Welcome and Updates

Vanessa Aron, BA
Network: MSU Net Guest 3.0
Agree to the Terms and Conditions
No Password
## Morning Agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 am</td>
<td>Welcome and Updates</td>
<td>Vanessa Aron, BA</td>
</tr>
<tr>
<td>10:15 am</td>
<td>POQC Update</td>
<td>Sharon Kim, POQC</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Data &amp; Updates</td>
<td>Shitanshu Uppal, MD, MBA</td>
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<td>Participation Model</td>
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<td>Current Performance Measures &amp; Trends – MOQC</td>
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<tr>
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<td>Current Performance Measures &amp; Trends – MSQC</td>
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<td>VBR Measures and Requirements</td>
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<tr>
<td>11:15 am</td>
<td>The State of Gynecologic Oncology in Michigan</td>
<td>Bridget VandenBussche, CPHRM</td>
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<td>Anna Hoekstra, MD, MPH</td>
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<td>Shitanshu Uppal, MD, MBA</td>
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<tr>
<td>12:15 pm</td>
<td>Lunch</td>
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Confidentiality Reminder

Taking pictures/videos of data slides is prohibited. This is a confidential professional peer review and quality assurance document of the Michigan Oncology Quality Collaborative.

Unauthorized disclosure or duplication is absolutely prohibited. It is protected from disclosure pursuant to the provisions of Michigan Statutes MCL 333.20175; MCL 333.21513; MCL 333.21515; MCL 331.531; MCL 331.532; MCL 331.533 or such other statutes as may be applicable.
MOQC Print-Outs

- Agenda
- BCBS Survey
- MOQC Survey/Interprofessional Development Interest
- PROs Survey Questions
MOQC BCBS Survey

https://umich.qualtrics.com/jfe/form/SV_eexmelYimaiDdNs
MOQC Initiatives

Meal Delivery Program

Cancer Drug Repository

Patient-Reported Outcomes
Meal Delivery Update

COMFORT CUISINE
Delivering care one meal at a time

HBOM
HEALTHY BEHAVIOR OPTIMIZATION FOR MICHIGAN

MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM
Meal Delivery Update
Cancer Drug Repository

yesRX

a charitable organization founded in June 2023, seeks to remove barriers to medication access for vulnerable and underserved people and communities via a State-wide Cancer Drug Repository.
Removing Unreasonable Barriers to Medication Access

- Insurance Restrictions
- Inequitable Resources
- Coverage Gaps
- High Co-Pays
Meal Delivery Initiative

**June 2023**
Founded as an agnostic charitable organization to increase medication access for vulnerable and underserved patients across Michigan.

**July 2023**
- Received 501(c)(3) designation
- Secured support from MOQC

**August 2023**
Launched YesRx Network, an interconnected system of cancer drug repository programs at healthcare sites and facilities across Michigan.

**September 2023**
Formed strategic partnership with several major cancer centers, including Munson.

**Today**
- Receiving medication donations
- Providing medication to patients at no cost
- Onboarding new Network members
- Accepting financial donations

[www.yesrx.org](http://www.yesrx.org)
[hello@yesrx.org](mailto:hello@yesrx.org)
People can often receive financial help for prescriptions from assistance programs. Sometimes, this takes too long.

YesRx can provide prescribed medication quickly, at no cost to eligible patients.

Ask Your Doctor or Pharmacist About YesRx.

YesRx can accept unused prescriptions from patients, and provide them to another person in need.
YesRx Founders
Executive leaders with clinical and business expertise committed to eliminating healthcare disparities and improving patient outcomes.

Emily Mackler  PharmD, BCOP
Co-Director

Farah Jalloul  PharmD, MBA
Co-Director

Siobhan Norman  Executive Director
Patient-Reported Outcomes
PROs Collection

• Why are we collecting PROs?
  – Shown to increase survival for oncology patients
  – Help focus clinical interventions
  – Prioritize MOQC improvement efforts
  – Center on patient & family needs
PROs Collection

• What information is being collected?
  – Symptoms
  – Social needs
  – Demographics
  – Opt-in to link PROs with clinical data
    • Analysis by diagnosis & treatment
Patient-Reported Outcomes

• 2 weeks (10 clinic days)
• MOQC-provided tablets, paper backup
• Results are not seen by care team in real time
Patient-reported Outcomes Data – Pilot Sites

- 3 Pilot sites
- Response Numbers
  - Total surveys attempted: 303
  - Total who met eligibility criteria: 187 (61.7%)
  - Total who completed survey: 185 (98.9%)
  - Total who provided identifying info: 148 (79.6%)
Lessons Learned from Pilot Sites

Patients care that their experiences can help future patients

- “Not many people want to do something like fill out a survey – but nearly everyone wants to help others”

Easy-to-use Survey

- Most completed on a tablet
- Paper backup as needed

Training, materials, and support
Patient-reported Outcomes Data – Pilot Sites

- Patient characteristics
  - Age
    - Avg 66.5 yrs (SD, 11.2)
    - Range [40,94]

- Gender
  - Female: 39%
  - Male: 61%

- Ethnicity
  - Not Hispanic: 94%
  - Hispanic: 2%

- Other categories:
  - Asian: 2%
  - Black: 1%
  - Hawaiian or Pacific Islander: 1%
  - MENA: 1%
  - Native American or Alaska Native: 2%
  - White: 98%
  - Other: 2%
Patient-reported Outcomes Data – Pilot Sites

Social Needs

- 33 (17.8%) of patients reported at least 1 social need
- Top social needs identified:

  - Lack of companionship
    - 15 (8.1%)

  - In the last 12 months, ate less food b/c there wasn’t enough $ for food
    - 12 (6.5%)

  - In the last 12 months, needed to see a doctor but could not b/c of cost
    - 7 (3.8%)
Patient-reported Outcomes Data – Pilot Sites

Symptoms

• 42 (22.6%) of patients rated at least 1 toxicity as frequent or almost constant
  – Top symptoms reported as frequent:
    • Anxiety
    • Sad feelings
    • Diarrhea

• 24 (12.9%) of patients rated at least 1 toxicity as severe or very severe
  – Top symptoms reported as severe (among those who reported some frequency):
    • Anxiety
    • Sad feelings
    • Neuropathic pain
Onboarding Process

• Informational meeting
• Dates reviewed and confirmed
• Virtual training for practice/infusion staff
• MOQC support
Timeline for collecting PROs

- 3 Pilot Sites Summer 2023
- 10 Additional Sites Fall/Winter 2023
- Remaining MOQC sites Winter/Spring 2024
The PROs Team

Chris Friese, PhD, RN
Director, Patient-Reported Outcomes

Shayna Weiner, MPH
Project Manager

Ashley Bowen, MS, RD
Project Manager
Questions
POQC Updates

Sharon Kim, POQC
Financial Navigation

**Phase 1-Year 1**
- Connect with three practices
- Document current state of screening/referral processes for social and financial needs
- Identify gaps
- Review best practice standards

**Phase 2-Years 2 & 3**
- Document suggestions of new practice-specific processes
- Integrate new approaches into clinical workflow
- Identify quality metrics
- Measure performance/satisfaction
- Use iterative/PDCA model

[ipaf]
[MOQC]

**MOQC**

MICHIGAN ONCOLOGY QUALITY CONSORTIUM
Financial Navigation

Recruitment & Retention

Patient & Caregiver Resources
Recruitment and Retention Workgroup

2023 Recruitment Focus

Historically Marginalized Populations in Healthcare

• Race/Ethnicity Minority Status
• LGBTQIA+
  • Gender Identity
  • Sexual Orientation
• Armed Services Experience
• Disability

Underrepresented Numbers in POQC

• Cancer Type
• Partnership Status During Treatment
• Cancer Designation
  (Newly diagnosed, etc.)
• Current Age
• Diagnosis Age
Patient and Caregiver Resources

Search Engine

Resources Search Engine
Cancer has a huge impact on patients and their families, friends and other caregivers. Use this search engine to help find answers, guidance, and support.

MOQC is always working to gather and share resources that are important for anyone touched by cancer.

For help navigating this search engine, view our instructional video:

Caregiver Navigation
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.
## MOQC Gynecologic Oncology Measures

### MOQC Pathway

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>104</td>
<td>Chemotherapy intent (curative vs non-curative) documented before or within 2 weeks after administration</td>
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<tr>
<td>114</td>
<td>NK1 receptor antagonist for low or moderate emetic risk cycle 1 chemotherapy (lower score – better)</td>
</tr>
<tr>
<td>115</td>
<td>NK1 receptor antagonist and olanzapine prescribed or administered with high emetic risk chemotherapy</td>
</tr>
<tr>
<td>111</td>
<td>GCSF administered to patients who received chemotherapy for non-curative intent</td>
</tr>
<tr>
<td>126a</td>
<td>Hospice enrollment</td>
</tr>
<tr>
<td>126b</td>
<td>Enrolled in hospice for over 7 days</td>
</tr>
<tr>
<td>126c</td>
<td>Enrolled in hospice for over 30 days</td>
</tr>
<tr>
<td>127</td>
<td>Chemotherapy administered within the last 2 weeks of life</td>
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</table>

### Targeted Measures

<table>
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<tr>
<th>Measure</th>
<th>Description</th>
<th>Target</th>
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<tbody>
<tr>
<td>101b</td>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>70%</td>
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<tr>
<td>108a</td>
<td>Complete family history document for patients with invasive cancer</td>
<td>35%</td>
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<tr>
<td>123</td>
<td>Days from debulking surgery to chemotherapy</td>
<td>28 days</td>
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</table>
104: Chemotherapy Intent (Curative Vs. Non-Curative) Documented Before or Within Two Weeks After Administration

R2 2022 & R1 2023, n = 432

<table>
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<tr>
<th></th>
<th>Proportion</th>
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<tr>
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<td>18</td>
<td>62%</td>
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<td>47</td>
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115: NK1 Receptor Antagonist and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy
R2 2022 & R1 2023, n = 57

Proportion (%) of patients receiving NK1 receptor antagonists and Olanzapine:
- 0% (n=3) 18
- 0% (n=2) 46
- 0% (n=1) 47
- 12% (n=26) 13
- 35% (n=57) GYN
- 38% (n=8) 40
- 60% (n=5) 45
- 89% (n=9) 27
- 100% (n=3) 25
111: GCSF Administered to Patients who Received Chemotherapy for Non-Curative Intent (Lower-Score Better)
R2 2022 & R1 2023, n = 52
126a: Hospice Enrollment
R2 2022 & R1 2023, n = 90

Proportion (%)

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<td>47</td>
<td>100%</td>
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126b: Hospice Enrollment More than 7 Days Before Death
R2 2022 & R1 2023, n = 66
126c: Hospice Enrollment More than 30 Days Before Death*
R2 2022 & R1 2023, n = 36

*MOQCLink data only
127: Chemotherapy Administered Within the Last 2 Weeks of Life (Lower-Score Better)
R2 2022 & R1 2023, n = 89

Proportion %

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<th>10%</th>
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MSQC Gynecologic Oncology Measures
### MOQC Pathway

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<th>Target</th>
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<tr>
<td>Emergency room utilization</td>
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<tr>
<td>Readmission rates</td>
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<tr>
<td>Reoperation rates</td>
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<tr>
<td>Serious complications</td>
<td></td>
</tr>
<tr>
<td>Surgical site infections</td>
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</tr>
<tr>
<td>Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>Venous thromboembolism</td>
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</tr>
<tr>
<td>116 Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
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2024

30-day outcomes after surgery
MSQC

Cancer outcomes
MOQC
Readmission Rates
5/1/22 - 4/30/23, n = 1,402

<table>
<thead>
<tr>
<th>Surgical Approach</th>
<th>Cat / Hyscancer</th>
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<tbody>
<tr>
<td>Laparoscopic</td>
<td>1.32% n = 76</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.86% n = 70</td>
</tr>
<tr>
<td>Open</td>
<td>8.25% n = 206</td>
</tr>
<tr>
<td>Benign</td>
<td>7.98% n = 163</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.02% n = 398</td>
</tr>
<tr>
<td>Robotic</td>
<td>1.84% n = 489</td>
</tr>
<tr>
<td>Benign</td>
<td>Cancer</td>
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Reoperation Rates
5/1/22 - 4/30/23, n = 1,402

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<tr>
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<td>n = 489</td>
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## Serious Complications

**5/1/22 - 4/30/23, n = 1,402**

<table>
<thead>
<tr>
<th>Surgical Approach</th>
<th>Cat / Hyscancer</th>
<th>Laparoscopic</th>
<th>Open</th>
<th>Robotic</th>
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<tr>
<td></td>
<td>Ser. Complication Rate</td>
<td>1.32% (n = 76)</td>
<td>4.37% (n = 206)</td>
<td>2.45% (n = 163)</td>
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<tr>
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Urinary Tract Infections
5/1/22 - 4/30/23, n = 1,402

<table>
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<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>1.43% n = 489</td>
</tr>
<tr>
<td>Benign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Venous Thromboembolism

**5/1/22 - 4/30/23, n = 1,402**

<table>
<thead>
<tr>
<th>Surgical Approach Cat / Hyscancer</th>
<th>Laparoscopic</th>
<th>Open</th>
<th>Robotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous Thromboembolism %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00%</td>
<td>n = 76</td>
<td>n = 70</td>
<td></td>
</tr>
<tr>
<td>0.49%</td>
<td>n = 206</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00%</td>
<td>n = 163</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00%</td>
<td>n = 398</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.20%</td>
<td>n = 489</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Benign**
- Laparoscopic: 0.00%
- Open: 0.00%
- Robotic: 0.20%

**Cancer**
- Laparoscopic: 0.00%
- Open: 0.49%
- Robotic: 0.00%
Fee Schedule Increase Opportunities
Participation to Qualify for Fee Schedule Increases

## Points Needed: 100

<table>
<thead>
<tr>
<th>Meeting Participation</th>
<th>Points*</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologic Oncology Spring Biannual Meeting</td>
<td></td>
<td><strong>Physician Champion</strong> 25</td>
</tr>
<tr>
<td>Gynecologic Oncology Spring Biannual Meeting</td>
<td>25</td>
<td>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.</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting</td>
<td></td>
<td><strong>Administrative Champion</strong> 25</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting</td>
<td></td>
<td><strong>Physician Champion</strong> 25</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting</td>
<td>25</td>
<td>Additional participation points can only be used to complete the eligibility points requirement once every two years.</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting</td>
<td></td>
<td><strong>Administrative Champion</strong> 25</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Additional Participation</th>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MiGHT</td>
<td>40</td>
<td>Participate and actively use family health history tool</td>
</tr>
<tr>
<td>POEM</td>
<td>40</td>
<td>Participate with a POEM pharmacist</td>
</tr>
<tr>
<td>MOQC Steering Committee</td>
<td>30</td>
<td>Attend and actively participate with at least 50% of the meetings within the eligibility year</td>
</tr>
<tr>
<td>MOQC Measures Committee</td>
<td>30</td>
<td>Attend and actively participate with at least 50% of the meetings within the eligibility year</td>
</tr>
<tr>
<td>Approved MOQC Task Forces or Workgroups</td>
<td>30</td>
<td>Attend and actively participate with at least 50% of the meetings within the eligibility year</td>
</tr>
<tr>
<td>Development of educational resources</td>
<td>20</td>
<td>Examples: checklist creation workgroup, clinical trials navigation tool development, podcast expert participation</td>
</tr>
<tr>
<td>Presentation at a MOQC Biannual Meeting</td>
<td>20</td>
<td>Gynecologic oncology or medical oncology biannual meetings</td>
</tr>
<tr>
<td>Participation with MOQC newsletter</td>
<td>10</td>
<td>Practice spotlight interview, article about best practices, etc.</td>
</tr>
</tbody>
</table>
### Tobacco Cessation Opportunity

<table>
<thead>
<tr>
<th>Collaborative-Wide (with Med Onc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco cessation counseling administered or patient referred in the past year</td>
<td>70%</td>
</tr>
<tr>
<td>2% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

### VBR Measure Opportunity

<table>
<thead>
<tr>
<th>Collaborative-Wide - Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td>28 days</td>
</tr>
<tr>
<td>Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
</tr>
<tr>
<td>3% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

### Complete Family History Opportunity

<table>
<thead>
<tr>
<th>Practice - Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet VBR measures</td>
<td>2</td>
</tr>
<tr>
<td>Complete family history documented for patients with invasive cancer</td>
<td>35%</td>
</tr>
<tr>
<td>Additional 2% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

Total eligibility: up to 7%
Tobacco Cessation Opportunity
2023 Fee Schedule Increase Summary

**Tobacco Cessation Opportunity**

<table>
<thead>
<tr>
<th>Collaborative-Wide (with Med Onc)</th>
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</tbody>
</table>

**Gynecologic Oncology Target Opportunity**

<table>
<thead>
<tr>
<th>Collaborative-Wide - Meet 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td>28 days</td>
</tr>
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<td>9 pills</td>
</tr>
<tr>
<td>3% Opportunity</td>
<td></td>
</tr>
</tbody>
</table>

**Complete Family History Opportunity**

<table>
<thead>
<tr>
<th>Practice Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet VBR measures</td>
<td>2</td>
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<td>35%</td>
</tr>
<tr>
<td>Additional 2% Opportunity</td>
<td></td>
</tr>
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</table>

**Total eligibility: up to 7%**
101b: Tobacco Cessation Counseling Administered or Patient Referred in Past Year
R2 2022 & R1 2023, n = 51

Target = 70%

Proportion %:

- 0% n = 2
- 0% n = 3
- 23% n = 13
- 50% n = 6
- 50% n = 2
- 50% n = 6
- 57% n = 51
- 67% n = 1201
- 100% n = 1
- 100% n = 13
- 100% n = 4
- 100% n = 1

Numbers:

- 42
- 47
- 13
- 18
- 25
- 45
- GYN
- MOQC
- 12
- 27
- 40
- 46
Gynecologic Oncology Target Opportunity
## 2023 Fee Schedule Increase Summary

### Tobacco Cessation Opportunity

<table>
<thead>
<tr>
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### Gynecologic Oncology Target Opportunity

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<tr>
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<td>Additional 2% Opportunity</td>
</tr>
</tbody>
</table>

**Total eligibility: up to 7%**
123: Days From Debulking Surgery to Chemotherapy Start, by Practice (Lower Score - Better)
R2 2022 & R1 2023, n = 198

Target = 28 Days
Median = 34
123: Days From Debulking Surgery to Chemotherapy Start, All Practices (Lower Score - Better)
R2 2022 & R1 2023, n = 198

Median = 34
Target = 28 Days
Morphine Equivalents (Lower Score - Better)
5/1/22 - 4/30/23

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Median Prescribed OME</th>
<th>Median Consumed OME</th>
<th>Median Excess OME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic</td>
<td>45.0 (n=143)</td>
<td>7.5 (n=51)</td>
<td>15.0 (n=51)</td>
</tr>
<tr>
<td>Open</td>
<td>90.0 (n=306)</td>
<td>37.5 (n=127)</td>
<td>37.5 (n=127)</td>
</tr>
<tr>
<td>Robotic</td>
<td>71.3 (n=588)</td>
<td>20.0 (n=300)</td>
<td>37.5 (n=300)</td>
</tr>
</tbody>
</table>
Median # of Oxycodone 5mg Pills (Lower Score - Better)
1/1/21 - 4/30/23

Year Round

VBR Target = 9

Median Oxycodone 5mg Pills Prescribed

<table>
<thead>
<tr>
<th>Year</th>
<th>Median</th>
<th>2021R1</th>
<th>2021R2</th>
<th>2022R1</th>
<th>2022R2</th>
<th>2023R1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021R1</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2021R2</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2022R1</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022R2</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2023R1</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
That’s ~750 less pills for 387 patients from 2 years ago.
Complete Family History Opportunity
### Tobacco Cessation Opportunity

<table>
<thead>
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</thead>
<tbody>
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</tbody>
</table>

### Complete Family History Opportunity

<table>
<thead>
<tr>
<th>Practice Meet Both</th>
<th></th>
</tr>
</thead>
<tbody>
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<td>35%</td>
</tr>
<tr>
<td>Additional 2% Opportunity</td>
<td>Additional 2% Opportunity</td>
</tr>
</tbody>
</table>

**Total eligibility: up to 7%**
Complete family history:
1st & 2nd-degree relatives AND age at diagnosis
The State of Gynecologic Oncology In Michigan

Bridget VandenBussche, CPHRM
Anna Hoekstra, MD, MPH
Shitanshu Uppal, MD, MBA
Distribution of unique gynecologic oncology practice sites per hospital referral region in 2019

Source: Hicks-Courant et al., Gynecologic Oncology, 2021
The State of Gynecologic Oncology

- 1178 gynecologic oncologists in 2020
- 95% of counties <1 provider in 2020 (54 million at-risk women)
- 7.8 million women with no provider within 100 miles of their county
- 1.09 gynecologic oncologists per 100,000 women in urban areas
- 0.1 gynecologic oncologist per 100,000 women (P < .01) in rural areas
- Accessibility to gynecologic oncologists in rural areas was similar in 2001-2005 (2.2%) and 2016-2020 (1.7%).


The State of Gynecologic Oncology

### US GO Gender within Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Northeast</th>
<th>Midwest</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>53%</td>
<td>62%</td>
<td>52%</td>
<td>60%</td>
</tr>
<tr>
<td>Males</td>
<td>47%</td>
<td>38%</td>
<td>48%</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Gynecologic Oncologists Location of Practice

- Suburban: 11%
- Rural: 2%
- Urban: 53%
- Small/Medium Cities: 34%

### US GOs

#### Private Practice

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner - Solo practice</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Partner - Single specialty partnership or group</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>Partner - Multi-specialty partnership or group</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>Employee or &quot;junior partner&quot; of a private practice</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>NA</td>
</tr>
<tr>
<td>Overall</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>

#### Non-Private Practice

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>University or medical school</td>
<td>73%</td>
<td>54%</td>
</tr>
<tr>
<td>Private hospital</td>
<td>14%</td>
<td>NA</td>
</tr>
<tr>
<td>Multispecialty clinic (with or without direct financial ties to a hospital)</td>
<td>9%</td>
<td>27%</td>
</tr>
<tr>
<td>HMO (whether or not the HMO also runs its own hospital)</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Federal government</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>State or local government</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

SGO Survey 2020

MOQC
MICHIGAN ONCOLOGY QUALITY CONSORTIUM

moqc.org
The State of Gynecologic Oncology

SGO Survey 2020
The State of Gynecologic Oncology

US GO in the last 12 months

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Depression Screen (PRIME MD/PHQ2)</td>
<td>41%</td>
<td>38%</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Had suicidal ideation</td>
<td>13%</td>
<td>9%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Have taken medication for depression or anxiety</td>
<td>11%</td>
<td>13%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Had a panic attack</td>
<td>14%</td>
<td>14%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Felt overly stressed, overwhelmed, or life is unmanageable</td>
<td>42%</td>
<td>39%</td>
<td>51%</td>
<td>61%</td>
</tr>
<tr>
<td>Sought psychiatric help</td>
<td>9%</td>
<td>11%</td>
<td>7%</td>
<td>14%</td>
</tr>
</tbody>
</table>

SGO Survey 2020
The State of Gynecologic Oncology

Percentages of patients who did not have access to a gynecologic oncologist in 2016-2020:

- American Indian/Alaskan Native patients — 23.67%
- Hispanic patients — 9.46%
- White patients — 6.42%
- Black patients — 2.73%
- Asian/Pacific Islander patients — 1.36%


Gynecologic Oncology in MOQC

2017 → 2021

Identified 18 practices = 34 surgeons

14 practices = 31 surgeons

2 practices to be recruited = 7 surgeons

TODAY
NATIONAL TRENDS IN CANCER DEATH RATES

**MEN**
- Bones & Joints: 2.3%
- Brain & Other Nervous System: 0.4%
- Liver & Intrahepatic Bile Duct: 0.2%
- Pancreas: 0.2%
- Prostate: -0.6%
- Oral Cavity & Pharynx: -0.7%
- Soft Tissue including Heart: -0.9%
- Myeloma: -1.0%
- Esophagus: -1.2%
- Urinary Bladder: -1.5%
- Non-Melanoma: -1.9%
- Non-Hodgkin Lymphoma: -2.0%
- Colon & Rectum: -2.0%
- All Sites: -2.3%
- Leukemia: -2.3%
- Larynx: -2.5%
- Stomach: -2.5%
- Kidney & Renal Pelvis: -2.6%
- Melanoma of the Skin: -4.6%
- Lung & Bronchus: -5.4%

**WOMEN**
- Corpus & Uterus, NOS: 1.9%
- Liver & Intrahepatic Bile Duct: 0.5%
- Oral Cavity & Pharynx: 0.3%
- Pancreas: 0.2%
- Urinary Bladder: -0.6%
- Brain & Other Nervous System: -0.8%
- Cervix Uteri: -0.8%
- Soft Tissue including Heart: -0.9%
- Breast: -1.2%
- Gallbladder: -1.3%
- Esophagus: -1.5%
- Kidney and Renal Pelvis: -1.5%
- All Sites: -1.9%
- Stomach: -1.9%
- Colon & Rectum: -2.0%
- Myeloma: -2.0%
- Leukemia: -2.2%
- Non-Hodgkin Lymphoma: -2.6%
- Ovary: -3.3%
- Lung & Bronchus: -4.2%
- Melanoma of the Skin: -4.2%

**AVERAGE ANNUAL PERCENT CHANGE (AAPC) 2015-2019**

AAPC = average annual percent change

*AAPC is significantly different from zero (p<.05).

Source: Annual Report to the Nation

seer.cancer.gov
## Number of Gynecology Oncology Physicians in Michigan

<table>
<thead>
<tr>
<th>Year</th>
<th>Gyn Oncologists</th>
<th>Uterine Cancer</th>
<th>Cervix Cancer</th>
<th>Ovarian Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>33</td>
<td>1851</td>
<td>343</td>
<td>740</td>
</tr>
<tr>
<td>2017</td>
<td>35</td>
<td>2029</td>
<td>344</td>
<td>633</td>
</tr>
<tr>
<td>2023</td>
<td>31</td>
<td>2420</td>
<td>310</td>
<td>610</td>
</tr>
</tbody>
</table>

https://gis.cdc.gov/Cancer/USCS/#/Trends/
Discussion

Small Group Discussions
2-3 Recommendations

• How can we build sustainable systems?
• Where can help be identified?
• What structural materials can be developed to support?
Lunch and Conversation
# Afternoon Agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>PRESENTER</th>
</tr>
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<tbody>
<tr>
<td>12:45 pm</td>
<td>28 Days to Chemotherapy – Is It Necessary And Is It Possible?</td>
<td>Stefany Acosta-Torres, MD</td>
</tr>
<tr>
<td>1:15 pm</td>
<td>Interprofessional Development: Expanding the Reach of MOQC</td>
<td>Sharon Kim, MA</td>
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<tr>
<td></td>
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<td>Jennifer J. Griggs, MD, MPH</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>Break</td>
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<tr>
<td>2:05 pm</td>
<td>MIOCA Update</td>
<td>Megan Neubauer, AM</td>
</tr>
<tr>
<td>2:35 pm</td>
<td>MOQCLink Dashboards</td>
<td>Keli DeVries, LMSW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vanessa Aron, BA</td>
</tr>
<tr>
<td>3:05 pm</td>
<td>MOQC Updates</td>
<td>Jennifer Griggs, MD, MPH</td>
</tr>
<tr>
<td>3:20 pm</td>
<td>Closing Remarks</td>
<td>Vanessa Aron, BA</td>
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</table>
28 Days to Chemotherapy
Is It Necessary And Is It Possible?

Stefany Acosta-Torres, MD
Why should we minimize time between surgery and chemotherapy?

- Residual disease following cytoreductive surgery may have a high growth fraction making it more susceptible to chemotherapy.
- However, extended interval between surgery and chemotherapy may provide an opportunity for micrometastases to proliferate, rendering it less susceptible to chemotherapy.
How did we come to 28 days?

• In a secondary analysis of GOG 218, Tewari et al (2016) demonstrated that chemotherapy delayed beyond **21-35** days in 81 women with stage IV ovarian cancer who underwent PDS to NGR is associated with decreased survival

• Seagle et al (2017) used NCDB to demonstrate that in 45,000 women with ovarian cancer, chemotherapy delay > 35 days from surgery was associated with a 7% increased hazard of death
  – Relative hazard of death was lowest between 25 and 29 days after surgery BUT was not significantly different within the longer two-week interval from **21 to 35** days
GOG218 – Deep Dive

- GOG 218 – phase III RCT designed to determine whether the incorporation of bevacizumab to chemotherapy, and in the maintenance setting, improves PFS in women with stage III-IV ovarian cancer
- Median time from surgery to initiation of chemotherapy was 31 days in each arm
- Initiation of therapy after 25 days was associated with increased risk of death
- The microscopic residual group was most affected by lengthening time from surgery to initiation of chemotherapy
Seagle, et al – Deep Dive

Median = 31 days

58.1% experienced chemotherapy delay

Covariate-adjusted HR for death demonstrate that women who began chemotherapy 21-35 days after PDS experienced decreased HR for death compared to women who began ≥ 36 days or <21 days after PDS.
Comparing results between both studies

Tewari et al

Seagle et al
Reconsidering the desirable window for chemotherapy initiation: 21-35 days
Median of MOQC-participating sites is 31 days, but there is significant variability.

- VBR Target: 28 days

Mean: 33
Median: 31
The Corewell East road from surgery/biopsy to chemotherapy

- **Surgery or biopsy**
  - Post-operative visit
  - Discussion of pathology
  - Review of treatment options
  - Beacon plan entered
  - Chemo teach
  - Mediport ordered

- **Final pathology report**

- **Chemo team contacts infusion center registration**
  - NP or RN contacts chemo schedulers

- **Infusion center scheduler faxes auth sheet to clinic**

- **NP/RN complete and upload auth forms**

- **Insurance auth approval or denial is faxed to clinic**

- **Infusion center schedules patient for cycle 1**

- **NP/RN fax proof of auth to infusion center schedulers**

- **Cycle 1 day 1**

Time to chemotherapy is defined as the number of days between surgery and the first dose of chemotherapy.
We identified 3 hypotheses that could explain delays:

1. Pathologist tech shortage that delays pathology reports
   - Surgery or biopsy
   - Post operative visit
   - Discussion of pathology
   - Review of treatment options
   - Beacon plan entered
   - Chemo teach
   - Mediport ordered

2. Prolonged prior authorization approval process
   - Infusion center scheduler faxes auth sheet to clinic

3. Delays in scheduling due to limited capacity and lack of prioritization of oncology patients
   - Insurance auth approval or denial is faxed to clinic
   - Infusion center schedules patient for cycle 1
To evaluate our hypotheses, had staff log the duration of each step

**Inclusion Criteria**
- Neoadjuvant or adjuvant chemotherapy administered by Corewell East Gyn Onc
- Staging or primary/interval cytoreductive surgery performed by Corewell East Gyn Onc
- Confirmation of histology if biopsy prior to NACT performed at outside institution
- Recurrent cancer with > 1 year since last systemic treatment

**Exclusion Criteria**
- Did not receive surgery AND chemotherapy at Corewell Health East Gynecologic Oncology practice
- Clinical trial participant
- Locally advanced cervical cancer receiving platinum agent with radiation
- Unable to receive carboplatin or cisplatin during chemotherapy shortage
- Recurrent cancer with < 1 year since last systemic treatment
We found that our median time to chemo was 39 days, with significant delays in scheduling patients after approval.
## Clinical Summary

<table>
<thead>
<tr>
<th>Patient</th>
<th>TTC</th>
<th>Clinical Summary</th>
<th>Barrier to care</th>
</tr>
</thead>
</table>
| PL      | 127 days | 76yo with MMRd recurrent endometrioid adenocarcinoma following FIGO grade 1 stage IB EC s/p RA-TLH/BSO/SLNB and brachytherapy 2 years prior. | *Plan for EBRT to left psoas mass followed by pembrolizumab. RT completed 85 days following biopsy  
*MMR IHC unsuccessful. CARIS results demonstrating MMRd obtained 91 days following biopsy  
*Cycle 1 scheduled 85 days after inputting Pembrolizumab in EMR secondary to prolonged PA delayed by lack of MMR results |
| BS      | 85 days | 54yo with newly diagnosed high grade serous ovarian cancer with plan for NACT   | *Scheduled with GYO 25 days after biopsy obtained.  
*Required colonoscopy followed by **diverting colostomy secondary to tumor invading completely into rectum**. Performed 56 days following biopsy (31 days after initial GYO visit).  
*1 week prior to C1D1 underwent imaging **demonstrating 2.5cm breast mass**. Request from GYO provider to infusion clinic for 1 week delay to allow for biopsy and path review. Infusion center rescheduled with 2-week delay. |
| SW      | 72 days | 73yo with Stage IIIIC1 carcinosarcoma or the uterus s/p surgical staging         | *Final pathology report released 13 days after surgery  
*Insurance approval obtained 20 days following provider request  
*Cycle 1 scheduled 32 days following insurance approval due to **death of the patient’s husband** |
| FA      | 14 days | 69yo with MMRd recurrent endometrioid adenocarcinoma following FIGO grade 2 stage IA EC s/p RA-TLH/BSO/SLNB 1 year prior  | *Pathology report released 3 days following biopsy  
*Treatment plan inputted EMR 1 day following pathology report  
*No PA required  
*Chemotherapy scheduled 4 days after request made by clinic |
These social determinants of outliers is consistent with prior literature

• Seagle et al demonstrated that minority representation, older age, increased comorbidities, low socioeconomic status, public insurance, and care at a community cancer center were associated with a chemotherapy delay
The Corewell East road from surgery/biopsy to chemotherapy: How can we improve?

- **Place mediport at time of surgery**
- **Surgery or biopsy**
- **Final pathology report**
- **Post operative visit**
  - Discussion of pathology
  - Review of treatment options
- **Beacon plan entered**
- **Chemo teach**
- **Mediport ordered**

**Infusion center scheduler faxes auth sheet to clinic**

**Insurance auth approval or denial is faxed to clinic**

**Infusion center schedules patient for cycle 1**

**Reserve infusion chairs for oncology patients**

1. **Outsource pathology**
2. **Use frozen section to create preliminary treatment plan and obtain PA**

**Minimize hand off by creating workflow in which infusion schedulers OR clinic staff have capabilities to determine, complete, and submit PA**

- **Chemo team contacts infusion center registration**
  - NP or RN contacts chemo schedulers

- **NP/RN complete and upload auth forms**

- **NP/RN fax proof of auth to infusion center schedulers**

**Infusion center schedules patient for cycle 1**

**Cycle 1 day 1**

**Epic in-basket monitored daily for new pathology reports**

**Triage patients for ASAP visits**

**NP/RN complete and upload auth forms**

**NP/RN fax proof of auth to infusion center schedulers**

**Infusion center schedules patient for cycle 1**

**Cycle 1 day 1**
Automatic prior authorizations – decreasing the time between when a provider prescribes a treatment and receives confirmation from the patient’s payer regarding whether the procedure will be covered

- Humana and Epic partnered to create electronic prior authorization (ePA) using the Real-Time Benefits Check tool
- Electronic prior authorizations have the potential to speed up care delivery
- In pilot study, a third of prior authorizations took two hours or less to complete
Improving data collection

Chemotherapy Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>MRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider:</td>
<td>Clinic Site:</td>
<td>Name/APP</td>
</tr>
<tr>
<td>Disease Site:</td>
<td>Stage/Recurrence:</td>
<td>Treatment:</td>
</tr>
<tr>
<td>Date Requested</td>
<td>Date Completed</td>
<td>Task</td>
</tr>
<tr>
<td>Date of surgery/image guided biopsy/percutaneous</td>
<td>Date final pathology or cytology report released</td>
<td></td>
</tr>
<tr>
<td>Date of postoperative/post biopsy visit</td>
<td>Date endoport orders placed/procedure performed</td>
<td></td>
</tr>
<tr>
<td>Date chemotherapy orders inputted into Beacon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Date chemotherapy plan need authorization</td>
<td>Date chemotherapy prior authorization form received from CTC</td>
<td></td>
</tr>
<tr>
<td>Date chemotherapy prior authorization completed and uploaded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date chemotherapy approved by insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date insurance approval faxed to CTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment date for CTC for Chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of chemotherapy teach appointment with NR/RN</td>
<td></td>
<td></td>
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<tr>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Prescriptions sent to patient’s preferred pharmacy</td>
<td>Patient informed of chemotherapy appointment</td>
<td></td>
</tr>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Physician pre-chemo visit scheduled for cycle 2</td>
<td>Standing labs ordered in Epic</td>
<td></td>
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<tr>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Lab results verified for cycle 1</td>
<td>Data somatic or germline testing requested/Data performed</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Questions?
Interprofessional Development: Expanding the Reach of MOQC

Sharon Kim, POQC
Jennifer Griggs, MD, MPH
Introduction

MOQC Regional Meetings

Resources & education for non-physician members of MOQC practices

Steering Committee

Equity Taskforce
What would it make possible?

The “Why”

- Fills a need for education across team members
- Taps into the expertise of multiple team members
- Creates an understanding of quality improvement
- Provides a better understanding of the needs of patients and families
- Increases engagement, fulfillment, and satisfaction of staff
- Gives more people the opportunity to contribute to the work of MOQC
What else would it make possible?

The “Why”

- May decrease staff turnover
- May improve relationships & increase collaboration in practices
- May improve the patient & caregiver experience
- May enhance alignment of team members around goals of care and purpose of treatment
Request for today

The “What”

Brainstorming about
• what opportunities we can offer
• to whom
Development Example
VitalTalk Application

VitalTalk introduced during June biannual meeting

Two training options offered:
- Navigating Serious Conversations/NSC (3 modules, videos, self-paced)
- Mastering Tough Conversations/MTC (scheduled, two four-hour sessions, live virtual instruction)

Application open June 26 – July 21, 2023

21 total (complete) applications received:
- 11 NSC
- 10 MTC
VitalTalk Application

Next steps:

- Follow up with unregistered participants – continuous
- Reach out upon completion – timeline varies
- Collect testimonials – by Feb 29, 2024
- Communicate to BCBSM
- Share with practices
Discussion

• What roles could be included in IPD?
• What topics could be covered?
• What could go wrong?
Implementation Interest

https://umich.qualtrics.com/jfe/form/SV_cw3SfcijlEZQRaC
Break
MIOCA Updates

Megan Neubauer, AM
MIOCA & MOQC
SERVING THE OVARIAN CANCER COMMUNITY

MIOCA

Providing resources, connections and support for Michigan patients and their families.

Working to increase awareness and collaborate to ensure positive movement in the field.

MOQC

Serving providers across the state to increase the quality of care.

Creating resources to support patients throughout treatment and survivorship.

Together serving patients and providers to work toward better outcomes for Michiganders with ovarian cancer.
MIOCA PROVIDES

SUPPORT
Those diagnosed ovarian cancer as well as their friends, family members and caregivers

PROGRAMING & EVENTS
To educate and connect those affected by ovarian cancer and raise awareness statewide

RESEARCH
By investing in Michigan’s scientific community focused on innovative ovarian cancer studies
Patient and Caregiver Support

- Monthly Caregiver Group
- General Survivor Groups
- Younger Survivor Group
- Welcoming New Members Throughout the Year
- Open to Collaboration and Connection of Groups
Upcoming Highlights

Clinical Trials

FACCTS - Facts About Cancer Clinical Trials Program with Karmanos

October 16, 6:00 pm at Gilda’s Club @ Durfee and available virtually

Research

Ovarian Cancer Research Symposium

October 10 at Wayne State University, virtual registration still available

Educational Packet and Materials

Updated and translated tote request cards and awareness materials will be available from our office.
2024 OPPORTUNITIES

SURVIVOR SEMINAR
A day of programming focused on survivorship and connection

EDUCATIONAL SERIES
In person and virtual programs for survivors and caregivers
THANK YOU!

MEGAN NEUBAUER
MEGANNEUBAUER@MIOCA.ORG
734-800-6144
MIOCA/MOQC Survey

https://umich.qualtrics.com/jfe/form/SV_eexmelYimaiDdNs
MOQCLink Dashboards

Keli DeVries, LMSW
Vanessa Aron, BA
MOQCLink & Reports Timeline

- VBR dates
- Gyn Onc meeting dates
Dashboard Access

Usernames and passwords

• Post-Biannual emails
• Physician Champion/Administrative Champion
• Additional access can be requested
Dashboard Reports

Feedback
Live Demo
MOQC Updates

Jennifer Griggs, MD, MPH
MOQC Updates

Jennifer Griggs, MD, MPH

- Strategic Objectives, 2024 - 2025
- Opportunities for Collaboration
- Equity Work across MOQC
- MOQC Certification
Strategic Objectives, 2024 - 2025

Maximize value

Center Equity

Foster professional development
Equity Task Force Members

• Hadeel Assad
• Lydia Benitez Colon
• Tracey Cargill-Smith
• Michael Dudley
• Suzanne Fadly
• Cindy Fenimore
• Beth Fisher-Polasky
• Zachary Hector-Word

• Yelena Kier
• Sharon Kim
• Geetika Kukreja
• Beth Sieloff
• Diane Smith
• Elena Stoffel
• Shannon Wills
Steering Committee Members

- Aimee Ryan
- Ammar Sukari
- Beth Sieloff
- Colleen Schwartz
- Cynthia Koch
- Dawn Severson
- Diana Kostoff
- Diane Drago

- Mike Harrison
- Heather Spotts
- Kate Schumaker
- Kathy LaRaia
- Kevin Brader
- Michele Lore
- Mike Stellini

- Nick Erikson
- Padma Venuturmilli
- Shannon Wills
- Sherry Levandowki
- Tim Cox
- Tom Gribbin
- Tracey Cargill-Smith
Measures Committee Members

- John Bartnik
- Kathleen Beekman
- Tracey Cargill-Smith
- Diane Drago
- Llewellyn Drong
- Michael Harrison
- Sharon Kim
- Diana Kostoff
- Kathy LaRaia
- Colleen Schwartz
- Jerome Seid
- Dawn Severson
- Ammar Sukari
- Padmaja Venuturumilli
- Shannon Wills
- Laura Winningham
- Taylor Wofford
MOQC Certification

12% VBR
MOQC Certification Task Force

- Taylor Taylor
- Gordan Srkalovic
- Tracey Cargill-Smith
- Stephanie Ackerman
- Irene Turkewycz
- Patrice Tims
- Megan Beaudrie
- Renae Vaughn
- Rebecca Gallegos
- Tanya Rowerdink
- Andrew Porter
- Cindy Michelin
- Stephanie Kretz
- Diane Drago

Certification Proposal
September 2023
## MOQC Certification Measures

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>MOQC Pathway Measure</th>
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<tr>
<td>101b</td>
<td>Tobacco cessation counseling administered, or patient referred in past year</td>
</tr>
<tr>
<td>111</td>
<td>GCSF administered to patients who received chemotherapy for non-curative intent (lower score – better)</td>
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<td>NK1RA &amp; olanzapine for high emetic risk chemotherapy</td>
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</table>

New measures indicated in bold
Resources Overview and Closing

Vanessa Aron, BA
Friday, January 19, 2024
Virtual

Centering Equity in Cancer Care

Keynote Speaker: Karen Winkfield, MD, PhD
Professor of Radiation Oncology
Ingram Professor of Cancer Research
Executive Director, Meharry-Vanderbilt Alliance
Dr. Brittany Davidson
Duke Health
Friday, May 3, 2024
10:00am - 4:00pm
The Inn at St. John’s
Plymouth, MI
Practice and Patient/Caregiver Spotlights

Please email:
moqc@moqc.org
Site Visits

• Schedule a site visit with MOQC
  – Review practice performance
  – Celebrate successes
  – Brainstorm ideas for performance improvement on specific measures
  – Review resources available

• In-person and virtual options are available
MOQC Resources

• MOQC has a variety of free resources for your patients, caregivers, and clinicians

• Virtual and printed formats available

www.moqc.org
MOQC Resources
We would love to meet with your staff!

www.ovariancancerpodcast.com
## Continuing Education Credits

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician/Nurse</td>
<td>5.0</td>
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</table>
Steps to create a MiCME Account:
1. Go to https://ww2.highmarksce.com/micme/
2. Click the “Create a MiCME Account” tile at the bottom of the screen
3. Under New User? click “Create a MiCME Account”
4. Enter the Profile Information questions, confirm consent, and click “Create a MiCME Account”
5. Enter your password and complete your profile. Your MiCME account is created, and you can now claim continuing education credits

Steps to Claim Credits and Print a Transcript
1. Once your MiCME account has been created, navigate to your Dashboard
2. Click on Claim Credits and View Certificates
3. Locate ‘MOQC Gynecology Oncology Fall 2023 Meeting’ in the Activities Available for Credit Claiming section
4. Under Action, click on Claim. Add Credit.
5. Enter the number of credits you are claiming and the “I Attest” button.
6. Complete the evaluation.
7. Click the Submit button.
8. Scroll down to the Awarded Credits section to view or print your certificate and/or comprehensive University of Michigan CME transcript.

If you have any difficulties, email moqc@moqc.org
We will be happy to assist you!
Thank You