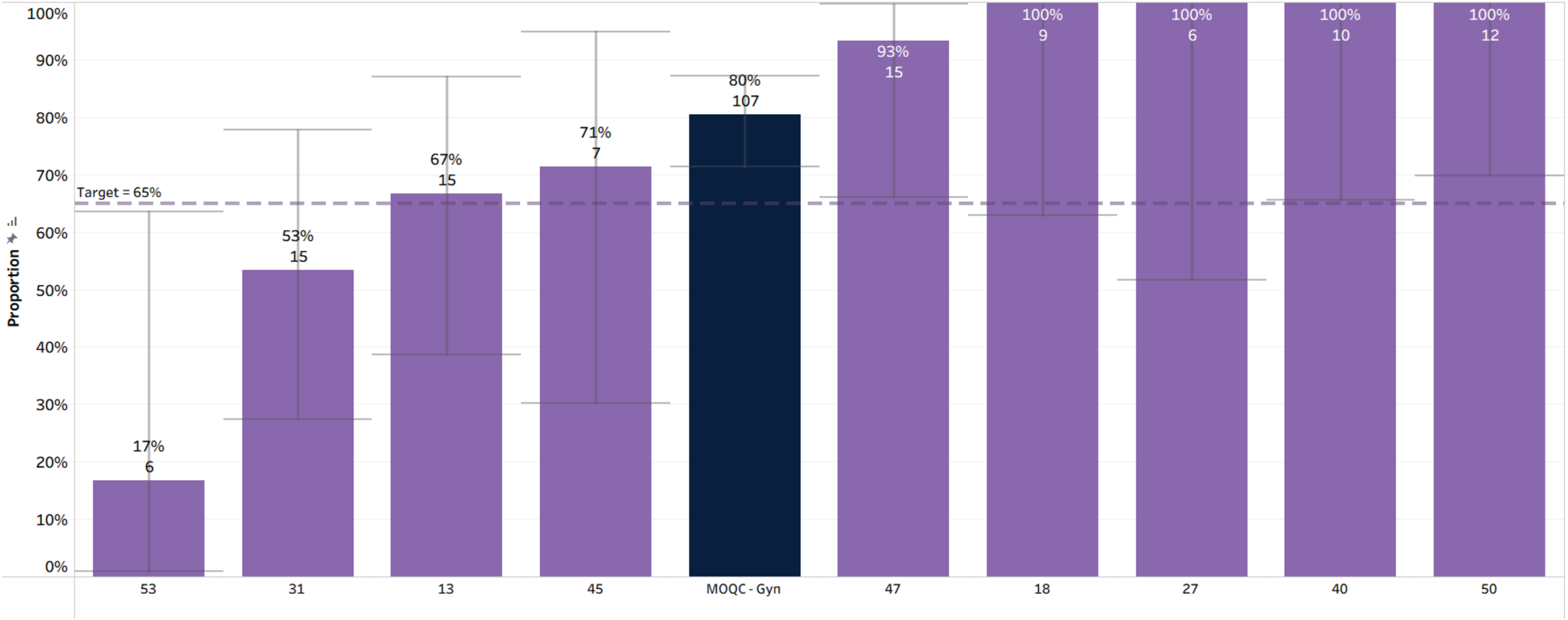
- MOQC - All
- MOQC - GYN

R2 2026 in progress

MEQC

VBR

115: Olanzapine Prescribed as Part of a 4-Drug Antiemetic Regimen with Cycle 1 High Emetic Risk Chemotherapy
11/1/2025 - 9/30/2026, n = 107

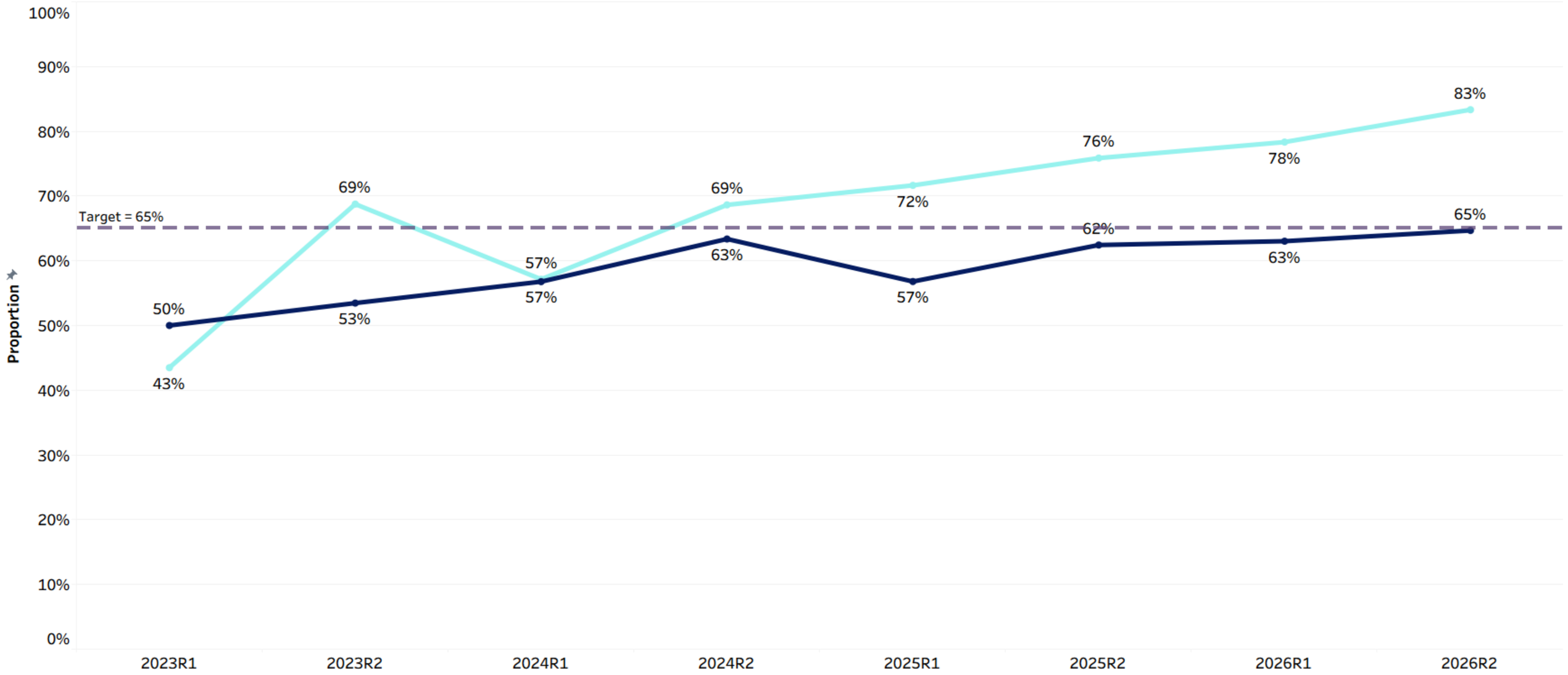


Patients receiving treatment on antiemetic clinical trial excluded.

MEQC

VBR

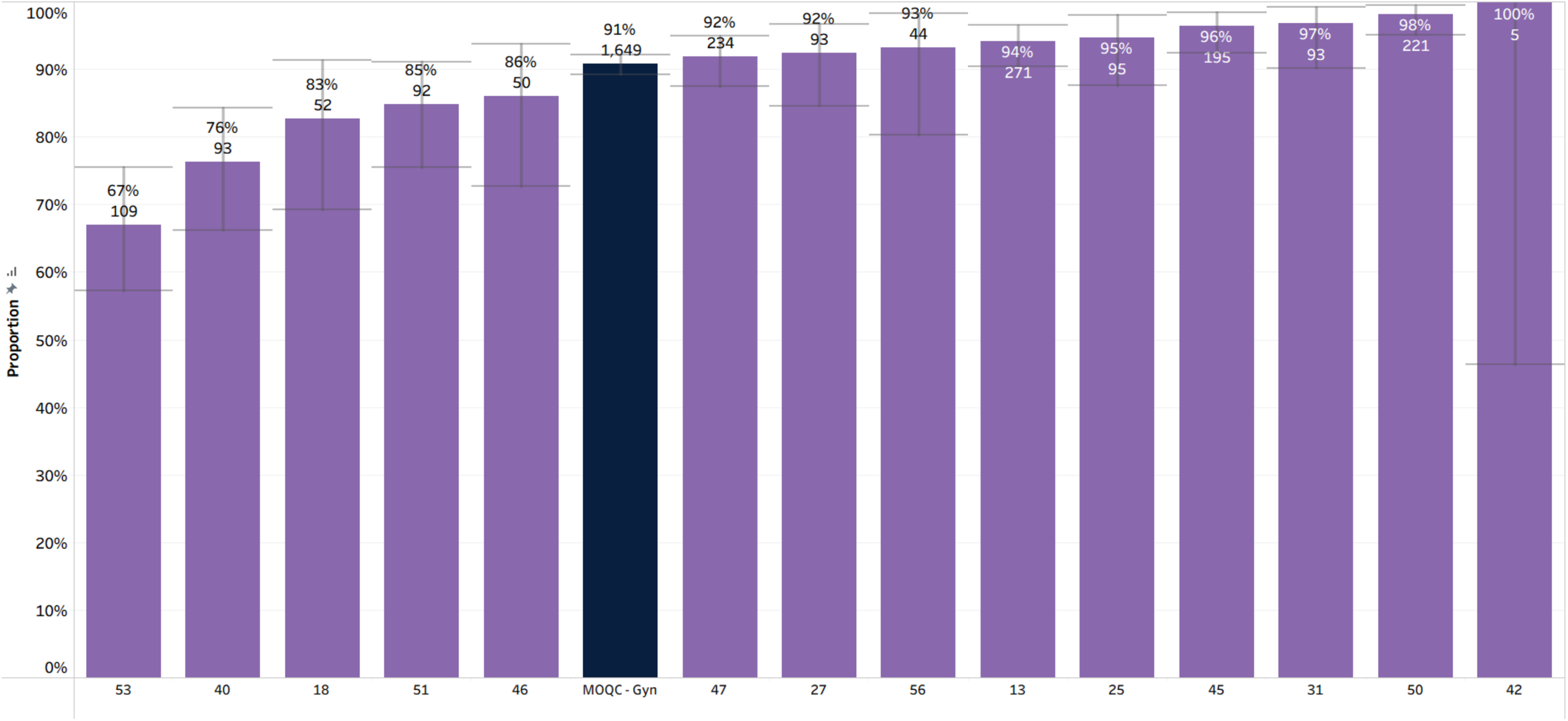
115: Olanzapine Prescribed as Part of a 4-Drug Antiemetic Regimen with Cycle 1 High Emetic Risk Chemotherapy



R2 2026 in progress

Baseline Data Collection

141: Screening for Non-Medical Needs at Least Once per Year
11/1/2025 - 9/30/2026, n = 1,649



Discussion

Measure	Target	Gyn Onc
Tobacco cessation counseling or referral	68%	65%
Complete family history	40%	52%
Designated patient advocate documentation	25%	13%
Palliative care consultation more than 90 days before death	25%	40%
Olanzapine as part of 4-drug regimen with Cycle 1 high emetic risk chemotherapy	65%	80%
Screening for non-medical needs	N/A	91%

GYN Measures

- Prescribing of Opioids for Patients after Laparoscopic or Open Hysterectomy
- Days from Surgery to Chemotherapy Start in Ovarian, Peritoneal, and Fallopian Tube Cancer
- **Baseline:** Administration of Prophylactic Anticoagulation in Patients with Stages III-IV Ovarian, Fallopian Tube, and Primary Peritoneal Cancer on Neoadjuvant Chemotherapy

Practices with fewer than 5 eligible cases per measure are not displayed.

Poll

According to the 2026 ERAS Society guidelines for gynecologic oncology, how many opioid tablets should typically be prescribed at discharge following gynecologic surgery?

A. 10–15 tablets of oxycodone 5 mg for most patients

B. 1–5 tablets of oxycodone 5 mg, or no opioid prescription when appropriate

C. Based on provider discretion

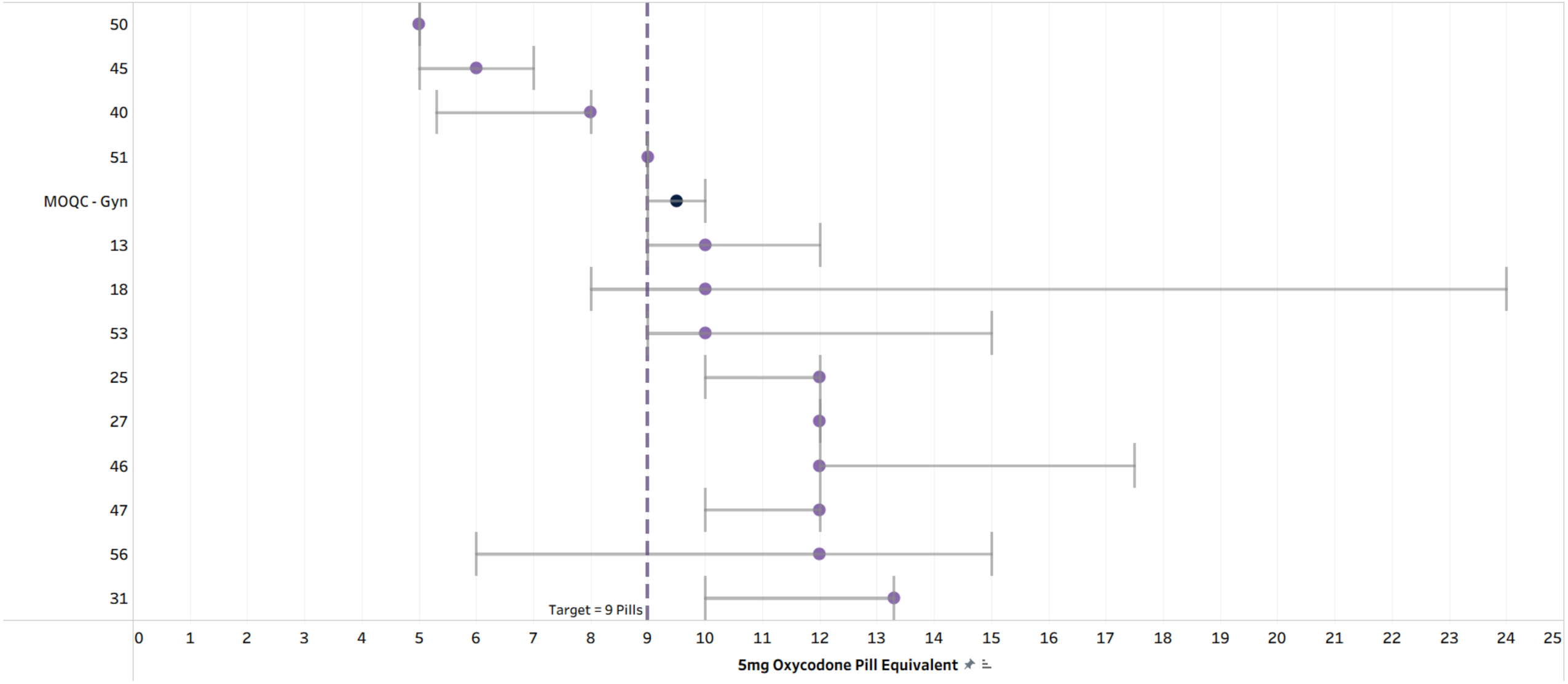
MEQC

VBR

116: Prescribing of Opioids for Patients after Laporoscopic or Open Hysterectomy

(Lower Score = Better)

11/1/2025 - 9/30/2026, n = 278



MEQC

VBR

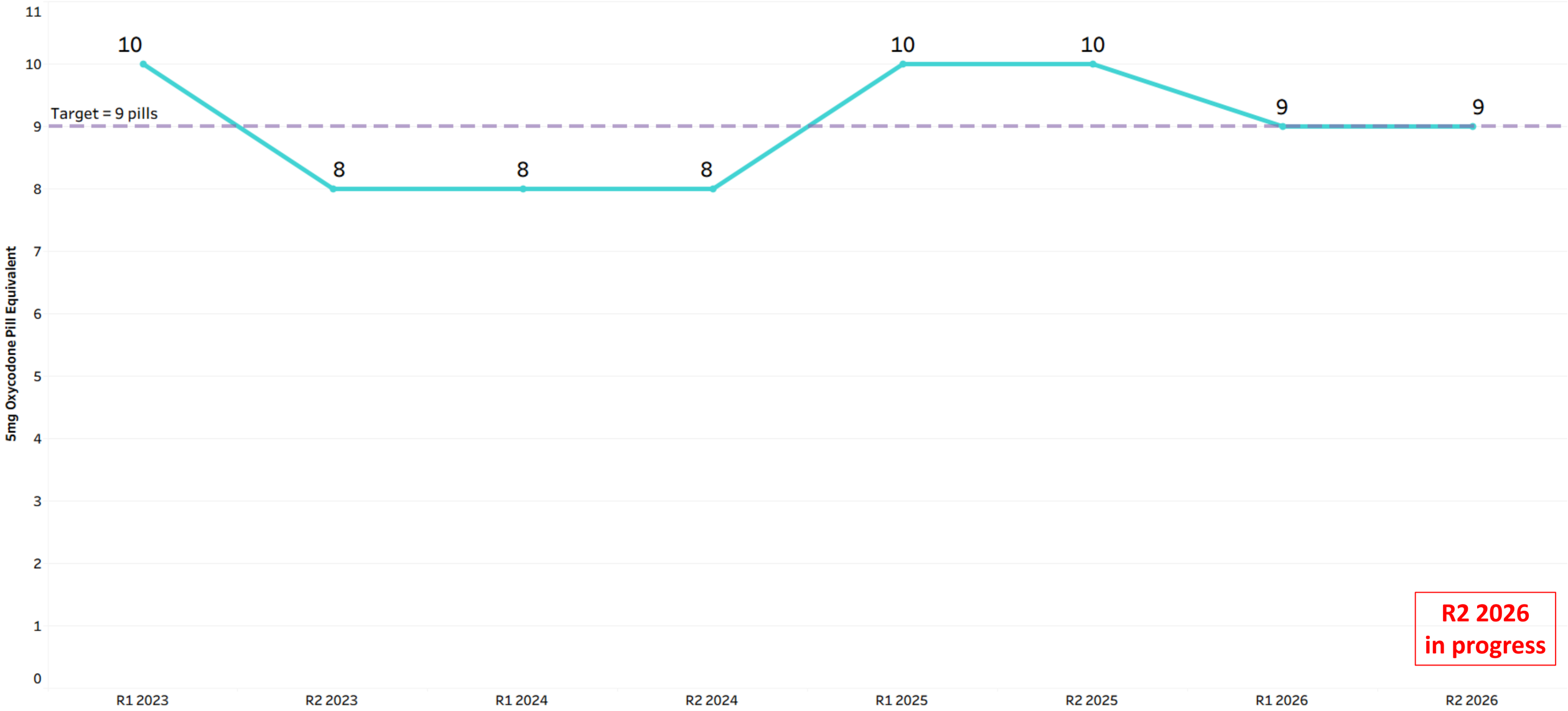
116: Prescribing of Opioids for Patients after Laporoscopic or Open Hysterectomy
(Lower Score = Better)
11/1/2025 - 9/30/2026, n = 278

Practice MOQC Number	Count of Patients	Median 5mg Oxycodone Pill Equivalent
50	43.0	5.0
45	37.0	6.0
40	21.0	8.0
51	14.0	9.0
MOQC - Gyn	278.0	9.5
13	41.0	10.0
18	11.0	10.0
53	7.0	10.0
25	15.0	12.0
27	19.0	12.0
46	14.0	12.0
47	35.0	12.0
56	9.0	12.0
31	11.0	13.3

MEQC

VBR

116: Prescribing of Opioids for Patients after Laporoscopic or Open Hysterectomy (Lower Score = Better)



R2 2026 in progress

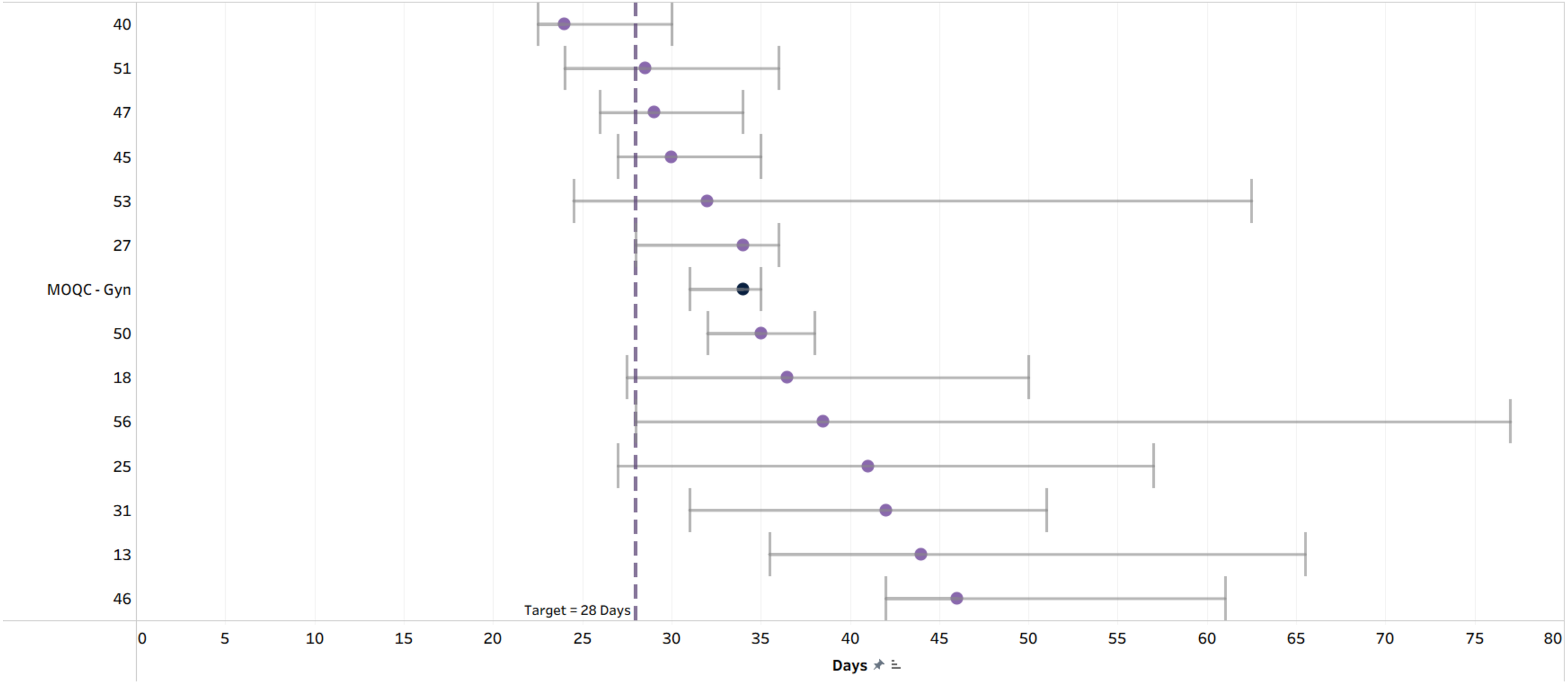
MEQC

VBR

123: Days from Surgery to Chemotherapy Start in Ovarian, Peritoneal, and Fallopian Tube Cancer

(Lower Score = Better)

11/1/2025 - 9/30/2026, n = 206



MEQC

VBR

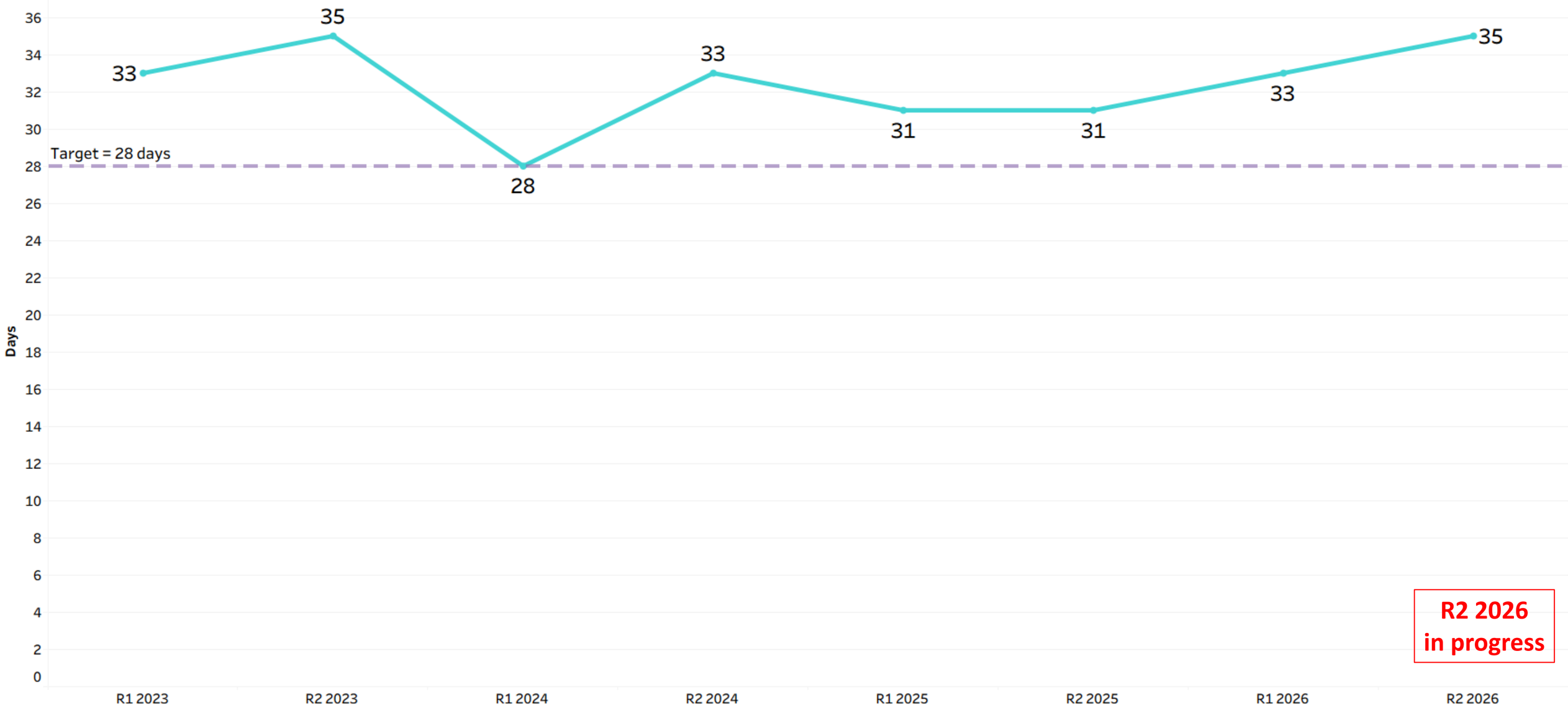
123: Days from Surgery to Chemotherapy Start in Ovarian, Peritoneal, and Fallopian Tube Cancer
(Lower Score = Better)
11/1/2025 - 9/30/2026, n = 206

Practice MOQC Number	Count of Patients	Median Days
40	20.0	24.0
51	14.0	28.5
47	31.0	29.0
45	27.0	30.0
53	6.0	32.0
27	15.0	34.0
MOQC - Gyn	206.0	34.0
50	31.0	35.0
18	10.0	36.5
56	4.0	38.5
25	9.0	41.0
31	8.0	42.0
13	22.0	44.0
46	9.0	46.0

MEQC

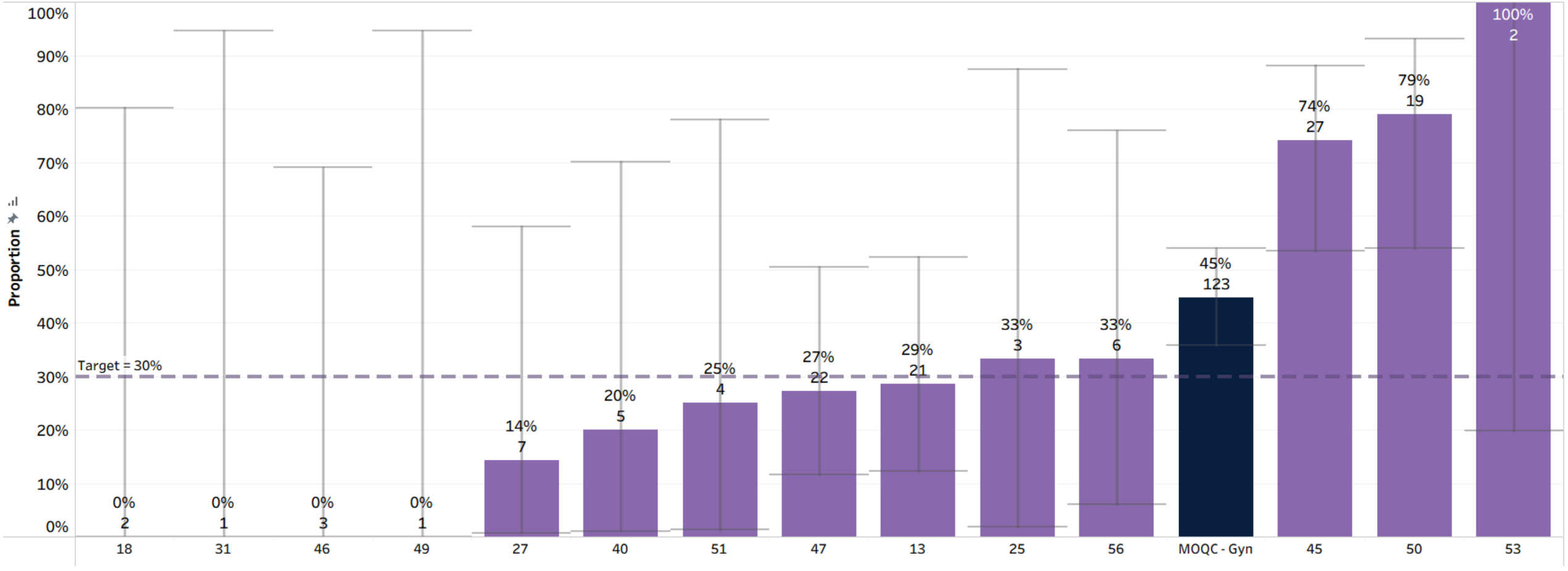
VBR

123: Days from Surgery to Chemotherapy Start in Ovarian, Peritoneal, and Fallopian Tube Cancer (Lower Score = Better)



R2 2026 in progress

102b: Administration of Prophylactic Anticoagulation in Patients with Stages III-IV Ovarian, Fallopian Tube, and Primary Peritoneal Cancer on Neoadjuvant Chemotherapy 11/1/2025 - 9/30/2026, n = 123



Patients with palliative intent chemotherapy excluded.

Exclusions to be added to measure in future:
Patient on therapeutic dose anticoagulation
Patient has bleeding risk factors

Discussion

Measure	Target	Gyn Onc
Prescribing of Opioids for Patients after Laparoscopic or Open Hysterectomy	9 Pills	9.5 Pills
Days from Surgery to Chemotherapy Start in Ovarian, Peritoneal, and Fallopian Tube Cancer	28 Days	34 Days
Administration of Prophylactic Anticoagulation in Patients with Stages III-IV Ovarian, Fallopian Tube, and Primary Peritoneal Cancer on Neoadjuvant Chemotherapy	30%	45%

End-of-Life Measures

- Hospice enrollment
- Median days on hospice
- Anticancer therapy administration
- New anticancer regimen

Practices with fewer than 5 eligible cases per measure are not displayed.

Chart Selection Criteria

Chart Selection Criteria for Presented Data

Abstracted November 1, 2025 – September 30, 2026

Eligible Patient Criteria
18 or older at diagnosis
Invasive malignancy or hematologic malignancy*

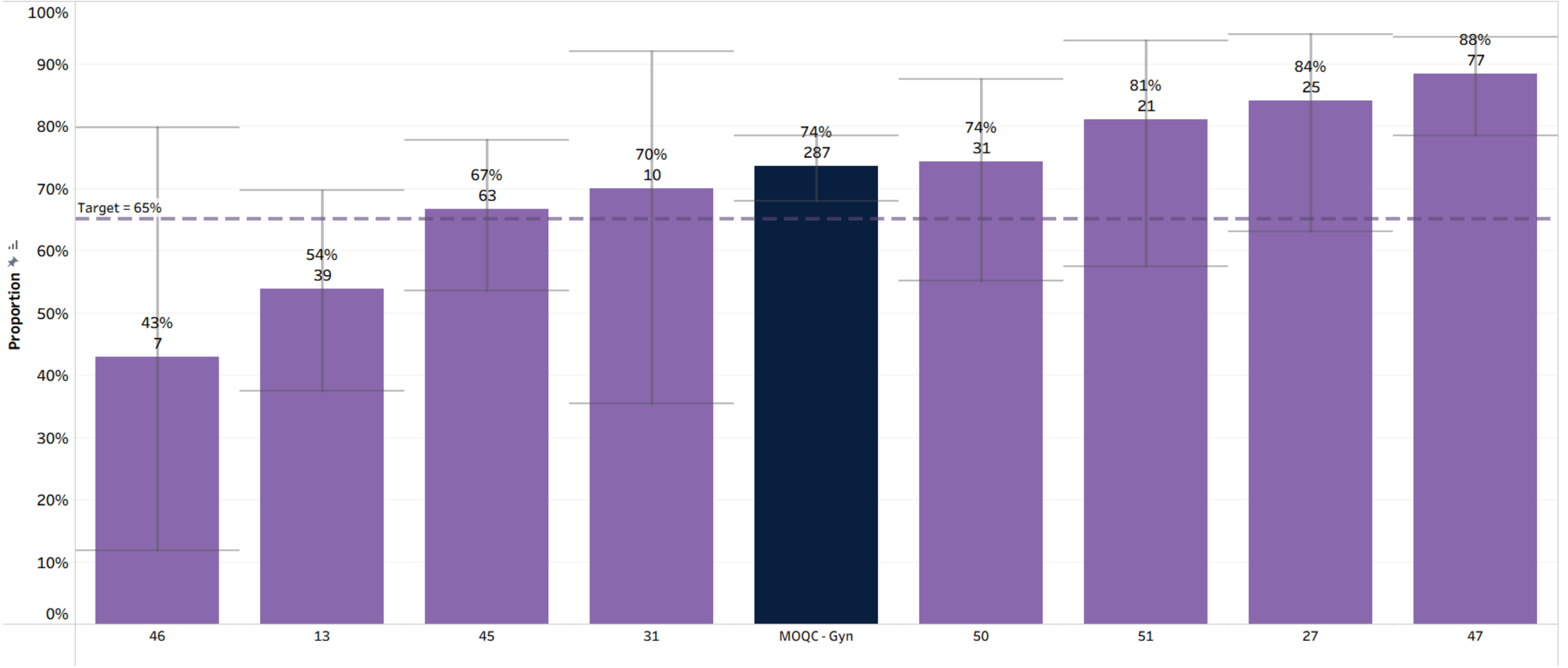
EOL patients only need to meet criteria below:
Patient must have died on or after 6/1/2024
Patient must have a known date of death
Death related to cancer or cancer-related treatment
2 office visits (practitioner): Within 12 months preceding death

*Hematologic malignancies excluded from measures 126a, 126d, 127a, 130

MEQC

VBR

126a: Hospice Enrollment
11/1/2025- 9/30/2026, n = 287

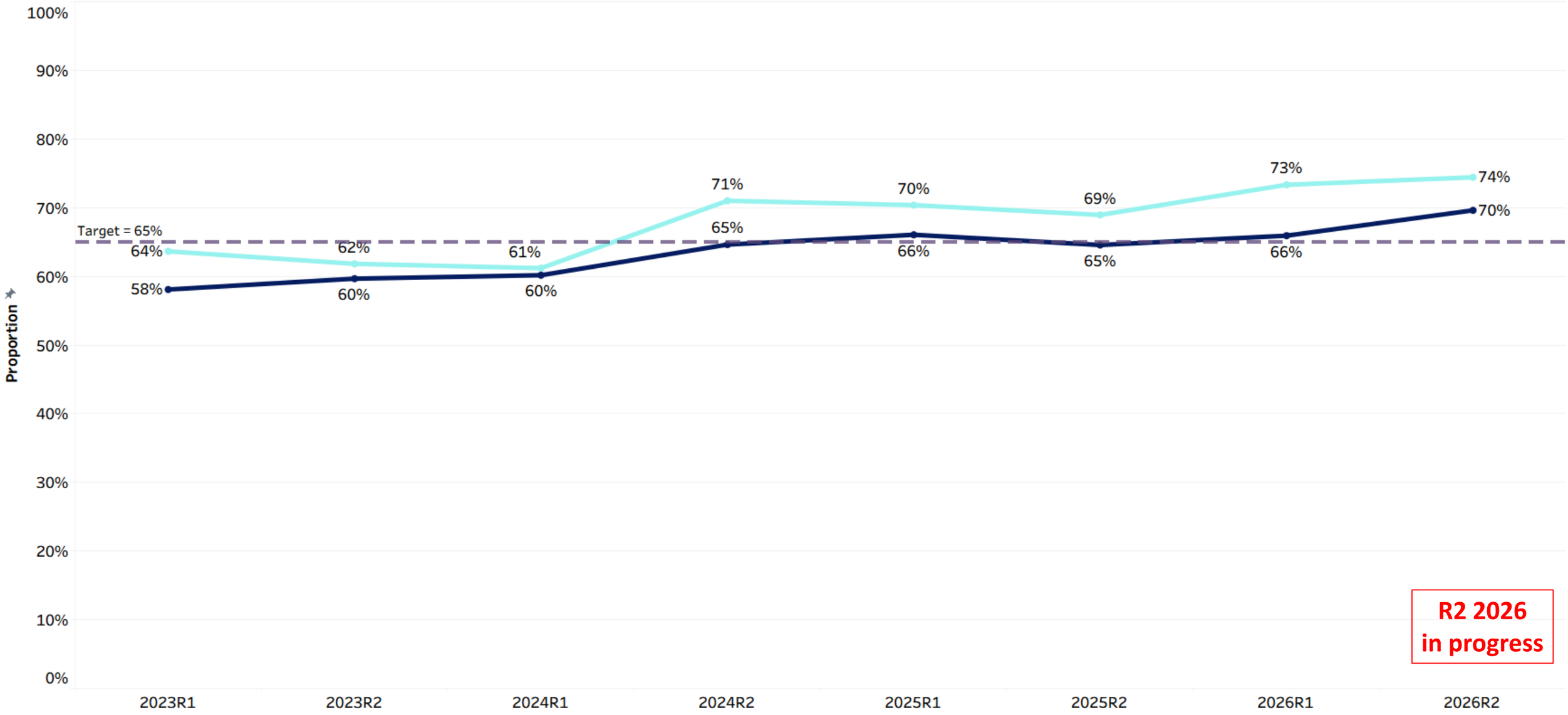


Patients with hematologic malignancies excluded.

MEQC

VBR

126a: Hospice Enrollment



R2 2026 in progress

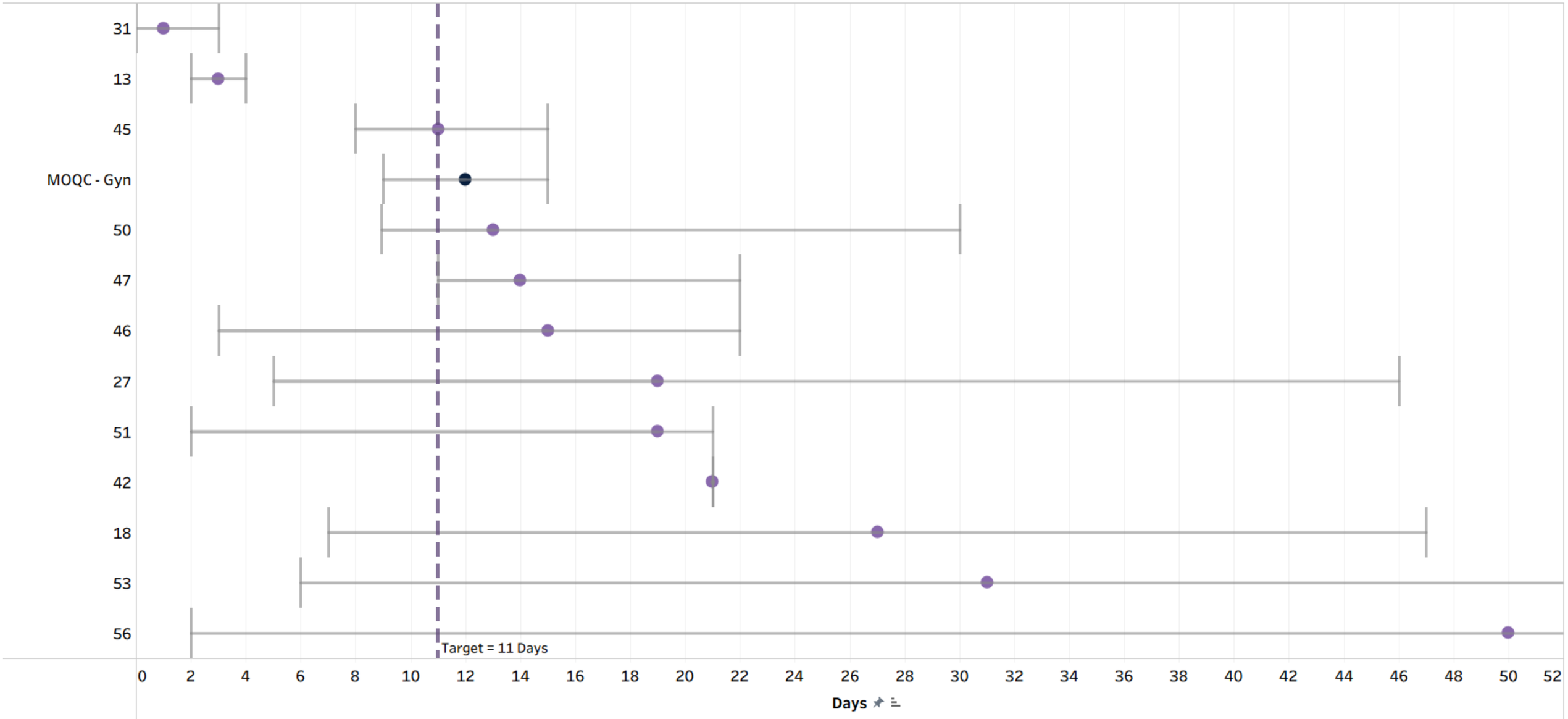
Region

- MOQC - All
- MOQC - GYN

MEQC

VBR

126d: Median Days on Hospice
11/1/2025 - 9/30/2026, n = 205



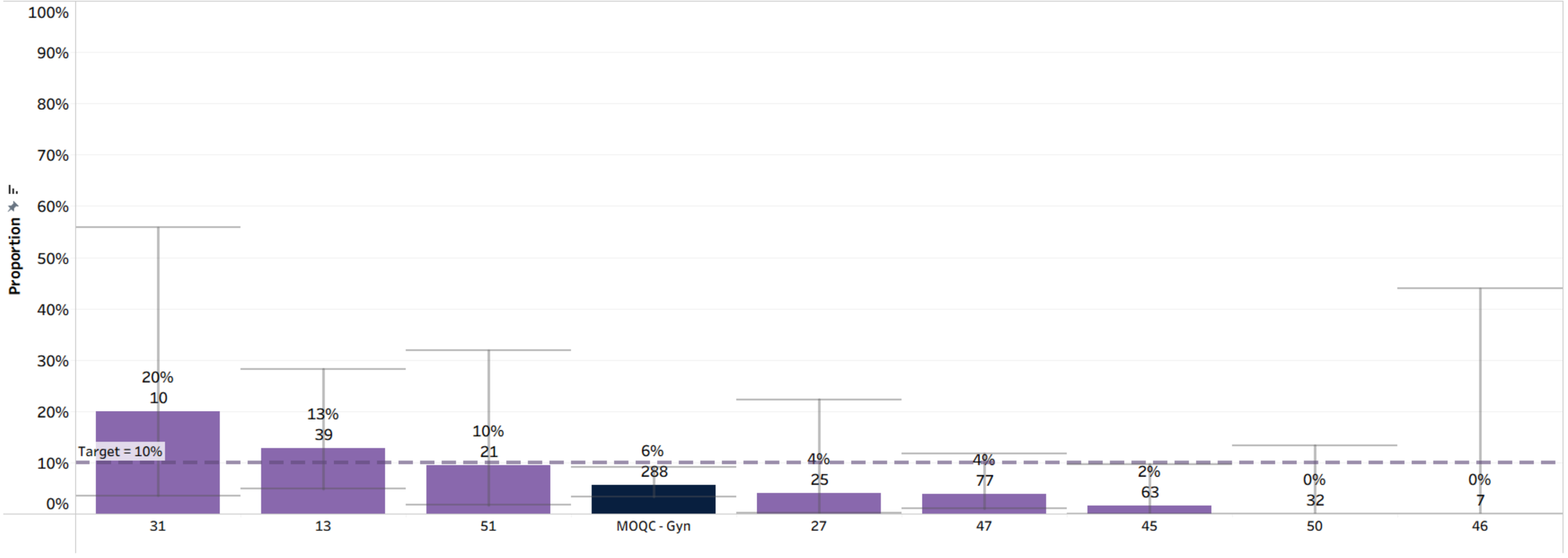
MEQC

VBR

126d: Median Days on Hospice
11/1/2025 - 9/15/2026, n = 205

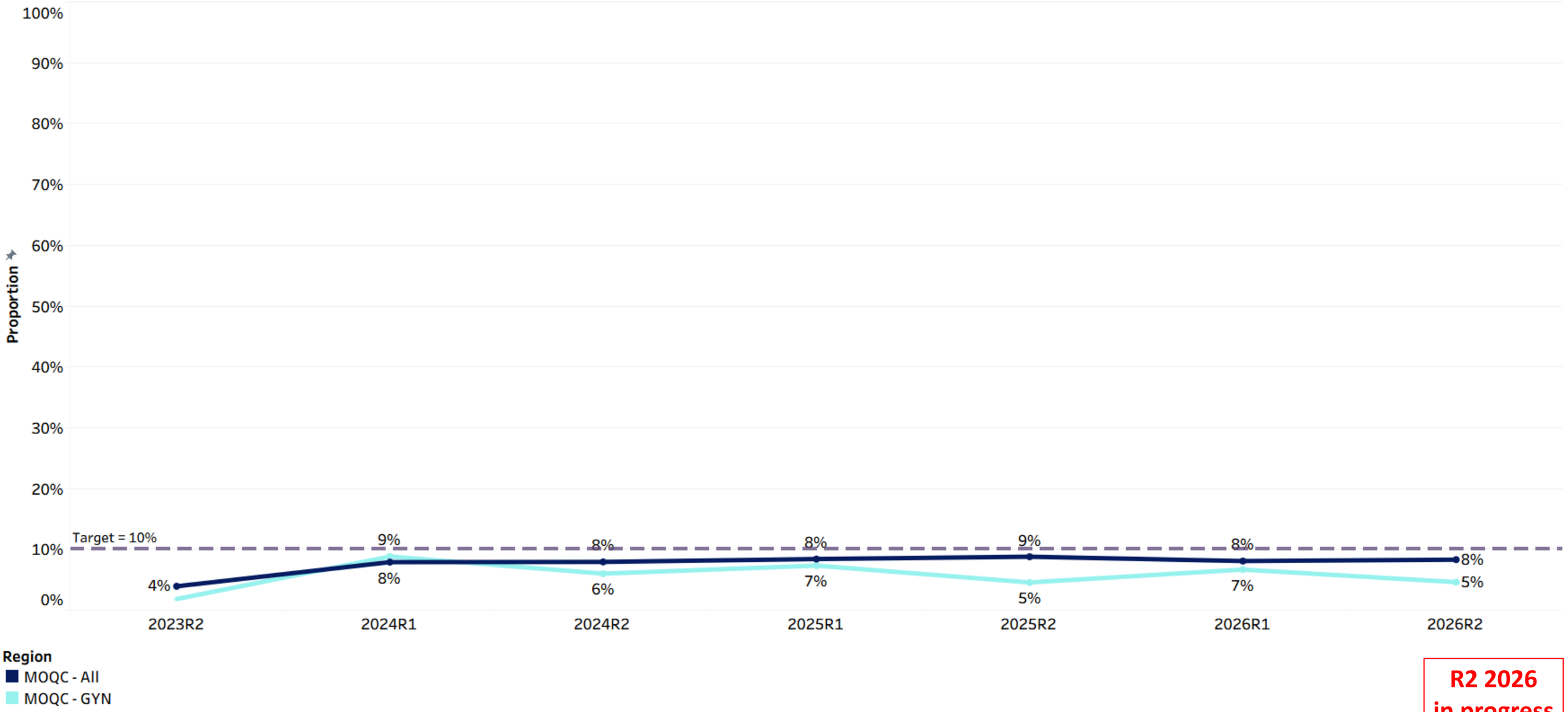
Practice MOQC Number	Count of Patients	Median Days on Hospice
31	7.0	1.0
13	21.0	3.0
45	40.0	11.0
MOQC - Gyn	205.0	12.0
50	23.0	13.0
47	66.0	14.0
46	3.0	15.0
27	21.0	19.0
51	15.0	19.0
42	1.0	21.0
18	2.0	27.0
53	2.0	31.0
56	4.0	50.0

127a: Any Anticancer Therapy, Including Chemotherapy, Administered within the Last 14 Days of Life
(Lower Score = Better)
11/1/2025 - 9/30/2026, n = 288



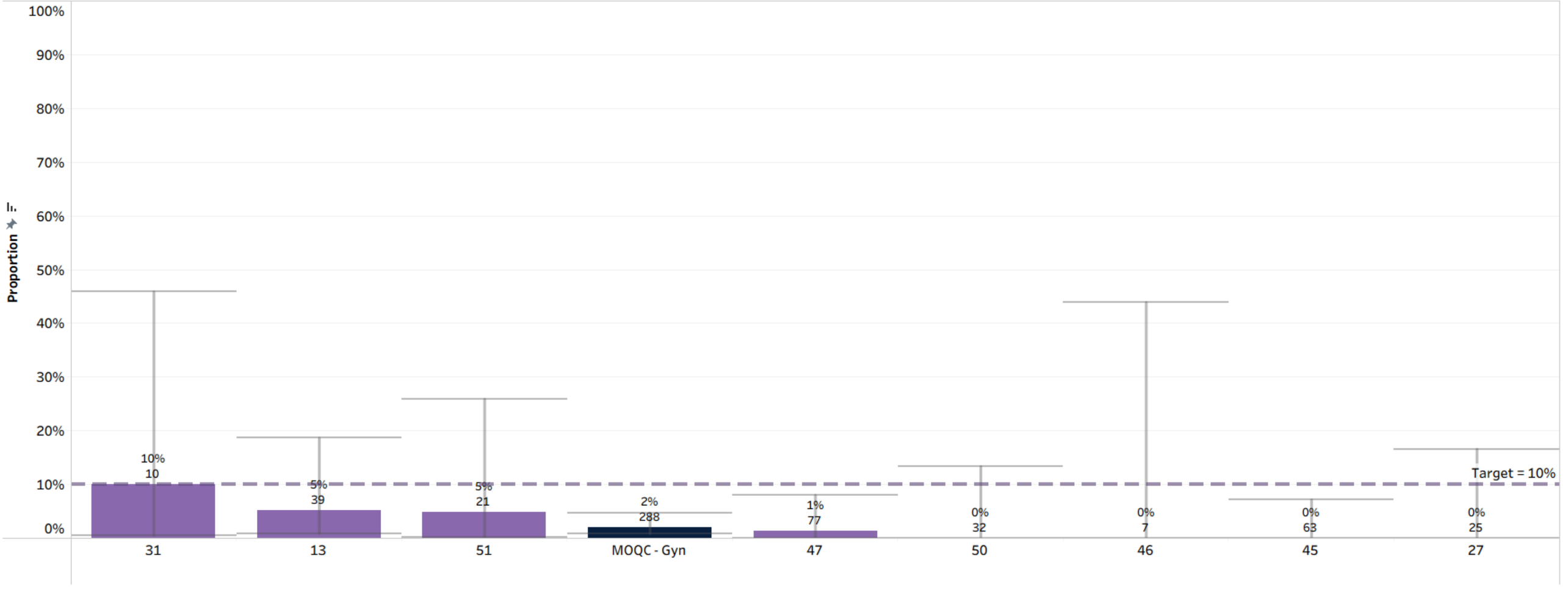
Patients with hematologic malignancies excluded.
Patients receiving a new anticancer drug/regimen as part of a clinical trial excluded.

127a: Any Anticancer Therapy, Including Chemotherapy, Administered within the Last 14 Days of Life (Lower Score = Better)



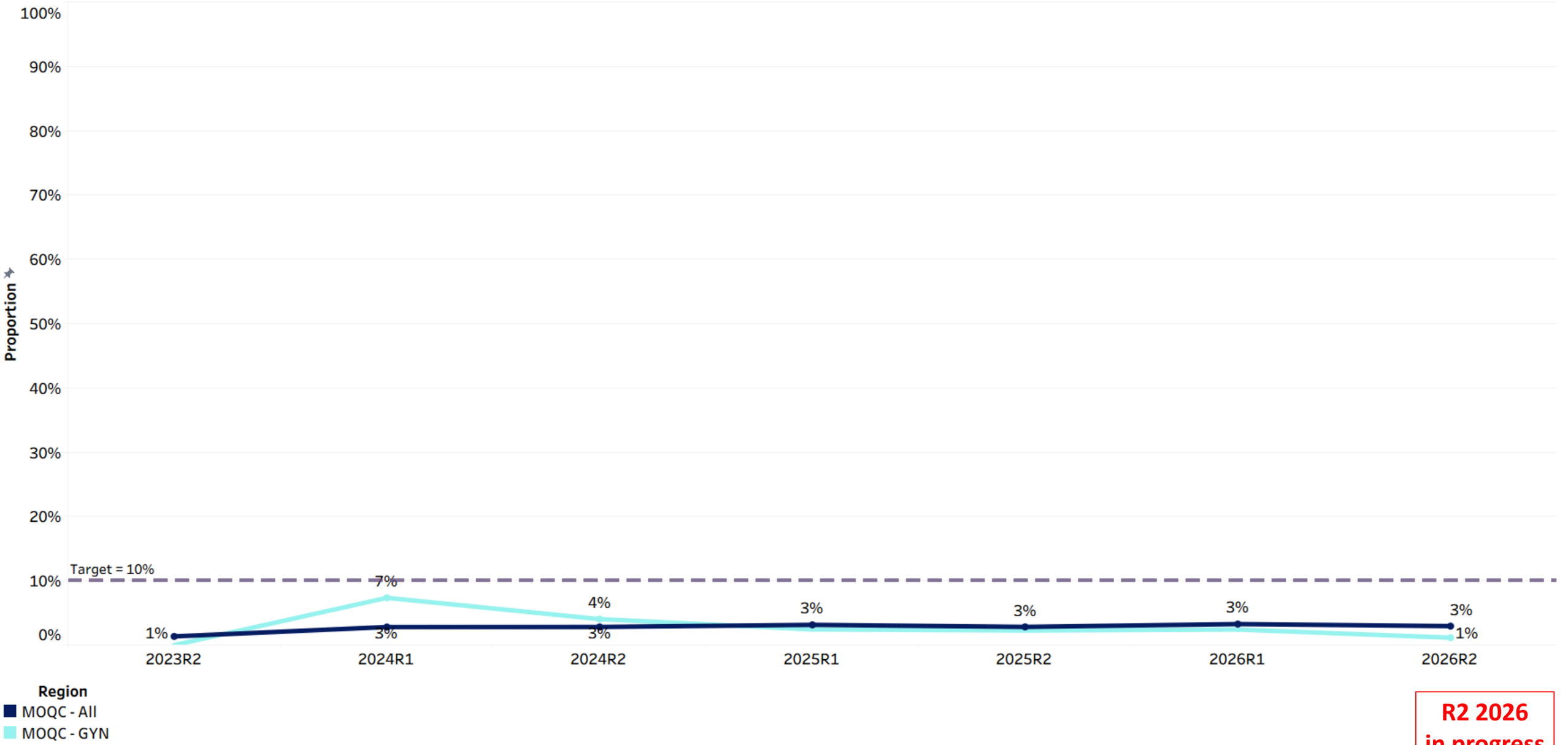
R2 2026 in progress

130: Beginning a New Anticancer Regimen within the Last 14 Days of Life
(Lower Score = Better)
11/1/2025 - 9/30/2026, n = 288



Patients with hematologic malignancies excluded.
Patients receiving a new anticancer drug/regimen as part of a clinical trial excluded.

130: Beginning a New Anticancer Regimen within the Last 14 Days of Life
(Lower Score = Better)



R2 2026 in progress

Discussion

Measure	Target	Gyn Onc
Hospice enrollment	65%	74%
Median days on hospice	11 Days	12 Days
Anticancer therapy within last 14 days of life	10%	6%
New anticancer regimen within last 14 days of life	10%	2%

Value-Based Reimbursement (VBR) Change

MOQC VBR Scorecard

MOQC VBR Scorecard

Current Process:

Measure Description	2026 Target
Complete **family history** documented for patients with invasive cancer	**40%**
Olanzapine prescribed as part of a 4-drug antiemetic regimen with cycle 1 high emetic risk	**65%**
Hospice enrollment	**65%**
Median days on **hospice**	**11 days**
Palliative care consultation more than 90 days before death	**25%**
Days from **surgery to chemotherapy**	**28 days or less**
Prescribing of **opioids** for patients after laparoscopic or open hysterectomy	**9 pills or less**

Meet measure targets
Meeting attendance

VBR Scorecard:

2028 CQI VBR Scorecard
Michigan Oncology Quality Consortium
VBR Measurement Period (unless specified otherwise):
11/01/2026 - 10/31/2027
VBR Reimbursement Period:
03/01/2028 - 02/28/2029

Measure #	Measure Description	Points
1	**Performance Measure 102b:** Increase administration of prophylactic anticoagulation in patients with stages III-IV ovarian/fallopian tube cancer/primary peritoneal cancer on neoadjuvant chemotherapy **Measurement level: Region**	
	>= 30% of eligible patients administered prophylactic anticoagulation	14
	>= 22% and <30%	7
	< 22%	0
2	**Performance Measure 135:** Increase homologous recombinant deficiency (HRD) testing completed within 6 months of diagnosis or surgery in patients with stages II-IV ovarian cancer/fallopian tube cancer/primary peritoneal cancer **Measurement level: Practice**	
	>= 40% of ovarian cancer patients have genetic testing	14
	>= 30% and < 40%	7
	< 30%	0
3	**Performance Measure 108a:** Increase completion family history documentation for patients with invasive cancer **Measurement level: Practice**	
	>= 40% of patients with a completed history	14
	>= 30% and < 40%	7
	< 30%	0
4	**Performance Measure 126a:** Increase hospice enrollment **Measurement level: Region**	
	>= 66% of eligible patients enrolled in hospice	14
	>= 51% and < 66%	7
	< 51%	0
5	**Performance Measure 126d: I**ncrease median days on hospice **Measurement level: Region**	
	>= 11 days (median) on hospice	14
	>= 8 days and < 11 days	7
	< 8 days	0
6	**Performance Measure 129:** Increase early palliative care consultation (more than 90 days before death) **Measurement level: Region**	
	>= 30% of eligible patients receive palliative care consultation	14
	>= 24% and < 30%	7
	< 24%	0
7	**Performance Measure 101b:** Tobacco cessation counseling for tobacco users once a year **Measurement level: Collaborative-wide**	
	>= 68% of eligible patients receive counseling/referral	16
	>= 51% and < 68%	8
	< 51%	0
	Total Points Possible	100

MOQC VBR Scorecard

2028 CQI VBR Scorecard Michigan Oncology Quality Consortium		
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MOQC VBR Scorecard

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Measure #	Measure Description	Points
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	>= 40% of ovarian cancer patients have genetic testing	14
	>= 30% and < 40%	7
	< 30%	0

MOQC VBR Scorecard

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	< 24%	0

MOQC VBR Scorecard

2028 CQI VBR Scorecard Michigan Oncology Quality Consortium		
VBR Measurement Period (unless specified otherwise): 11/01/2026 - 10/31/2027 VBR Reimbursement Period: 03/01/2028 - 02/28/2029		
7	**Performance Measure 101b:** For patients who identify as current smokers during the measurement period, documentation of tobacco/nicotine cessation intervention in the past year including advising patients to quit and set a quit date, providing counseling on cessation, referral/resources for cessation and/or providing pharmacotherapy provided by the oncology clinical care team member at a rate of 68% of current smokers. **Measurement level: Collaborative-wide**	
	>= 68% of eligible patients receive counseling/referral	16
	>= 51% and < 68%	8
	< 51%	0

MOQC VBR Scorecard

Total Points Possible = 100

MOQC VBR Scorecard

Measure, Points and VBR Percentage Eligibility Criteria	
VBR Eligibility Scale	Points Threshold
Points Threshold to Meet 102% VBR eligibility	>= 40-51
Points Threshold to Meet 103% VBR eligibility	>= 52-63
Points Threshold to Meet 104% VBR Eligibility	>= 64-75
Points Threshold to Meet 105% VBR eligibility	>= 76-87
Points Threshold to Meet 107% VBR eligibility	>= 88-100

Bonus Points*

Measure Performance	Points
Statistically significant improvement in performance from previous year, bonus per measure (max. 1 measure)	2
Performance statistically significantly greater than MOQC or region performance, bonus per measure (max. 1 measure)	2
Submit quality/performance improvement plan for a measure (max. 1 measure)	1
Present at a MOQC event on practices' work related to measure	3
Participation	**Points**
Connection visit with MOQC	3
Participation in IPD session	1
Participation in MOQC committee, major initiative	up to 3 points
Present at a MOQC meeting	3
**Maximum of 10 bonus points awarded/practice*	

MEQC VBR Scorecard

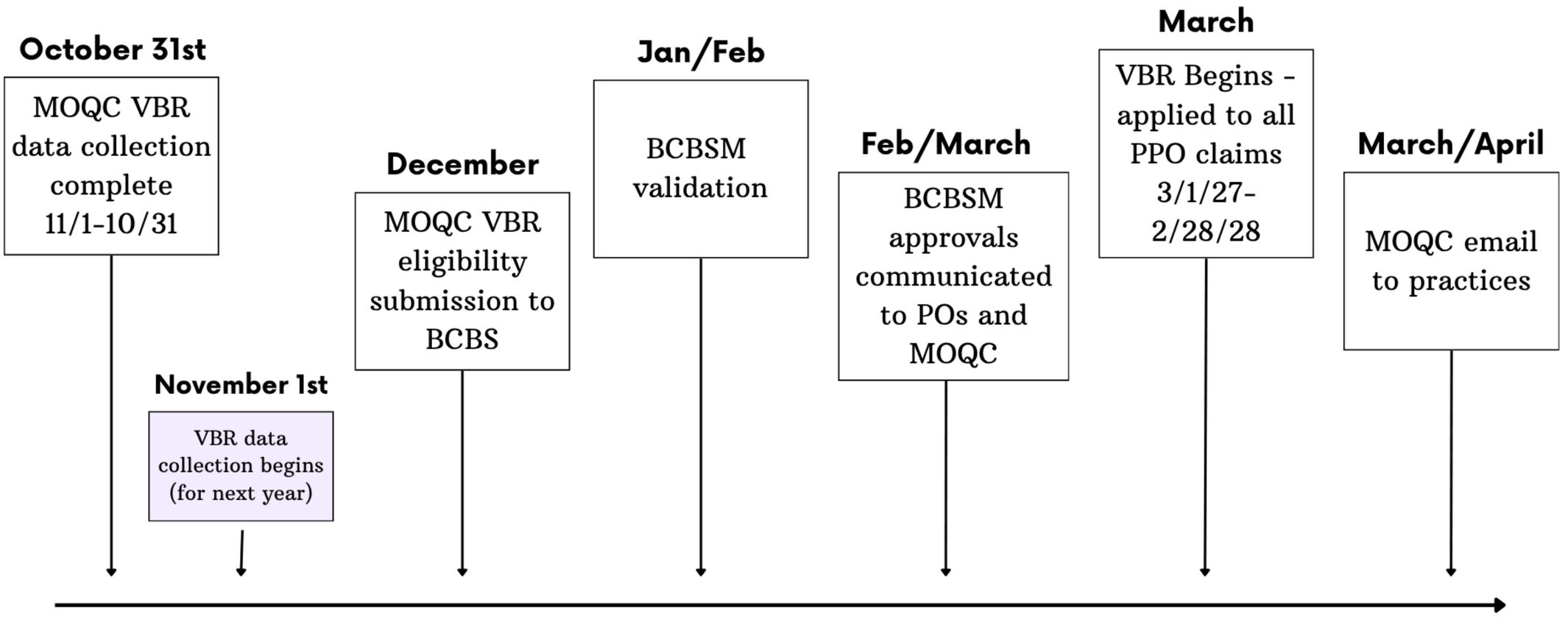
Measure #	Criteria	Points
1	**Performance Measure 102b:** Increase administration of prophylactic anticoagulation in patients with stages III-IV ovarian/fallopian tube/primary peritoneal cancer on neoadjuvant chemotherapy **Measurement level: Practice**	
	>= 30% of eligible patients administered prophylactic anticoagulation and >= 20 patients in the denominator	8
2	**Performance Measure 135:** Increase homologous recombinant deficiency (HRD) testing completed within 6 months of diagnosis or surgery in patients with stages II-IV ovarian/fallopian tube/primary peritoneal cancer **Measurement level: Practice**	
	>= 40% of ovarian cancer patients have genetic testing and >= 20 patients in the denominator	8
3	**Performance Measure 108a:** Increase completion of family history documented for patients with invasive cancer **Measurement level: Practice**	
	>= 40% of patients with a completed history and >= 20 patients in the denominator	8
4	**Performance Measure 126a:** Increase hospice enrollment **Measurement level: Practice**	
	>= 66% of eligible patients enrolled in hospice and >= 20 patients in the denominator	8
5	**Performance Measure 126d:** Increase median days on hospice **Measurement level: Practice**	
	>= 11 days (median) on hospice and >= 20 patients in the denominator	8
6	**Performance Measure 129:** Increase early palliative care consultation **Measurement level: Practice**	
	>= 30% of eligible patients receive palliative care consultation and >= 20 patients in the denominator	8

	Criteria	Points
Medical Record Review	Participate in medical record review of 25 patient charts to assess performance on designated patient care criteria and meet required criteria.	10
Documetation Review	Provide documentation of practice policies that address the elements requested by independent, assigned MEQC Site Assessor(s) and meet required documentation criteria.	5
Virtual Visit	Participate in a virtual meeting with independent, assigned MEQC Site Assessor(s) and meet required criteria for the virtual visit.	6
In-person Site Visit	Host a site visit with independent, assigned MEQC Site Assessor(s)and meet required criteria for the site visit.	16

	Criteria	Points
Closing the Gap Action Plan	Provide information about at least 3 activities the practice is working on to help close gaps in care. Activities can fall into the categories of data, interprofessional education, or practice.	10
Measure Action Plan	Provide an action plan for improving performance on measures that did not meet the target for the previous certification year.	5

Measure, Points and VBR Percentage Eligibility Criteria	
VBR Eligibility Scale	Points Threshold
Points Threshold to Meet 115% VBR eligibility	>= 90

TIMELINE OF VBR



MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM

Closing

Vanessa Aron, BA, RYT

Survey

Understanding the Oncology Practice Landscape in Michigan

- The goal is to collect information regarding the types of care that oncology practices provide to patients with cancer
- Start/stop any time, responses are auto saved
- Time ~20 minutes
- You will receive a $15 gift card in gratitude for your time

If you have questions about this research project, please contact
Dr. Micah Aaron - **micaaron@umich.edu** or 734-936-8264

Patients, Not Charts

Stories Behind the Data

- **Help us bring our quality measures to life**
  - Do you have a patient or caregiver story connected to a MOQC quality measure?
  - Consider sharing an experience that reminds you why this work matters.

- **1st Thursday of the month, 12-1pm**
  - February 4, 2027
  - March 4, 2027
  - April 1, 2027
  - May 6, 2027

- **Potential measures/topics include:**
  - Early palliative care
  - Non-medical needs/family history/designated advocate
  - Olanzapine
  - A gynecologic oncology measure



Email us
moqc@moqc.org

Gynecologic Oncology Tumor Board

January 2027 Medical Oncology Biannual

Friday, January 22

9:00am-1:00pm

Virtual

Register at https://moqc.org/events/

Spring 2027 Gynecologic Oncology Biannual

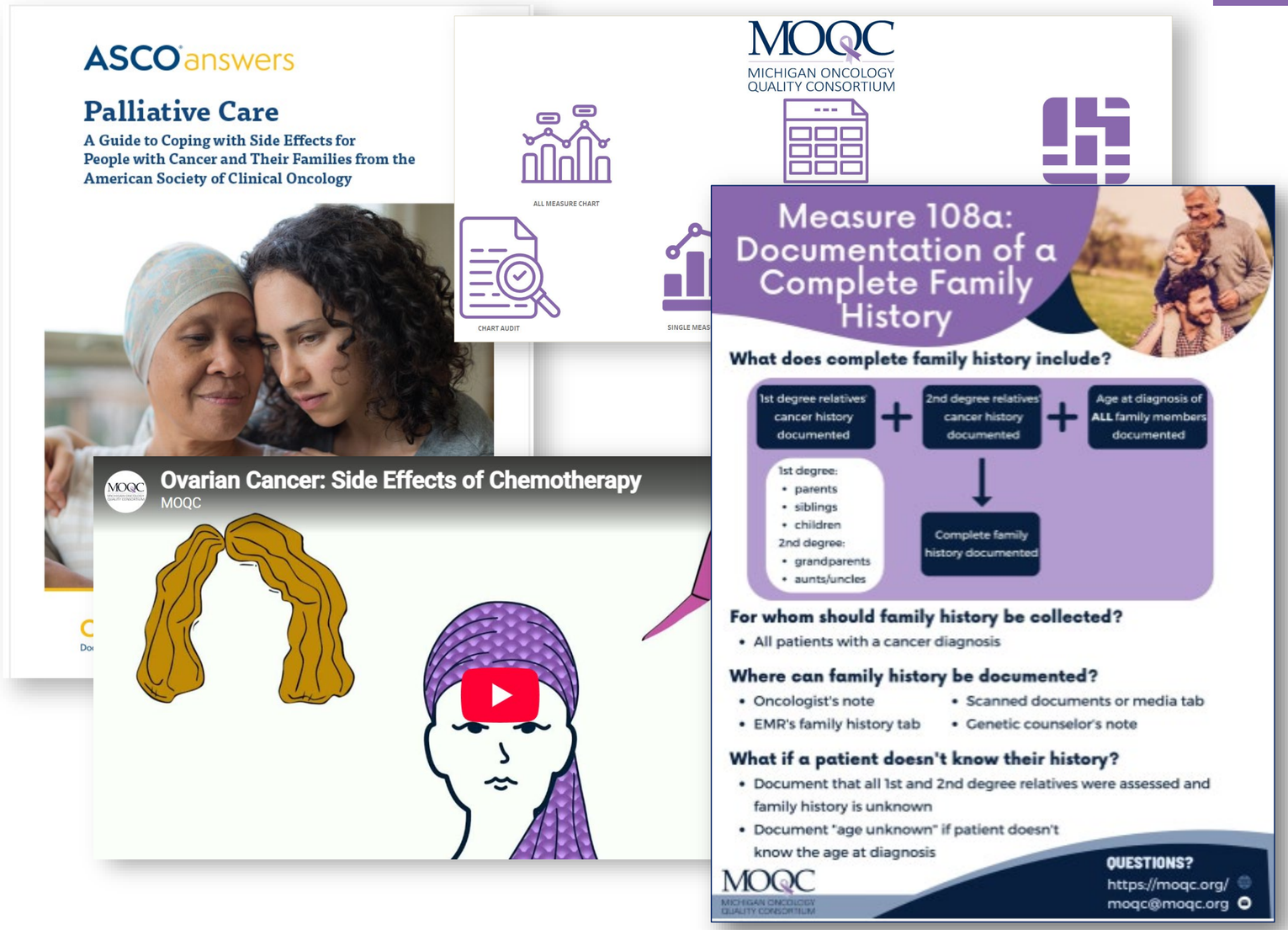
Wednesday, May 5

Virtual

MOQC Connection Visits

Potential Topics

- Dashboards
- Resources
- Measures
- Team



Patient & Caregiver Resources

User type:

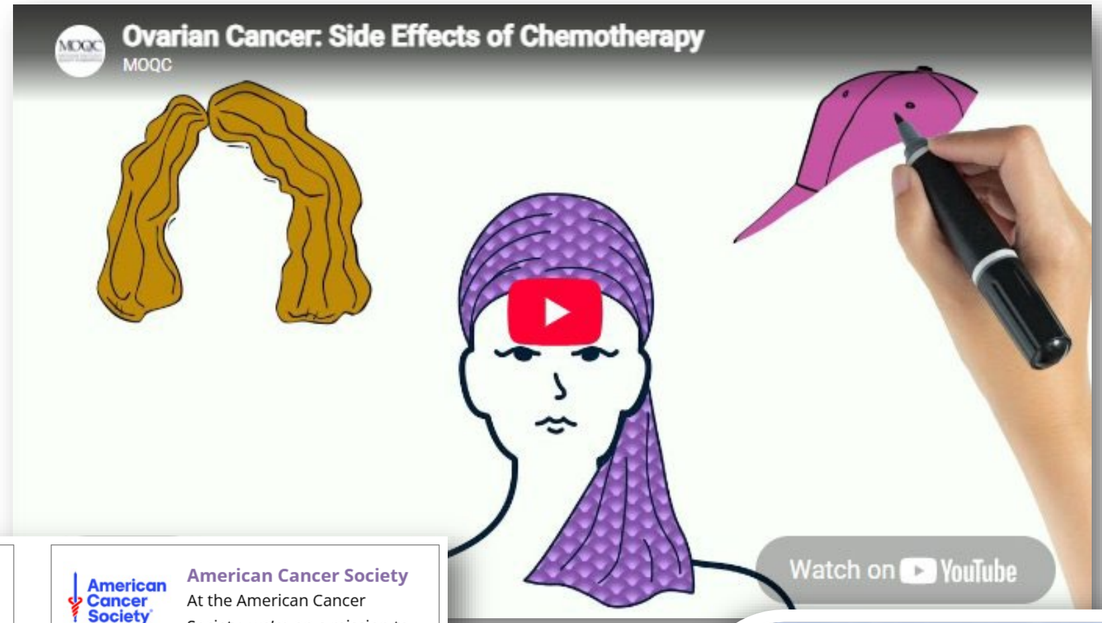
- Caregiver 143
- Patient 149
- Survivor 111

Organization name:

All

TOPIC AREAS:

- Child/Youth 32
- Clinical Trials 19
- Communication 15
- Culturally Sensitive Cancer Care 5
- Diet/Nutrition 21
- Disability 9
- Emergency Preparedness/Aid 1
- Fertility 1
- Financial 17
- Intimacy/Relationship 0
- Legal 1
- Mindfulness 1
- Pharmaceutical Assistance 1
- Rehabilitation Services 0
- Social Isolation Support 12
- Social/Emotional Support 1
- Telehealth Services 0
- Tobacco Cessation 12



Aging Services
Aging services help older adults live in the setting of their choice for as long as possible. Aging services also complem...

User type: Caregiver, Patient, Survivor

Topic areas: Diet/Nutrition

View More

American Academy of Hospice and Palliative Medicine - Palliative Doctors
PalliativeDoctors.org is the patient site of the American Academy of Hospice and Palliative Medicine (AAHPM). It is not in...

User type: Caregiver, Patient

Topic areas: Hospice/Palliative Care

View More

American Cancer Society
At the American Cancer Society, we're on a mission to free the world from cancer. Until we do, we'll be funding and conduc...

User type: Caregiver, Patient

Topic areas: Child/Youth

View More

cancerhelp.moqc.org

OVARIAN CANCER EDUCATION

Practice Resources



CONSIDERING A GYNECOLOGIC ONCOLOGY REFERRAL?
PLEASE CONSIDER ORDERING THE FOLLOWING TESTS IF SUITABLE IN YOUR PATIENT

CARCINOMATOSIS ON CT SCAN
- ☐ Order CT guided biopsy of extra-ovarian disease
- ☐ Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

ADNEXAL MASS ONLY – NO CARCINOMATOSIS
- ☐ Obtain CA-125
- ☐ Obtain detailed family history
- ☐ Initiate referral to Gynecologic Oncologist (no need to wait for results of bloodwork)

MALIGNANT APPEARING MASS IN YOUNG PATIENT – CONSIDER GERM CELL TUMOR
- ☐ Obtain AFP/β-hCD/LDH/Inhibins
- ☐ Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

INCIDENTAL MALIGNANCY DURING SURGERY
- ☐ Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)
  - ☐ Send operative note to gynecologic oncologist
  - ☐ Send pathology to gynecologic oncologist
  - ☐ Strongly consider contacting gynecologic oncologist directly

Please note: Referral to gynecologic oncologist should not be delayed while obtaining these tests.

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Printed Resources

ing information: This page is for MOQC practices ordering **bulk printed resources**. If you are looking for a single copy, use the **Patient & Caregiver rces Toolkit** or the **download links** listed under languages in each resource description. If you would like a printed copy mailed to you, please email @moqc.org.

All | Antiemetics | Fertility | Financial | Food & Nutrition | Gynecology Oncology | Herbal Resources | Hospice/Palliative | Other Resources | POQC | Tobacco Cessation









ce Conversations

ASCO
safe haven CONFIDENTIAL SUPPORT

Impact Wellbeing

Stress First Aid for HEALTH CARE WORKERS

Continuing Education Credits

Steps to Claim Credits

1. Navigate to https://umich.cloud-cme.com/default.aspx
2. Click *Sign In*, and sign in using your email address and password
3. Click the *My CME* or *My CE* button
4. Click the *Claim Credit* button
5. Enter the Activity *ID* - ***93675*** *and* click the *Submit Activity ID* button
6. Complete any additional questions or fields
7. Finish the credit claiming process by completing the **evaluation form**

Credit must be claimed within **7 days** after the meeting.
If you have any difficulties, email moqc@moqc.org.