

MIOCA and MOQC Updates

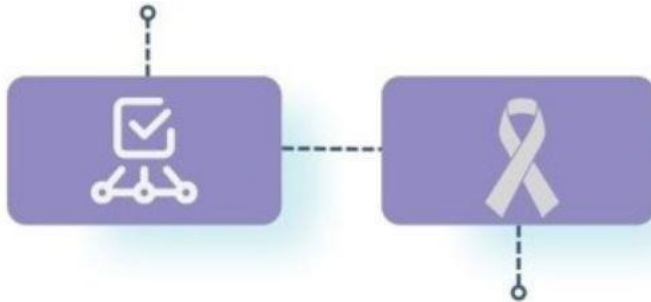
MIOCA & MOQC

SERVING THE OVARIAN CANCER COMMUNITY

MIOCA

MOQC

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

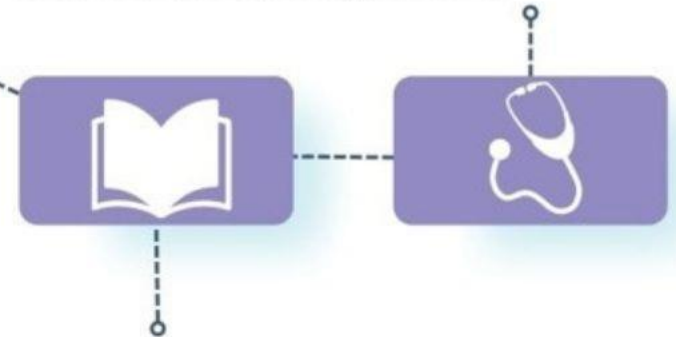


Working to increase awareness and collaborate to ensure positive movement in the field.



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

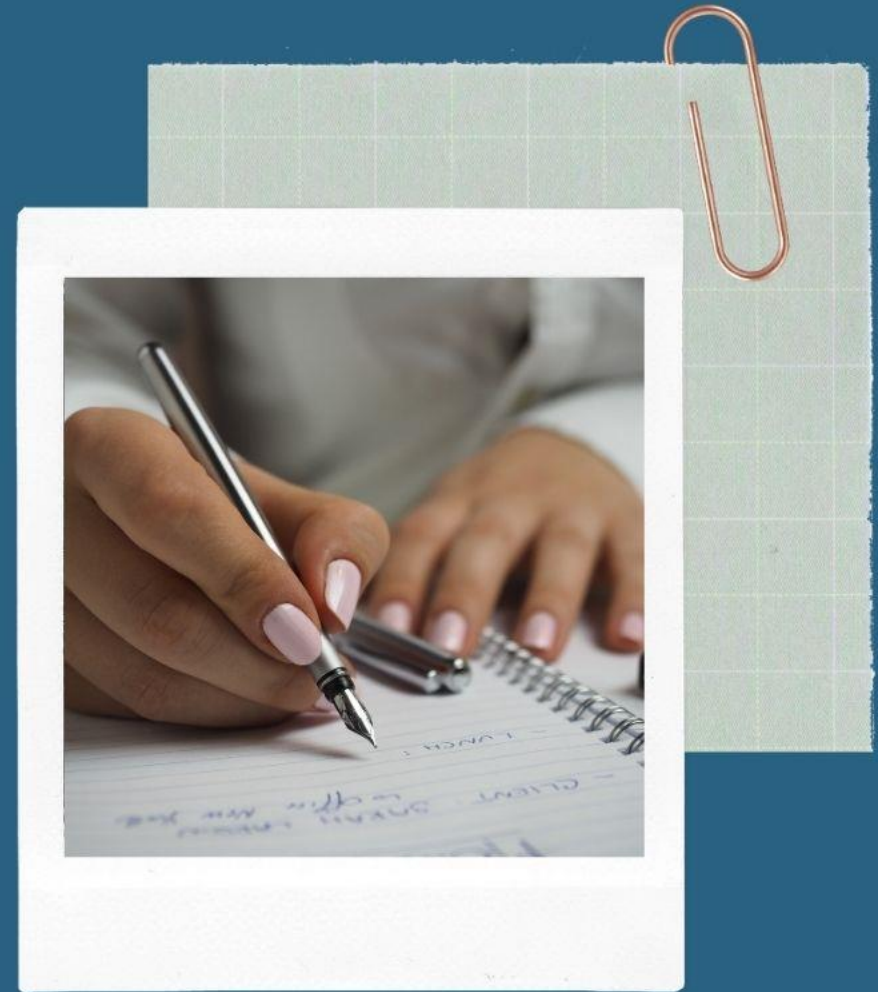
Serving providers across the state to increase the quality of care.



Creating resources to support patients throughout treatment and survivorship.

PRESENTATION OVERVIEW

October 2022 Biannual Meeting
Poll Results





**FINANCIAL
NAVIGATION**

**EDUCATIONAL
PACKETS**

**EDUCATIONAL
SESSIONS**

**CAREGIVER
SUPPORT**

**PATIENT
AND
CAREGIVERS
IN
RESEARCH**

**CLINICAL
TRIALS
AWARENESS**

**GRANT
OPPORTUNITIES**

FINANCIAL NAVIGATION

MOQC Patient and Caregiver Workgroup

Financial Navigation

Tracey Cargill-Smith, POQC

- Development of Financial Navigation Program
- Shared with BCBS
- Partnership with PAF
- Development of resources



EDUCATIONAL PACKETS

- MIOCA Totes
- MOQC-added resources
- Can be ordered by individual patients
- Development of new materials to address gaps

[Click Here to Order](#)



CAREGIVER SUPPORT

MIOCA

Caregiver Support Groups
Last Tuesday of the Month

MOQC

Patient and Caregiver Search Engine
[Cancerhelp.moqc.org](https://cancerhelp.moqc.org)





Patients/Caregivers in Research

CLINICAL TRIALS AWARENESS

OPPORTUNITY FOR IMPACT

**WORKGROUP TO DEVELOP
CLINICAL TRIALS
NAVIGATION TOOL**



MIOCA UPDATES

COMMUNITY RESOURCES & UPCOMING EVENTS

- Research Symposium, Wayne State University
- Time to Teal, May 14th
- Awareness Concert, Flint
- Gynecologic Cancer Event with The Disability Network, May 31st
- Tie Michigan Teal, September
- Research Grants to be announced



Thank you!



MOQCLink Update

Keli DeVries, LMSW



MOQCLink Data Reporting

Keli DeVries, on behalf of
Arbor Research Collaborative for Health

Arbor Research Team supporting MOQC



David Dickinson



Shannon Li



Sonia John



Shengqian Li



Michael Lipham



Brandon Rogers



Brian Bieber



THE CHILDHOOD LIVER DISEASE RESEARCH NETWORK



Cure Glomerulonephropathy Network



DIALYSIS OUTCOMES AND
PRACTICE PATTERNS STUDY



Nephrotic Syndrome Study Network



Pancreatic Cancer Early Detection Consortium



Adult to Adult
Living Donor Liver
Transplantation
Cohort Study



Renal and Lung Living
Donors Evaluation Study



MICHIGAN EMERGENCY DEPARTMENT
IMPROVEMENT COLLABORATIVE



Symptoms of Lower Urinary Tract
Dysfunction Research Network

MOQCLink - Login

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

MOQCLink Secure Site

Welcome to MOQCLink

 Username

 Password

☐ I agree to the [Terms of Use](#)

[Forgot your password or username?](#)

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Version: 8039 tags 4.4.4 moqc

MOQC
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

MOQCLink Secure Site

You have access to multiple facilities, please select a facility. You may change the facility later without re-authenticating.

1 -- Ascension Providence Hospital

1 -- Ascension Providence Hospital
2 -- Ascension St. John's Hospital
2001 -- Test Facility 2001

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Version: 8039 tags 4.4.4 moqc

- Single login per person
- Access all “authorized sites”

Building the Chart Roster

Chart Details

2

Last Name

3

MRN

4

Site

x

5

Managing/Treating Physician

x

6

Diagnosis Code(ICD-10)

x

7

Round Number

R12023

8

Chart Criteria Window Start Date

12012021

MMDDYYYY

Chart Criteria Window End Date

03312023

MMDDYYYY

10

Cohort

☐ GYNONC

☐ MEDONC







| Round Number | Chart abstraction date range | Chart criteria window |
|--------------|--------------------------------|-------------------------|
| R12022 | Jan 1 2022- June 30 2022 | 12/01/2020 - 03/31/2022 |
| R22022 | July 1 2022 - December 31 2022 | 06/01/2021 - 09/30/2022 |
| R12023 | Jan 1 2023- June 30 2023 | 12/01/2021 - 03/31/2023 |
| R22023 | July 1 2023 - December 31 2023 | 06/01/2022 - 09/30/2023 |

- Round
based on chart abstraction date
- Visit date valid range
based on round
- Cohort (GynOnc vs MedOnc)
based on Dx code

Future: import of chart abstraction lists per site

Chart Abstraction Grid

- PII Encrypted
- Delete/edit links
- Filter/search
- Sort (default to newest)
- Print/Export

| <div>    <div>Show Archives <input type="checkbox"/> OFF</div> </div> | | | | | | | | | | | | | | |
|--|---------------|--------------|---|--------------|-------------|--------------------|-------------------|------------------------|------------|--------------|-------------|---------------|-------------|--------|
| Edit | Chart ID | Round Number | Diagnosis Code | Site Name | MRN | Patient First Name | Patient Last Name | Chart Abstraction Form | Created By | Created Date | Modified By | Modified Date | Status | Delete |
|  | OVA-30000-184 | R12023 | C56.2 Malignant neoplasm of left ovary | Test site #2 | | | | Edit | KDeVries | 04/21/2023 | KDeVries | 04/21/2023 | In Progress | × |
|  | END-30000-174 | R22022 | C54.1 Malignant neoplasm of endometriur | Test site #2 | GYdIsiXU... | gmf+pQR4.. | YnJ4VfUd... | Edit | KKolizeras | 12/14/2022 | KKolizeras | 12/14/2022 | Submitted | × |
|  | OVA-30000-173 | R22022 | C56.2 Malignant neoplasm of left | Test site #2 | oS64axhq... | gmf+pQR4.. | Wcxdh8+X.. | Edit | KKolizeras | 12/14/2022 | cmichalek | 12/15/2022 | Submitted | × |

- Progress indicators
- Page/section navigator
- Detailed instructions (i)
- Display calculations
 - e.g., BMI, BSA, Age

Chart Abstraction Navigation

ChartID:
OVA-
30000-185

Facility 2

MOQC

Chart
Abstraction

Page 1 of
11

Entire form progress



Reference Date: 04/26/2023

Cohort : GYNONC

[Print](#)

1 Date of Diagnosis



07 23 2022
MM DD YYYY



Current Page Progress

38%

Page Validation
Issues:

- 4: Pathology repor...
- 6: Date of Birth

2 Report confirming invasive malignancy



- ☒ Yes, both cytology & Pathology / hemato-pathology report
- ☐ Yes, Pathology / hemato-pathology report
- ☐ Yes, Cytology report



3 Cytology Report Date



07 23 2022
MM DD YYYY



4 Pathology report Date



MM DD YYYY



[B - Chart Profile](#)

[C - Practice Encounter](#)

[D - Patient
Characteristics](#)

[E - Tumor Staging](#)

Data Quality and Suppression

4 Pathology report Date 07 23 1898 MM DD YYYY !

• Pathology report date cannot be prior to date of diagnosis

☐ Confirm value as entered

5 Gender Non-Binary ✓

6 Date of Birth 04 22 2018 MM DD YYYY !

• Age at diagnosis must be greater than or equals to 18

7 Age at diagnosis 4

10 Date of first office visit to this practice MM DD YYYY

11 Date of most recent office visit to this practice MM DD YYYY

Current Page Progress

38%

Page Validation Issues:

- 1: Date of Diagnos...
- 4: Pathology repor...
- 6: Date of Birth

[B - Chart Profile](#)

[C - Practice Encounter](#)

10 Report confirming invasive malignancy ✓

☐ Yes, both cytology & Pathology / hemato-pathology report

☐ Yes, Pathology / hemato-pathology report

☒ Yes, Cytology report

11 Cytology Report Date MM DD YYYY !

12 Pathology report Date MM DD YYYY ✓

Continue

- Date validations
- Range Checks
- Cross checks
- Hard stop (error) and Soft stop (warning/request to confirm)
- Suppress unnecessary fields

When possible, identify errors in real time while chart is open

Tumor Stage

F - Tumor Staging

Cohort : MEDONC

6

AJCC Stage

☐ I
☐ II
☐ III
☐ IV
☐ AJCC Stage not documented, Patient noted to have distant metastatic disease at diagnosis
☐ AJCC Stage NOT documented

7

AJCC T

☐ T0
☐ T1
☐ T2
☐ T3
☐ T4
☐ TX
☐ Not documented

8

AJCC N

☐ N0
☐ N1
☐ N2
☐ N3
☐ N4
☐ NX
☐ Not documented

9

AJCC M

☐ M0
☐ M1
☐ MX
☐ Not documented

Cohort : GYNONC

1

Is FIGO staging documented?

☐ FIGO stage not documented; Patient noted to have distant metastatic disease at diagnosis
☐ FIGO stage NOT documented
☒ FIGO stage documented

2

FIGO Stage Group

IA

IA1

IA2

IIA

IIA1

IIA2

IIIA

IIIA1

IIIA1(i)

IIIA1(ii)

10

Tumor Grade

1

Is FIGO staging documented?

☐ FIGO stage not documented; Patient noted to have distant metastatic disease at diagnosis
☒ FIGO stage NOT documented
☐ FIGO stage documented

3

AJCC T

(Select) ▼

4

AJCC N

☐ N0
☐ N1
☐ NX
☐ Not documented

5

AJCC M

☐ M0
☐ M1
☐ MX
☐ Not documented

10

Tumor Grade

GX: Cannot be evaluated ▼

- Staging options specific to GynOnc or MedOnc
- Suppression logic limits combination options

Race/Ethnicity Family History

1 Race (choose all that apply)

☐ White

☐ Black or African American

☐ Asian

☐ Asian Indian

☐ Bangladeshi

☐ Chinese

☐ Taiwanese

☐ Filipino

☐ Hmong

☐ Indonesian

☐ Japanese

☐ Korean

☐ Laotian

☐ Malaysian

☐ Okinawan

☐ Pakistani

☐ Sri Lankan

☐ Thai

☐ Vietnamese

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

☐ Not reported

2 Ethnicity

(Select)

(Select)

ChartID:
OVA-
30000-185

Facility 2

MOQC

Chart
Abstraction

Page 8 of
11

Entire form progress

7%

Cohort : GYNONC

- 1 CA Diagnosis in all 1st Degree Relatives Documented
- ☐ Yes
- ☐ No
- ☐ Documentation that family history is unobtainable
- 2 CA Diagnosis in all 2nd Degree Relatives Documented
- ☐ Yes
- ☐ No
- ☐ Documentation that family history is unobtainable
- 3 Age of Diagnosis Documented
- ☐ Yes
- ☐ No
- ☐ No blood relatives noted with cancer
- ☐ Requested but unknown by family

Drug Therapy and Chemo Treatment Plan

Cohort : GYNONC

- 1 Treatment provided on clinical trial protocol
- ☐ Patient received treatment on a clinical trial during initial treatment course
- ☐ Patient HAS NOT received treatment on a clinical trial during initial treatment course
- ☐ Unknown

- 5 Chemotherapy administered during initial treatment course
- ☐ Chemotherapy administered
- ☐ Chemotherapy NOT administered
- ☐ Unknown

- 6 Date Chemotherapy Started
-
- MM DD YYYY

- 7 Patient received IV Chemotherapy during Cycle 1 of Initial Chemotherapy Treatment
- ☐ No
- ☐ Yes
- ☐ Unknown

- 9 Start Date IV Chemotherapy during Cycle 1 of Initial Chemotherapy Treatment
-
- Unknown ☐

Cohort : GYNONC

- 1 Oral Chemotherapy Treatment Adherence Assessed
- ☐ Notation, patient did NOT adhere to oral chemotherapy regimen
- ☐ Notation, patient did adhere to oral Chemotherapy regimen
- ☐ No visit/contact following prescription
- ☐ Medication Adherence NOT documented

- 2 Plan to Address Adherence Documented
- ☐ No
- ☐ Yes

Roles and Information Access

| | Create, Edit, Delete Charts | Add, Edit, Delete MOQCLink Users | View Charts | (Reports) View calculated measures, with patient detail | (Reports) View calculated measures, aggregated to provider/site |
|---------------------|--------------------------------|---|-------------|--|--|
| Abstractors | Yes | | | Yes (for <u>their</u> practices) | Yes (other practice names blinded) |
| Practice Managers | | | Yes | Yes (for <u>their</u> practices) | Yes (other practice names blinded) |
| Physicians | (no Link Access) | | | Yes (for <u>their</u> cases) | Yes (blinded of other practices & physicians) |
| Physician Champions | (no Link Access) | | | Yes (for <u>their</u> practices) | Yes (other practice names blinded) |

2022 Round 2:

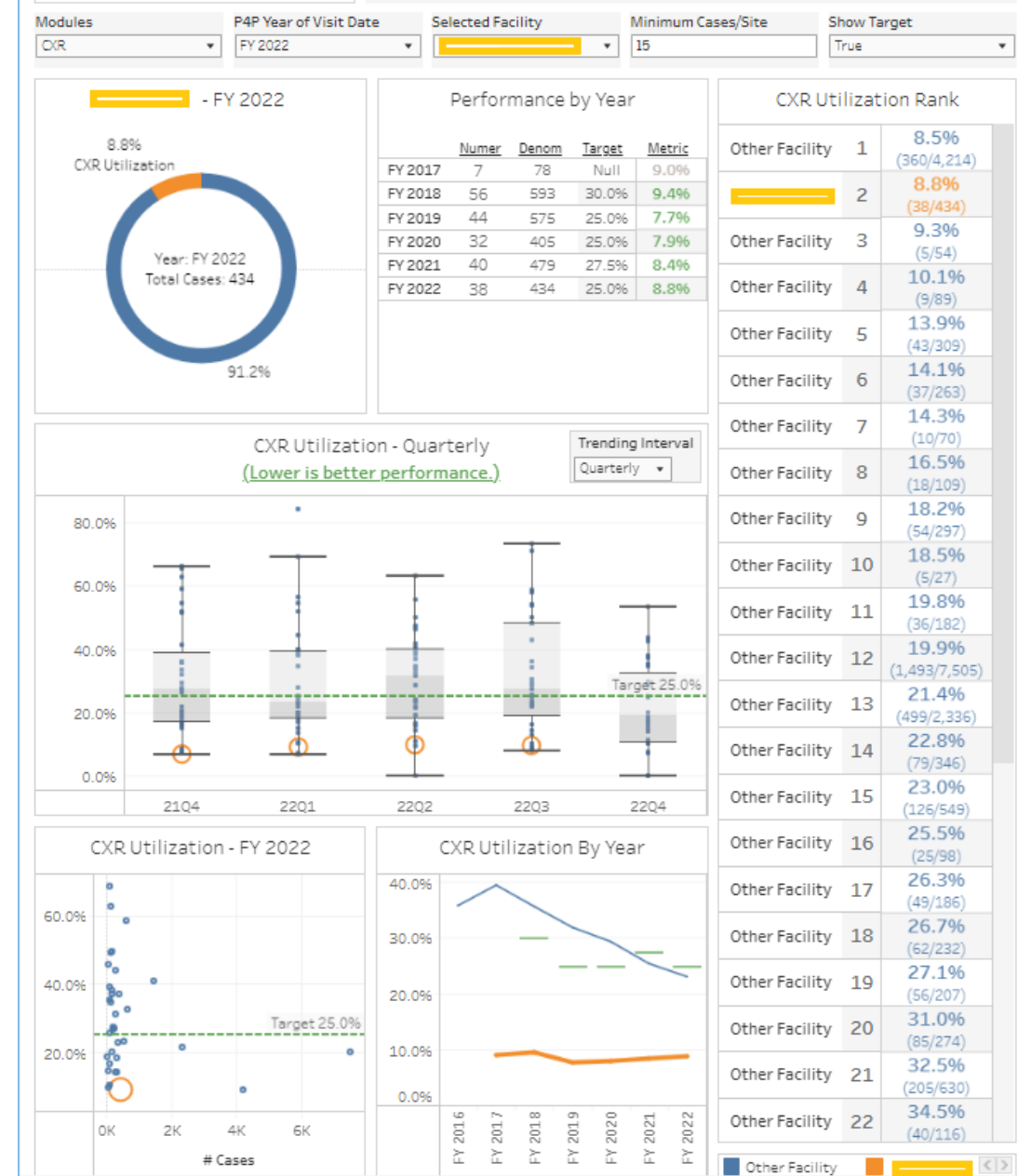
Our first MOQCLink Abstraction!

- Chart abstractions: 164
- Practices: 3 (2 med onc, 1 gyn onc – Beaumont)
- Abstractors: 8
- Total data fields: 14,730

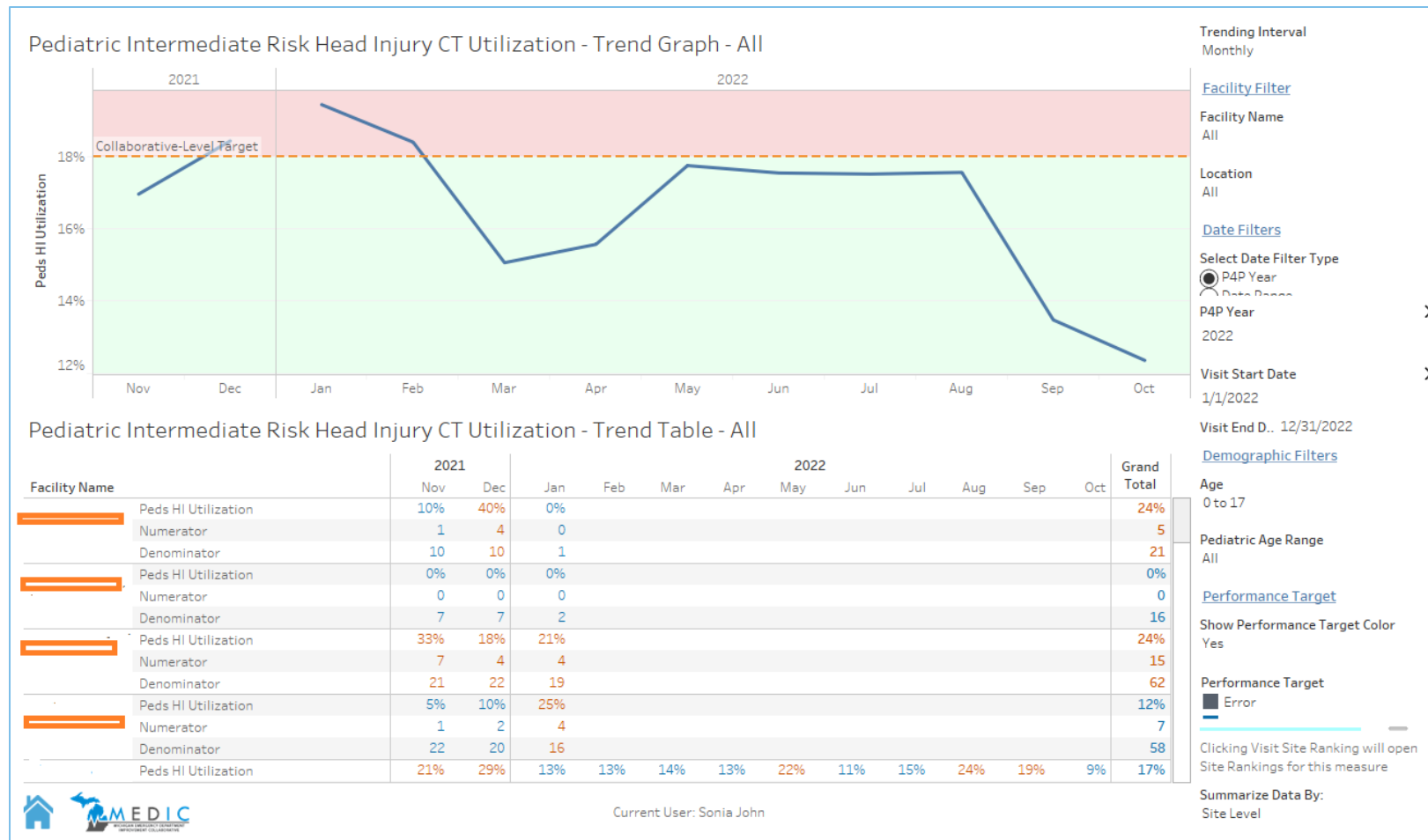
| PracticeName | Ncharts | NAbstractor | Approx nFields |
|--|---------|-------------|-------------------|
| Beaumont Health Gyn Onc | 111 | 6 | 9,970 |
| Oncology Hematology Associates of Saginaw Valley | 4 | 3 | 359 |
| Sparrow Health System | 49 | 1 | 4401 |

Tableau Reporting

- Abstraction progress
- Calculation of measure performance
- Track how the consortium is reaching measures, over time; also by
 - Provider/site
 - Physician
- Permissions reflect appropriate access, aggregation, deidentification based on role



Trends over time; Aggregate Consortium or Provider



MOQC Tableau

- Reports being revised and updated now
- As data aggregates, more possibilities...
- Abstraction progress by practice, abstractor
- Individual listings available to abstractors



Cancer care. Patients first.
The best care. Everywhere.

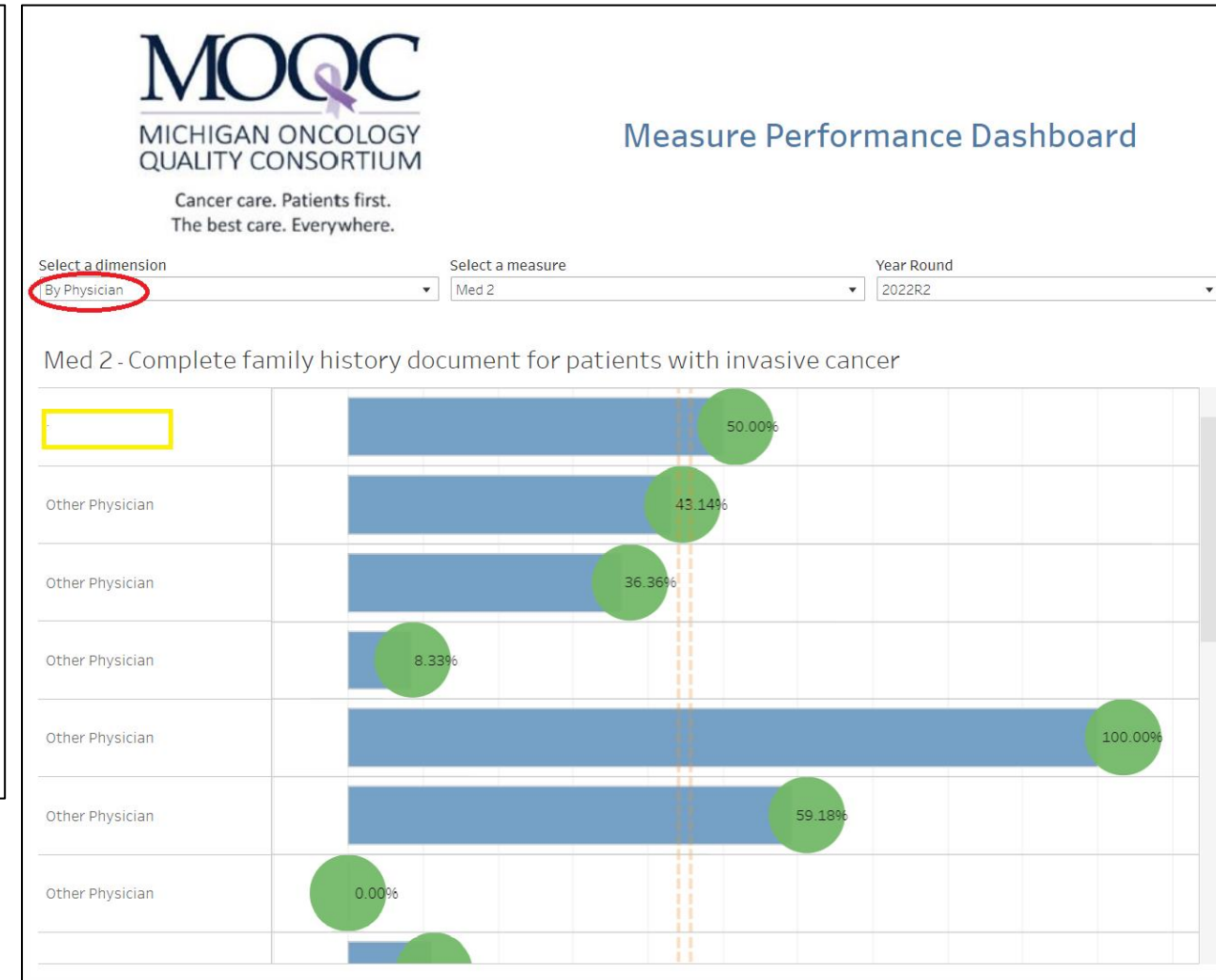
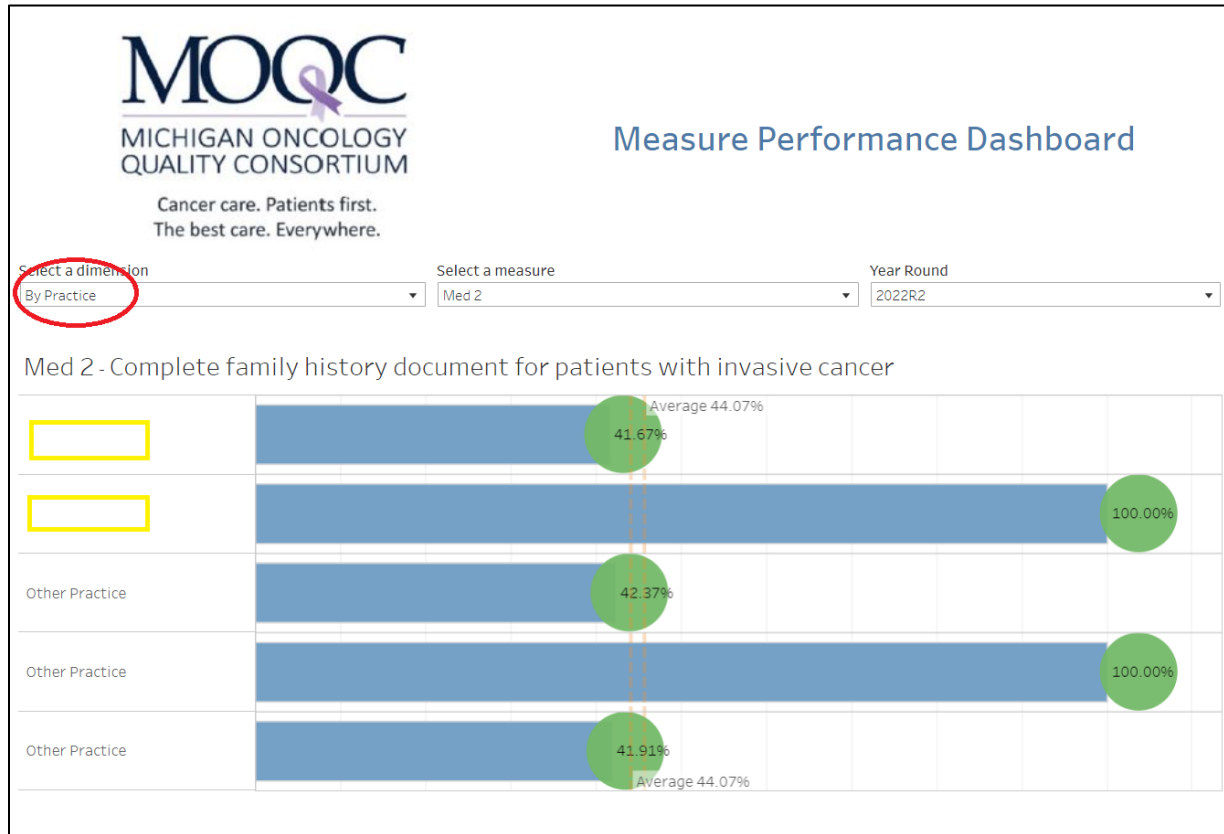
Chart Abstraction Report

| Practice Name | Year Round | AbstractorName |
|---------------|------------|----------------|
| (All) | 2022R2 | (All) |

| Abstraction Progress | | Chart Status | |
|--|--------------|--------------|-------------|
| Practice Name | Abstractor.. | Completed | Not Started |
| Beaumont Health Gyn Onc | hrombach | 38 | 5 |
| | swinsted | 32 | 4 |
| | kleanthk | 10 | 3 |
| | epotka | 3 | 1 |
| | debturane | 14 | 1 |
| | hebehrin | 18 | |
| Bronson Cancer Center | cmichale | 1 | 1 |
| Munson Otsego Memorial | kelihd | | 1 |
| Oncology Hematology Associates of Saginaw Valley | epotka | 12 | 7 |
| | Debturane | 23 | 3 |
| | cmichale | 26 | 3 |
| | swinsted | 22 | 2 |
| | hrombach | 10 | 2 |
| | kleanthk | 23 | 1 |
| | hebehrin | 16 | |
| | cschwartz50 | 22 | |
| Rogel Cancer Center | swinsted | 6 | 9 |
| | kleanthk | 1 | 1 |
| | epotka | 1 | |
| | cmichale | 2 | |
| Sparrow Health System | kleanthk | 49 | 3 |

| Practice Na.. | Abstractor.. | Physician | Chart ID | Ethnicity | Gender |
|-------------------------|--------------|-----------|-------------|-----------|--------|
| Beaumont Health Gyn Onc | debturane | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | OVA-30000.. | 1 | |
| | | | OVA-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | epotka | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | hebehrin | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |
| | | | END-30000.. | 1 | |

Performance Measure Calculations by Practice, Physician (drill-in available for own data)



Measure Performance Over Time Heat Map

Select a dimension

By Practice

Select a measure

Med 2


Med 2 Rate

| | 2020R2 | 2021R1 | 2021R2 | 2022R | 2022R2 |
|--|--------|--------|--------|--------|---------|
| | | | | | 41.67% |
| | | | | | 100.00% |
| | 31.20% | 38.13% | 51.61% | | |
| | | | | 50.00% | 42.37% |
| | 32.44% | 23.81% | 21.61% | | 100.00% |
| | | | | | 41.91% |
| | 42.75% | 17.19% | 4.38% | | |

Denominator

| | 2021R1 | 2021R2 | 2022R | 2022R2 |
|--|--------|--------|-------|--------|
| | | | | 36 |
| | | | | 1 |
| | 257 | 279 | | |
| | | | 2 | 118 |
| | 273 | 310 | | 9 |
| | | | | 136 |
| | 221 | 274 | | |

Views Across Multiple Measures (visual dashboards to come)



MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

Cancer care. Patients first.
The best care. Everywhere.

Measure Performance - All

Select a dimension

By Practice

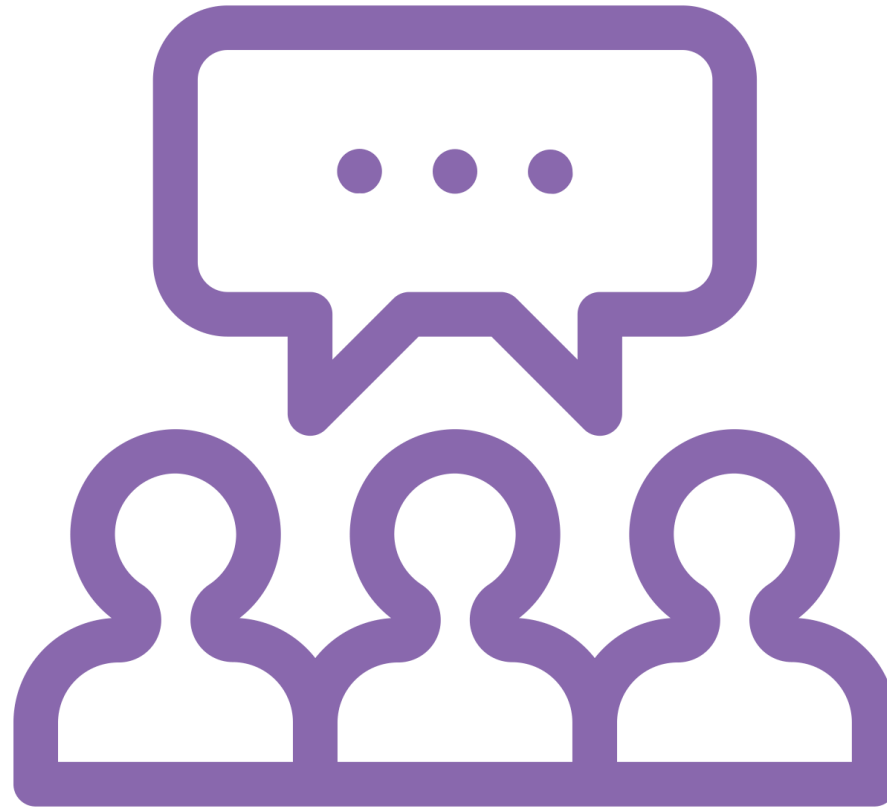
Year Round

2022R2

All Measures

| | | | Other Practice | Other Practice | Other Practice | Other Prac |
|--------------|---------|---------|----------------|----------------|----------------|------------|
| Core10Rate | 97.22% | 100.00% | | 82.98% | 100.00% | 100.0 |
| Core10Num.. | 35 | 1 | | 39 | 12 | |
| Core10Den.. | 36 | 1 | 0 | 47 | 12 | |
| Core13Oc6.. | 0.00% | | | 0.00% | 100.00% | 50.0 |
| Core13oc6.. | 0 | | | 0 | 5 | |
| Core13oc6.. | 1 | 0 | 0 | 4 | 5 | |
| Core13oc6a.. | 0.00% | | | 0.00% | 100.00% | 50.0 |
| Core13oc6a.. | 0 | | | 0 | 5 | |
| Core13oc6a.. | 1 | 0 | 0 | 4 | 5 | |
| Core22bbR.. | 0.00% | 0.00% | | 92.86% | 83.33% | 86.6 |
| Demograph.. | 87.04% | 50.00% | 0.00% | 88.89% | 84.21% | 97.2 |
| EOL42Rate | | | | 27.63% | | 60.0 |
| EOL45inver.. | | | | 47.62% | | 100.0 |
| EOL48Rate | | | | 8.57% | | 0.0 |
| GynOnc1Ra.. | 44.43 | | | 41.00 | | 51 |
| GynOnc2Ra.. | 73.68% | | 0.00% | 33.33% | 0.00% | 71.4 |
| GynOnc90g.. | 93.75% | | | 50.00% | | 92.3 |
| Hospice30R.. | | | | | | |
| Med2Rate | 29.63% | 50.00% | 0.00% | 37.97% | 52.63% | 39.7 |
| Med3Rate | | | | | | |
| Symptom2.. | 100.00% | 100.00% | | 88.89% | 100.00% | 100.0 |

Q&A



MOQC Certification

Jennifer Griggs, MD, MPH



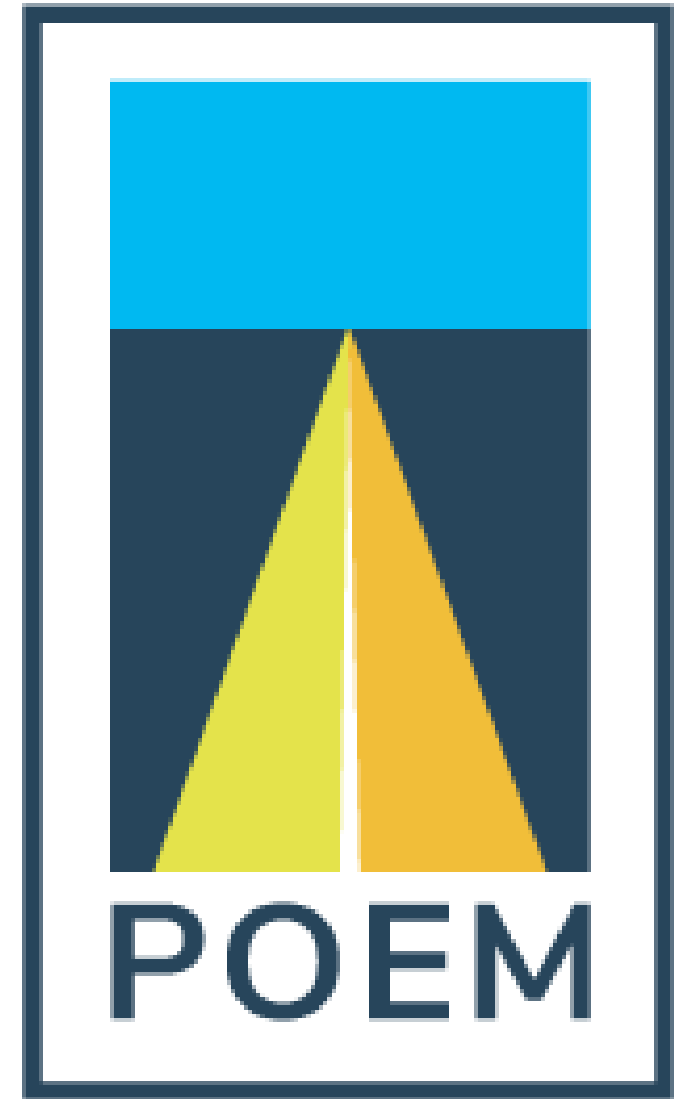
POEM Opportunity

Vanessa Aron, BA

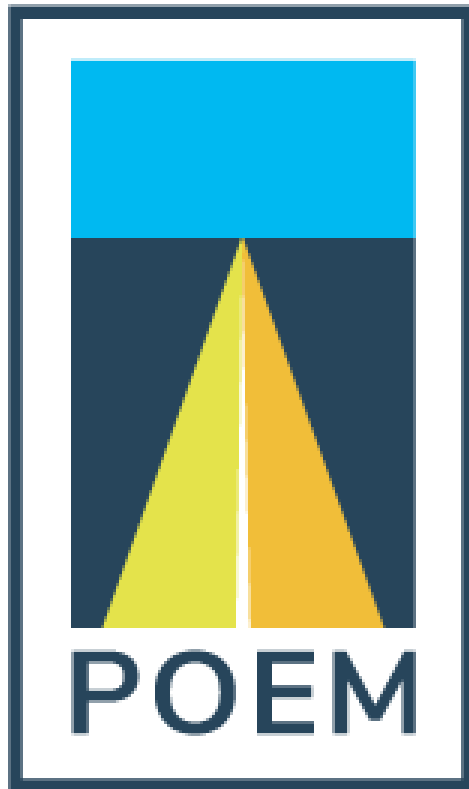
Colton Zwart, PharmD, BCOP



Pharmacists Optimizing Oncology Care Excellence in Michigan



<https://moqc.org/initiatives/clinical/poem/>



POEM Clinical Areas of Focus

- Oral anticancer agents
- Immunotherapy
- Symptom management and optimization
- Patients with multiple co-morbidities
- High risk disease states



POEM Support

Pharmacist:

- Billing support/guidance
- Collaborative Practice Agreement support/guidance
- Weekly touch bases and peer collaboration
- Patient advocate involvement
- Data analysis
- Oncology-based education
- Outcome dissemination



POEM Support

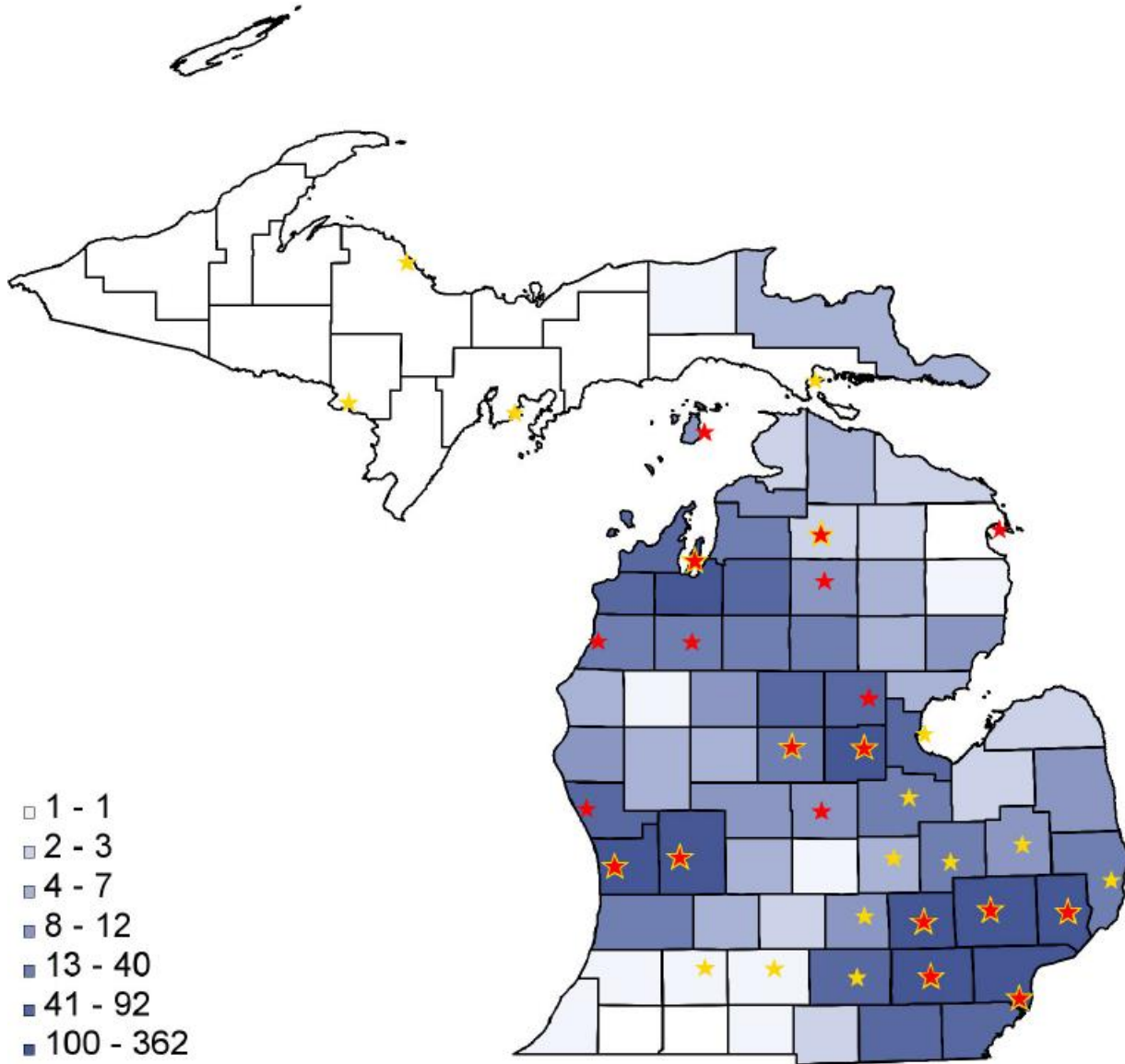
Practice/Physician Organization:

- Pharmacist salary
 - 100% year 1
 - 60% year 2
 - 20% year 3
- Quarterly reports
- Abstraction support
- Data analysis
- Billing support/guidance

Value-based reimbursement
15% on all BCBSM E/M codes



Enrolled Patients by County



Launched October 2020

- 6 Clinical Oncology Pharmacists
- 8 Physician Organizations
- 24 Oncology Sites
- 72 Physicians
- 3653 Patients
- 10268 Encounters
- 8874 Interventions

Program Growth – 2022

- 4 new pharmacists/sites committed
 - Contracts all signed
 - 1 pharmacist started in Fall 2022 (Munson, 2nd POEM pharmacist)
 - Remaining 3 sites (all new) are in the process of recruiting/hiring now
 - Sparrow Herbert-Herman Cancer Center, Lansing
 - Corewell Health (Spectrum Health), Grand Rapids
 - Covenant HealthCare, Saginaw

*Data up to 12/31/21



POEM Coordinating Center Team

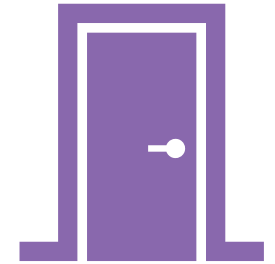


Mike Harrison
POQC Member
POEM Representative



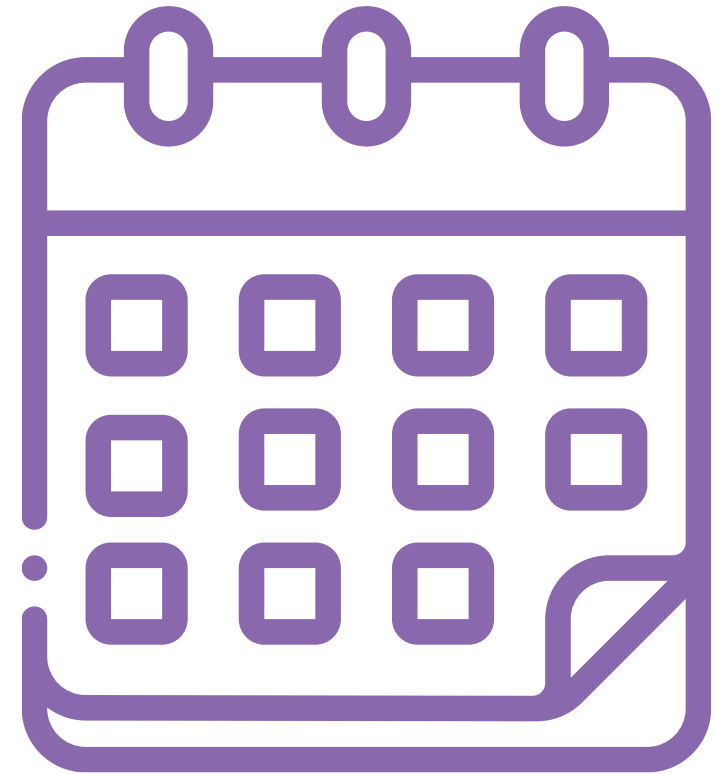
Resources Overview and Closing

Vanessa Aron, BA



Value-Based Reimbursement Meeting

- **May 11, 5:30-6:30pm** via Zoom
 - <https://umich.zoom.us/j/94358549608>
- Opportunity to ask BCBSM questions about VBR for your site
- Physician Organizations should be able to answer your questions and provide you with your site's VBR information



2023 MOQC Medical Oncology June Biannual

Friday, June 16, 2023

9:00am - 4:00pm

The H Hotel, Midland, MI

2023 MOQC Gynecologic Oncology Fall Biannual

Saturday, October 7, 2023

10:00am - 4:00pm

Lansing, MI

MOQC Resources

- MOQC has a variety of free resources for your **patients, caregivers, and clinicians**
- **Virtual and printed formats** available

www.moqc.org

MOTIVATIONAL INTERVIEWING

"Motivational Interviewing is not a technique for tricking people into doing what they do not want to do. Rather, it is a skillful clinical style for eliciting from patients their own good motivations for making behavior changes in the interest of their own health."

"If your consultation time is limited, you are better off asking patients why they would want to make a change and how they might do it rather than telling them that they should."

"A patient who is active in the consultations, thinking aloud about the why and how of change, is more likely to do something about this afterward."

M.J. in Health Care, S. Rollnick, W. Miller, C. Butler, Guilford Press, 2008.

Use these motivational phrases with patients:

- What do you like about smoking (or tobacco use)?
- What do you want to do about your smoking?
- How would being smoke-free impact your life?
- What's worrying you about your tobacco use?
- What are the most important reasons you have for quitting?
- What benefits do you get from smoking or using tobacco?
- How would your life be different if you did not use tobacco?
- If you decide to quit tobacco, how would you do it?
- How important is it for you to quit smoking?
- What are you thinking about smoking at this point?
- Suppose that you continue on with not making any changes with your smoking. What do you think might happen to you in 5 years?
- What advice would you give yourself about smoking?
- What might it take for you to make a decision to stop smoking?

Avoid these frustration questions:

- Why don't you want to quit?
- Why can't you quit?
- Why haven't you quit?
- Why do you need to smoke?

MOQC

Measure 108a: Documentation of a Complete Family History

What does complete family history include?

1st degree relatives cancer history documented + 2nd degree relatives cancer history documented + Age at diagnosis of ALL family members documented

1st degree: parents, siblings, children
2nd degree: grandparents, aunts/uncles

Complete family history documented

For whom should family history be collected?

- All patients with a cancer diagnosis

Where can family history be documented?

- Oncologist
- EMR's family history section

What if a patient has a family history of cancer?

- Document family history

OLANZAPINE

WHY AM I GETTING A PRESCRIPTION FOR OLANZAPINE?

The cancer treatment that you will be getting can cause nausea or vomiting. We do everything we can to reduce this side effect. Olanzapine is highly effective, even in small doses, at decreasing nausea and vomiting and is an important part of your care.

WHAT SHOULD I EXPECT WHEN I GO TO THE PHARMACY?

Olanzapine was originally approved for people with certain mental illness. The pharmacist may tell you about the original reason the drug was used when you drop off your prescription or pick up your medication. We want you to be prepared for this possibility. You may wish to tell the pharmacist why you have been prescribed olanzapine and that your cancer team is prescribing olanzapine for a completely different reason. This original approval for the medication does not make your insurance or your medical record think you have the certain mental illness when you get the prescription.

WHAT ABOUT THE SIDE EFFECTS?

Nearly all the side effects listed for this medication occur in people who are on higher doses of the medicine and who take the medicine every day for many years. People who take olanzapine for chemotherapy are not likely to get side effects other than tiredness. It is often recommended that you take it in the evening because of this.

IS OLANZAPINE COVERED BY INSURANCE? IS IT EXPENSIVE?

This medication is much less expensive than other medicines used to prevent side effects of chemotherapy. The cost for each pill is about 20 cents. Most insurance will cover the cost, but you can also choose to pay for it on your own if insurance does not cover it.

THESE SITES MAY BE HELPFUL TO LEARN MORE ABOUT NAUSEA AND VOMITING RELATED TO CANCER TREATMENT:

- National Cancer Institute - www.cancer.gov
- American Cancer Society - www.cancer.org
- American Society of Clinical Oncology - www.cancer.net
- National Comprehensive Cancer Network - www.nccn.org

MOQC
MICHIGAN ONCOLOGY
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MOQC Cancer Help Library

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 more information about the Affordable Care Act (ACA), visit: HealthCare.gov

Click Here

Search Engine Feedback?

Click Here

For help navigating this search engine, here is a helpful instructional video:

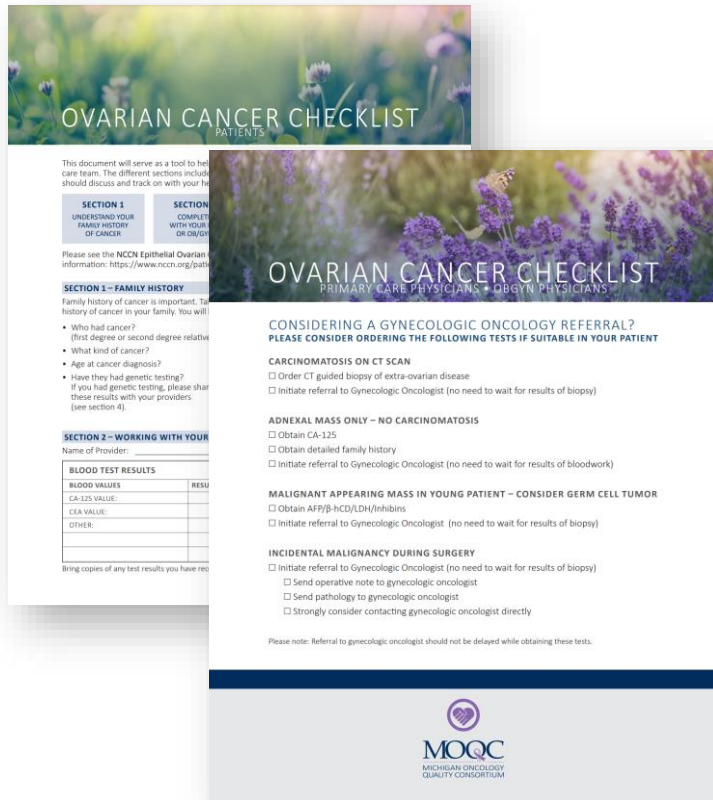
Search Engine Testimonial:

Testimonial - PO...

MOQC Resources

We would love to meet with your staff!

www.ovariancancerpodcast.com



OVARIAN CANCER CHECKLIST
PATIENTS

This document will serve as a tool to help you and your care team. The different sections include information that should be discussed and tracked on with your healthcare team.

SECTION 1: UNDERSTANDING YOUR FAMILY HISTORY OF CANCER

Please see the NCCN Epithelial Ovarian Cancer Clinical Practice Guidelines for more information: https://www.nccn.org/patients/gyn/ovarian_cancer/

SECTION 1 - FAMILY HISTORY
Family history of cancer is important. To help you understand your family history of cancer, please answer the following questions.

- Who had cancer? (first degree or second degree relative)
- What kind of cancer?
- Age at cancer diagnosis?
- Have they had genetic testing? If you had genetic testing, please share these results with your providers. (see section 4).

SECTION 2 - WORKING WITH YOUR PROVIDER
Name of Provider: _____

| BLOOD TEST RESULTS | RESULTS |
|--------------------|---------|
| CA-125 VALUE: | |
| CEA VALUE: | |
| OTHER: | |

Bring copies of any test results you have received.

OVARIAN CANCER CHECKLIST
PRIMARY CARE PHYSICIANS • OBGYN PHYSICIANS

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-hCG/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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RESOURCES

MIOCA
Michigan Ovarian Cancer Alliance
mioqa.org

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moqc.org

Michigan Ovarian Cancer Alliance (MIOCA)
mioqa.org
MIOCA is Michigan based chapter of NOCC. Resources page has Michigan-specific financial resources, such as Angels of Hope.

Michigan Oncology Quality Consortium (MOQC)
moqc.org
MOQC is a physician-led, voluntary collaborative of oncologists who come together to improve the quality and value of cancer care in Michigan.

Podcast Episodes:
New Diagnosis
Treatment Options
Chemotherapy
Clinical Trials
Nutrition
Making a Difference

Videos:
Ports
Side Effects of Chemotherapy
Regimens, Courses, and Cycles
What to Expect from Debulking Surgery

<https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/>

OVARIAN CANCER RESOURCES



Continuing Education Credits

| Group | Number of Credits |
|-----------------|-------------------|
| Physician/Nurse | 4.5 |

Continuing Education Credits

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 Spring 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!



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Thank You