

MOQC NEWS



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FROM OUR
**Director, POEM and Oncology
Stewardship Initiatives**

Greetings,

As I write this, we have just wrapped up the January MOQC Biannual Meeting. Over the past nearly six months of my role as POEM and Oncology Stewardship Director (time truly does fly), I have had a front-row view into the MOQC community.

As a new member of the team, I have the privilege of observing the scope of work and the dynamics of the coordinating center with fresh perspective. I am struck by the breadth of ongoing initiatives designed to improve care and address resource gaps that contribute to healthcare imbalances. Examples include Comfort Cuisine, the recently completed initiative using patient-reported outcomes (PRO) data to connect patients with non-medical resources through collaboration with Michigan 2-1-1, and the Palliative Care Certificate Program in partnership with CAPC. I have also seen a strong commitment to connecting practices across the state and addressing barriers for patients with complex care needs through efforts such as the gynecologic oncology statewide tumor board and the oncology stewardship initiative in metastatic non-small cell lung cancer.

Equally important, I have observed an intentional approach to maintaining relevance to participating practices. The coordinating center is methodically evaluating all initiatives to determine where continued investment will have the greatest impact, and where pausing work creates space for new, high-value opportunities for practices and patients. As Director of the Pharmacists Optimizing Oncology Care



Excellence in Michigan (POEM), I have also seen how this pharmacist group is employing best practices at their sites, most recently through discussions about how to implement dihydropyridine dehydrogenase (DPYD) testing for patients receiving therapy with fluoropyrimidines. We hope to also be able to bring the knowledge gained through implementation to non-POEM sites soon.

Transitioning from a direct patient-facing leukemia pharmacist at a single institution to a statewide quality improvement role has been both humbling and eye-opening. I have been energized by MOQC's value-driven culture and the consistency with which these values are demonstrated in decision-making, communication, and strategic planning. I also see how the voice of POQC helps provide direction and focus for collaborative initiatives.

Looking ahead, we will continue to modernize our measures to meet the evolving needs of the collaborative. This includes updating high-emetic-risk categories to incorporate newer antibody-drug conjugate that have demonstrated clinically meaningful emesis risk as these agents are increasingly used across tumor types. I am also interested to see what insights emerge from our new non-medical needs screening measure, which may help inform future resource development and program design. In addition, our oncology stewardship initiative continues to expand, including on-demand, no-cost [continuing education](#) for clinicians aimed at addressing barriers to biomarker testing in metastatic non-small cell lung cancer.

As we prepare for our upcoming regional meetings, I am especially looking forward to connecting with practices and sharing the agenda for our in-person June biannual meeting. We remain committed to actively engaging practices and welcome ideas, feedback, and discussion about barriers MOQC may be able to help address.

Hoping spring brings sunshine and warmer days!

Lydia L. Benitez, PharmD, BCOP
Director of POEM and Oncology Stewardship

THE MOQC TEAM

(FROM LEFT, FRONT ROW)

Eric Voisine, Cindy Michalek, Natalia Simon, Angela Green,
Dilhara Muthukuda, Dave Bolen

(MIDDLE ROW)

Kayla Harding, Hana Kisswani, Deborah Turner-Smith,
Heather Behring, Keli DeVries, Jennifer Griggs,
Stefany Acosta-Torres, Heather Rombach, Deana Jansa,
Shayna Weiner

(TOP ROW)

Shitanshu Uppal, Vanessa Aron, Shawn Winsted, Kleanthe
Kolizeras, Karen Jovanelly, Jennifer Broadhurst, Ashley Bowen



Practice Spotlights

Henry Ford Health: Building a More Connected Gynecologic Oncology Program in Southeast Michigan

Henry Ford Health's gynecologic oncology program is entering an important period of growth and collaboration following its joint venture with Ascension of Southeast Michigan, finalized in October 2024. This partnership brings together two well-established gynecologic oncology programs with deep roots in the region, creating a more connected and comprehensive system of care for patients and caregivers across Southeast Michigan.

The legacy Henry Ford team includes four gynecologic oncologists, three advanced practice providers (APPs), and a strong multidisciplinary support staff. The legacy Ascension program adds a complementary group of gynecologic oncologists, APPs, and support personnel. Together, the combined team is focused on strengthening coordination, expanding access, and delivering high-quality, patient-centered care throughout the communities they serve.

Patients and caregivers supported by the program have access to a wide range of services designed to address both clinical and non-clinical needs. Intake assessments are completed before the first visit to ensure all essential information is gathered. Nurse navigators help patients move through the health system and coordinate timely, appropriate care. Dietitians provide nutrition guidance, while psychological oncology offers support for the emotional and mental challenges that can arise during cancer treatment. The palliative medicine team works alongside patients to clarify goals of care and connect them with resources needed to achieve them.

Henry Ford Health is also deeply engaged in quality improvement. The legacy Henry Ford team recently completed the MOQC Certification process, which included a comprehensive review of processes and outcome measures, a site visit of practice locations, and development of an action plan to bridge gaps in care. That action plan includes strengthening completion of functional status and psychosocial assessments prior to treatment, helping to make sure that patient needs are identified and addressed early in care.

Participation in MOQC plays a key role in other aspects of Henry Ford Health's quality improvement work. The opportunity to collaborate with peers across Michigan who share a commitment to improving cancer care is incredibly valuable. MOQC provides a forum for learning from one another, comparing performance, and identifying meaningful ways to enhance patient experience. The focus on quality, value, and bridging gaps in care closely aligns with Henry Ford Health's own goals.

The MOQC measures that directly influence patient experience, safety, and treatment quality are most impactful to Henry Ford Health. Measures focused on chemotherapy safety indicators, and population-focused assessments help identify meaningful opportunities for improvement. MOQC's measures also help with improving care coordination, including functional status and psychosocial assessments; gaps can be identified and addressed before treatment begins.

Henry Ford Health also utilizes MOQC's broader resources, like measure education materials, patient and caregiver tools, and quality improvement guides to further support the team's ongoing efforts to deliver the best possible care.

As Henry Ford Health's program evolves, the team also shares a provider transition. Dr. Alexander Paridon left the practice at the end of 2025. His contributions and dedication to patients and colleagues have been deeply valued, and the team is grateful for the impact he has made. The practice is actively recruiting to fill this role, with plans to welcome a new team member later this year.

Spotlight on University of Michigan Health West Gynecologic Oncology

The University of Michigan Health West Gynecologic Oncology practice is dedicated to providing expert, compassionate care for women facing gynecologic cancers. Our main office is conveniently located in Grand Rapids, Michigan, where patients can access specialized consultation, treatment planning, and ongoing oncology care close to home.



PATIENT & CAREGIVER STORY

Erika Lojko, POQC



Our practice is led by Dr. Kevin Brader, our sole physician, whose many years of expertise in gynecologic oncology ensures patients receive highly specialized care tailored to their individual needs. Dr. Brader is supported by Kristin Witte, PA, who plays a key role in patient care coordination and follow-up. Our nursing team—Elizabeth Irvine, RN; Rhonda Datema, RN; and Ashley Halfman, RN—provides exceptional clinical support and patient education throughout every stage of treatment. Completing our dedicated team is Barb Wilson, MA, whose commitment and compassion help ensure a welcoming and supportive experience for every patient.

We proudly serve patients primarily from Grand Rapids, Holland, Muskegon, and surrounding West Michigan communities, offering advanced gynecologic oncology care within a trusted, collaborative health system. Our team is committed not only to clinical excellence but also to supporting patients and families with understanding, respect, and personalized attention throughout their cancer journey.

Our practice participates in the Michigan Oncology Quality Consortium (MOQC) as part of our ongoing commitment to delivering high-quality, evidence-based cancer care. By participating, we are able to benchmark our performance, learn from peer institutions, and ensure our patients benefit from best practices in gynecologic oncology.

Among the MOQC measures, we find those focused on treatment appropriateness, care coordination, and symptom management to be particularly impactful. These measures directly influence patient outcomes and quality of life, helping ensure that care decisions are timely, guideline-concordant, and patient-centered throughout the cancer journey.

MOQC also offers valuable resources that support both clinicians and caregivers, including quality improvement initiatives, educational materials, performance dashboards, and collaborative learning opportunities. These tools help our team stay informed, aligned, and proactive in addressing opportunities for improvement, ultimately strengthening the care we provide to our patients and the communities we serve.

People say, “You should do advance care planning in case you get hit by a bus.” In our case, it was a motorcycle. My husband, David, was 36. We were building a life—raising our son, planning trips we hadn’t taken yet. Dying was not on the agenda. Then one ordinary day turned catastrophic, and everything changed.

Here’s the part people don’t expect: David and I had talked. We were those people—the ones who had the “what if” conversations. Half joking. Half serious. I knew what mattered to him. I knew what he would want—and what he would never want—if he couldn’t speak for himself. That knowledge guided every decision I made at the end of his life.

What we didn’t have was paperwork. No forms. No signatures. No official document saying, “This is David’s voice—and Erika is empowered to speak it.” And that distinction matters. Because knowing someone’s wishes and being legally empowered to honor them are not the same thing.

As David entered hospice, I wasn’t just a grieving wife. I became a referee in a family courtroom I never asked to enter. Everyone had an opinion. Everyone was certain they knew what David “would have wanted.” Emotions were raw. Grief was loud. Anger was louder.

I was called a murderer. I was cut off. And my young son lost an entire side of his family overnight. All because nothing was written down.

I understand why people avoid advance care planning. It feels uncomfortable. Maybe it feels morbid. Like tempting fate. But signing a form is far easier than standing in a hospital hallway being told you are killing the person you love most.

Accidents don’t wait. They don’t care how young you are or how healthy you feel. David was 36. Healthy. Strong. Alive. Until he wasn’t.

One year later, I was diagnosed with Stage 3C triple negative breast cancer. This time, I didn’t hesitate. I designated an advocate. I made my wishes clear AND I made them official. Written, signed, documented. Because I learned the hard way that love isn’t always enough.

Advance care planning isn’t about giving up. It’s about clarity. Protection. And kindness to the people who will be left to make impossible decisions. It spares them from guessing. From arguing. From guilt. From fractures that may never heal.

So, if you’re waiting for the “right time,” here it is: Before the bus. Before the motorcycle. Before the diagnosis. Do it while you can still talk about it. Do it while it feels hypothetical. Do it so the people who love you never have to wonder if they did the right thing.

Because the real crisis isn’t the paperwork. The real crisis is not having it.

Practice Awards

Practice awards are given to those practices and individuals nominated by a member of the MOQC Coordinating Center who have demonstrated one of MOQC’s core values. If you would like to nominate a practice or individual, please send a quick story of how they have exemplified a core value to moqc@moqc.org.



TRUST & INTEGRITY

Our reliability, transparency and openness build trust.



COMPASSION

Our deep respect and appreciation for others creates an environment for all to flourish.



COLLABORATION

We make our best decisions as a group.



GROWTH MINDSET

We are flexible – growing, innovating, and embracing new ideas.

The names listed here are individuals and practices about whom MOQC team members have shared stories celebrating those values.

Thank you for making a difference and for exemplifying what shows MOQC at our best!



Karmanos Cancer Institute at McLaren Flint
Janel South



Michigan Hematology & Oncology Consultants
Dr. Faisal Musa and Catherine Cook



Munson Healthcare
Cindy Michelin



UP Health System – Portage
Dr. Charles Goodwin



UP Health System – Portage
Jessie Salo

Karmanos Patient Advocate Day: A Tremendous Success

On January 20, Karmanos Cancer Center (KCC) hosted its Patient Advocate Day, bringing together staff and patients in a shared commitment to empowering individuals to take an active role in their care. With enthusiastic participation across the organization, including support from MOQC, the event proved to be both meaningful and impactful.

Patient Advocate Day focused on encouraging thoughtful conversations about advance care planning and helping patients understand the importance of formally designating a trusted decision-maker. By creating a supportive environment for these discussions, the event helped normalize conversations about patient advocacy and future care preferences.



Thanks to the dedication of the KCC’s team and the engagement of the patients and caregivers, the event exceeded expectations. More than 70 patient advocate designation forms and 200 educational forms were distributed to staff members and families. The strong turnout reflected a shared commitment to proactive care planning and clear communication.

Megan Beaudrie, BSN, RN, OCN, Quality Improvement Specialist, shared her enthusiasm about the event’s success: “My ultimate goal was to raise awareness among both staff and patients while ensuring a level of comfort discussing the importance of having a patient advocate form on file. I’m thrilled to have made strides in achieving that, and I’m excited to share that we’ll be hosting another event on March 25!”

MOQC’s participation further strengthened the day’s outreach efforts, reinforcing the importance of quality improvement initiatives that center on patient empowerment and education.

With such an incredible response, Patient Advocate Day demonstrated the power of collaboration and communication in advancing patient-centered care.

January Biannual Summary

MOQC held its January Biannual Meeting virtually on Friday, January 16, 2026. The meeting focused on Advance Care Planning and was very well attended.

Keli DeVries, MOQC's Program Manager, welcomed everyone and shared a few MOQC updates, after which Tracey Cargill-Smith presented on behalf of POQC. She shared the core values that POQC has defined for themselves—Integrity, Compassion, Collaboration, and Empowerment, as well as their vision statement—We use our lived experiences to improve cancer care in Michigan. She gave an update on the work of each POQC workgroup and reminded practices that POQC is continuing to recruit members, particularly from rural areas.

Keli DeVries then updated the collaborative on the CAPC (Center to Advance Palliative Care) MOQC Palliative Care Certificate Program, noting the first cohort successfully completed their six-month training with 14 participants representing all MOQC regions. She highlighted the program's structure, which combines CAPC Communication coursework with collaborative case-based learning. Jessie Salo, a nurse practitioner from UP Health – Portage and a member of the initial cohort, was invited to share her experience. Jessie described the training as uniquely valuable, emphasizing the benefit of monthly interdisciplinary meetings with chaplains, social workers, and palliative care physicians. Applications for the second cohort were open at the time of the biannual, and participants were encouraged to spread the word to their colleagues.

Dawn Severson, MD provided an update for the Steering Committee. She emphasized the importance of collaborative leadership and encouraged additional members to join to help shape the future of statewide quality improvement efforts.

Lynn Henry, MD, PhD, MOQC's Associate Director of Clinical Initiatives, and Lydia Benitez, PharmD, BCOP, MOQC's Director

of POEM and Oncology Stewardship Initiatives, presented the practice data and performance. They provided a comprehensive review of MOQC's statewide quality measures tied to Value-Based Reimbursement (VBR) and MOQC Excellence in Quality Certification (MEQC).

For 2025, performance data were shared at both the MOQC and practice levels. Discussion highlighted that documentation workflows, EMR variability, and resource availability (such as access to genetic counseling or palliative care) significantly influence performance. Practices performing well commonly embed measures into treatment plans, rooming workflows, or chemotherapy teaching processes. In 2026, measures will be streamlined across VBR and MEQC opportunities to reduce burden and align priorities, with continued emphasis on collaboration and realistic improvement goals.

The keynote presentation focused on Advance Care Planning (ACP) and was presented by Amy Bailey, LMSW; Tracy Bargeron, MSN, RN; and Summer Bates, FNP-BC, ACPNP. The session provided a review of ACP documents including a deeper dive into legal requirements regarding patient advocate designation, Out-of-Hospital Do Not Resuscitate (DNR) orders, and the Michigan Physician Orders for Scope of Treatment (MI-POST). This process was shared to include both ongoing conversation and the creation of appropriate ACP documents.

Effective scripting and communication skills specific to ACP and Goals of Care conversations were shared and demonstrated through presentations, role-plays, and discussions, optimizing a multidisciplinary team approach. The speakers also provided examples of the impact that the presence and absence of ACP documents had on the patient, family, and oncology health care team.

MOQC will be providing additional opportunities to learn about Advance Care Planning through upcoming Interprofessional Development opportunities.

What's Your Why?

Each one of us was drawn to the field of medicine for our own reason. Remembering why we do the work we do can help us focus on what is meaningful. It can help us re-center our efforts toward what recharges us.

LYNN HENRY, MOQC ASSOCIATE DIRECTOR OF CLINICAL INITIATIVES:

As an undergraduate student I worked in a research lab focused on a virus that occurs in horses, but which is similar to one that affects humans. That led me to pursue a PhD in structural biology, although I soon realized that while what I was researching was interesting, it was too far removed from people. I therefore pivoted and went to medical school and now conduct research primarily at the other end of the spectrum.

Instead of trying to understand how humans work at a molecular level, I am now focused on how we can help patients both survive cancer and, importantly, thrive during and after their diagnosis and treatment.



Growing a Statewide Movement: CAPC MOQC Palliative Care Certificate Program in Action

The Michigan Oncology Quality Consortium and the Center to Advance Palliative Care (CAPC) proudly celebrated the success of Cohort 1 of the Palliative Care Certificate Program at the Capstone Event on December 18, 2025.

Attended by MOQC, POQC, and CAPC staff and faculty, along with partners from BCBSM and CQIO, the event marked the culmination of months of learning, reflection, and real-world application of primary palliative care skills. Cohort 1 included 14 clinicians: 6 physician assistants, 8 nurse practitioners, and 1 tribal primary care physician, representing practices across Michigan, including areas with limited outpatient palliative care access.

Through virtual modules, monthly live clinical discussions, and applied practice, participants strengthened skills in symptom management, communication, caregiver engagement, and advance care planning. *“I loved the monthly interactive case discussions with course faculty. The course instructors are extraordinarily knowledgeable and compassionate. I looked forward to those online meetings and seeing the class members. The modules were also helpful.”* – reflected one of the Cohort 1 participants. *“The modules really helped me understand the dynamics behind palliative care more. I also really enjoyed the virtual sessions when people could actually express what they were doing in their clinical practices with the new skills we obtained.”* – added another participant.

Each clinician presented a capstone case study illustrating how integrating palliative care principles improved patient-centered outcomes.

“From the beginning, our vision was to provide oncology clinicians with practical, sustainable primary palliative care skills that could immediately improve patient care across Michigan. Seeing those skills come to life in these capstone projects is incredibly rewarding.” – said Natalia Simon, MBA, MA, MOQC project manager, who leads this initiative.

CAPC faculty highlighted the growth they observed throughout the program.

“I loved watching this cohort of learners assimilate concepts and grow in their palliative care skills. The capstone projects demonstrated the integration of comprehensive patient assessment with attention to physical, psychological, social, spiritual and cultural aspects of care. Moreover, learners exhibited enhanced communication skills in advance care planning, goals of care, and difficult news. Outcomes demonstrated learners’ new confidence in delivering culturally appropriate, patient-centered, goal concordant care, with the intention to further influence quality palliative care at their settings.” – shared Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN, CAPC Senior Nursing Advisor.

Participants described meaningful changes in their daily practice, from engaging caregivers more intentionally to asking open-ended questions like, “What does a good day look like for you?”

The Capstone Event was both a celebration and a milestone for the partnership between MOQC and CAPC.

“This collaborative certificate program is already improving palliative care in Michigan. The statewide representation of clinicians in this first cohort ensures that access to palliative care will be better tomorrow than it is today for our patients with cancer and their caregivers.” – noted Keli DeVries, LMSW, MOQC Program Manager.

Building on this momentum, Cohort 2 will kick off on March 19 with 15 participants from MOQC practices and tribal clinics from across Michigan. We are thrilled to see such broad engagement and commitment to advancing palliative care statewide.

We are also grateful to BCBSM and CQIO for their support of Cohort 2 and for helping make possible a future Cohort 3, which will expand to an interdisciplinary group of nurses, social workers, pharmacists, and chaplains. This next phase reflects a shared dedication to strengthening team-based palliative care and ensuring patients and families across Michigan receive comprehensive, person-centered support throughout the cancer journey.



Congratulations, CAPC MOQC Palliative Care Certificate Program Cohort 1 Graduates!

Julie A. Comfort, NP, AOCNP – *Cowell Family Cancer Center*

Nykea Ellison, FNP – *Karmanos Cancer Institute at McLaren Flint*

Alyssa Brynn Hurtado, PA, NCCPA – *Hematology Oncology Consultants*

Jennifer Idrissu, NP, AANP – *Henry Ford Comprehensive Adult Sickle Cell Center*

Stephanie Leslie, FNP-BC – *KCI at McLaren Central*

Cheryl S. Loubert, MD – *MOQC by Proxy*

Shannon Mary Wills-Velez, PA, MPAS, PhD – *Henry Ford Macomb Hematology Oncology*

Jennifer McArdle, MSPAS, PA-C – *Trinity Health IHA Medical Group, Hematology Oncology*

Melissa Noa, MSN, FNP-C, AOCNP – *Munson Healthcare OMH Cancer & Infusion Clinic*

Shannon Lyn Ochoa, NP, AGPCNP-BC – *MOQC by Proxy*

Chase Platte, PA-C – *University of Michigan Health West Cancer Center*

Jessie Salo, NP, FNP, AANP – *UP Health System - Portage Hematology Oncology*

Holly Shank, PA-C – *MyMichigan Sault Hematology Oncology Clinic*

Laura Zyczynski, MS, PA-C – *Rogel Cancer Center Sarcoma Clinic*

Helpful Resources from the OncoStew Team

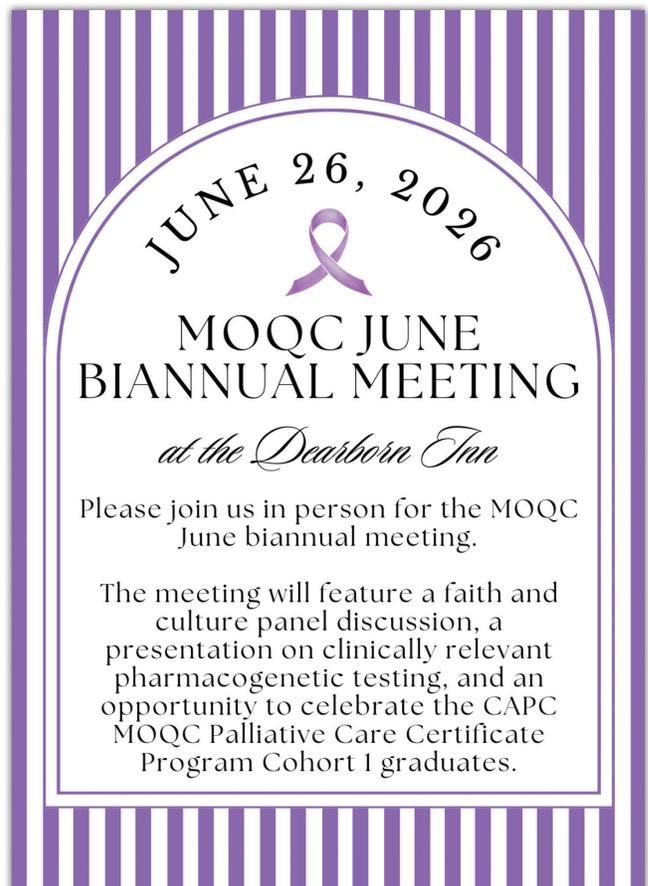
Our oncology stewardship initiative is currently focused on improving biomarker testing for metastatic non-small cell lung cancer (NSCLC). For a good summary of the living guidelines for advanced NSCLC, please check out this podcast <https://podcasts.apple.com/us/podcast/asco-guidelines/id1348000511?i=1000747921553>. The discussion in the podcast is clear and consistent with what our team of experts is promoting.

Nutrition for Caregivers Resource

MOQC and [Healthy Behavior Optimization for Michigan \(HBOM\)](#) have released updated nutrition education materials to support oncology practices in addressing nutrition challenges among patients and caregivers. These resources accompany the Comfort Cuisine meal delivery and education program, which provides nutrient dense meals and practical nutrition guidance during treatment.

A newly added [Caregiver Nutrition](#) handout offers targeted guidance to help caregivers support meal planning and maintain adequate nutrition at home. Practices can download this resource, along with updated patient nutrition materials, directly from the Comfort Cuisine provider materials webpage or the [MOQC resources page](#).

June Biannual Meeting



The graphic is a vertical rectangular poster with a purple and white striped border. At the top, the date "JUNE 26, 2026" is written in a curved path around a purple ribbon symbol. Below the ribbon, the text "MOQC JUNE BIENNIAL MEETING" is written in a serif font. Underneath, "at the Dearborn Inn" is written in a cursive font. The bottom section contains two paragraphs of text in a serif font, inviting people to join the meeting and listing the topics to be discussed.

JUNE 26, 2026

MOQC JUNE BIENNIAL MEETING

at the Dearborn Inn

Please join us in person for the MOQC June biannual meeting.

The meeting will feature a faith and culture panel discussion, a presentation on clinically relevant pharmacogenetic testing, and an opportunity to celebrate the CAPC MOQC Palliative Care Certificate Program Cohort 1 graduates.

Measure Spotlight – Olanzapine

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

This quality measure focuses on ensuring patients receiving high emetic risk chemotherapy are prescribed a guideline recommended 4 drug antiemetic regimen consisting of:

- NK1 receptor antagonist
- 5HT3 receptor antagonist
- Corticosteroid
- Olanzapine

This combination has been proven to reduce the likelihood of chemotherapy induced nausea and vomiting and improve overall patient experience¹⁻². By supporting consistent use of this regimen, the measure aims to prevent unplanned medical visits, reduce treatment related complications, and enhance quality of life during chemotherapy.

Historically, oncology providers have been low prescribers of olanzapine, often due to unfamiliarity with the medication, limited guideline awareness, and the absence of olanzapine in prepopulated order sets³. To improve consistency, practices can embed olanzapine into standard antiemetic order sets and offer provider education to reinforce guideline based use.

For additional guidance on this measure, please refer to [MOQC’s Measure Education One Sheet](#).

Guidelines:

ASCO – <https://ascopubs.org/doi/10.1200/JCO.20.01296>

NCCN – <https://pubmed.ncbi.nlm.nih.gov/28687576/>

References:

1. Navari RM et al., 2016, *N Engl J Med*.
2. Harikul W et al., 2026, *Support Care Cancer*.
3. Childs DS et al., 2022, *JCO Oncol Pract*.

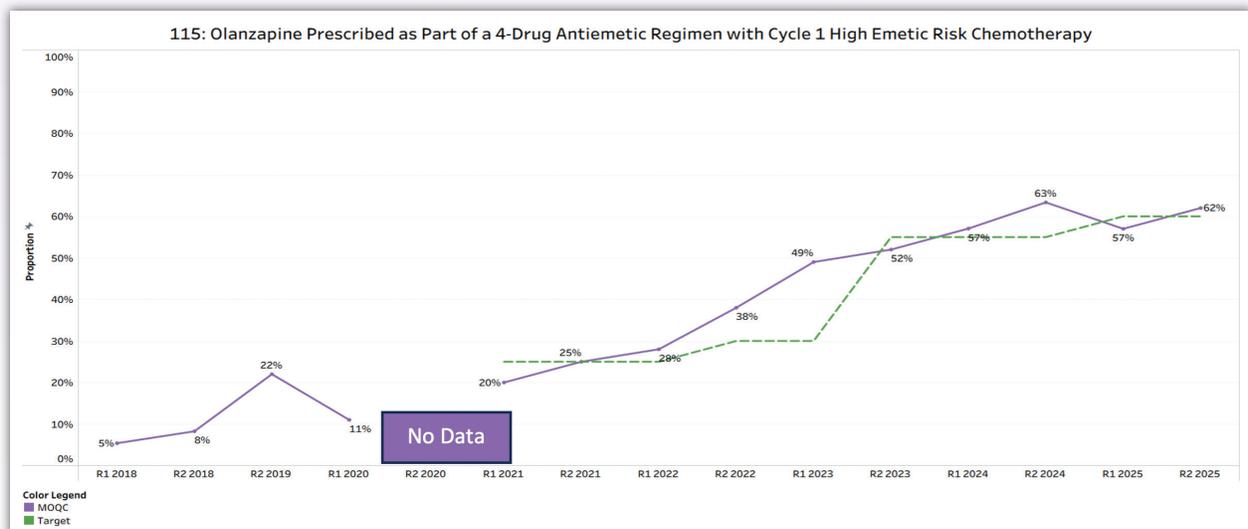
New Evidence on Olanzapine Dosing

A recent *Lancet Oncology* trial found that low dose olanzapine (2.5 mg) works just as well as the standard 10 mg dose for preventing nausea and vomiting from highly emetogenic chemotherapy.

- Much less daytime sleepiness with the 2.5 mg dose — including far fewer severe cases on day 1.
- Study suggests **2.5 mg may be a preferred dosing option when used as part of a 4-drug antiemetic regimen**, offering strong control with fewer side effects.

Bajpai J et al. (2024). Low dose vs. standard dose olanzapine for preventing chemotherapy related nausea and vomiting. Lancet Oncology, 25(2), 246-254

MOQC Performance Improvement



OLANZAPINE

(brand name: Zyprexa)

WHY AM I GETTING A PRESCRIPTION FOR OLANZAPINE?

Your cancer treatment may cause nausea (feeling sick to your stomach) or vomiting. Olanzapine helps prevent these side effects. Even a small dose works well, and is an important part of helping you feel better during treatment.



WHAT SHOULD I EXPECT WHEN I GO TO THE PHARMACY?

Olanzapine was first approved to treat certain mental health conditions. Because of this, the pharmacist may tell you about the original reason the drug was used when pick it up. This does not make your insurance or your medical record think you have a mental illness. You can tell the pharmacist: “I am taking olanzapine to help with nausea from my cancer treatment” if you wish.

WHAT ABOUT THE SIDE EFFECTS?

Most side effects listed for this drug happen in people who take higher doses for many years.

For people who take olanzapine for chemotherapy-related nausea:

- The most common side effect is tiredness.
- Your care team may suggest taking in the evening or before bed.



IS OLANZAPINE COVERED BY INSURANCE? IS IT EXPENSIVE?

Olanzapine costs less than other medicines used to prevent nausea and vomiting.

- The cost for each pill is about 20 cents.
- Most insurance plans cover it.
- If not, the low cost often makes it affordable to pay for yourself.

THESE SITES MAY BE HELPFUL TO LEARN MORE ABOUT NAUSEA AND VOMITING RELATED TO CANCER TREATMENT:

National Cancer Institute - www.cancer.gov American Society of Clinical Oncology - www.cancer.net
American Cancer Society - www.cancer.org National Comprehensive Cancer Network - www.nccn.org



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

MOQC 2025 Highlights

MOQC

2025 Achievements & Highlights



Blue Cross
Blue Shield
of Michigan

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

Statewide Non-Medical Needs Expansion

7

Domains Screened Annually
EHR → 2-1-1 Integration

Palliative Care

CAPC MOQC Certificate Program — Cohort 1

14

Clinicians Trained

7

MOQC Regions Represented

Caregiver Navigation

- Secured Grant to Pilot Caregiver Navigation Training
- Partnered with Rush to Develop Program, Launching in 2026

Oncology Stewardship

Statewide Biomarker Benchmarking
— Collaborations with —

Economic Alliance for Michigan (EAM)
Testing Coverage by Payers

Pharmacy Times Continuing Education
3 CE Modules (mNSCLC)

Patient-Reported Outcomes (PROs)

536

Patients Surveyed

18

Practices

Family History

38%

Documentation Rate

Sustained Improvement Since 2024

Interprofessional Development

Advance Care Planning + Post-Op Healing

119

Participants

18

Practices Represented

Dissemination

- 4 Posters at National Meetings
 - ASCO Quality, CAPC, JADPRO
- Presented at MSHIELD and MVC Collaborative-Wide Meetings
- Exhibited at Food as Medicine Summit
- Published Olanzapine Manuscript May 2025 in JAMA Network Open

Financial Navigation

36

MOQC Navigators Trained
MDHHS Partnership

Partnership with Patient Advocate Foundation

Comfort Cuisine

4,312

Meals Provided

50

Patients Supported

27

Caregivers Supported



Interprofessional Development

MOQC’s Interprofessional Development (IPD) program provides ongoing educational opportunities designed to strengthen collaboration, communication, and shared learning across oncology care teams. These sessions support various roles across the healthcare team, including medical assistants, nurses, navigators, administrative staff, and clinicians, by offering practical, team centered education that enhances patient and caregiver care.

Educational topics span oncology care fundamentals, communication strategies, symptom management, tobacco cessation, and more, with sessions available to all MOQC practices. Attendees consistently report high satisfaction and value learning directly from colleagues in patient facing roles.

Access materials and upcoming events: Practices can explore past sessions, download resources, and register for upcoming IPD events through the MOQC Interprofessional Development webpage at moqc.org/development.

Recent sessions include Compassionate De-escalation by Rev. Diane Smith from Angela Hospice and Caregiver Navigation by the E4 Center of Excellence for Behavioral Health Disparities in Aging at Rush University Medical Center

CancerHelp Resources Search Engine

Oncology resources for patients, caregivers, survivors, and healthcare teams



Resource Topics



Clinical Trials



Social & Emotional Support



Diet/Nutrition



Legal



Finances



Transportation



...and more!

CANCERHELP.MOQC.ORG

MOQC Initiatives

MOQC Initiative	MOQC Coordinating Staff
Access & Outcomes Advisory Committee	Dilhara Muthukuda (dmuthukuda@moqc.org)
Antiemetics	Ashley Bowen (abowen@moqc.org)
CAPC MOQC Palliative Care Certificate Program	Natalia Simon (nsimon@moqc.org) Dilhara Muthukuda (dmuthukuda@moqc.org)
Caregiver Navigation	Ashley Bowen (abowen@moqc.org), Vanessa Aron (varon@moqc.org)
Comfort Cuisine	Ashley Bowen (abowen@moqc.org), Dilhara Muthukuda (dmuthukuda@moqc.org)
Financial Navigation	Natalia Simon (nsimon@moqc.org), Vanessa Aron (varon@moqc.org)
Interprofessional Development	Ashley Bowen (abowen@moqc.org), Shayna Weiner (sweiner@moqc.org)
Gynecologic Oncology	Vanessa Aron (varon@moqc.org)
Michigan 2-1-1 & MSHIELD	Dilhara Muthukuda (dmuthukuda@moqc.org)
MOQC Excellence in Quality Certification	Shayna Weiner (sweiner@moqc.org), Ashley Bowen (abowen@moqc.org)
Oncology Stewardship	Lydia Benitez (lbenitez@med.umich.edu), Natalia Simon (nsimon@moqc.org), Shayna Weiner (sweiner@moqc.org)
Palliative Care and End of Life	Natalia Simon (nsimon@moqc.org)
Patient and Caregiver Oncology Quality Council (POQC)	Vanessa Aron (varon@moqc.org)
POEM	Lydia Benitez (lbenitez@med.umich.edu)
Tobacco Cessation	Shayna Weiner (sweiner@moqc.org)
YesRx	Emily Mackler (emily@yesrx.org)

MOQC Regions

MOQC Region	Regional Project Manager
Central Michigan Group (CMG)	Natalia Simon (nsimon@moqc.org)
Lake Michigan Oncology Region (LMOR)	Ashley Bowen (abowen@moqc.org)
Metro East	Natalia Simon (nsimon@moqc.org)
Superior East	Shayna Weiner (sweiner@moqc.org)
Superior West	Shayna Weiner (sweiner@moqc.org)
West of Woodward (WOW)	Dilhara Muthukuda (dmuthukuda@moqc.org)

2026 MEETING SCHEDULE

MED-ONC BIENNIAL MEETINGS

June Biannual Meeting
 Jun 26, 2026: 10 am – 4 pm
 IN-PERSON
 Dearborn Inn
 20301 Oakwood Blvd
 Dearborn, MI 48124

GYN-ONC BIENNIAL MEETINGS

Spring Meeting
 Mar 11, 2026: VIRTUAL

Fall Meeting
 Oct 23, 2026: IN-PERSON
 The H Hotel
 111 W Main St
 Midland, MI 48640

MED-ONC REGIONAL MEETINGS

West of Woodward (WOW)
 Mar 25, 2026: 6 – 7:30 pm VIRTUAL
 Nov 4, 2026: 6 – 8 pm
 IN-PERSON
 Sheraton Detroit Novi Hotel
 21111 Haggerty Rd
 Novi, MI 48375

Lake Michigan Oncology (LMOR)
 Apr 6, 2026: 6 – 7:30 pm VIRTUAL
 Oct 26, 2026: 6 – 8 pm
 IN-PERSON
 Sheraton Grand Rapids Airport Hotel
 5700 28th St SE
 Grand Rapids, MI 49546

Metro East
 Apr 13, 2026: 6 – 7:30 pm VIRTUAL
 Oct 21, 2026: 6 – 8 pm
 IN-PERSON
 Holiday Inn & Suites Detroit - Troy
 870 Tower Dr
 Troy, MI 48098

Central Michigan (CMG)
 Apr 15, 2026: 6 – 7:30 pm VIRTUAL
 Oct 19, 2026: 6 – 8 pm IN-PERSON
 The H Hotel
 111 W Main St
 Midland, MI 48640

Superior – West & East Combined
 Apr 22, 2026: 6 – 7:30 pm VIRTUAL

Superior East
 Oct 7, 2026: 6 – 8 pm IN-PERSON
 North Central Michigan College
 1515 Howard St
 Petoskey, MI 49770

Superior West
 Oct, 2026: 6 – 8 pm IN-PERSON
 Hampton Inn Waterfront Marquette
 461 S Lakeshore Blvd
 Marquette, MI 49855



VIEW & REGISTER AT:
[www.moqc.org/
 events](http://www.moqc.org/events)

All MOQC practice members are encouraged to attend.



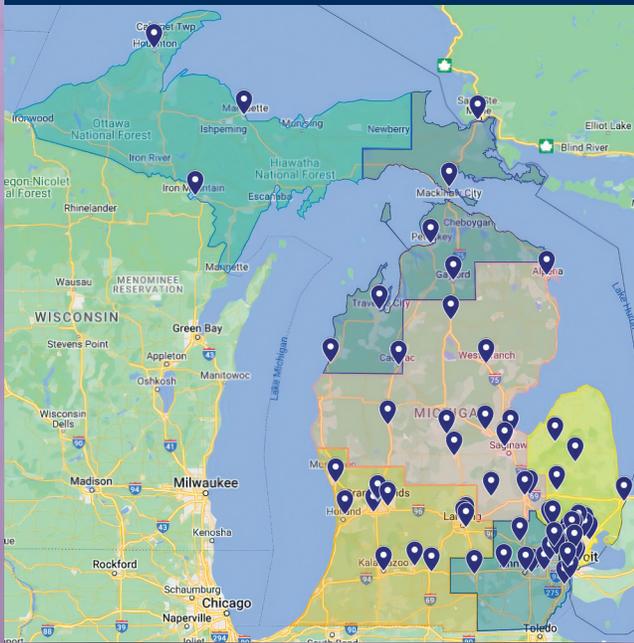


MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

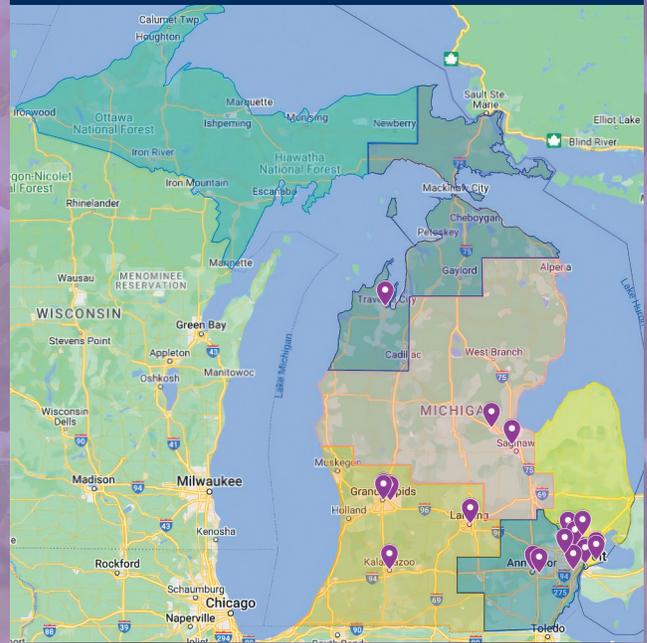
Arbor Lakes, Building 2, Floor 3
4251 Plymouth Rd
Ann Arbor, MI 48105

MOQC Members

Med Onc Locations



Gyn Onc Locations



Arbor Lakes
Building 2, Floor 3
4251 Plymouth Rd
Ann Arbor, MI 48105

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