


# MOQC NEWS

The background of the entire page is a photograph of several ripe red apples hanging from a tree branch. The leaves are green and yellow, suggesting autumn. A purple ribbon, a symbol for prostate cancer awareness, is draped across the center of the image, partially behind the 'O' in 'MOQC'.

## In this issue:

From the Program Director	03
Patient Story	04
Practice Spotlight	05
Strategic Objectives	
Practice Awards	06
New MOQC Team Member Spotlight	
Fall 2023 Regional Meetings Summary	07
Financial Navigation Workgroup Update	08
Meal Delivery Update	09
MOQC Excellence in Quality Certification Pathway	10
YesRx <sup>†</sup> Cancer Drug Repository	11
2024 Meeting Schedule	





## 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

(NOT PICTURED)

Chris Friese, PhD, RN; Shitanshu Uppal, MD; Deana Jansa, MHA, RN, BSN; Eric Voisine, MS





## FROM THE Program Director

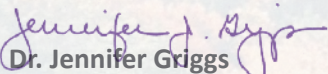
Happy Fall! The MOQC Coordinating Center team has enjoyed traveling across Michigan to see you at our fall regional meetings, soaking up the electric sunshine and the bright leaves across our beautiful state. We have been particularly gratified by lively conversation, insightful questions, and your ideas for how to improve the care of our patients and their loved ones. A summary of our meetings is inside this newsletter. It is energizing to celebrate the performance of our practices on our measures, which we create with your input.

Particularly exciting to me have been the discussions about interprofessional development. We are looking forward to meeting with those of you who volunteered to join a Working Group to create resources and other learning opportunities for those members of your practices who interact with patients. If you did not have the chance to indicate your interest, please do let us know if this is something you'd like to help with.

The process of certifying MOQC practices has been approved by Blue Cross Blue Shield of Michigan. Our abstractors are already collecting data to identify any barriers to high quality data on the measures that will be part of this pathway, which will be associated with a 12% VBR opportunity. Part of the certification process will be to create an equity action plan for your practice. We will show you how to create this plan at our January biannual meeting.

We are delighted that Karen Winkfield, MD, MPH will be our keynote speaker for that meeting. Dr. Winkfield is the first author of the *JCO Oncology Practice* article, "[Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations](#)," a valuable resource to us as we lay out our efforts to provide equitable care to our patients regardless of where they live, who they are, or what they look like. The meeting promises to be engaging with speakers on drug shortages, partnerships with community hubs, and news from our many initiatives. Registration for this virtual meeting is open now, and we can't wait to see all of you.

There is, as always, a lot going on at MOQC. Please spend some time reading this entire newsletter.

  
Dr. Jennifer Griggs  
Program Director





## PATIENT STORY

### Mike Harrison

My cancer journey is a feel-good story because after almost 12 years post-surgery and treatment, I feel good about my health, my future, and how fortunate I was to have had a relatively easy journey. And I don't take that for granted after seeing so many family members, friends, and colleagues struggle with many aspects of their care, face reoccurrences, or worry about their future.

I was diagnosed in March 2012 with bladder cancer after not experiencing any of the common risk factors. Blood in my urine was the only sign, and I was fortunate that my cancer was caught early. Two surgeries to remove the tumor and a lengthy BCG regimen (once a week for six weeks followed by several months of maintenance treatments) later, I was back to my old self. Other than occasional headaches after treatment, I had no difficulties during my treatment.

My follow-up is an annual cystoscopy – a quick and painless procedure to examine my bladder to ensure the cancer has not returned. The only blip was a national BCG shortage, which meant I had to stop treatment early. That worried me a bit at the time, but I was reassured that I had enough treatments to combat the cancer.

I know how lucky I am to have had my health and outlook restored. But the experience changed me in ways I didn't expect. I am even more grateful for my health, my family and friends, and even the simple, everyday occurrences – a sunrise, laughter,

relationships, and conversations – hold much more importance and meaning to me.

My journey also led me to volunteer opportunities to share my experiences through patient groups – first for the Rogel Cancer Center at Michigan Medicine where I received my treatment, then with MOQC and POQC. There I've been fortunate to participate in the MOQC Steering Committee, Measures Committee, POEM, PROs, and Palliative Care teams as well as POQC, including the Recruitment and Retention and Financial Navigation committees.

I joined POQC with the hope that my cancer experience could help others, but I've benefitted more from those opportunities than I can ever give. I've learned so much about cancer care and resilience. My patient voice has felt valued and respected many times over. And I've met some truly amazing people: strong women and men whose cancer stories and spirit are inspiring and humbling, as well as talented MOQC professionals who are exceptionally motivated to improve the cancer experience and who are the kindest people I've ever met.

Life takes many paths – some expected, some not – and while no one would choose to take a cancer journey, it led me to MOQC. For that I am very fortunate. My life has been enriched doing volunteer work that is important and meaningful. MOQC is – and will always be – one of the most special touchpoints in my life.





## Practice Spotlight



**Corewell Health East Gynecologic Oncology** has an excellent care team of staff and providers, including 5 gynecologic oncologists – Dr. Barry Rosen, Dr. Zaid Al-Wahab, Dr. Jill Gadzinski, Dr. Kevin McCool, and Dr. Stefany Acosta-Torres—who provide care throughout Southeast Michigan at Royal Oak, Dearborn, Troy, Grosse Pointe, and Farmington Hills.

Over the last two years, their division has grown significantly with the merger with Spectrum Health, the addition of Dr. McCool and Dr. Acosta-Torres, and the expansion to a clinic in Farmington Hills.

Given the rapid advancements in medical and health services research within gynecologic oncology, their group has adapted by building a multidisciplinary HIPEC program, implementing a weekly multidisciplinary tumor board, expanding their clinical trial portfolio, and participating in MOQC. Their goal with participating in MOQC is to continue to implement and establish standards of care supported by strong scientific evidence. Corewell Health East Gynecologic Oncology therefore plans to implement the four 2023 MOQC initiatives:

- 1) tobacco cessation and counseling,
- 2) initiating chemotherapy within 28 days of surgery,
- 3) using the opioid calculator to determine postoperative opioid needs,
- 4) and consistently documenting family history for a patient with known cancer.

### MOQC's Strategic Objectives

We have refreshed our Strategic Objectives as part of our new 5-year Strategic Plan. MOQC has three strategic initiatives. Everything we do aligns with one of these objectives

#### Maximize Value

Our work adds value, decreases waste, and adds value to MOQC members

#### Center Equity

We center equity in every initiative, measure, and decision

#### Foster Professional Development

We promote knowledge, engagement, and wellbeing of all practice members

## 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](mailto: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!



Angela Hospice  
Reverend Diane Smith



Genesee Hematology Oncology  
Dr. Khalil Katato



Henry Ford Health  
Kelly Bristow



Henry Ford Health Gyn Onc  
Jared Stone



Karmanos Cancer Network  
Lauren Lawrence



KCI at McLaren Flint  
Dr. Benjamin Mize



Munson Healthcare  
Cindy Michelin



Sparrow Herbert-Herman Cancer Center  
Dan Phillips, Taylor Herlein, and  
Dr. Gordon Srkalovic



Abstraction Team  
Megan Beaudrie, Therese Hecksel, and  
Colleen Schwartz



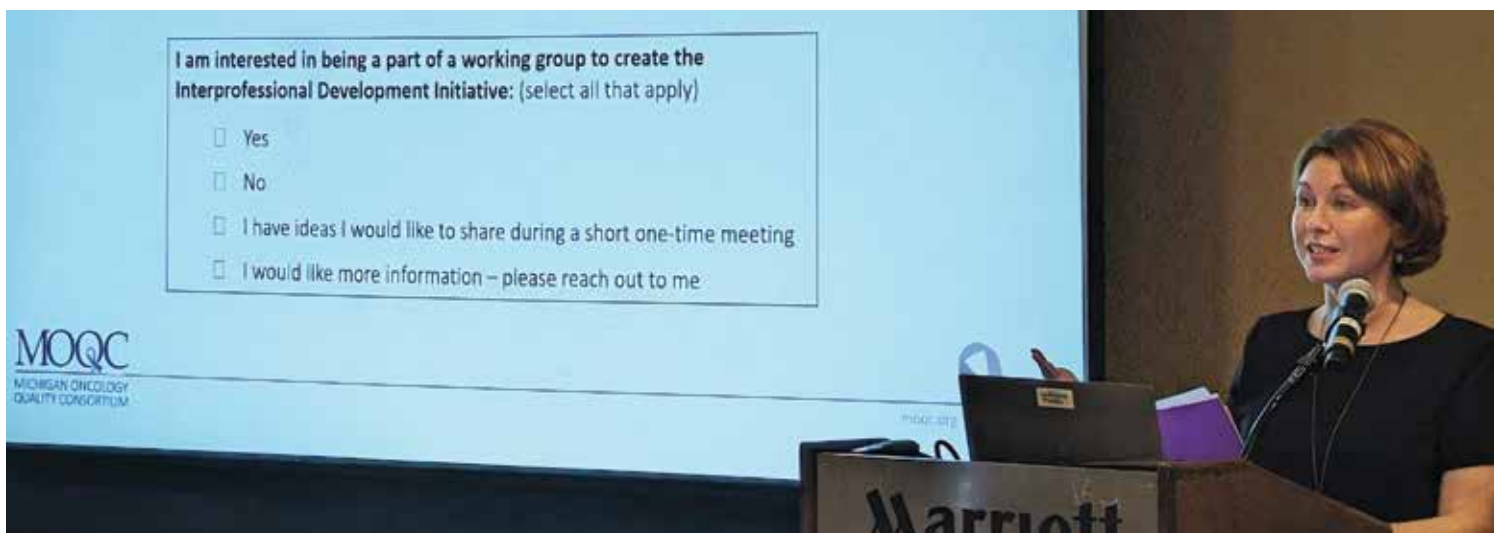
## New MOQC Team Member Spotlight

### Providence Cantalamisa

Providence (pronouns: she/her) is a recent addition to MOQC as the Master of Social Work (MSW) candidate intern. She is enthusiastic about working with the MOQC team and learning from each member. Providence is a dedicated advocate for diversity, equity, and inclusion, committed to fostering positive change in diverse settings. With a strong educational background and a passion for social justice, she is a driving force in creating more equitable and inclusive communities.

Providence holds a Bachelor of Social Work (BSW) from Eastern Michigan University, where she demonstrated her values by creating school-wide events and departmental initiatives to advance social justice. One of her proudest moments was when she became a Halle Scholar and was awarded the Diane and Bruce Halle Social Justice Scholarship. She continues her education at the University of Michigan for her MSW with a pathway in Politics and Policy.

When Providence is not working or going to class, she can most likely be found spending time with her family, playing with her dog, or eating noodles.



## FALL 2023

### Regional Meetings Summary

The MOQC team was delighted to see so many of you at the Fall Regional Meetings. The meetings provided updates on several MOQC initiatives, featured a practice interview about tobacco cessation efforts, and provided an opportunity for brainstorming and feedback about the new interprofessional development initiative.

Updates on the new Meal Delivery Program, the Cancer Drug Repository, YesRX™, and the Financial Navigation Initiative were provided. Please read more about each of these initiatives in this newsletter.

**Measure Spotlight** - For each region, one or two people from one practice shared their experiences related to tobacco cessation efforts, focusing on the “why” behind tobacco cessation, their process for patient referral and counseling, challenges in meeting patients where they are, and stories of success. We shared changes in QuitLink, the tobacco cessation support service we work with through our collaboration with the Michigan Department of Health and Human Services. Patients can now receive motivational interviewing via text, email, chat, or phone, based on what the patient prefers. MOQC is encouraging a move toward an opt-out approach, where patients who smoke are referred to the QuitLink automatically, unless they ask not to be. This QR code has more information about the QuitLink.

**Patient-Reported Outcomes** - We shared initial data from the three sites that have completed their first round of data collection along with lessons learned throughout the pilot. 185 patients completed the survey, and nearly 80% of those provided their identifying information for linkage to MOQLink data. In the pilot data, 17.8% of patients reported at least one

social need. Nearly 23% of patients rated at least one toxicity as frequent or almost constant with the top symptoms being anxiety, sad feelings, and diarrhea. About 13% of patients rated at least one toxicity as severe or very severe, with the top symptoms being anxiety, sad feelings, and neuropathic pain.

**Interprofessional Development** - POQC members shared stories about how their experiences had been shaped by members of their care teams. The care of patients and their loved ones involves everyone in your practice. POQC members then introduced our new initiative, which will provide education and other training opportunities for your practices. A request to provide information and training support for non-physician team members was made by several members of our practices. The regional meeting discussion addressed the following questions: “What does this initiative make possible?” “What roles could be included in interprofessional development?” and “What topics could be covered?” All the meetings involved lively discussion and excellent ideas brought forward for the interprofessional development initiative.

The next step is to form a Working Group to create our offerings for the first year of this initiative. Thank you if you’ve already indicated your interest. Candidate topics include compassionate de-escalation, grief, and tobacco cessation counseling for medical assistants among others.





## Financial Navigation Workgroup Update

MOQC's work on financial navigation has been developing. MOQC is now in discussions with the Patient Advocate Foundation, or PAF, a national non-profit organization that provides case management services and financial aid to Americans with chronic, life-threatening, and debilitating illnesses. This work will focus on understanding how we can build a support system for patients' and caregivers' social and financial needs that stem from social determinants, or rather social drivers, of health.

We are working with PAF on a proposal that will be submitted for funding to the Gilead Foundation, a non-profit organization that supports strategies that advance health through education. If approved, we envision a three-year project with two phases.

During Year 1/Phase 1, we will identify three small MOQC practices to better understand the current state of screening and referral processes for social and financial needs. We will then start developing patient- and caregiver-informed standards on how to screen and identify gaps. These will be informed by best practice standards and conversations with patients and caregivers. During Year 2-3/Phase 2, we will identify and document approaches on how the practices can successfully integrate the co-developed screening and referral processes into clinical workflows.


Together with our practice partners and POQC we will identify quality metrics that are meaningful to patients and caregivers so we can measure performance as we go. We expect this to be a very engaging project and look forward to co-developing this project with MOQC practices and our POQC members.

In addition to MOQC's work with PAF, POQC is working on creating patient-facing materials related to financial navigation and education. Please see the POQC-created flyer on COBRA.



## UNDERSTANDING COBRA

(The Consolidated Omnibus Budget Reconciliation Act)



**If you lose your health insurance at work, you may have several options for health insurance. COBRA is one of those options. COBRA allows you to keep the same health insurance you had at work, for an additional period of time.**

**You may qualify to keep your health coverage with COBRA**

If you've lost your job, had your hours reduced, or experienced other qualifying events there are options available to workers and their families to maintain health coverage, including the Consolidated Omnibus Budget Reconciliation Act, or **COBRA**.

**Pros:**

**Coverage:** you and your family can keep your providers for 18 to 36 months

**Time:** you have up to 60 days after leaving your job to elect COBRA coverage which gives you time to look through new plans and select one while still being covered

**Medications:** drug costs or copays will remain the same

**Choice:** many states have mini-COBRA laws that allow additional benefits with your coverage

**Cons:**

**Cost:** you must pay all of your old premium, including the part your employer once covered plus administrative fees

**Expiration:** COBRA plans end after a specific time, and you must pay attention to the deadlines

**Inflexibility:** if you are late on any COBRA payments, your coverage will end

**Effects from Medicare:** If you are eligible for Medicare and sign up for COBRA, you may face late enrollment penalties if you want Medicare coverage in the future. Your COBRA benefits will cease at age 65 if you become eligible for Medicare while on COBRA

### COBRA Deadlines to Know

The 60-day COBRA selection window begins on the later date of your qualifying event or the date you receive an employer notice.

The 45-day period to make your first COBRA premium payment, and the 30-day period to make each additional COBRA premium payment.

The 60-day period that employees must notify the plan of a COBRA qualifying event or a determination of disability; and

The plan administrator must provide notice to the employee of the ability to keep their health insurance through COBRA. Typically, they have 44 days from the qualifying event.

### How to sign up for COBRA Coverage

- The employer, within 45 days of the qualifying event, must send you a COBRA election form
- Review the election notice, which will include plan options and prices
- The plans and coverage must be identical to the coverage offered to other employees
- If you elect to enroll, complete the form and return it within 60 days

**Benefits through COBRA are a temporary solution. You may want to consider researching a long-term insurance, or compare and shop for insurance coverage through the Affordable Care Act marketplace.**

**MOQC**  
MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM

**QUESTIONS?**  
<https://moqc.org/>  
[moqc@moqc.org](mailto:moqc@moqc.org)





## Meal Delivery Update

MOQC and Healthy Behavior Optimization for Michigan (HBOM) have partnered to bring a meal delivery pilot forward, addressing food insecurity in patients undergoing cancer treatment. With input from POQC, this program was named “Comfort Cuisine: Delivering care one meal at a time”.



**COMFORT  
CUIsINE**  
Delivering care one meal at a time

MOQC will work with a site from each region in medical oncology and one gynecologic oncology site to identify 50 patients and their caregivers who are food insecure to participate in a four-week quality improvement program. Patients who meet criteria will receive up to 14 meals per week for 4 weeks, along with nutrition education materials, and community support resources.

The purpose of this pilot is to:

- Increase access to nutrient-rich foods for individuals with cancer.
- Support adequate nutrition intake throughout cancer treatment.
- Promote overall well-being.

POQC members have worked with MOQC and HBOM throughout the vendor selection process to sample the meals and provide feedback. The selected meal vendor, Mom’s Meals, will deliver the ready-to-eat nutrient-dense meals that are high in energy and protein to meet the needs of patients undergoing treatment. Menus can also be modified to fit the specific nutrient needs of your patients. Mom’s Meals has assured us they can deliver to any address in Michigan by utilizing UPS and FedEx along with their own delivery vehicles.

Sustainability is always top of mind, and MOQC and HBOM hope to demonstrate the impact of this program to third-party payers and increase community resources around food access. Mom’s Meals works with Medicaid, Medicare, and private insurance companies to provide meal assistance to those in need. Educational resources will also be developed and provided to help with side effects that may affect nutritional status throughout cancer treatment and community resources for food access.

Contract negotiations and the institutional review board review have been completed and we’ll be reaching out to sites who have expressed interest with next steps.

## MOQC Excellence in Quality Certification Pathway

MOQC is gearing up to provide a certification pathway for practices, starting in 2024. Blue Cross Blue Shield of Michigan has agreed to offer a generous 12% Value-Based Reimbursement (VBR) opportunity for those practices that achieve the criteria in the certification pathway.

Feedback from our practices, both via task force participation and through feedback during the open comment period, has yielded a robust and comprehensive set of eligibility criteria for certification. If your practice reaches the goals set forth by the criteria below, you can be confident that you are providing quality care to people who have cancer and to their caregivers.



MOQC practices will successfully achieve certification by satisfying these criteria below.

1. In 2024, reach targets on at least 80% of these MOQC certification measures AND submit an action plan for any measures for which targets are not met.
2. Schedule a site visit for certification during 2024. During the site visit your practice will be evaluated according to multiple facets of ideal quality care.

MEASURE NUMBER	MOQC CERTIFICATION PATHWAY MEASURES
101b	Tobacco cessation counseling administered, or patient referred in past year
111	GCSF administered to patients who received chemotherapy for non-curative intent (lower score – better)
115	NK1RA & olanzapine for high emetic risk chemotherapy
126c	Enrolled in hospice for over 30 days
<b>130</b>	<b>Beginning a new anti-cancer regimen within 14 days of death (lower score - better)</b>
<b>129</b>	<b>Palliative care consultation more than 90 days before death</b>
<b>103</b>	<b>Designated advocate documented on a legally recognized document in the inpatient or outpatient record</b>
123	Days from debulking surgery to chemotherapy (Gyn Onc only)
116	Median opioid prescribing (meas. as oxycodone tablets, equiv) following surgical procedure (Gyn Onc only)

\*BOLDED MEASURES ARE NEW MEASURES

Stay tuned for more details, especially regarding site visit evaluation criteria, which will be published in the VBR fact sheet for payout in 2025. Blue Cross Blue Shield of Michigan will publish VBR fact sheets closer to the beginning of 2024 and MOQC will share that information as soon as it is available.

We are excited to partner with you as your practice pursues certification. If you are already providing the highest quality care, let's recognize that and celebrate together! If you still have some work to do, we will be happy to provide resources and support. And for everyone, we continue to expect and foster perpetual advancements in quality improvement so that people with cancer can access the best care.





## Cancer Drug Repository

YesRx partners with practices to receive medication donations from patients and to provide donated medications to patients at no cost.

YesRx is a charitable organization founded to improve medication access and decrease medication waste. The YesRx Network is an interconnected system of cancer drug repository (CDR) programs at healthcare sites located across Michigan. The CDR programs collect patient cancer medication donations and/or dispense cancer medication from CDR inventory to patients in need. The medication available across the YesRx Network CDR can be viewed at [www.yesrx.org/availablemedication](http://www.yesrx.org/availablemedication). There is no fee for your practice to participate in the YesRx Network. YesRx is here to help your practice take part and offer this to your patients.



LEARN MORE

VISIT [YESRX.ORG](http://YESRX.ORG) OR CONTACT:

**Emily Mackler, PharmD, BCOP**  
[emily@yesrx.org](mailto:emily@yesrx.org)  
734-395-3855

**Siobhan Norman**  
[siobhan@yesrx.org](mailto:siobhan@yesrx.org)  
734-904-5198

**Farah Jalloul, PharmD, MBA**  
[farah@yesrx.org](mailto:farah@yesrx.org)  
313-766-3151

# 2024 MEETING SCHEDULE

## MED-ONC BIENNIAL MEETINGS

**January Biannual Meeting**  
Jan 19: 9 am – 3:30 pm **VIRTUAL**

**June Biannual Meeting**  
Jun 21: 10 am – 4 pm **IN-PERSON**  
St John's Resort  
44045 Five Mile Rd.  
Plymouth, MI 48170

## GYN-ONC BIENNIAL MEETINGS

**Spring Meeting**  
May 3: 9 am – 3 pm **IN-PERSON**  
Inn at St. John's  
44045 Five Mile Rd  
Plymouth, MI 48170

**Fall Meeting**  
Fall 2024: 9 am – 3 pm **IN-PERSON**  
TBD

## MED-ONC REGIONAL MEETINGS

**Central Michigan (CMG)**  
Apr 15: 6 – 8 pm **IN-PERSON**  
The Conference Center at SVSU  
7400 Bay Rd  
Saginaw, MI 48604  
Nov 11: 6 – 8 pm **IN-PERSON**  
H Hotel  
111 W Main St  
Midland, MI 48640



## Lake Michigan Oncology (LMOR)

Apr 1: 6 – 8 pm **IN-PERSON**

DoubleTree by Hilton Hotel  
Grand Rapids Airport  
4747 28th St. SE

Grand Rapids, MI 49512

Oct 28: 6 – 8 pm **IN-PERSON**

Kellogg Hotel and Conference Center  
219 S Harrison Rd.  
Lansing, MI 48824

## Metro East (ME)

Mar 27: 6 – 8 pm **IN-PERSON**

Oct 23: 6 – 8 pm **IN-PERSON**

Detroit Marriott Troy

200 W. Big Beaver Rd.

Troy, MI 48084

## Superior – East

Apr 25: 6 – 8 pm **IN-PERSON**

Oct 10: 6 – 8 pm **IN-PERSON**

Courtyard by Marriott at

Victories Square

1866 Mkwā Place

Petoskey, MI 49770

## Superior – West

Apr 24: 6 – 8 pm **IN-PERSON**

Oct 9: 6 – 8 pm **IN-PERSON**

Hampton Inn Marquette Waterfront

461 S Lakeshore Blvd

Marquette 49855

## West of Woodward (WOW)

Apr 10: 6 – 8 pm **IN-PERSON**

St John's Resort

44045 Five Mile Rd.

Plymouth, MI 48170

Nov 6: 6 – 8 pm **IN-PERSON**

Eagle Crest Conference Center

1275 S. Huron St.

Ypsilanti, MI 48197

**VIEW & REGISTER AT:**

[www.moqc.org/events](http://www.moqc.org/events)



VIEW EVENTS

## MOQC Members

## Participating Sites: Palliative Radiation Therapy Project

### Med Onc Locations



### Gyn Onc Locations



### Hospice Locations



### Palliative Radiation Locations

