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

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

### Targeted Measures

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

MOQC Measure 104 Spring 2023

- 12 (n=24) 38%
- 18 (n=13) 38%
- GYN (n=148) 82%
- 47 (n=17) 88%
- 45 (n=27) 96%
- 25 (n=11) 100%
- 27 (n=22) 100%
- 40 (n=11) 100%
- 42 (n=7) 100%
- 46 (n=16) 100%
NK1 Receptor Antagonist Prescribed or Administered for Low or Moderate Emetic Risk
Cycle 1 Chemotherapy (Lower Score Better)

MOQC Measure 114 Spring 2023
MOQC Measure 115 Spring 2023

NK1 Receptor Antagonist and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy

Carboplatin:
AUC $\geq 4$ is HIGH
AUC $< 4$ is MODERATE
Carboplatin + Doxo is HIGH
GCSF Administered to Patients who Received Chemotherapy for Non Curative Intent (Lower-Score Better)

MOQC Measure 111 Spring 2023
Hospice Enrollment

MOQC Measure 126a Spring 2023

- 46 (n=1) 0%
- 12 (d=6) 67%
- 18 (d=3) 67%
- 45 (d=19) 79%
- GYN (d=57) 86%
- 25 (d=3) 100%
- 27 (d=19) 100%
- 42 (d=1) 100%
- 47 (d=5) 100%
Enrolled in Hospice Over 7 Days

MOQC Measure 126b Spring 2023

- 18 (d=2): 0%
- 42 (d=1): 0%
- 47 (d=5): 60%
- 25 (d=3): 67%
- GYN (d=47): 70%
- 12 (d=4): 75%
- 45 (d=13): 77%
- 27 (d=19): 79%
Enrolled in Hospice Over 30 Days

MOQC Measure 126c Spring 2023
Chemotherapy Administered Within the Last 2 Weeks of Life (Lower Score Better)

MOQC Measure 127 Spring 2023

- 0% (n=6)
- 0% (n=19)
- 0% (n=2)
- 0% (n=1)
- 0% (n=5)
- 0% (n=21)
- 3% (n=60)
- 33% (n=3)
- 33% (n=3)
# MSQC Gynecologic Oncology Measures

<table>
<thead>
<tr>
<th>MOQC Pathway</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Utilization</td>
<td></td>
</tr>
<tr>
<td>Readmission Rates</td>
<td></td>
</tr>
<tr>
<td>Reoperation Rates</td>
<td></td>
</tr>
<tr>
<td>Serious Complications</td>
<td></td>
</tr>
<tr>
<td>Surgical Site Infections</td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infections</td>
<td></td>
</tr>
<tr>
<td>Venous Thromboembolism</td>
<td></td>
</tr>
<tr>
<td>116 Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy</td>
<td>9 pills</td>
</tr>
</tbody>
</table>
Emergency Room Utilization

Benign  Cancer

Laparoscopic (n=38)  5.3%  6.3%
Open (n=95)  4.6%  4.9%
Robotic (n=197)  Benign  Cancer
Laparoscopic (n=41)  4.9%  9.1%
Open (n=77)  5.8%  9.1%
Robotic (n=226)
Readmission Rates

Benign

Cancer

MSQC Measure FLG_RTIL_READM Spring 2023

- Laparoscopic (n=38)
  - Benign: 0.0%
  - Cancer: 6.3%

- Open (n=95)
  - Benign: 0.0%
  - Cancer: 0.0%

- Robotic (n=197)
  - Benign: 3.0%
  - Cancer: 2.4%

- Laparoscopic (n=41)
  - Benign: 0.0%
  - Cancer: 2.4%

- Open (n=77)
  - Benign: 0.0%
  - Cancer: 9.1%

- Robotic (n=226)
  - Benign: 0.0%
  - Cancer: 0.9%
Reoperation Rates

MSQC Measure FLG_UTIL_REOP Spring 2023

- **Benign**
  - Laparoscopic (n=38): 0.0%
  - Open (n=95): 4.2%
  - Robotic (n=197): 1.5%

- **Cancer**
  - Laparoscopic (n=41): 0.0%
  - Open (n=77): 2.6%
  - Robotic (n=226): 0.9%
Serious Complications

MSQC Measure FLG_DASH_CMP_SERIOUS Spring 2023

Laparoscopic (n=38) 4.2%
Open (n=95)
Robotic (n=197) 1.0%
Laparoscopic (n=41) 0.0%
Open (n=77) 3.9%
Robotic (n=226) 0.9%

Benign  Cancer
Surgical Site Infections

MSQC Measure SSI and SSI SERIOUS Spring 2023

- Laparoscopic (n=38): 3.2% SSI Benign, 4.2% SSI SERIOUS Benign, 0.0% SSI Cancer, 0.0% SSI SERIOUS Cancer
- Open (n=95): 3.2% SSI Benign, 3.2% SSI SERIOUS Benign, 0.0% SSI Cancer, 0.0% SSI SERIOUS Cancer
- Robotic (n=197): 2.0% SSI Benign, 1.0% SSI SERIOUS Benign, 0.0% SSI Cancer, 0.0% SSI SERIOUS Cancer
- Laparoscopic (n=41): 0.0% SSI Benign, 0.0% SSI SERIOUS Benign, 0.0% SSI Cancer, 0.0% SSI SERIOUS Cancer
- Open (n=77): 0.0% SSI Benign, 0.0% SSI SERIOUS Benign, 2.6% SSI Cancer, 3.9% SSI SERIOUS Cancer
- Robotic (n=226): 0.9% SSI Benign, 0.9% SSI SERIOUS Benign, 0.0% SSI Cancer, 0.0% SSI SERIOUS Cancer
Urinary Tract Infections

- Laparoscopic (n=38) - 0.0%
- Open (n=95) - 1.1%
- Robotic (n=197) - 0.5%
- Laparoscopic (n=41) - 4.9%
- Open (n=77) - 0.0%
- Robotic (n=226) - 2.2%

Benign vs. Cancer

MSQC Measure FLG_DASH_CMP_UTI Spring 2023
Venous Thromboembolism

- Laparoscopic (n=38)
- Open (n=95)
- Robotic (n=197)
- Laparoscopic (n=41)
- Open (n=77)
- Robotic (n=226)
Fee Schedule Increase Opportunities
## Participation to Qualify for Fee Schedule Increases

<table>
<thead>
<tr>
<th>Level</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice Level</strong></td>
<td>At least <strong>one physician and one practice manager</strong> from the practice must attend <strong>both</strong> MOQC Gynecologic Oncology Biannual Meetings during that year</td>
</tr>
<tr>
<td><strong>Physician Level</strong></td>
<td>Provider must be enrolled in PGIP for at least one year</td>
</tr>
</tbody>
</table>

2022 Criteria
## Participation to Qualify for Fee Schedule Increases

### Points Needed: 100

<table>
<thead>
<tr>
<th>Meeting Participation</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologic Oncology Spring Biannual Meeting Physician Champion</td>
<td>25</td>
</tr>
<tr>
<td>Gynecologic Oncology Spring Biannual Meeting Practice Manager</td>
<td>25</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting Physician Champion</td>
<td>25</td>
</tr>
<tr>
<td>Gynecologic Oncology Fall Biannual Meeting Practice Manager</td>
<td>25</td>
</tr>
</tbody>
</table>

### Notes

- 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.
## Participation to Qualify for Fee Schedule Increases

<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

Collaborative-Wide (with Med Onc)

Tobacco cessation counseling administered or patient referred in the past year: 70%

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: 35%

Additional 2% Opportunity

Total eligibility: up to 7%
Tobacco Cessation Opportunity
<table>
<thead>
<tr>
<th>Tobacco Cessation Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative-Wide (with Med Onc)</td>
</tr>
<tr>
<td>Tobacco cessation counseling administered or</td>
</tr>
<tr>
<td>patient referred in the past year</td>
</tr>
<tr>
<td>70%</td>
</tr>
<tr>
<td>2% Opportunity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gynecologic Oncology Target Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative-Wide - Meet 2</td>
</tr>
<tr>
<td>Days from debulking surgery to chemotherapy</td>
</tr>
<tr>
<td>start</td>
</tr>
<tr>
<td>28 days</td>
</tr>
<tr>
<td>Outpatient prescribing of opioids for patients</td>
</tr>
<tr>
<td>after laparoscopic or open hysterectomy</td>
</tr>
<tr>
<td>9 pills</td>
</tr>
<tr>
<td>3% Opportunity</td>
</tr>
</tbody>
</table>

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

Total eligibility: up to 7%
Tobacco Cessation Counseling Administered or Patient Referred in Past Year

MOQC Measure 101b Spring 2023

- VBR Target 70%

- 45 (n=3) - 33%
- 46 (n=5) - 40%
- GYN (n=21) - 67%
- MOQC (n=537) - 70%
- 12 (n=7) - 71%
- 27 (n=6) - 100%
Gynecologic Oncology Target Opportunity
2023 Fee Schedule Increase Summary

**Tobacco Cessation Opportunity**

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

**Gynecologic Oncology Target Opportunity**

<table>
<thead>
<tr>
<th>Collaborative-Wide - Meet 2</th>
<th>28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from debulking surgery to chemotherapy start</td>
<td></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>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet VBR measures</td>
<td></td>
</tr>
<tr>
<td>Complete family history documented for patients with invasive cancer</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Additional 2% Opportunity**

Total eligibility: up to 7%
Days From Debulking Surgery to Chemotherapy Start

- VBR Target: 28 days

Mean: 33
Median: 31
Total Oxycodone 5mg pills

- **VBR Target:** 9 pills

<table>
<thead>
<tr>
<th>DRUG CODE COMBINATION</th>
<th>NUMBER OF 5MG PILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>R121 + R221</td>
<td>11.90</td>
</tr>
<tr>
<td>R221 + R122</td>
<td>11.58</td>
</tr>
<tr>
<td>R222</td>
<td>10.18</td>
</tr>
</tbody>
</table>

**MSQC Measure: Opioids Prescription Comparison**

**Total Oxycodone 5mg Pills**
Morphine Equivalents

MSQC Measure OPIOIDS Prescription Spring 2023

- **Laparoscopic**
  - Prescribed: 52.93 mg
  - Consumed: 18.98 mg
  - Excess: 22.81 mg

- **Open**
  - Prescribed: 90.00 mg
  - Consumed: 52.67 mg
  - Excess: 33.63 mg

- **Robotic**
  - Prescribed: 75.92 mg
  - Consumed: 31.00 mg
  - Excess: 40.44 mg
Oxycodone

**MSQC Measure Oxycodone 5 mg Prescription Spring 2023**

- **Laparoscopic**
  - Prescribed: 7.06
  - Consumed: 2.53
  - Excess: 3.04

- **Open**
  - Prescribed: 12.00
  - Consumed: 7.02
  - Excess: 4.48

- **Robotic**
  - Prescribed: 10.12
  - Consumed: 4.13
  - Excess: 5.39
Complete Family History Opportunity
2023 Fee Schedule Increase Summary

Tobacco Cessation Opportunity

Collaborative-Wide (with Med Onc)

Tobacco cessation counseling administered or patient referred in the past year | 70%

2% Opportunity

VBR Measure Opportunity

Collaborative-Wide - Meet 2

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: 35%

Additional 2% Opportunity

Total eligibility: up to 7%
Complete family history:
1\textsuperscript{st} & 2\textsuperscript{nd} degree relatives AND age at diagnosis

MOQC Measure 108a Spring 2023

- VBR Target 35%