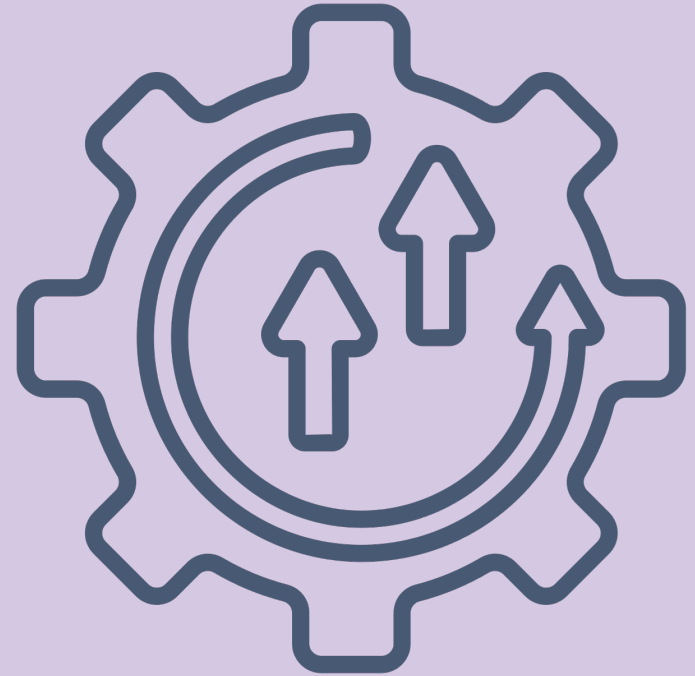


MOQC Practice Performance

Jennifer J. Griggs, MD, MPH



Thank You, Data Abstractors!

- Amy Flietstra, Cancer & Hematology Centers
- Alexandra Gehrke, Cancer & Hematology Centers
- Ann Webster, Cancer & Hematology Centers
- Leah Murphy, Cancer & Hematology Centers
- Erika Burkland, Dickinson Hematology/Oncology
- Aimee Ryan, Great Lakes Cancer Management
- Adrienne Stevens, Great Lakes Cancer Management
- Ashley Poulin, Great Lakes Cancer Management
- Julie Boylan, Hematology Oncology Consultants
- Kelly Bristow, Henry Ford Health
- Lisa May, Henry Ford Health
- Patricia Baker, Henry Ford Health
- Vanessa Schroeder, Henry Ford Health
- Allycia Lilla, Henry Ford Health
- Kim Jermanus, Henry Ford Health
- Margaret Warren, Henry Ford Health
- Katie Dombecki, Huron Medical Center
- Alicia Kehoe, Huron Medical Center
- Danielle Delano, Huron Medical Center
- Heather Spotts, KCI McLaren Greater Lansing
- Stacy Lantrip, KCI McLaren Greater Lansing Hospital
- Jeanne Melton, KCI McLaren Northern Michigan
- Megan Beaudrie, Karmanos Cancer Center
- Wendy Mielens, Karmanos Bay Oncology
- Amanda Vernier, KCI at McLaren Macomb
- Karen Matelic, Trinity Health Grand Rapids
- Jeanne Rye, Memorial Healthcare
- Denise Gregoire, MHP Downriver
- Blair Pease, West Michigan Cancer Center
- Amber Tucker, West Michigan Cancer Center
- Carey Gordon, West Michigan Cancer Center

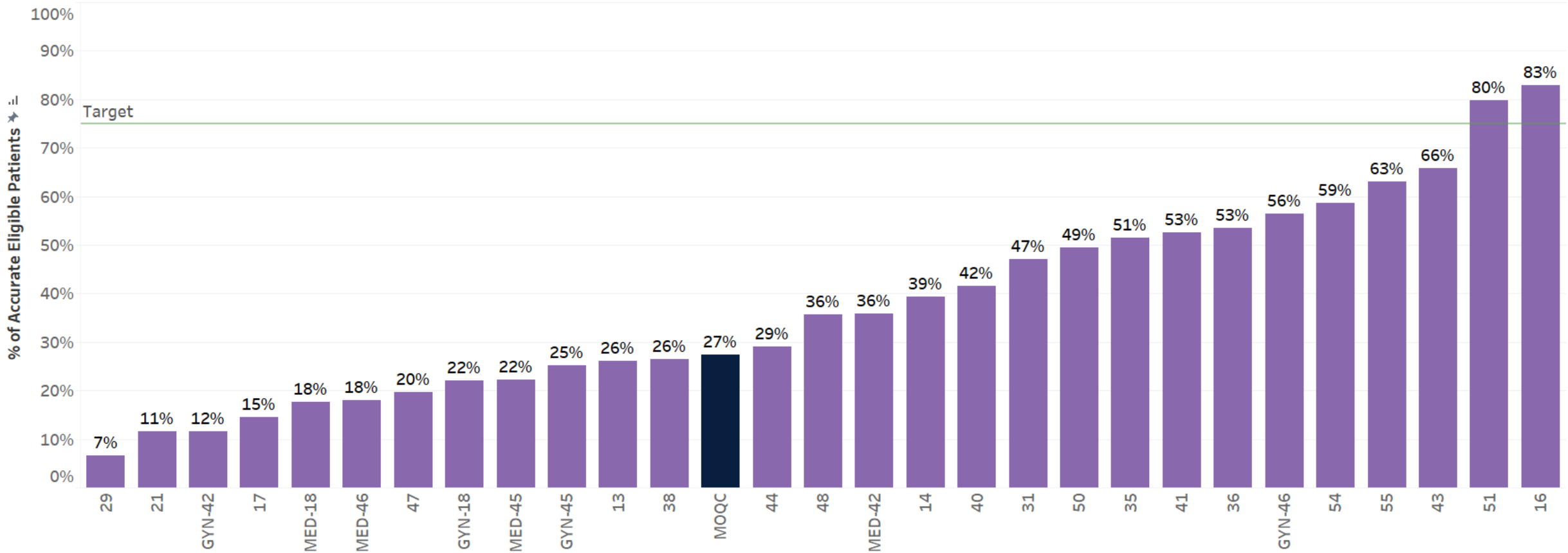
MOQC Team & MOQC by Proxy

Kleanthe Kolizeras, Heather Behring, Cindy Michalek,
Heather Rombach, Deborah Turner, Shawn Winsted, Deana
Jansa, Jennifer Broadhurst, Colleen Schwartz, Therese
Hecksel, Megan Beaudrie



Chart Abstraction Eligibility

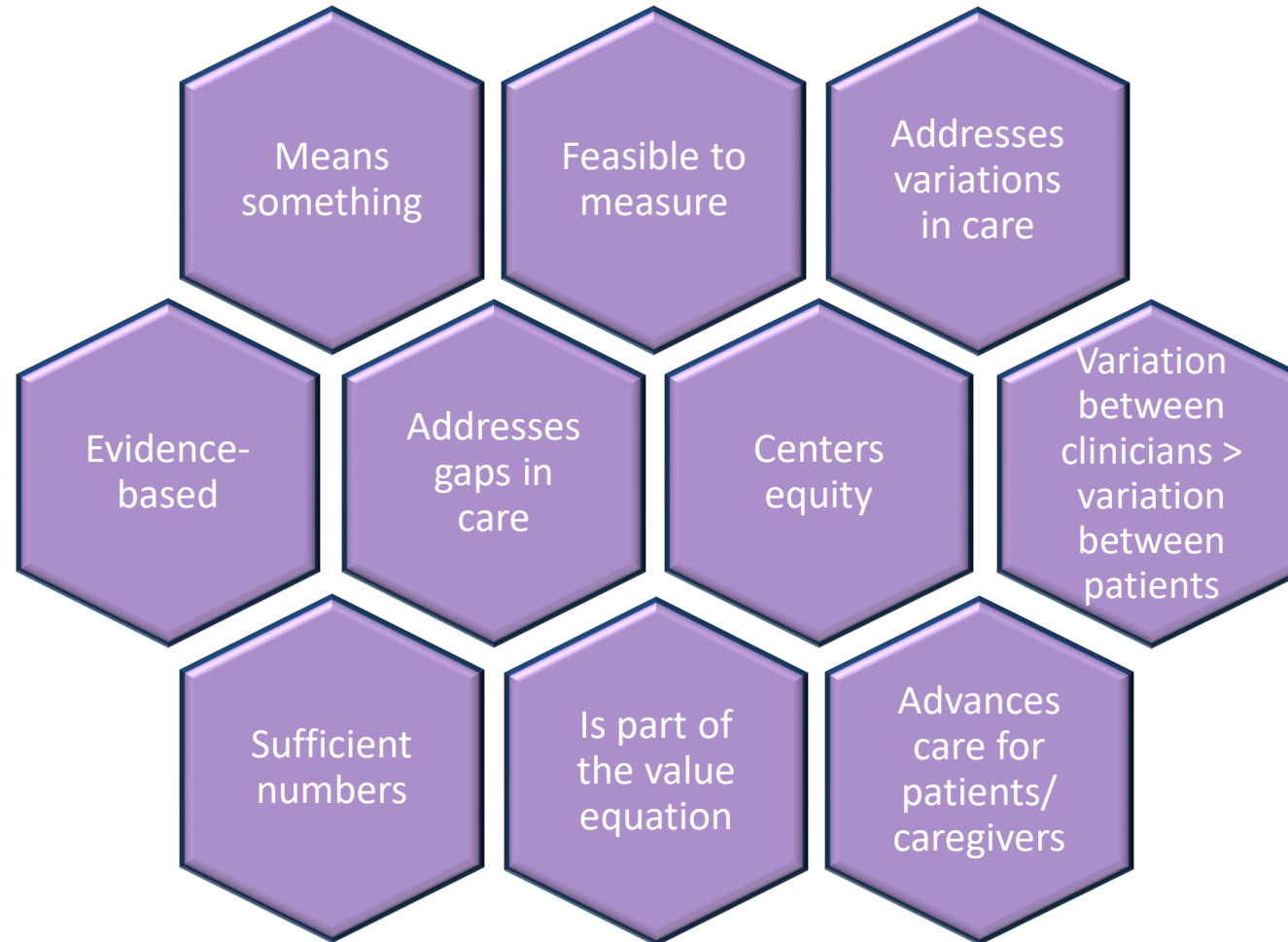
Proportion of Patient Lists Eligible for Abstraction



MOQC Abstractors opened 11,684 charts and only 4,575 qualified for abstraction.



Criteria for Measure Selection



2024 Round 1 Chart Selection Criteria

Eligible patient criteria

- 18 or older at diagnosis
- Invasive malignancy or hematologic malignancy

Diagnosis & Visit Window

- Diagnosed
 - 12/01/2022 – 03/31/2024
- First office visit
 - 12/01/2022 – 05/31/2024
- 2 office visits (practitioner)
 - 10/01/2023 -05/31/2024

End-of-Life Patients

- Patient must have died
 - 12/01/2022 – 05/31/2024
- Patients must have a known date of death
- Death related to cancer or cancer-related treatment
- 2 office visits (practitioner) within 12 months preceding death



Data Presented

- Last 12 months by practice with confidence intervals
- Trends in performance over time for VBR measures
- Multivariate analyses



Measures

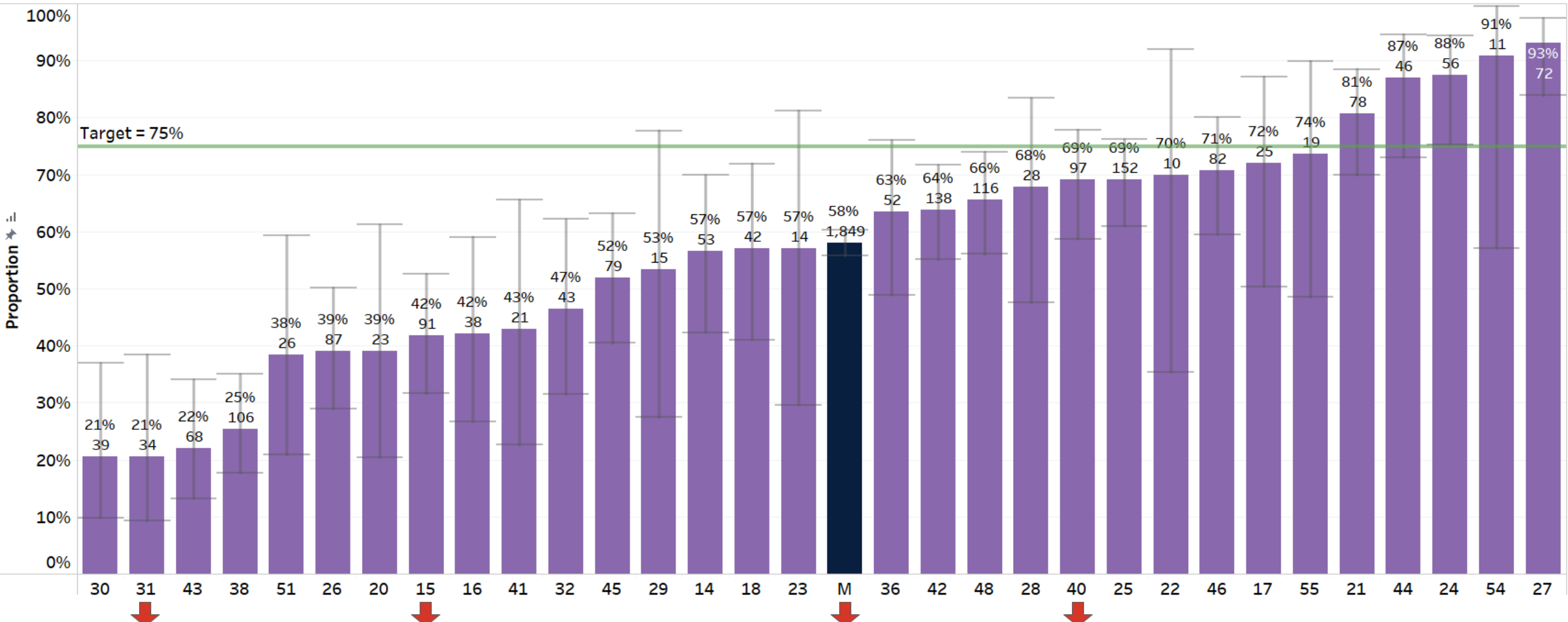


- Tobacco cessation counseling or referral
- Complete family history
- Growth factor use in people receiving chemotherapy with non-curative intent
- NK1RAs in people on low/moderate emetic risk chemotherapy
- Olanzapine in people on high emetic risk chemotherapy



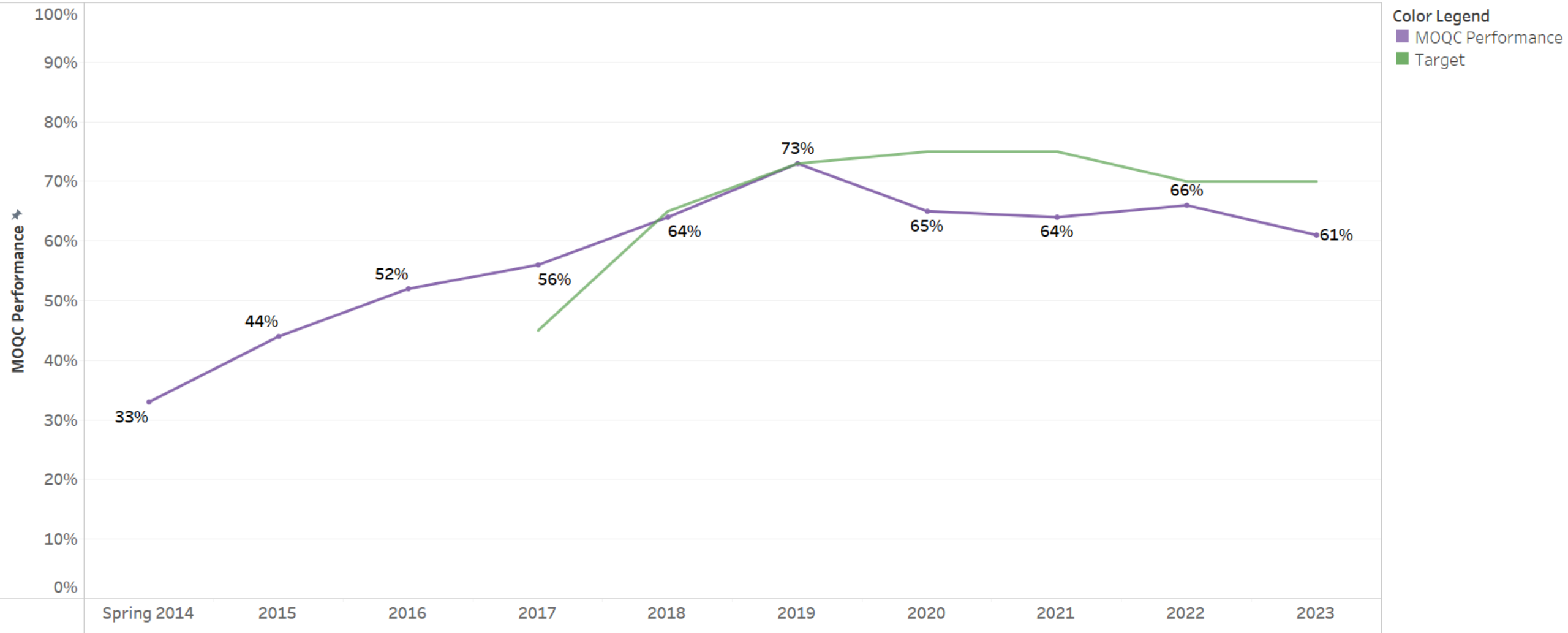
101b: Tobacco Cessation Counseling Administered or Patient Referred in Past Year

6/1/23 - 5/31/24, n = 1,849



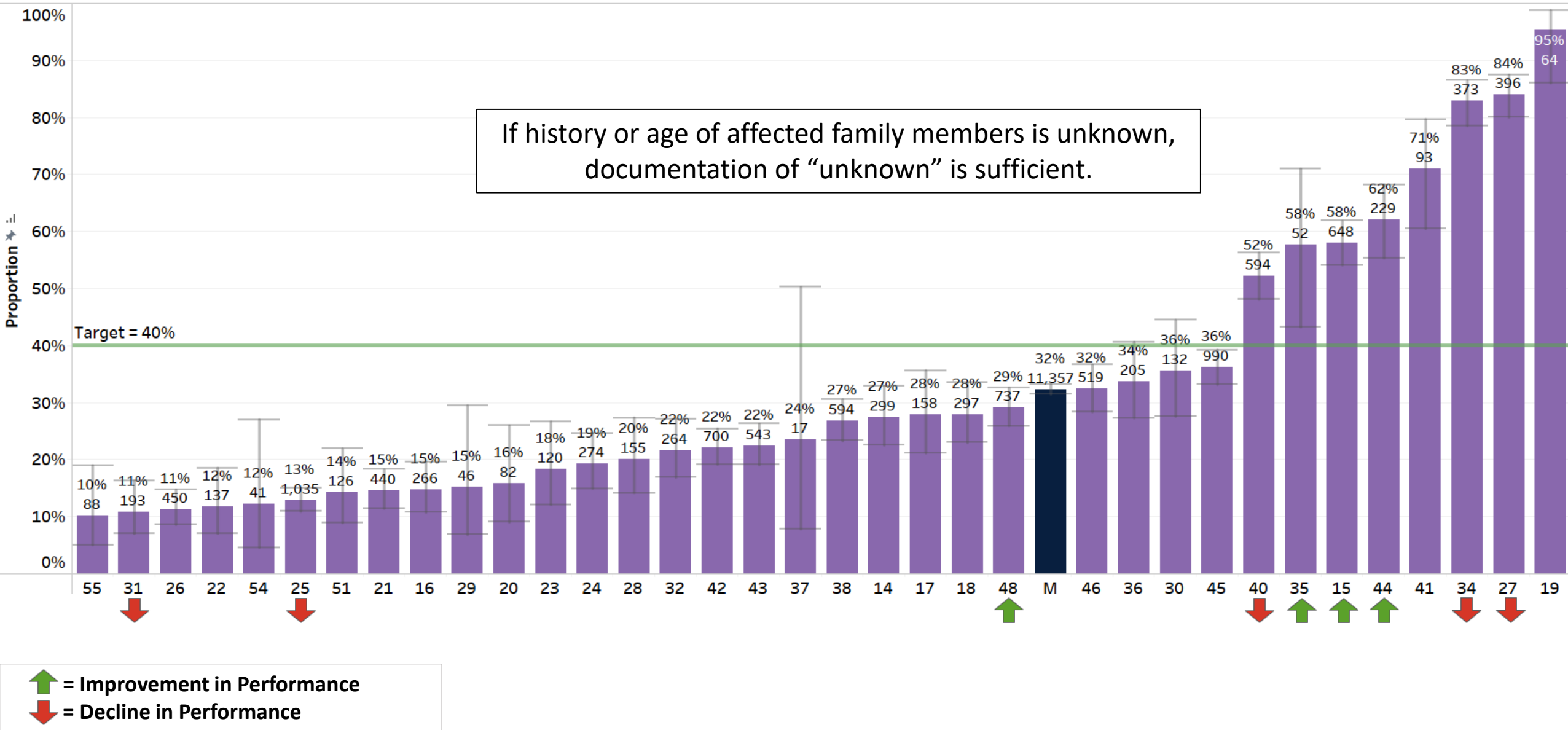
 = Improvement in Performance
 = Decline in Performance

101b: Tobacco Cessation Counseling Administered or Patient Referred in Past Year

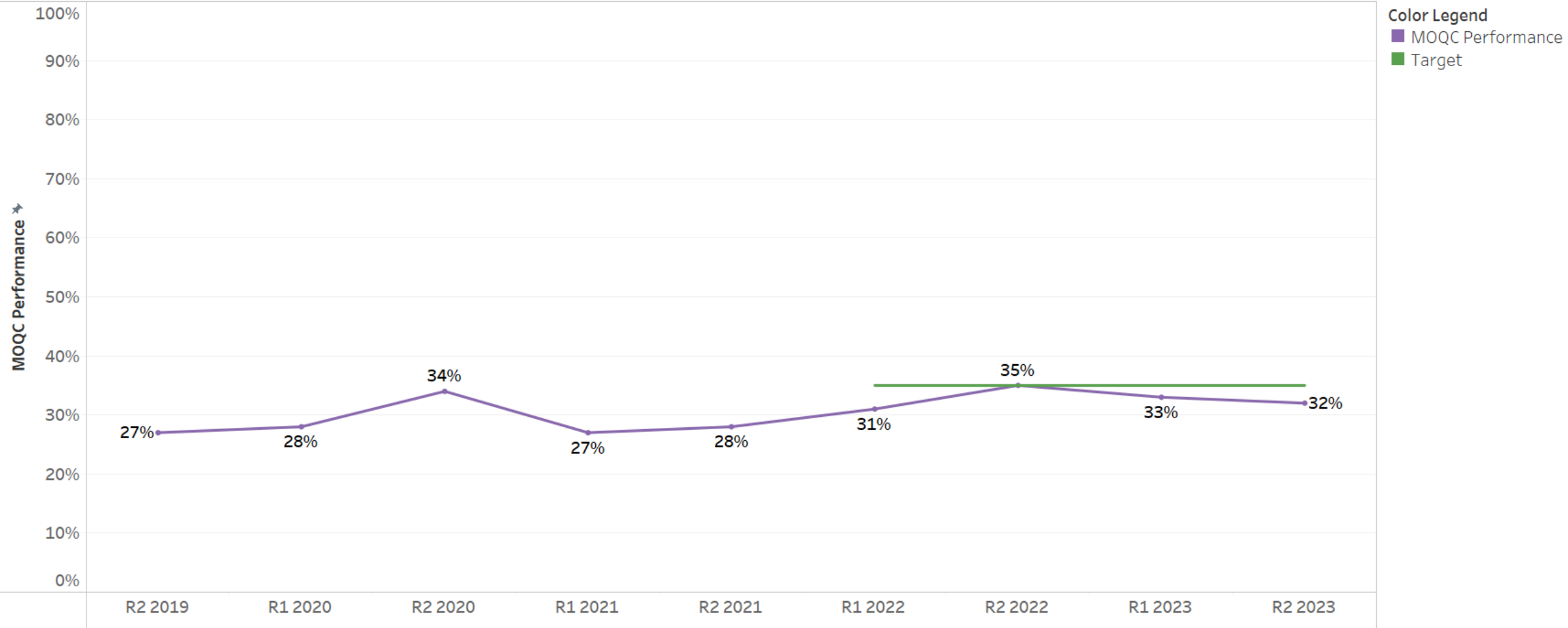


108a: Complete Family History Documented for Patients with Invasive Cancer

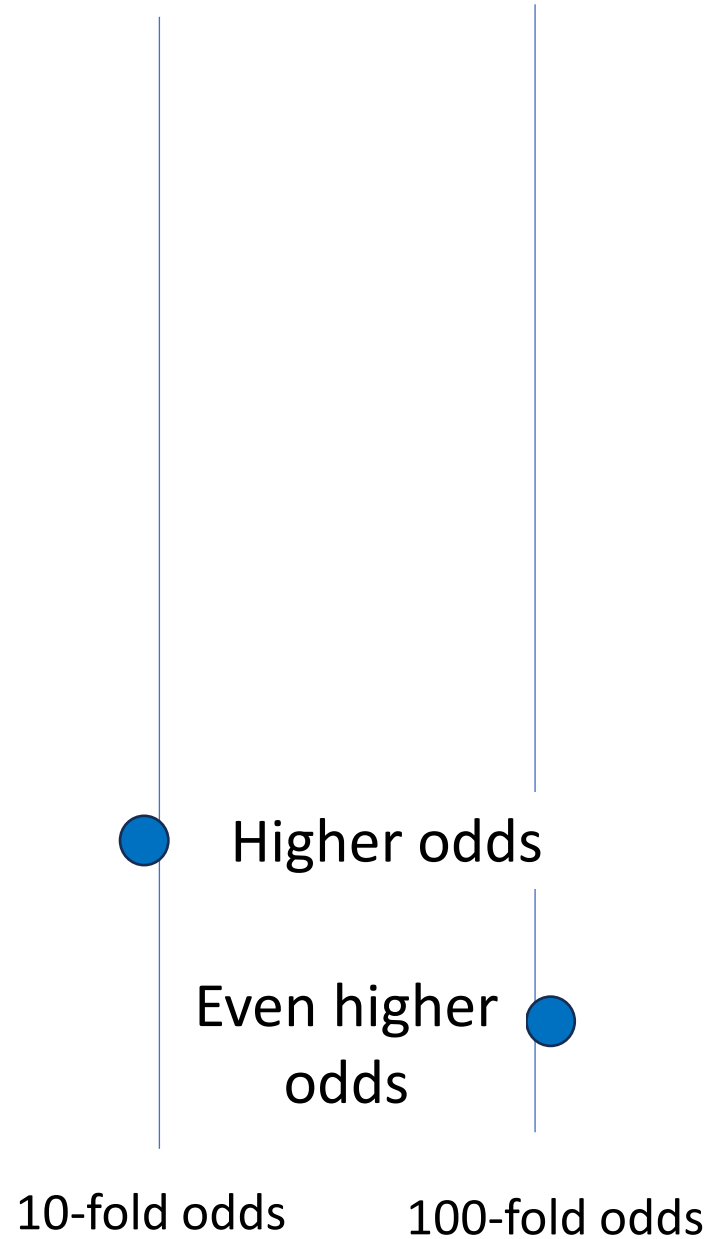
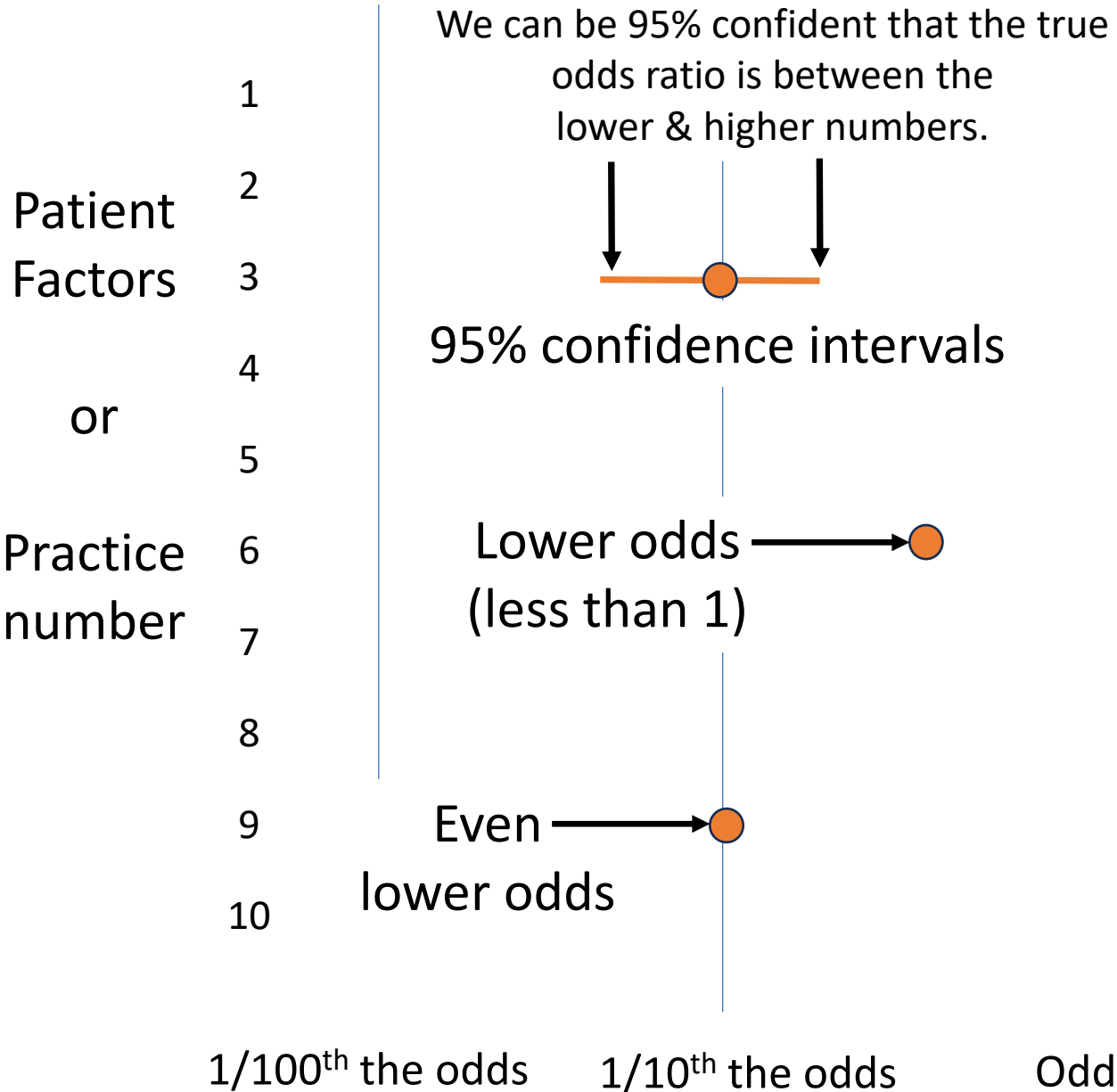
6/1/23 - 5/31/24, n = 11,357



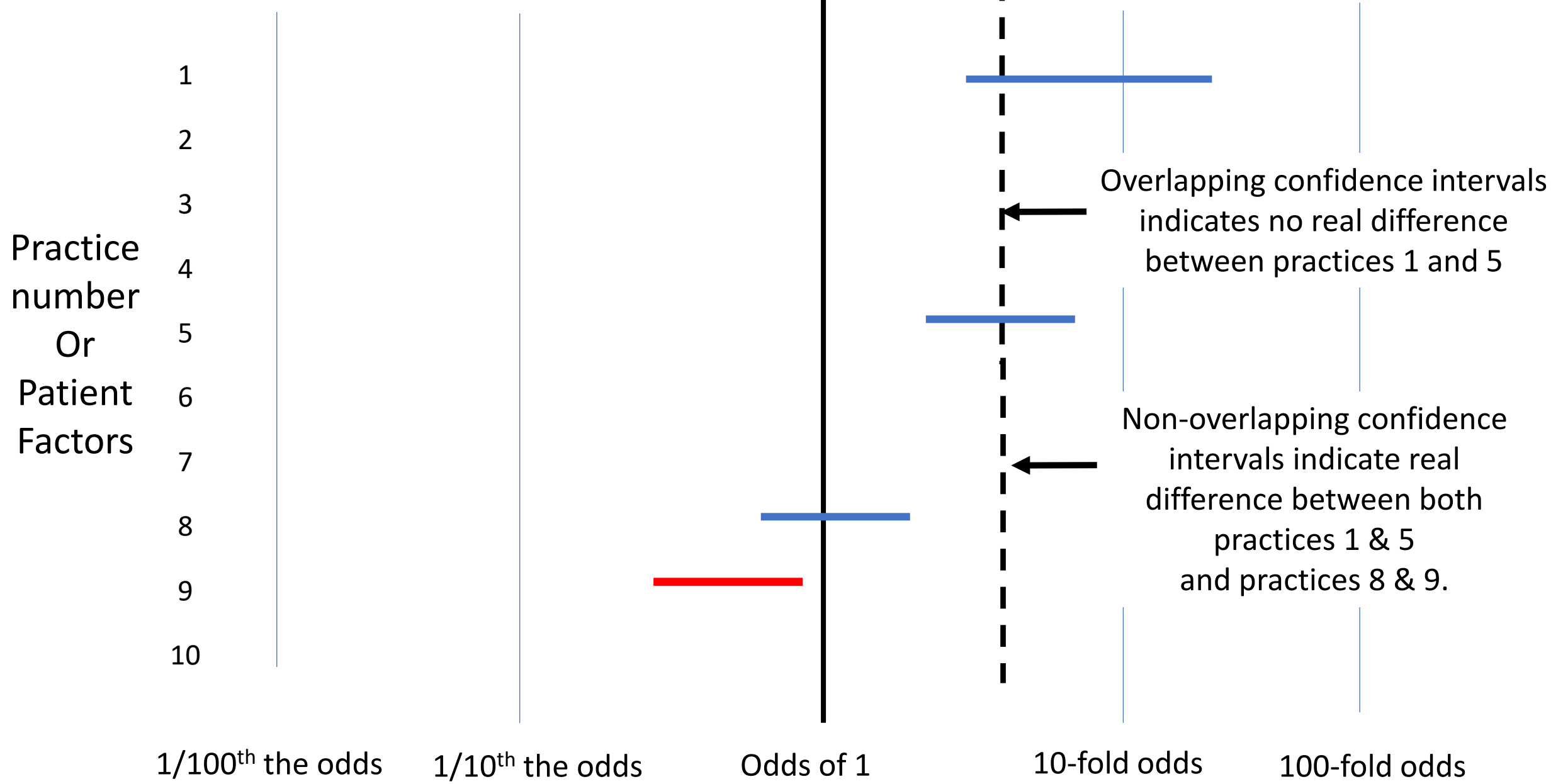
108a: Complete Family History Documented for Patients with Invasive Cancer



← Everything shown is relative to 1



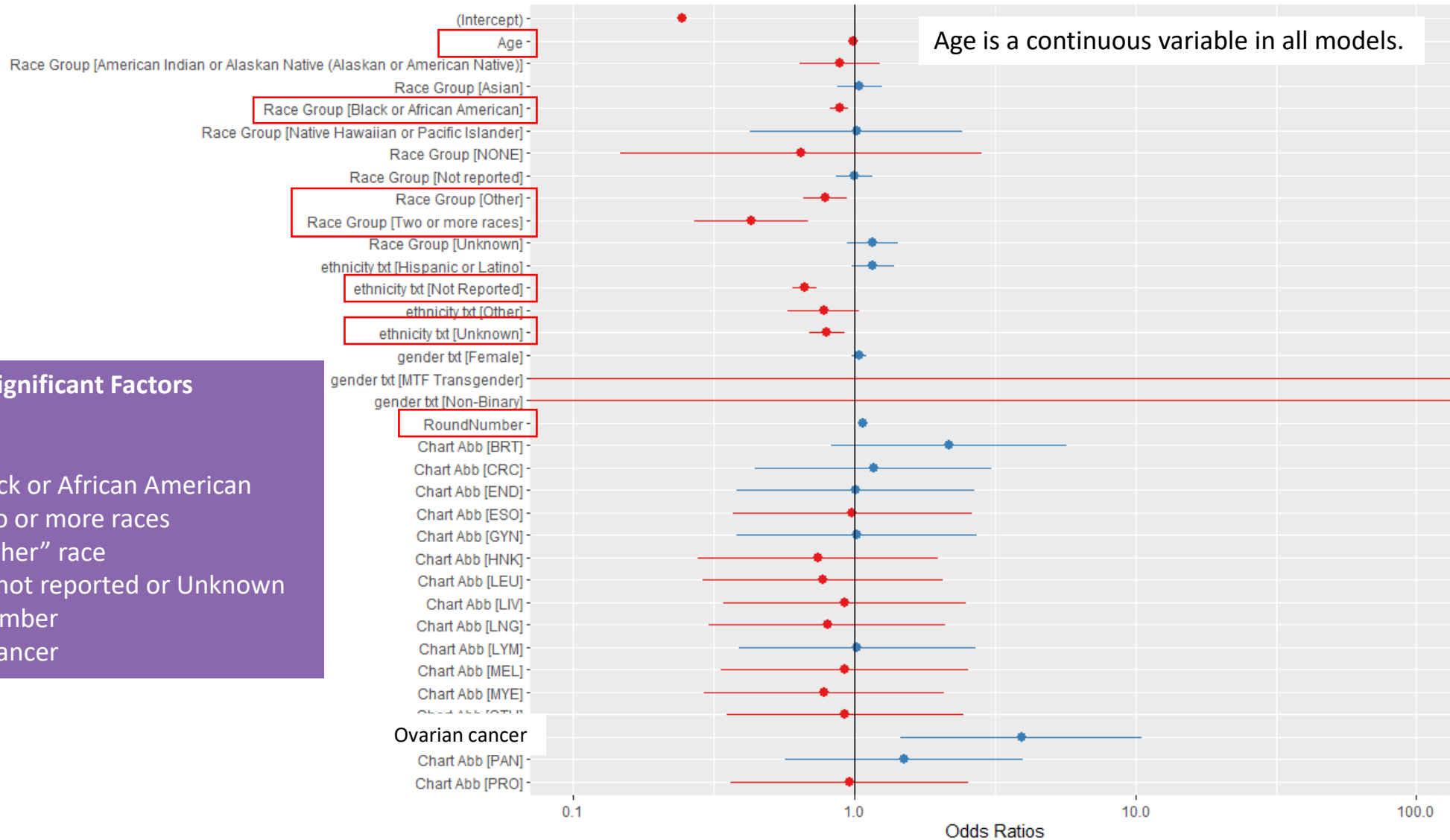
Everything shown is relative to 1 →



108a: Complete Family History Documented for Patients with Invasive Cancer, 2015 - 2024

n = 45,195 Patients

M108a



- Statistically Significant Factors**
- Age
 - Race
 - Black or African American
 - Two or more races
 - “Other” race
 - Ethnicity not reported or Unknown
 - Round number
 - Ovarian cancer

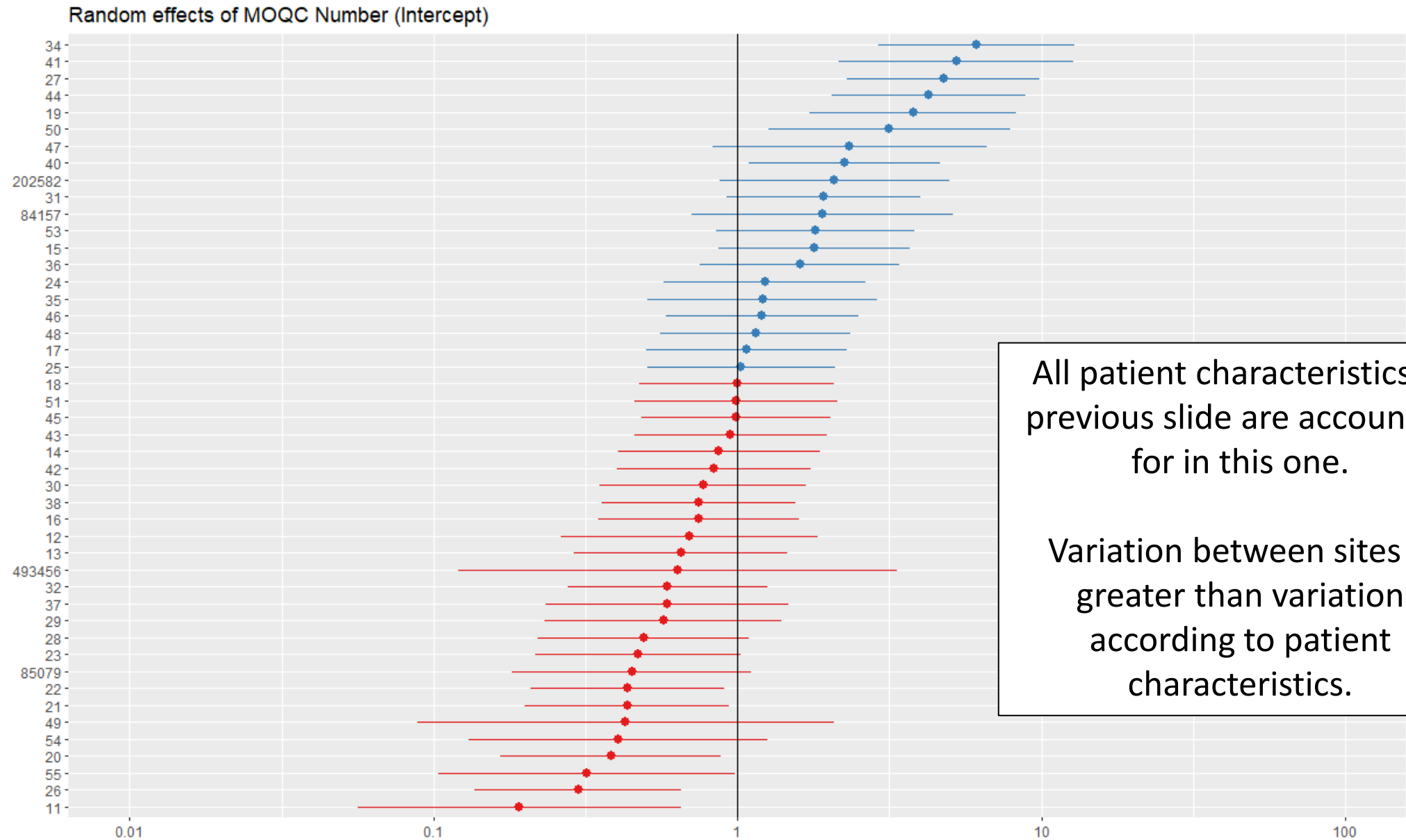
Age or
Round



Everything is relative to 1.0



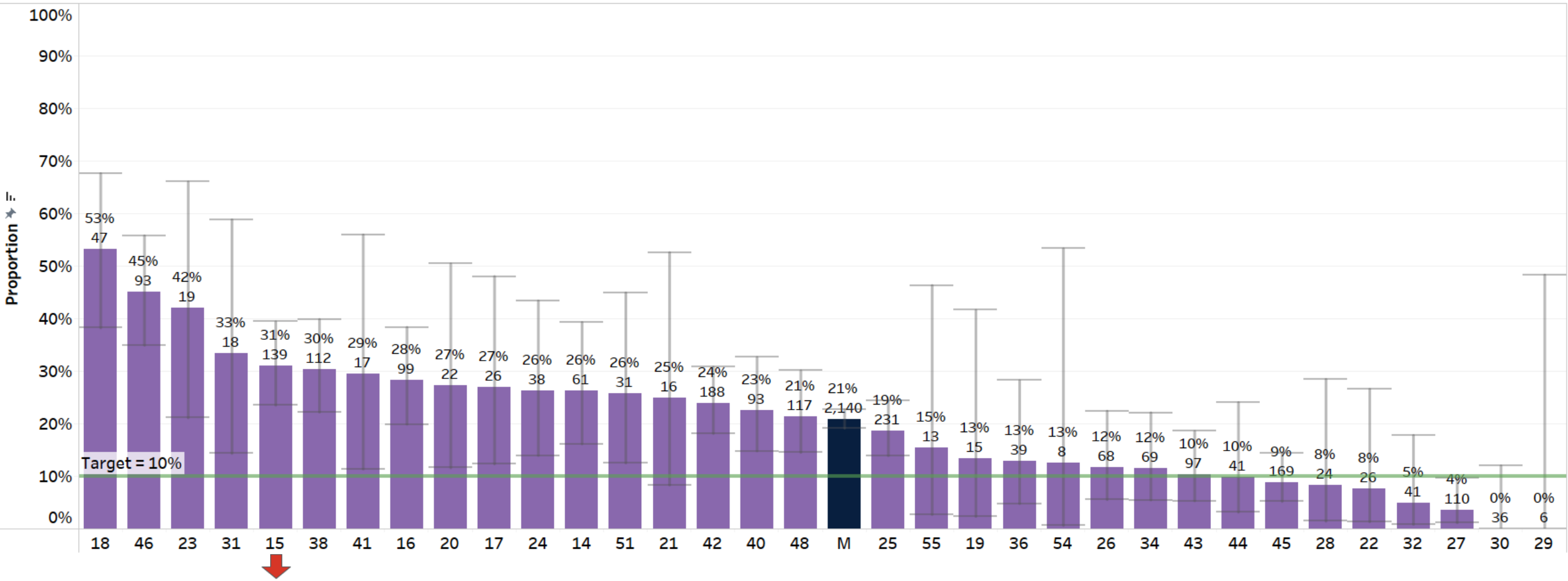
108a: Complete Family History Documented for Patients with Invasive Cancer, 2015 - 2024



All patient characteristics in previous slide are accounted for in this one.

Variation between sites is greater than variation according to patient characteristics.

111: GCSF Administered to Patients who Received Chemotherapy for Non-Curative Intent (Lower Score = Better) 6/1/23 - 5/31/24, n = 2,140

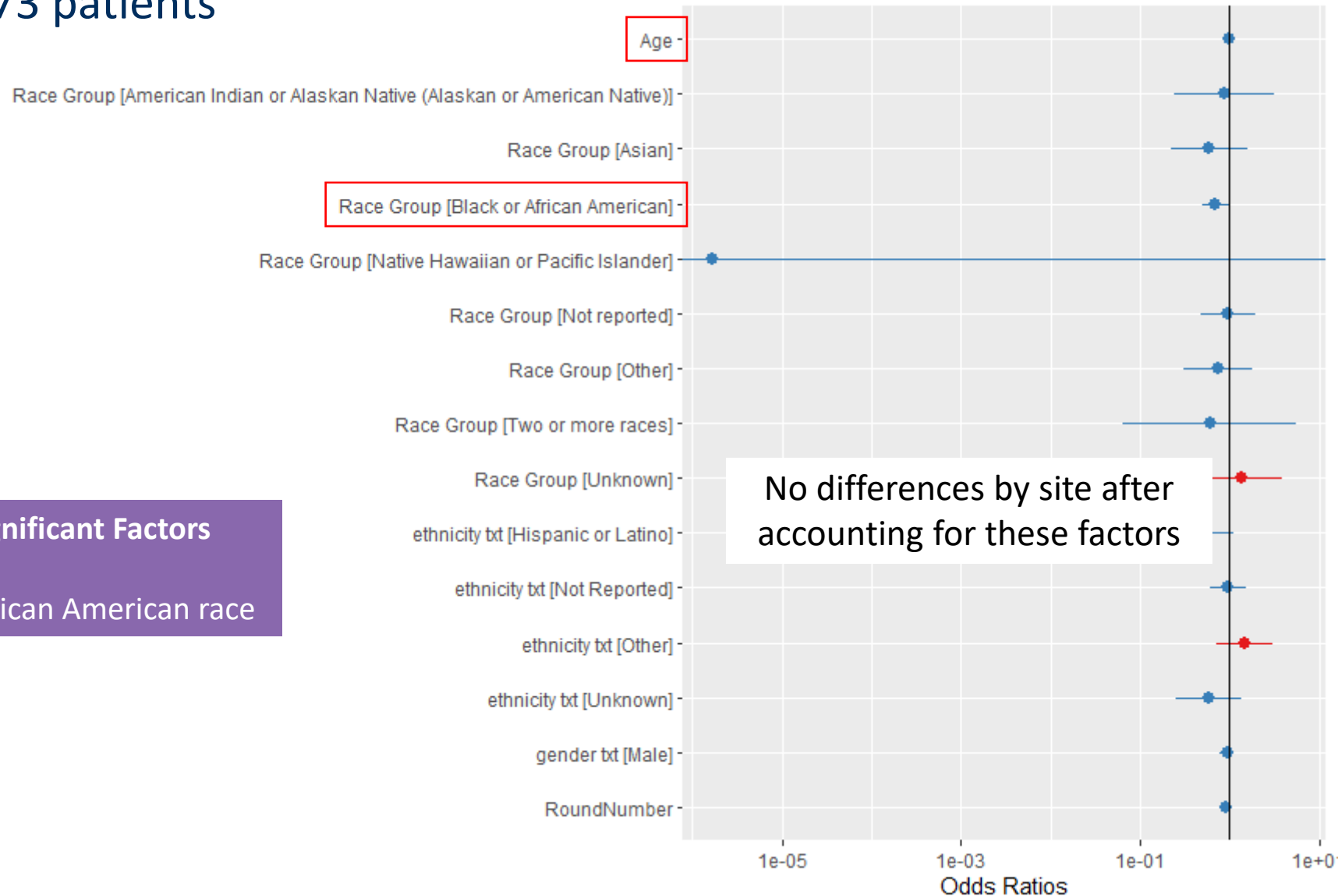


 = Improvement in Performance
 = Decline in Performance

111: GCSF Administered for Patients who Received Chemotherapy for Non-Curative Intent (Lower Score = Better), 2023-2024

n = 2,973 patients

M111



Statistically Significant Factors

- Age
- Black or African American race

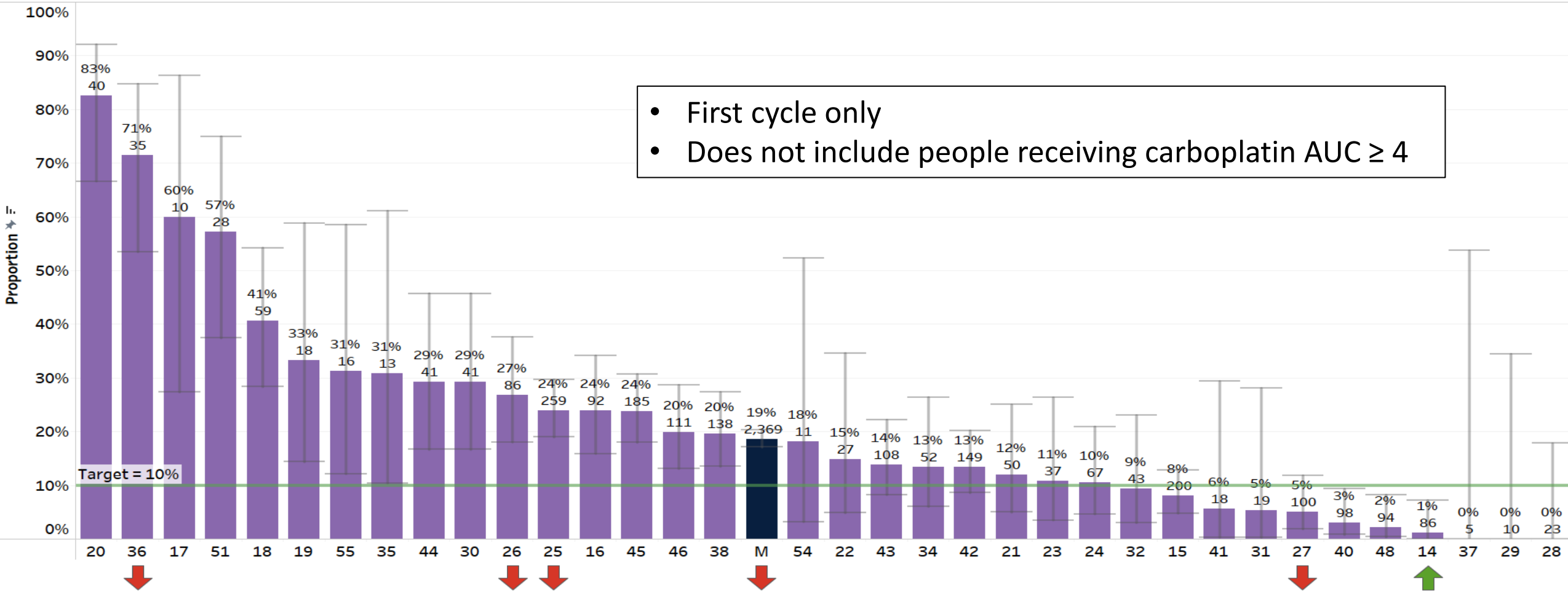
GCSF in people receiving chemotherapy with non-curative intent

Follow up to regional meetings

- This is a Choosing Wisely measure
- Choosing Wisely papers cite ASCO Guidelines
- ASCO Guidelines have not addressed *intent of therapy*
- Forthcoming ASCO Guidelines will address intent of therapy

- Multivariate analysis shows no difference by site
- MOQC will continue to collect but not display pending guidelines
- All practices pursuing MEQC will be set as having met the target

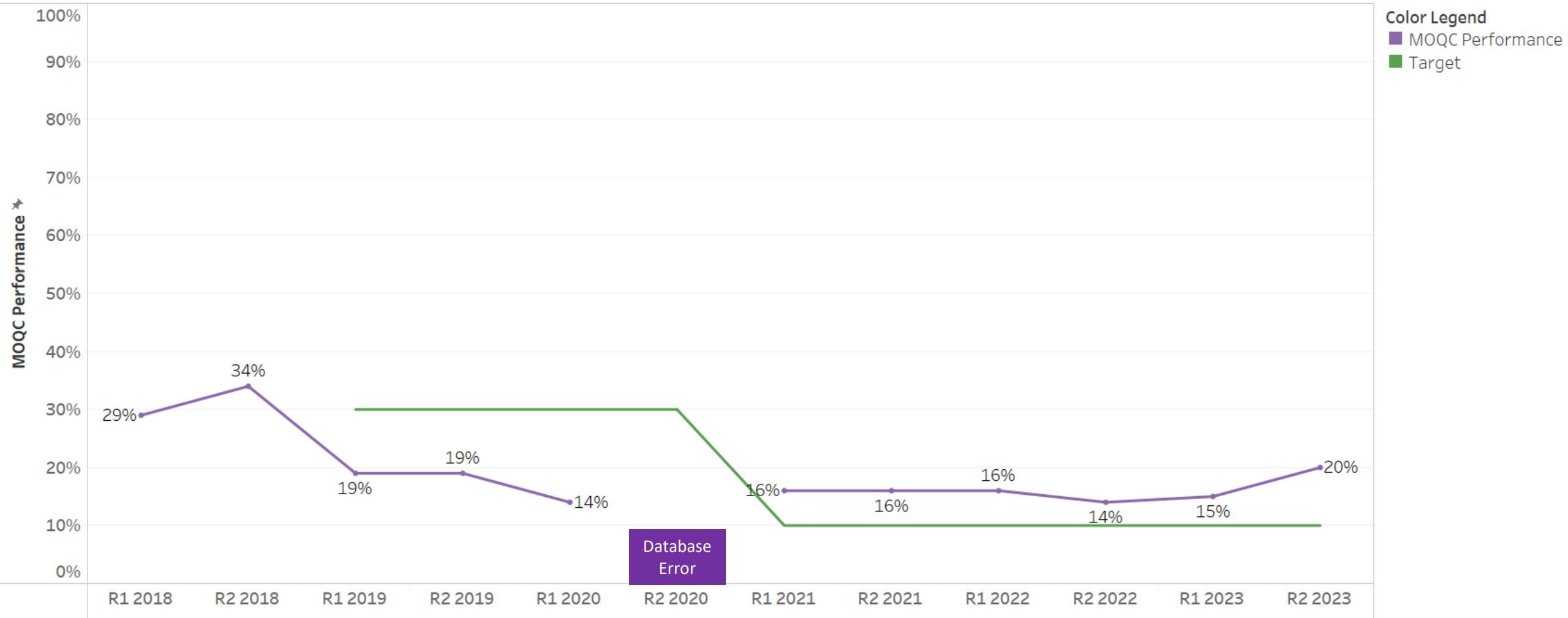
114: NK1 RA Prescribed or Administered for Low or Moderate Emetic Risk Cycle 1 Chemotherapy (Lower Score = Better) 6/1/23 - 5/31/24, n = 2,369



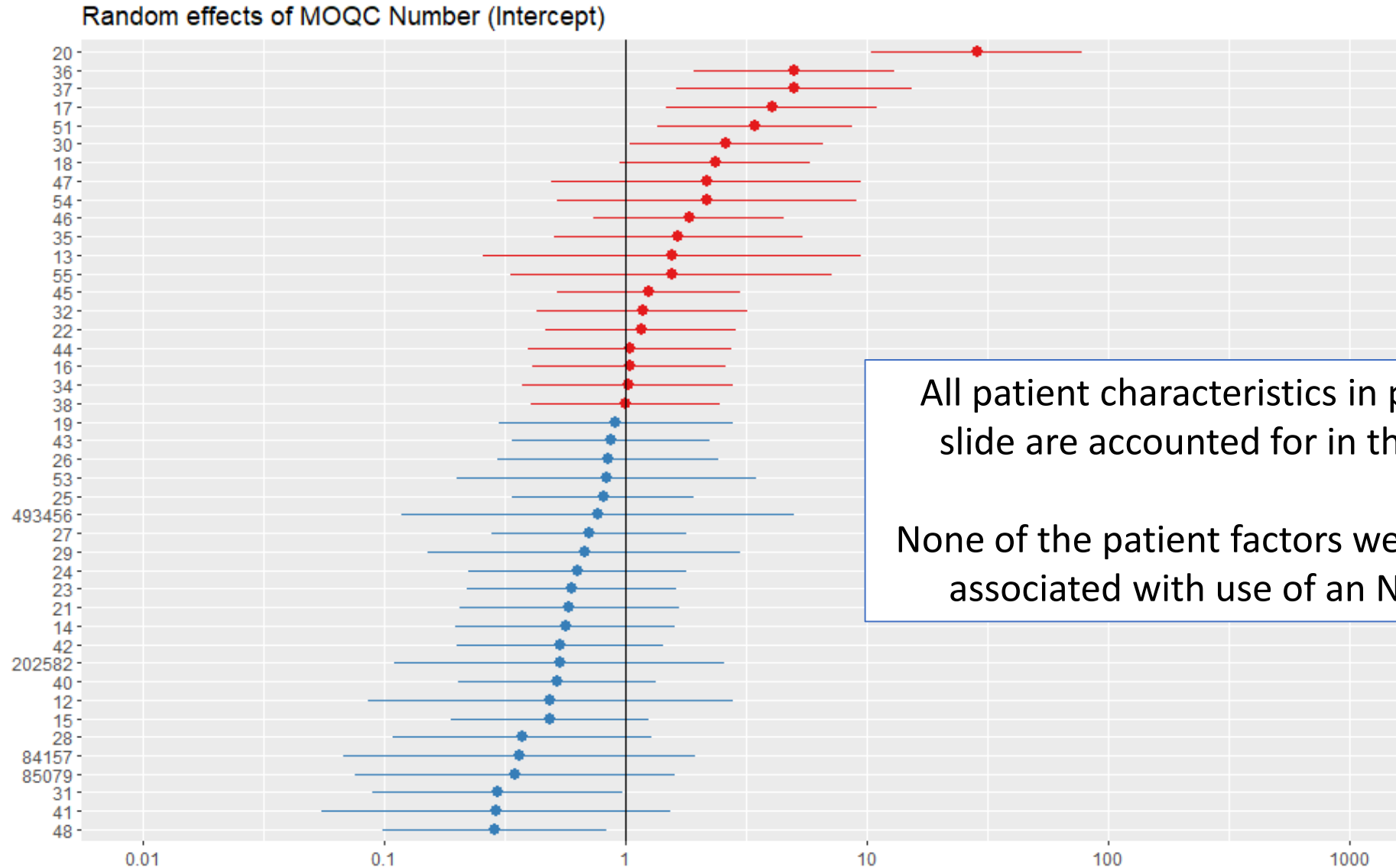
- First cycle only
- Does not include people receiving carboplatin AUC ≥ 4

= Improvement in Performance
 = Decline in Performance

114: NK1 RA Administered for Low or Moderate Emetic Risk Cycle 1 Chemotherapy (Lower Score = Better)



114: NK1 RA Administered for Low or Moderate Emetic Risk Cycle 1 Chemotherapy (Lower Score = Better), 2021 - 2023

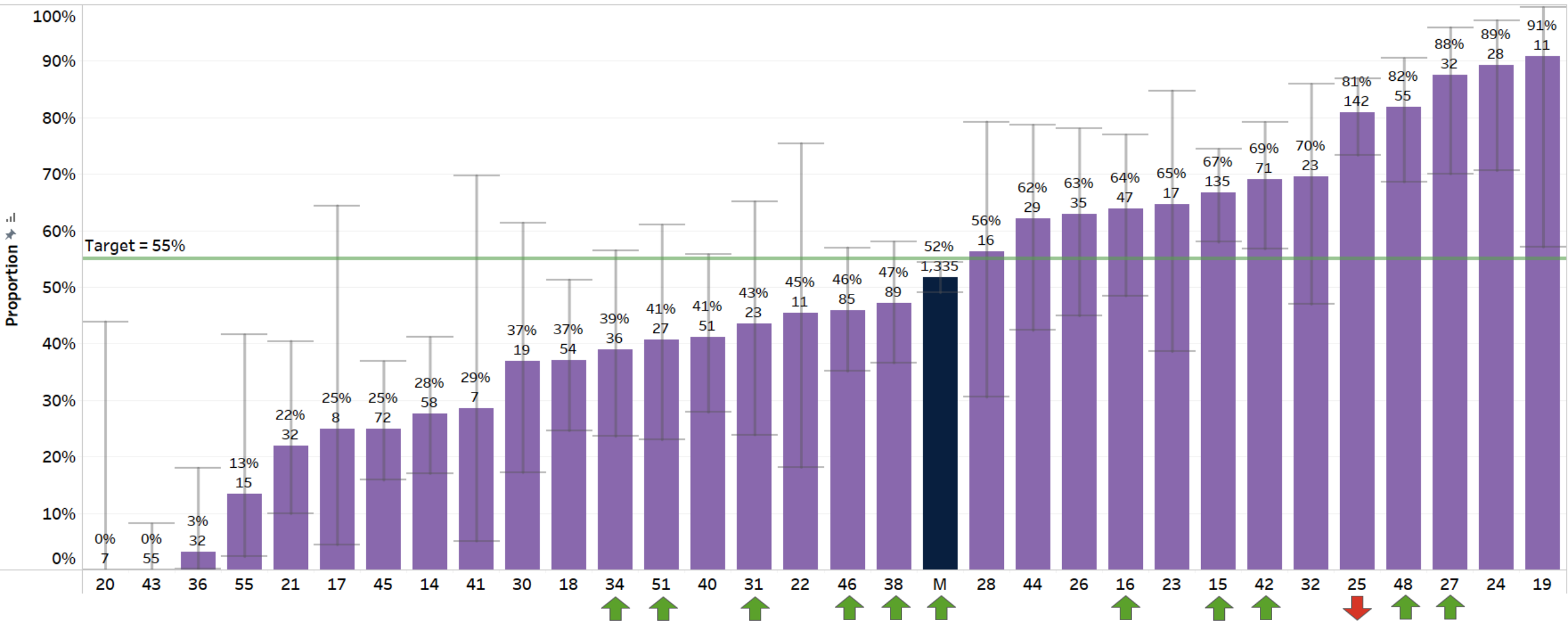


All patient characteristics in previous slide are accounted for in this one.

None of the patient factors we collect is associated with use of an NK1RA.

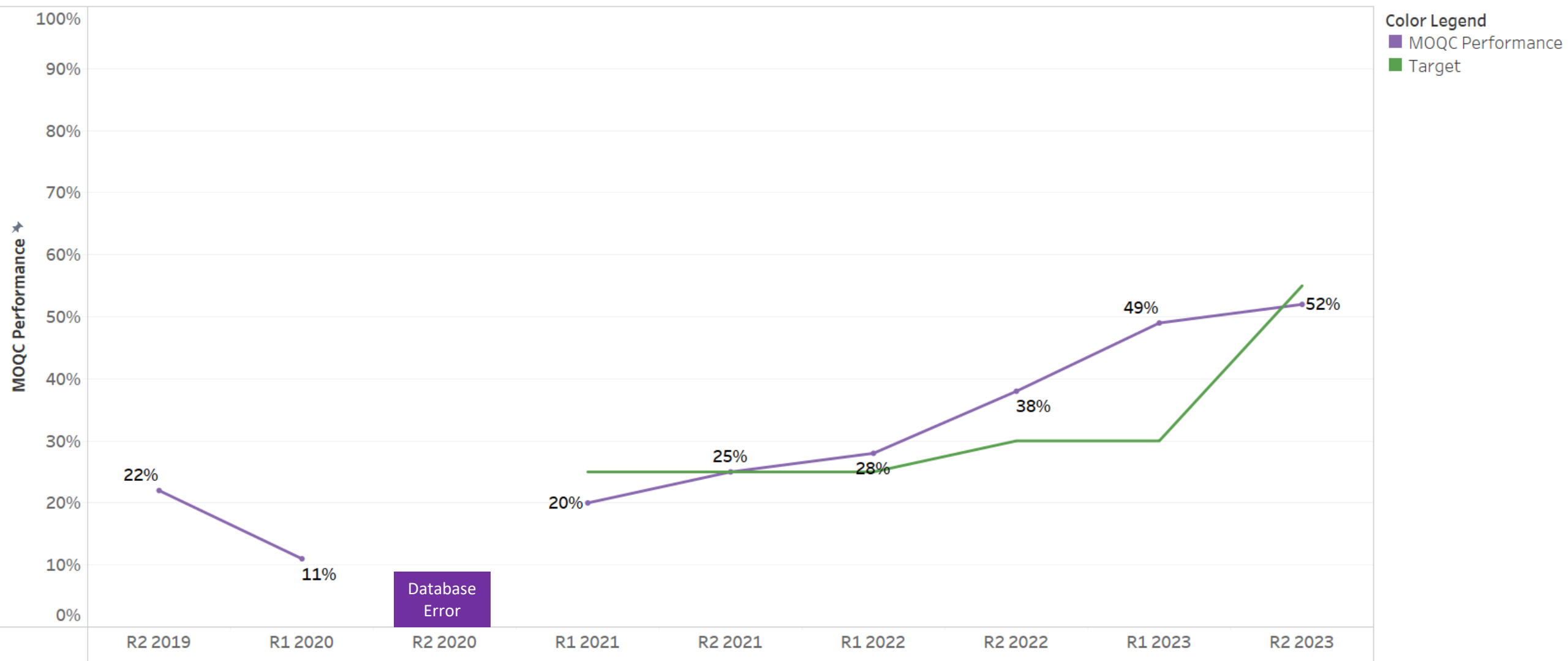
115: NK1 RA and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy

6/1/23 - 5/31/24, n = 1,335



 = Improvement in Performance
 = Decline in Performance

115: NK1 RA and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy

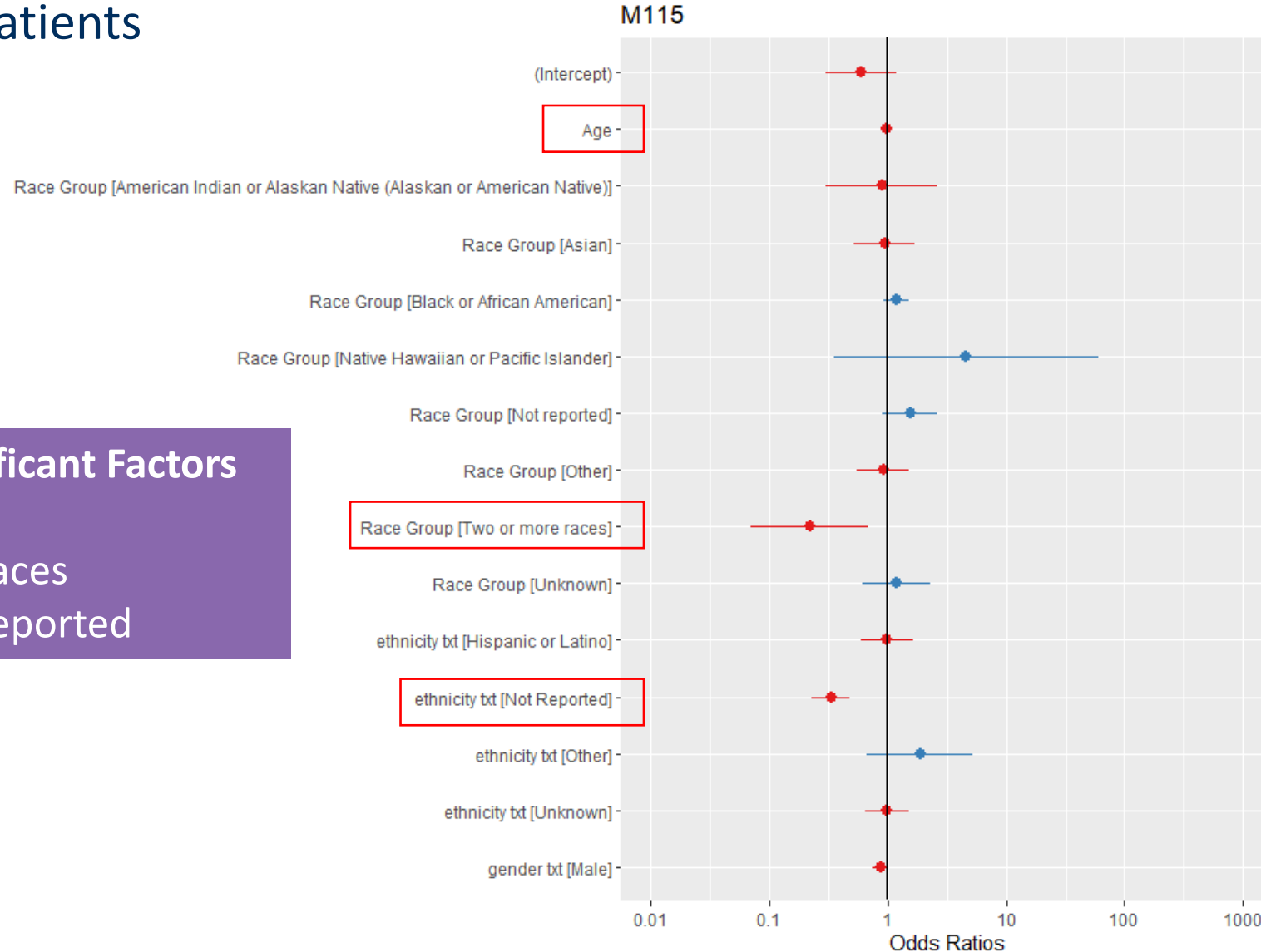


115: NK1 RA and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy, 2021 - 2023

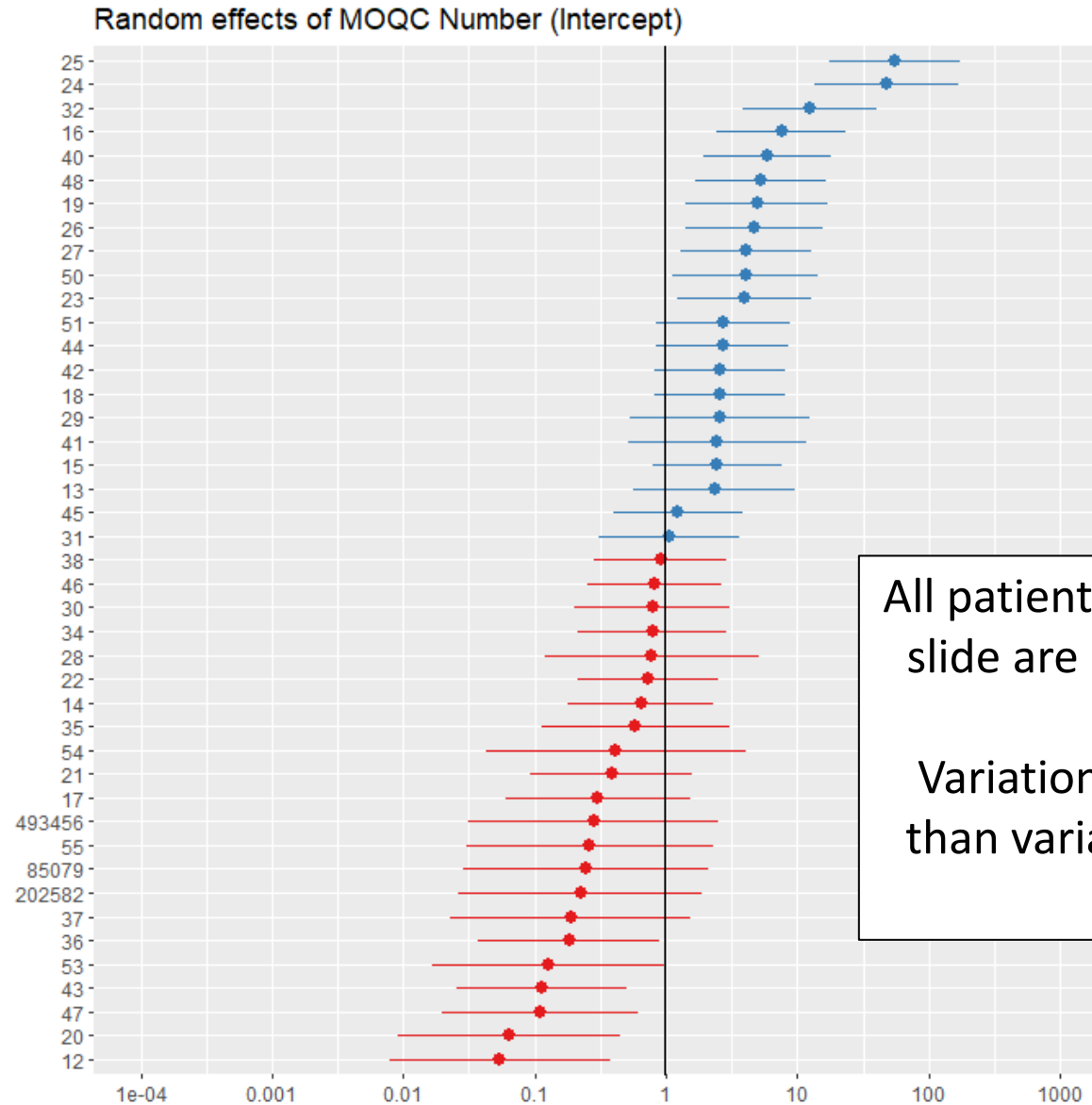
n = 5,519 patients

Statistically Significant Factors

- Age
- Two or more races
- Ethnicity not reported



115: NK1 RA and Olanzapine Prescribed or Administered with High Emetic Risk Chemotherapy, 2021 - 2023



All patient characteristics in previous slide are accounted for in this one.

Variation between sites is greater than variation according to patient characteristics.



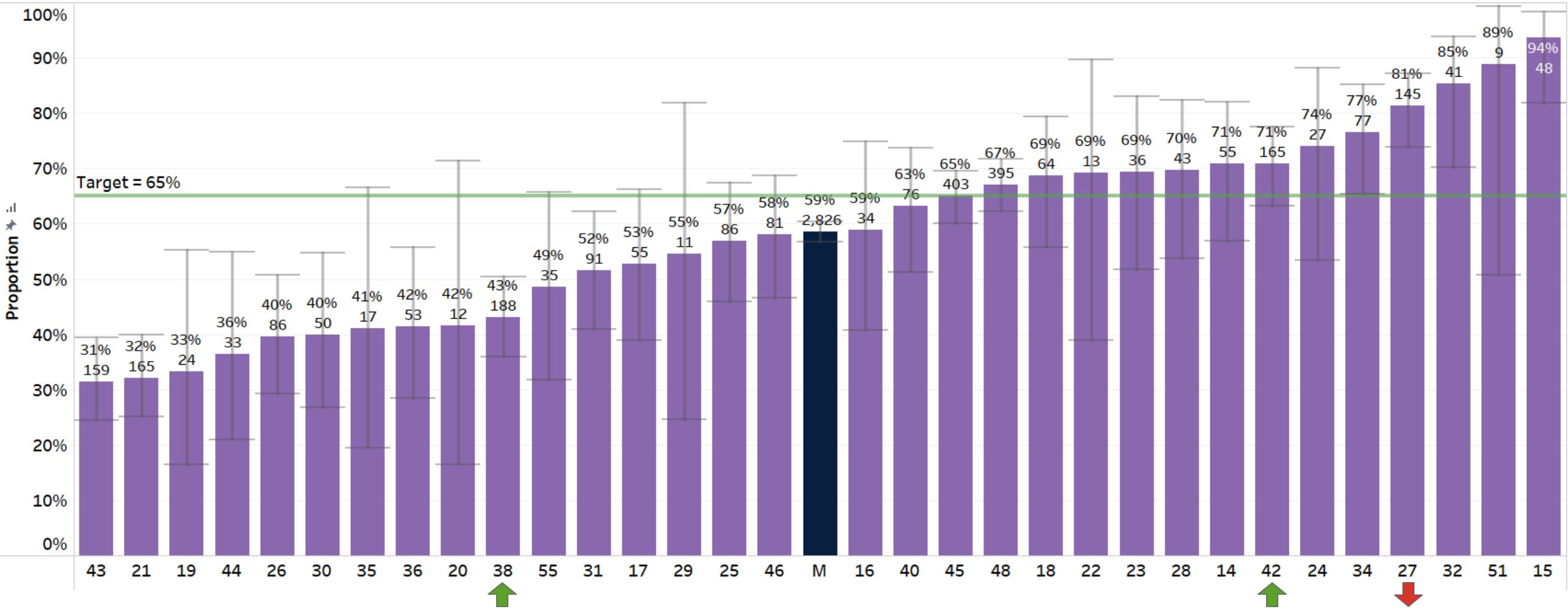
End-of-Life Measures

- Hospice enrollment
- Time on hospice
- Chemotherapy administration



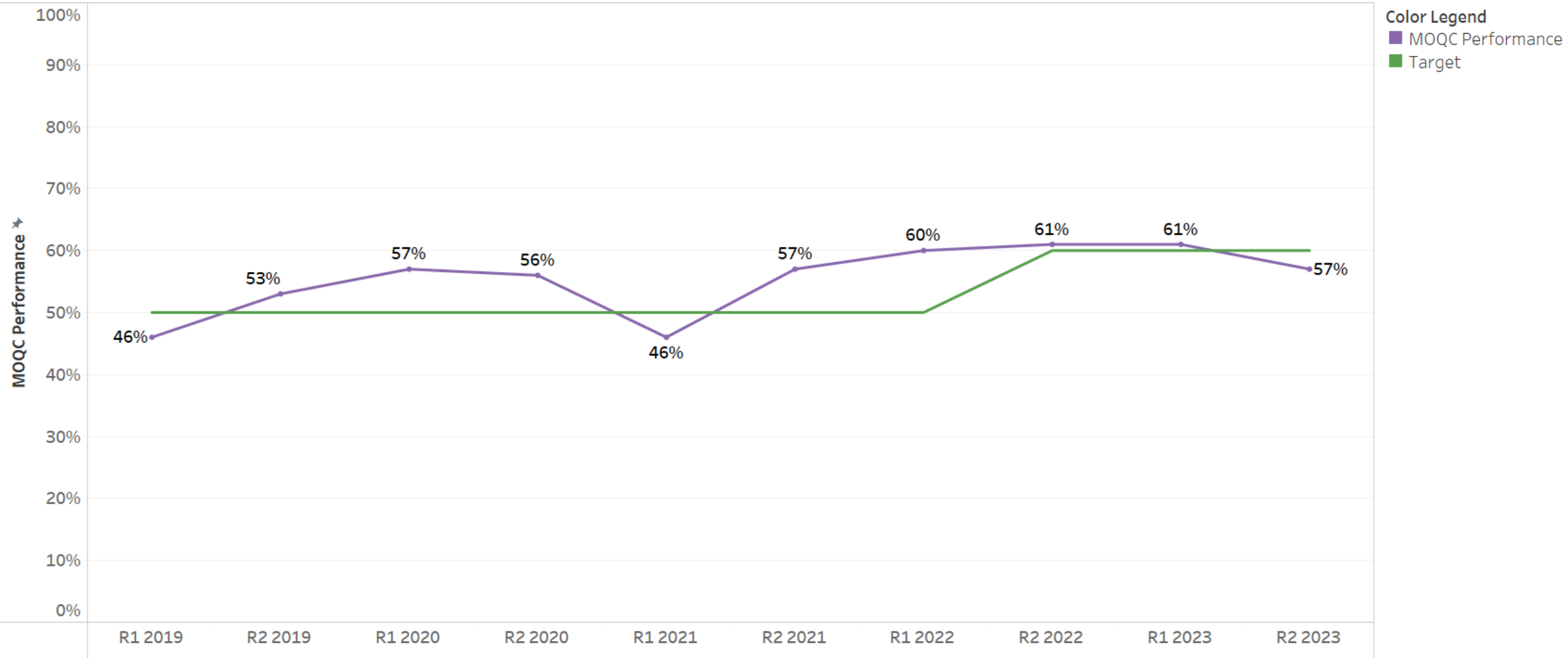
126a: Hospice Enrollment

6/1/23 - 5/31/24, n = 2,826



 = Improvement in Performance
 = Decline in Performance

126a: Hospice Enrollment



126a: Hospice Enrollment, 2015 - 2024

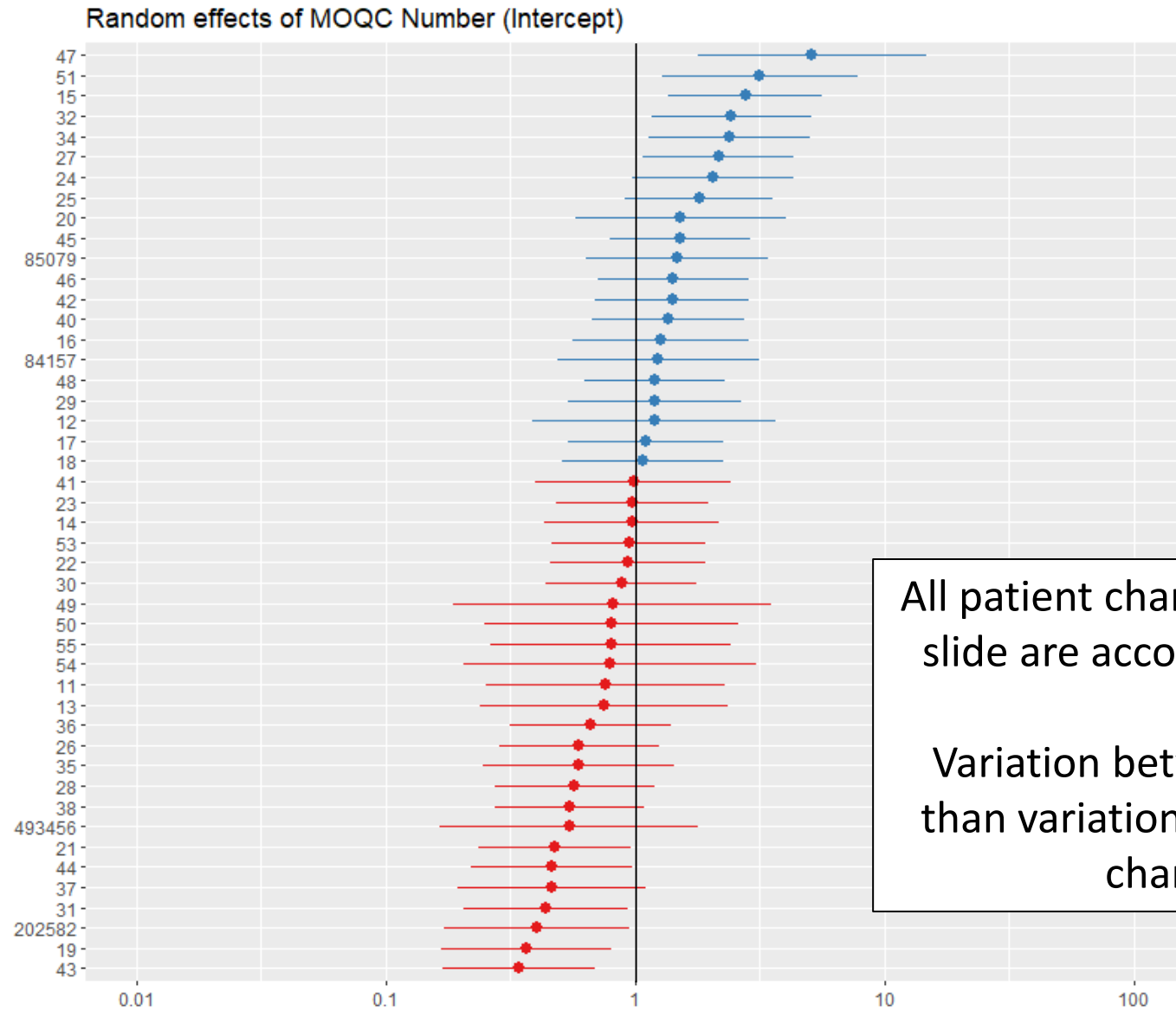
n = 17,910 patients

Statistically Significant Factors

- Age
- Race:
 - American Indian or Alaskan Native
 - Black or African American
 - Two or More Races
 - "Other" race
- Ethnicity not reported
- Male gender
- Round Number



126a: Hospice Enrollment, 2015 - 2024

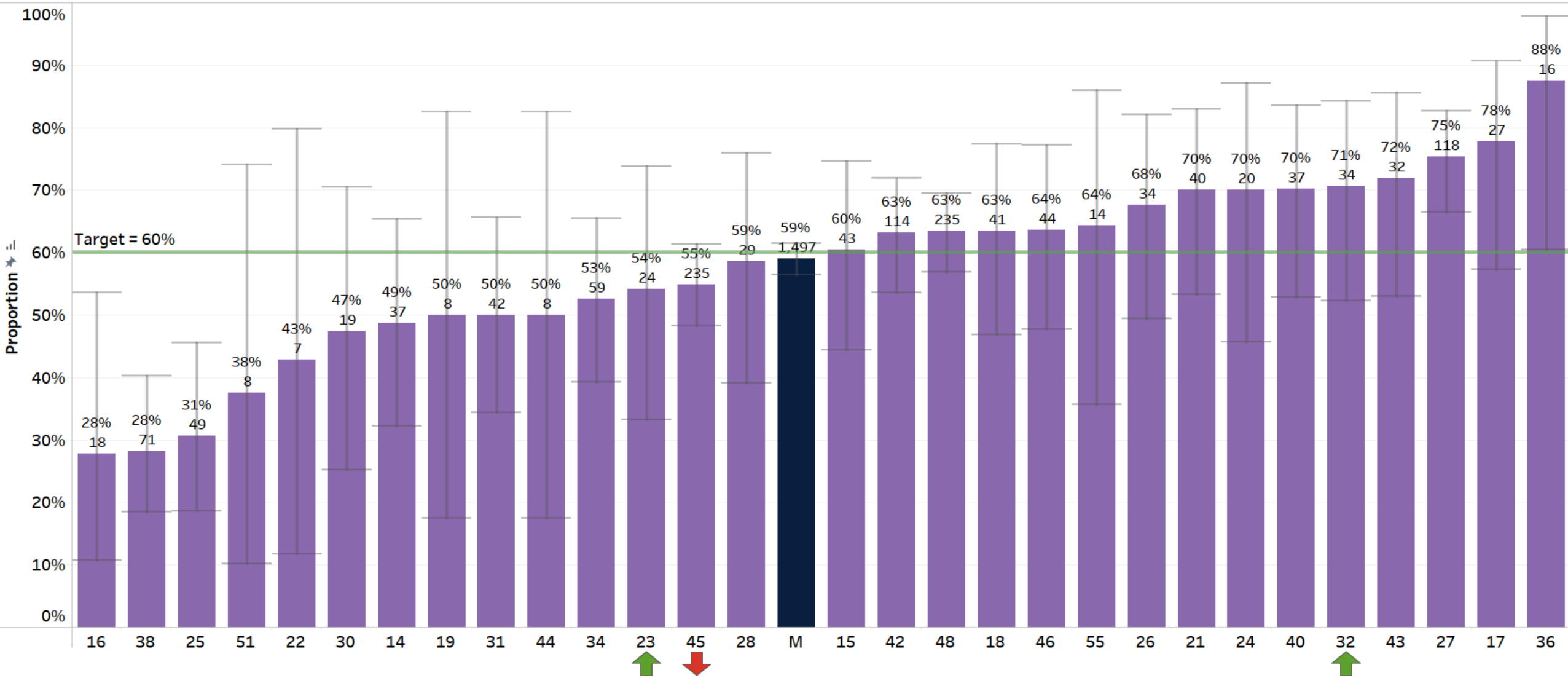


All patient characteristics in previous slide are accounted for in this one.

Variation between sites is greater than variation according to patient characteristics.

126b: Hospice Enrollment More than 7 Days Before Death

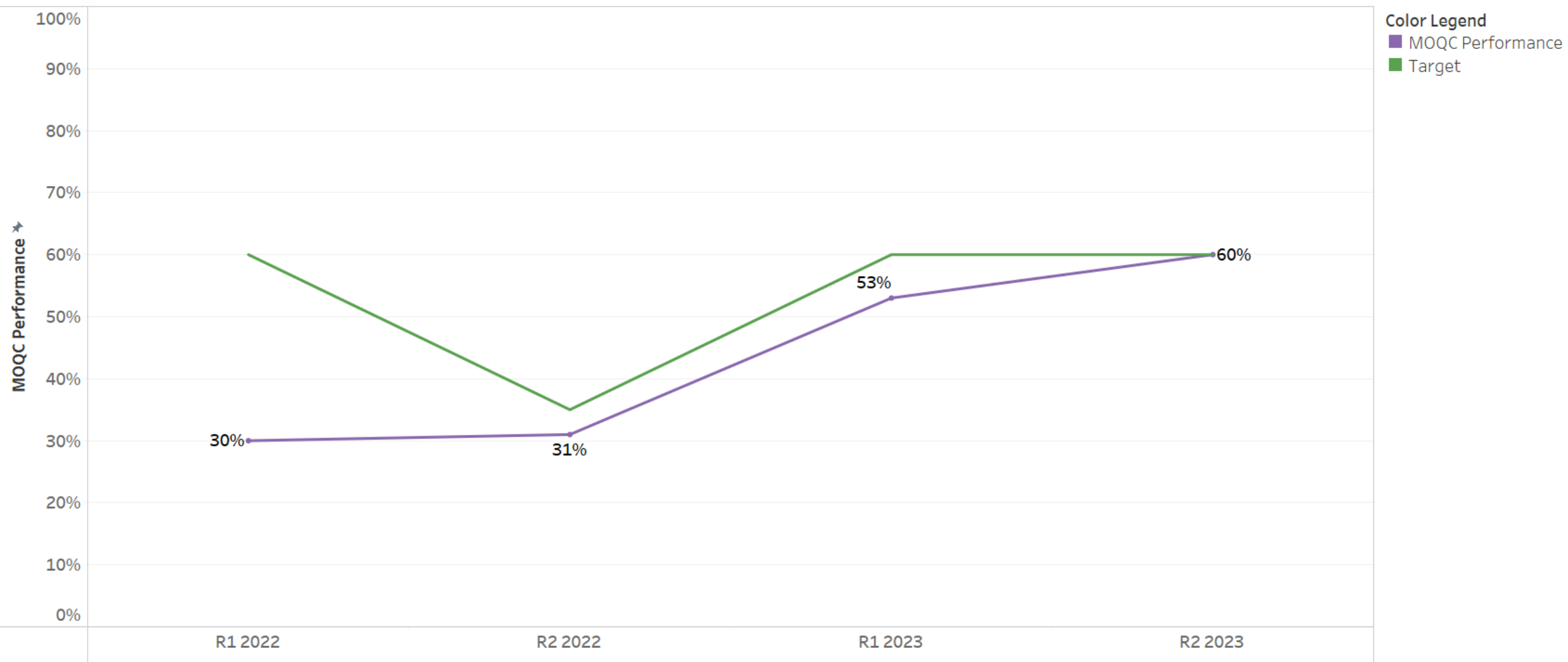
6/1/23 - 5/31/24, n = 1,497



↑ = Improvement in Performance

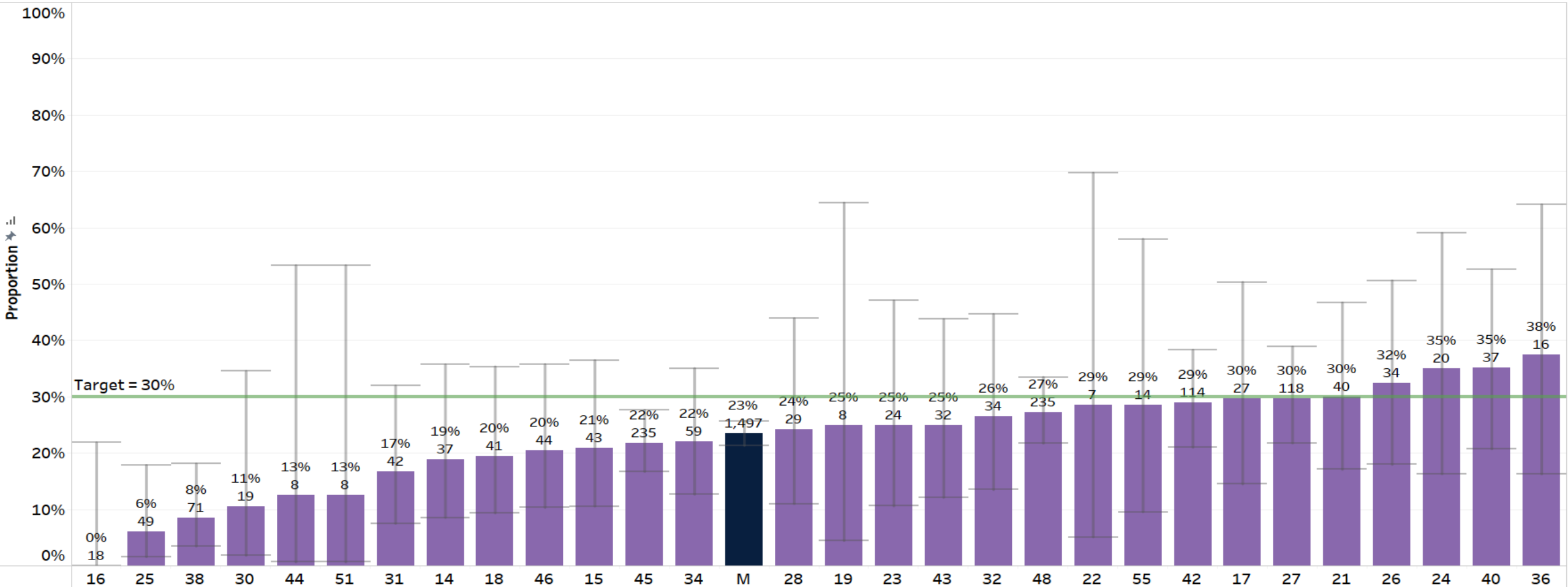
↓ = Decline in Performance

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



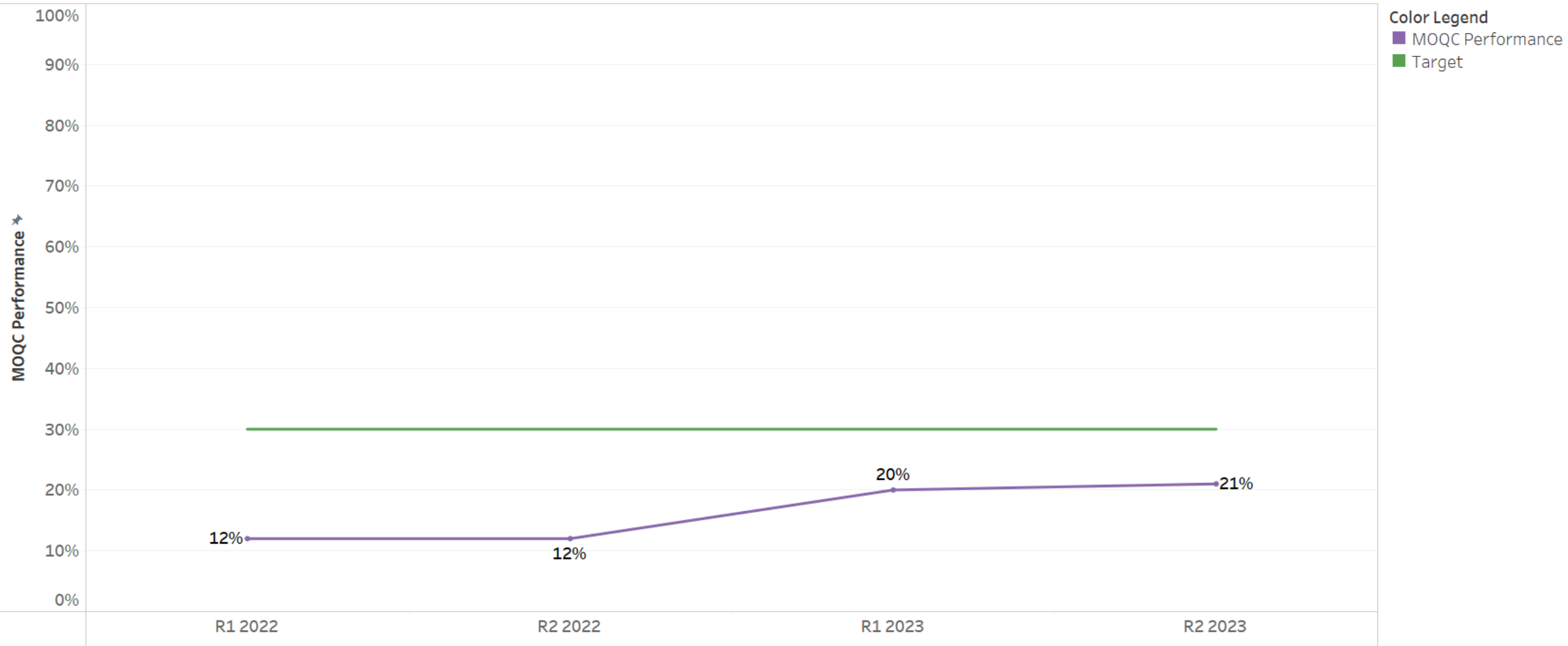
126c: Hospice Enrollment More than 30 Days Before Death

6/1/23 - 5/31/24, n = 1,497



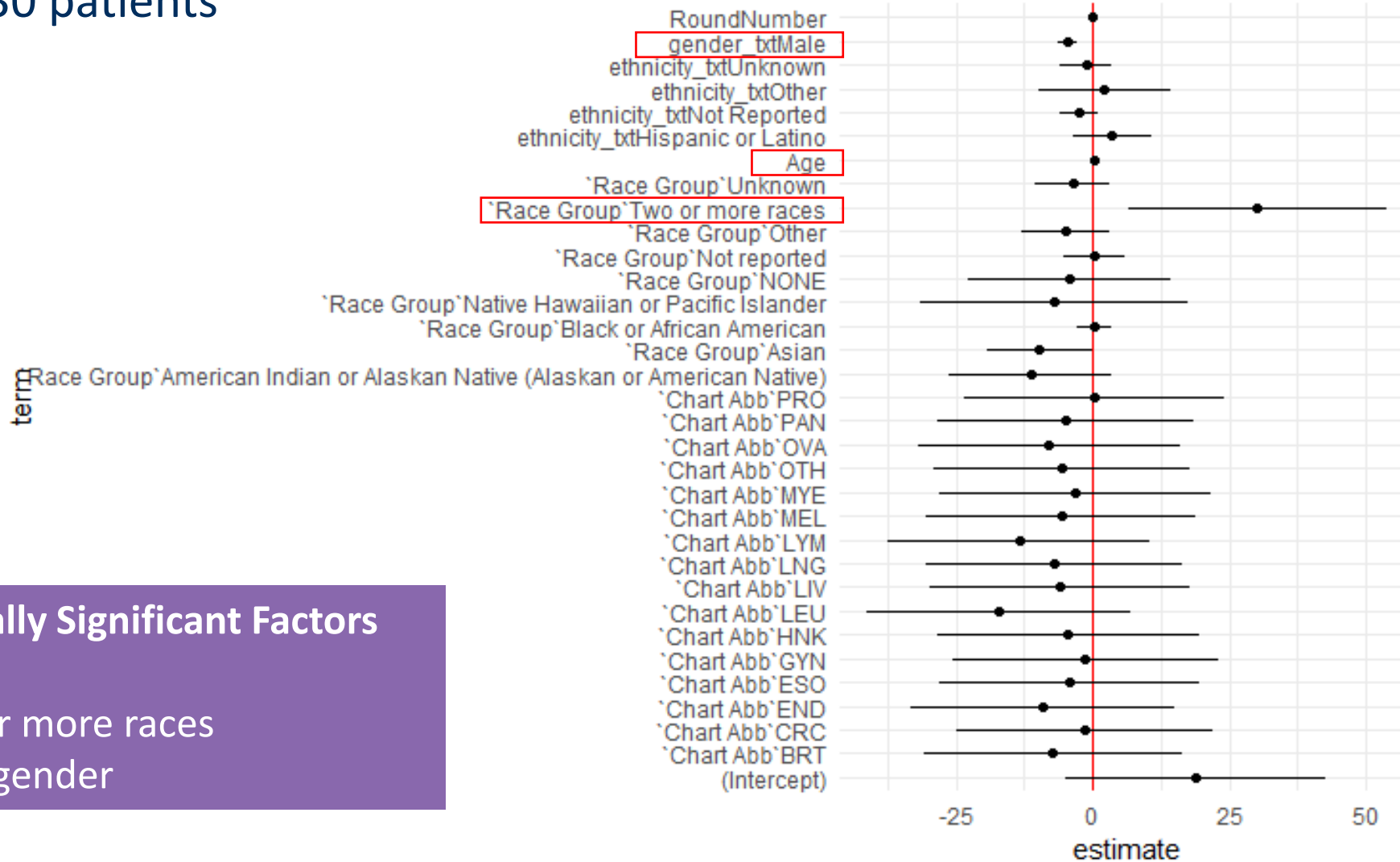
 = Improvement in Performance
 = Decline in Performance

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



126b & 126c: Days on Hospice, 2015 - 2024

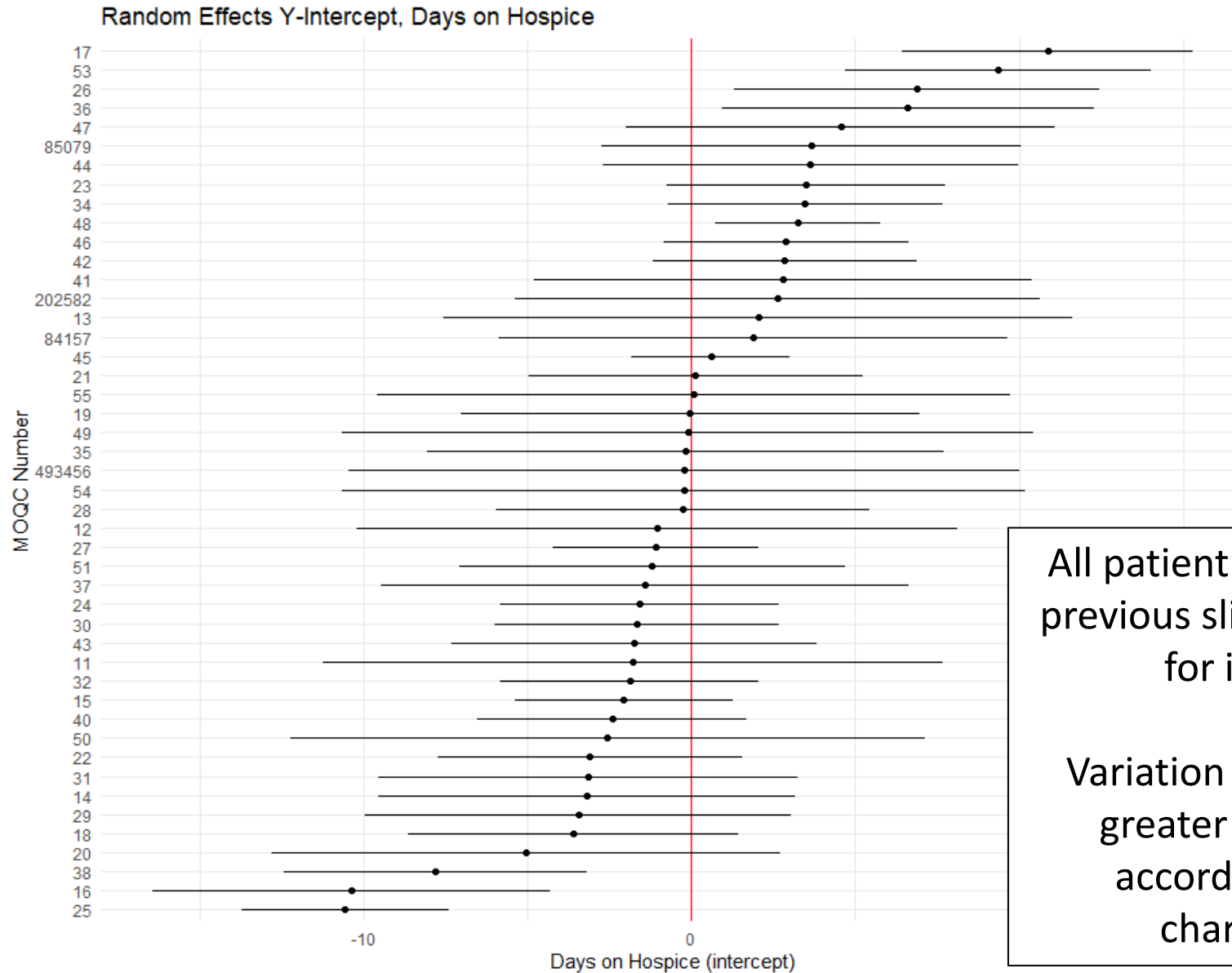
n = 8,830 patients



Statistically Significant Factors

- Age
- Two or more races
- Male gender

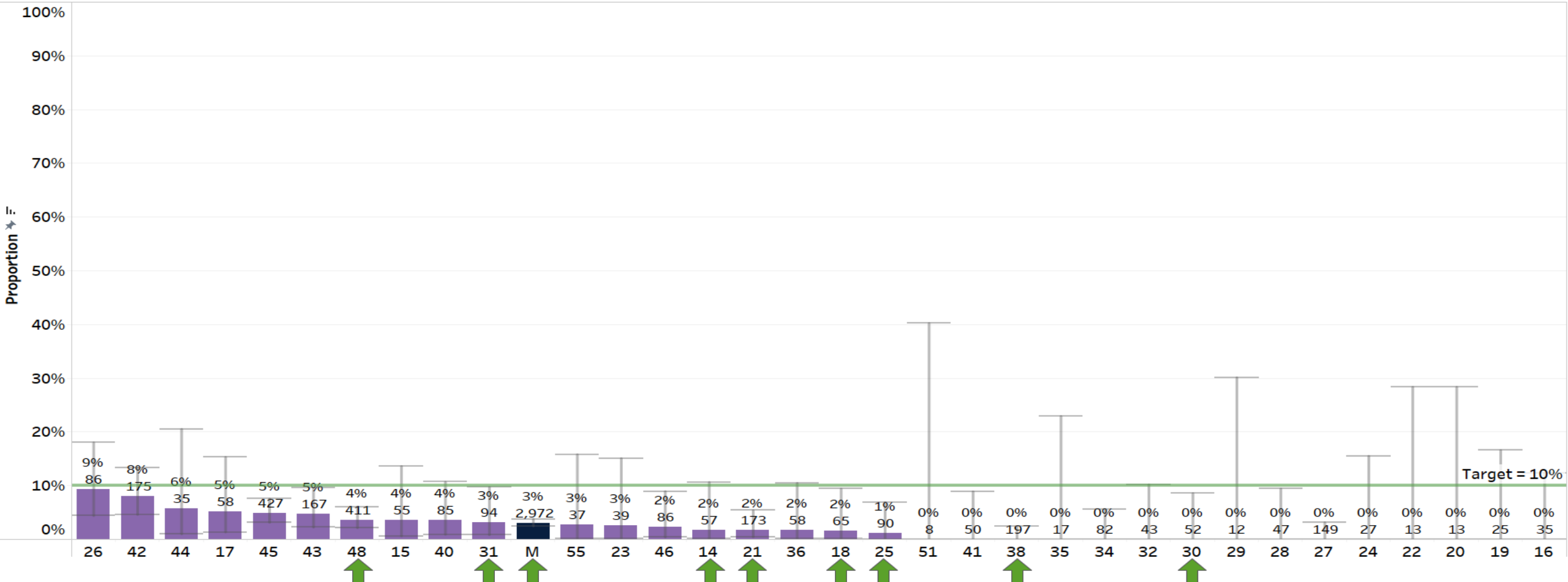
126b & 126c: Days on Hospice, 2015 - 2024



All patient characteristics in previous slide are accounted for in this one.

Variation between sites is greater than variation according to patient characteristics.

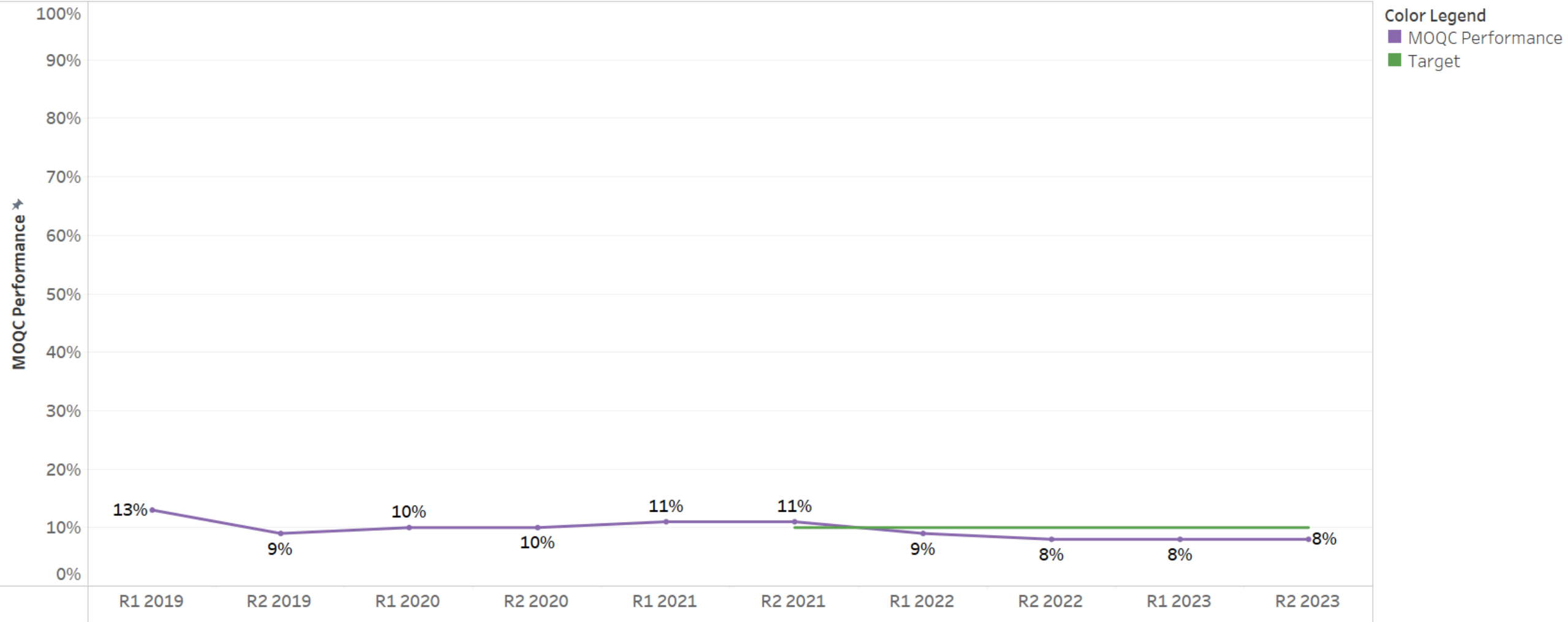
127: Chemotherapy Administered Within the Last 2 Weeks of Life
 (Lower Score = Better)
 6/1/23 - 5/31/24, n = 2,972



 = Improvement in Performance
 = Decline in Performance

127: Chemotherapy Administered within the Last 2 weeks of Life

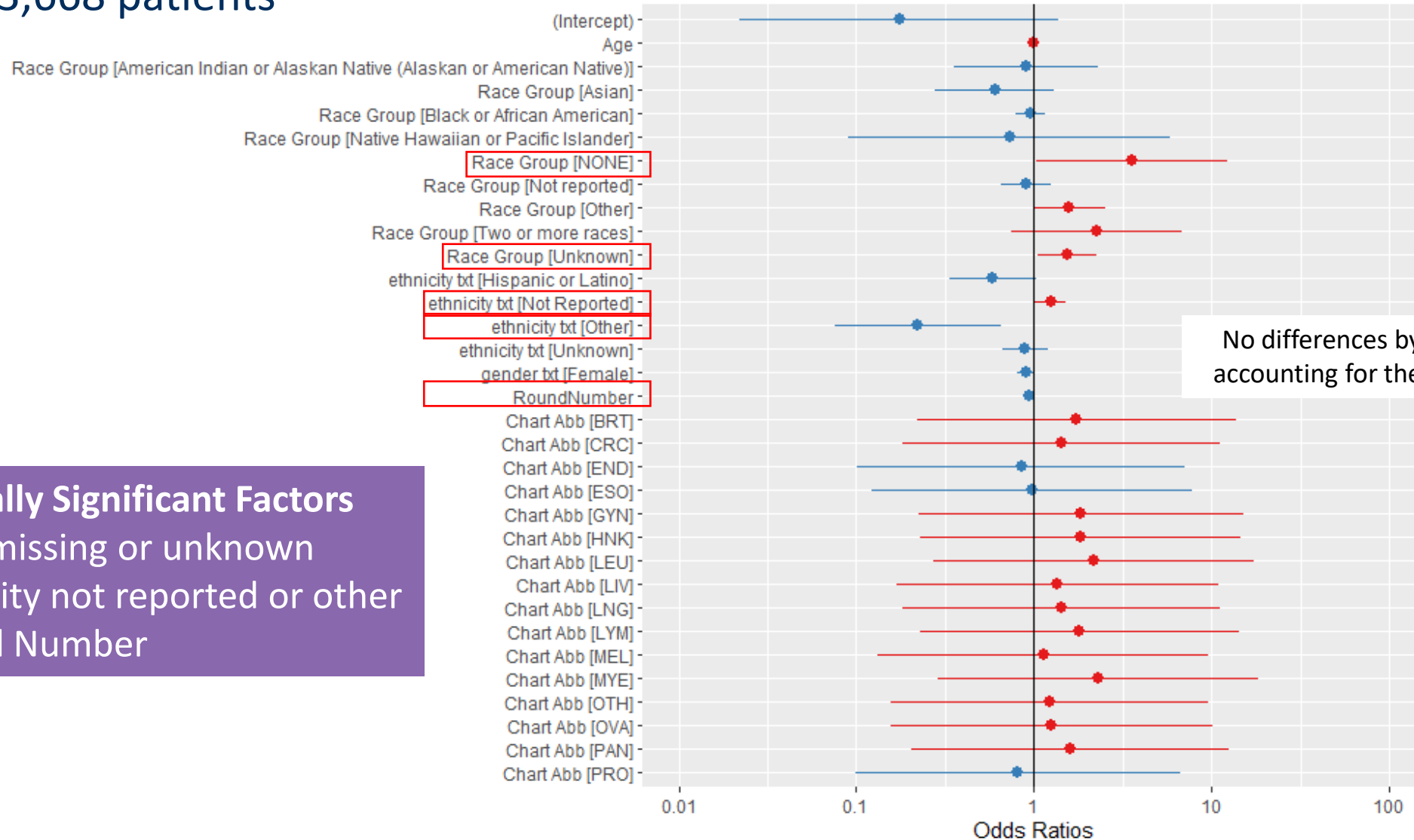
(Lower Score = Better)



127: Chemotherapy Administered within the Last 2 Weeks of Life (Lower Score = Better), 2015 - 2024

n = 13,668 patients

M127



No differences by site after accounting for these factors.

Statistically Significant Factors

- Race missing or unknown
- Ethnicity not reported or other
- Round Number

Multivariate Analyses

Site variation seen in the following:

- Family history
- NK1RA use
- Olanzapine underuse
- Hospice enrollment
- Time on hospice



Multivariate Analyses

Round number was associated with improvement ...

- Family history
- Hospice enrollment
- Time on hospice
- Chemotherapy in the last 2 weeks of life (lower)



Patient Factors

Increasing Age

- Lower odds of having a complete family history
- Lower odds of receiving GCSF
- Lower odds of being given olanzapine

Male Gender

- Lower odds of being on hospice



Patient Factors

Black race

- Lower odds of complete family history
- Lower odds of being given GCSF (more aligned with measure)
- Lower odds of being on hospice

2 or more races

- Lower odds of complete family history
- Lower odds of being prescribed
- Lower odds of being prescribed olanzapine
- Lower odds of being on hospice



Patient Factors

Native American: Small numbers

Lower odds of being on hospice



Patient Factors

Ethnicity missing or “other”

- Lower odds of complete family history
- Lower odds of being prescribed olanzapine
- Lower odds of being on hospice

“Other” race

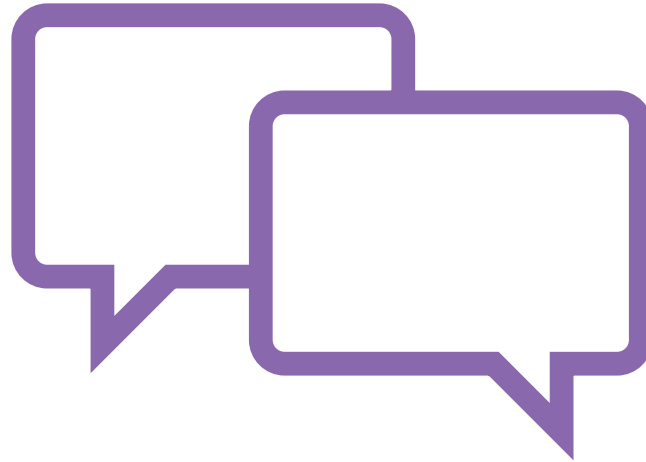
- Lower odds of complete family history
- Lower odds of being on hospice

Race missing/unknown

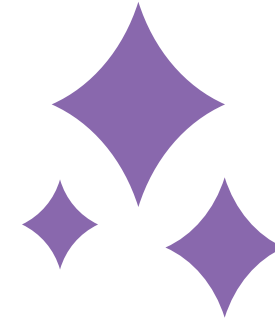
- Higher odds of receiving chemotherapy in last 2 weeks of life



Discussion



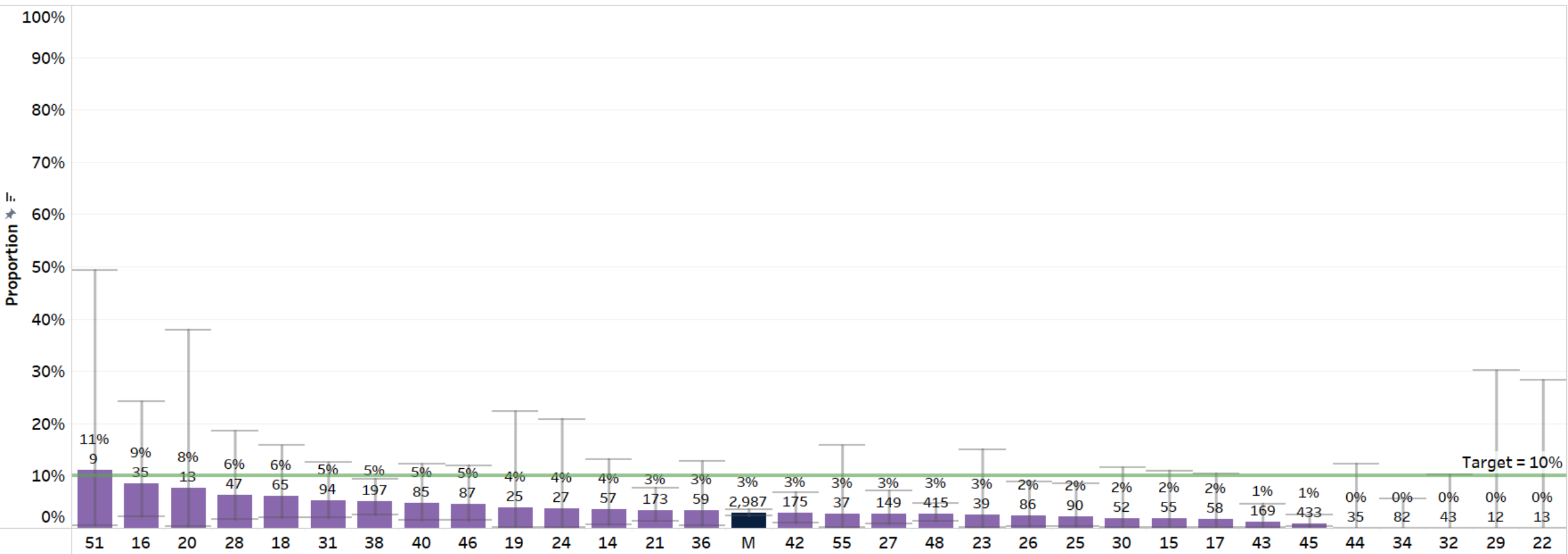
New Measures



- Non-chemotherapy anticancer therapy administered in last 14 days of life
- Any anticancer therapy administered in last 14 days of life
- NK1RA (+) given in people receiving carboplatin $AUC \geq 4$
- Palliative care consultation more than 90 days before death
- Designated patient advocate on legally recognized form in chart

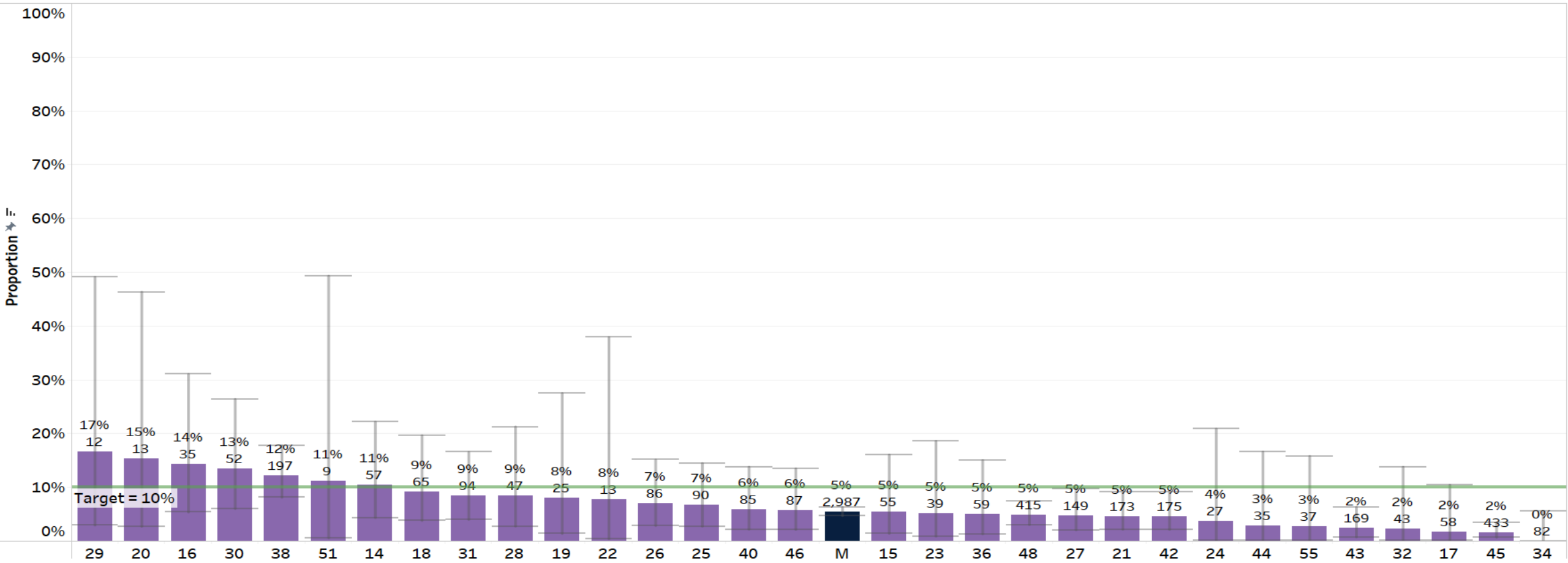


128: Non-Chemotherapy administered within the last 2 weeks of life
 (Lower Score = Better)
 6/1/23 - 5/31/24, n = 2,987



• New Measure

127a: Any Anticancer Therapy Administered within the Last 2 Weeks of Life
 (Lower Score = Better)
 6/1/23 - 5/31/24, n = 2,987

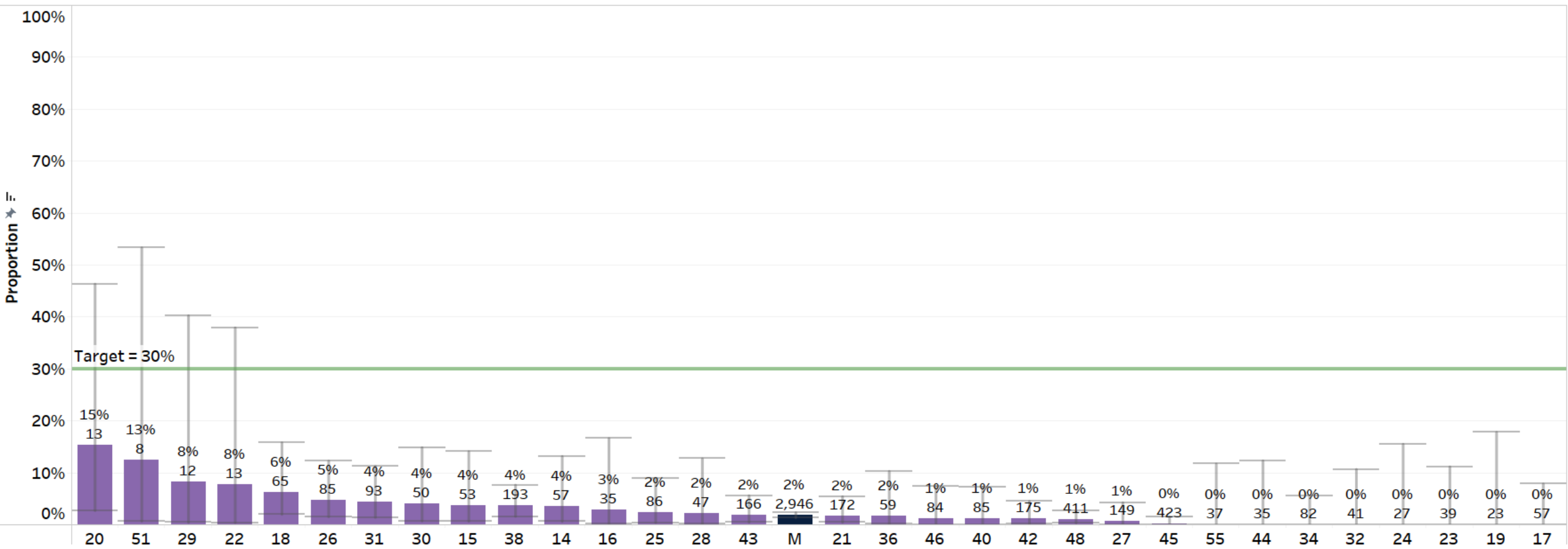


• New Measure

130: Beginning a New Anticancer Regimen Within 14 Days of Death

(Lower Score = Better)

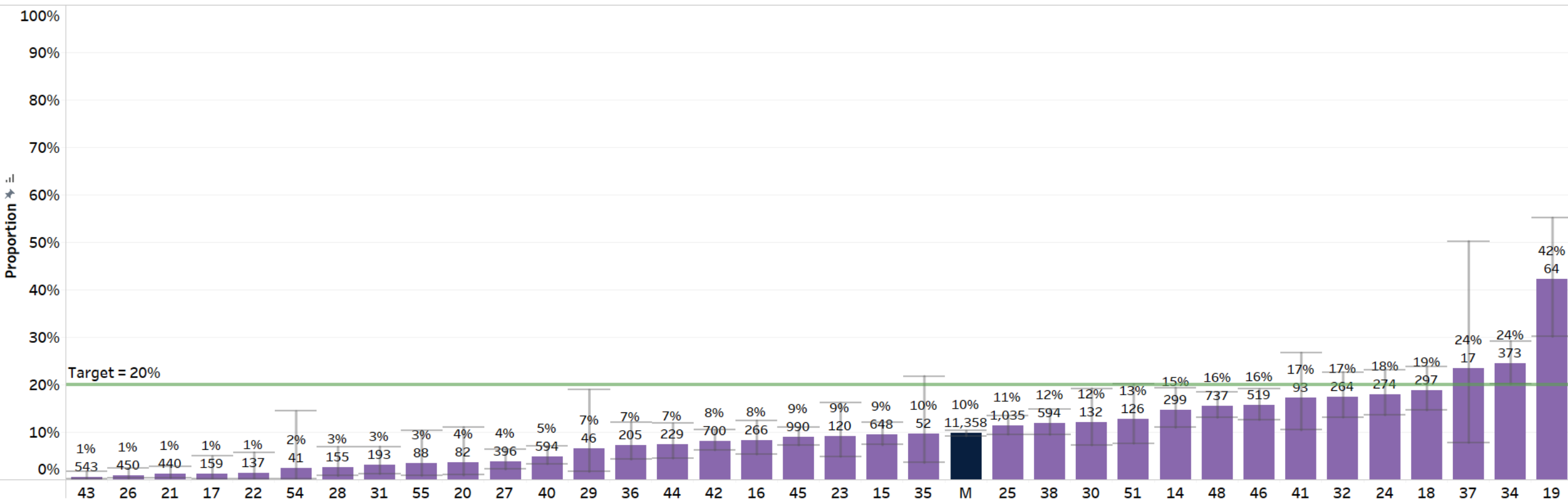
6/1/23 - 5/31/24, n = 2,946



- New Measure

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

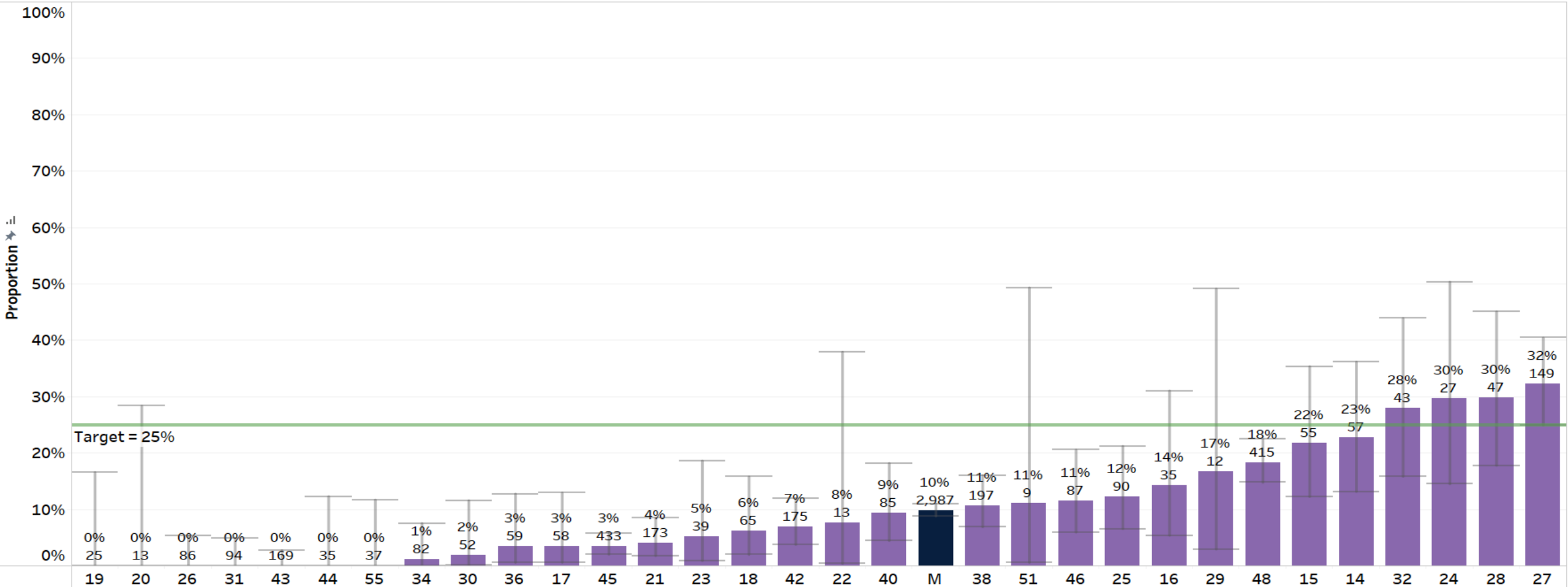
6/1/23 - 5/31/24, n = 11,358



- New Measure

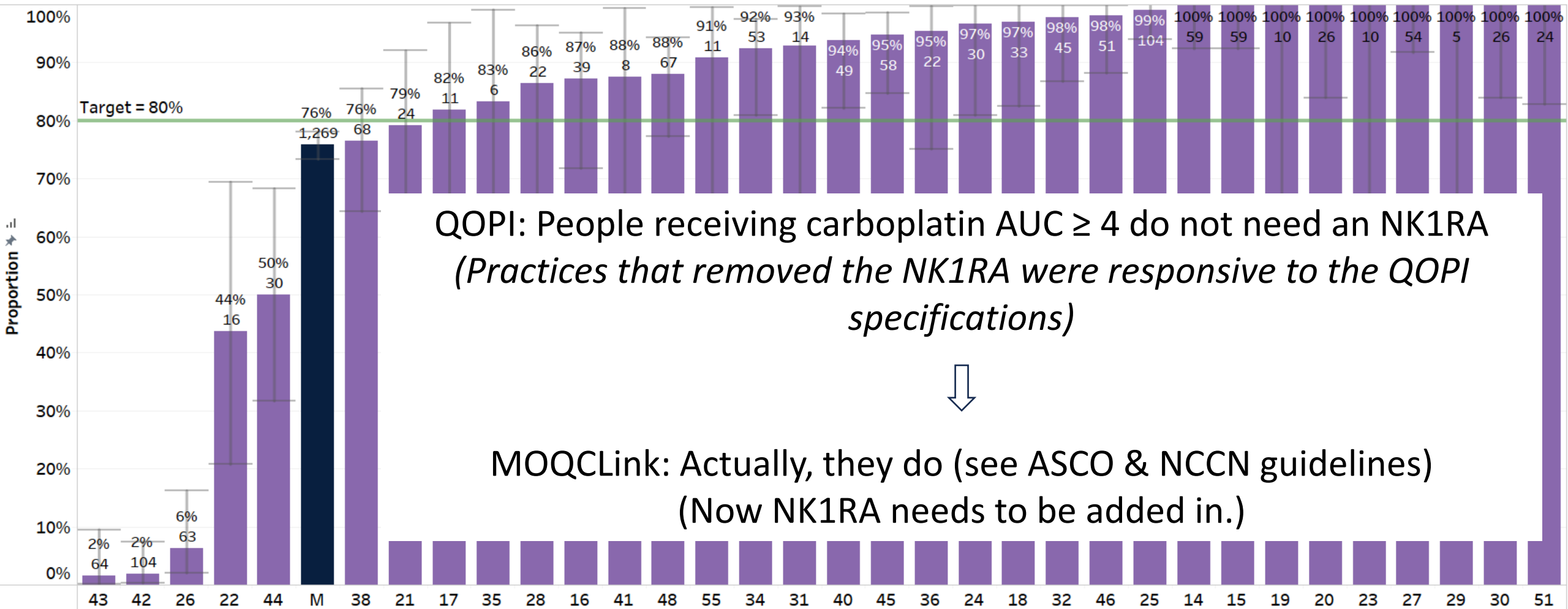
129: Palliative Care Consultation More than 90 Days Before Death, Either Within the Practice or Outside

6/1/23 - 5/31/24, n = 2,987



- **New Measure**

114a: NK1 RA Prescribed with Carboplatin (AUC ≥ 4) 6/1/23 - 5/31/24, n = 1,269



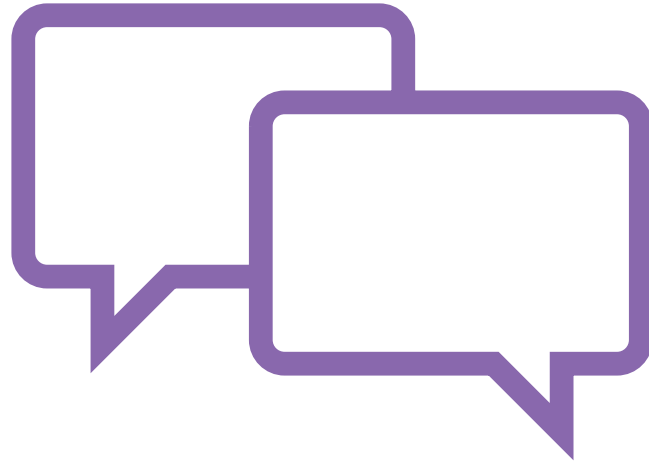
QOPI: People receiving carboplatin AUC ≥ 4 do not need an NK1RA
(Practices that removed the NK1RA were responsive to the QOPI specifications)



MOQCLink: Actually, they do (see ASCO & NCCN guidelines)
(Now NK1RA needs to be added in.)

- New Measure

Discussion



2024 Value-Based Reimbursement Summary

Region-Level

Meet 4 of the following 5

- NK1RA & olanzapine given with high emetic risk chemotherapy 55%
- 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 40%

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

12% VBR for MOQC Excellence in Quality Certification

Additional criteria to receive VBR

| Level | Criteria |
|---|---|
| Practice Level | At least one physician and one practice manager from the practice must attend both MOQC regional meetings and at least one biannual meeting during that year |
| Physician Level | Provider must be enrolled in PGIP for at least one year |
| <i>*New requirement beginning Round 1 2024*</i> | |
| Practice Level | Practice must have 10 charts in the denominator per VBR measure per round Exceptions may be made for EOL measures (fewer patients) |

