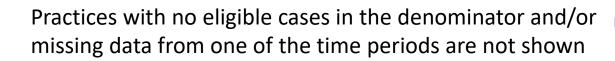


## How Are We Doing? Data & Updates Shitanshu Uppal, MD





moqc.org

### **MOQC Gynecologic Oncology Measures**



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



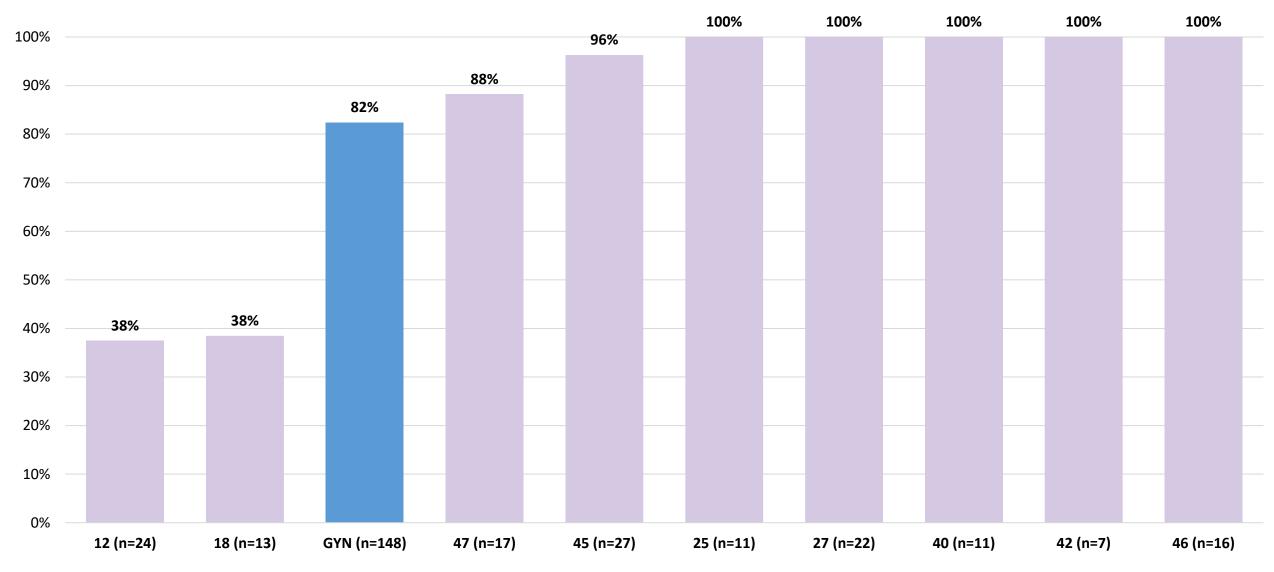
moqc.org

# **MOQC Gynecologic Oncology Measures**

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

Target	ed Measures	Target
101b	Tobacco cessation counseling administered or patient referred in the past year	70%
108a	Complete family history document for patients with invasive cancer	35%
123	Days from Debulking Surgery to Chemotherapy	28 days

### Chemotherapy Intent (Curative Vs. Non Curative) Documented Before or Within Two Weeks After Administration



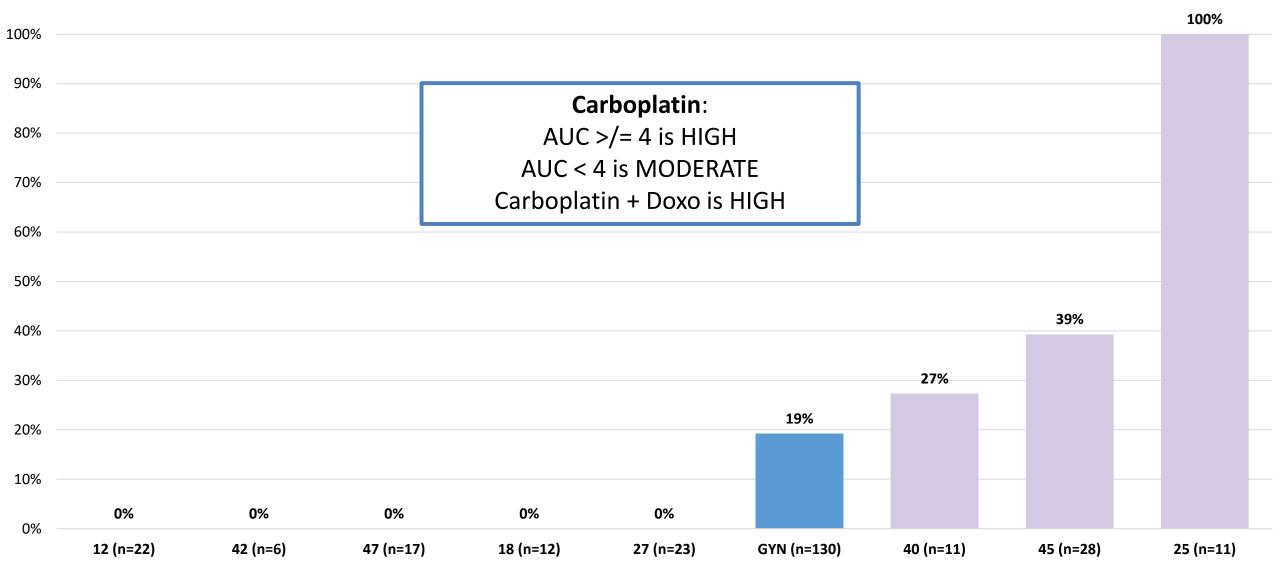
MOQC Measure 104 Spring 2023

### NK1 Receptor Antagonist Prescribed or Administered for Low or Moderate Emetic Risk Cycle 1 Chemotherapy (Lower Score Better)

100% -					
90% -					
80%					
70%					
60%					
50%					50%
40%					
30%					
20%				20%	
10% -					
0% -	0%	0%	0%		
0/0	12 (n=1)	42 (n=1)	45 (n=1)	GYN (n=5)	47 (n=2)

MOQC Measure 114 Spring 2023

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



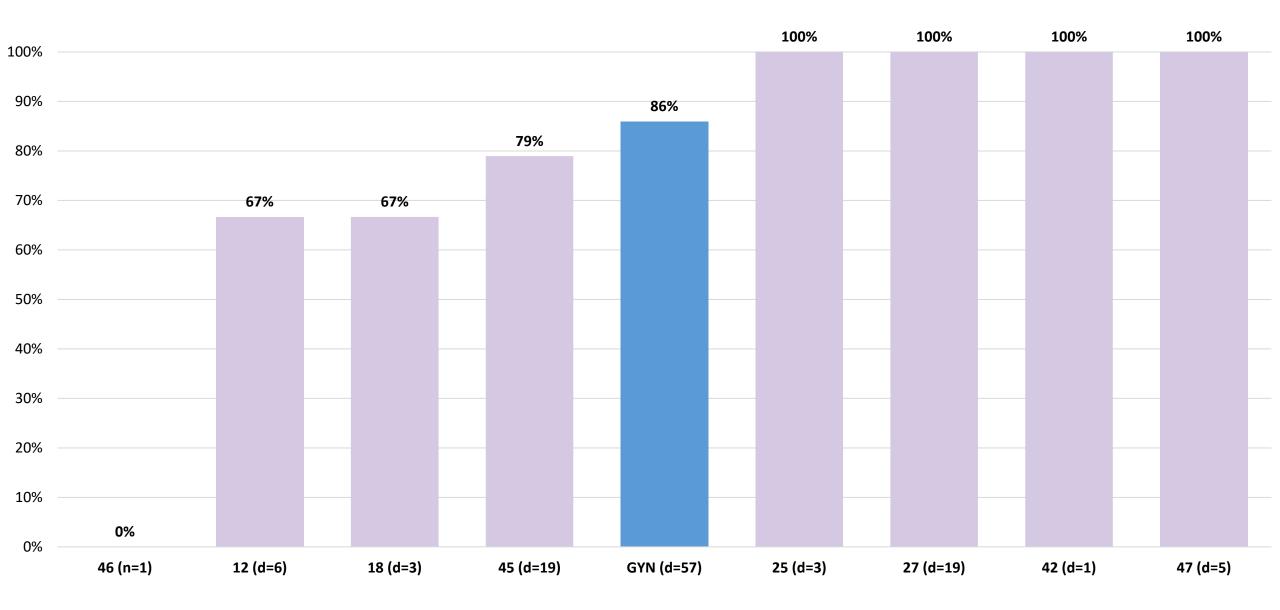
MOQC Measure 115 Spring 2023

### GCSF Administered to Patients who Received Chemotherapy for Non Curative Intent (Lower-Score Better)

100%						100%
10070						
90%						-
80%						
70%						
60%						-
F 00/						
50%						
40%						
30%						
20%						
2070					14%	
10%						
	0%	0%	0%	0%		
0%	12 (n=2)	18 (n=2)	27 (n=1)	45 (n=1)	GYN (n=7)	25 (n=1)

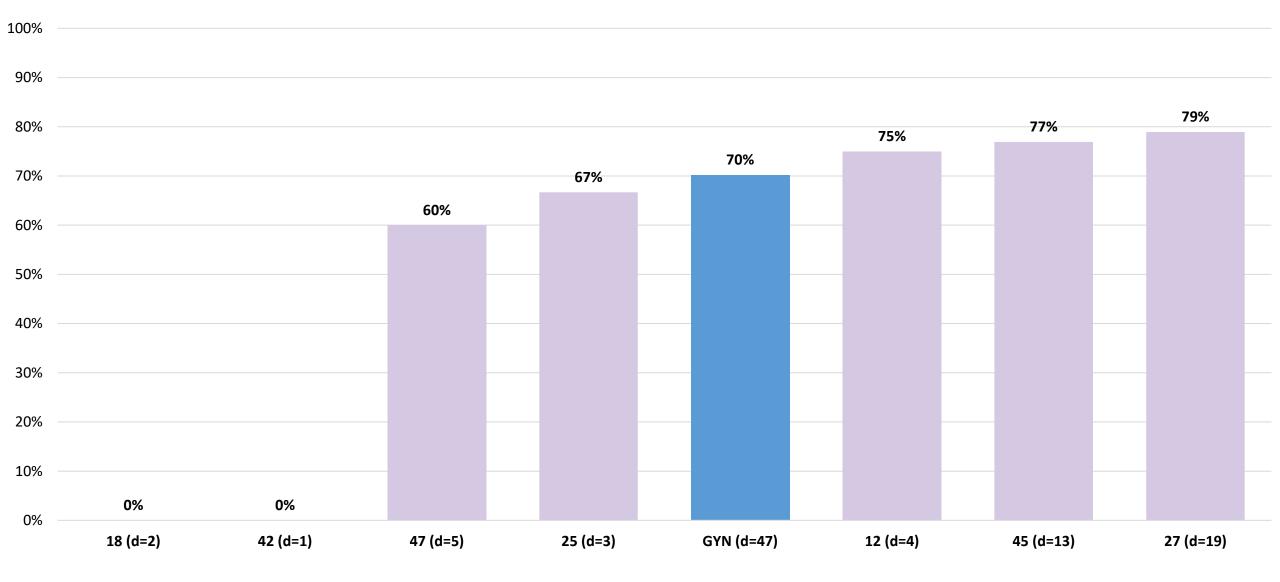
MOQC Measure 111 Spring 2023

### **Hospice Enrollment**



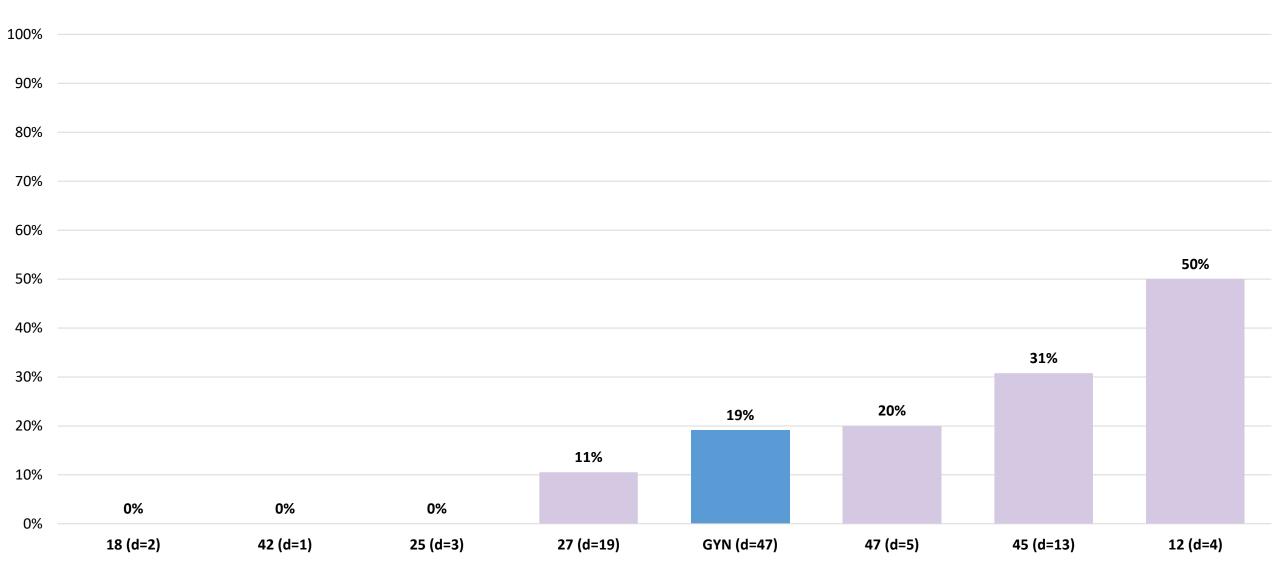
MOQC Measure 126a Spring 2023

### **Enrolled in Hospice Over 7 Days**



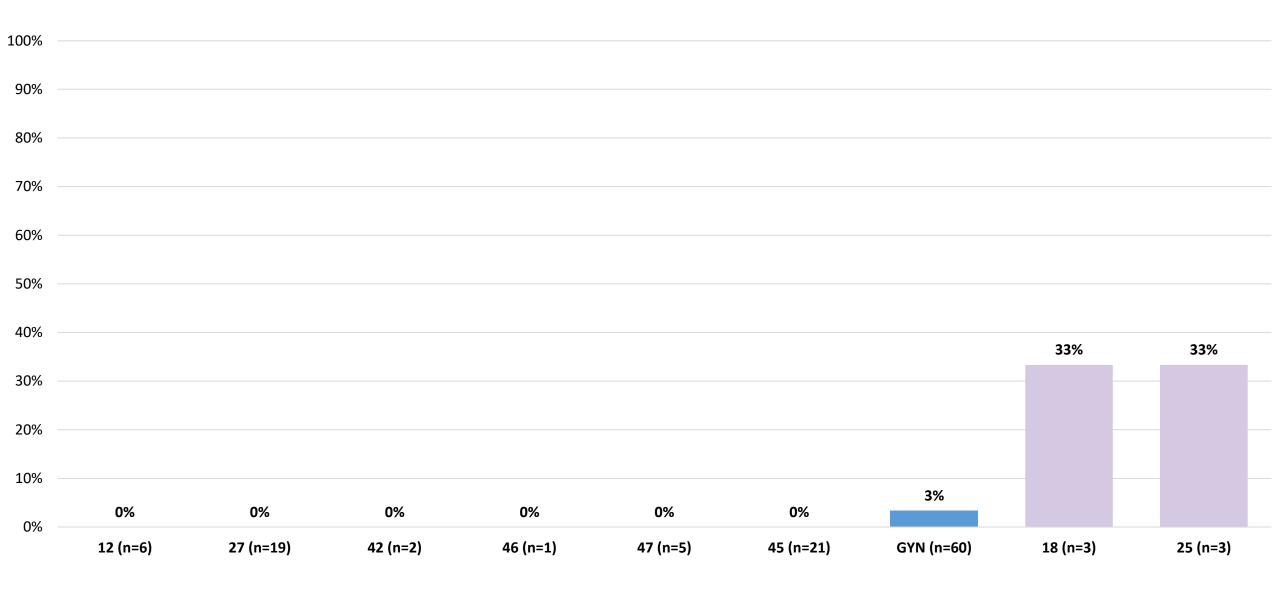
MOQC Measure 126b Spring 2023

### **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

### **MSQC Gynecologic Oncology Measures**







# **MSQC Gynecologic Oncology Measures**

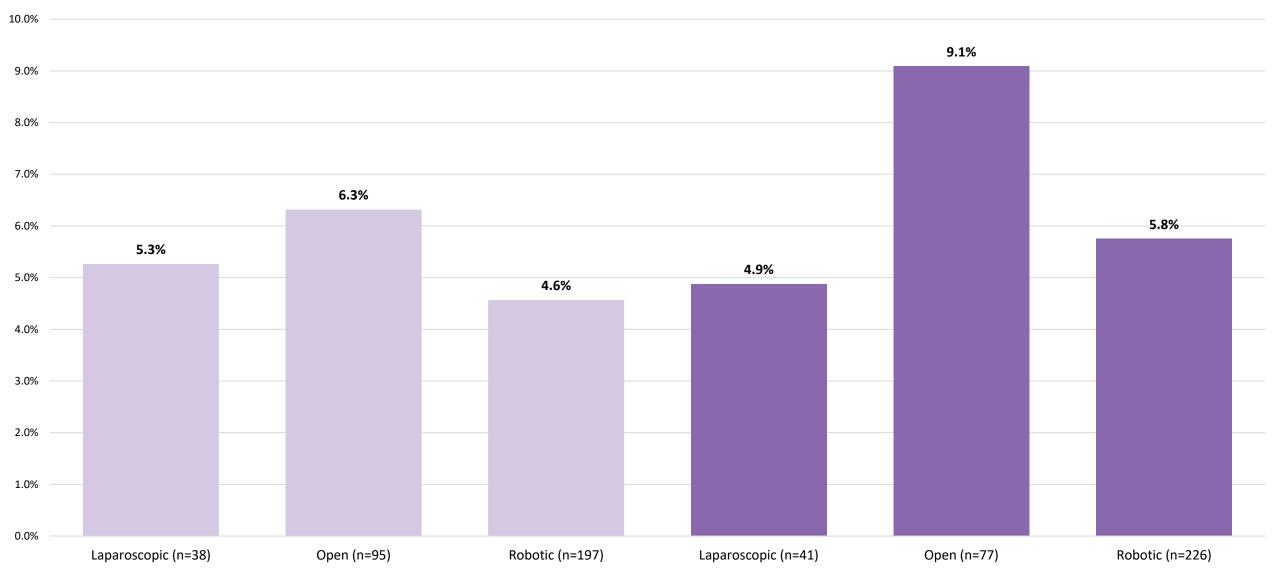
MOQC Pathway
Emergency Room Utilization
Readmission Rates
Reoperation Rates
Serious Complications
Surgical Site Infections
Urinary Tract Infections
Venous Thromboembolism

MOC	QC Pathway	Target
116	Outpatient prescribing of opioids for patients after laparoscopic or open	9 pills
	hysterectomy	



### **Emergency Room Utilization**

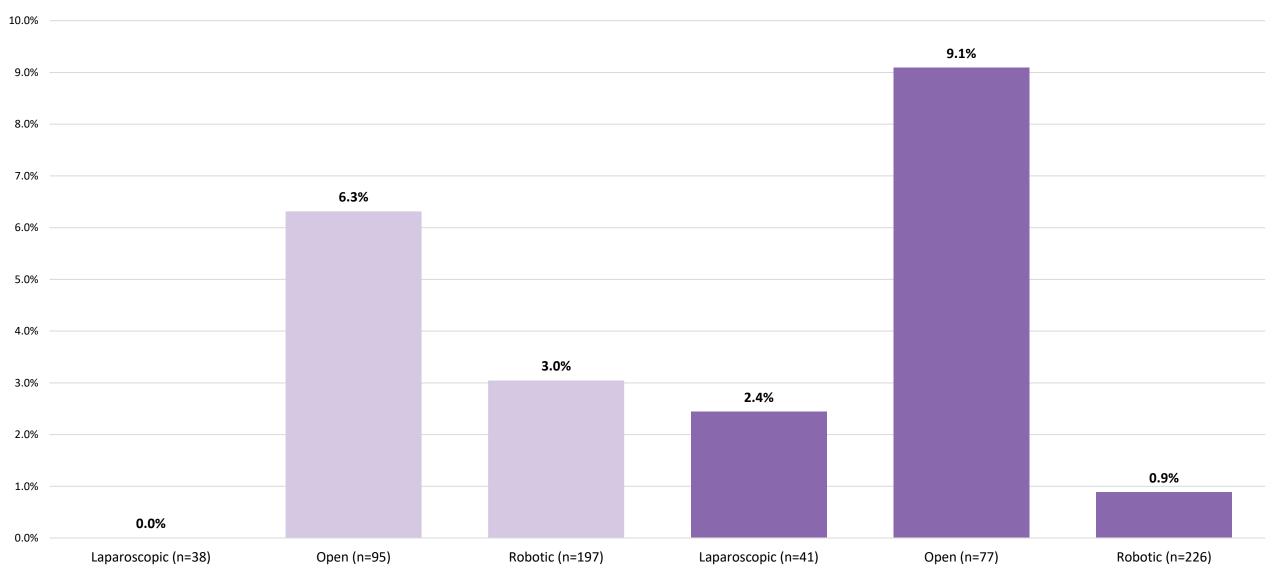
■ Benign ■ Cancer



MSQC Measure FLG\_UTIL\_ED Spring 2023

#### **Readmission Rates**

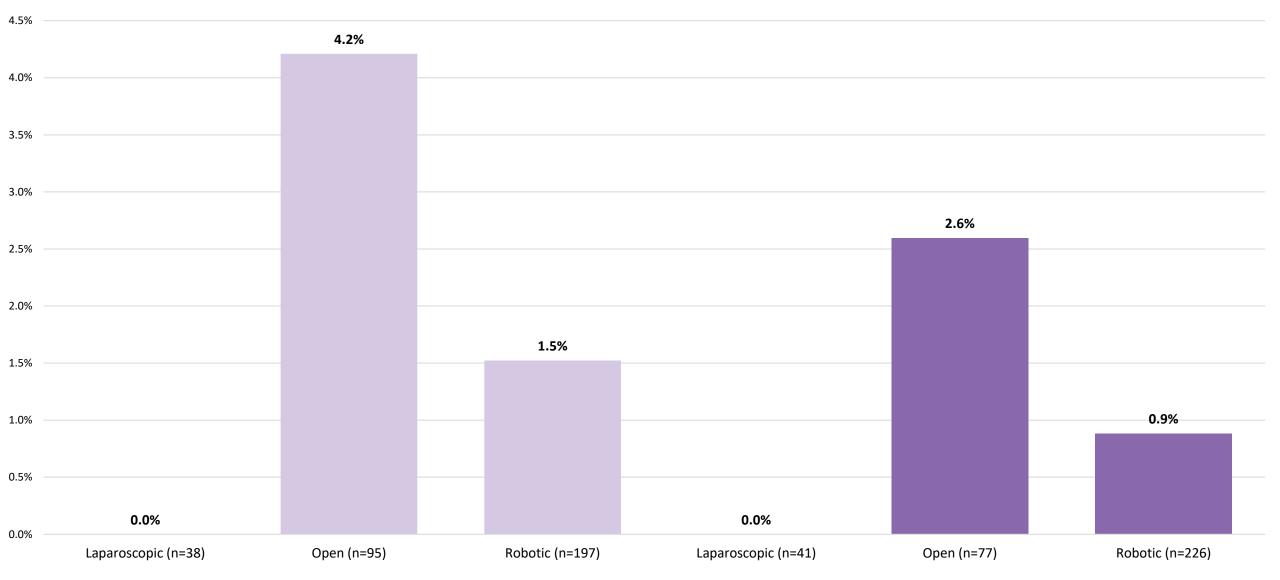
■ Benign ■ Cancer



MSQC Measure FLG\_RTIL\_READM Spring 2023

### **Reoperation Rates**

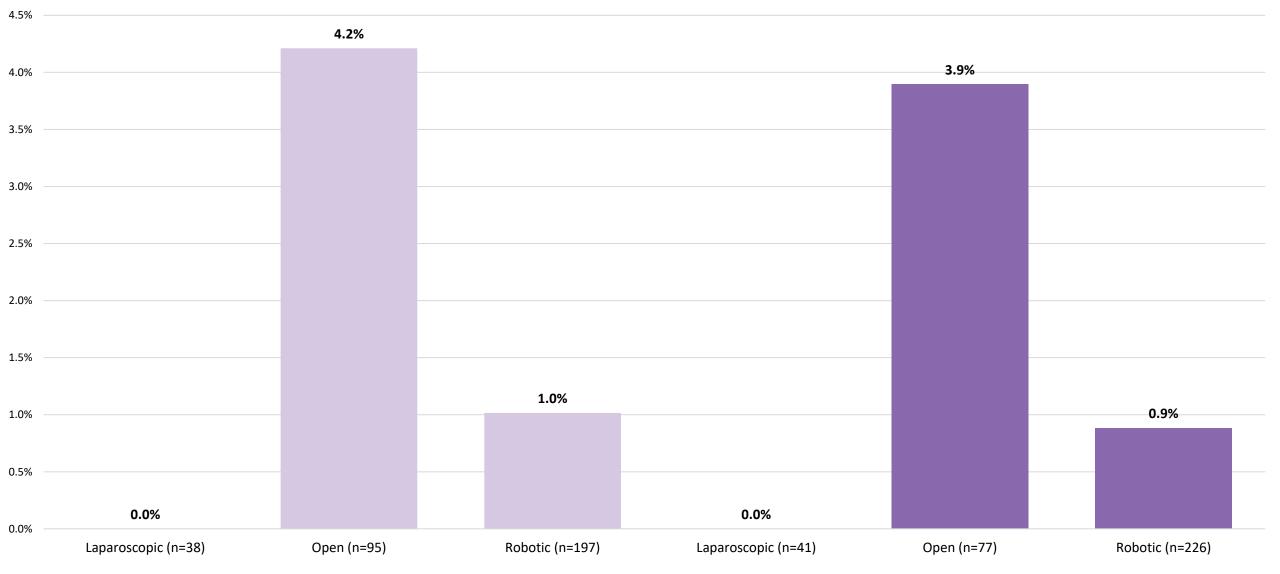
Benign Cancer



MSQC Measure FLG\_UTIL\_REOP Spring 2023

#### **Serious Complications**

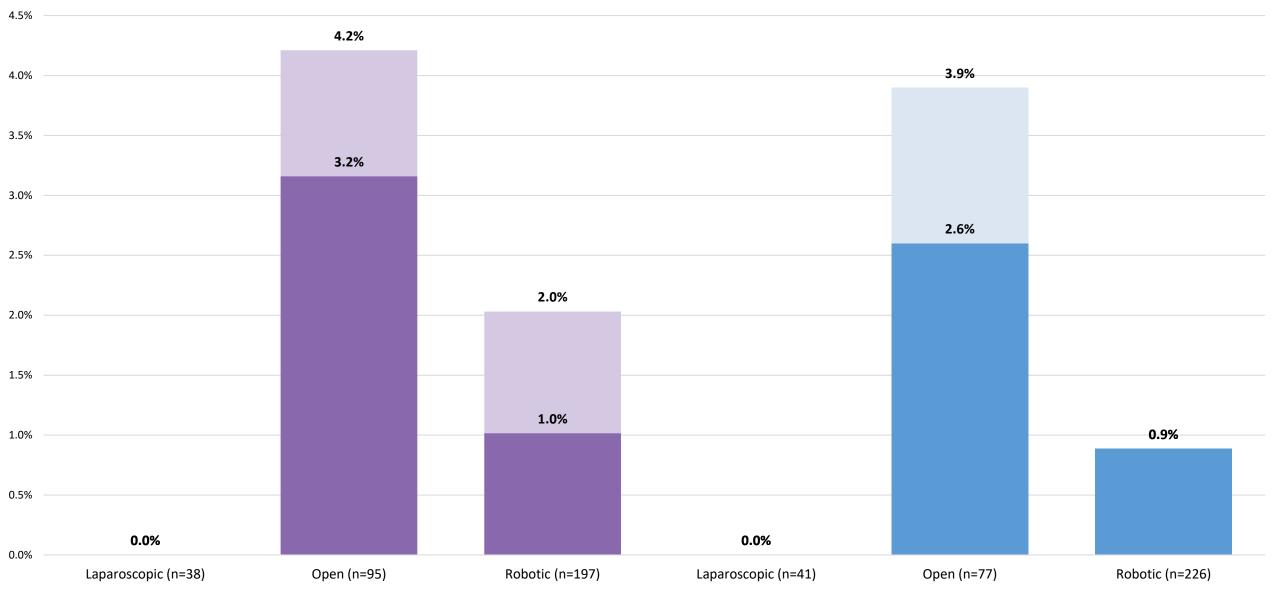
■ Benign ■ Cancer



MSQC Measure FLG\_DASH\_CMP\_SERIOUS Spring 2023

### **Surgical Site Infections**

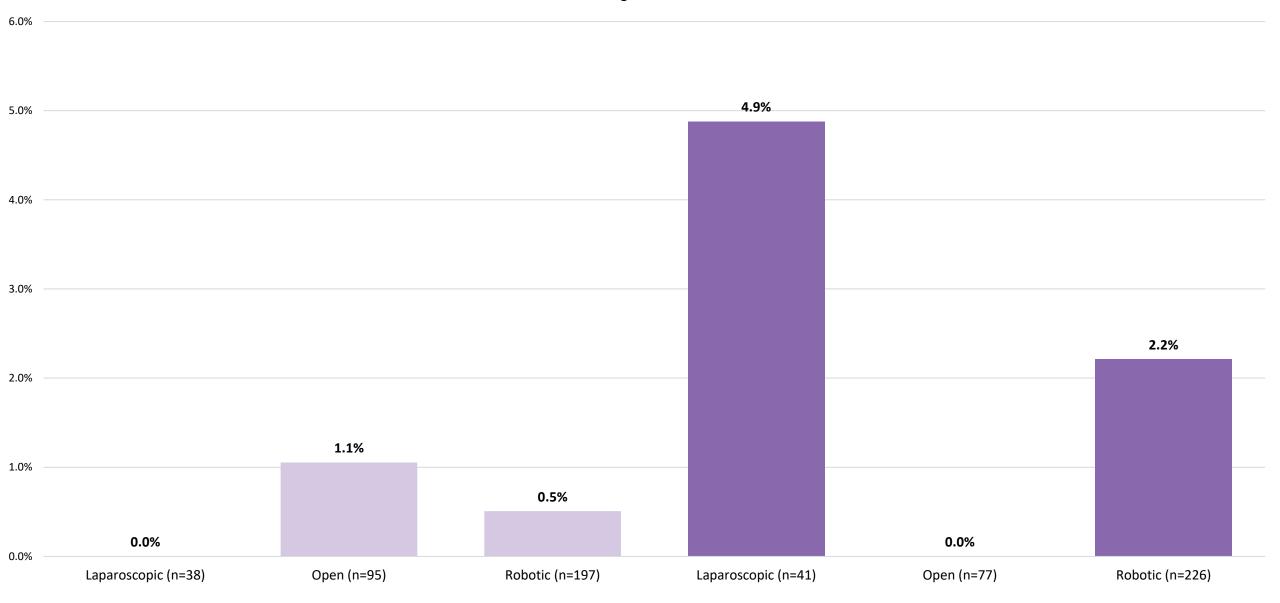
SSI Benign SSI SERIOUS Benign SSI Cancer SSI SERIOUS Cancer



MSQC Measure SSI and SSI SERIOUS Spring 2023

### **Urinary Tract Infections**

Benign Cancer



MSQC Measure FLG\_DASH\_CMP\_UTI Spring 2023

### Venous Thromboembolism

			🗖 Benign	Cancer		
100.0%						
90.0%						
80.0% ——						
70.0%						
60.0%						
50.0%						
40.0%						
30.0% ——						
20.0% ——						
10.0%						
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.075	Laparoscopic (n=38)	Open (n=95)	Robotic (n=197)	Laparoscopic (n=41)	Open (n=77)	Robotic (n=226)

MSQC Measure FLG\_DASH\_CMP\_VTE Spring 2023

## **Fee Schedule Increase Opportunities**







# Participation to Qualify for Fee Schedule Increases

Level	Criteria	2022 Criteria		
Practice Level	At least <b>one physician and or</b> practice must attend <b>both</b> M Meetings during that year	• •		
Physician Level	Provider must be enrolled in	PGIP for at least one y	/ear	





# Participation to Qualify for Fee Schedule Increases

### 2023 Pilot Proposal

Points Needed: 100				
Meeting Participation	Points	Notes		
Gynecologic Oncology Spring Biannual Meeting		If either of the Biannual Meetings is unattended by a practice		
Physician Champion		manager or physician, in order to qualify for <b>additional</b>		
Gynecologic Oncology Spring Biannual Meeting		participation points, the practice manager or physician must		
Practice Manager25Gynecologic Oncology Fall Biannual Meeting25Physician Champion25		schedule a follow up meeting a MOQC project manager for a		
		Biannual Meeting and practice-level overview.		
Gynecologic Oncology Fall Biannual Meeting		Additional participation points can only be used to complete		
Practice Manager	25	the eligibility points requirement once every <b>two years</b> .		

# Participation to Qualify for Fee Schedule Increases

Points Needed: 100					
Additional Participation	Points	Description			
MiGHT	40	Participate and actively use family health history tool			
POEM	40	Participate with a POEM pharmacist			
MOQC Steering Committee	30	Attend and actively participate with at least 50% of the meetings within the eligibility year			
Attend and actively participate with at least 50% of the meetings w		Attend and actively participate with at least 50% of the meetings within the			
MOQC Measures Committee	30	eligibility year			
Approved MOQC Task Forces or Workgroups	30	Attend and actively participate with at least 50% of the meetings within the eligibility year			
Development of educational		Examples: checklist creation workgroup, clinical trials navigation tool			
resources	20	development, podcast expert participation			
Presentation at a MOQC					
Biannual Meeting	20	Gynecologic oncology or medical oncology biannual meetings			
Participation with MOQC					
newsletter	10	Practice spotlight interview, article about best practices, etc.			

## 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 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				
Aeet VBR measures	2			
Complete family history documented for patients vith invasive cancer	35%			
Additional 2% Opportunity				

## Total eligibility: up to 7%

N C

W

## **Tobacco Cessation 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			

#### **Gynecologic Oncology Target Opportunity**

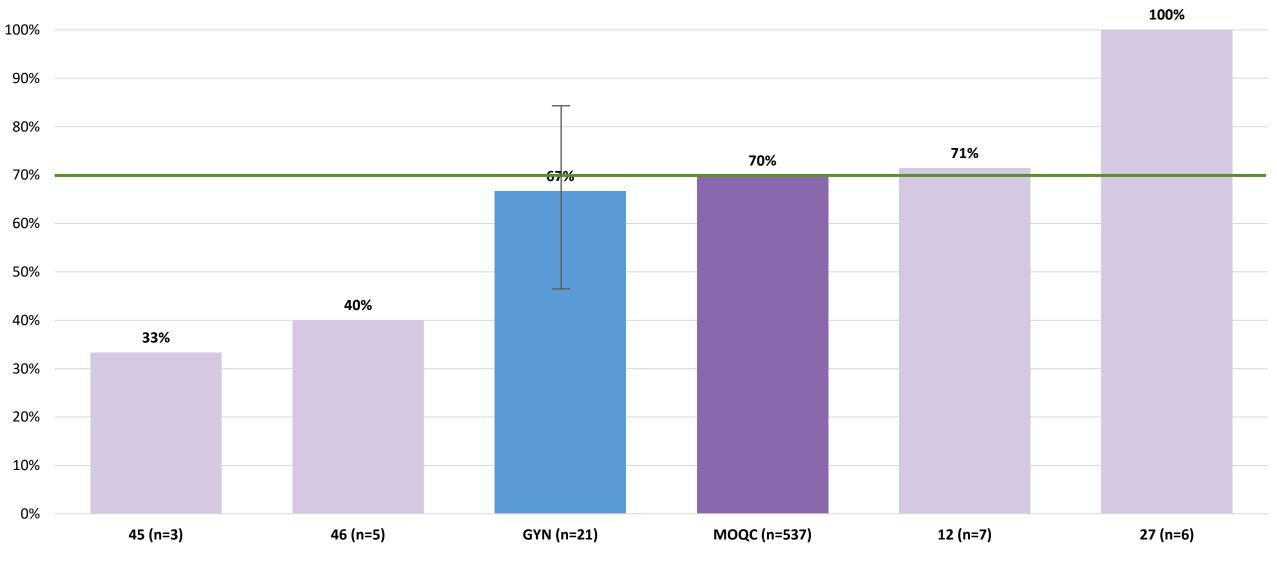
Collaborative-Wide - Meet 2	
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy	9 pills
3% Opportunity	

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%**

### **Tobacco Cessation Counseling Administered or Patient Referred in Past Year**

– VBR Target 70%



MOQC Measure 101b Spring 2023

## **Gynecologic Oncology Target 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	

#### **Gynecologic Oncology Target Opportunity**

#### **Collaborative-Wide - Meet 2**

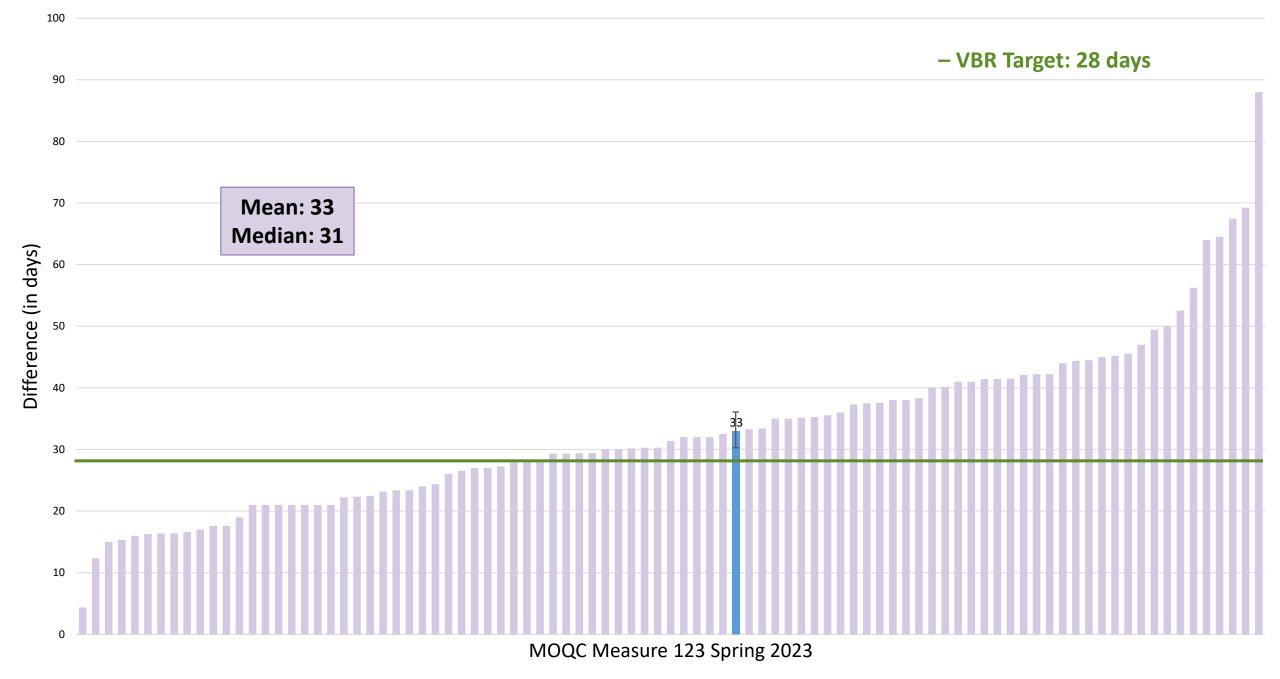
Days from debulking surgery to chemotherapy start	28 days
Outpatient prescribing of opioids for patients after laparoscopic or open hysterectomy	9 pills

**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%**

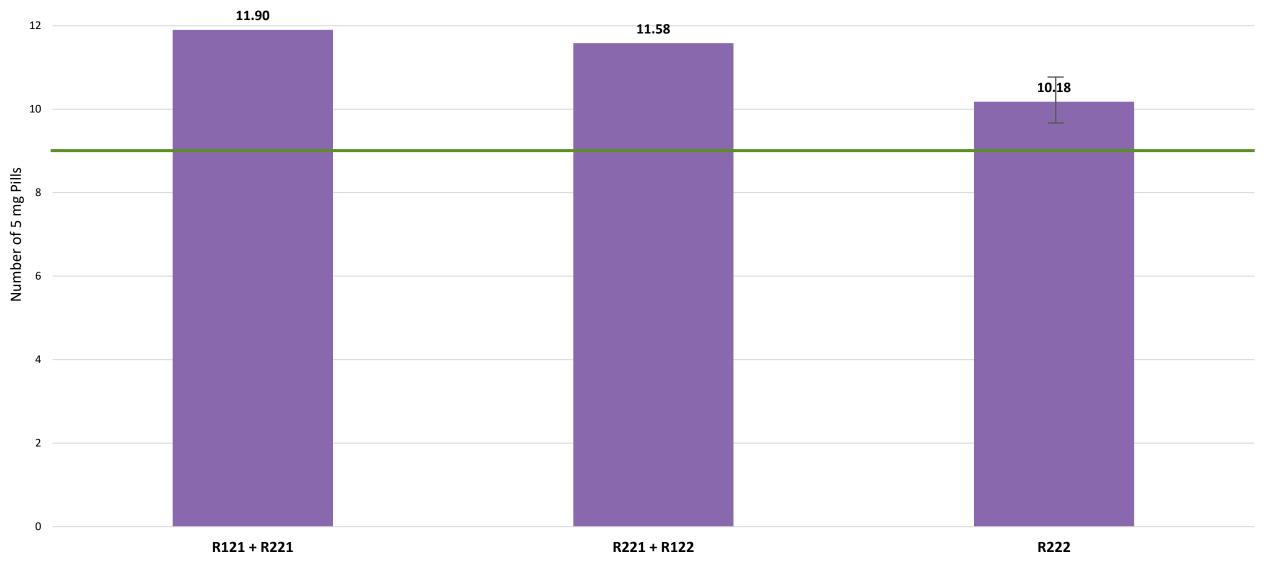
### **Days From Debulking Surgery to Chemotherapy Start**



Total Oxycodone 5mg pills

14

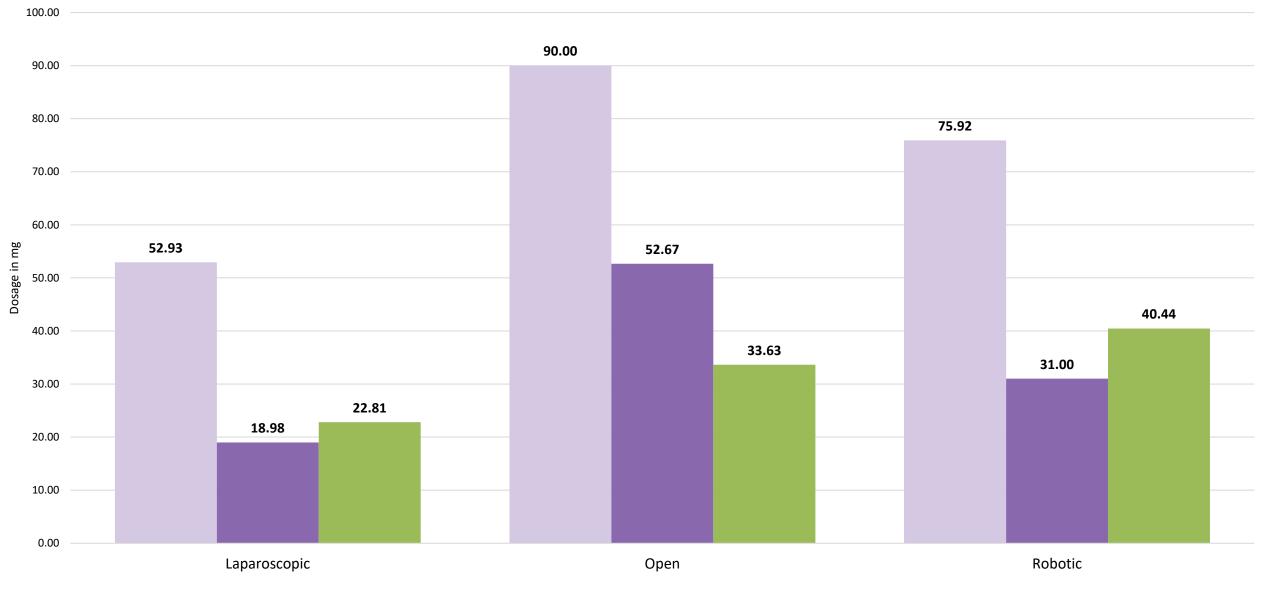
– VBR Target: 9 pills



MSQC Measure Opoids Prescription Comparison

### **Morphine Equivalents**

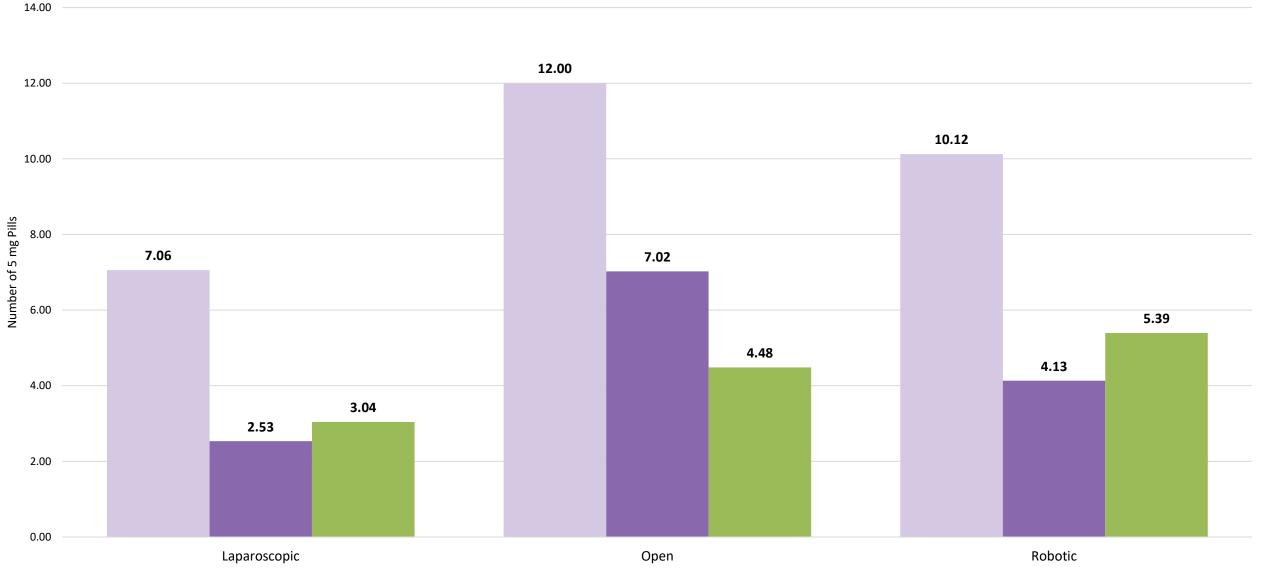
■ Prescribed ■ Consumed ■ Excess



MSQC Measure OPIOIDS Prescription Spring 2023

### Oxycodone

■ Prescribed ■ Consumed ■ Excess



MSQC Measure Oxycodone 5 mg Prescription Spring 2023



## **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	<u>.</u>

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 Document for Patients with Invasive Cancer**

100% —									
90% —			- VBR Target 35% 1 <sup>st</sup> & 2 <sup>nd</sup> degree relatives AND age at diagnosis					83%	
80% —				legree reia		Je at diagnosis			_
70% —									
60% —						52%	53%	60%	
50% —				42%	46%				
40% —				_			_		_
30% —			27%						
20% —									
10% —	0%	0%							
0% —	12 (n=8)	42 (n=1)	25 (n=11)	47 (n=19)	46 (n=13)	GYN (n=102)	45 (n=15)	18 (n=5)	27 (n=30)

MOQC Measure 108a Spring 2023

## **Discussion**





