Michigan Oncology Quality Consortium
Biannual Meeting January 2019

Is Every Encounter an Opportunity to Close a Quality Gap?

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Our mission is to be the best state in the nation for cancer care.

Continuing Medical Education

Disclosures

- Jennifer Griggs, MD, MPH, the faculty planner, has no commercial or financial interests, relationships, or other conflicts of interest that are relevant to this activity.
- Tim Ihrig, PhD the keynote speaker, has no commercial or financial interests, relationships, or other conflicts of interest that are relevant to this activity.
- See additional disclosures in the Program.

Continuing Medical Education

Accreditation and Credit Designation Statements

- The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- The University of Michigan Medical School designates this live activity for a maximum of *4.75 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- The Michigan Board of Nursing considers ACCME credits acceptable for license renewal or re-licensure.

Continuing Medical Education

Learning objectives

1. Analyze experience and improve practice
2. Integrate relevant content to provide cost-effective health care that does not compromise care quality
3. Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care

Competencies

1. Practice-based learning and improvement
2. Systems-Based Practice

MOQC by Proxy

- Shannon Hough
- Cindy Michalek
- Heena Patel
- Tiffany Peters
- Tiffany Weis

Accomplishments - 2018

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2018

- Physician Engagement
- Engagement of Patients and Caregivers
- Measurement & Performance
- Contributions to Science
- Work of the Steering Committee

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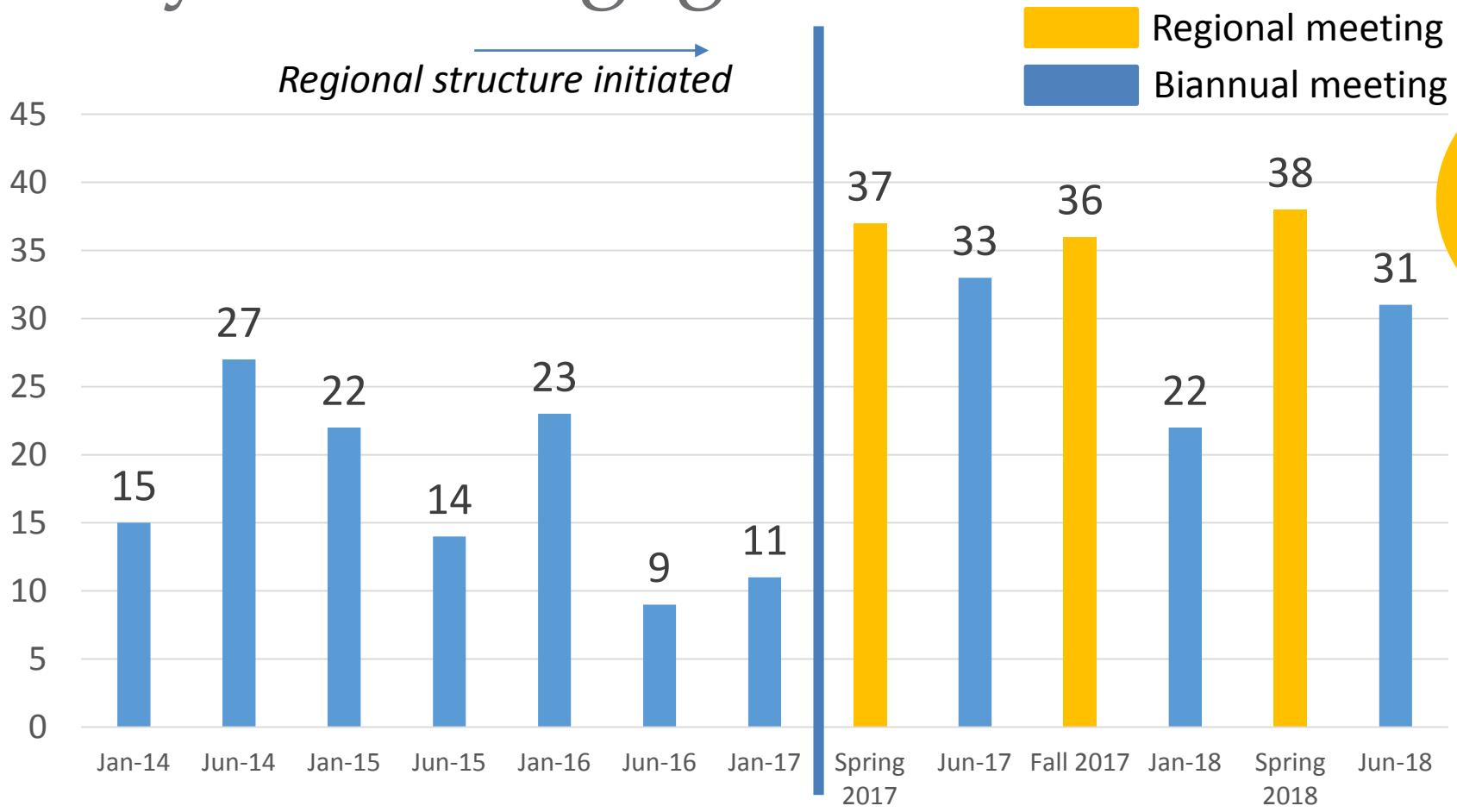
Physician Engagement



40 physicians, Fall 2018

Source: MOQC records
*January 14, 15, 16 was a shared meeting with MiBOQI and Pathways CQIs
January 2018 1st meeting involving gynecology oncology practices
Numbers include only practices physicians, counting one from each practice

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MOQC VBR 2018: 2 Requirements

Performance

- Management of Pain (2)
- Tobacco cessation counselling administered or patient referred in last year
- Hospice enrollment, palliative care referral/services or documented discussion

Participation

1. Physician attendance at 1 biannual meeting*
2. Physician attendance at Spring & Fall evening regional meetings

Region meets target for 3/4 measures

+

Attendance at Biannual & Regional Meetings

*exceptions are available to practices

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Source & Selection of Measures

ASCO QOPI
Quality Oncology Practice Initiative

- Measures Committee of MOQC
- Selects less than 20 measures
- Criteria for selection
  - Relevant to broad range of patients/caregivers/clinicians
  - Represent a gap in quality
  - Modifiable
  - Feasible to measure
  - Align with other accountability organizations
  - Differentiates high vs. low performance
- Specific funded initiatives?

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Criteria for Retirement

- Measure is “topped-out” (gap has been narrowed/eliminated)
- Measure has little meaning in current practice
- Measure would be better as a patient-reported outcome

- QOPI no longer measuring
  - (no national benchmarks available)
- Denominator too small
- Superior cross-cutting measure identified
  - Increases sample size
  - Applicable to larger number of patients & providers
  - Case finding feasibility increased

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Selection of VBR Measures

- Meaningful measures at patient- & population-level
- Clinicians have interest in practice improvement
- Addresses the value equation
- Current performance not *too high*
- Current performance not *too low*
- Variation in practice between practices & regions
- “Freshness”

VBR, value-based reimbursement

2018 Performance

- Regional level performance
- VBR Measures
- Retirement
- PROs
- Topped Out
- Measures to be replaced

Spring 2018
through 6/18

2019 Measures

- New measures
- VBR Measures

Round 2 data
through 12/4/18 pending

But first, a quick definition of "appropriate"

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Defining "Appropriate" Management

1. Assessment
2. Quantification
3. Plan for moderate-to-severe symptom

All three have to be met (AKA "defect-free")

Here we go…..

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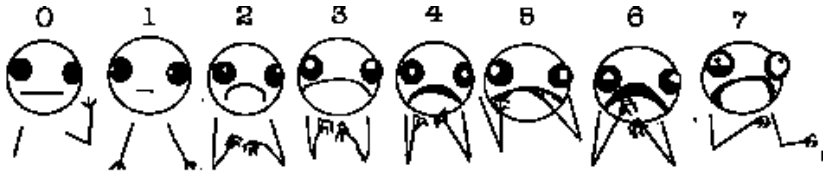
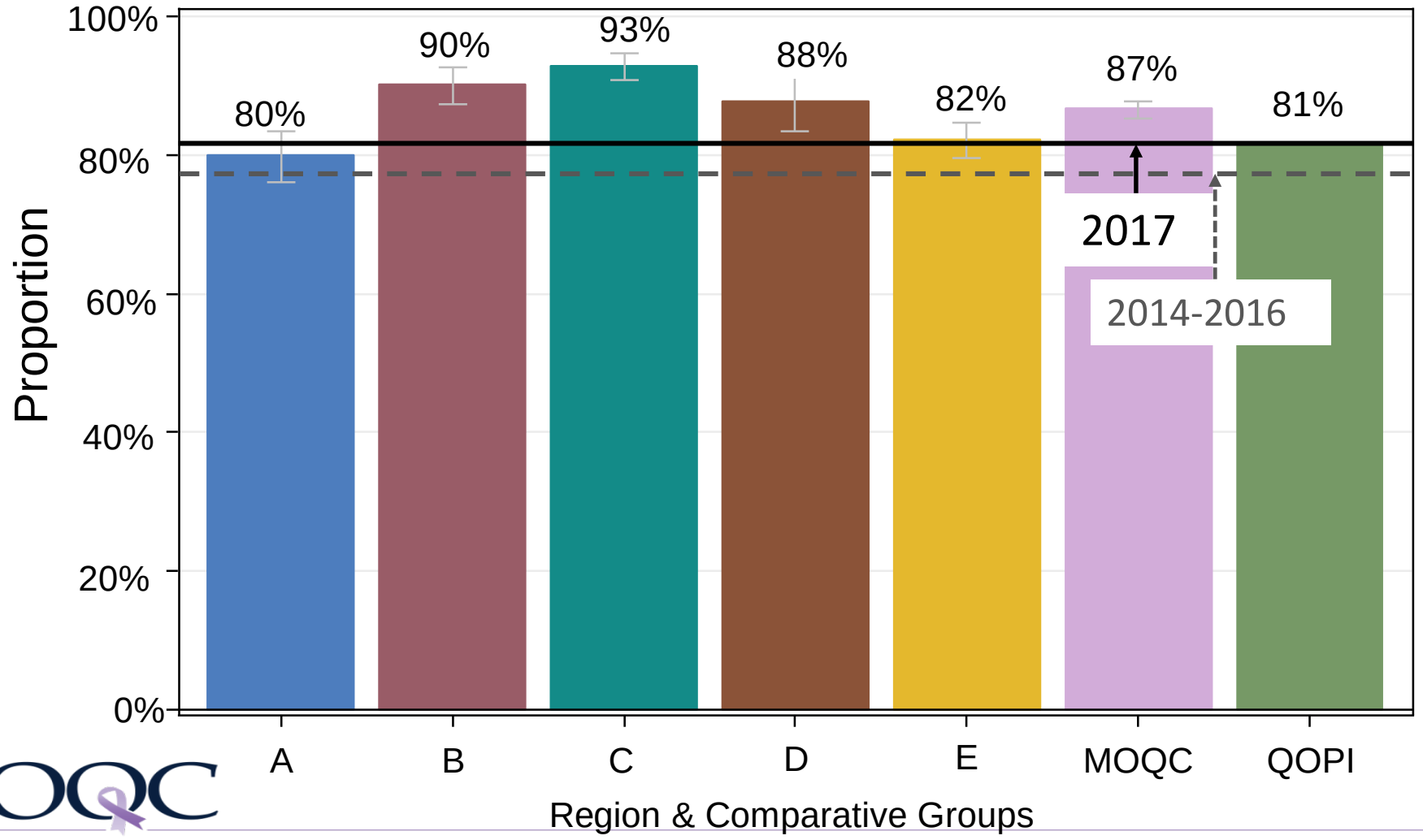


Appropriate management of pain by second office visit



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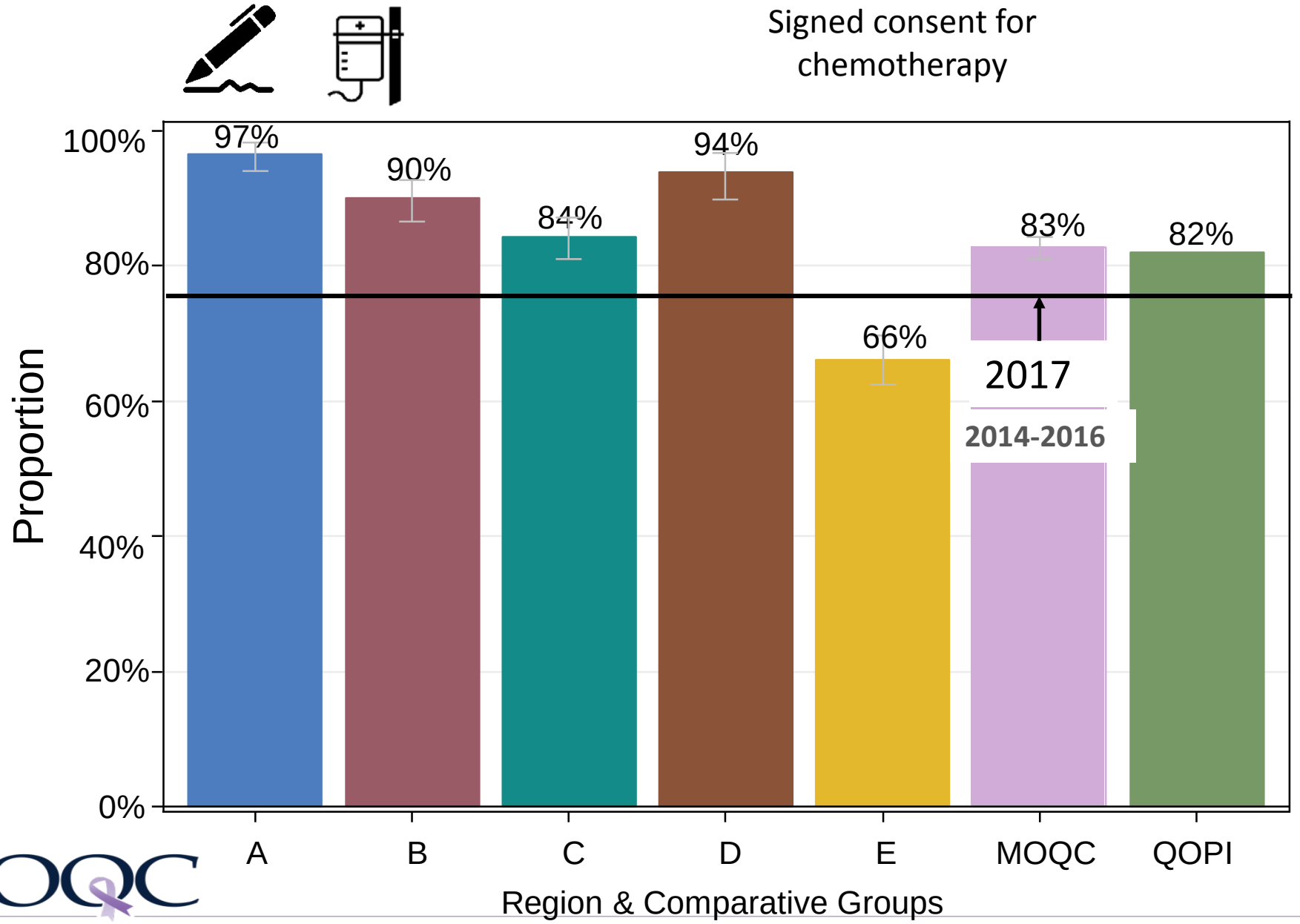
Spring 2018 (through 6/18); Round 2 data (through 12/4/18) pending



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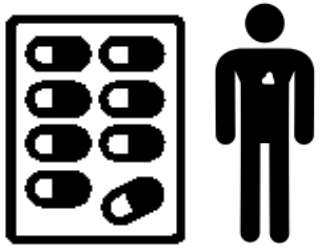
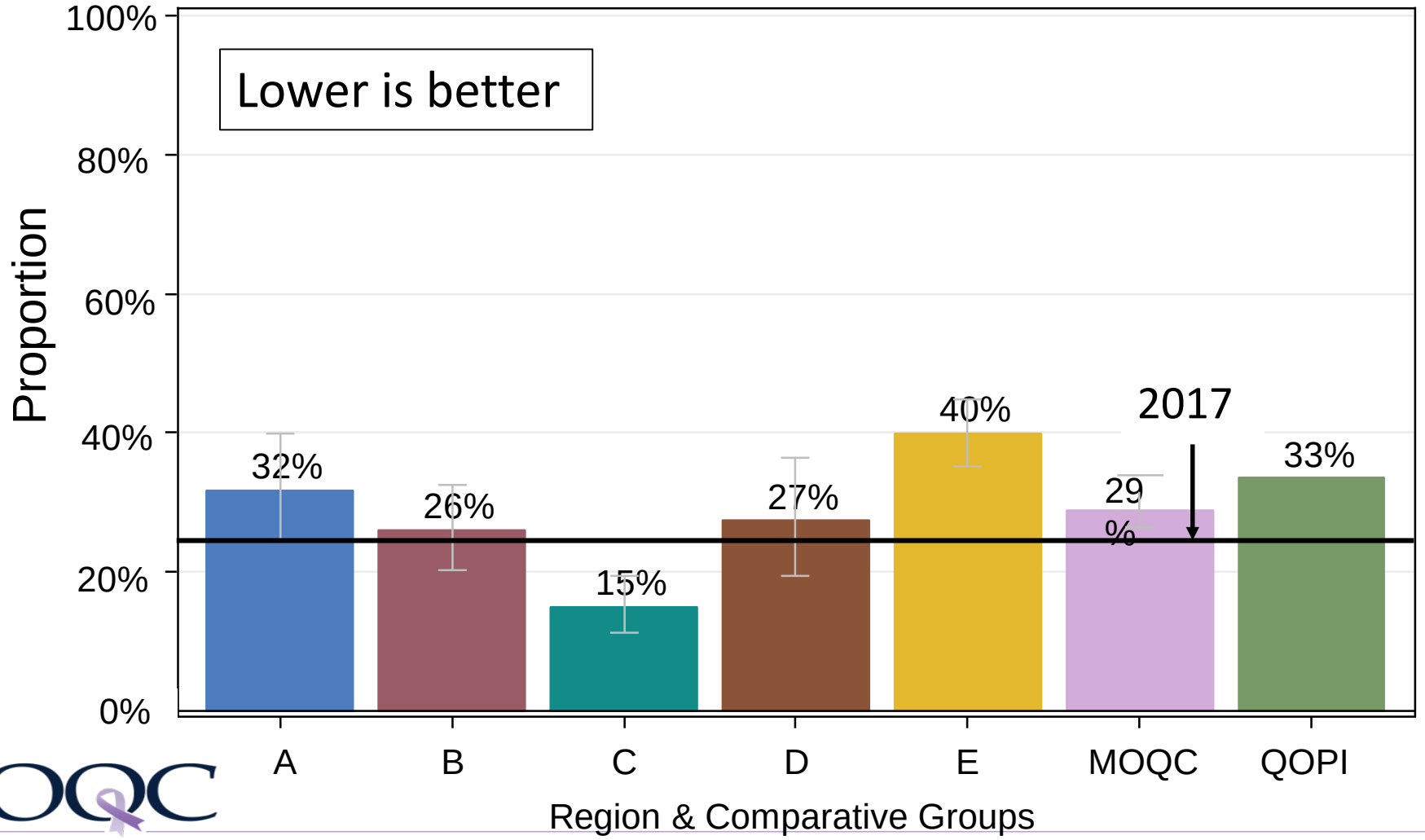


Use of NK1 RA for low-to-moderately emetic risk chemotherapy



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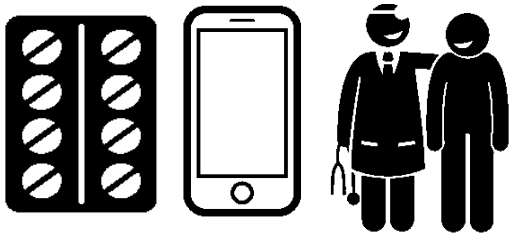
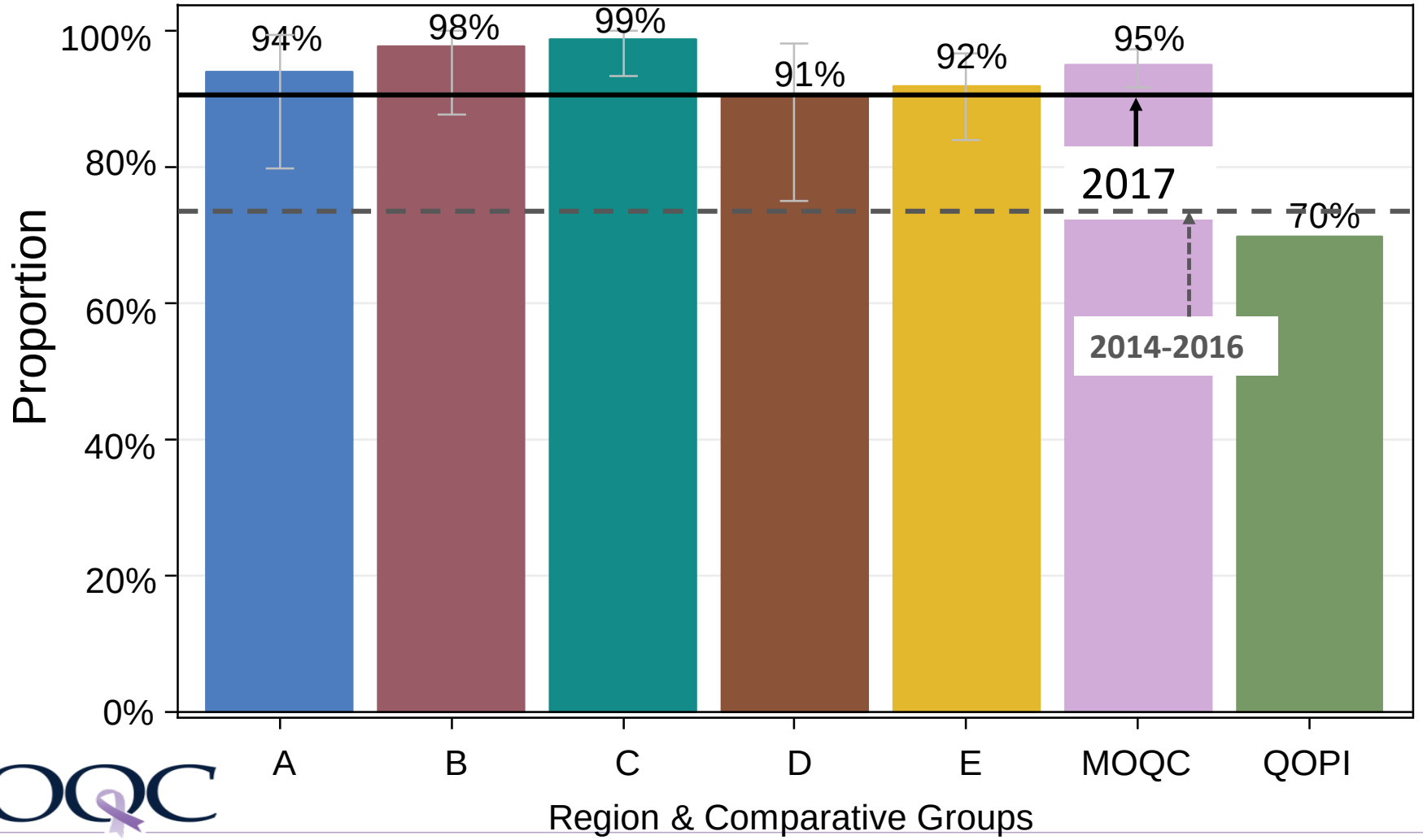


Oral chemotherapy adherence monitored after start of therapy



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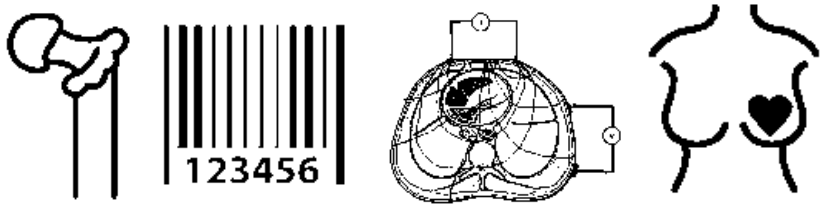
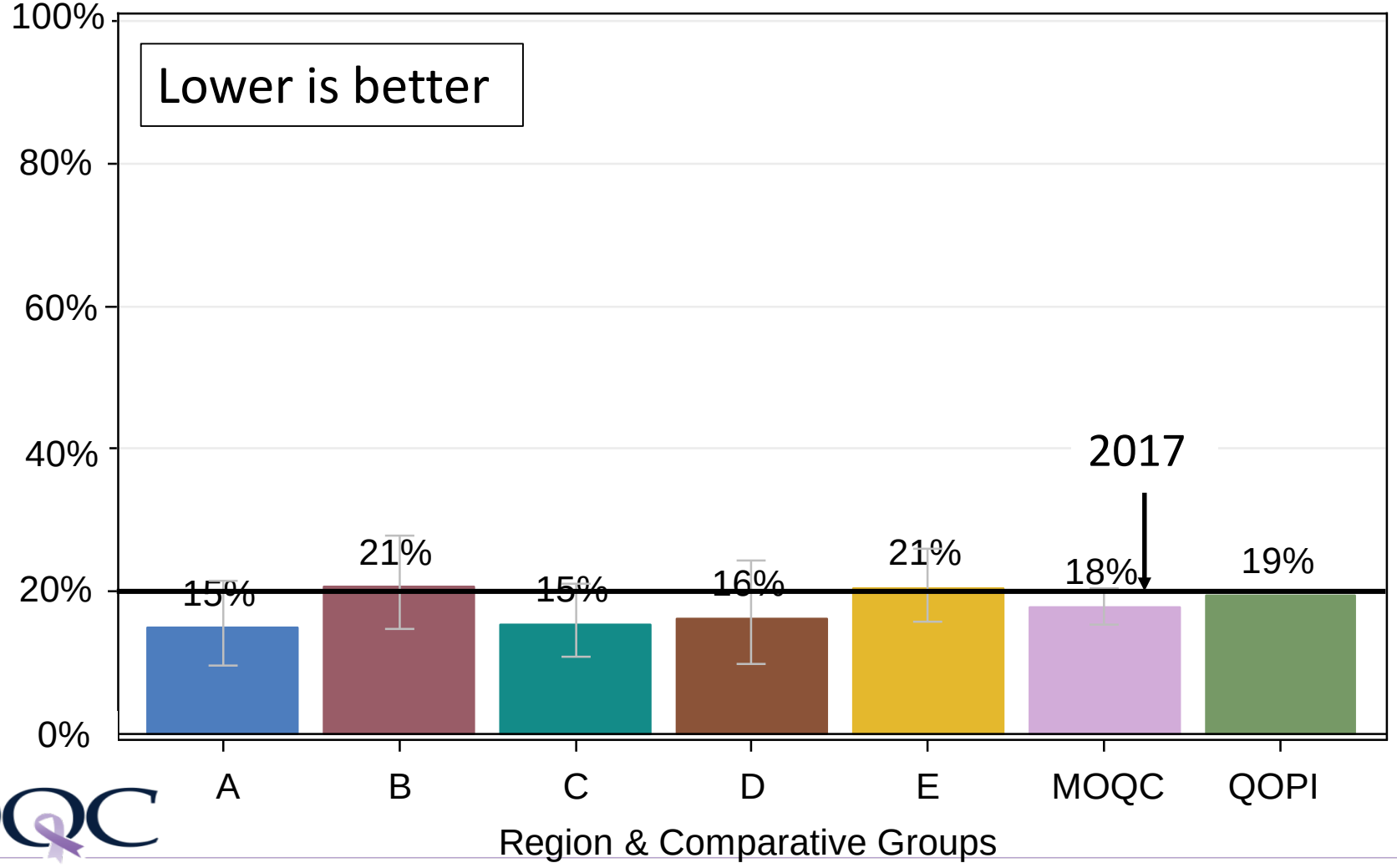


Advanced imaging ordered by practice within 60 days after diagnosis for Stage I-IIB breast cancer



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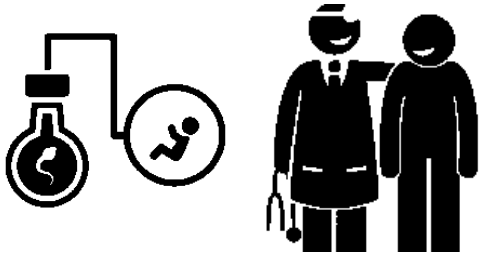
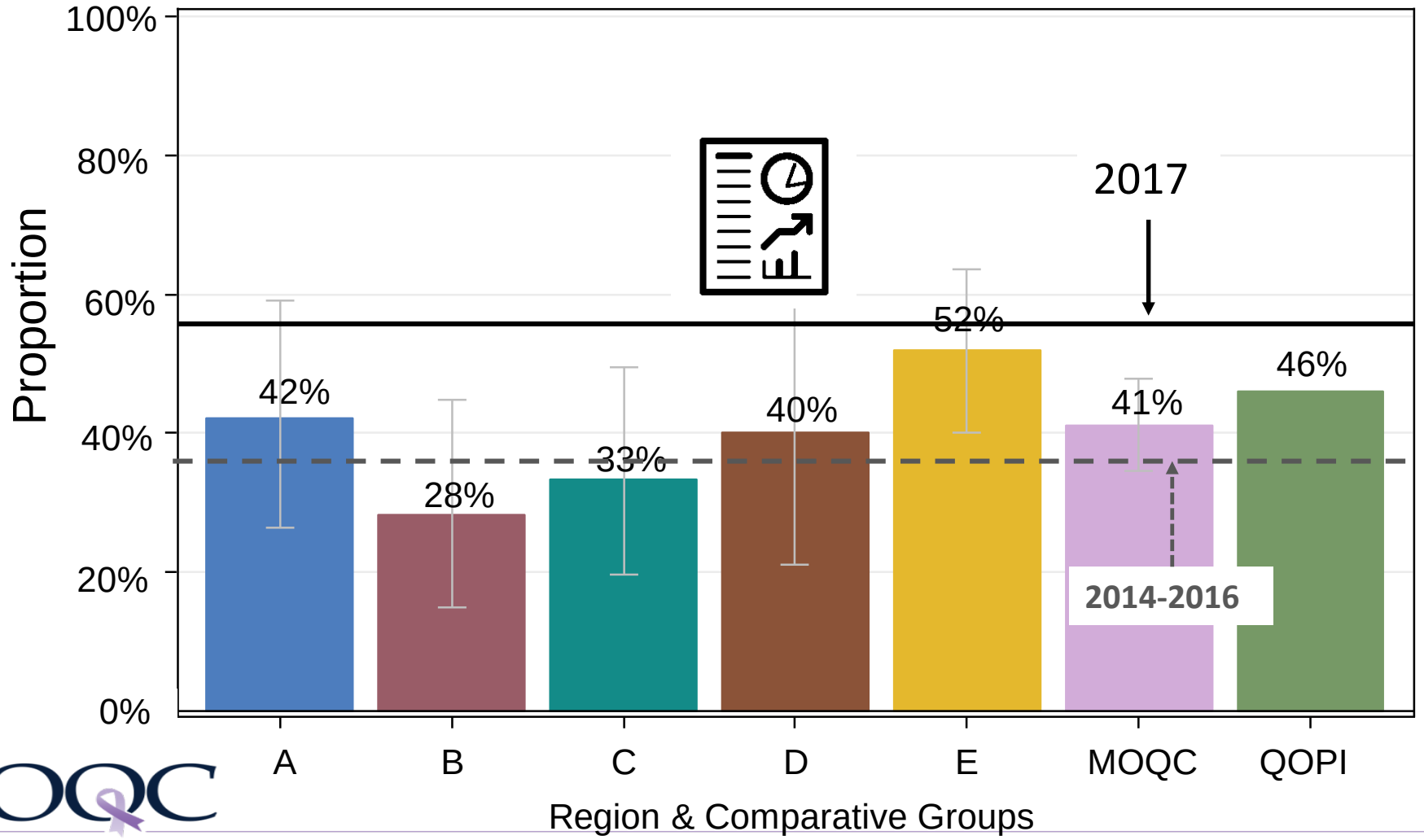


Infertility risks discussed before chemotherapy in patients of reproductive age



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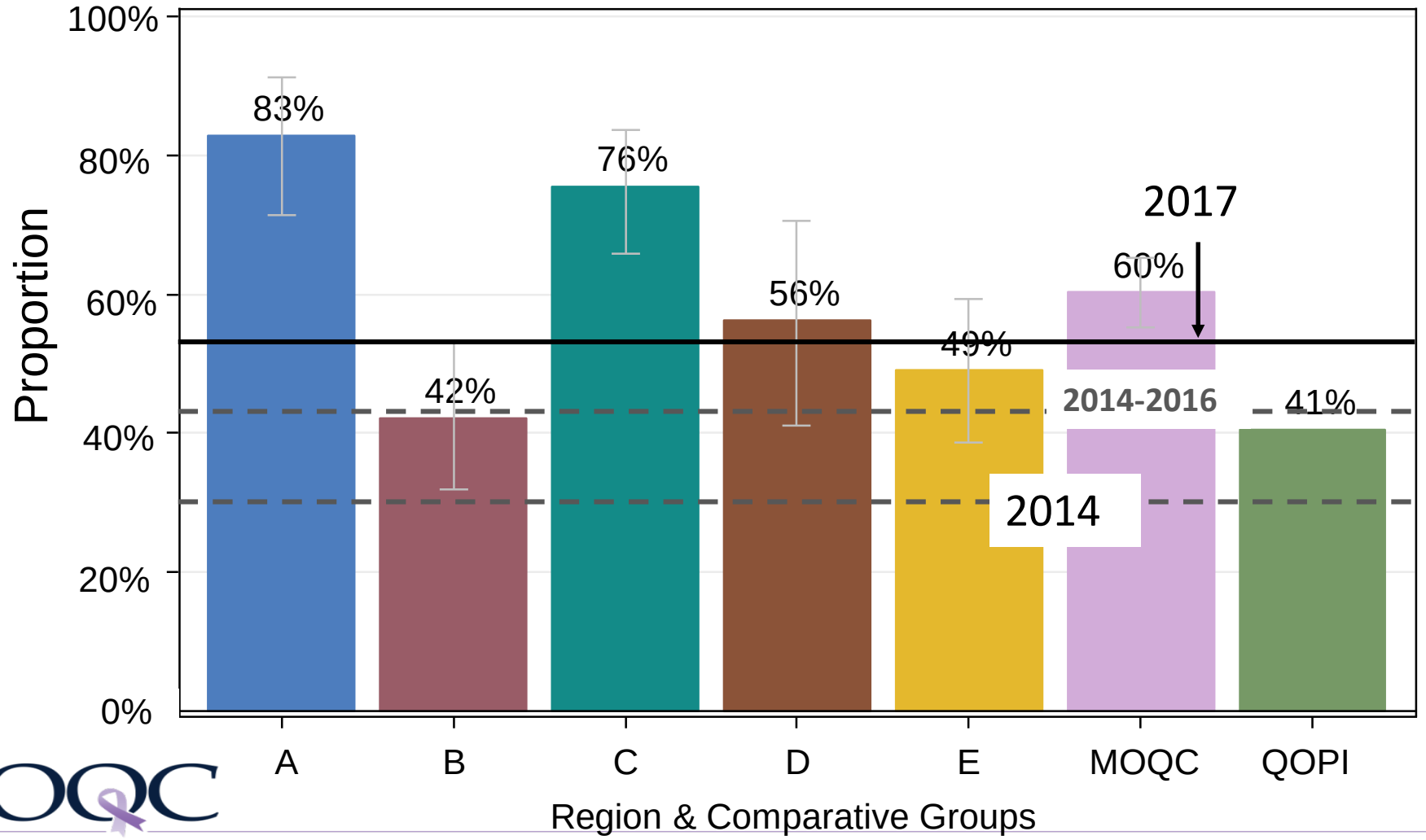
Tobacco cessation counseling administered or referral made in past year



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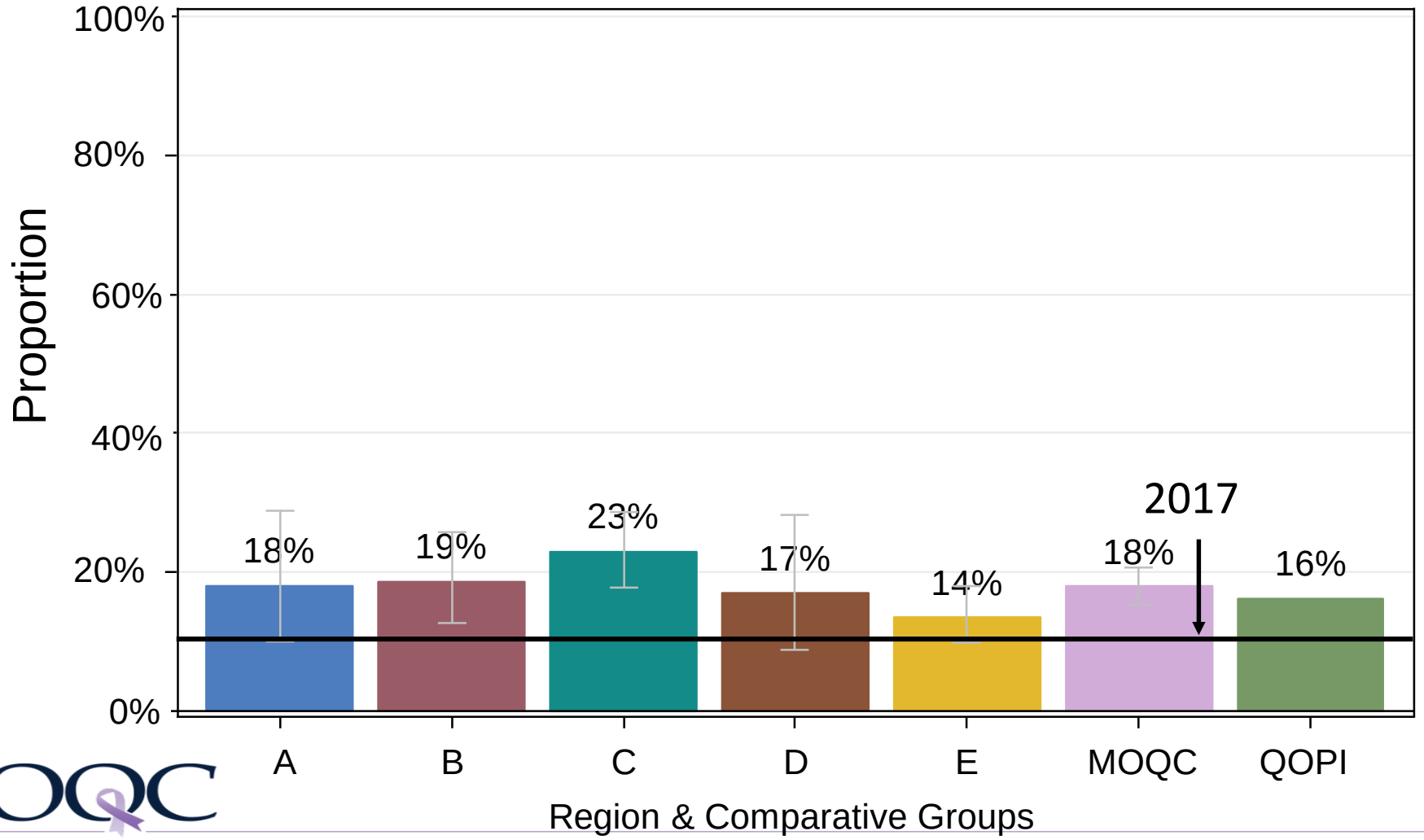
Complete family history documented in patients with colorectal cancer



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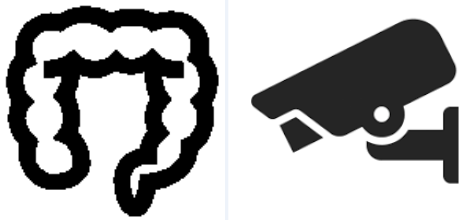
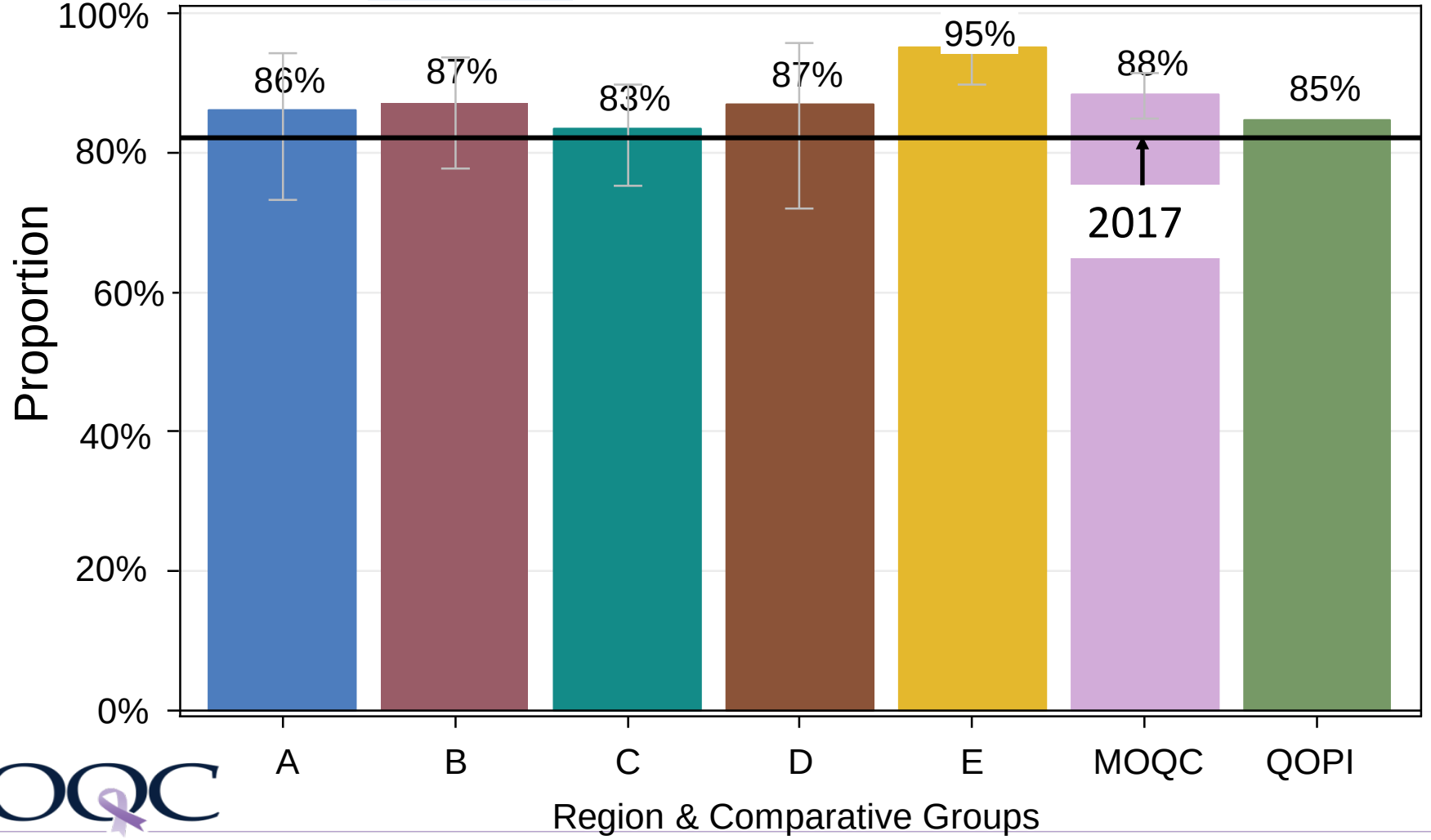


Colonoscopy within 6 months of curative resection or completion of primary chemotherapy for colorectal cancer



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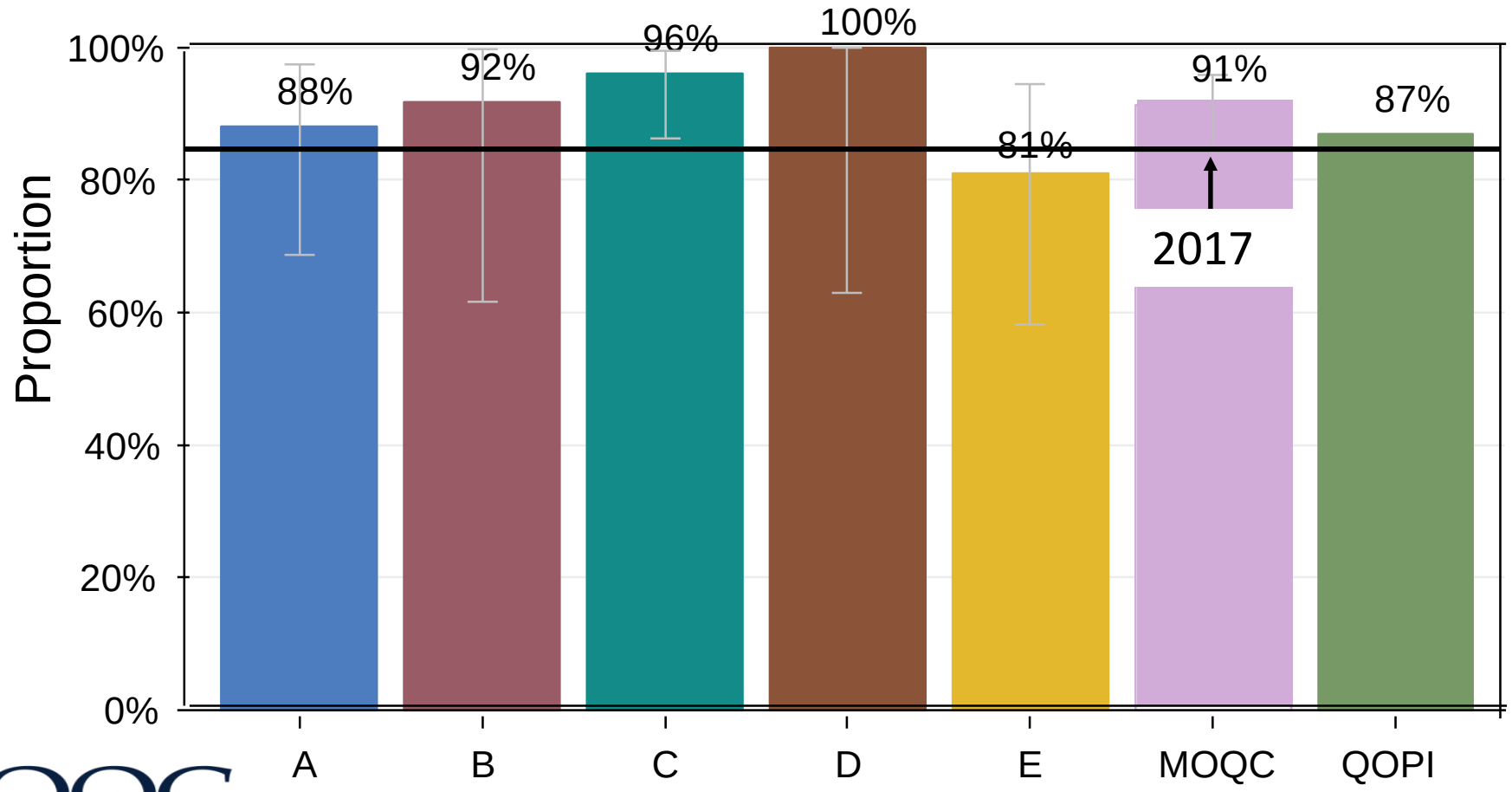
Tumor marker surveillance ordered by practice 30-365 days after diagnosis of breast cancer in patients treated with curative intent



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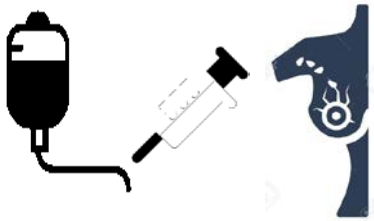
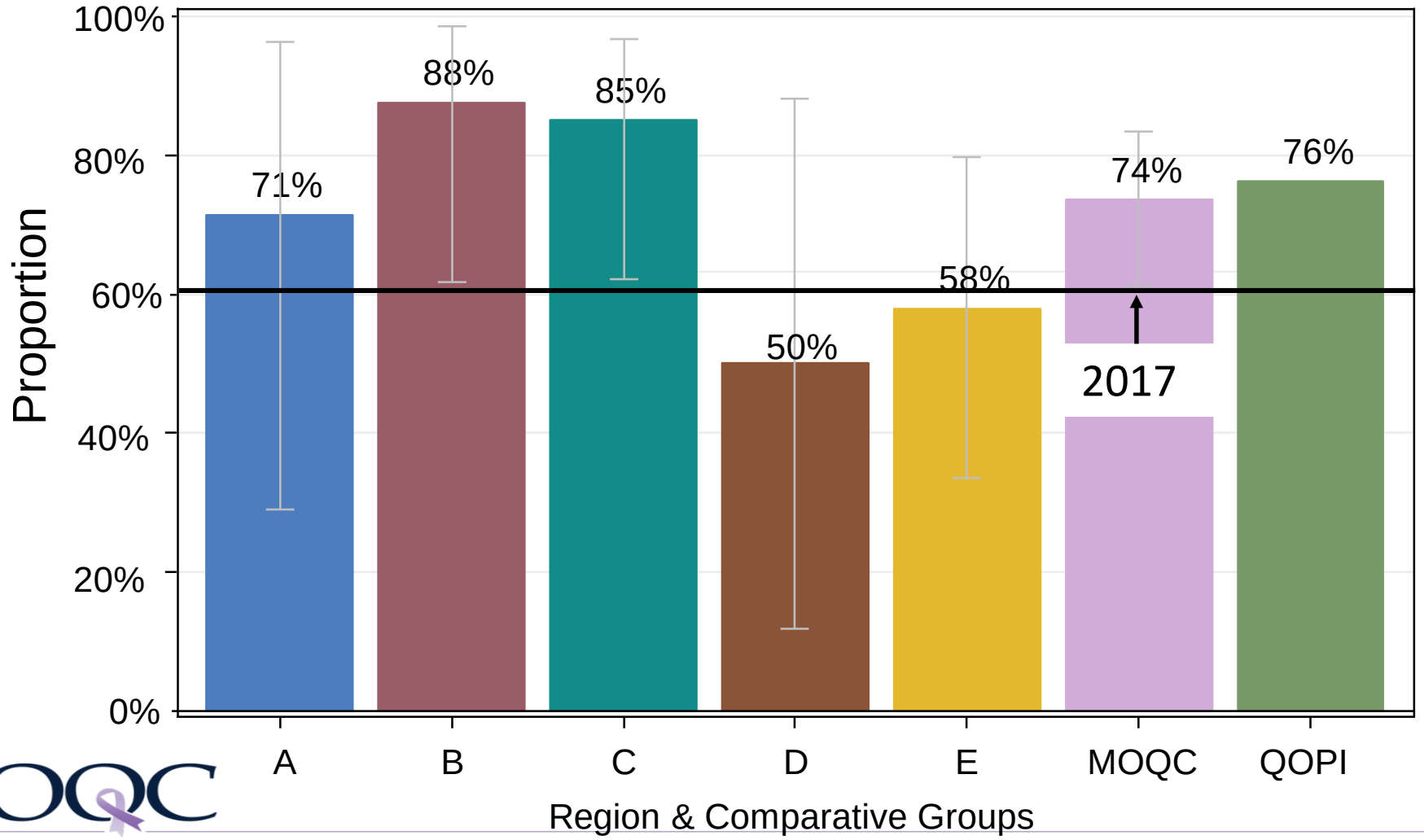


Antiresorptive therapy in patients with metastatic breast cancer to bone



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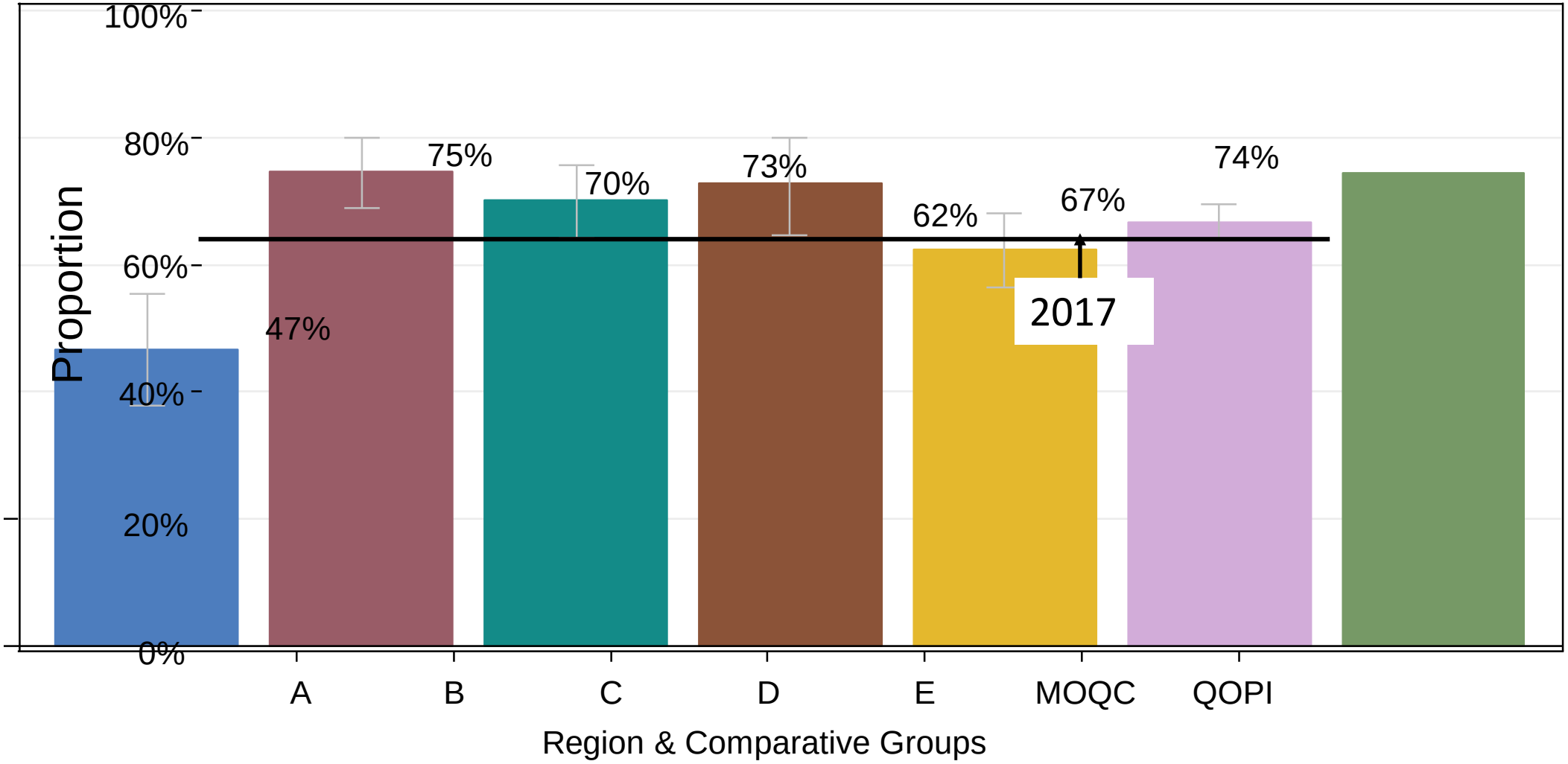
Hospice enrollment, palliative care referral/services, or documented discussion



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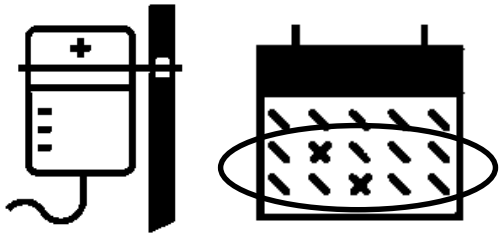
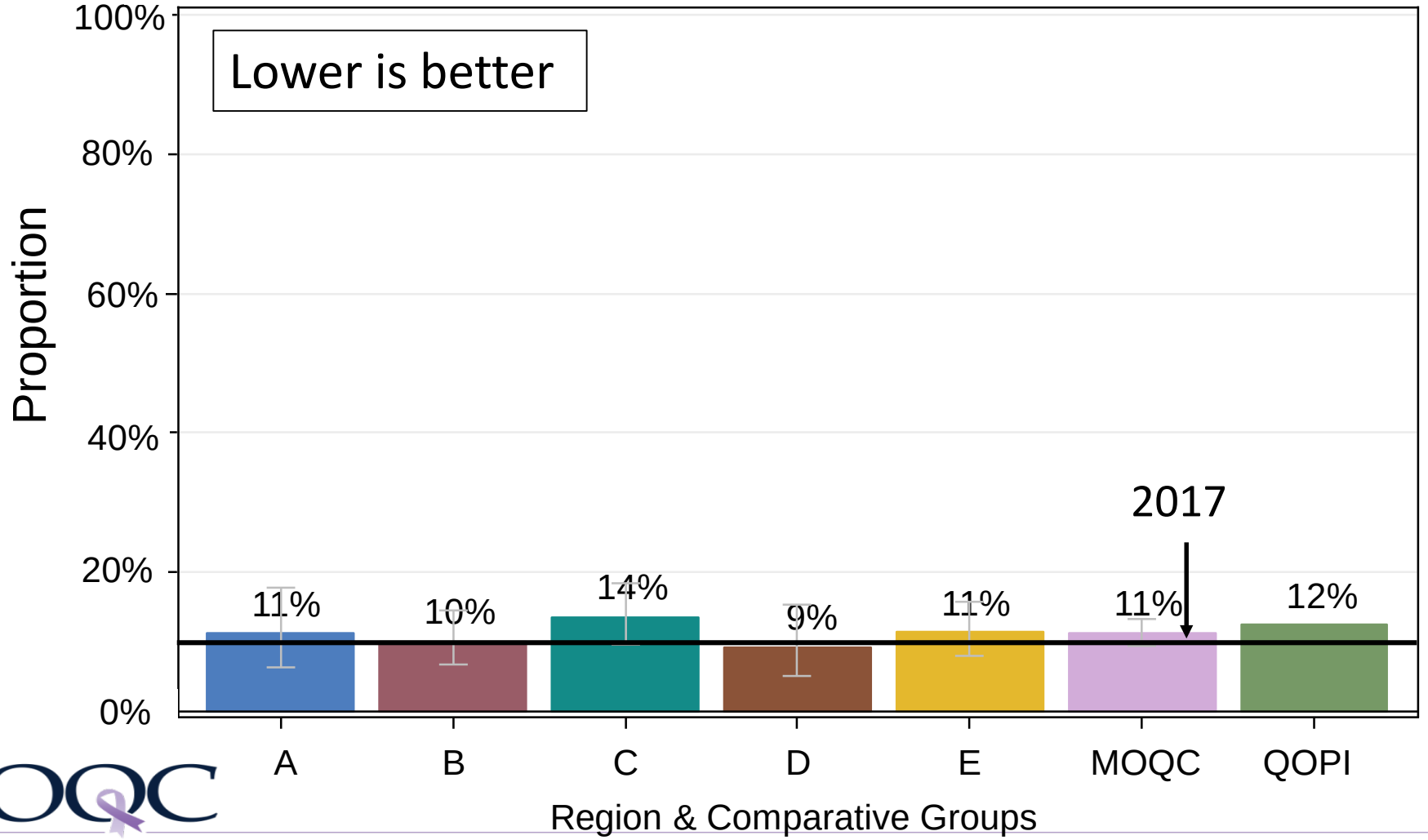


Chemotherapy administered within the last 2 weeks of life



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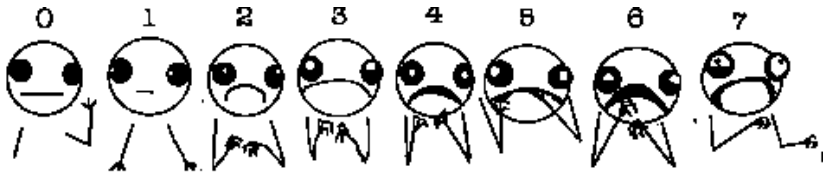
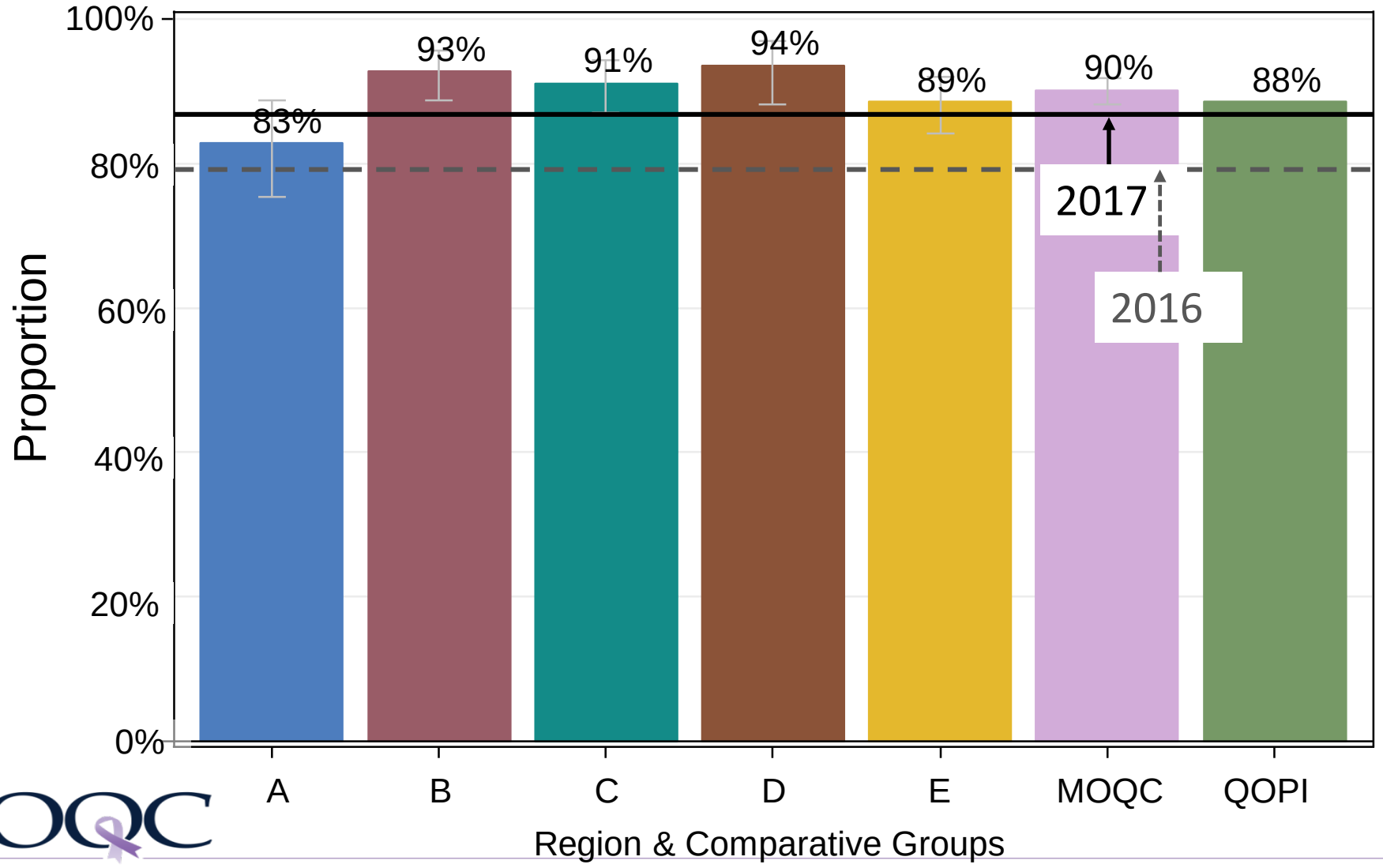


at the end of life

Pain addressed appropriately



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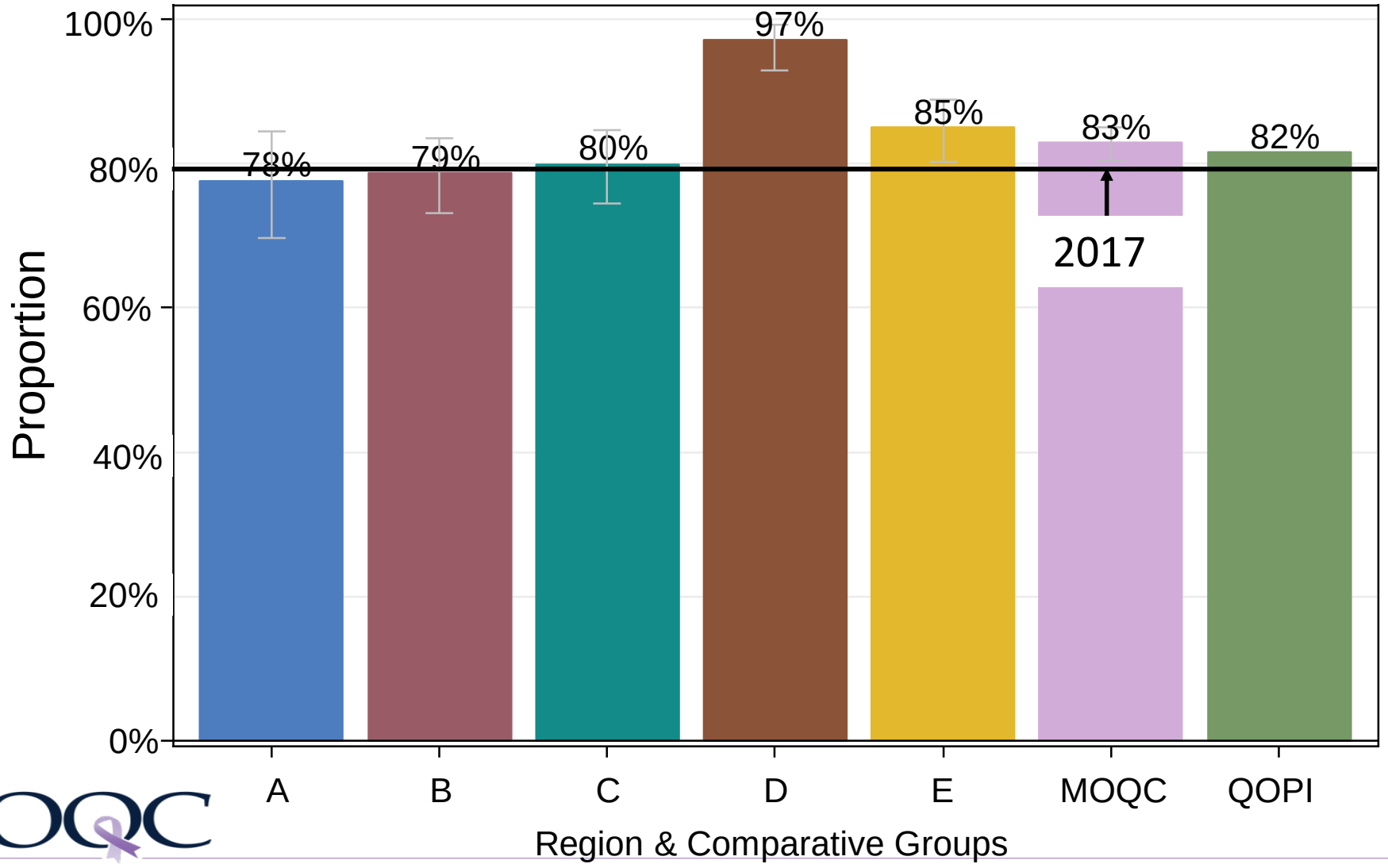
Dyspnea addressed appropriated at the end of life



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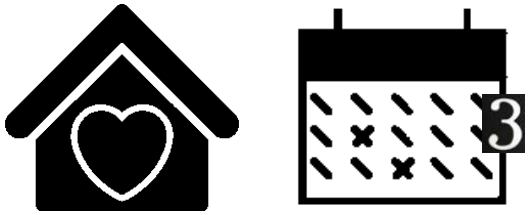
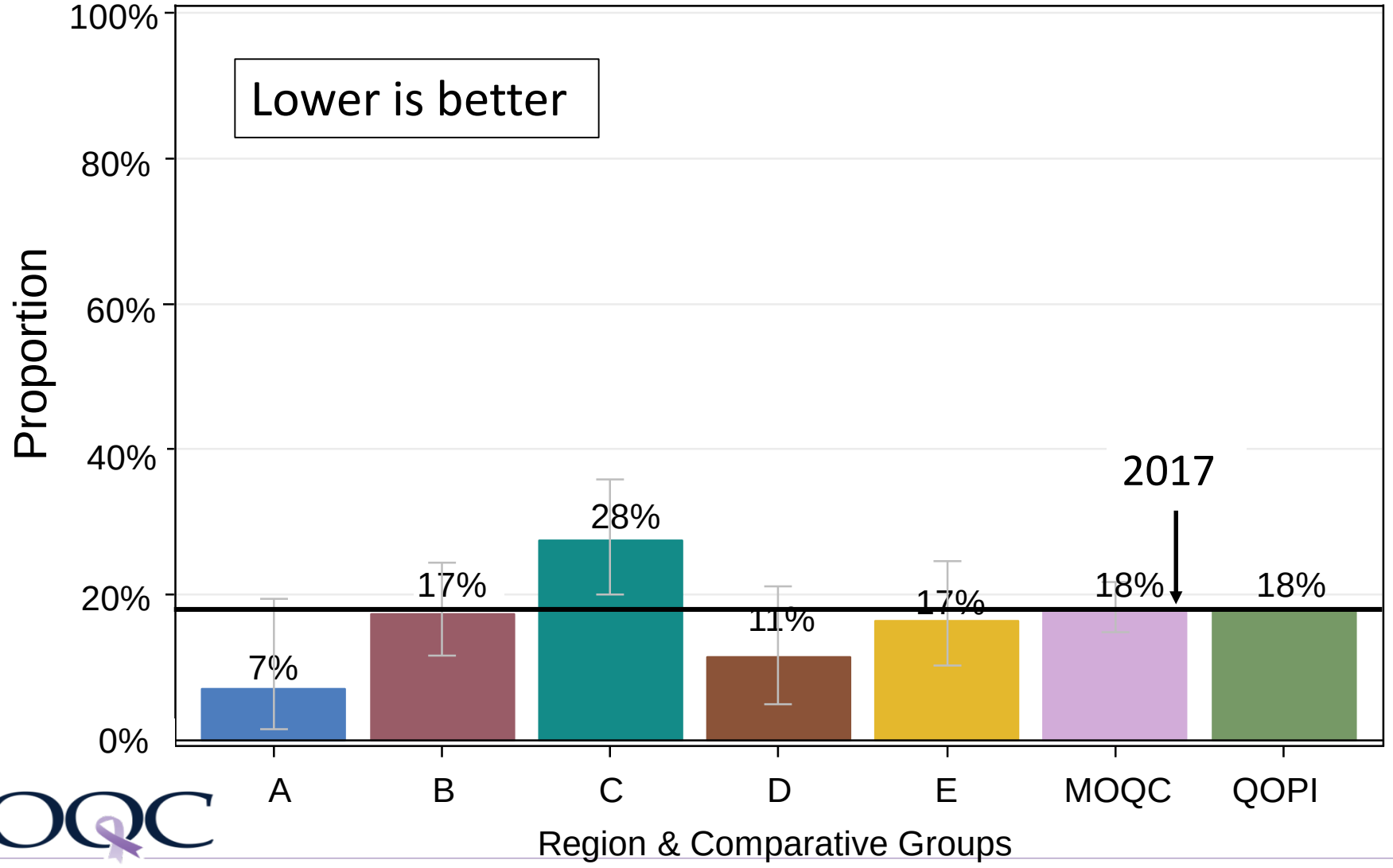


Hospice enrollment within three days of death



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Spring 2018 (through 6/18); Round 2 data (through 12/4/18) pending

2018 Performance	2019 Measures
• Regional level performance • VBR Measures • Retirement • PROs • Topped Out • Measures to be replaced	• New measures • VBR Measures Proposal Collect data through early November Data available in time for Biannual Meeting

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Measures for 2019 (Round 2)
No change

Oral chemotherapy adherence monitored
Tobacco cessation counseling or referral made
Pain assessed at end of life
Chemotherapy within the last 2 weeks of life
Surveillance serum tumor markers in breast cancer

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Measures Maintained from 2018 – Round 1 2019
Oral chemotherapy adherence monitored
Tobacco cessation counseling or referral made
Pain assessed at end of life
Chemotherapy within the last 2 weeks of life
Surveillance serum tumor markers in breast cancer
NK!RA given to patients receiving low or moderate risk emetic chemotherapy (lower is better)
Advancing imaging performed in patients with Stages I-II breast cancer (lower is better)
New Measures (Round 2 2019 – 2020)
NK1RA and olanzapine given to patients receiving high emetic risk chemotherapy
Antiresorptive therapy given in metastatic breast cancer to bone and to patients with multiple myeloma
Receipt of bone mineral testing in patients starting on androgen deprivation testing within one year of starting therapy
Receipt of G-CSF in patients on chemotherapy given with non-curative intent
Hospice enrollment
Hospice enrollment or discussion
Hospice enrollment & time on hospice 7 days or more
Hospice enrollment & time on hospice less than 7 days

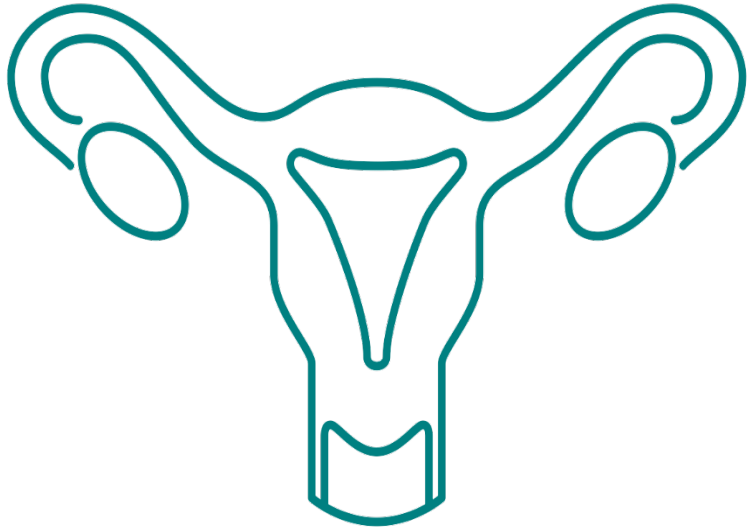
Other Progress

- Reducing the burden of quality measurement
- Moving from process to outcome measures
- Opportunities to conduct patient-focused research (EAGr)
- MOQC-ICHOM Collaboration

Gynecology Oncology Initiative

Shitanshu Uppal, MD

Gynecology Oncology Initiative



Endometrial Cancer:

- Sentinel Lymph nodes (SLN)
  - Dr. Rabbi Hanna (HFH)
  - Registry SLN outcomes
- Outcomes of type II cancers

Cervical Cancer:

- Access to care
- Adherence to guideline based care
- Access to fertility sparing options
- Radical Hysterectomy Debate

Ovarian Cancer:

- Registry to monitor short & long-term outcomes
- Underlying layer for homegrown region multi-centric clinical trials
- Funding opportunities (⬆ sample size)
- Studies with patient reported outcomes

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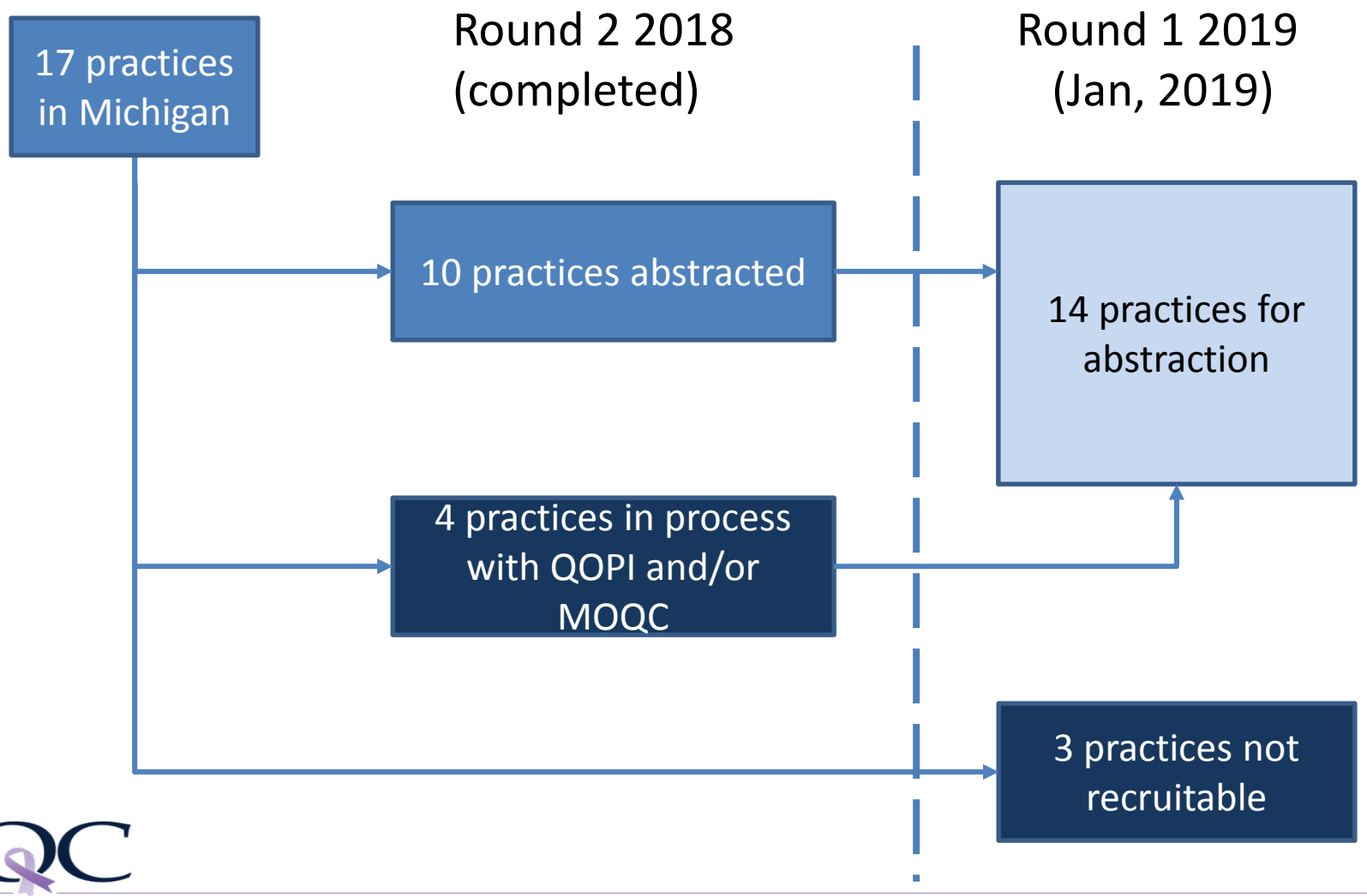
Progress to Date



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MOQC Gynecologic Oncology–Round 1:

Cross Cutting Measures	Numerator/ Denominator	Proportion
Pain addressed appropriately by second office visit and during most recent office visits (defect-free measure 6 and 6d)	130/168	77%
Medication adherence assessed: Oral chemotherapy monitored on visit/contact following start of therapy	1/1	100%
Signed patient **consent for chemotherapy**	111/124	90%
Tobacco Cessation Counseling Administered or Patient Referred In Past Year	3/7	43%
Infertility risks discussed prior to chemotherapy with patients of reproductive age	1/5	20%

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MOQC Gynecologic Oncology–Round 1:

END OF LIFE MEASURES	Numerator/ Denominator	Proportion
Pain addressed appropriately	6/9	67%
Dyspnea addressed appropriately	4/9	44%
Hospice enrollment within 3 days of death (Lower Score – Better)	0/7	0%
Hospice enrollment, palliative care referral, or **documented discussion**	7/9	78%
Chemotherapy administered within the last 2 weeks of life (Lower Score - Better)	0/9	0%

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MOQC Gynecologic Oncology–Round 1:

GYNECOLOGY ONCOLOGY-SPECIFIC MEASURES	Numerator/ Denominator	Proportion
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or peritoneal cancer	78/129	60%
Platin or taxane administered within 28 days following cytoreduction to women with invasive Stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer*	85/115	74%

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ERAS + Opioid Reduction

A Quality Improvement Project

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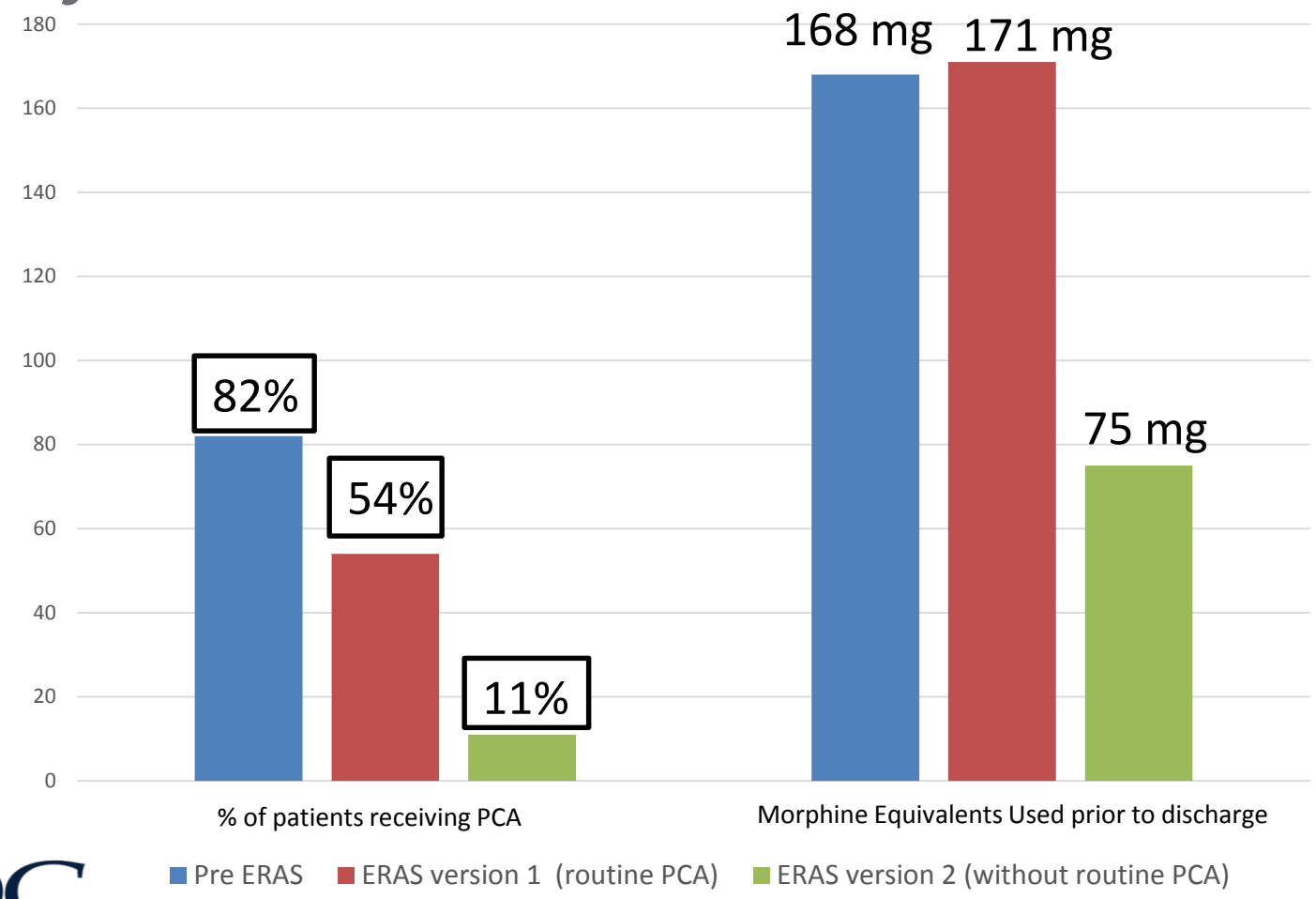
Inpatient morphine equivalents after open surgery



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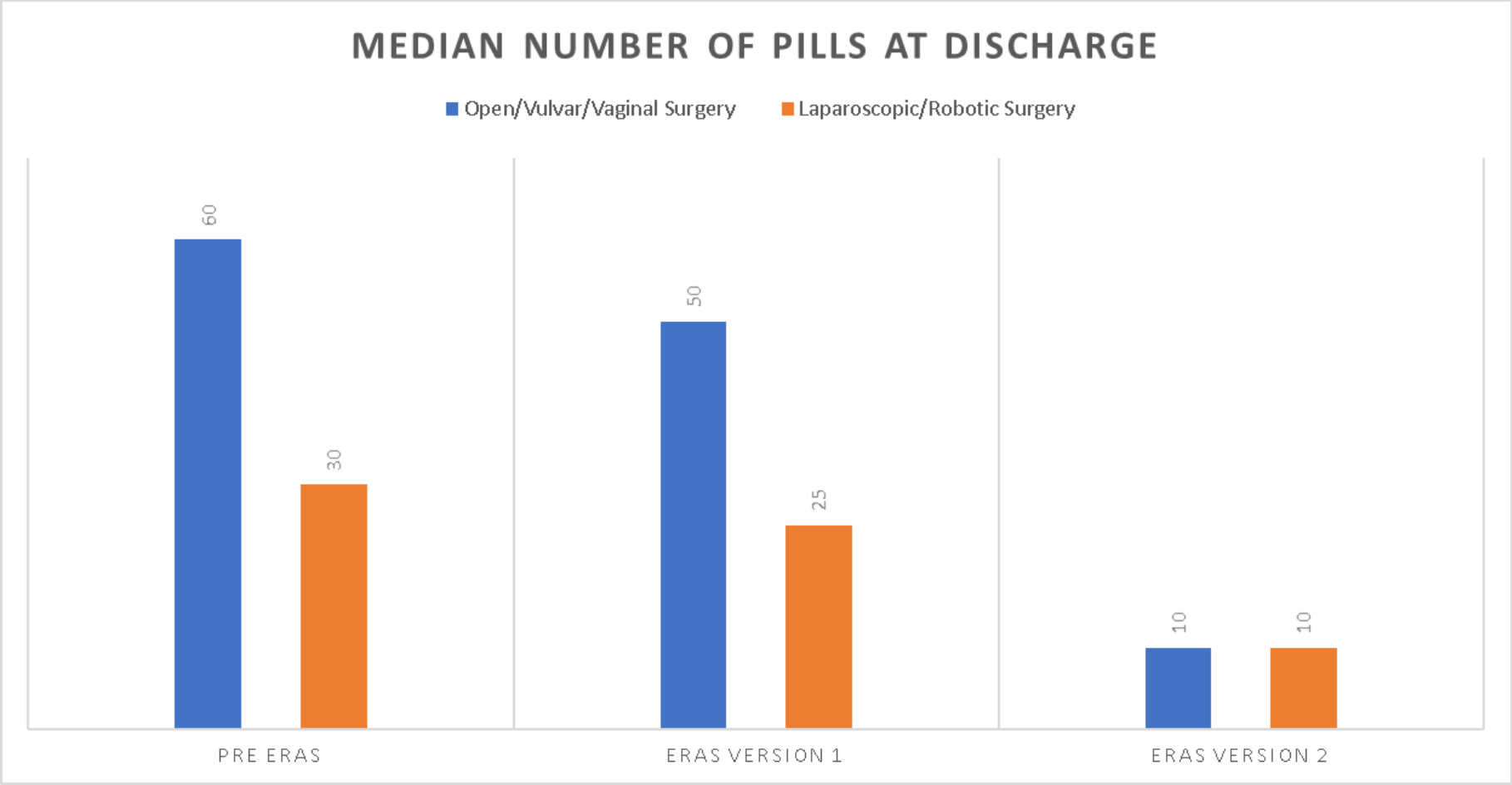
Number of Oxycodone 5 mg pills at discharge



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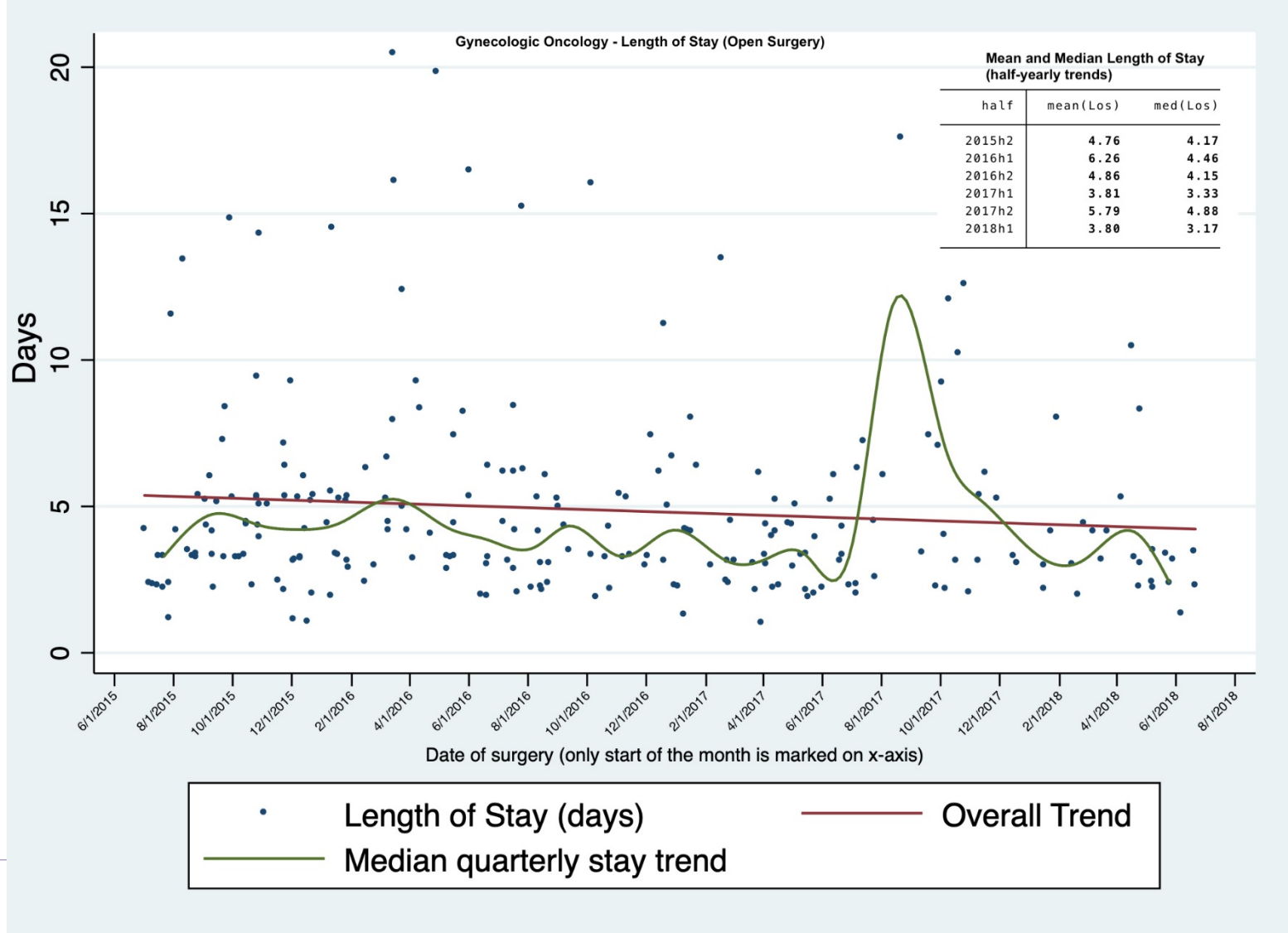
ERAS Implementation – Length of stay



Mean and Median Length of Stay (half-yearly trends)

half	mean(Los)	med(Los)
2015h2	4.76	4.17
2016h1	6.26	4.46
2016h2	4.86	4.15
2017h1	3.81	3.33
2017h2	5.79	4.88
2018h1	3.80	3.17

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Opportunities for this Year

- For 2019
  - Standardization of Opioids at Discharge
  - Implementation of ERAS in 70-80% of open cases
  - Case Identification
- Others
  - Standardization of post discharge prolonged Lovenox
    - Calculator
  - Implementation of the ERAS + Ovarian Cancer Registry

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Oncology Communication, Technology, and EvenTs Study (OCTET)

Investigators

Christopher R. Friese, PhD, RN, AOCN®, FAAN

Milisa Manojlovich, PhD, RN, CCRN

Molly Harrod, PhD

Kai Zheng, PhD

Jennifer J. Griggs, MD, MPH, FACP, FASCO

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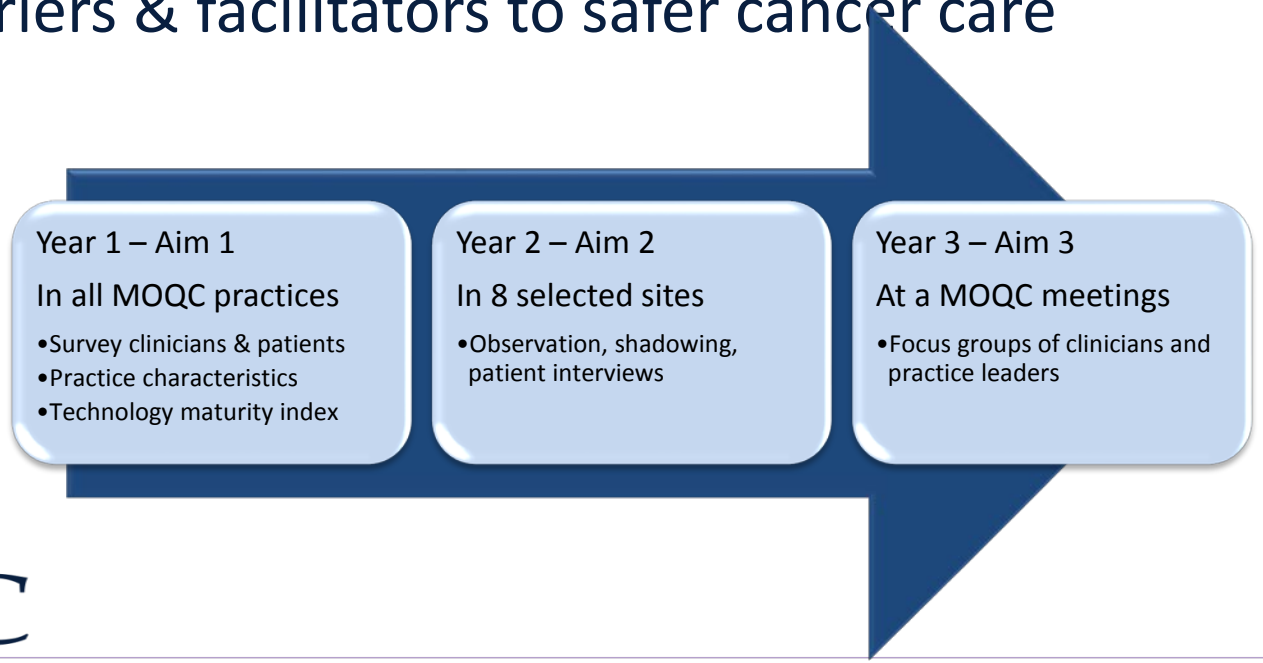
Project Specific Aims

1. Characterize clinician communication processes, technologies, & adverse events
2. Examine how communication & technologies affect practice
3. Assess barriers & facilitators to safer cancer care



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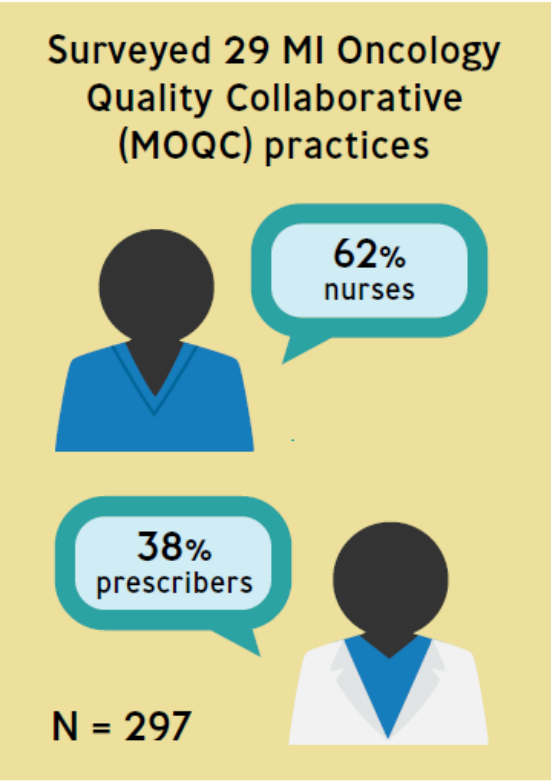
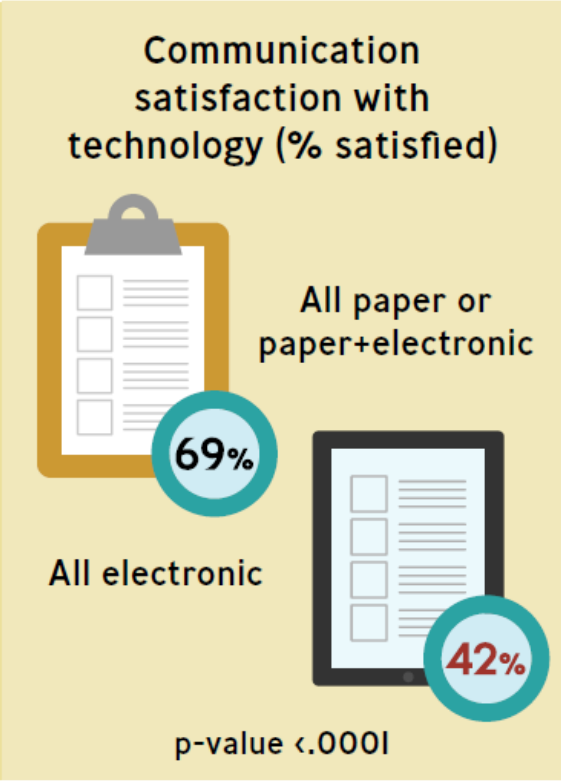
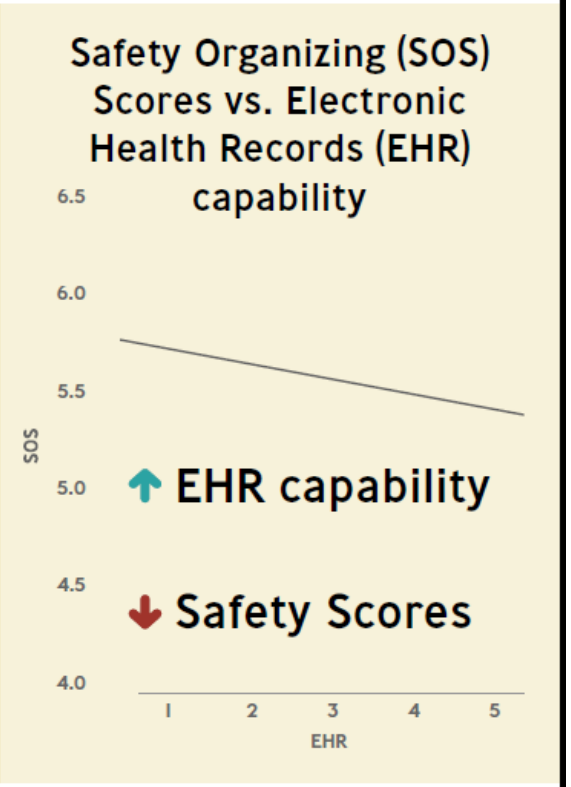
Enabling a Safety Culture in Ambulatory Oncology Treatment Settings







Minal R. Patel, PhD, MPH et al.

Poster presentation at the 2018 American Society of Clinical Oncology Annual Meeting

Research Methods: Aim 2

- Visited 8 ambulatory oncology practices in 2018, (290 hours of fieldwork)
- Conducted observation in infusion areas & exam areas
- Interviewed 42 clinicians (nurses & prescribers) & 38 patients
- Analysis is currently on-going

Aim 2 Initial Results

- Chemotherapy delays frequently were reported by clinicians and patients, causing interruptions and compounding scheduling challenges in practices
- Common factors affecting communication and coordination that affected high-quality, timely patient care

Prescriber EHR use & order entry

- Problems arise around entering up-to-date patient info and timely order approval
- Discrepancies in care plans cause uncertainty and often result in delays of care

Lack of integrated physician care/standardized practice

- Delays often occurred when primary oncologist was out of office and unclear who could change orders
- Some practices did not have standardized order entry protocols allowing for orders to be pre-signed

Unclear clinician roles & responsibilities

- Tasks not clearly assigned to role (i.e. nurse or MA): tasks slip through the cracks
- Examples: refills, order review day before treatment, managing side effects by phone or in person, patient education/chemo teaches, prior authorizations, phone triage, scheduling

Next Steps

- Complete analysis of Aim 2 data and focus groups
- Identify and pilot interventions → Subsequent R01
- Dissemination
  - Two papers under review
  - Three abstracts submitted to AcademyHealth
  - Three more planned for ASCO/ASCO Quality
- **Giving back to you**: nurses & pharmacists, apply for free chemo safety program: **mosst.nursing.umich.edu**

Acknowledgments

- Participating practices and your patients
- MOQC Leadership and staff
- OCTET study team
- Agency for Healthcare Research and Quality (AHRQ)

Questions?

- octet-study@umich.edu
- 734-615-4017

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MOQC-ICHOM Collaboration

- ICHOM = International Consortium for Health Outcomes Measurement
- Develops outcomes measures sets for multiple health conditions, incorporating stakeholder involvement
- Outcomes include patient-reported outcome measures (PROMs)
- Exploratory meeting held with MOQC in April 2018
- Proposal to continue collaborative efforts funded by CMS

Keynote Presentation

An Honest Narrative: Oncology, True Informed Consent and The Inevitability of Living Life

Timothy G. Ihrig, M.D., M.A.

Chief Medical Officer
Crossroads Hospice & Palliative Care

Chief Executive Officer
Ihrig MD & Associates

tim@ihrigmd.com

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thank
YOU
SO
much

Lunch

This is How We Do It: Presentations From The Field

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

This is How We Do It: Presentations From The Field

Karmanos Cancer Institute
Ammar Sukari, MD
Associate Medical Director, Karmanos Cancer Network
MOQC Biannual Meeting
January 18, 2019

About Our Practice

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

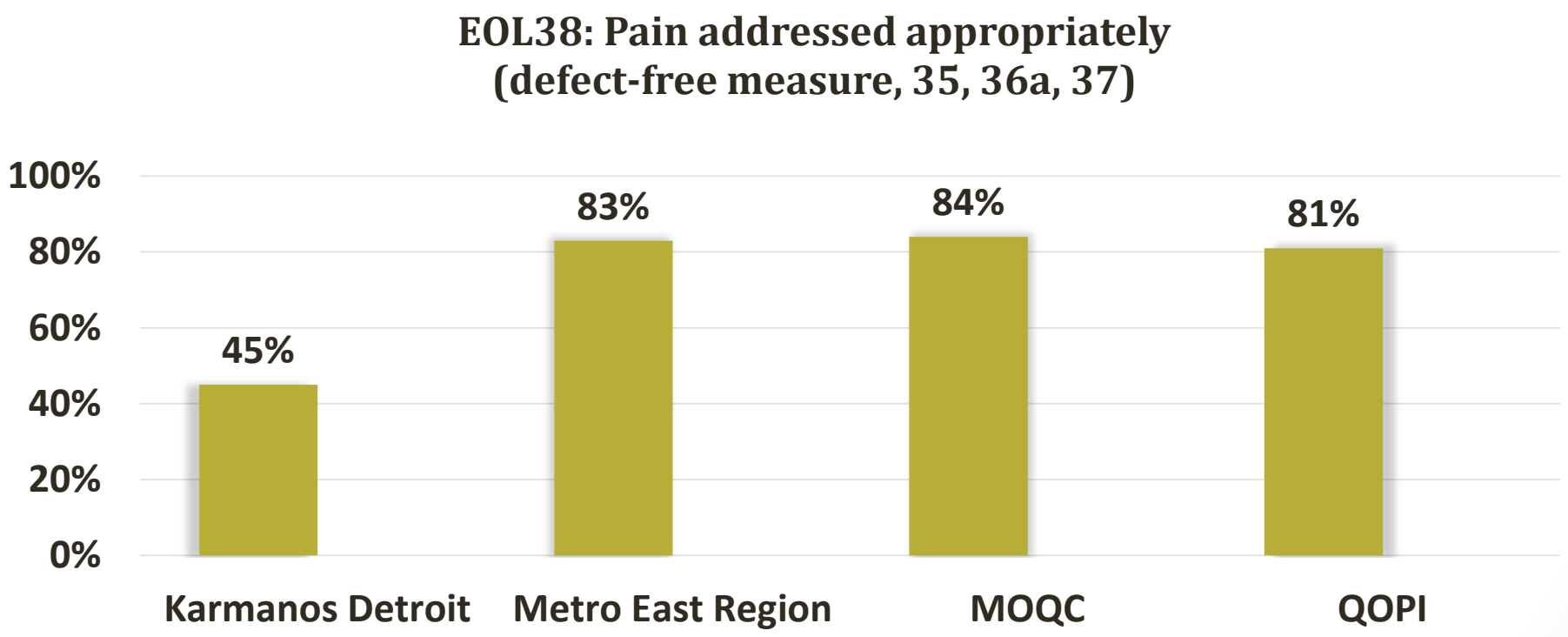
- Karmanos Cancer Network
  - 15 treatment locations around the state
  - 13,000 new cancer cases
  - 300 faculty (MD's, PhDs)

- Karmanos Cancer Center in Detroit
  - A NCI-designated comprehensive cancer center
  - 16 Medical Oncologists
  - 5 Radiation Oncologists
  - 3 Gynecologic Oncologists
  - 12 NPs/8PAs

Our Quality Project

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

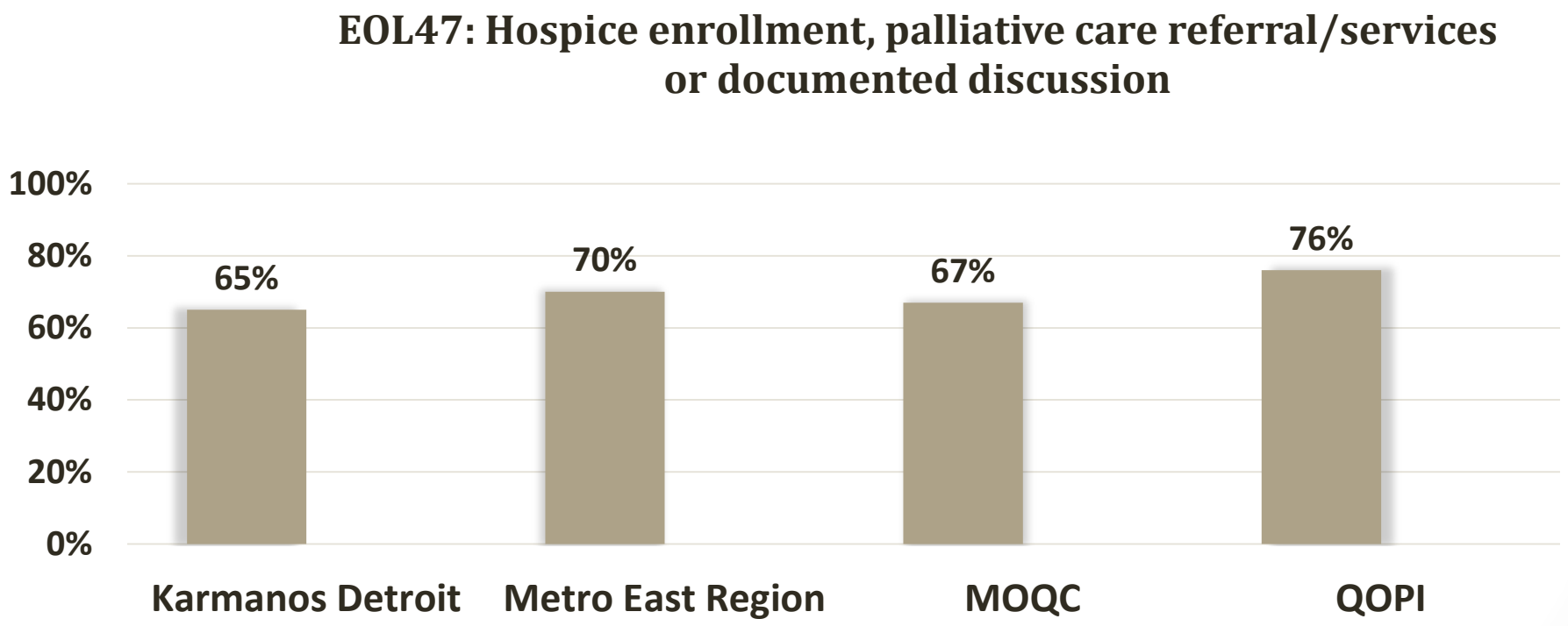
- **Problem Statement 1:** Pain is not appropriately addressed for all patients who have cancer.
- **Baseline:** Spring 2017 QOPI data



Our Quality Project

BARBARA ANN Karmanos CANCER INSTITUTE Wayne State University

- **Problem Statement 2:** Hospice and/or palliative care are not addressed and/or documented for all patients who have cancer.
- **Baseline:** Spring 2017 QOPI data



BARBARA ANN Karmanos CANCER INSTITUTE Wayne State University

Practice Interventions

- Palliative Care/Supportive
  - Inpatient consult service, outpatient ambulatory clinic in 2 locations, anesthesia and pain management clinic, women's sexual health, lymphedema care, support groups, chaplain, Healing Arts, art therapy, law clinic, others

Interdisciplinary Team

BARBARA ANN Karmanos CANCER INSTITUTE Wayne State University

Practice Interventions

- Palliative Care/Supportive
- In 2018 performed 1025 consults with 590 new patients
- Available 24/7 to patients and providers via phone/pager
- Started 6 day a week in-patient coverage.

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

Practice Interventions

- Established Karmanos Palliative Care Quality Committee
- MOQC Participation:
  - Dr. Sukari Physician Champion
  - Support KCC MOQC team
- Modifications to medical record forms to improve documentation until the full implementation of new EMR ("OneMcLaren" EMR initiative)

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

Practice Interventions

- Provider and Clinic staff education:
  - Periodic communication with provider regarding:
    - Documentation requirements
    - KCC performance compared to MOQC, Metro East and QOPI
    - Series of educational events regarding the evidenced based guidelines for early palliative care referrals
    - Discuss patient goals and priorities for living with serious illness

Post-Intervention Data

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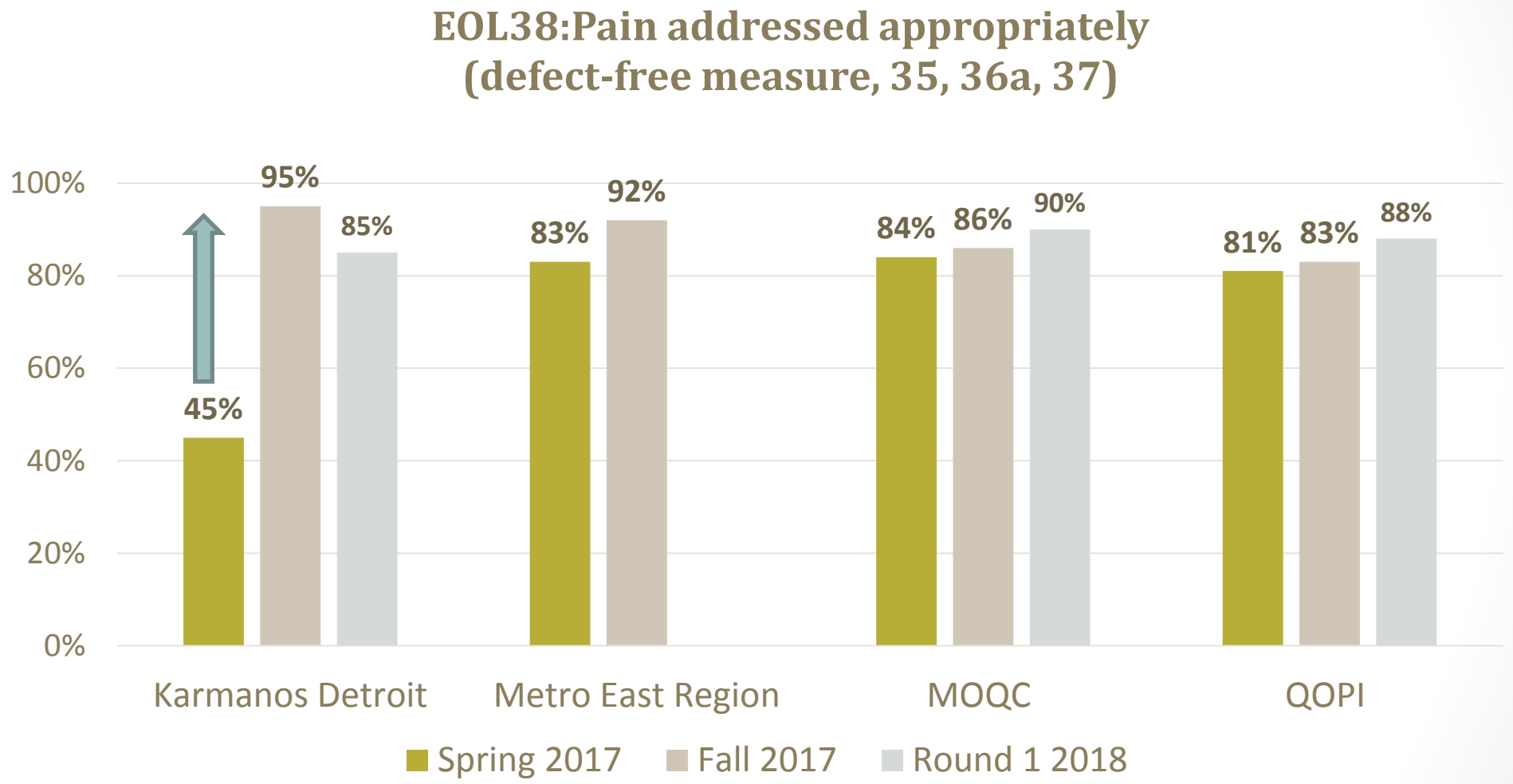
Wayne State University



Post-Intervention Data

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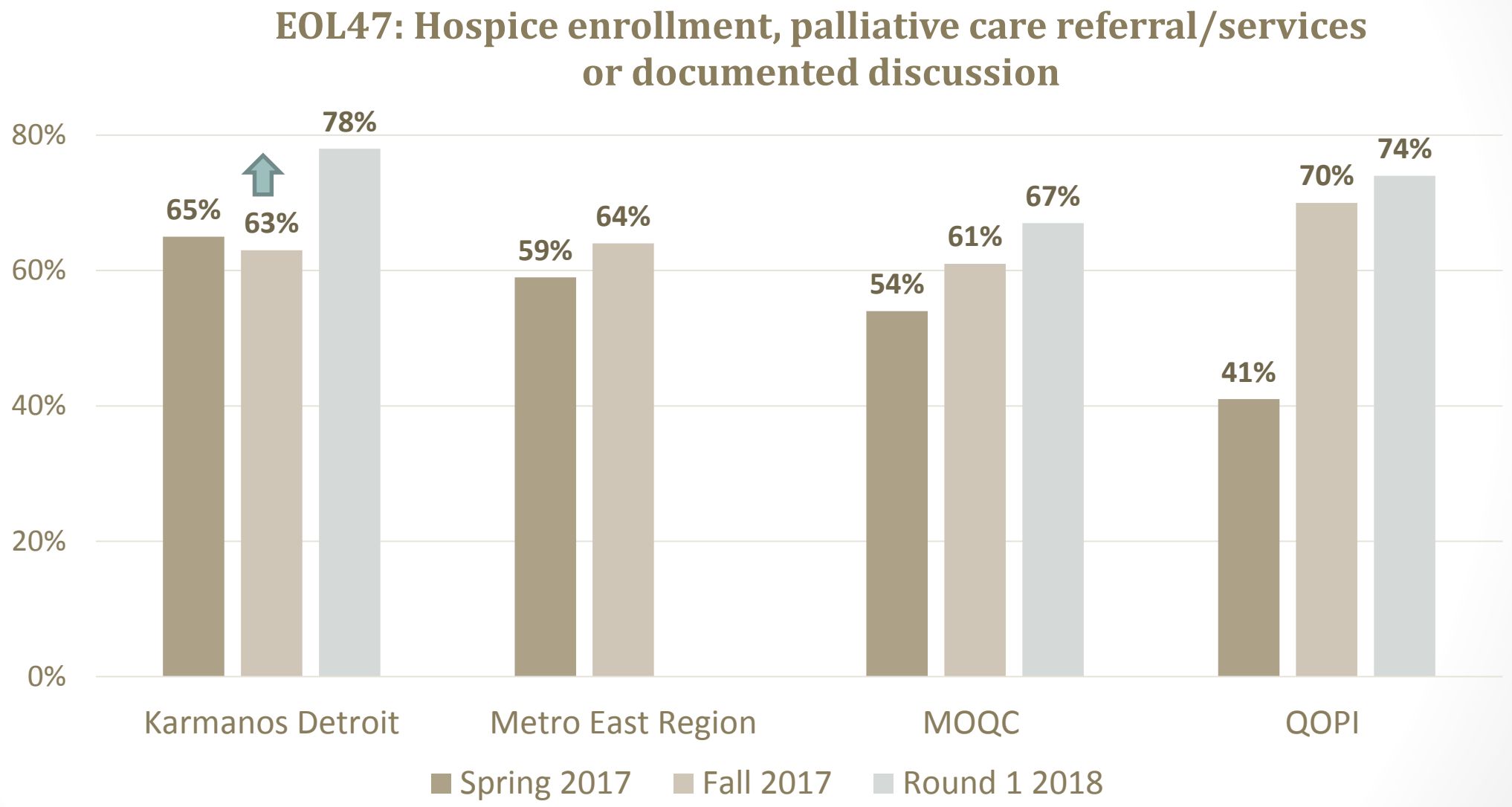

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Dissemination of Data

Data reported:

- KCC/KCI Network Patient Safety Dashboard
- KCC Senior Leadership
- KCC Clinical Leadership Council
- KCC Ambulatory Leadership
- KCC Hospital Performance Improvement Committee
- KCI HemOnc Division Meetings

Key Lessons and Next Steps

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

What is working today

- Expansion of Palliative Care Team
- Outreach effort by MOQC Physician Champion and KCC MOQC team to all providers in the KCC
- Modified Medical Records Forms
- Internal reporting of data to enhance awareness
- Dictation Cue Cards

Key Lessons and Next Steps

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

<u>What is next</u>

- Education lectures to Hem/Onc Fellows
- KCI/Wayne State Palliative Care Symposium in 2019
- Implement internal KCC email alert for patients newly enrolled in Hospice
- All stage IV cancer patients Palliative Care referral (NCCN/ASCO Guidelines)
- Further expand Palliative team: Add NP, Dedicated SW
- Dedicated Oncology module within the EMR that provides decision support for cancer treatment including palliative care services and hospice referrals

Munson Healthcare
Cowell Family Cancer Center (CFCC)
Oral Oncolytic Program

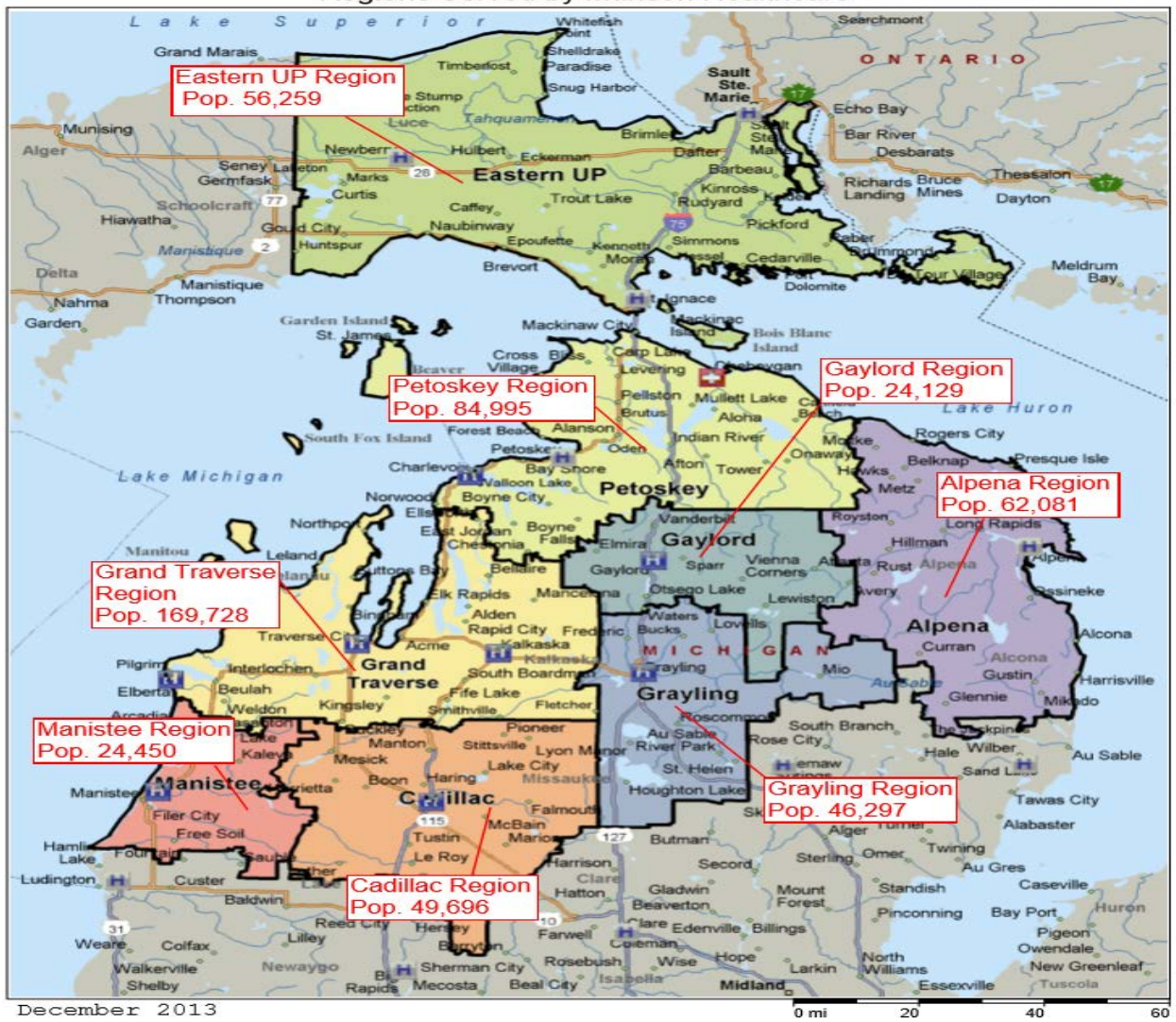
MOQC Biannual Meeting
January 18, 2019
Mark Wagner, PharmD, BCOP

COWELL FAMILY CANCER CENTER
MUNSON MEDICAL CENTER

Munson Healthcare Cancer Service Line

- CFCC - Traverse City
  - 8 Medical Oncologists
  - 4 Radiation Oncologists
  - 1 Gynecologic Oncologist
  - 6 NPs/1 PA
  - 6 Pharmacists
- Several satellites
  - Cadillac, Grayling, Gaylord, Manistee and Charlevoix

Regions Served by Munson Healthcare



COWELL FAMILY CANCER CENTER

MUNSON MEDICAL CENTER

Quality Improvement Project

- **Problem:** No standardized process for oral oncolytic therapy education, monitoring, and adherence
- **Baseline:** Each oncologists primary nurse had their own system for managing oral oncolytic therapy

QOPI Measures

- Core 13oral4: **Documented plan for oral chemotherapy**
  - 4a: Dose
  - 4b: Documented plan given to patient
  - 4c: Indications

- Core 13oral5: **Oral chemotherapy education provided at the start of therapy**
  - 5a: Management of missed doses
  - 5b: Toxicities
  - 5c: Clinic contact instructions

2018 QOPI Reporting Tracks:
https://practice.asco.org/sites/default/files/drupalfiles/QOPI-2018-Reporting-Tracks-Public-Posting.pdf

QOPI Measures - continued

- Core 13oral6: **Oral chemotherapy monitored on visit/contact following start of therapy**
  - 6a: Medication adherence assessed
  - 6b: Medication adherence addressed

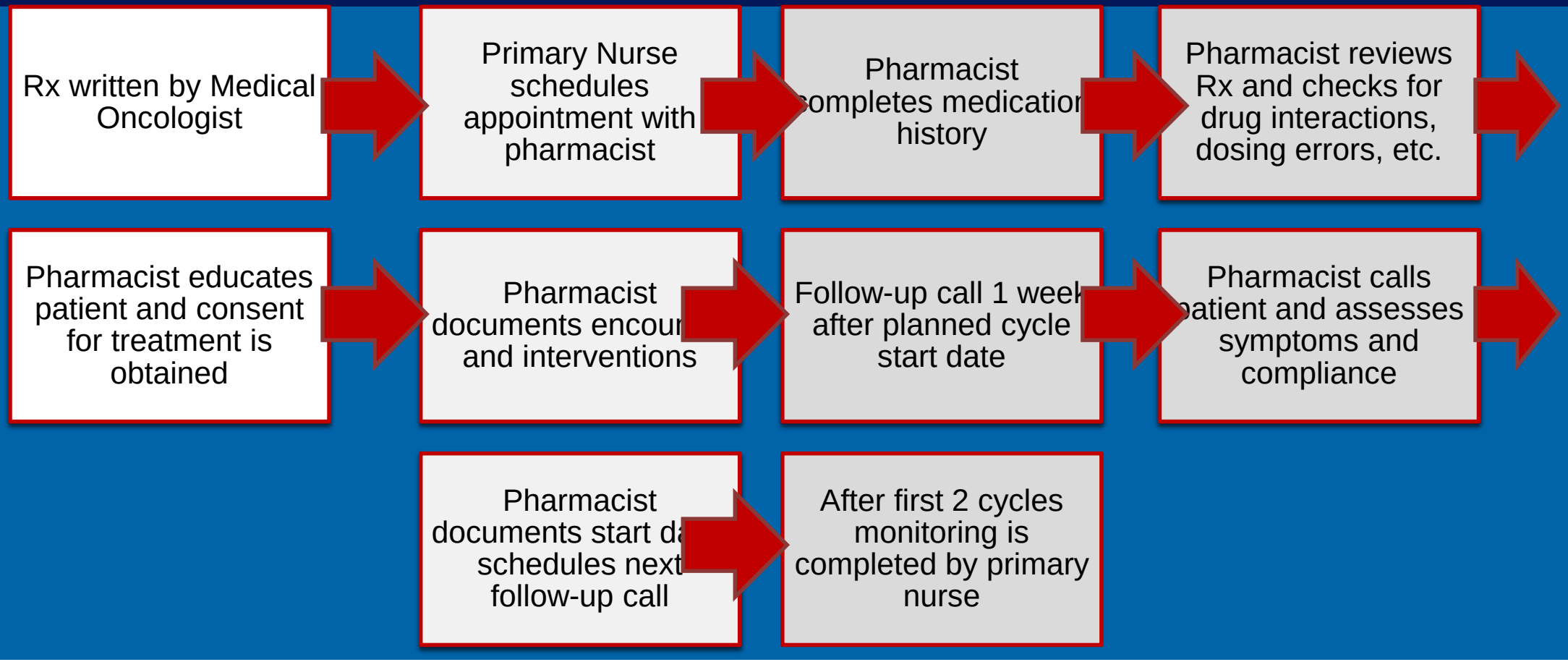
- Core 14/16: **Signed consent for chemotherapy documented in chart**

2018 QOPI Reporting Tracks:
https://practice.asco.org/sites/default/files/drupalfiles/QOPI-2018-Reporting-Tracks-Public-Posting.pdf

Initial Steps

- Oral Oncolytic Program Team
  - Pharmacist
  - NP
  - Nurse
  - EMR Specialist
  - MA
- Teamed up with MOQC
- Developed workflow
- Created tools for education, monitoring, and adherence assessment

Oral Oncolytic Process Implementation

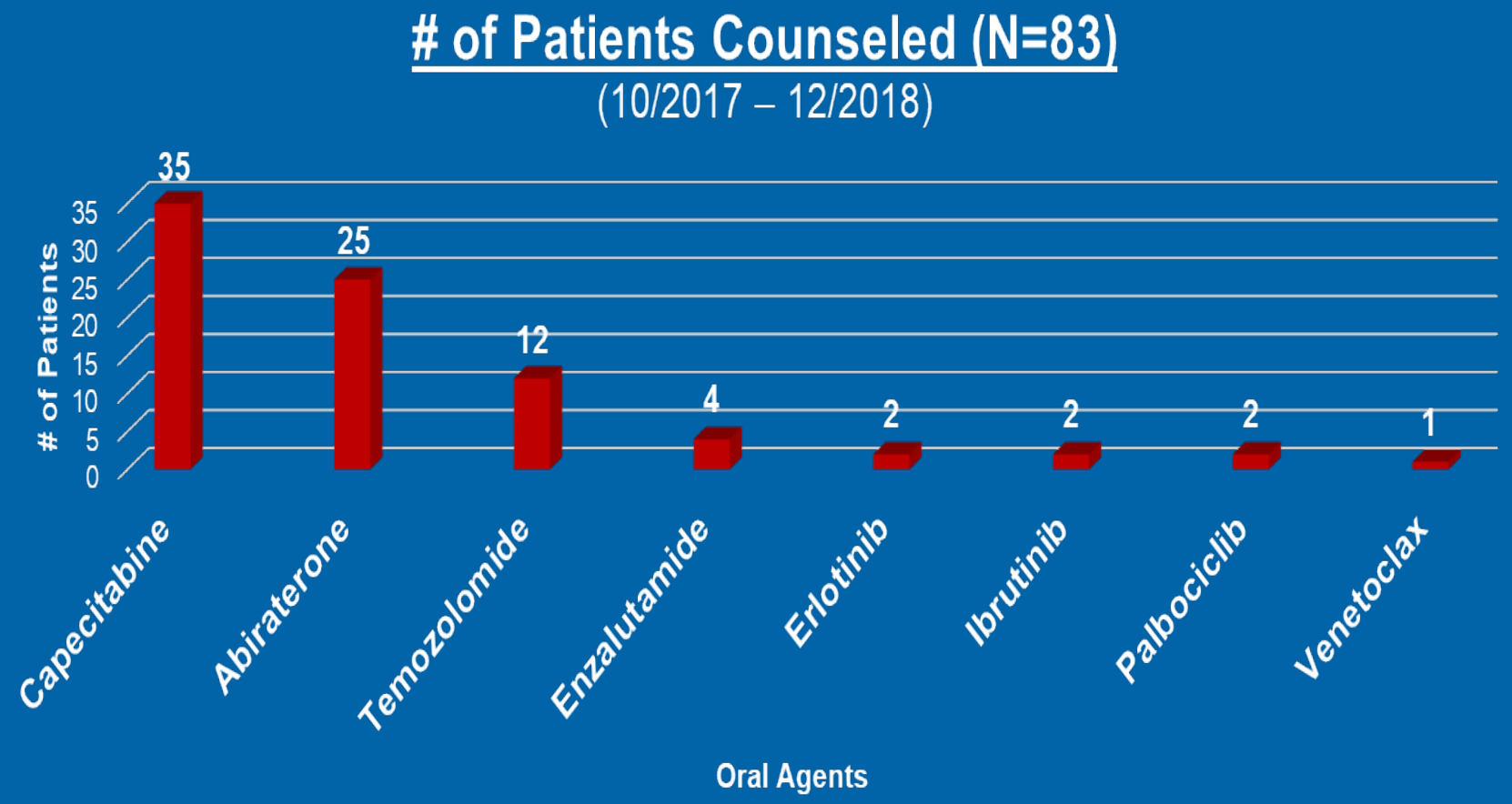


Resources

- People
- Outside Experience
  - MOQC
- Materials
  - MOQC
    - Education handouts/Patient assessment tools
  - HOPA/ACCC/NCODA/ONS
    - Education handouts

http://oralchemoedsheets.com/sheets/Abiraterone%20Acetate_Patient_Education.pdf

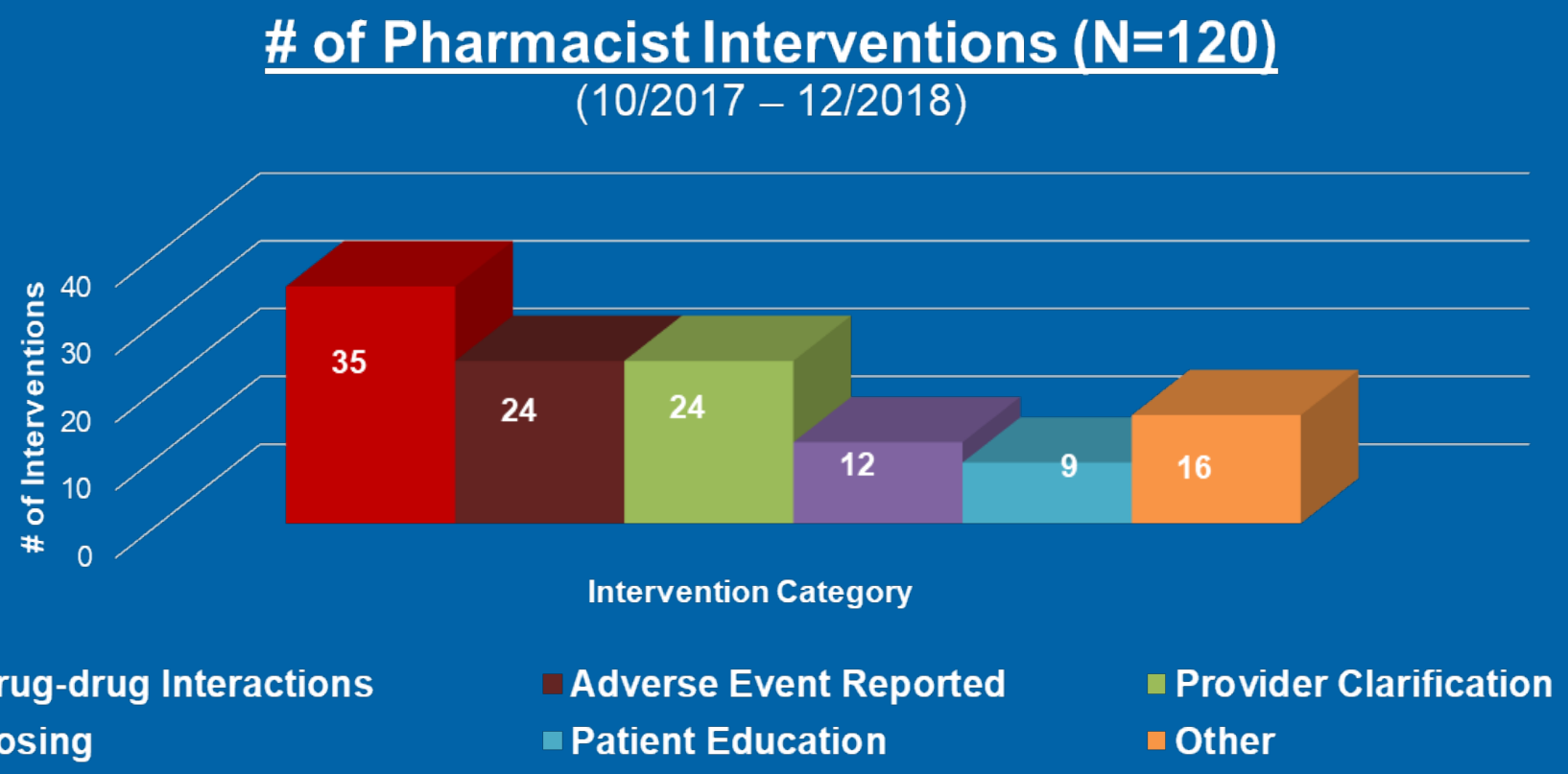
Current Status



- 11 drugs
- 61% capture rate

COWELL FAMILY CANCER CENTER
MUNSON MEDICAL CENTER

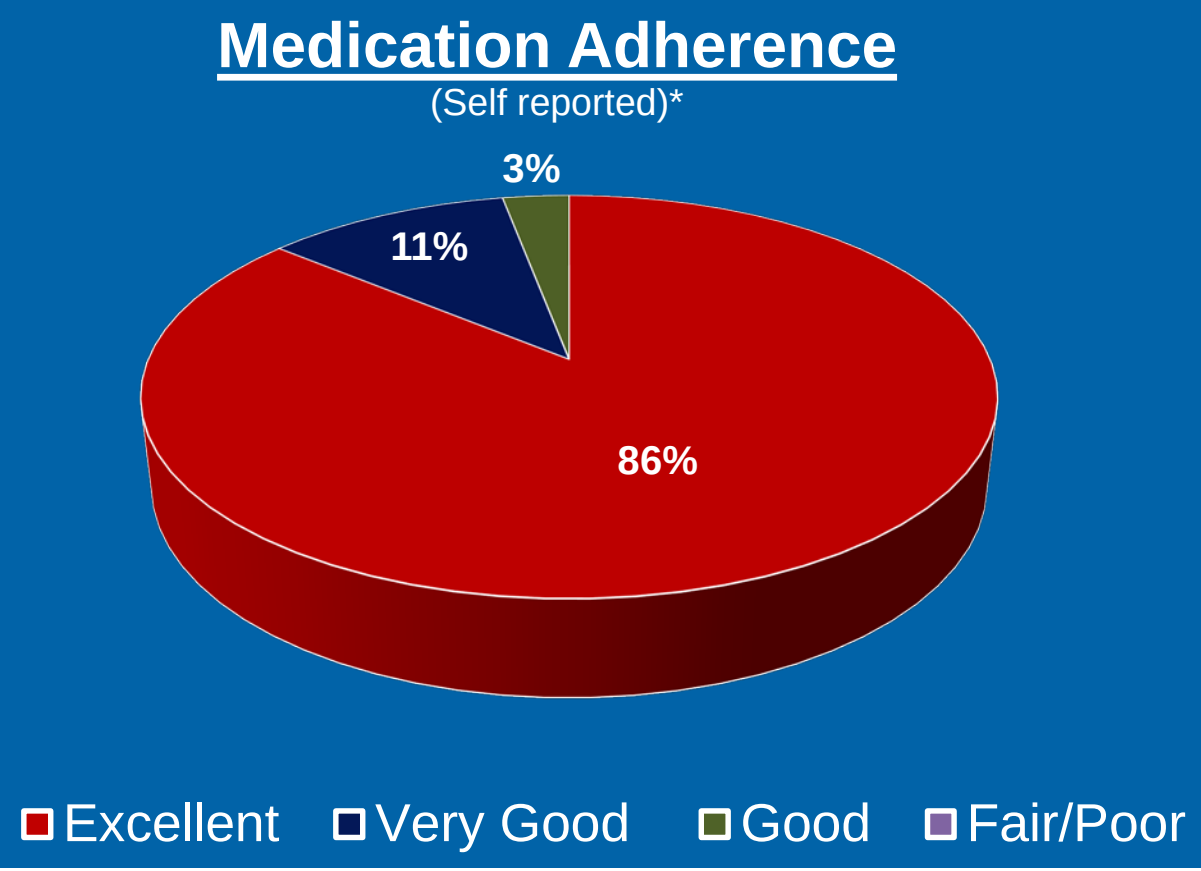
DATA: Interventions



- **Average:** 1.45 interventions/patient
- **DDIs:** capecitabine/PPIs, abiraterone/metoprolol
- **Dosing:** prednisone w/ abiraterone

COWELL FAMILY CANCER CENTER
MUNSON MEDICAL CENTER

DATA: Adherence



*Data collected and analyzed by MOQC. www.moqc.org

COWELL FAMILY CANCER CENTER
MUNSON MEDICAL CENTER

Key Lessons

- What is working today?
  - Evaluating prescription
  - Thorough patient education
  - Patient follow-up/adherence assessment

- What would we do differently?
  - Be fully staffed
  - Include all oral oncolytics
  - Have on-site specialty pharmacy

Next Steps

- Maximize # of patients who are counseled through the developed program
- Develop specialty pharmacy
  - 6-12 months
  - Cover all sites

http://covepresbyterian.podbean.com/e/a-new-devotion-on-coves-prayer-line-footsteps/?token=353c95424ebd5f0ccde5f0fefbca2265

Questions?

COWELL FAMILY CANCER CENTER

MUNSON MEDICAL CENTER

Break out Sessions

- Selection
- See Program

Complete Your Evaluation

Go to **bit.ly/MOQC2019**

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QUALITY CONSORTIUM

Enjoy Your Breakout Sessions!

Return to this room by 3:15pm

Snacks and Refreshments will be provided

MOQC
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QUALITY CONSORTIUM

Next Steps for MOQC & Practices

2019 Regional Meetings

A physician per practice must attend both meetings

Region	Spring 2019	Fall 2019
Metro East	Wednesday, **April 3**	Wednesday, **November 6**
LMOR	Monday, **April 15**	Monday, **November 11**
WOW	Wednesday, **April 17**	Wednesday, **November 13**
CMG	Monday, **April 22**	Monday, **November 18**
Superior West	Wednesday, **May 1**	Wednesday, **October 9**
Superior East	Thursday, **May 2**	Thursday, **October 10**

Locations and dates subject to change

Next Biannual Meetings

A physician per practice must attend one meeting

MOQC BIANNUAL MEETINGS 2019 and 2020		
Friday June 21, 2019	Auburn Hills Marriott	Pontiac
Friday January 17, 2020	Inn at St. John's	Plymouth
Friday June 19, 2020	Village at Bay Harbor	Petoskey

Locations and dates subject to change

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Complete Your Evaluation

Go to **bit.ly/MOQC2019**

Closing Comments

- Email us: first initial, last name@moqc.org
- Telephone us: (734) 232-0043 or **1.866.GET.MOQC**
- Visit our Resource Table
- Pick up gifts as you leave
- Leave name tags on tables
- Travel safely
- See you at Spring Regional Meetings

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