

# MOQC Measures

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# 2025 Value-Based Reimbursement Summary

## Region-Level

Meet 4 of the following 5

- Olanzapine given with high emetic risk chemotherapy 60%
- NK1RA given for low or moderate emetic risk cycle 1 chemotherapy 10%
- Hospice enrollment 65%
- Hospice enrollment more than 7 days before death 60%
- Complete family history documented 35%

**3% Opportunity**

## Practice-Level

- Meet all 5 region-level measures

**2% Opportunity**

## Collaborative-Wide

- Tobacco cessation counseling administered or patient referred in past year

75%

**2% Opportunity**

# 2025 Measure Targets



## MEQC Measure

Total eligibility: **12%**



## VBR Measure

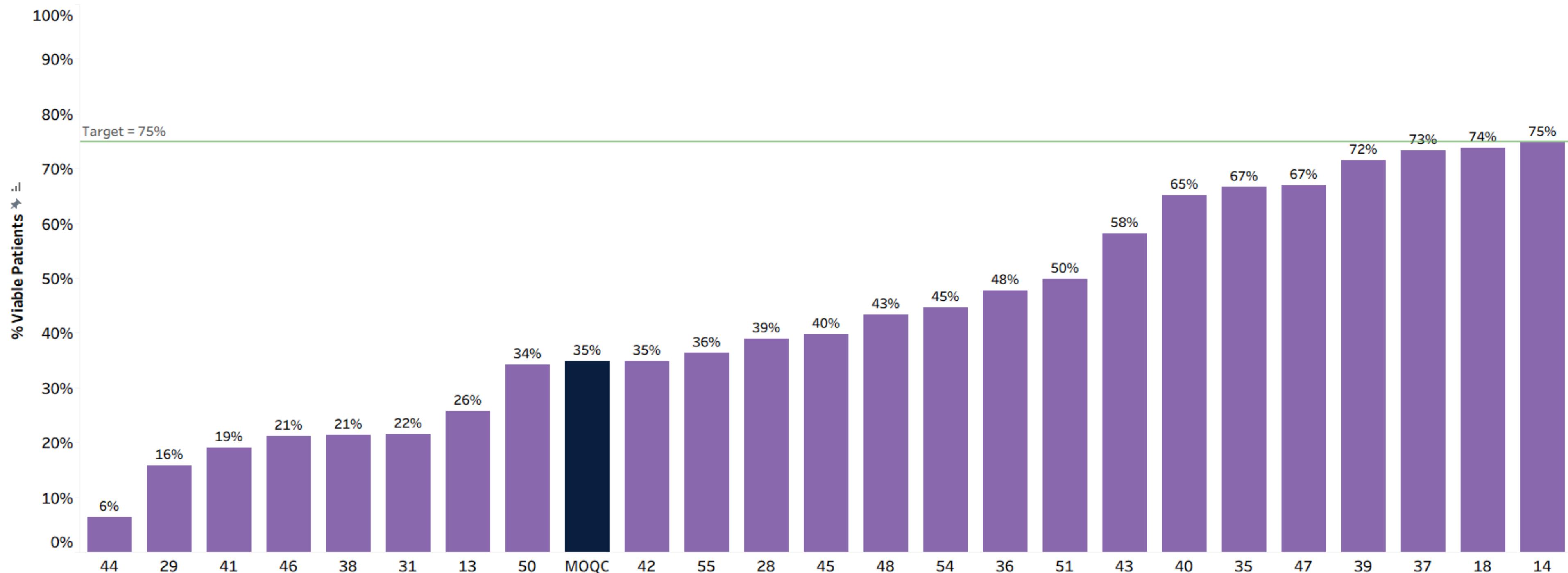
Total eligibility: up to **7%**

MEQC practices are only eligible for the 12% VBR

## 2025 Additional Criteria for Receiving VBR

<b>Practice Level</b>	<p>At least <b>one physician and one practice manager or other change agent</b> from the practice must attend a <b>fall in-person</b> MOQC regional meeting and <b>at least one</b> biannual meeting during that year.</p>
	<p>Practice must have at least <b>10 charts</b> in the denominator per VBR measure per round.</p> <ul style="list-style-type: none"><li>Exceptions may be made for EOL measures.</li></ul>
<b>Physician Level</b>	<p>Provider must be enrolled in <b>PGIP</b> for at least one year.</p>

## Proportion of Patient Lists Eligible for Abstraction, Round 2 2025



MOQC Abstractors opened 9,567 charts and only **4,422** qualified for abstraction.

# Measures

- Tobacco cessation counseling or referral
- Designated patient advocate documentation
- Complete family history
- NK1RAs with low/moderate emetic risk chemotherapy
- Olanzapine as part of a 4-drug antiemetic regimen (high emetic risk chemotherapy)



## Chart Selection Criteria for Presented Data

**Abstracted January 1, 2025 – December 31, 2025**

### Eligible Patient Criteria

18 or older at diagnosis

Invasive malignancy or hematologic malignancy

### Diagnosis & Visit Window

Diagnosed: 12/1/2023 – 9/30/2025

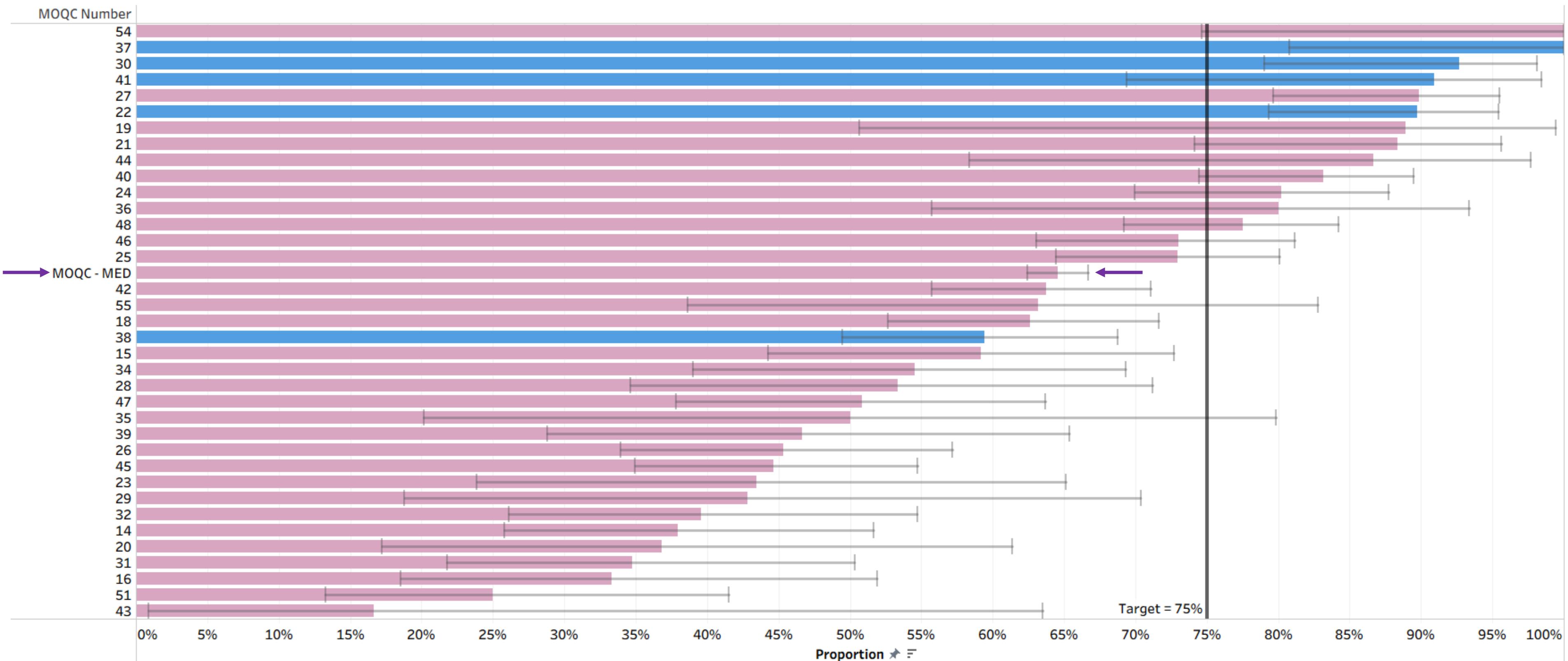
First Office Visit: 12/1/2023 – 11/30/2025

2 Office Visits (practitioner): 10/1/2024 – 11/30/2025



## 101b: Tobacco Cessation Counseling or Referral for Tobacco Users Once a Year

1/1/25 - 12/31/25, n = 1,959

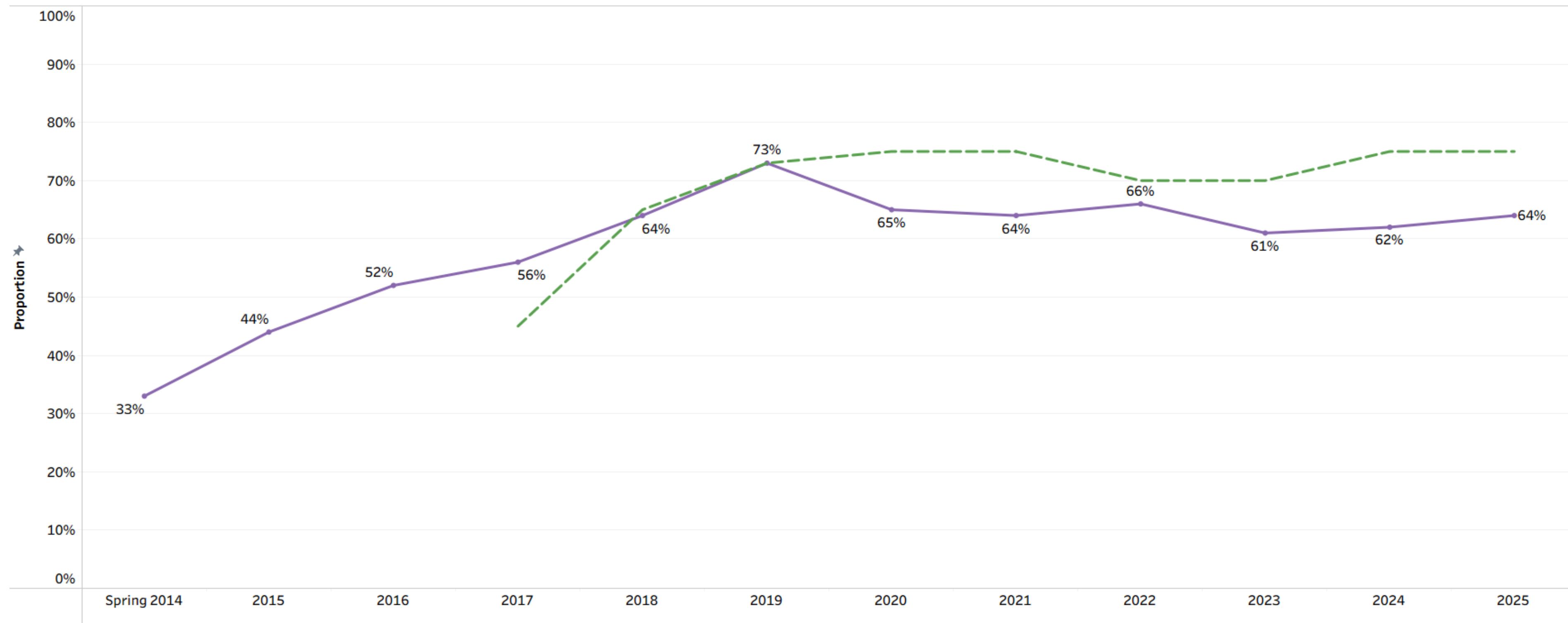


Performance Compared to Prior Year

No Significant Change

Improved

## 101b: Tobacco Cessation Counseling or Referral for Tobacco Users Once a Year



## Color Legend

 MOQC Target

# Non-Clinical Interventions that Impact Survival

**Tobacco cessation:** 75<sup>th</sup> percentile survival –  
3.9 years (cessation) vs 2.1 years (continued smokers)

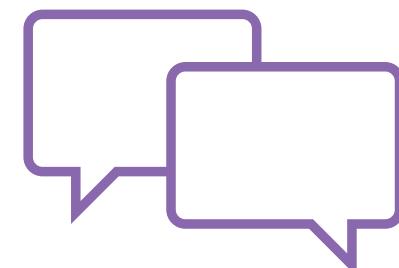
JAMA Oncology | Original Investigation

Survival Outcomes of an Early Intervention  
Smoking Cessation Treatment After a Cancer Diagnosis

Paul M. Cinciripini, PhD; George Kypriotakis, PhD; Janice A. Blalock, PhD; Maher Karam-Hage, MD;  
Diane M. Beneventi, PhD; Jason D. Robinson, PhD; Jennifer A. Minnix, PhD; Graham W. Warren, MD, PhD

## Other Interventions:

- Exercise in colorectal cancer
- Patient-reported outcomes
- Early palliative care involvement



**YOU CAN QUIT SMOKING** RESOURCE GUIDE

**MICHIGAN TOBACCO QUITLINK**  
1.800 QUIT.NOW 784.8669

Get **FREE** Confidential Counseling & Support  
DOUBLE your chances of quitting.  
Call Now 1.800.QUIT.NOW  
Or Enroll Online [michigan.quitlogix.org](http://michigan.quitlogix.org)

**CONTACT NOW** 

**MOQC** [moqc.org](http://moqc.org)

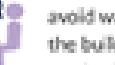
TREATMENT	HOW TO GET	HOW TO USE	PROS / CONS	NOTES
PATCH	OVER THE COUNTER or PRESCRIPTION	REPLACE PATCH ONCE DAILY	✓ Easy to use ✓ Few side effects ✗ Less flexible dosing ✗ Slow nicotine release	
GUM	OVER THE COUNTER or PRESCRIPTION	USE AS NEEDED* Up to 24 pieces per day	✓ Fast nicotine release ✓ Flexible dosing ✗ Lots of chewing ✗ Can't eat or drink 15 mins before or during use	
LOZENGE	OVER THE COUNTER or PRESCRIPTION	USE AS NEEDED* Up to 20 lozenges per day	✓ More nicotine than gum ✓ Flexible dosing ✗ Can cause nausea ✗ Can't eat or drink 15 mins before or during use	
NASAL SPRAY	PREScription	SPRAY ONCE IN EACH NOSTRIL* Up to 40 doses per day (80 sprays/day or 10 sprays/hour)	✓ Fastest nicotine delivery ✓ Flexible dosing ✗ Frequent use necessary ✗ Can cause nose & throat irritation	
INHALER	PREScription	5-20 MIN SESSIONS THROUGHOUT THE DAY* Up to 16 cartridges per day	✓ Keeps hands busy ✓ Flexible dosing ✗ Frequent use necessary ✗ Can cause mouth & throat irritation	
MEDICATION	PREScription	USE AS DIRECTED BY YOUR DOCTOR	✓ Easy to take pill ✓ Can be combined with other treatments* ✗ Possible side effects	

# STRATEGIES

15

from ex-smokers to curb cravings

Having trouble quitting tobacco? Try these strategies to curb the craving during common high-risk situations where you could slip or relapse back to smoking.

01  <b>Waking up</b> get right into the shower, brush teeth, go for a walk or exercise, get busy, change your morning routine.	02  <b>Morning coffee</b> buy coffee on the way to work, skip coffee, wait until work to have coffee, switch to iced coffee.
03  <b>When hungry</b> don't let self get too hungry, eat healthy meals, carry snacks with you, eat fruit, drink a lot of water or fat-free milk before you eat.	04  <b>After meals</b> don't overeat, don't linger at the table, clean up immediately after eating, go for a brisk walk, make tea, have a popsicle, don't go into a typical smoke area after eating, use straws or toothpicks.
05  <b>In the car</b> listen to a book on tape/CD, try new music, take a different route to work, avoid going to gas station/store where cigarettes are easily seen, keep windows rolled up, have car cleaned to get rid of.	06  <b>Breaks at work</b> avoid walking by smokers' break area, avoid leaving the building, bring something else to do like a book to read, talk or walk with non-smoking co-workers.

# MICHIGAN TOBACCO QUITLINK

1.800 QUIT.NOW

1.800.784.8669

Interprofessional Development Education Sessions can be found at

<https://moqc.org/eventspace/>

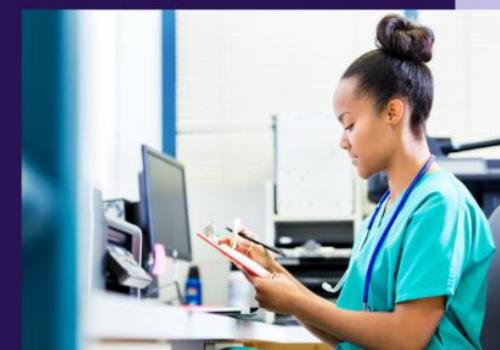
Tobacco Cessation IPD Session

## Tobacco Cessation

Two education opportunities!  
via Zoom

WEDNESDAY  
MAY 15, 12-1PM

TUESDAY  
MAY 21, 5-6PM

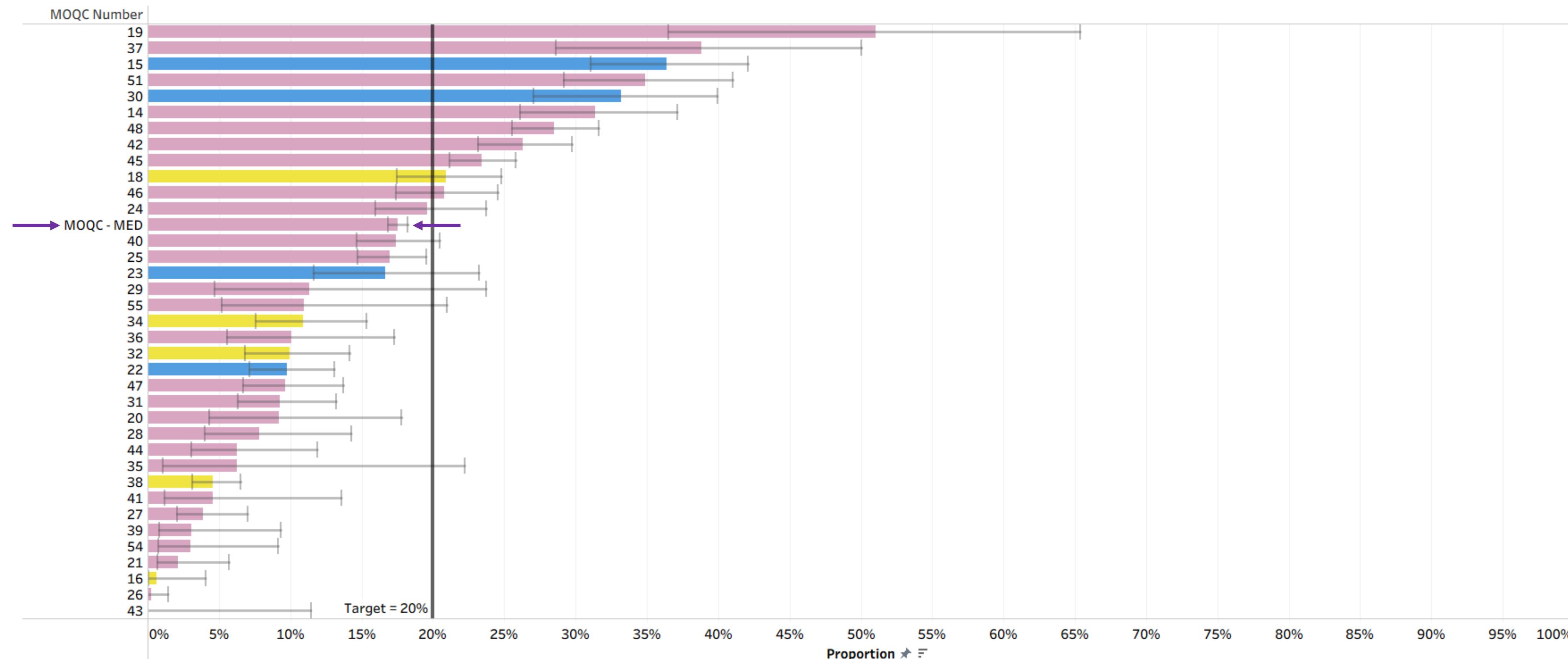


We'll discuss 

- Methods of documentation
- Connecting patients with resources
- Finding success despite challenges



103: Designated Advocate Documented on a Legally Recognized Document in the Inpatient or Outpatient Medical Record  
1/1/25 - 12/31/25, n = 11,662



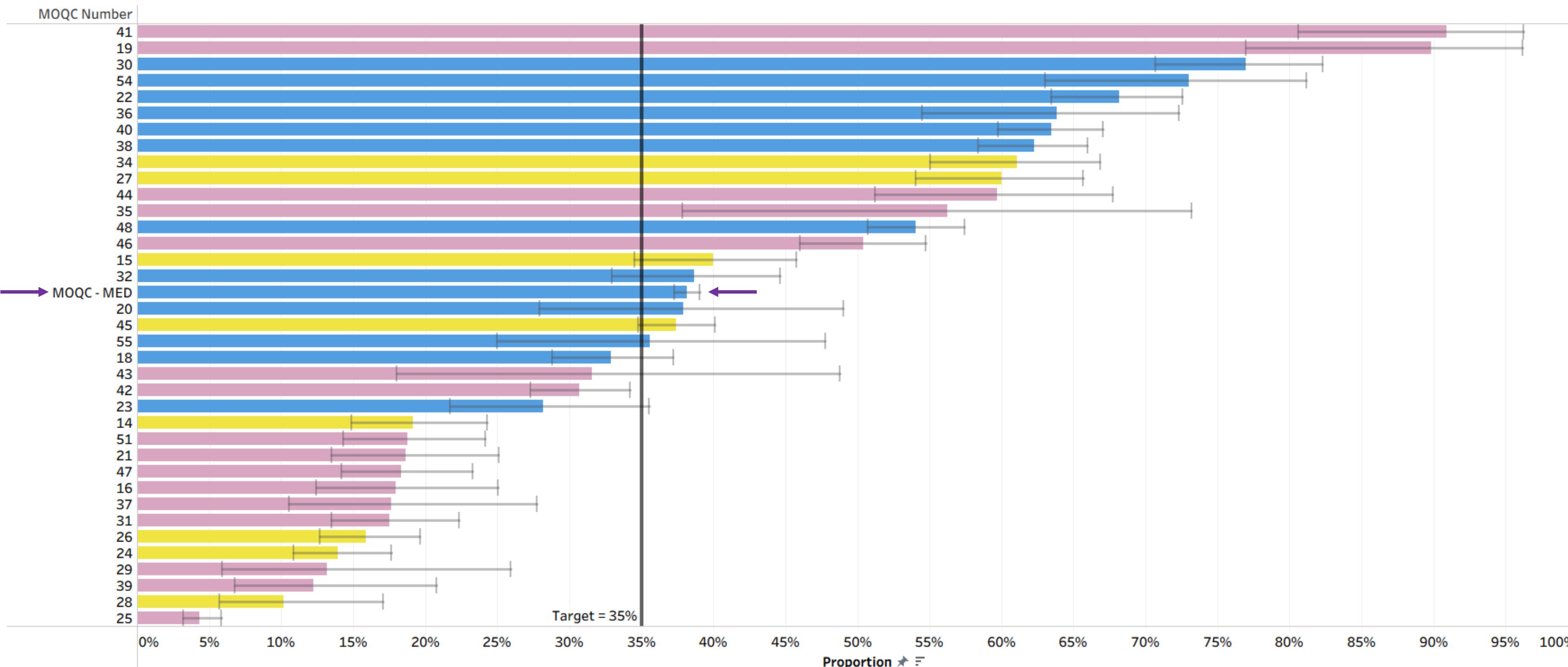
Performance Compared to Prior Year

- No Significant Change
- Improved
- Worsened

## 103: Designated Advocate Documented on a Legally Recognized Document in the Inpatient or Outpatient Medical Record



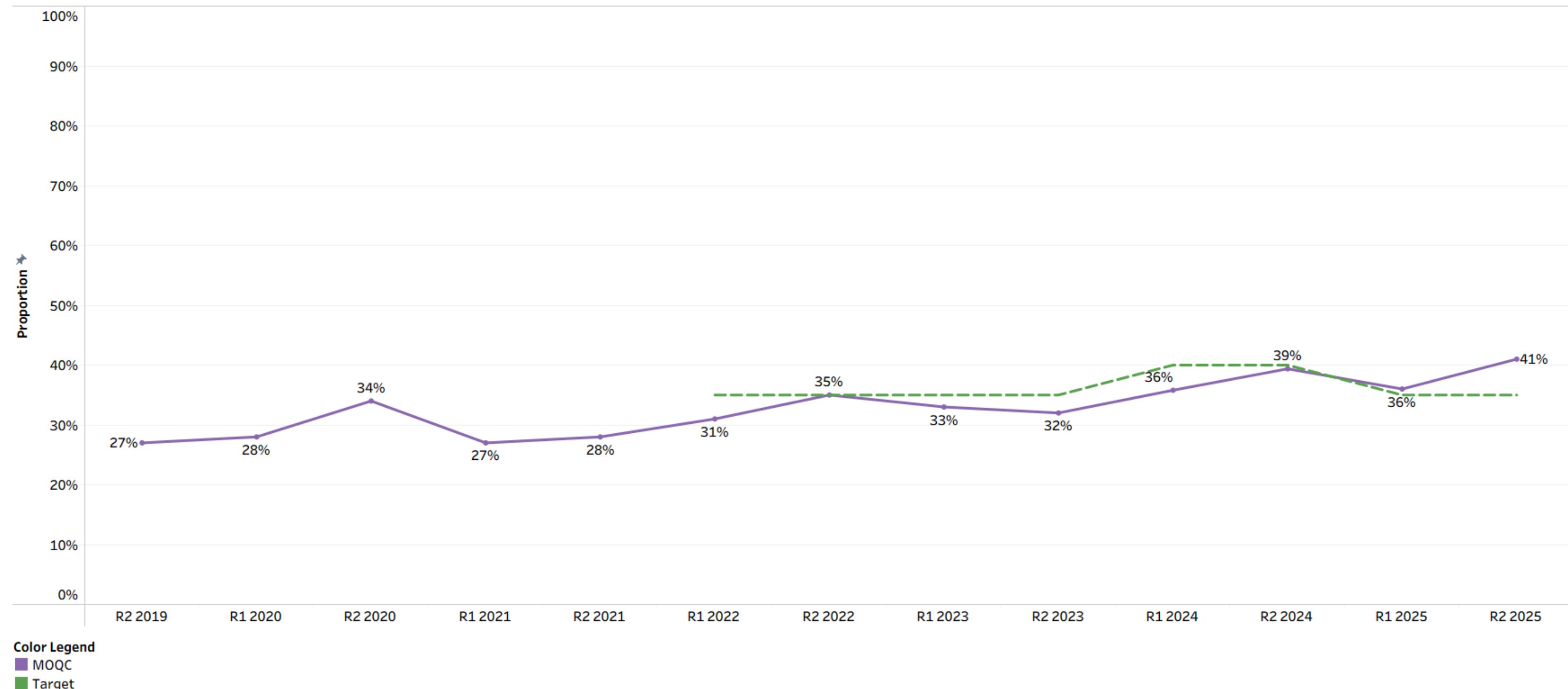
108a: Complete Family History Documented for Patients with Invasive Cancer  
 1/1/25 - 12/31/25, n = 11,662



Performance Compared to Prior Year

- No Significant Change
- Improved
- Worsened

## 108a: Complete Family History Documented for Patients with Invasive Cancer



## Hereditary Cancer Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Instructions: This is a screening tool for cancers that run in families. Next to each blood-related family member, please list any cancer(s) they have been diagnosed with and their age of diagnosis (if known). If you do not know the exact age of diagnosis, you can put an estimate, ex. 50s or 80s.

Examples of cancer types to consider: bladder, breast, colon/rectal, kidney, leukemia, lymphoma, ovarian, pancreatic, prostate, testicular, uterine, brain, liver, lung, melanoma, penile, sarcoma, skin, small bowel, stomach, thyroid

Be as thorough as possible

Please check if you do not know your blood-related family history (Ex. I'm adopted)

Relationship	Sex	Cancer Type(s)	Age(s) at Diagnosis
Child 1	<input type="checkbox"/> M <input type="checkbox"/> F		
Child 2	<input type="checkbox"/> M <input type="checkbox"/> F		
Child 3	<input type="checkbox"/> M <input type="checkbox"/> F		
Sibling 1	<input type="checkbox"/> M <input type="checkbox"/> F		
Sibling 2	<input type="checkbox"/> M <input type="checkbox"/> F		
Sibling 3	<input type="checkbox"/> M <input type="checkbox"/> F		
<b>Mother's Side</b>			
Relationship	Sex	Cancer Type(s)	Age(s) at Diagnosis
Mother	<input type="checkbox"/> M <input type="checkbox"/> F		
Grandmother	<input type="checkbox"/> M <input type="checkbox"/> F		
Grandfather	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 1	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 2	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 3	<input type="checkbox"/> M <input type="checkbox"/> F		
<b>Father's Side</b>			
Relationship	Sex	Cancer Type(s)	Age(s) at Diagnosis
Father	<input type="checkbox"/> M <input type="checkbox"/> F		
Grandmother	<input type="checkbox"/> M <input type="checkbox"/> F		
Grandfather	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 1	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 2	<input type="checkbox"/> M <input type="checkbox"/> F		
Aunt/Uncle 3	<input type="checkbox"/> M <input type="checkbox"/> F		

Are you of Ashkenazi Jewish descent?  Yes  No

Have you or anyone in your family had genetic testing for a hereditary cancer syndrome?  Yes  No

Clinician's Printed Name \_\_\_\_\_

Clinician's Signature \_\_\_\_\_

# Cancer Genetic Counseling: What to Know

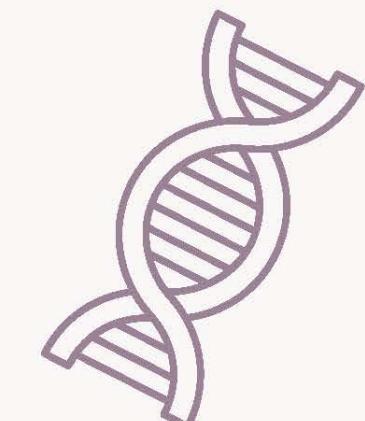
Cancer genetic counseling is for people who may have an increased chance of cancer due to their personal or family history of cancer. Genetic counselors are healthcare providers who can help assess if you have an increased risk of cancer by looking at your personal and family medical history. Having genetic counseling is your choice. The information below can help you decide if this is right for you.

## What are some reasons I might see a cancer genetic counselor?

You might see a cancer genetic counselor if you have a personal and/or family history of cancer that suggests an inherited risk. Clues that there may be an inherited risk for cancer in a family include:

- Cancers diagnosed at an earlier age than usual (diagnosed under age 50)
- Rare cancers such as male breast cancer
- Being diagnosed with more than one type of cancer
- Multiple family members with the same or related types of cancers
- Personal or family history of a hereditary cancer syndrome such as Lynch syndrome or hereditary breast and ovarian cancer syndrome

This list does not cover every reason a person might see a cancer genetic counselor. If you are not sure about seeing a genetic counselor, ask your doctor if they think it is right for you.



## What happens during a genetic counseling appointment?

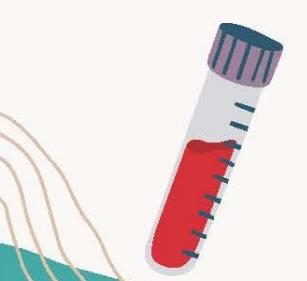
You will meet with a genetic counselor and sometimes another healthcare provider, like a doctor. In this meeting, you will discuss your personal and family medical history.

The genetic counselor will explain genetic testing, and review the benefits and risks to help you decide if genetic testing is right for you. The genetic counselor will assess if you are at increased risk for cancer and talk about your options for preventing cancer.



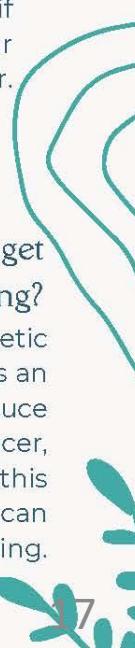
## What kind of sample is used for genetic testing?

If you decide to have genetic testing, it is normally done using a blood, saliva, or cheek swab sample. In rare cases, your provider might ask for a different kind of sample.



## What information could I get from genetic testing?

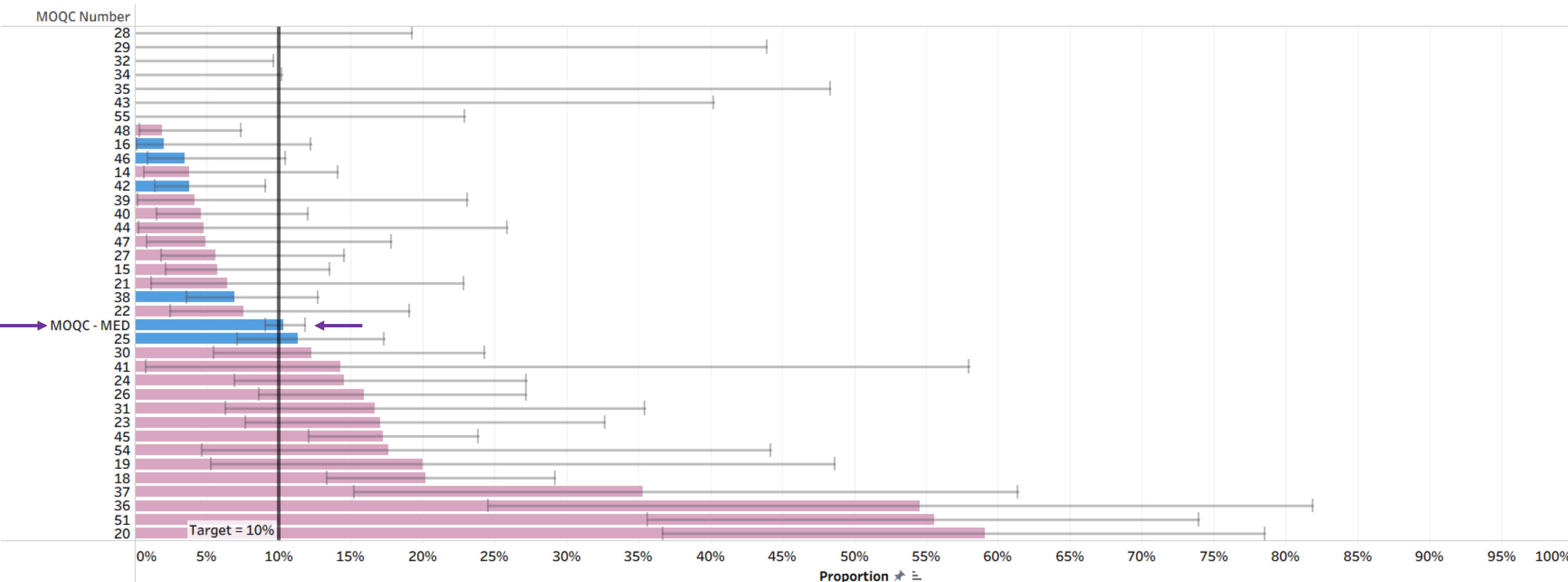
The purpose of cancer genetic testing is to see if someone has an inherited genetic change that may put them at higher risk for some cancers. If someone has an inherited risk for cancer, there are often ways a healthcare provider can help reduce their chance for cancer or find it early. When a person has an inherited risk of cancer, this means their family may also be at risk. It is recommended to share this information with family members, but that is your choice. A genetic counselor can help you talk about this with relatives, if you are willing.



## 114: NK1RA with Cycle 1 of Low or Moderate Emetic Risk Chemotherapy

(Lower Score = Better)

1/1/25 - 12/31/25, n = 1,952



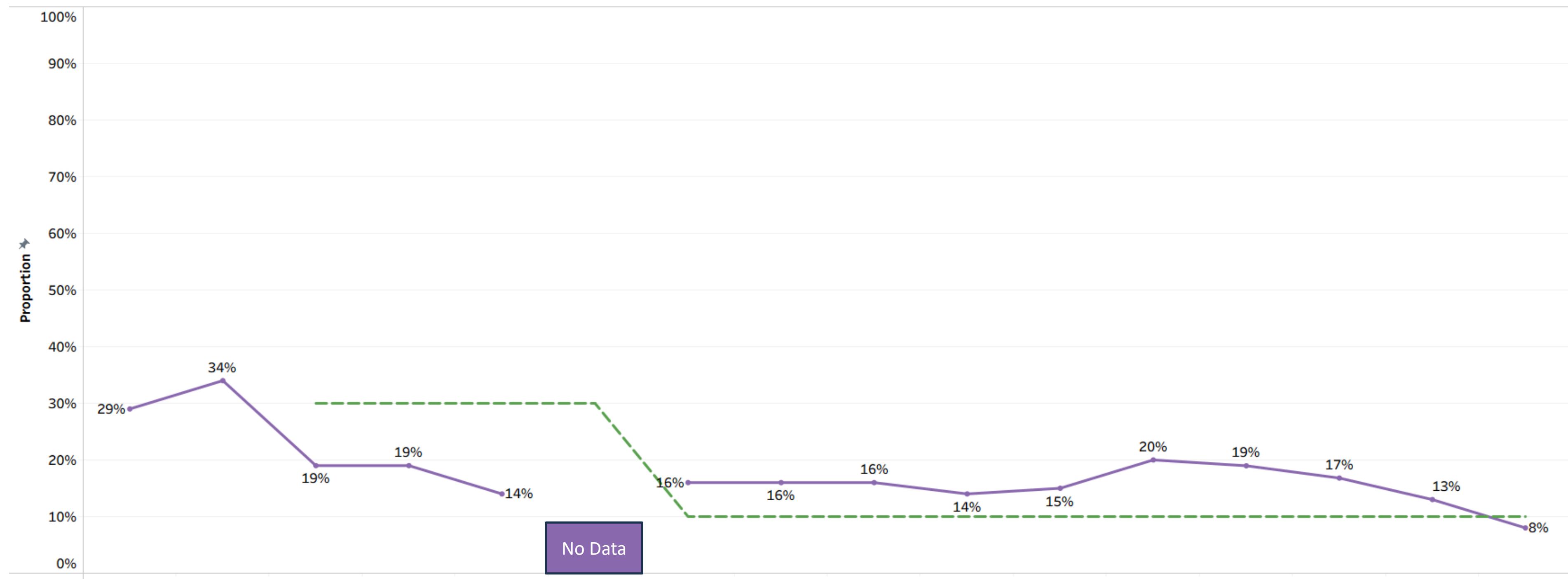
Patients receiving treatment on antiemetic clinical trial excluded.

Performance Compared to Prior Year

No Significant Change

Improved

**114: NK1RA with Cycle 1 of Low or Moderate Emetic Risk Chemotherapy**  
(Lower Score = Better)



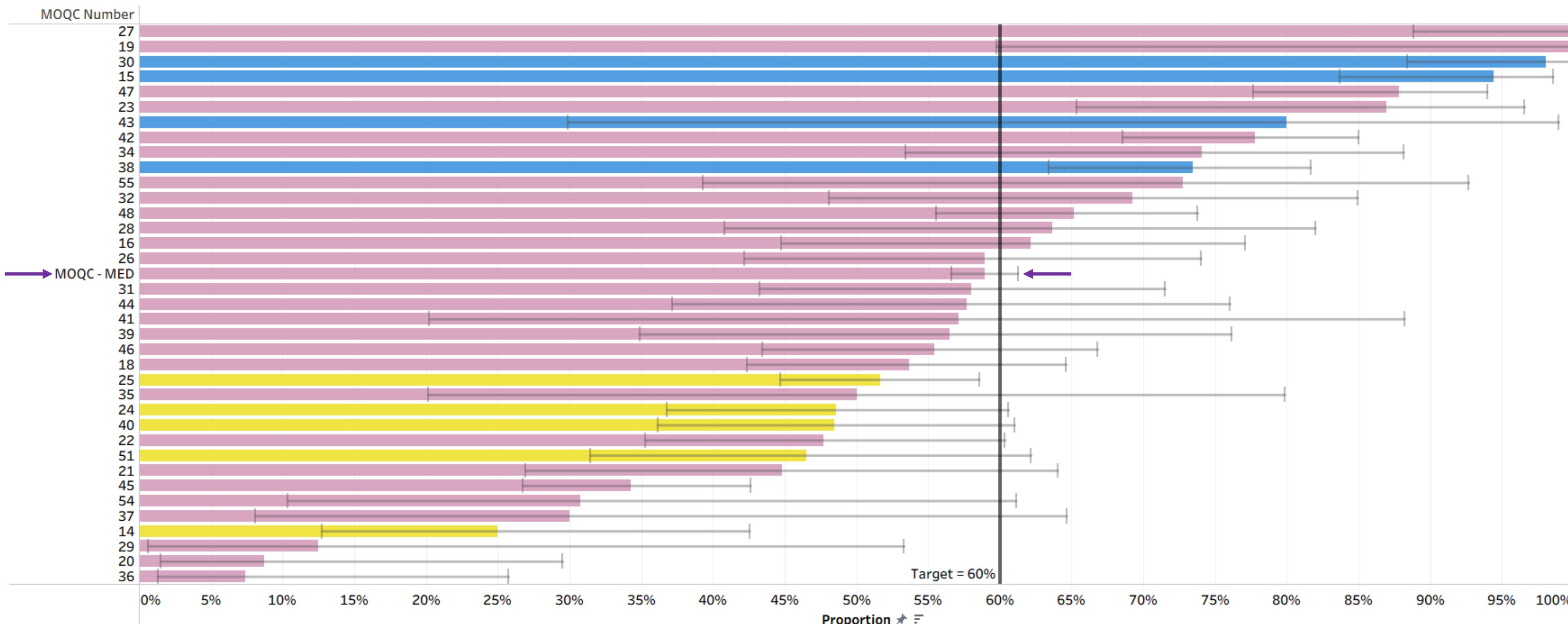
## Color Legend

MOQC

Target

## 115: Olanzapine Prescribed as Part of a 4-Drug Antiemetic Regimen with Cycle 1 High Emetic Risk Chemotherapy

1/1/25 - 12/31/25, n = 1,756



Patients receiving treatment on antiemetic clinical trial excluded.

Performance Compared to Prior Year

No Significant Change

Improved

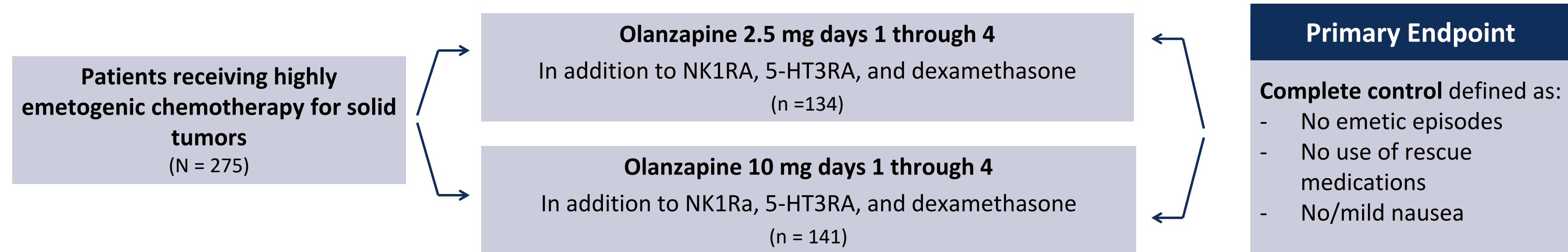
Worsened

## 115: Olanzapine Prescribed as Part of a 4-Drug Antiemetic Regimen with Cycle 1 High Emetic Risk Chemotherapy



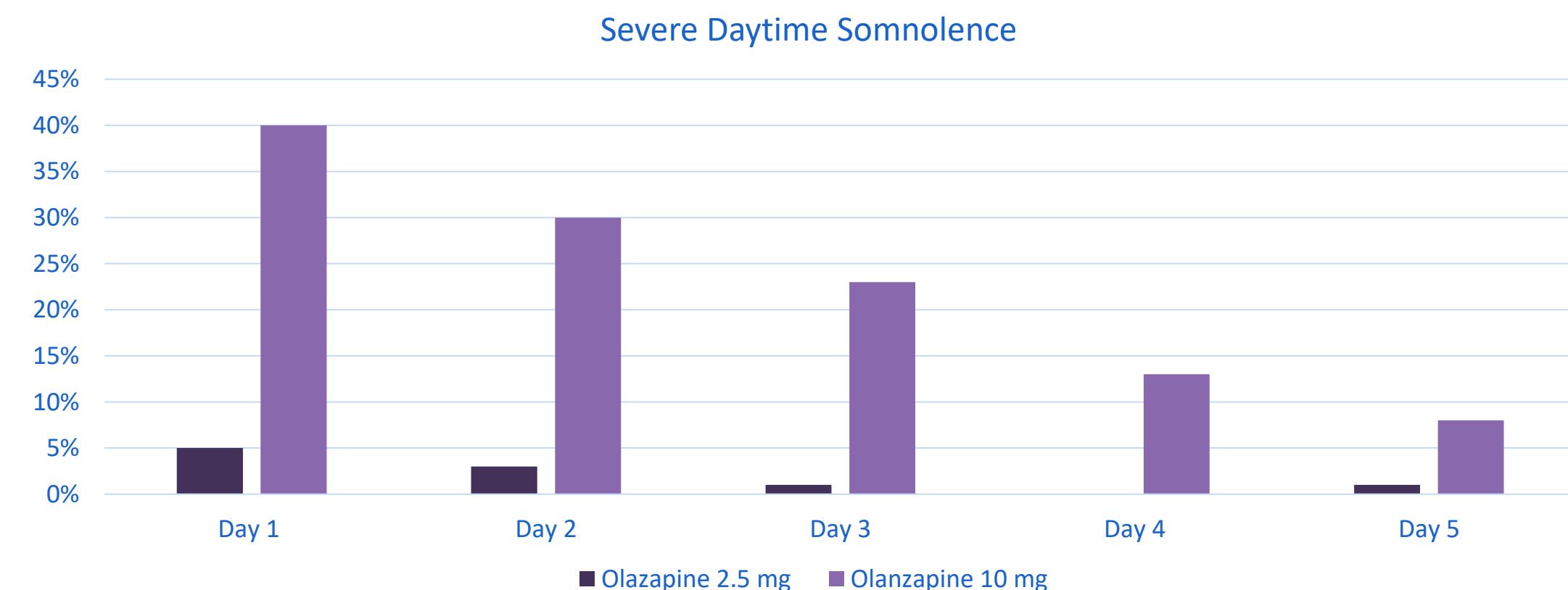
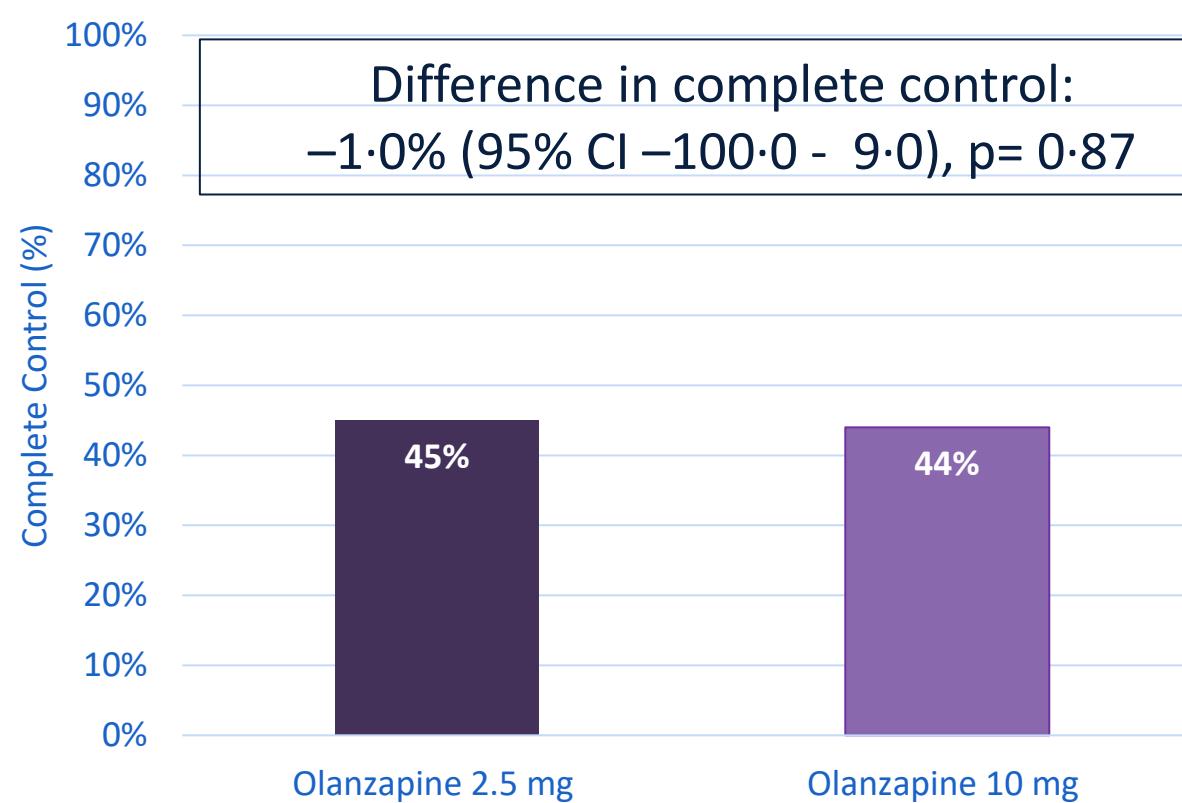
Color Legend  
MOQC  
Target

# Low-Dose Olanzapine as Part of a 4-Drug Regimen



## Phase III non-inferiority randomized controlled trial

Non-inferiority margin: 10% difference in 1 yr endpoint (one-sided 95% CI)



# 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](http://www.cancer.gov)  
American Cancer Society - [www.cancer.org](http://www.cancer.org)  
American Society of Clinical Oncology - [www.cancer.net](http://www.cancer.net)  
National Comprehensive Cancer Network - [www.nccn.org](http://www.nccn.org)

## 115: NK1 Receptor Antagonist & Olanzapine Given as Part of a 4-Drug Regimen with High Emetic Risk Chemotherapy



### What is this measure?

- High emetic risk chemotherapy is defined as greater than 90% frequency of emesis (vomiting) from chemotherapy in the absence of effective preventative measures
- Goals of this measure include:
  - Increasing the use of guideline-concordant prescribing of antiemetic therapy
  - Increasing the use of olanzapine
  - Reduce unplanned medical care or hospitalization
- 4-Drug Antiemetic Regimen For High Emetic Risk Chemotherapy:
  - Neurokinin-1 Receptor Antagonists (NK1RA)
  - 5HT3 Receptor Antagonists
  - Corticosteroids
  - Olanzapine
- Resources:
  - ASCO Guidelines: <https://ascopubs.org/doi/10.1200/JCO.20.01296>
  - NCCN Guidelines: <https://pubmed.ncbi.nlm.nih.gov/28687576/>

### Why is this measure important?

- Chemotherapy-induced nausea and vomiting (CINV) is a feared side effects of cancer treatment
- If not adequately controlled, CINV can add to patients' morbidity, cost of therapy, and impair the patient's quality of life
- Appropriate use of antiemetics in patients receiving high emetic risk chemotherapy improves symptoms, decreases unscheduled medical care, and reduces the risk of unplanned hospitalization

### What is included in this measure?

- Determine if patient received chemotherapy
  - Chemotherapy administered, date of chemotherapy start, patient received IV chemotherapy during cycle 1 of initial chemotherapy treatment (yes/no), start date of IV chemotherapy during cycle 1 of initial treatment
- Determine emetic risk of chemotherapy received
- Determine what antiemetics were administered including dates of administration

### Where can abstractors find this information?

- Medication Administration Record (MAR)
- Chemotherapy Flowsheet
- Medication List or Pharmacy Records
- Abstractors may use the search option in some EMRs

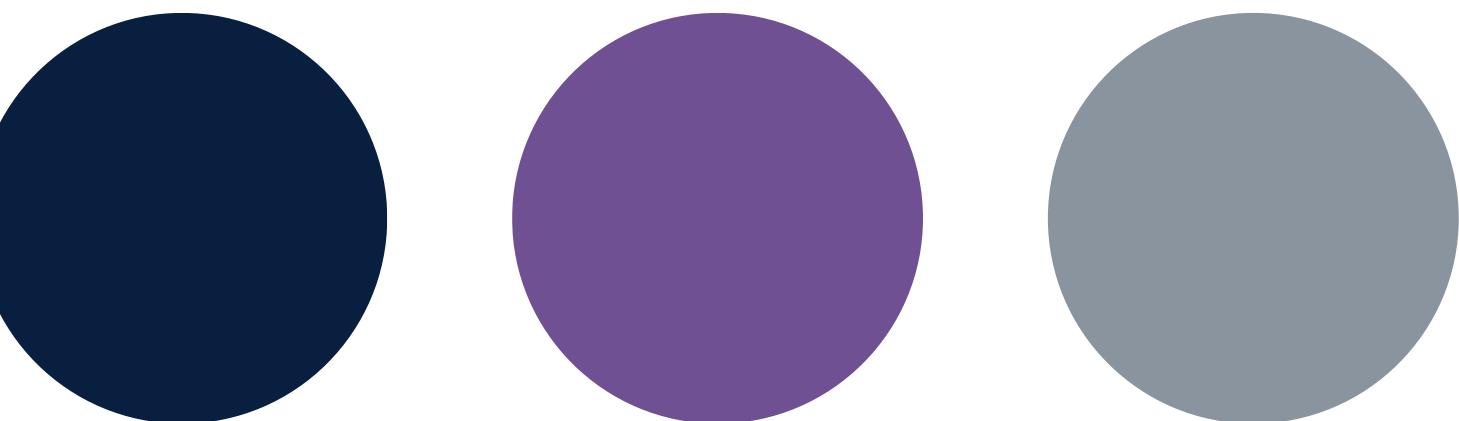
# Measure Takeaways

- **Prevention and Risk Assessment**
  - Performance for tobacco cessation (101b) has been stable
    - No practice saw a significant decline in performance
  - Complete family history (108a) has improved across MOQC, above the target for 2025
- **Care Coordination**
  - MOQC is almost to the target for designated patient advocate (103)
- **Antiemetics**
  - Performance for NK1RA on low/moderate emetic risk chemo (114) has steadily improved across MOQC
  - Performance for olanzapine on high emetic risk chemo (115) is meeting target (with confidence interval)





# DISCUSSION



# End-of-Life Measures

- Hospice enrollment
- Time on hospice
- Anticancer therapy administration
- Palliative care consultation

## Chart Selection Criteria for Presented Data

**Abstracted January 1, 2025 – December 31, 2025**

### Eligible Patient Criteria

18 or older at diagnosis

Invasive malignancy or hematologic malignancy\*

### EOL patients only need to meet criteria below:

Patient must have died 12/1/2023 – 11/30/2025

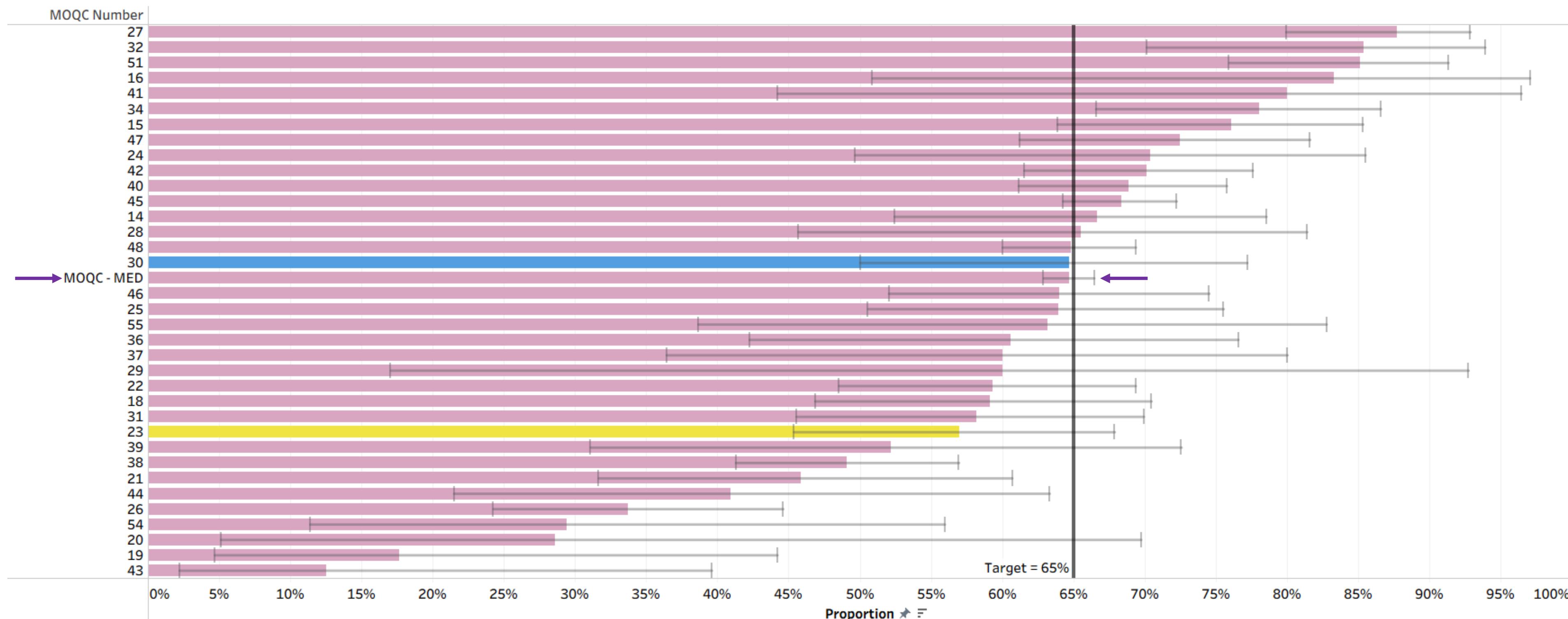
Patient must have a known date of death

Death related to cancer or cancer-related treatment

2 office visits (practitioner): Within 12 months preceding death

\*Hematologic malignancies excluded from measures 126a, 126b, 126c, 127, 127a, 128

126a: Hospice Enrollment  
1/1/25 - 12/31/25, n = 2,841



Patients with hematologic malignancies excluded.

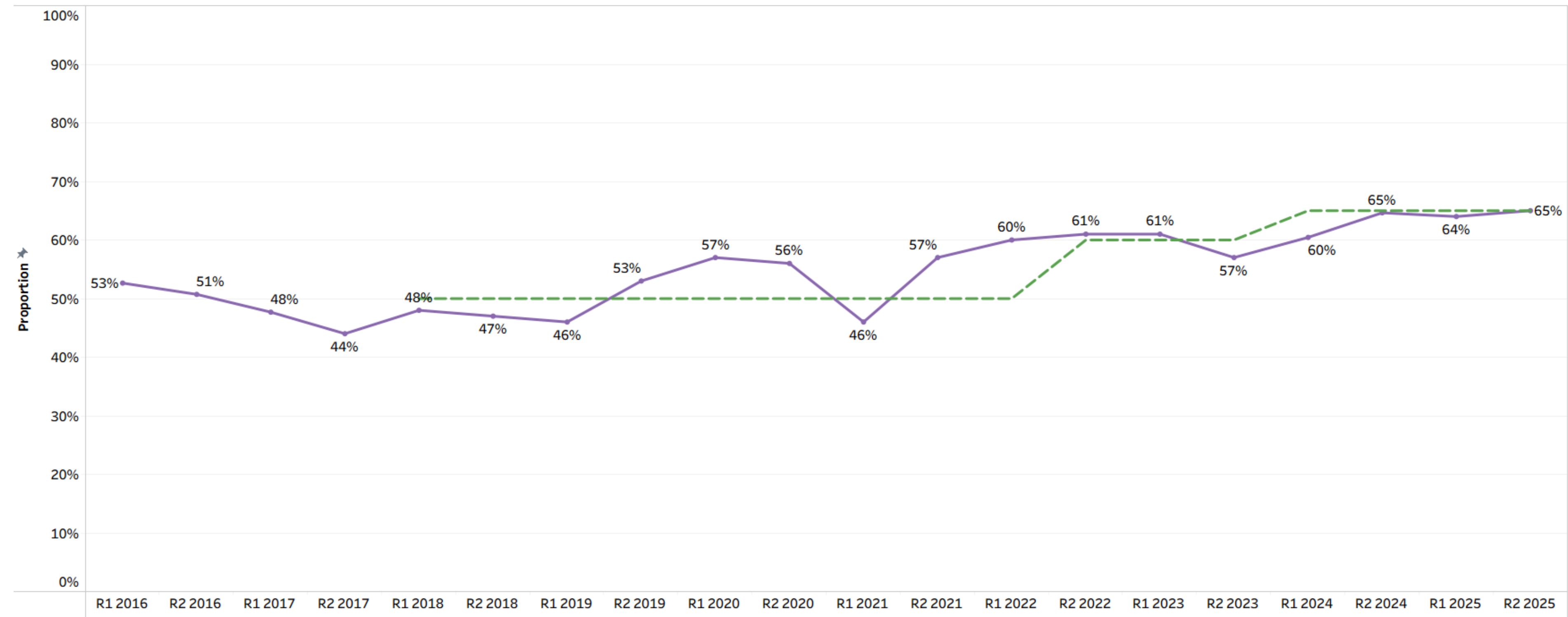
Performance Compared to Prior Year

No Significant Change

Improved

Worsened

## 126a: Hospice Enrollment



Color Legend

- MOQC (Purple)
- Target (Green)

# Letter Templates

## Hospice Patient Enrollment Notification Template

## Hospice Patient Death Notification Template

## MOQC Pathways

### Palliative Radiation for Oncology Patients with Bone Metastases

### View Map of Participating Hospices & Radiation Oncology Practices

### Palliative Radiation for Oncology Patients on Hospice with Bleeding



## Hospice Conversations:

### Words That Make It Easier for Patients and Their Loved Ones

Hospice conversations can feel emotionally charged and uncertain, but with the right words, we can create space for clarity, connection, and patient-centered decisions. Consider using these five phrases to invite open-ended conversation, foster shared understanding, and ease fear or resistance.

What are you (both) hoping for, right now?

Validate both patient and caregiver voices.

Would it be okay if we talked together about what's ahead?

Set a collaborative tone and signal safety.

If things do not go as we hope, what would be most important to you and your family?

Ease into planning, while honoring hope.

I wish things were different. Can we talk together about what this means and what matters now?

Combine empathy with realism and invite unity.

What does a good day look like for you, and how can we protect that?

This phrase is value-based, inclusive, and actionable.

### Tips for Timing and Approach:

#### Normalize Early, Revisit Often:

Framing the conversation as something many people find helpful to start early. Emphasize that it can be revisited as things evolve.

#### Anchor in Shared Values:

Identify what matters most to the patient and family (e.g., being home, avoiding pain, seeing family) and shape the care plan around those values.

#### Be Mindful of Presence:

**Posture:** Sit at eye level. A relaxed, open posture invites connection.

**Tone:** Use a compassionate voice. Pauses and silence are okay. Let emotions breathe.

**Environment:** Choose a quiet, private space. Limit distractions. A peaceful setting helps patients and families feel safe and heard.



### Common traps to avoid:

1. Leaving the caregiver out: Caregivers may have unspoken fears or misunderstandings. Invite them in.

2. Rushing the conversation: Let the silence and pauses do the work. Patients and caregivers need space.

3. Using euphemisms like "comfort care only": Be clear, respectful, and honest. Clarity is kindness.

### Mindset Reminders

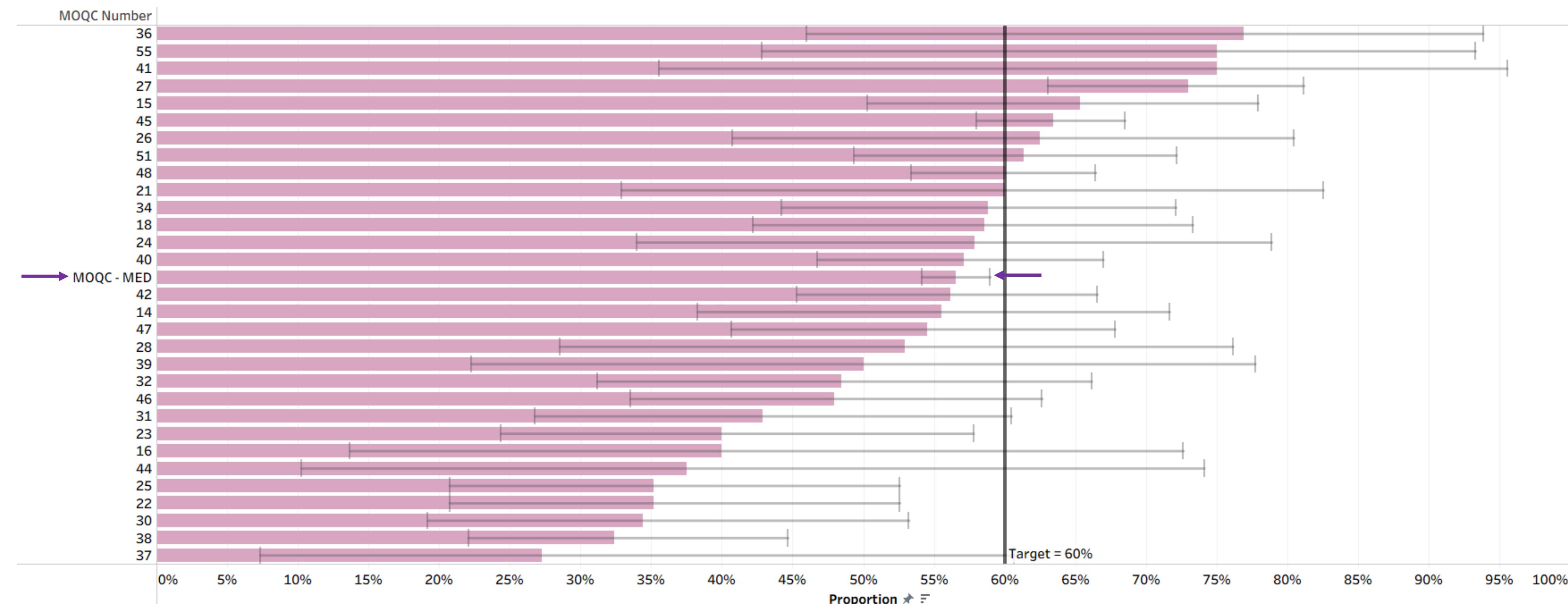
**Presence > Perfection**  
Show up, listen well.

**Two Voices, One Conversation**  
Speak to both the patient and their support person with compassion and clarity.

**Make it Safe, Not Final**  
One conversation rarely does it all. Open the door and let them walk through at their pace.

## 126b: Hospice Enrollment More than 7 Days Before Death

1/1/25 - 12/31/25, n = 1,653

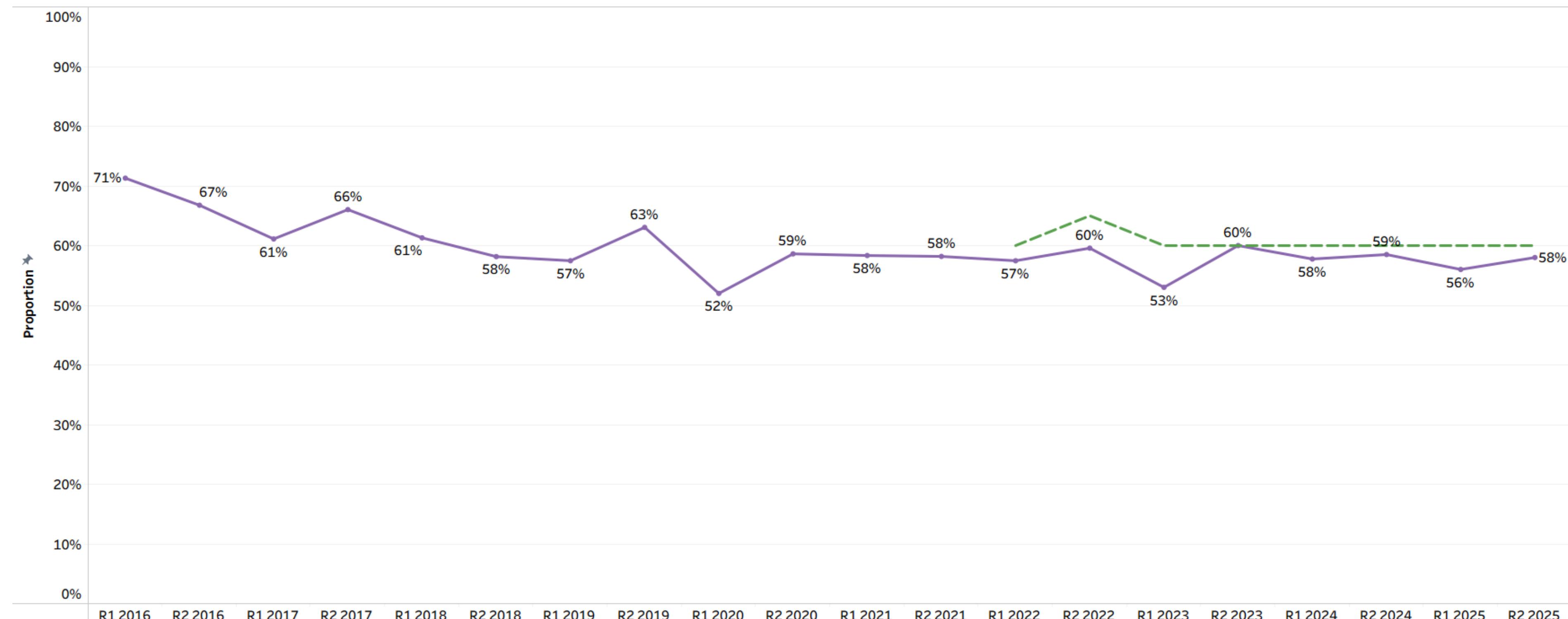


Patients with hematologic malignancies excluded.

Performance Compared to Prior Year

 No Significant Change

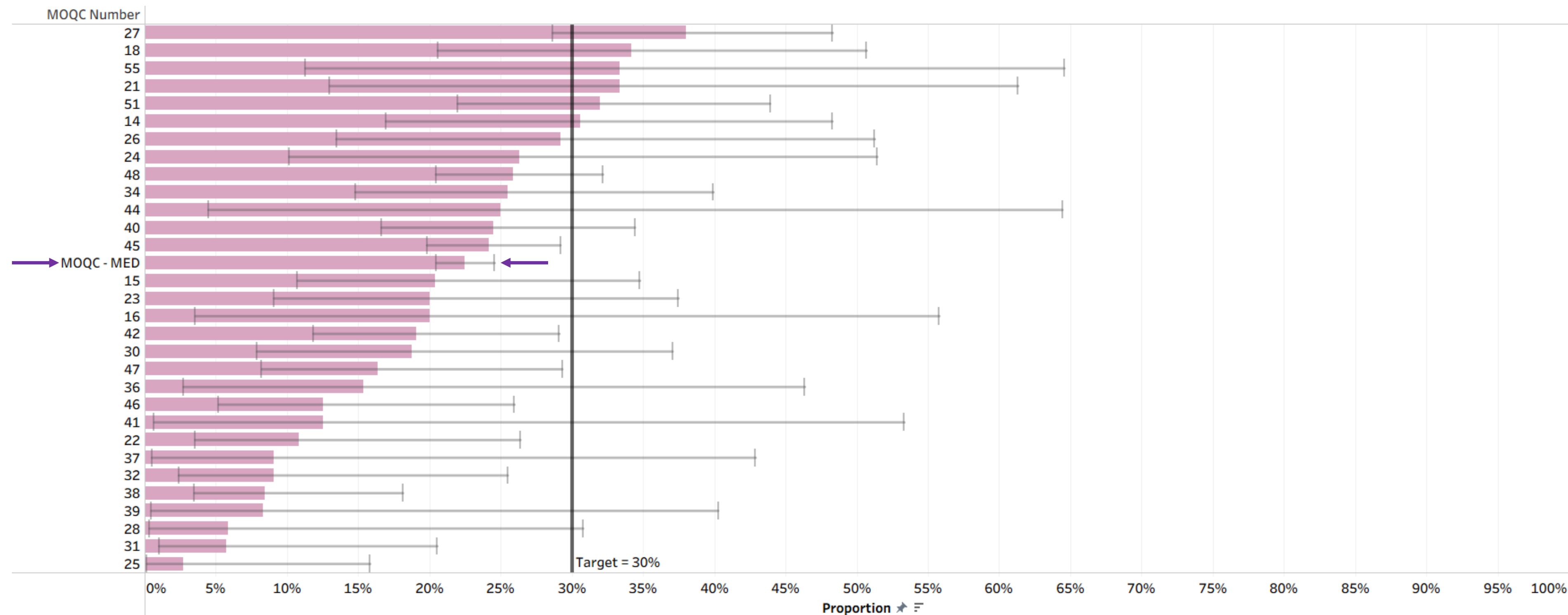
## 126b: Hospice Enrollment More than 7 Days Before Death



Color Legend

- MOQC (Solid Purple)
- Target (Dashed Green)

126c: Hospice Enrollment More than 30 Days Before Death  
1/1/25 - 12/31/25, n = 1,653

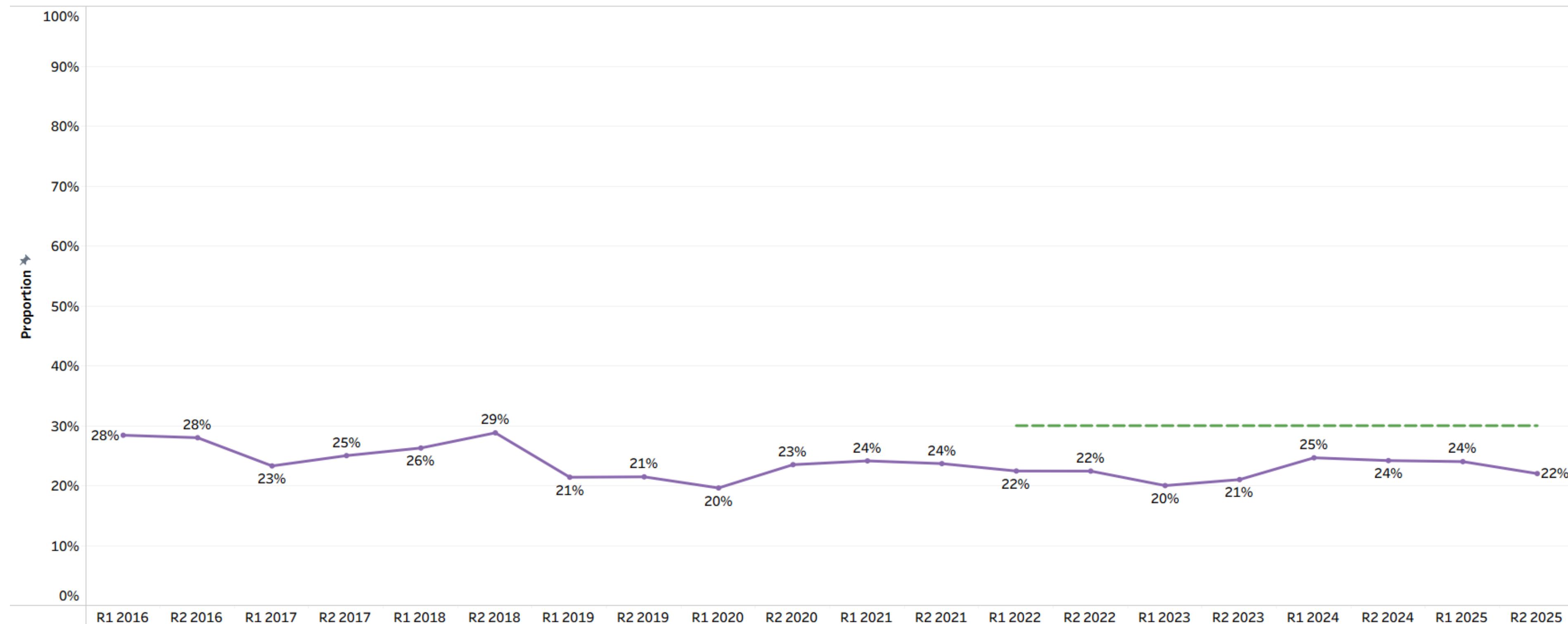


Patients with hematologic malignancies excluded.

Performance Compared to Prior Year

■ No Significant Change

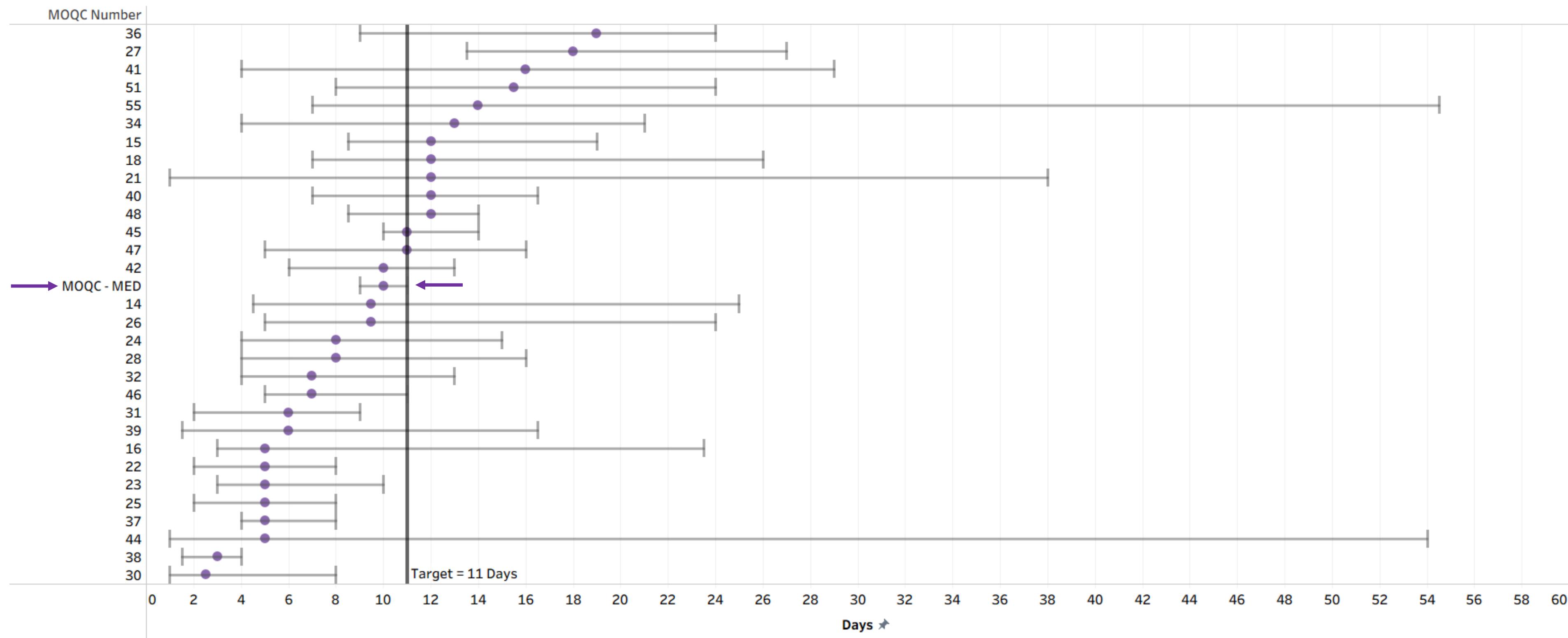
### 126c: Hospice Enrollment More than 30 Days Before Death



**Color Legend**  
█ MOQC  
█ Target

126d: Median Days on Hospice

1/1/25 - 12/31/25, n = 1,660



Patients with hematologic malignancies excluded.

# WHAT MATTERS TO YOU?

## Deciding if Hospice is Right for You CONVERSATION GUIDE



### WHAT WILL I DO WHEN MY LOVED ONE IS ON HOSPICE?

Caring for a loved one with a serious illness is one of the most important roles you can play. As the primary caregiver while your loved one is on hospice, your tasks range from buying groceries and cooking meals, to arranging medical appointments, to providing hands-on care such as bathing and changing bed linens.

### WHAT DOES HOSPICE PROVIDE FOR MY LOVED ONE AND OUR FAMILY?

- Medications that are needed for comfort
- Medical equipment and supplies
- Short-term inpatient care at approved facilities for symptoms that cannot be controlled at home
- Temporary care away from home, also called respite care
- Other complimentary services such as volunteers, music therapy, massage, and pet therapy may be available.

### YOUR WELL-BEING IS IMPORTANT.

It is natural to feel isolated and burdened by the responsibilities of caregiving. You may feel unsure about the decision-making that comes with being a caregiver. You may feel doubts about your ability to care for your loved one.

### HOW CAN HOSPICE HELP?

Hospice professionals can show you how to do many of these important tasks. You will have a team, including a nurse, doctor, social worker, home health aides, and spiritual care, that will help you with the physical responsibilities of caregiving and support your emotional needs. You may reach out to your hospice team whenever you need them.

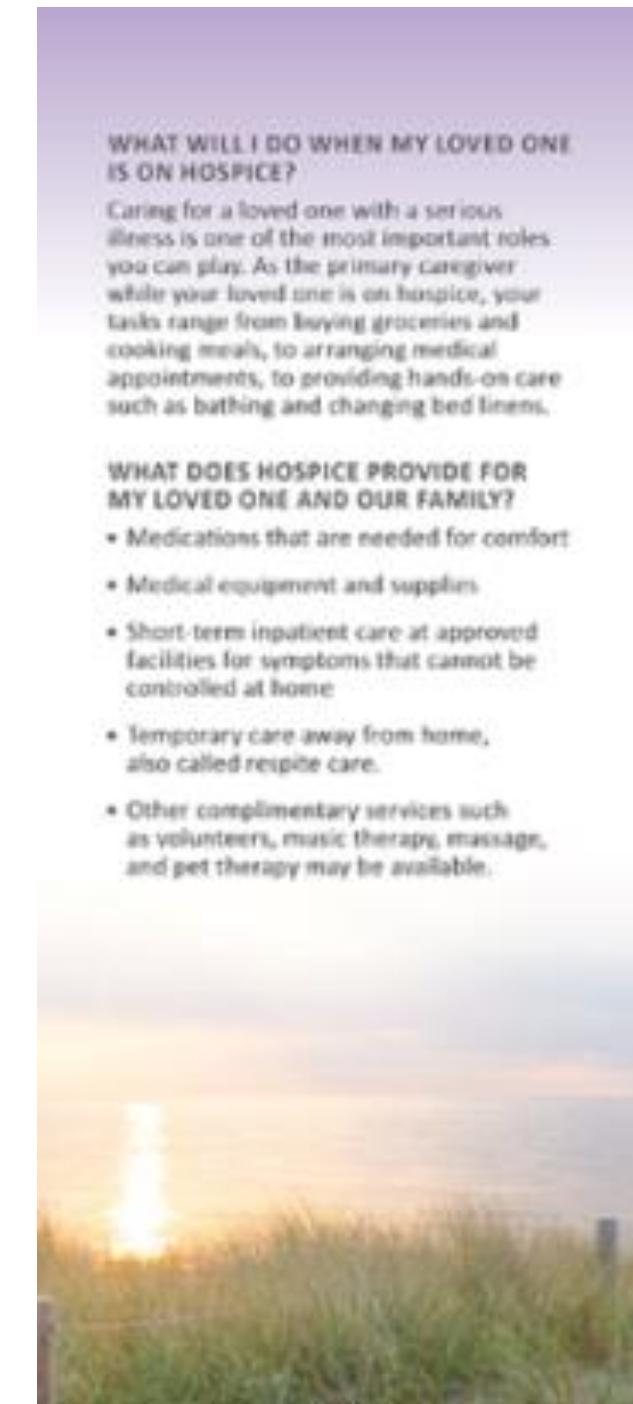
Hospice can also help you develop a plan to meet your own needs and find other resources. Reaching out to family, friends, your church, or your social groups can also be especially helpful.

### WHAT ELSE SHOULD I KNOW?

Enrolling your loved one in hospice is optional. Hospice care can be cancelled or changed for any reason at any time.

Talk about hospice with your family and friends. Sharing this pamphlet might help you to start the conversation. You can request a hospice informational visit that may help you to make a choice between hospices.

Ask about hospices in your area.



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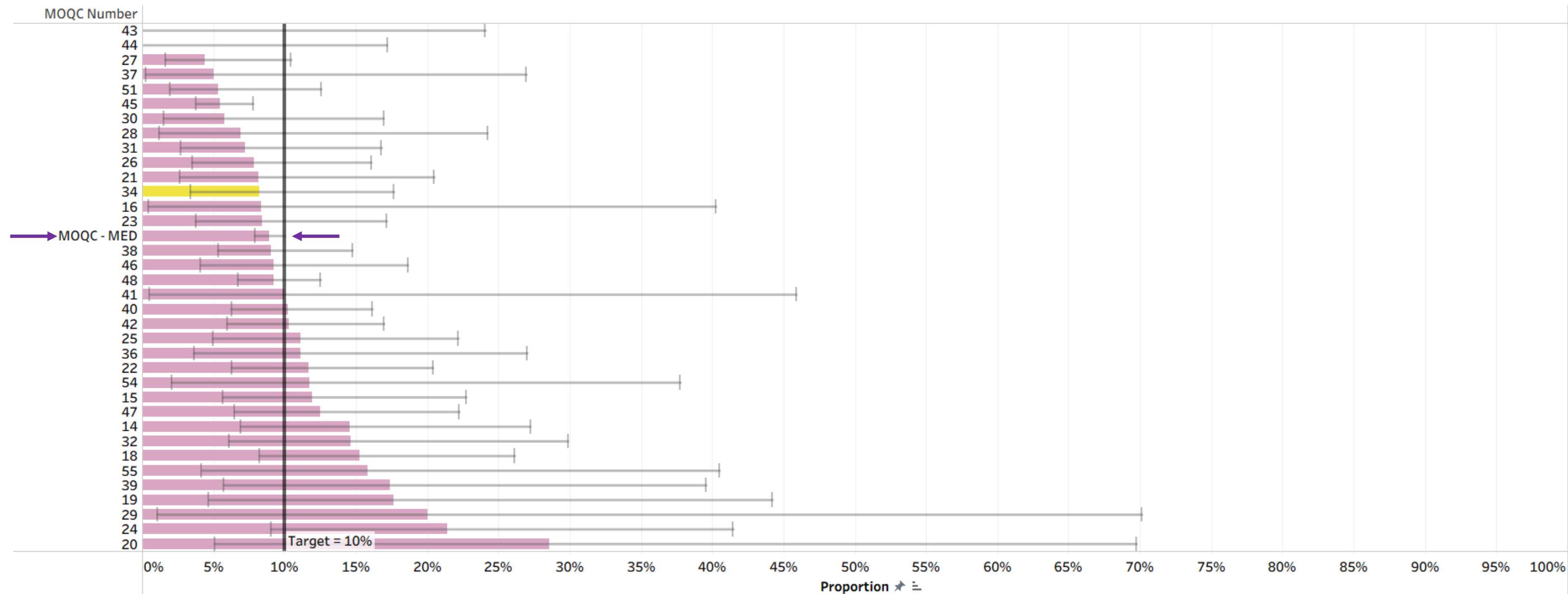
# Is HOSPICE Right for MY LOVED ONE and Me?



127a: Any Anticancer Therapy, Including Chemotherapy, Administered within the Last 14 Days of Life

(Lower Score = Better)

1/1/25 - 12/31/25, n = 2,879



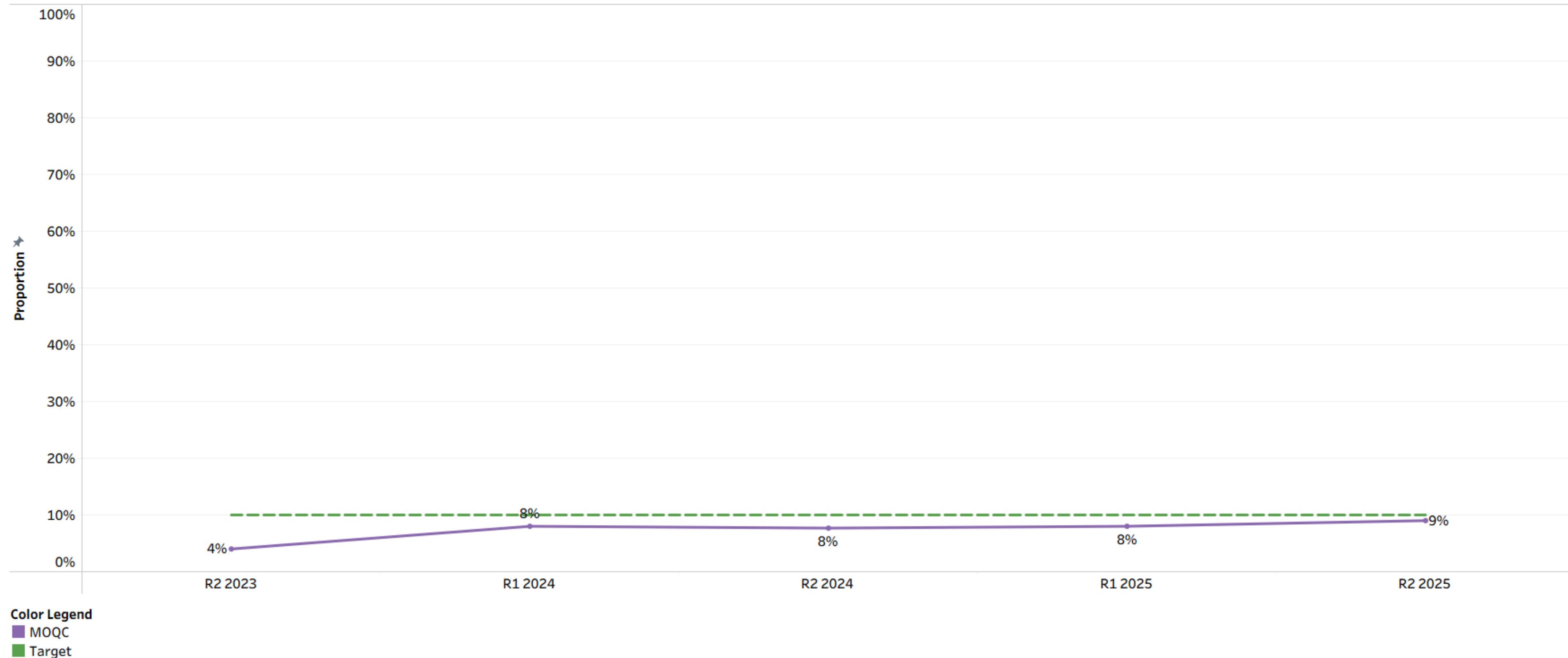
Patients with hematologic malignancies excluded.

Performance Compared to Prior Year

No Significant Change

Worsened

127a: Any Anticancer Therapy, Including Chemotherapy, Administered within the Last 14 Days of Life  
(Lower Score = Better)



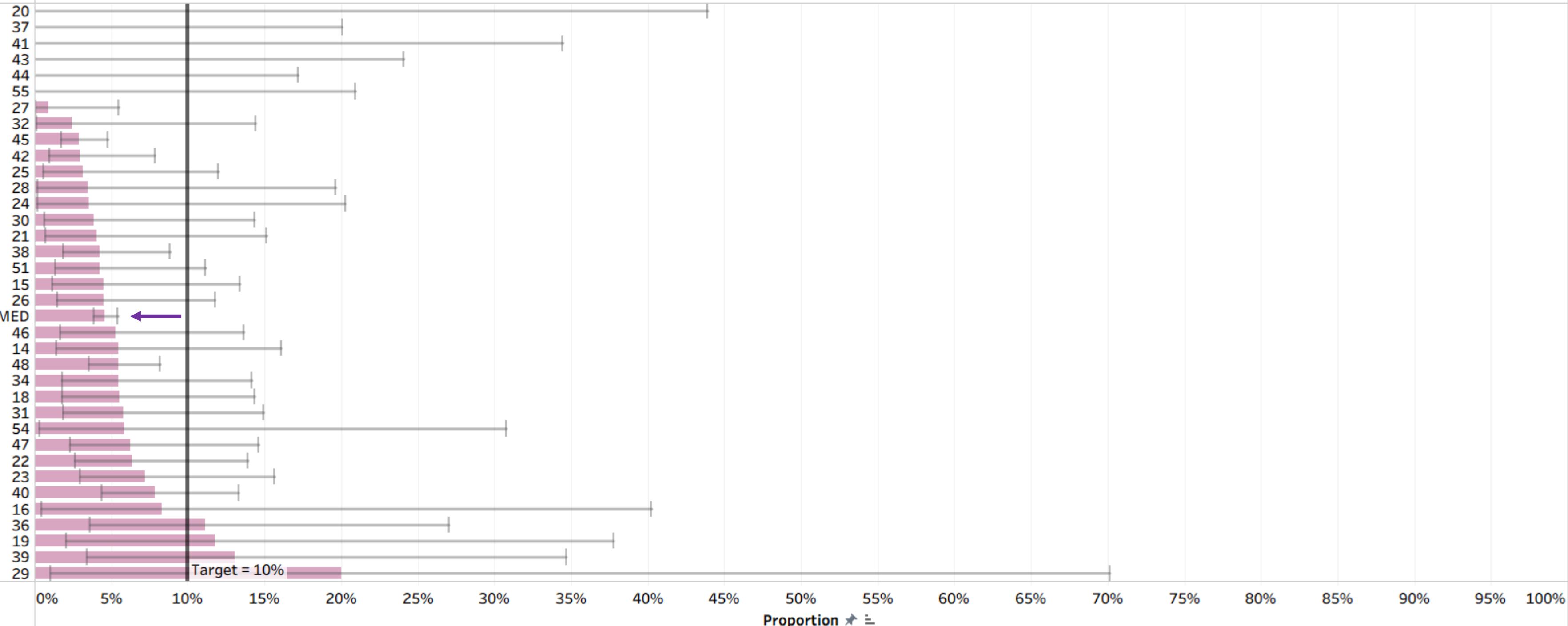
## 128: Non-Chemotherapy Anticancer Agent Administered within the Last 14 Days of Life

(Lower Score = Better)

1/1/25 - 12/31/25, n = 2,879



MOQC Number

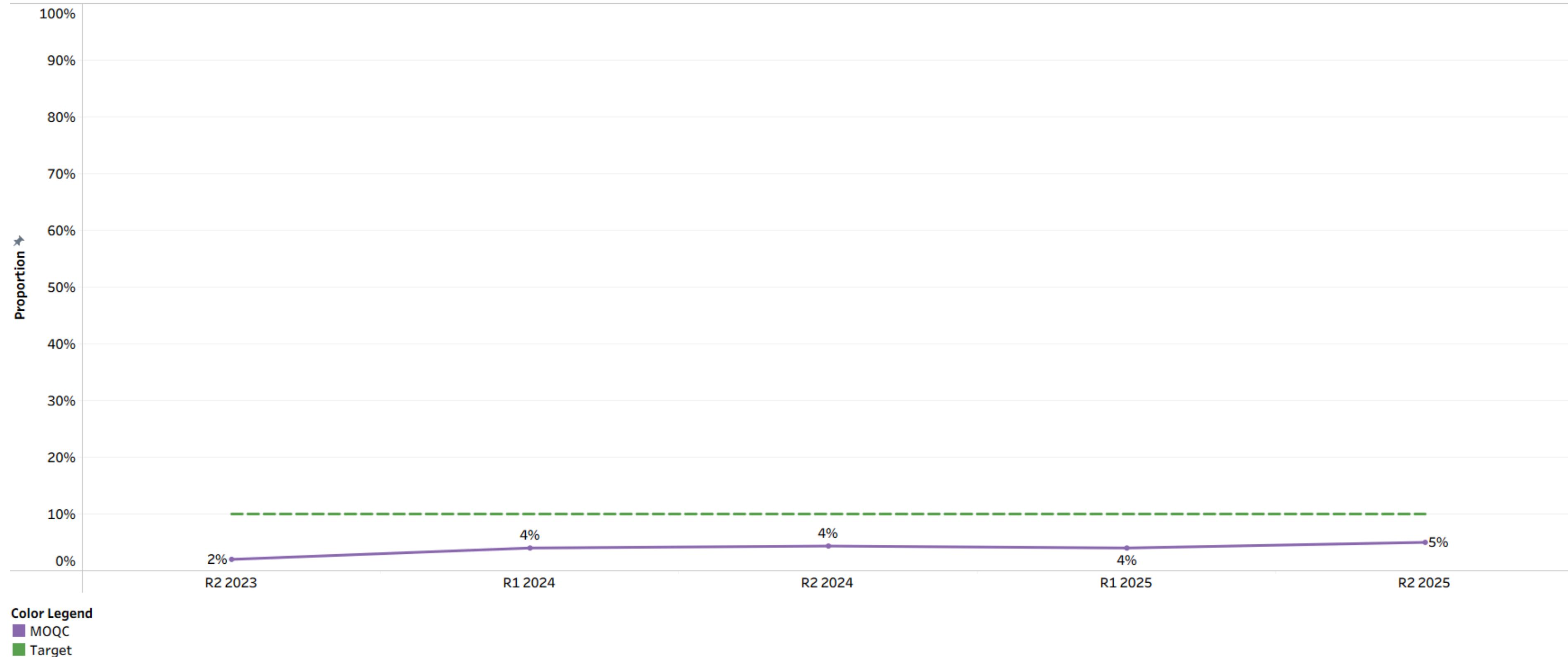


Patients with hematologic malignancies excluded.

Performance Compared to Prior Year

No Significant Change

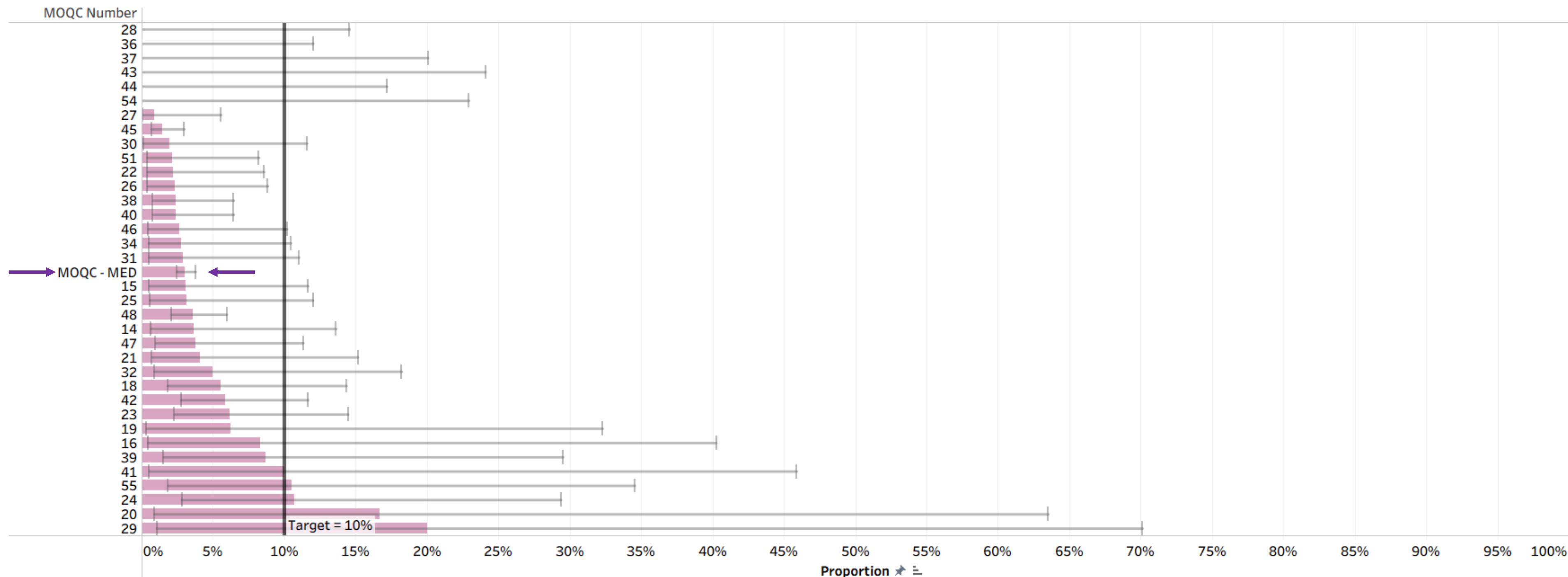
128: Non-Chemotherapy Anticancer Agent Administered within the Last 14 Days of Life  
(Lower Score = Better)



130: Beginning a New Anticancer Regimen within the Last 14 Days of Life

(Lower Score = Better)

1/1/25 - 12/31/25, n = 2,859



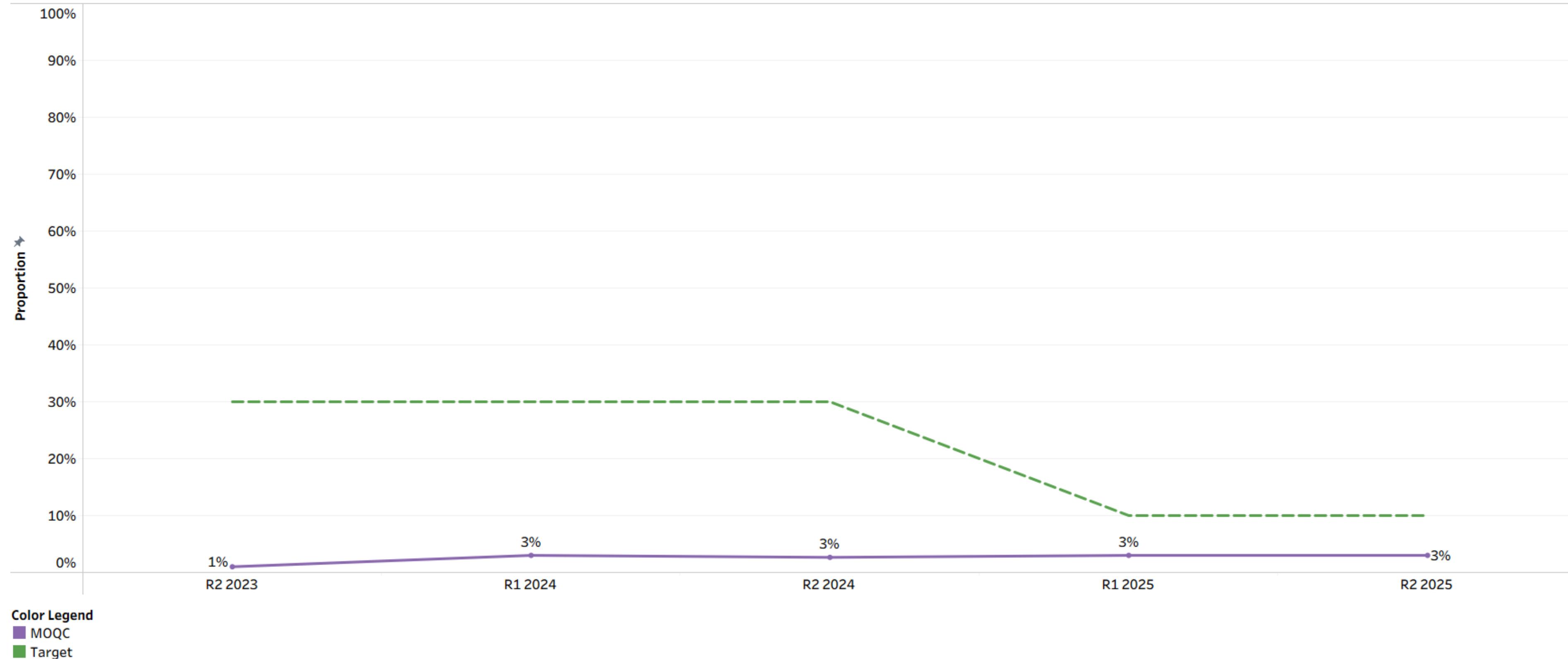
Patients with hematologic malignancies excluded.

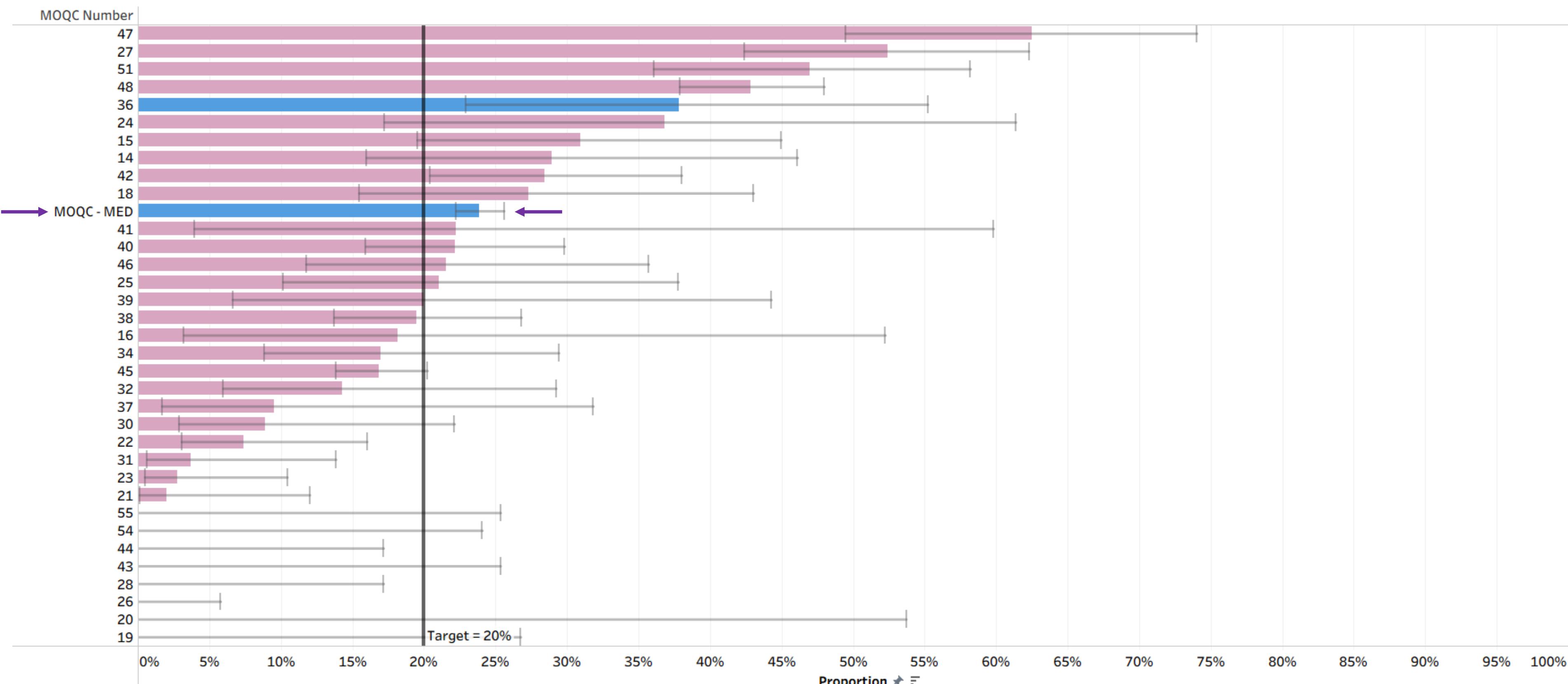
Patients receiving a new anticancer drug/regimen as part of a clinical trial excluded.

Performance Compared to Prior Year

No Significant Change

130: Beginning a New Anticancer Regimen within the Last 14 Days of Life  
(Lower Score = Better)



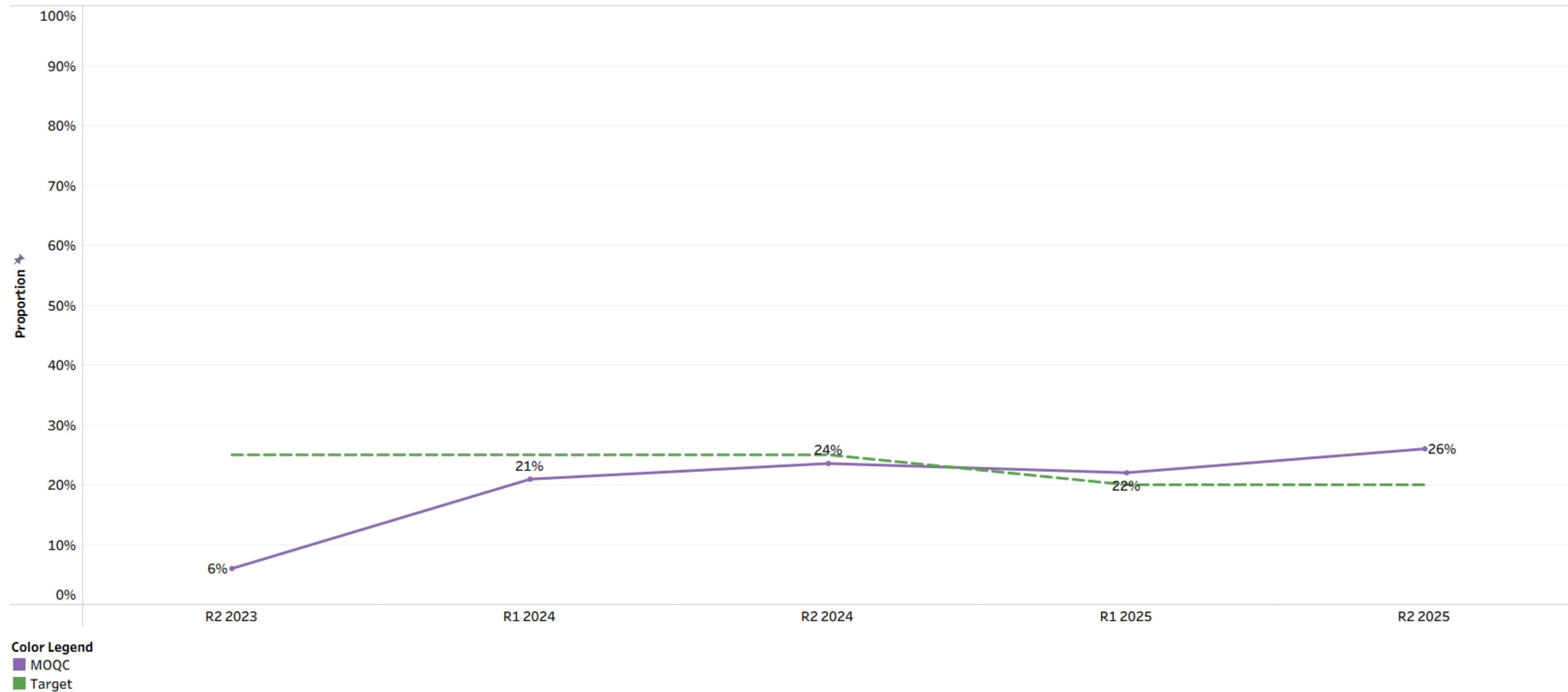
**129: Palliative Care Consultation More than 90 Days Before Death**  
 1/1/25 - 12/31/25, n = 2,551


Performance Compared to Prior Year

No Significant Change

Improved

## 129: Palliative Care Consultation More than 90 Days Before Death



# Looking for Relief While Going Through Cancer? Palliative care can help at any stage of your journey.

## What is Palliative Care?

Palliative care is specialized care that focuses on relieving pain and symptoms of serious illness while helping you cope with side effects of treatment.

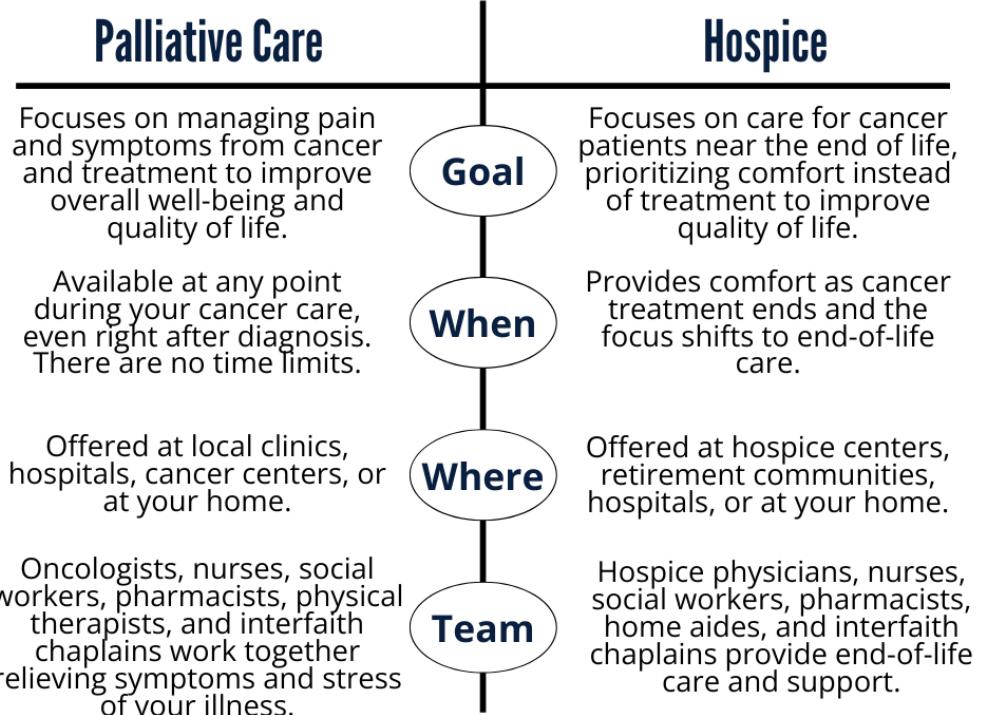


## Is Palliative and Hospice Care the Same?

Often confused with hospice, palliative care can help you in any stage of treatment to help you feel better and improve your well-being.

Whether you're newly diagnosed, in treatment, or finished with treatment, palliative care can support you.

## What is the Difference Between Palliative Care and Hospice?



## How Can Palliative Care Improve My Life?

Palliative care helps support your physical, emotional, social, and spiritual needs.



### Physical Needs

- Pain from cancer
- Nausea or vomiting
- Loss of appetite



### Emotional Needs

- Anxiety about cancer
- Depression or sadness
- Loss of control
- Fear of dying



### Social Needs

- Caregiver support
- Financial support
- Food and nutrition support
- Transportation
- Housing support



### Spiritual Needs

- Spiritual and faith-based support
- Connection to support groups
- Creating connection with loved ones



## Palliative Care Certificate Program: Cohort 2



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

### PROGRAM HIGHLIGHTS:

- Access to all CAPC resources during training
- Tuition covered by MOQC (\$2,500 per person)
- Highly experienced instructors
- 8-10 hours monthly time commitment
- Continuing education credits
  - 28.75 CME/33.55 Nursing Contact Hours
- Building a Michigan network of palliative care providers
- Graduation celebration

### IMPORTANT 2026 DATES:

Kick off/Orientation Event (5.30-7pm EST):

**March 19**

Virtual Clinical Discussions (6-7pm EST):

**April 23 ● May 21 ● June 25 ● Aug 27 ● Sept 24**

Capstone Presentation (1-4pm EST): **Oct 22**

**Application deadline January 23, 2026**

Applications available January 6 at the link or QR code  
<https://moqc.org/initiatives/clinical/moqc-capc-palliative-care-certificate-program/>  
Questions? [moqc@moqc.org](mailto:moqc@moqc.org)

The CAPC MOQC Palliative Care Certificate Program equips participants with practical primary palliative care skills to deliver compassionate, person-centered care, whether you are just getting started or looking to strengthen your approach.

**Application open Jan 6-23, 2026 to**

- Oncology APPs (NPs and PAs) from MOQC practices
- Primary care and oncology Physicians, NPs, and PAs from FQHCs and tribal clinics

### 2026 Virtual Training Schedule

April	Assessing the needs of patients and caregivers
May	Strengthening the patient-clinician relationship and understanding care goals
June	Non-pain symptom management
July	Break in training
August	Pain management
Sept	Preventing crises and planning ahead
Oct	Capstone project



# End-of-Life Measures Takeaways

- **Hospice Enrollment**
  - All three hospice measures (126a, 126b, 126c) have remained stable since 2024
- **Anticancer Therapy at End of Life**
  - MOQC is meeting targets for anticancer therapy administered at end of life (127a and 128)
  - Performance for new anticancer therapy agents at end of life (130) remains very strong
- **Palliative Care**
  - Performance on palliative care consultation (129) improving across MOQC



# New Performance Measure

Screening for non-medical needs at least  
once per year



# MOQC Will Monitor Domains of Interest

## CMS-Required Domains



Food  
Insecurity



Utilities



Housing  
Instability



Interpersonal  
Safety



Transportation

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## CMS-Required Domains



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## MOQC-Identified Domains



Financial Health

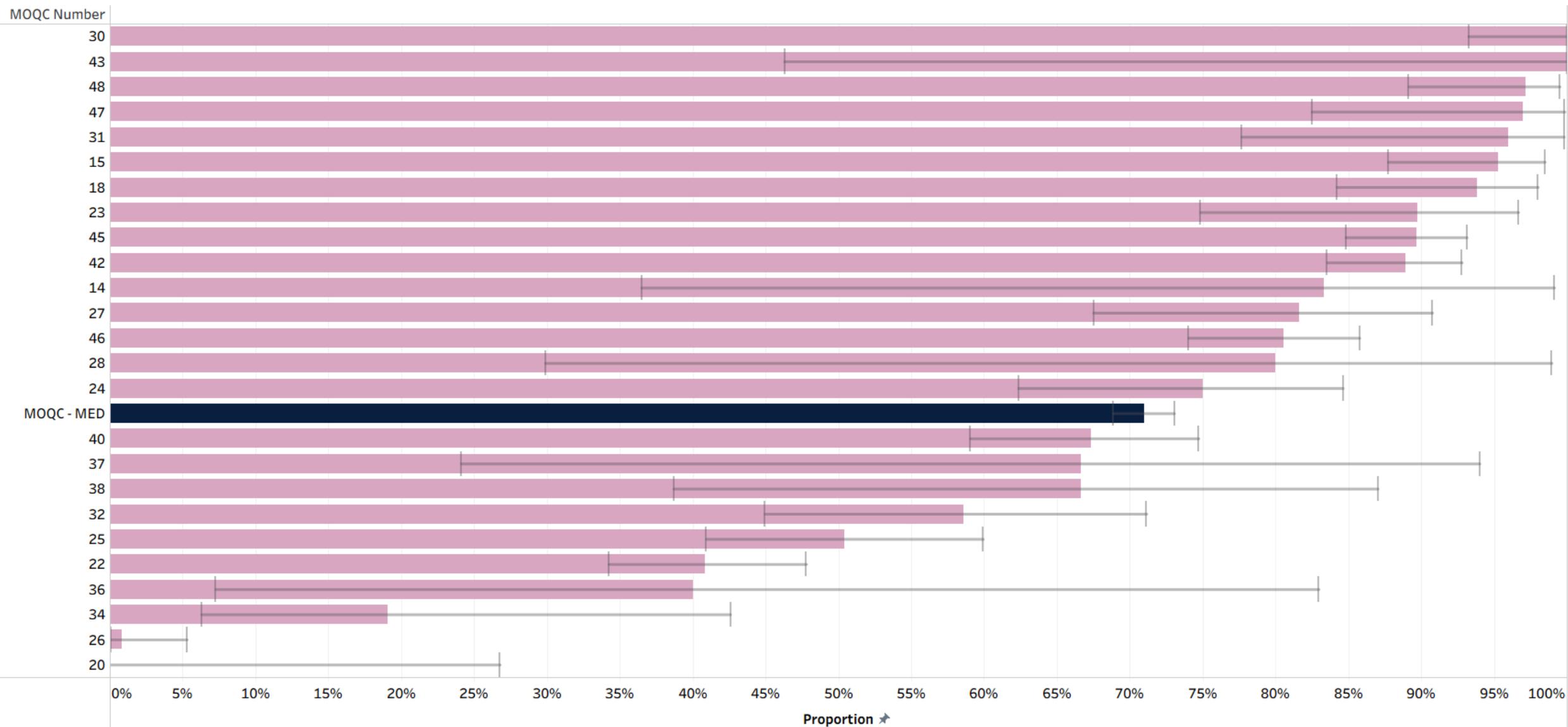


Social Isolation



### 141: Screening for Unmet Non-Medical Needs at Least Once Per Year

8/1/2025 - 12/31/2025, n = 1,862





## Non-medical Drivers of Health

The questions below will ask about non-medical needs that impact people's health, like food, housing, and transportation. Your health is very important to us at [organization/clinic]. We care about making sure our patients get the help they need.

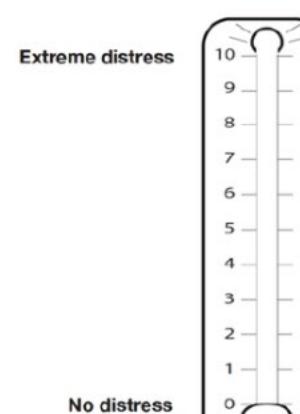
By answering these questions, we may be able to connect you to resources in your community that can help you. Many of these services are free or low-cost. We encourage you to answer these questions, even if you don't need resources. Your answers are confidential. What you share will not affect your care, insurance, or other benefits. You can skip any or all of these questions. There are no right or wrong answers.

1. Within the past 12 months, you worried whether your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true
3. What is your living situation today?
  - I have a steady place to live
  - I have a place to live today, but I am worried about losing it in the future
  - I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
4. Think about the place you live. Do you have problems with any of the following? Choose all that apply.
  - Pests such as bugs, ants, or mice
  - Mold
  - Lead paint or pipes
  - Lack of heat
  - Oven or stove not working
  - Smoke detectors missing or not working
5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
  - Yes
  - No
6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
  - Yes
  - No
  - Already shut off
7. Do you feel physically and emotionally safe where you currently live?
  - Yes
  - No
  - Unsure
8. Would you like to receive assistance with any of these needs from [COMMUNITY HUB]?
  - Yes
  - No

## NCCN Distress Thermometer for Patients

### SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

#### YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

#### Family Problems

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

#### Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities
- Spiritual/religious concerns

Other Problems: \_\_\_\_\_

#### YES NO Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet



MOQC Cancer Help Library MOQC.org

### Resources Search Engine

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

[Click Here](#)

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

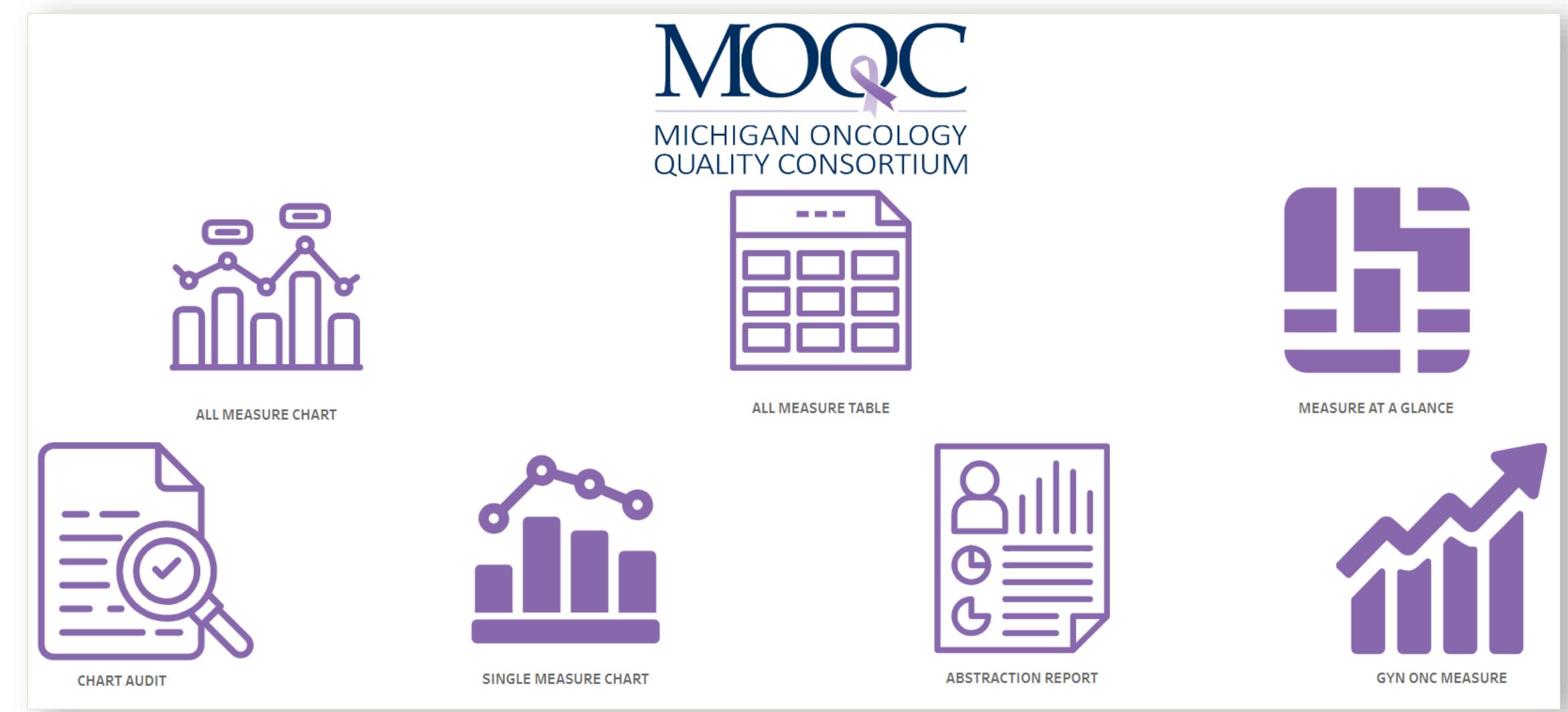


Search Engine Testimonial:



# MOQC Dashboards

- Breakdown by
  - Practice
  - Site
- Measure
- Time/round



To request a dashboard account contact [moqc@moqc.org](mailto:moqc@moqc.org)

# Introducing 2026 VBR & MEQC Measures

Measure Description	2025 Target	2026 Target
Complete <b>family history</b> documented for patients with invasive cancer	35%	<b>40%</b>
<b>Olanzapine</b> prescribed as part of a 4-drug antiemetic regimen with cycle 1 high emetic risk	60%	<b>65%</b>
<b>Hospice</b> enrollment	65%	<b>65%</b>
Median days on <b>hospice</b>	N/A	<b>11 days</b>
<b>Palliative care consultation</b> more than 90 days before death	20%	<b>25%</b>

Standard VBR: 5%; scored at REGIONAL level  
 MEQC VBR: 15%; scored at PRACTICE level



# Tobacco Measure

Measure Description	2025 Target	2026 Target
Tobacco cessation counseling or referral for tobacco users (includes use of vaping and chewing tobacco)	75%	68%

**Standard VBR: 2%; scored at COLLABORATIVE level**



# Tobacco Measure Update

Update coming to Tobacco Cessation measure in 2027:

- Automated referral will no longer fulfill the measure
- Brief counseling and/or pharmacotherapy prescription required
  - Counseling does not need to be provided by the physician

