



How Are We Doing? Data & Updates

Shitanshu Uppal, MD, MBA

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



Chart Selection Criteria for Presented Data

Abstracted September 1, 2023 – February 29, 2024
(most recent 6 months of data)

Eligible patient criteria

- 18 or older at diagnosis
- Invasive malignancy or hematologic malignancy

Diagnosis & Visit Window

- Diagnosed: 6/01/2022 – 3/31/2024
- First Office Visit: 6/01/2022 – 5/31/2024
- 2 Office Visits (practitioner): 4/01/2023 – 5/31/2024

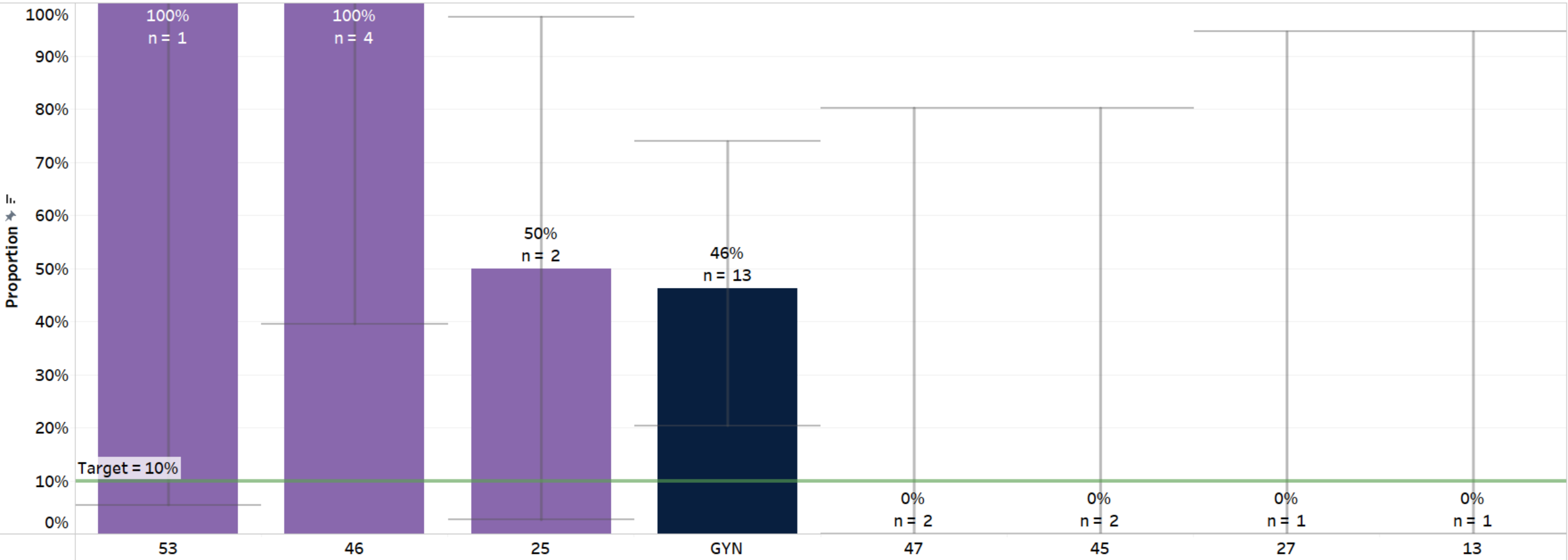


MOQC Gynecologic Oncology Measures

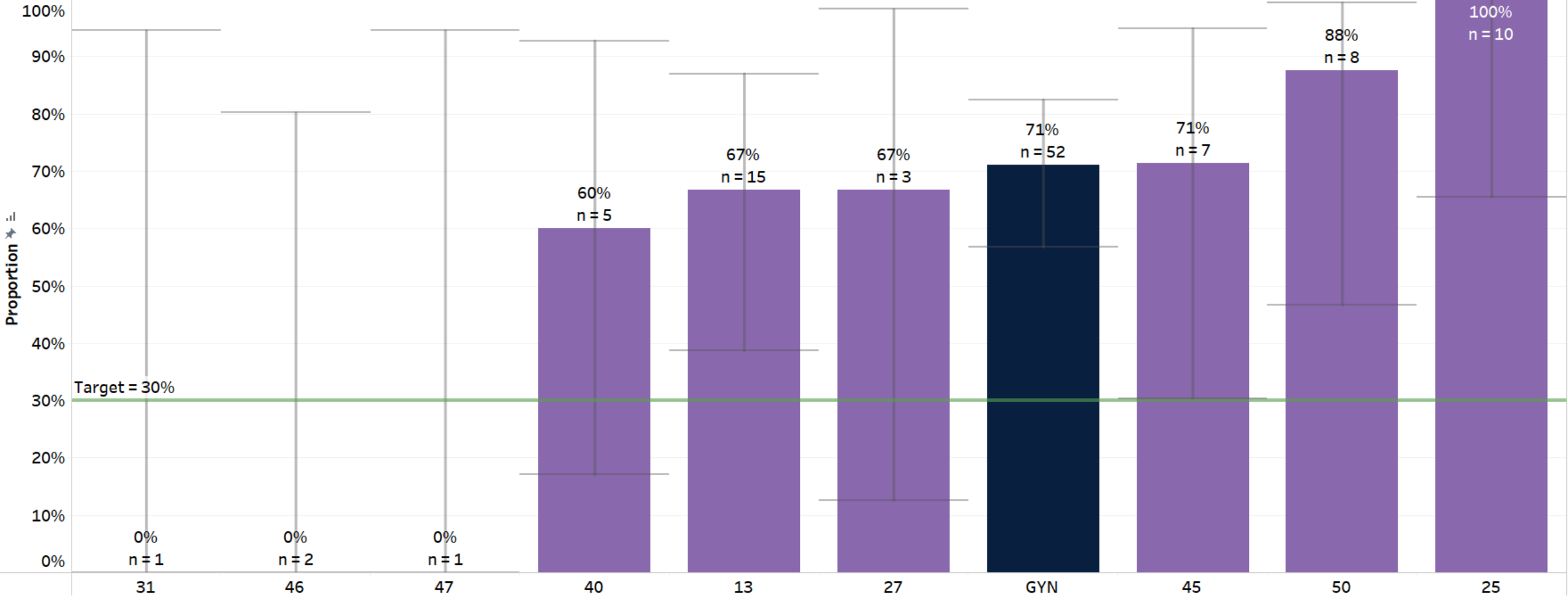
MOQC Pathway	
114	NK1RA for low or moderate emetic risk cycle 1 chemotherapy (lower score – better)
115	NK1RA and olanzapine prescribed or administered with high emetic risk chemotherapy
111	GCSF administered to patients who received chemotherapy for non-curative intent
126a	Hospice enrollment
126b	Enrolled in hospice for over 7 days
126c	Enrolled in hospice for over 30 days
127	Chemotherapy administered within the last 2 weeks of life

Targeted Measures		Target
101b	Tobacco cessation counseling administered or patient referred in the past year	75%
108a	Complete family history document for patients with invasive cancer	40%
123	Days from debulking surgery to chemotherapy	28 days

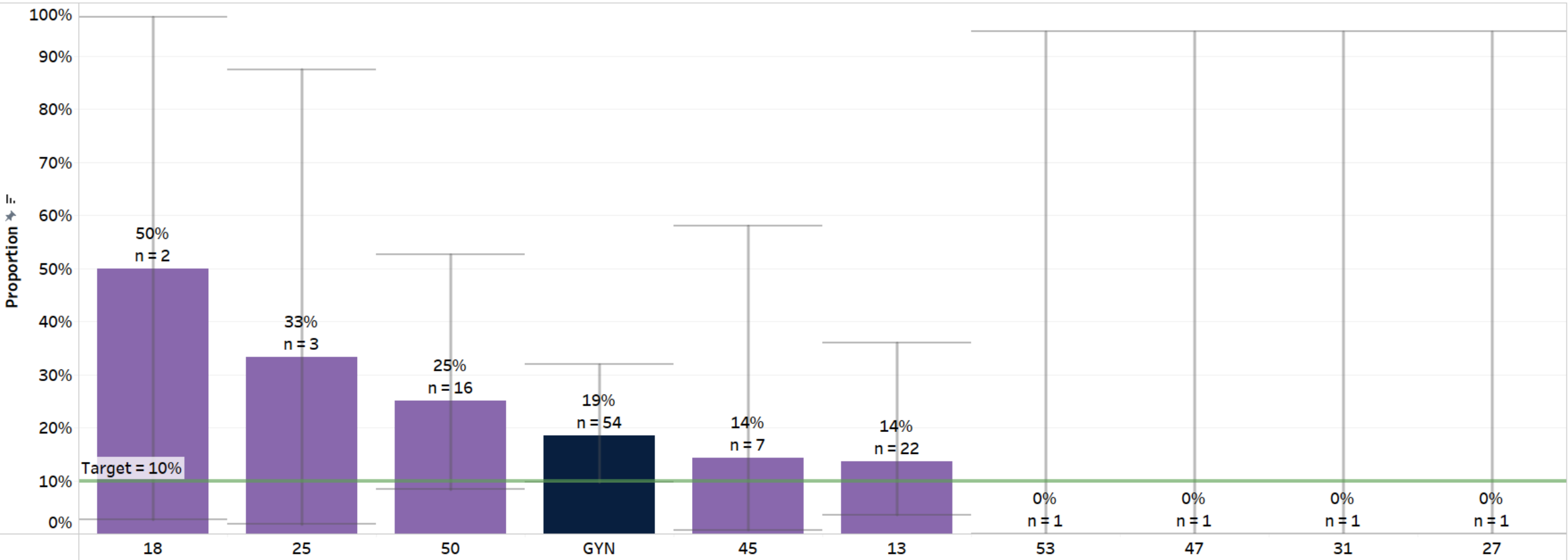
114: NK1RA Prescribed or Administered for Low or Moderate Emetic Risk Cycle 1 Chemotherapy
 (Lower Score = Better)
 9/1/23 - 2/29/24, n = 13



115: NK1RA and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy 9/1/23 - 2/29/24, n = 52



111: GCSF Administered to Patients who Received Chemotherapy for Non-Curative Intent
 (Lower Score = Better)
 9/1/23 - 2/29/24, n = 54



End-of-Life Chart (EOL) Chart Selection Criteria for Presented Data

Abstracted September 1, 2023 – February 29, 2024
(most recent 6 months of data)

Eligible patient criteria

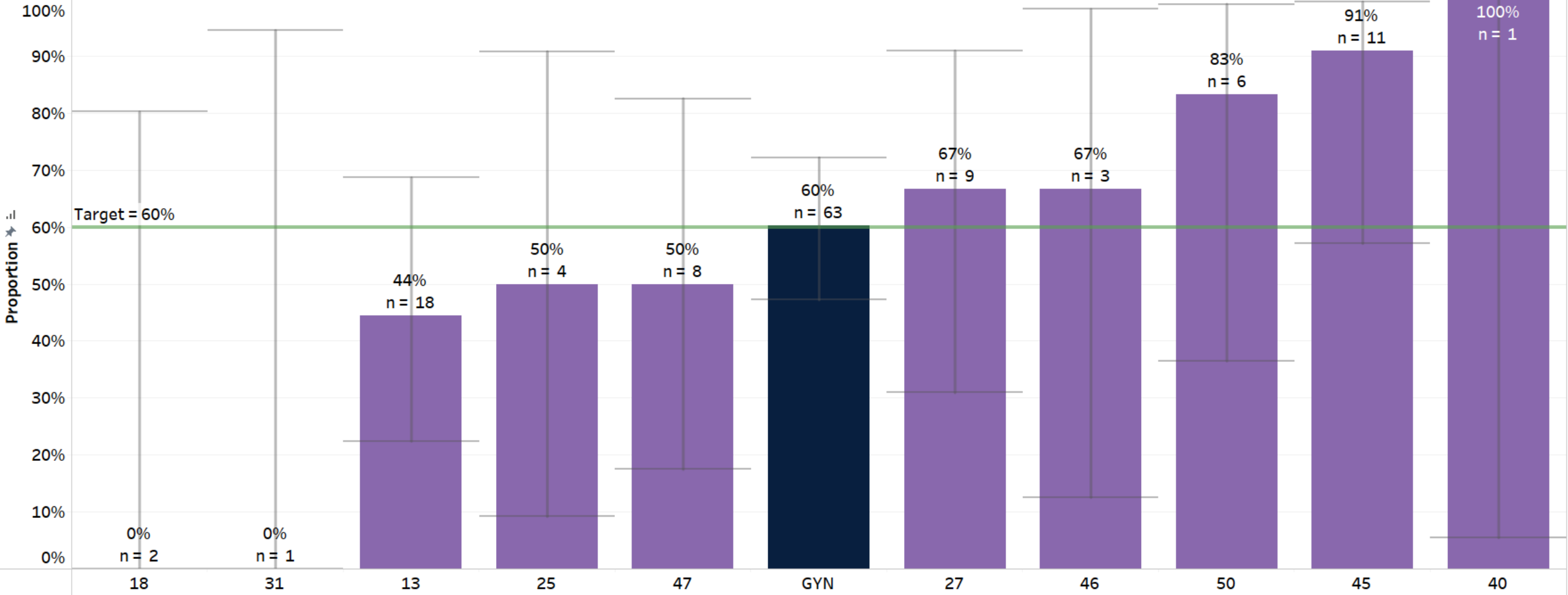
- 18 or older at diagnosis
- Invasive malignancy or hematologic malignancy

EOL patients only need to meet criteria below:

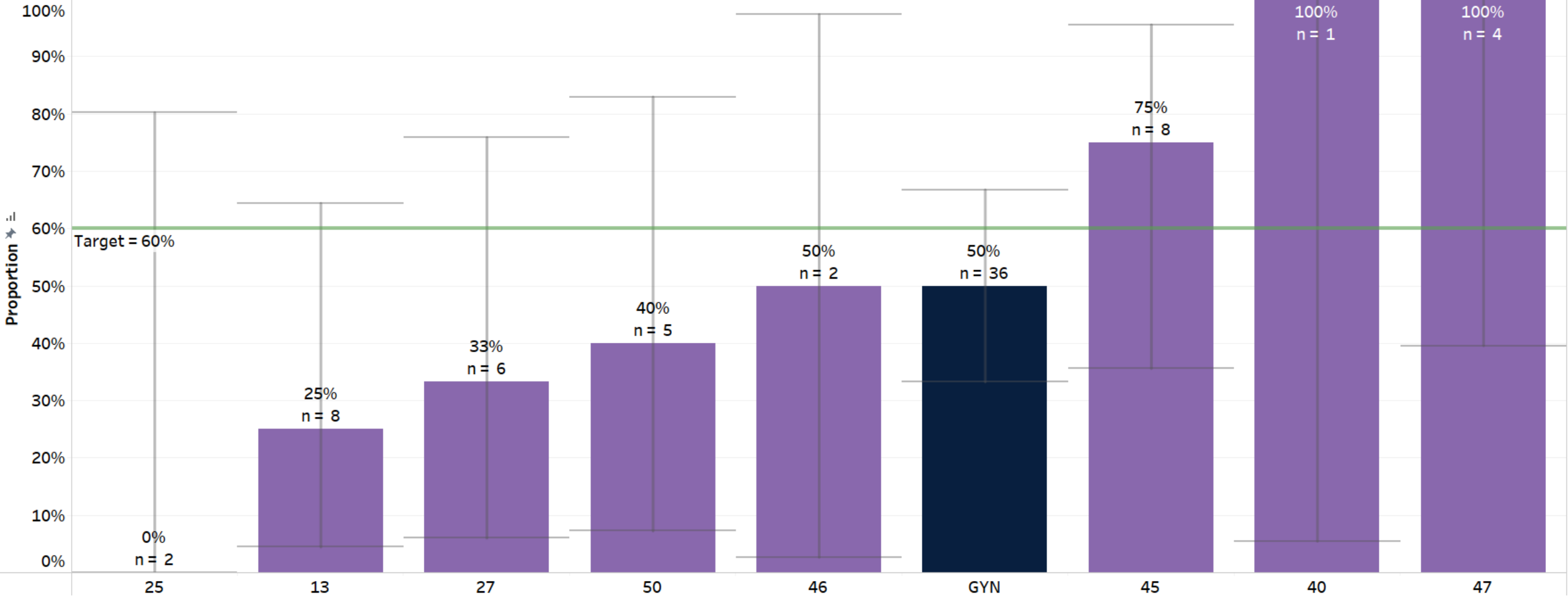
- Patient must have died: 6/01/2022 – 5/31/2024
- Patients must have a known date of death
- Death related to cancer or cancer-related treatment
- 2 office visits (practitioner): Within 12 months preceding death



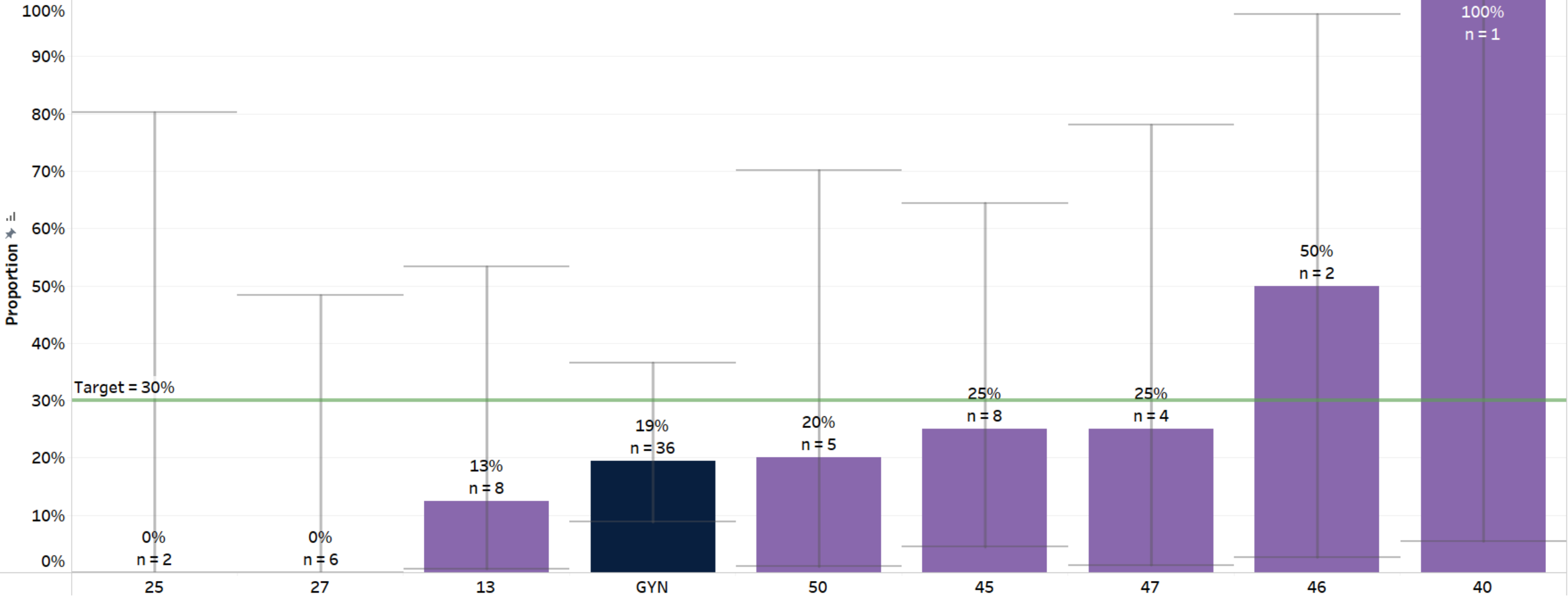
126a: Hospice Enrollment 9/1/23 - 2/29/24, n = 63



126b: Hospice Enrollment More than 7 Days Before Death 9/1/23 - 2/29/24, n = 36



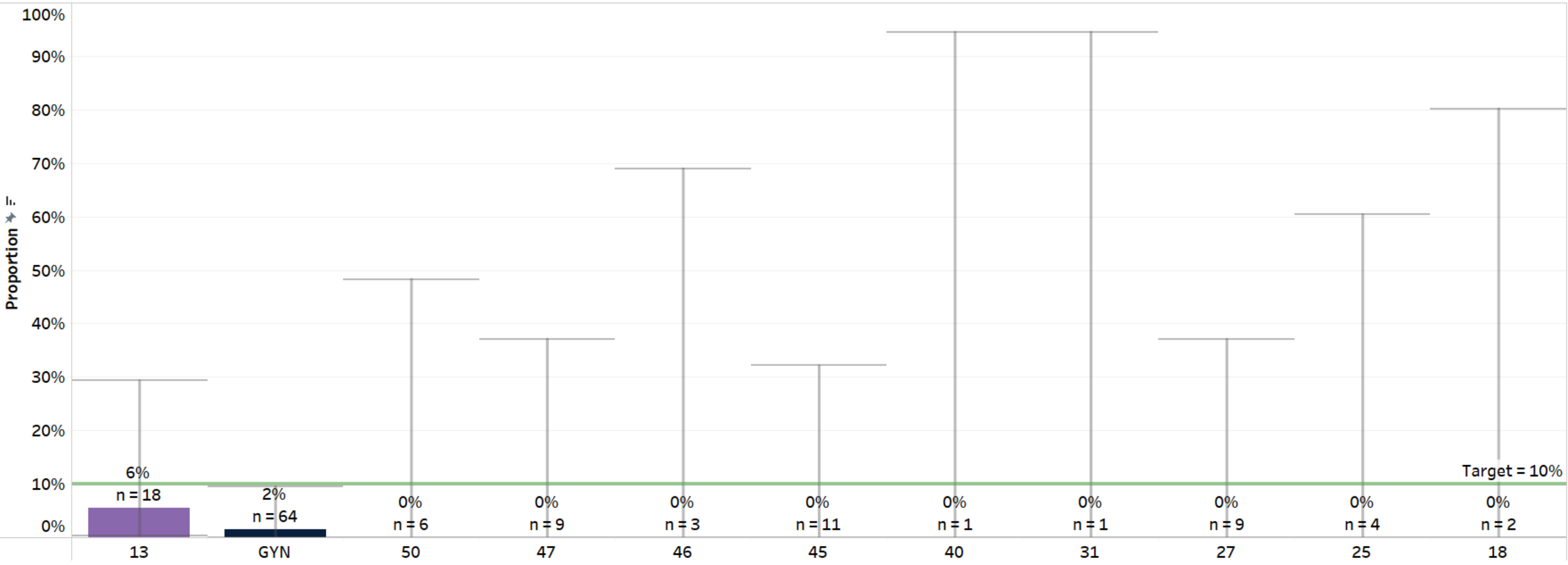
126c: Hospice Enrollment More than 30 Days Before Death 9/1/23 - 2/29/24, n = 36



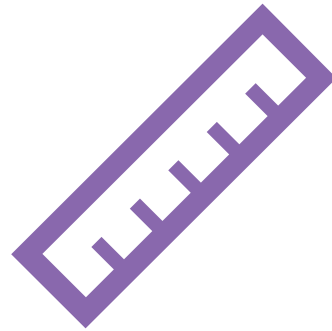
127: Chemotherapy Administered Within the Last 2 Weeks of Life

(Lower Score = Better)

9/1/23 - 2/29/24, n = 64



MSQC Gynecologic Oncology Measures

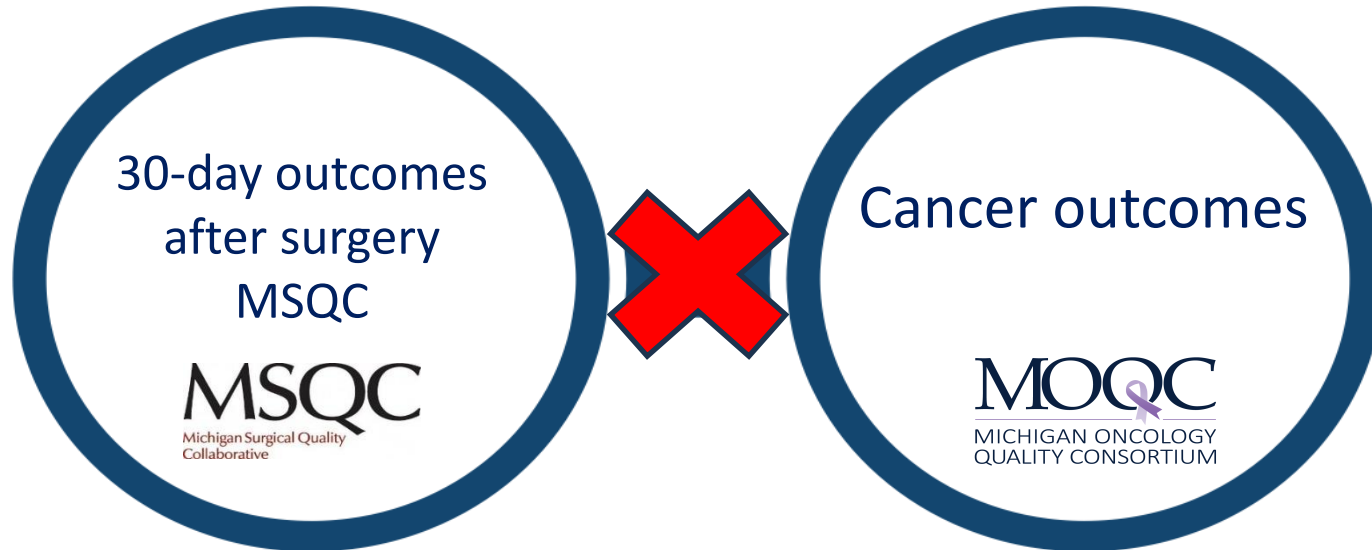


MSQC Gynecologic Oncology Measures

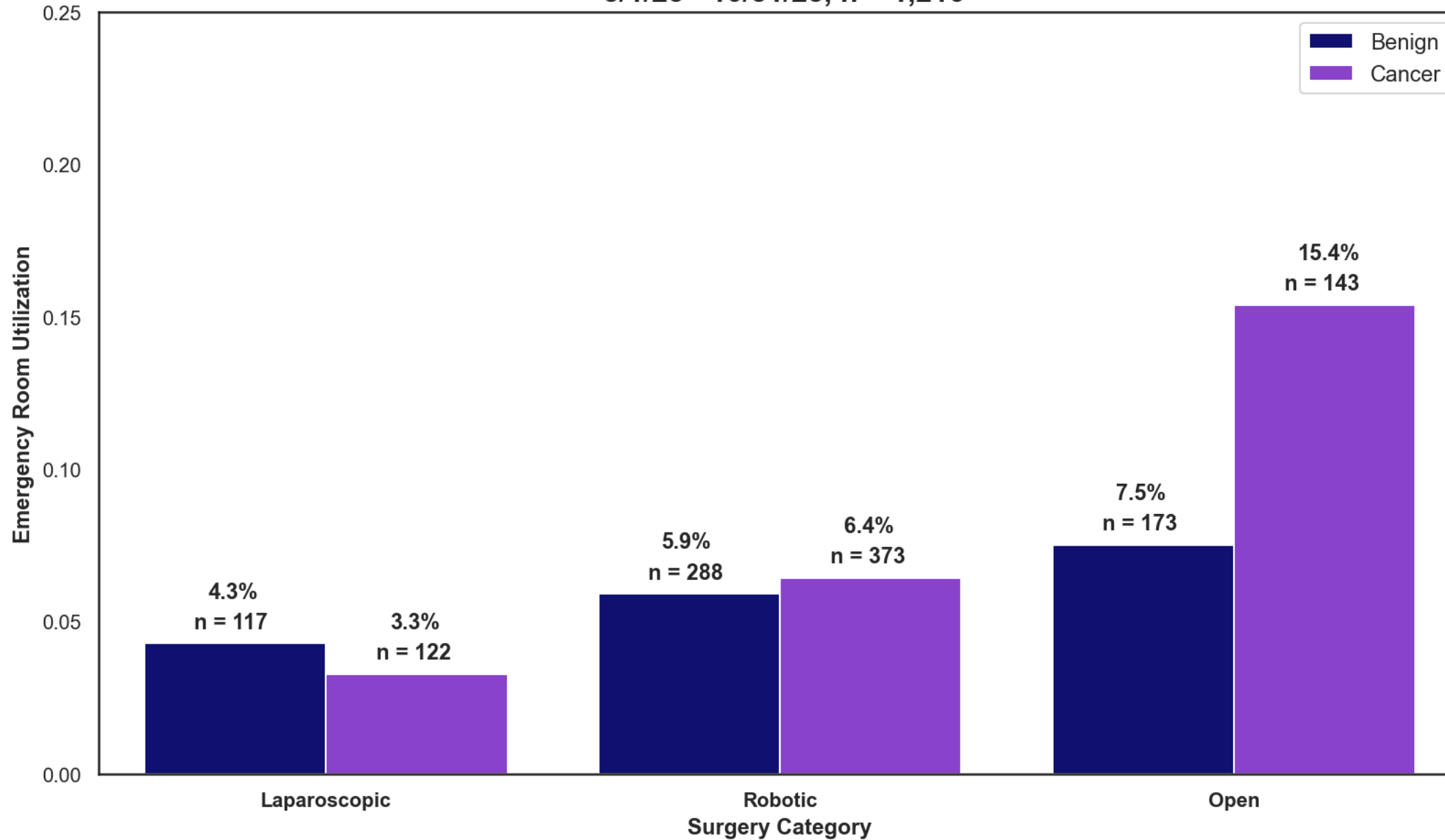
MSQC Pathway
Emergency room utilization
Readmission rates
Reoperation rates
Serious complications
Surgical site infections
Urinary tract infections
Venous thromboembolism

Targeted Measure	Target
116 Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy	9 pills

2024

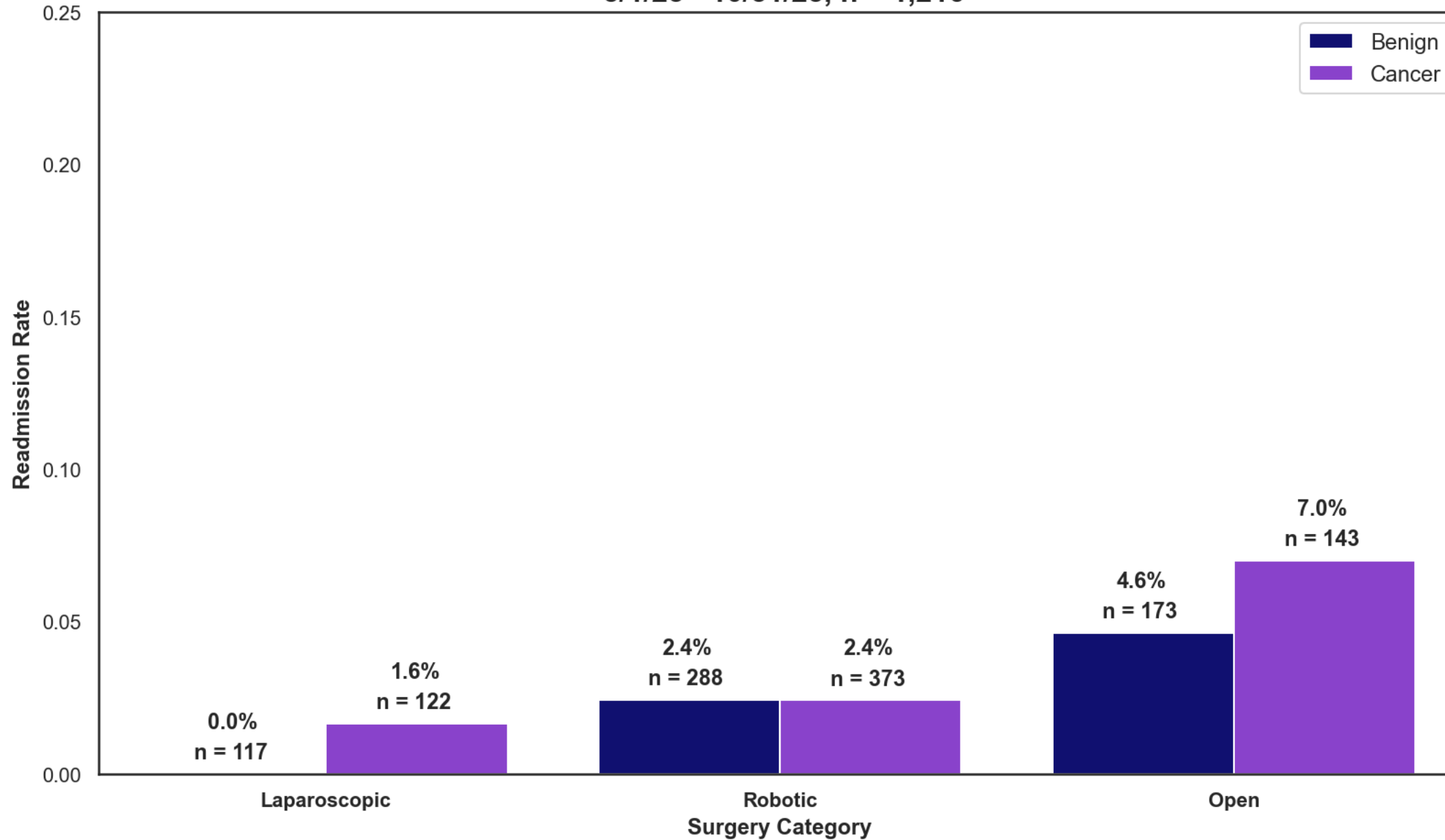


Emergency Room Utilization 5/1/23 - 10/31/23, n = 1,216



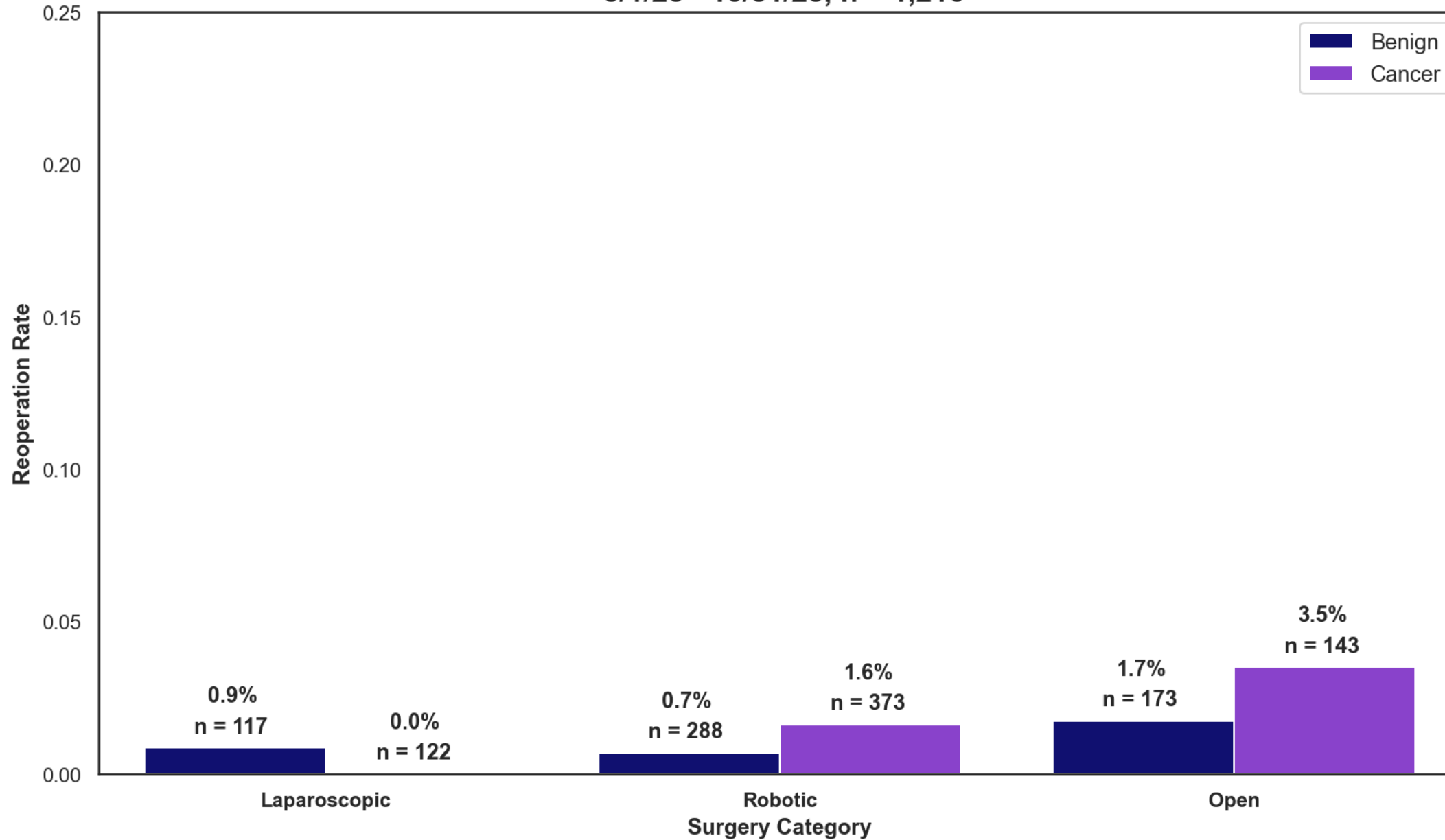
Readmission Rates

5/1/23 - 10/31/23, n = 1,216



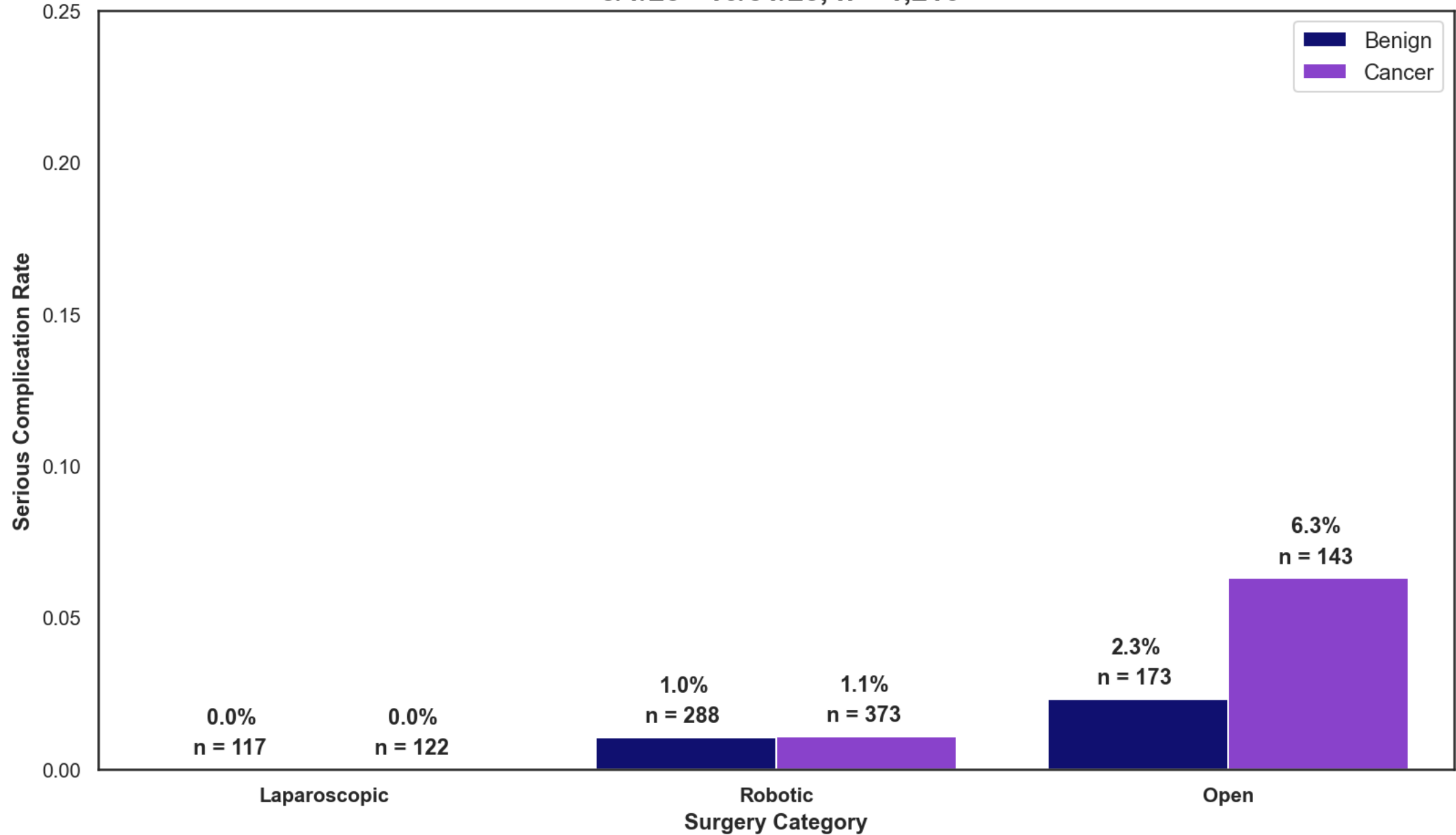
Reoperation Rates

5/1/23 - 10/31/23, n = 1,216



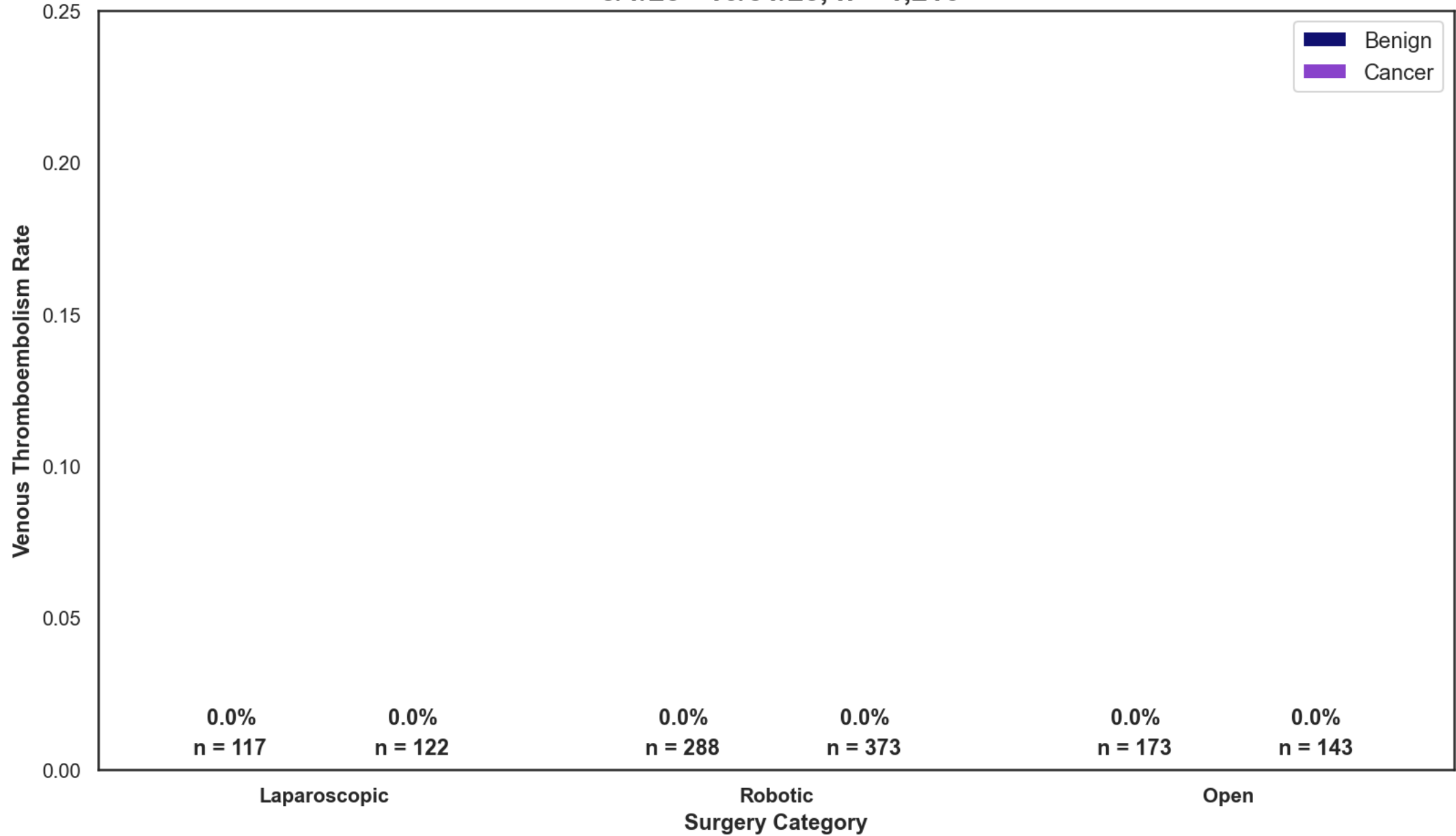
Serious Complication Rates

5/1/23 - 10/31/23, n = 1,216



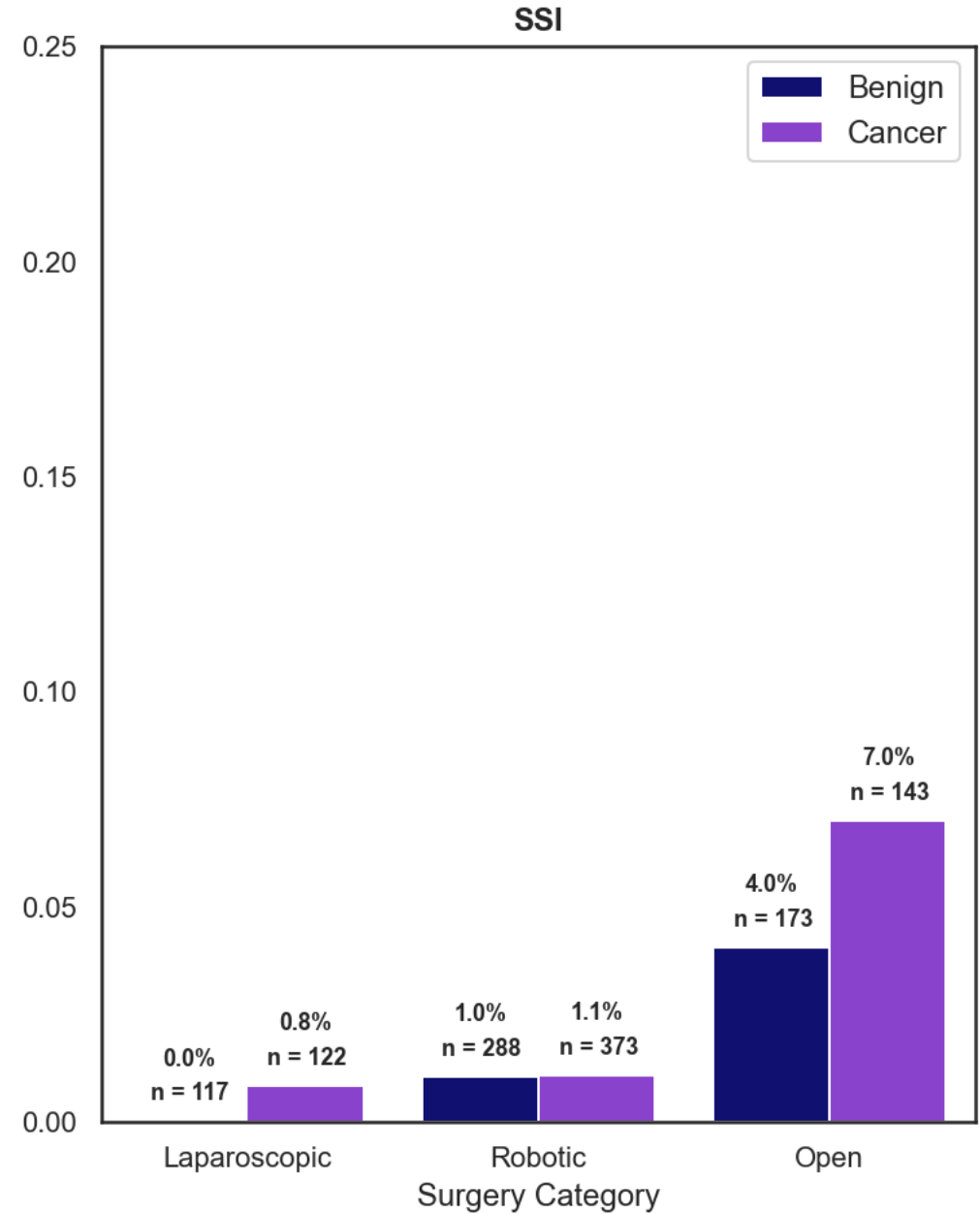
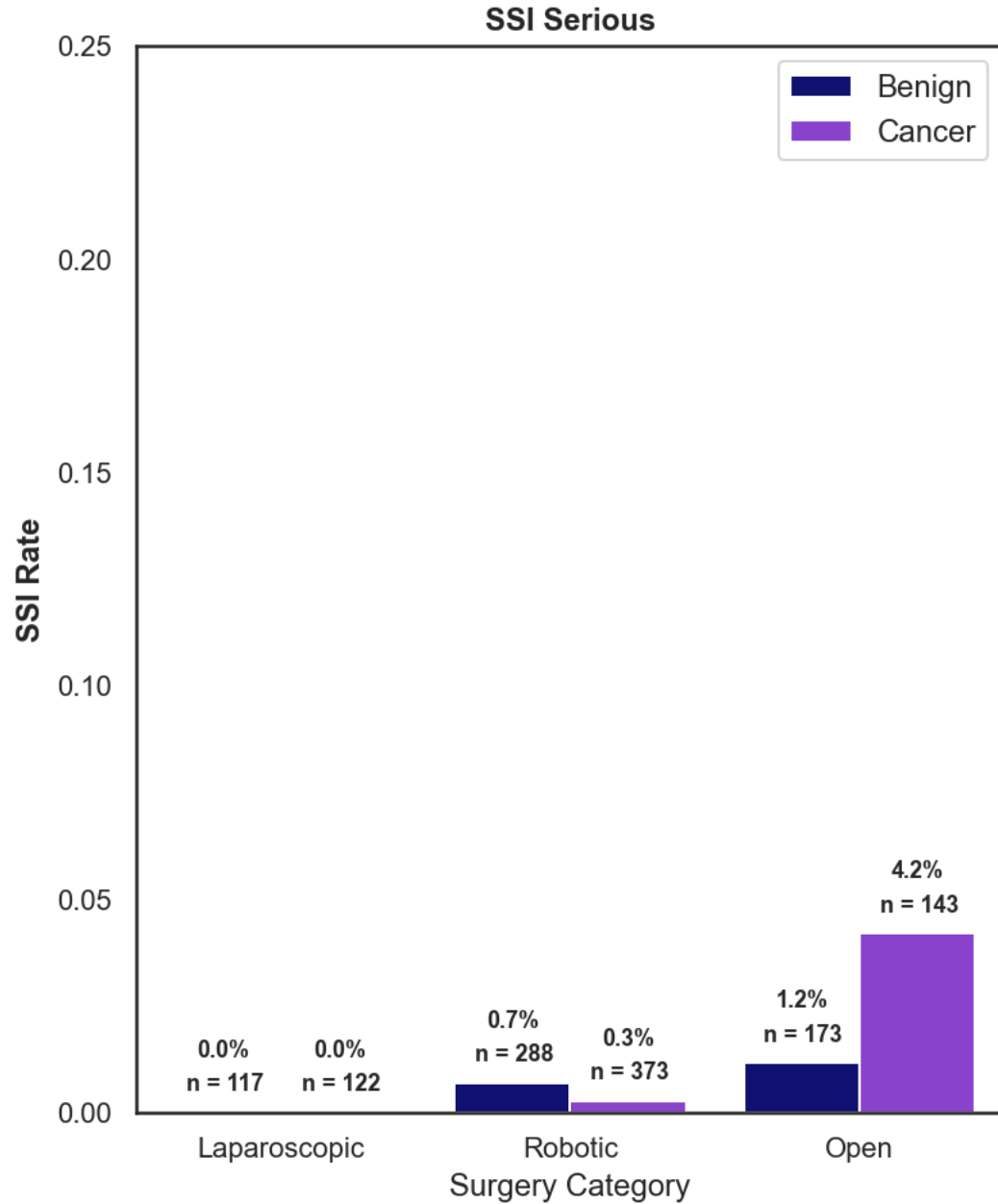
Venous Thromboembolism

5/1/23 - 10/31/23, n = 1,216



Surgical Site Infections

5/1/23 - 10/31/23, n = 1,216



Fee Schedule Increase Opportunities



Participation to Qualify for Fee Schedule Increases

Points Needed: 100		
Meeting Participation	Points*	Notes
Gynecologic Oncology Spring Biannual Meeting Physician Champion	25	If either of the Biannual Meetings is unattended by a practice manager or physician, in order to qualify for additional participation points , the practice manager or physician must schedule a follow up meeting a MOQC project manager for a Biannual Meeting and practice-level overview. Additional participation points can only be used to complete the eligibility points requirement once every two years .
Gynecologic Oncology Spring Biannual Meeting Administrative Champion	25	
Gynecologic Oncology Fall Biannual Meeting Physician Champion	25	
Gynecologic Oncology Fall Biannual Meeting Administrative Champion	25	

*maximum of 50 points per meeting, 25 for Physician Champion and 25 for Administrative Champion



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
June Medical Oncology Biannual Meeting	30	Attend the annual MOQC June Medical Oncology Biannual Meeting
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
MiGHT	20	Participate and actively use family health history tool
POEM	20	Participate with a POEM pharmacist
Participation with MOQC newsletter	10	Practice spotlight interview, article about best practices, etc.

2024 Fee Schedule Increase Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
2% Opportunity	

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

Complete Family History Opportunity	
Practice - Meet Both	
Meet VBR measures	2
Complete family history documented for patients with invasive cancer	40%
Additional 2% Opportunity	

Total eligibility: up to 7%

Tobacco Cessation Opportunity



2024 Fee Schedule Increase Summary

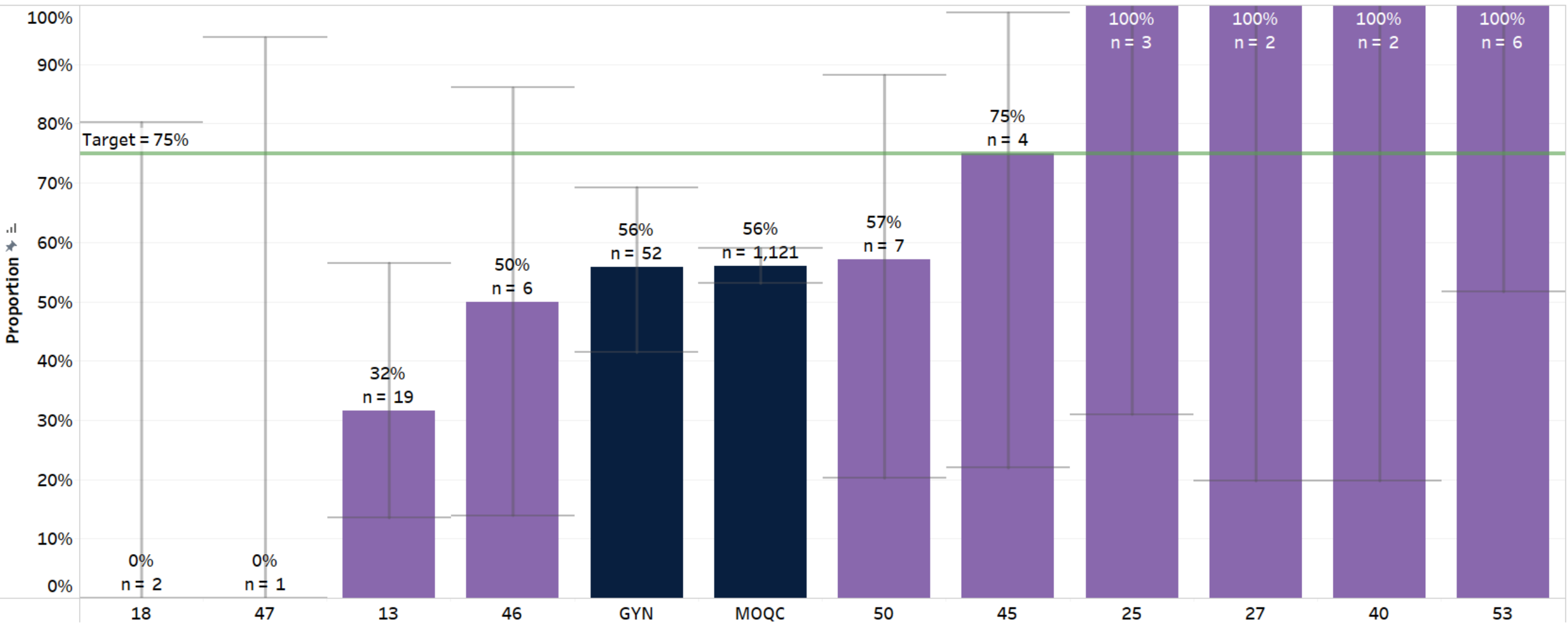
Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
2% Opportunity	

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

Complete Family History Opportunity	
Practice - Meet Both	
Meet VBR measures	2
Complete family history documented for patients with invasive cancer	40%
Additional 2% Opportunity	

Total eligibility: up to 7%

101b: Tobacco Cessation Counseling Administered or Patient Referred in Past Year 9/1/23 - 2/29/24, n = 52



Gynecologic Oncology Opportunity



2024 Fee Schedule Increase Summary

Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
2% Opportunity	

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

Complete Family History Opportunity	
Practice - Meet Both	
Meet VBR measures	2
Complete family history documented for patients with invasive cancer	40%
Additional 2% Opportunity	

Total eligibility: up to 7%

Days from Debulking Surgery to Chemotherapy



123: Days From Debulking Surgery to Chemotherapy Start, by Practice

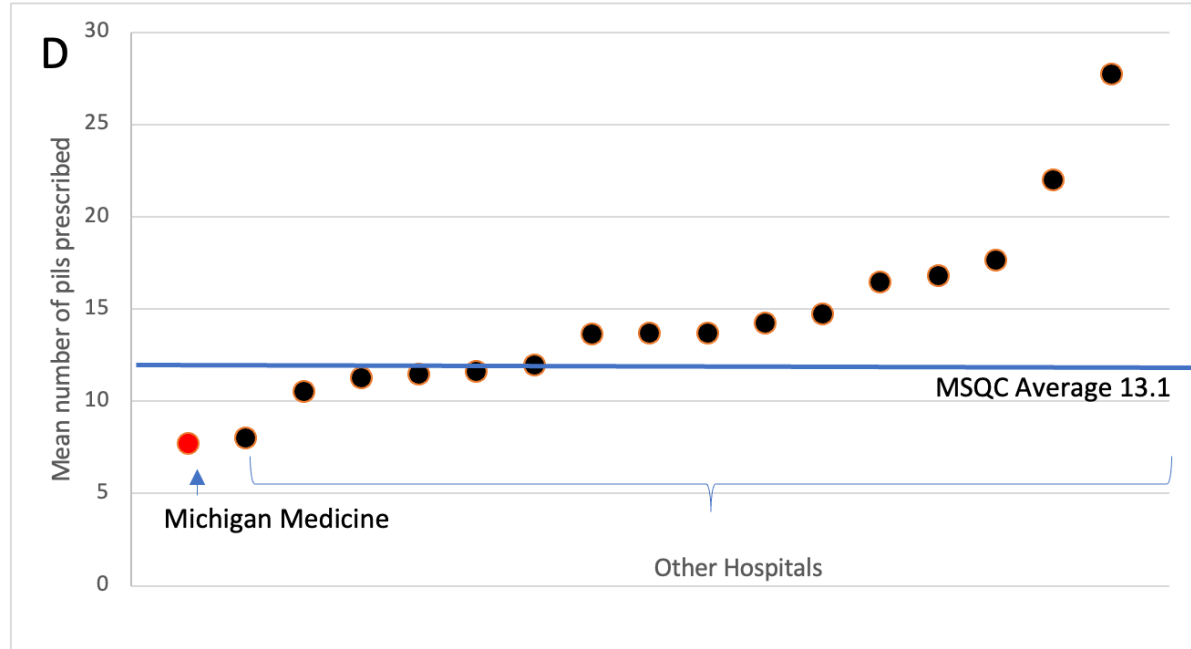
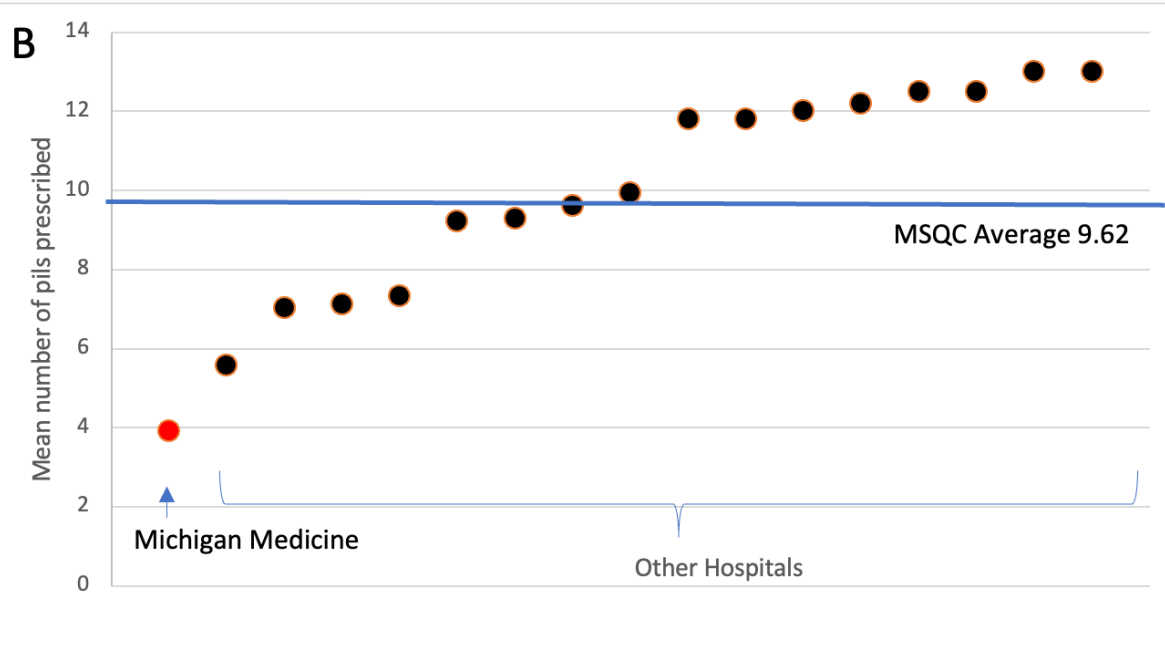
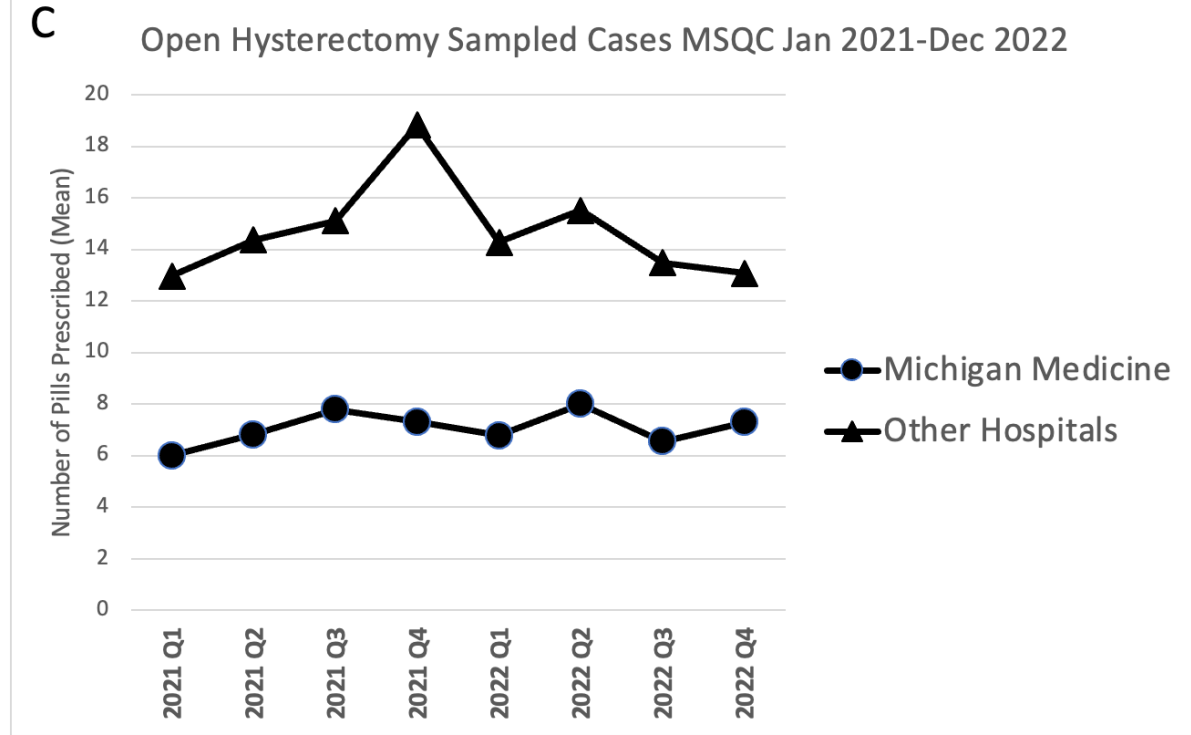
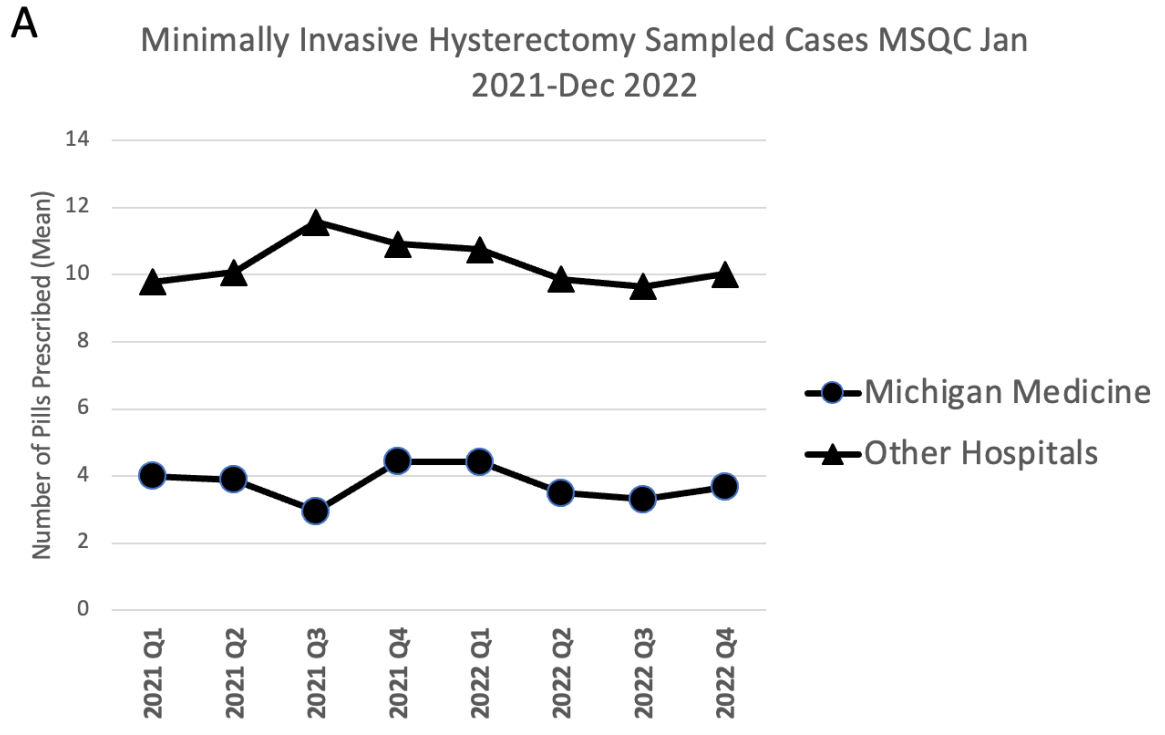
Lower Score = Better

5/1/2023 - 4/30/2024, n = 143

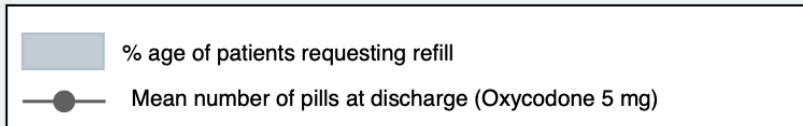
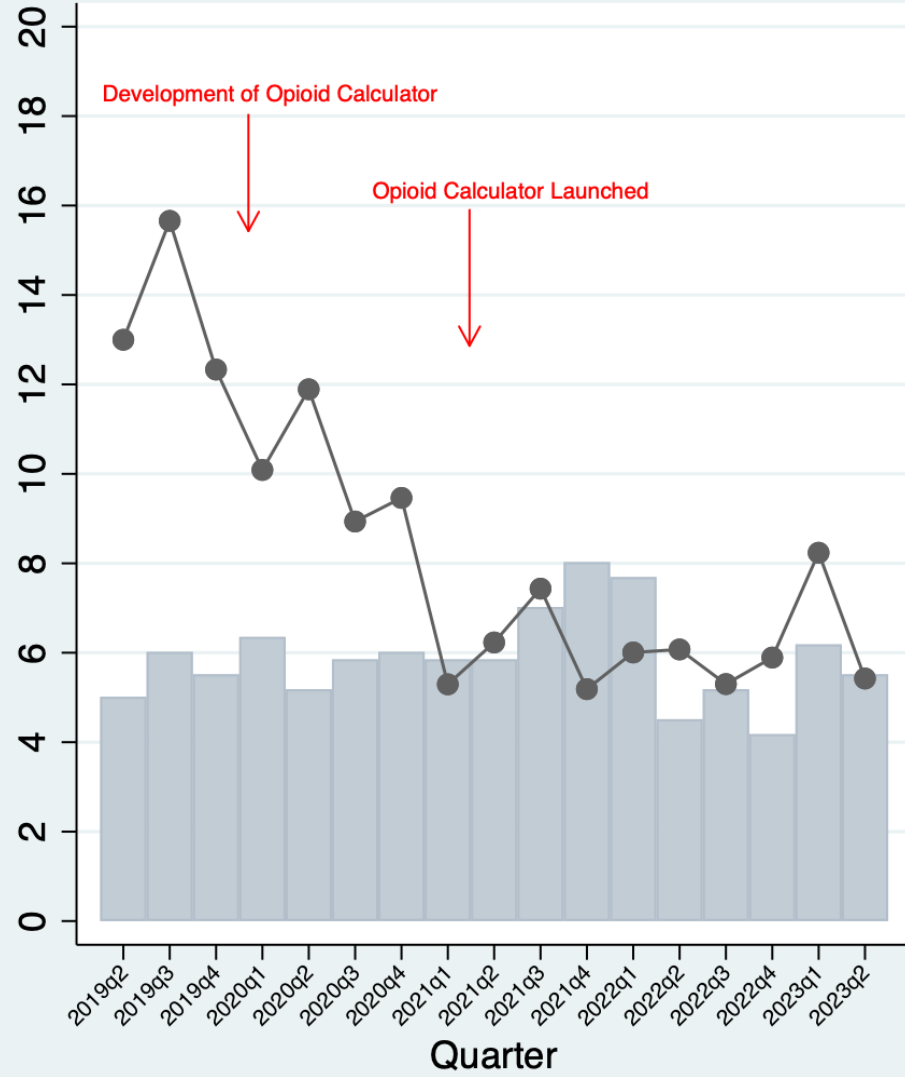


Opioids at Discharge

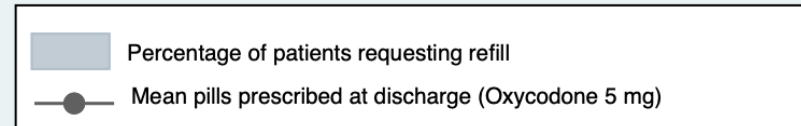
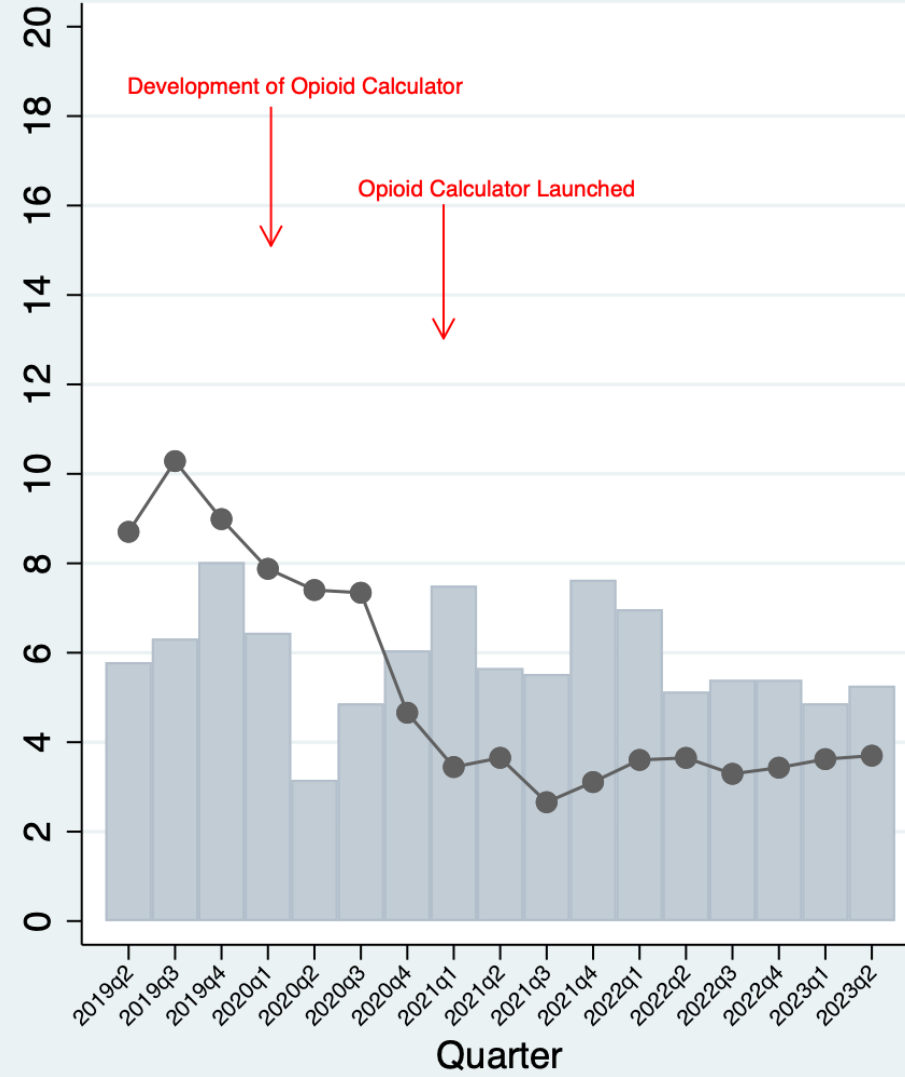




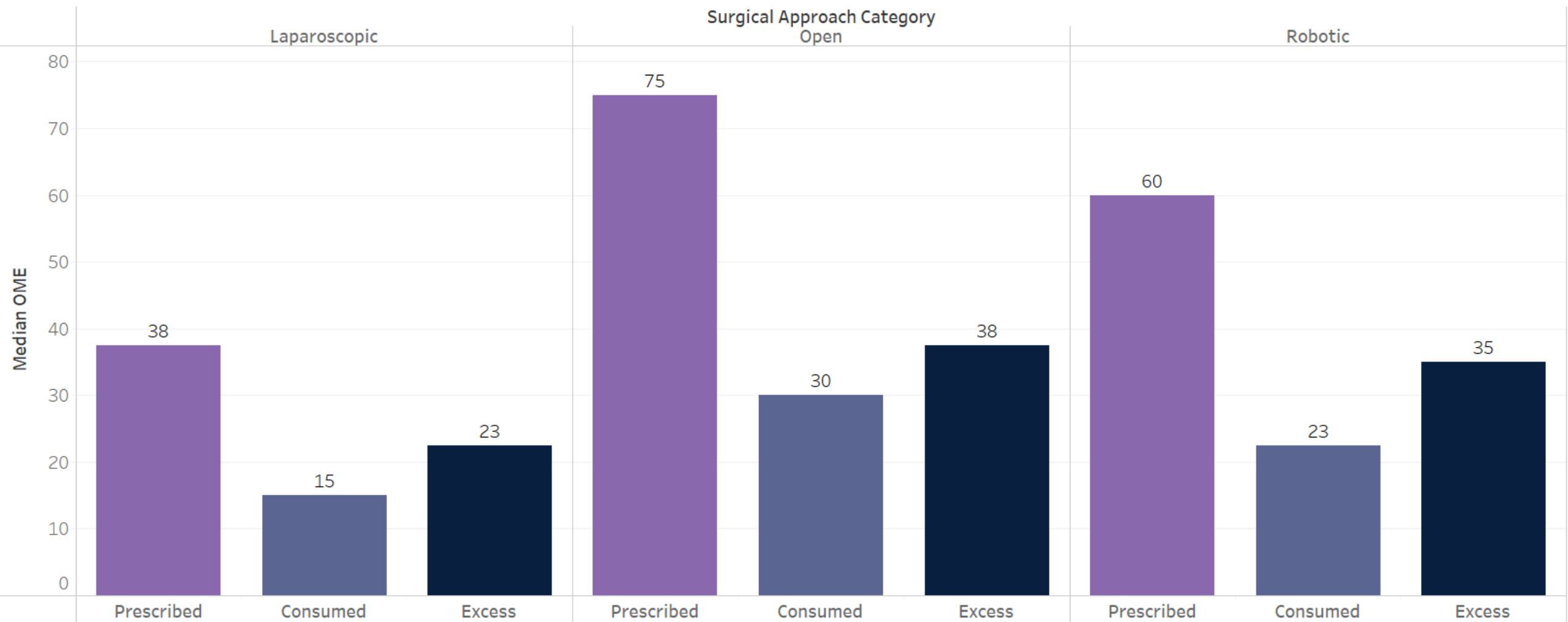
Open Abdominal Surgery



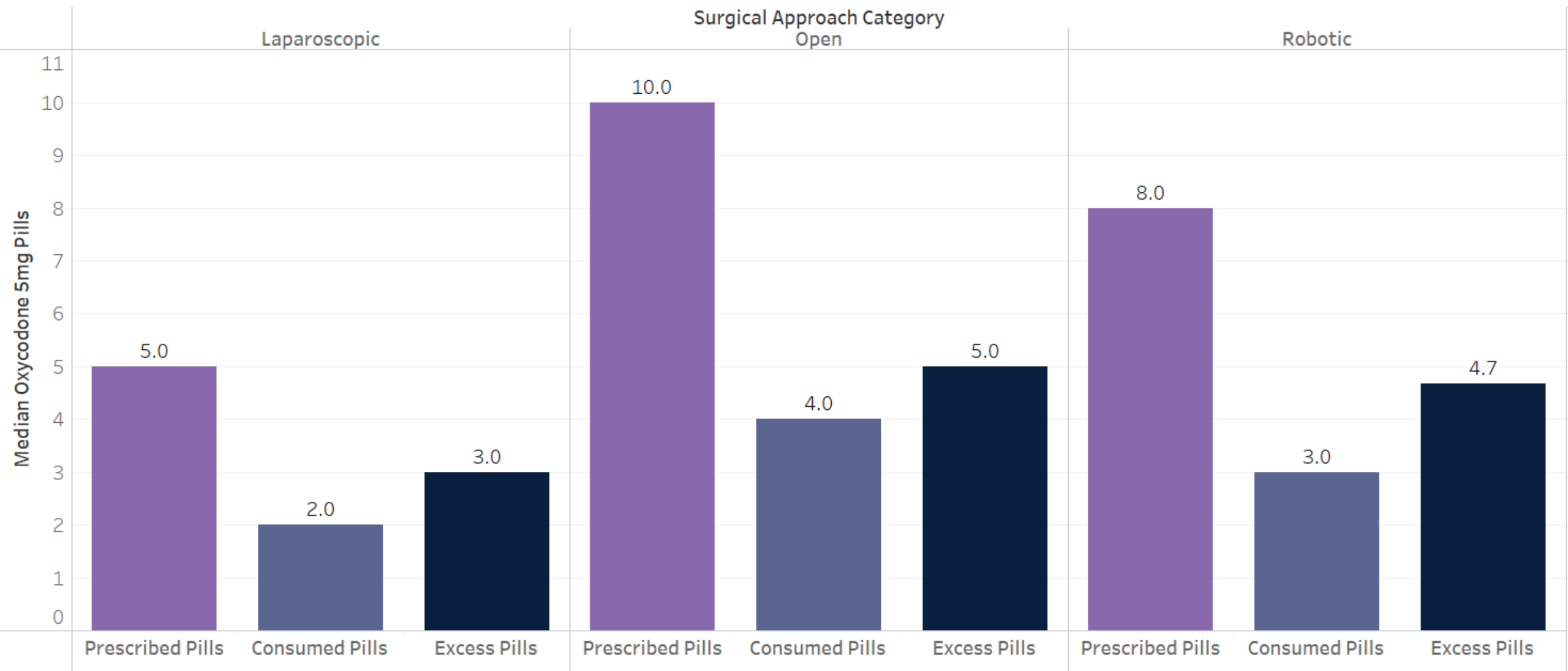
Minimally Invasive Surgery



Morphine Equivalents
5/1/23 - 10/31/23, n = 981
Lower Score = Better

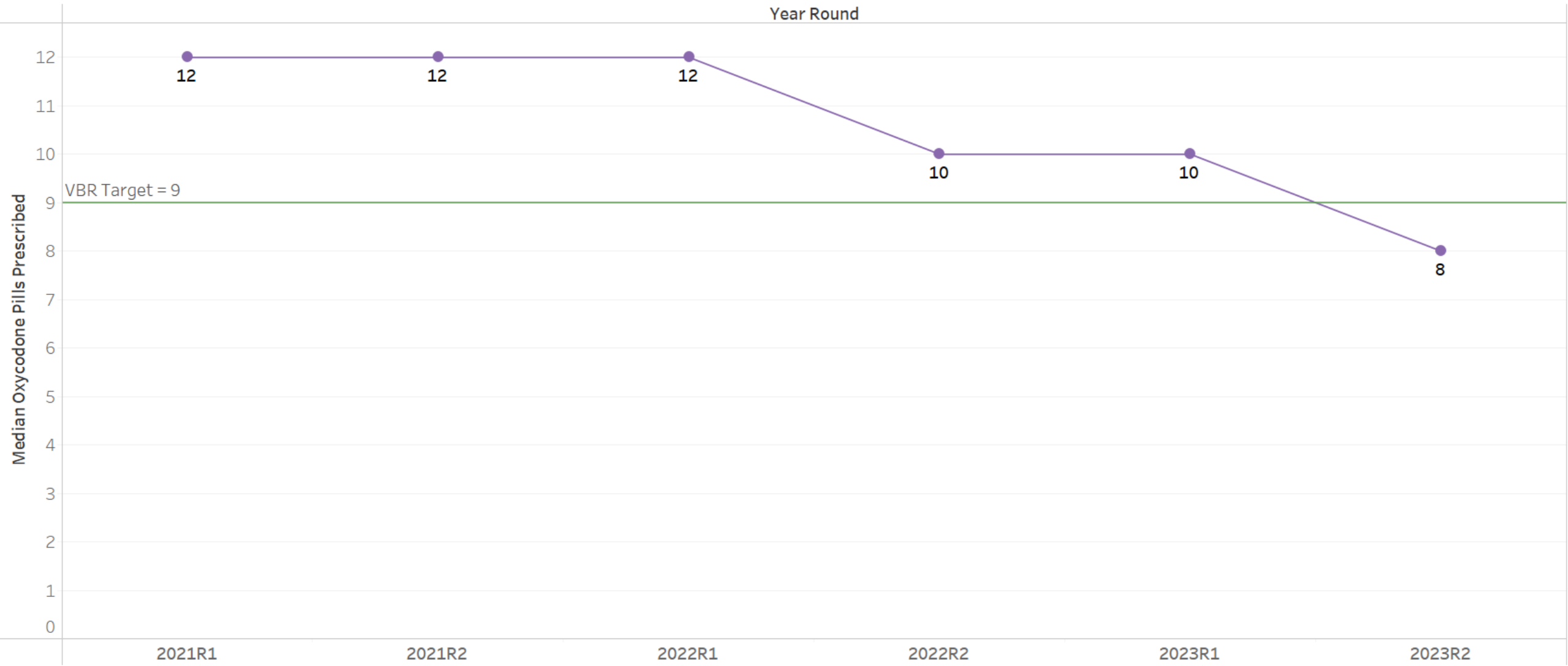


Oxycodone 5mg Pills
5/1/23 - 10/31/23, n = 981
Lower Score = Better



Median # of Oxycodone 5mg Pills Prescribed

Year Round



Complete Family History Opportunity



2024 Fee Schedule Increase Summary

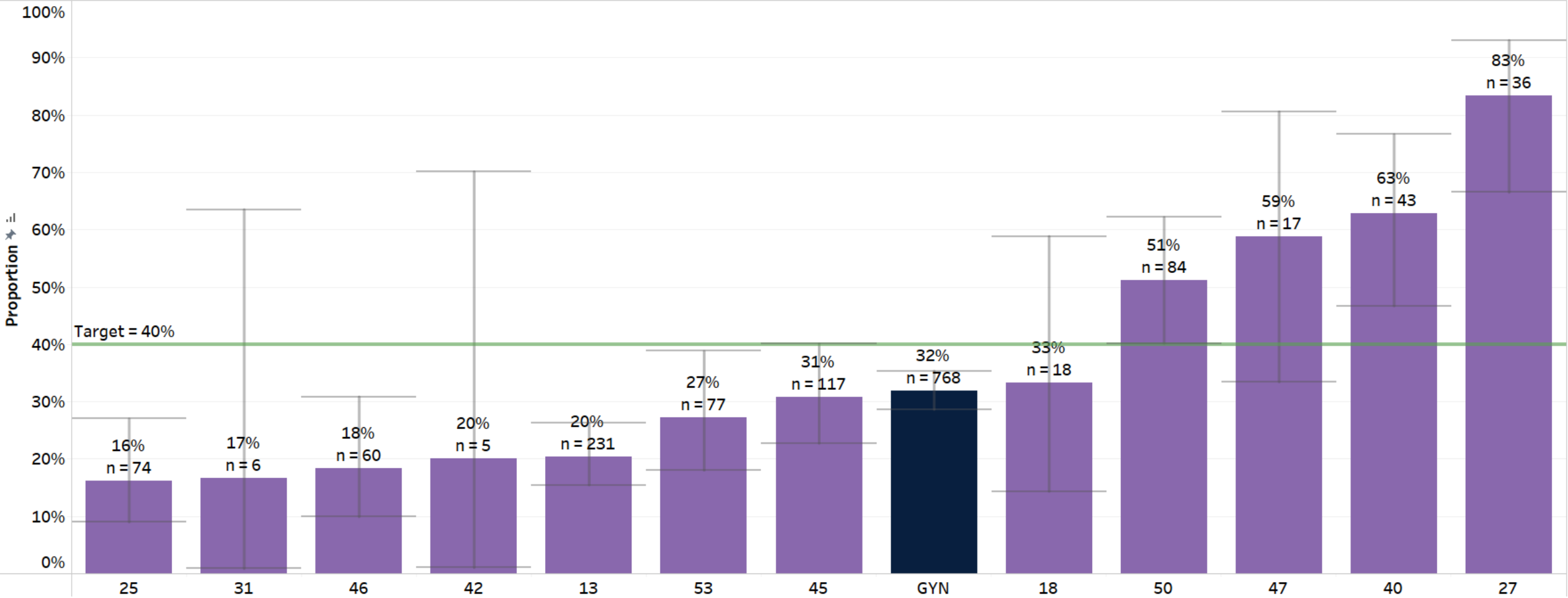
Tobacco Cessation Opportunity	
Collaborative-Wide (with Med Onc)	
Tobacco cessation counseling administered or patient referred in the past year	75%
2% Opportunity	

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

Complete Family History Opportunity	
Practice - Meet Both	
Meet VBR measures	2
Complete family history documented for patients with invasive cancer	40%
Additional 2% Opportunity	

Total eligibility: up to 7%

108a: Complete Family History Documented for Patients with Invasive Cancer 9/1/23 - 2/29/24, n = 768



Discussion

