MOQC NEWS

In this issue:

THE MOQC TEAM

(FROM LEFT, FRONT ROW)
Beth Rizzo, MPH; Dave Bolen, BBA; Cindy Michalek, BBA; Shawn Winsted, RT(R)(M)

(MIDDLE ROW)
Deborah Turner-Smith, BS; Emily Mackler, PharmD, BCOP; Heather Behring, BSN, RN, CTR; Shayna Weiner, MPH; Natalia Simon, MBA, MA; Keli DeVries, LMSW; Heather Rombach, RHIT, CTR; Ashley Bowen, MS, RD, CHC

(BACK ROW)
Kleanthe Kolizeras, BSc; Jenn Broadhurst, RN, BSN, OCN; Jennifer Griggs, MD, MPH, FACP, FASCO; Vanessa Aron, BA, RYT; Robin Voisine, BS; Mariem Ruiz Martinez, MBA

(NOT PICTURED)
Chris Friese, PhD, RN; Shitanshu Uppal, MD; Deana Jansa, MHA, RN, BSN; Eric Voisine, MS

FROM THE

Program Director

We're sending this out after an extremely successful June Biannual Meeting. Reading that, you may wonder how we define "success". Success is a reflection of your engagement and your feedback. Read on to learn more about the highlights of the meeting.

We are so excited to report that the MOQC Certification Pathway was approved by our partners at BCBSM. Many thanks to the MOQC Certification Task Force members. Practices will be invited to apply for certification, associated with a 12% VBR, in the fall. In the meantime, we are seeking your comments and questions. You have received an email with everything you need to know about certification and a brief Qualtrics form during the Open Comment period from June 20 - July 20. Please read through the description of the certification pathway and let us know what questions, ideas, and comments you have. We will make any revisions that are in line with the purpose and possibility of the proposal before finalizing it.

We are pleased to announce that MOQC received a grant to explore and develop a statewide oncology stewardship program. This idea was born based on your appetite for harmonizing care across Michigan. You may remember that, during and after the January Biannual Meeting, Lydia Benitez, PharmD, BCOP reviewed the principles of stewardship in our field. During the spring regional meetings, we collected names of hematologists-oncologists whom you nominated across the state. We are inviting those you nominated to be part of this effort.

We are also pleased to report that MOQC and Healthy Behavior Optimization for Michigan (HBOM) received a grant to conduct a pilot of providing free meals and meal delivery to patients experiencing food insecurity. We will be disseminating more information soon. The long-term goal is to obtain a large federal or foundation grant to extend this work throughout the state.

We look forward to meeting you in your practice (either in person or via Zoom) to review your data, find out more about what you need to meet your patient care and performance goals, and to share resources that we have. The real reason to meet with you, however, is to learn from you as we always do.

Have a wonderful summer,

Dr. Jennifer Griggs
Program Director

Just DEW It!

Michael Dudley

What do people feel when they receive a cancer diagnosis?

Shock. Disbelief. Anger. Sadness.

Feeling whole… being healed… healthy.

Admittingly, words like "*whole*", "*healed*", and "*healthy*" might not come into the mix of the myriad of emotions often. However, for Michael Dudley, a POQC member, the faith and motivation to get better transported him to the vision of the future, where he undoubtedly would be well again.

Keeping up with his annual physical exams and scheduling the recommended tests, Michael was already familiar with the colonoscopy process. When it was time to get the procedure done again, he felt it lasted longer than the previous one. With no major symptoms of concern to report, and being in top physical shape, Michael's diagnosis of colorectal cancer (CRC) was an unexpected and unwelcome addition to his busy life. In fact, Michael was scheduled to compete in his first triathlon the week of that doctor's appointment. The diagnosis shook his world, but he had devoted too much time preparing for the event for cancer to stop him. Michael participated in the competition and crossed the finish line. It was time to deal with the next challenge. He took the focus with which he handled the training and translated it into a disciplined and methodical approach to treatment. As Michael meditated and spoke to God, he was already there – healed and whole once again.

A sigmoid colon resection surgery was planned. As Michael lay on the operating table, sedated and therefore not knowing what was happening around him, the surgeon paused. "Do you remember which side of the colon the cancer is?", he asked those present. No one knew. Notes were not clear. Nobody dared move forward. An incision in the wrong spot could mean dire consequences. What this situation required was consent for another colonoscopy to identify the exact location of the cancer. Once Michael's wife signed the paper, the medical team performed the procedure, and, ultimately, surgery to remove the cancer.

Michael had so many questions. What happened to the notes? How was the OR even booked without a clear sign-off? Thank goodness the surgeon paused, but why was the doctor placed in this situation at all? What could have happened had the team made the wrong call? Despite those questions, Michael was declared cancer-free 30 days after his diagnosis. He credits early detection and intervention in his successful recovery. Colorectal cancer is frequently detected when it's late. And often when it's too late. In black patients, CRC is disproportionately misdiagnosed or diagnosed late (1). Colorectal cancer is the third most common cancer in both men and women in the United States and the second most common cause of cancer-related death. Black patients are disproportionately affected; they have a >20% higher incidence rate than in white patients, and an even larger difference in mortality (2). Unconscious bias, inequity, lack of access to healthcare, stigma, socioeconomic status, and even a zip code factor into the disparity which leads to increased mortality in black patients. Michael had access to quality health care. Many patients don't.

Michael took some time to assess the chapter of his life and determine where he wanted to go next. The daily devotion, walks, and rest centered him. After a period of self-reflection Michael realized he needed to contribute to understanding the disease. Many black patients have a deep-seated and historically justified distrust of the medical system. Oftentimes, they are reluctant to share details about family history, habits, and lifestyles. He joined patient groups, determined to become an active voice contributing to research and improving patient outcomes.

Family life, faith, work, and patient advocacy efforts kept Michael busy for the next three years. Once again, Michael attended a routine physical exam, as he did every year. An unexpected, disturbing, and infuriating diagnosis of prostate cancer followed.

Feeling whole… being healed… healthy. Michael envisioned himself cancer-free. He became his body's steward. Adopting a strategy of *"DEWing It"* (Diet, Exercise, and Weight Management), Michael's goal was to achieve that envisioned future. On a journey as complicated and overwhelming as cancer, he was committed to being in control over what he could.

He couldn't control his treatment. He **could** control how he treated his body right to minimize the chances of recurrence.

He couldn't control a provider ignoring some alarming symptoms that could have led to an earlier detection. He **could** control his outcome by seeking a second opinion by a black urologist.

He couldn't control the stigma associated with prostate cancer, particularly in black men. Through POQC and other patient groups, he **could** control how he talked about it, how he educated other men in his community, and how he drew clinicians' attention to the differences of diagnostics for prostate cancer in black men.

Black men's symptoms present earlier, the disease is more aggressive, and the mortality rate is higher than that of white men. Black men have less access to treatment options and oftentimes experience longer delays between diagnosis and treatment (3). Inequity and structural racism, cultural sensitivity, lack of trust and poor patient-provider communication, and hesitancy to participate in clinical research all feed into the overwhelming reality of black men being disproportionately affected by prostate cancer.

LEARN MORE

Michael is now a two-time cancer survivor. He leveraged his faith and strength, used the resources available, and exercised a tireless commitment to finding the path forward. Yet, with the clear understanding of just how blessed he is, Michael knows that as clinicians we must do better for our patients – so we can all be Whole. Healed. Healthy.

Follow the QR code to watch Michael in the 2021 Michigan Regional Emmy Award winning short story *"Movement"*.

Michael's book "Miracle Mindset" is available on Amazon.

1. Augustus GJ, Ellis NA. Colorectal Cancer Disparity in African Americans: Risk Factors and Carcinogenic Mechanisms. Am J Pathol. 2018 Feb;188(2):291-303. doi:10.1016/j.ajpath.2017.07.023. Epub 2017 Nov 9. PMID: 29128568; PMCID: PMC5785537
2. Siegel R, Desantis C, Jemal A. Colorectal cancer statistics, 2014. CA Cancer J Clin. 2014 Mar-Apr;64(2):104-17. doi: 10.3322/caac.21220. Epub 2014 Mar 17. PMID: 24639052.
3. Lillard JW Jr, Moses KA, Mahal BA, George DJ. Racial disparities in Black men with prostate cancer: A literature review. Cancer. 2022 Nov 1;128(21):3787-3795. doi: 10.1002/cncr.34433. Epub 2022 Sep 6. PMID: 36066378; PMCID: PMC9826514.

Website Update

The MOQC website has recently undergone a transformation to enhance your experience and provide you with easier access to the information and resources you need. With that in mind, the format has been updated for ordering printed materials to make the process easier to follow, quicker, and hassle-free.

A space has been created for patients and caregivers, called a Patient Resources Toolkit, to download all MOQC-created educational resources, guides, and information sheets. It can be found under the Patient/Caregivers tab.

MOQC-created resources are currently available in English, Arabic, Chinese, Spanish, and Vietnamese, and we're working on translating them in the other languages you see represented in your practices.

As always, your feedback is invaluable. Please feel free to share your thoughts and suggestions as we continuously improve our user experience.

EXPLORE OUR PRINTED RESOURCES:

EXPLORE OUR PATIENT RESOURCES TOOLKIT:

New MOQC Team Member Spotlight

MOQC is delighted to introduce three new MOQC team members who are joining the team in June and July.

Jennifer Broadhurst, RN, BSN, OCN, Clinical Data Abstractor

Jenn has been a registered nurse for 25 years, with a Bachelor of Science in nursing from Northern Illinois University. Her early clinical focus was in emergency medicine and cardiology. She found a passion for oncology working as an outpatient infusion nurse since 2017, and she earned her certification as an Oncology Certified Nurse (OCN) in 2020. Jenn continues to work in outpatient infusion and recently started classes to earn her credential as a Certified Tumor Registrar (CTR).

Jenn is excited to join MOQC because she believes in our mission. She feels that MOQC provides a unique opportunity to identify areas for change and improvement, giving providers the ability to incorporate these findings into day-to-day practice to enhance the experience and outcome for patients. As an infusion nurse, Jenn feels very strongly about improving patient care and experience throughout the cancer journey and is excited to continue to work towards that goal with MOQC.

In her off time, Jenn enjoys spending time with her family, traveling, playing disc golf, gardening, and raising monarch butterflies in the summer.

Deana Jansa, MHA, RN, BSN, Clinical Data Abstractor

Deana has been a registered nurse for over 30 years with a Bachelor of Science in nursing from the University of Wisconsin-Madison and a Master of Healthcare Administration from the University of Phoenix. Most of her clinical experience has been related to oncology care, including bedside care, case management, bone marrow program manager, and research nurse. She has also been involved in projects to improve care in electronic medical record implementation and primary care redesign. Deana is thrilled to join MOQC to continue in oncology and to help improve care for patients.

In her spare time, Deana enjoys being outdoors with her husband Brian and their Golden Retriever Jax, doing all kinds of activities including camping and hiking. Her favorite activity is snowmobiling. She also enjoys reading and cooking/baking.

Eric Voisine, MS, Data Analyst

Eric started his career as an IT Auditor, working with companies in different industries to create secure and reliable information. After 3 years in that field, he returned to school at Michigan State University to pursue a master's degree in data science and analytics. Since completing that degree, he has been working as a data engineer with a focus on enabling access to and understanding of data.

Through his family's experiences with cancer, Eric has seen how difficult the treatment process can be for patients and families. He is excited to contribute to improving the quality of care and the experience for those being affected by cancer. Additionally, he's excited to work with a team of compassionate people to learn as much as he can.

Eric loves hiking, camping, and spending time outside however he can. He is a fan of trying and failing to learn musical instruments and also enjoys reading while his cat, Frankie, bites his book.

MOQC

Cancer care. Patients first.
The best care. Everywhere.

Biannual Summary

The MOQC June Biannual meeting was held at the H Hotel in Midland, Michigan on Friday, June 16, 2023. The meeting featured interesting speakers and great discussion. It was a great opportunity to see one another in person. In addition to the update on MOQC measure performance and initiative updates, topics included palliative care, the palliative radiation pathway, patient-reported outcomes (PROs) at Henry Ford Health, the palliative care landscape in Michigan, and an update on POEM and cancer drug repositories.

Thomas LeBlanc, MD, MA, MHS presented on the topic of palliative care with a focus on the benefits of early concurrent specialist palliative care. He explained the difference between primary palliative care and specialty palliative care and stressed the concept that palliative care provides an extra layer of support for people facing serious illness. Dr. LeBlanc reviewed a number of clinical trials demonstrating that improved outcomes of integration of palliative care have included quality of life, symptom management, mood/depression, prognostic understanding, caregiver outcomes, utilization/costs, satisfaction, end-of-life outcomes, and survival.

Jennifer Griggs, MD, MPH presented an update on the Palliative Radiation Pathways and reminded attendees of the history of their development. Please see the section in this newsletter on Palliative Radiation Pathways for People on Hospice or Considering Hospice for more information.

Steven Chang, MD and Samantha Tam, MD presented on the PROs initiative at Henry Ford Health (HFH). They described how PROs have been incorporated into the standard of care for oncology patients at HFH and shared several stories illustrating the benefits of embedding PROs in their electronic health record. Additionally, Dr. Tam shared several analyses on the PRO data collected from patients. Results show that as a patient approaches the end of life, patient-reported quality of life (QOL) worsens and the number of domains that fall into a severe range increases. Patient-reported QOL was also seen to be predictive of health care utilization and may be predictive of overall survival.

Andrew Russell, MD, MPH presented findings from two separate surveys aiming to describe the current landscape of access to clinic-based palliative care (CBPC) and describe how oncology practices in Michigan utilize referrals to palliative care (PC) clinics. The conclusions presented included that most MOQC practices have no access to palliative care within their health system or group practice, that wide geographic disparities exist in access to palliative care clinics, and that despite this, 43% of MOQC practices would not use e-consults.

The final presentation was by Mark Wagner, PharmD, BCOP and Katie Sias, PharmD, BCOP on the POEM initiative. They described the current state of POEM - to date 6 clinical pharmacists, 24 oncology sites, and 72 physicians participate in POEM. They discussed the benefits that having a POEM pharmacist offers and the ways in which they have impacted patient care. They also shared that 3 practices have created local Cancer Drug Repositories (CDR) and that POEM, MOQC, MICMT, and other stakeholders are working to develop a new, non-profit, state-wide repository called YesRX.

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 openess build trust.

COLLABORATION
We make our best decisions as a group.

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

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.

- Newland Medical Associates
  Rhonda Jones and
  Dr. Cynthia Vakhariya
- Munson Otsego Memorial
  Dr. Jennifer Lawhorn
- Munson Healthcare
- Sparrow Herbert-Herman Cancer Center
- Hematology Oncology Consultants, a Division of MHP

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

Palliative Radiation Pathways for People on Hospice or Considering Hospice

Palliative treatments are given to improve patients' quality of life and provide comfort and symptom relief. Palliative radiation treatment requires fewer doses than radiation therapy given in people who are being treated with curative intent. The courses are designed to minimize time and effort spent in travel and treatment of patients on hospice. When considering hospice, patients may worry about losing access to a radiation oncologist. They don't have to.

MOQC, with the help of a workgroup consisting of radiation oncologists, hospice and palliative care providers, medical oncologists, and patients and caregivers identified two major clinical scenarios for palliative radiation for people on hospice or considering hospice: painful bone metastases and bleeding amenable to radiation.

In May 2023, MOQC presented the pathways during the Michigan HomeCare and Hospice Association (MHHA)'s annual conference. Specific patient scenarios were reviewed, and attendees were asked to determine whether palliative radiation would be the appropriate course of treatment. During the conference, MOQC introduced a patient-facing video on palliative radiation, which may now be accessed on the MOQC website.

LEARN MORE

Do you have a job opening?

TELL US ABOUT YOUR JOB POSTINGS

We recognize the importance and challenges associated with finding individuals to join your teams and help provide exceptional care to your patients. The MOQC newsletter can serve as a platform to reach a wider audience. This opportunity extends to all practices participating in our collaborative. If you are interested, submit your job posting details to **moqc@moqc.org** and we can communicate with you about whether a newsletter will be sent out within an appropriate timeframe for you.

In Memory of Amanda Crowell Itliong

JULY 23, 1979 – MAY 6, 2023

POQC Update

Recruitment and Retention Team: This workgroup plans to add more members in 2023. They hope to include more patients and caregivers from different areas in Michigan, different cancer types, and different backgrounds, especially those usually overlooked. For 2023, they are focusing on a more diverse representation in racial and ethnic minorities, the LGBTQIA+ community, individuals with disabilities, and armed services experience.

Financial Navigation Team: This group continues to work on a program to help patients and caregivers across Michigan manage their medical costs through financial navigation. They're hoping to partner with the Patient Advocate Foundation, a national nonprofit group that helps people with serious illnesses handle their medical costs and care.

Patient and Caregiver Resources Team: This team is adding more helpful resources to MOQC's online help site, cancerhelp.moqc.org. They are also working on getting a grant to start a program that gives extra help and navigation to caregivers.

With the support of MOQC's coordinating center, POQC members are more than willing to visit practices and share the extensive range of resources with clinic staff.

Keep in touch to know more about what POQC is doing to help improve cancer care. Together, we can make things better for cancer patients and caregivers in Michigan.

Patient-Reported Outcomes (PROs) Initiative Update

The MOQC PROs pilot is currently underway this summer with Munson Healthcare Cowell Family Cancer Center, Sparrow Herbert-Herman Cancer Center, and Hematology Oncology Consultants. We are scheduling additional sites for the fall and winter of 2023/2024. If your site is ready to join us for PROs collection, please contact us at **moqc@moqc.org.**

Tobacco Cessation and Quitline

Participate in our test pilot for the opt-out version of the Michigan Tobacco QuitLink and support your patients in their quitting journey. This streamlined approach ensures automatic enrollment in the program, improving accessibility to cessation support.

With a MOQC practice referral, your patients are eligible to receive free nicotine replacement therapies through the Michigan Tobacco QuitLink. Counseling services are also available via text, email, or phone calls, allowing personalized support for each patient.

Seize this opportunity to shape and refine MOQC's opt-out model, benefiting your patients and the oncology community. Sign up or learn more by contacting our MOQC coordinating center team at **moqc@moqc.org**.

Make an impact on your patients' lives. Join the test pilot today!

Announcement: VitalTalk Application

VitalTalk is the premier training organization for clinicians seeking to advance their communication skills. Just as no one is born knowing how to handle a scalpel, the same is true for how to communicate effectively with seriously ill patients and their families.

The Michigan Oncology Quality Consortium (MOQC) and VitalTalk are pleased to present the opportunity to our practices to advance clinical providers' knowledge in communicating effectively and compassionately with patients.

VitalTalk and MOQC share the vision of having seriously ill patients be surrounded by clinicians who can speak about what matters most and match care to values.

Please follow the QR code to review the two training options available and sign up. Applications will be reviewed and approved on a first-come first-served basis. Priority will be offered to representatives from practices with limited access to palliative care. MOQC will take any additional applications into consideration after all applications have been processed and spots have been filled.

The application will be open June 26 - July 21, 2023.

LEARN MORE

Highlighted Resource: Hospice and Oncology Practice Communication

To help improve communication between oncology practices and hospices, MOQC would like to highlight the following customizable letter templates available on our website:

- Hospice Patient Enrollment Notification
- Hospice Patient Death Notification

To download the letters, scan or click on the QR code.

LEARN MORE

Health Corner

FOOD SECURITY AND MALNUTRITION IN ONCOLOGY CARE + MEAL DELIVERY PILOT UPDATE

Food insecurity is a critical issue affecting individuals fighting cancer. This pervasive problem exacerbates malnutrition in cancer patients, highlighting the urgent need for support and solutions.

Up to 85% of people with cancer experience malnutrition, and malnutrition accounts for 10% to 50% of mortality in people with cancer. Malnutrition also increases the risk of toxicity from anticancer therapy and diminishes quality of life in people with cancer. Cancer treatments can make it hard for people to eat well and may affect taste, smell, one's appetite, and one's ability to eat enough food and absorb nutrients. In addition, food-drug interactions have a substantial impact on the effectiveness of anti-cancer treatment.

People who live in medically underserved areas and/or who have limited financial resources may experience food insecurity. Food insecurity, as defined by USDA, is the limited or uncertain availability of nutritionally adequate and safe foods. The prevalence of food insecurity increases with chronic illness, including cancer, and individuals with cancer are more vulnerable to food insecurity due to factors such as decreased income, reduced employment opportunities, increased medical expenses, and limited social support. Poor nutrition is compounded in populations with low income that often lack access to nutrient-rich foods for a variety of reasons, including financial constraints, limited access to full-service grocery stores, lack of transportation, and lack of knowledge, time, and energy to prepare healthy foods.

A healthy diet and eating habits can help people with cancer maintain a healthy weight, preserve strength, and manage side effects of their treatment. A healthy diet for people undergoing cancer treatment includes nutrient-dense foods containing vitamins, minerals, protein, carbohydrates, fats, and water that the body requires. A focus on plant-based foods and regular exercise is beneficial. Additionally, nutrition education from a registered dietitian has been shown to help people with cancer live longer.

Addressing food insecurity in the cancer community requires a collaborative effort from various stakeholders including healthcare providers, policymakers, and community organizations. Identification of food insecurity amongst cancer patients can positively affect health outcomes and reduce health disparities amongst historically marginalized groups when paired with affective resources. **Steps toward rectifying food insecurity and malnutrition include screening and identification, nutrition education and support, and connecting patients with appropriate resources.**

MOQC Meal Delivery Update

As shared at the MOQC regional meetings, we are exploring a meal delivery pilot project for patients undergoing chemotherapy that are food insecure. Studies have shown that meal and grocery delivery programs can improve food security in vulnerable people who are medically underserved, food insecure, and at risk of malnutrition, poorer survival, and reduced quality of life. The purpose of this pilot would be to partner with a meal delivery service and provide meals to approximately 50 patients and caregivers. We would then evaluate how that meal delivery supports patients and their caregivers in the areas of food access and nutrition during chemotherapy treatment.

Thank you to those sites that have expressed interest in joining us for this pilot. We will be reaching out soon to work with you in identifying patients at your practice that might benefit from this service.

Resources

Please visit the **MOQC Resources Search Engine** for resources on food assistance and more. If your practice has additional resources you would like to see added, please contact us at **moqc@moqc.org**.

EXPLORE OUR RESOURCES SEARCH ENGINE:

1. National Cancer Institute: Nutrition in Cancer Care. https://www.cancer.gov/about-cancer/treatment/side-effects/appetite-loss/nutrition-hp-pdq.
2. National Cancer Institute: Cancer Therapy Interactions With Foods and Dietary Supplements. https://www.cancer.gov/about-cancer/treatment/cam/hp/dietary-interactions-pdq.
3. United States Department of Agriculture: Definitions of Food Security. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/.
4. Cancer.org. n.d. Improving Availability of Healthy Food Reduces Cancer Inequities. https://www.cancer.org/latest-news/report-social-determinants-must-be-addressed-to-advance-health-equity.html
5. Bath, C. 2022, May. Assessing food insecurity among patients with cancer. ASCO Post. https://ascopost.com/issues/may-10-2022/assessing-food-insecurity-among-patients-with-cancer/
6. Patel, K.G., Borno, H.T., Seligman, H.K., 2019. Food insecurity screening: A missing piece in cancer management. Cancer. https://doi.org/10.1002/cncr.32291

Why don't we have a virtual option for our in-person meetings?

We are often asked whether someone can join our in-person meetings online. Since the pandemic, we've all become accustomed to virtual meetings, and virtual meetings decrease travel time and time away from work.

There are four equally important reasons we do not have a virtual option for our in-person meetings.

- Engagement during hybrid meetings plummets
- The cost of running hybrid meetings (and doing it well) is outside our budget
- We are evaluated by BCBSM (our sponsor) on our engagement at one in-person meeting per year
- The option for a virtual meeting leads to last-minute changes in people's intention to attend in-person. (That is, people may respond that they will be attending in person and then, because virtual attendance is offered, they may switch to virtual. This is an often-seen phenomenon that leads to waste of food, meeting space, and other resources.)

We hope this explanation is helpful.

MOQC MEETINGS 2023 SCHEDULE

GYN-ONC BIANNUAL MEETINGS

Fall Meeting 2023
Oct 7: TBD IN-PERSON
Lansing, MI

MED-ONC REGIONAL MEETINGS

Superior – West
Oct 11: 6 – 8 pm IN-PERSON
Hampton Inn Marquette Waterfront
461 S Lakeshore Blvd
Marquette 49855

Superior – East
Oct 12: 6 – 8 pm IN-PERSON
Courtyard by Marriott, Petoskey, MI
1866 Mkwa Place
Petoskey, MI 49770

Metro East (ME)
Oct 25: 6 – 8 pm IN-PERSON
Detroit Marriott Troy
200 W. Big Beaver Rd.
Troy, MI 48084

Lake Michigan Oncology (LMOR)
Oct 30: 6 – 8 pm IN-PERSON
Conference Services, LCC West Campus
5708 Cornerstone Dr.
Lansing, MI 48917
Conference Services Office #M110

West of Woodward (WOW)
Nov 8: 6 – 8 pm IN-PERSON
Eagle Crest Conference Center
1275 S. Huron St.
Ypsilanti, MI 48197

Central Michigan (CMG)
Nov 13: 6 – 8 pm IN-PERSON
The H Hotel
111 W. Main Street
Midland, MI 48640

VIEW & REGISTER AT:
www.moqc.org/events

Due to the evolving COVID-19 pandemic, meetings may be virtual or may be rescheduled. The MOQC Coordinating Center will communicate any changes.

MOQC
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MOQC Members

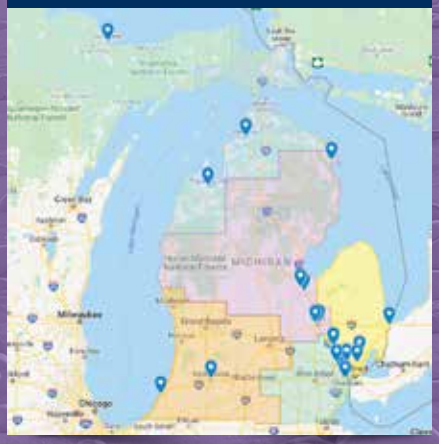
Med Onc Locations

Gyn Onc Locations

Participating Sites: Palliative Radiation Therapy Project

Hospice Locations

Palliative Radiation Locations



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