

MOQC NEWS

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

SUMMER 2022



From the Program Director

Thanks to all who attended the Biannual Meeting. We had great participation—thank you all for your contributions. Please take a few moments to read through this newsletter whether or not you were able to make it to the meeting.

For this newsletter, I thought I'd share one of the themes that our team has been considering a great deal as we move forward to center equity. It is hard to ignore racial, ethnic, economic, and geographic differences in access to cancer care and quality of care across our country and worldwide. In addition, other groups, including immigrants, sexual and gender minoritized people, people with disabilities, and elderly people, all face unique challenges. Of course, we all have multiple identities, and people can belong to more than one group at risk for worse outcomes. The concept of intersectionality refers to the fact that people and communities may have membership in two or more groups that are historically granted less power. For example, someone with a disability who is from a racial minoritized group is at particular risk of worse cancer and other health outcomes. In addition, it is possible to belong to a group that holds power and to a group that is disempowered.

As we identify opportunities across the state to improve equity, we hope to be particularly aware of this concept of intersectionality and its implications for our patients and their families. Let us know if you have ideas to share about how best to serve the people with cancer in our state and stay tuned for more information on our equity initiatives. In addition, if you want to learn more about intersectionality, email me for a selection of articles and podcasts.

We are so grateful for your commitment to high quality and equitable care for everyone in Michigan.


Dr. Jennifer Griggs

Program Director

POQC Welcomes New Members

MOQC's Patient and Caregiver Quality Council (POQC)'s Recruitment and Retention Workgroup (formerly the Recruitment Workgroup) has been hard at work recruiting new members. Eight new members joined the Council in Quarter 1, 2022 and two new members joined in Quarter 2, 2022, bringing the membership of POQC to eighteen total members.

A huge welcome and thank you goes out to:

- | | |
|------------------------|-----------------------|
| • Rachael Christianson | • Chris Polasky |
| • Steve Clark | • Rosanne Prucka |
| • Michael Dudley | • Mia Smith |
| • Beth Fisher-Polasky | • Christine Stockdale |
| • Jennifer Nagy | • Matt Ward |

This expansion makes it possible for representation of more patient and caregiver populations within Michigan to have voices that are heard and included in quality improvement efforts for cancer care. The heart of what makes MOQC valuable and impactful has always been informed by patient, survivor, and caregiver leadership and service. Recruitment of medically underserved and minoritized members increases awareness of challenges to high quality care among patients at all levels of the collaborative. Amplifying the experiences of POQC members and paying for their time and expertise has been essential in honoring that experience and paying respect. Quality improvement should be applicable to all people who have experienced cancer.

POQC members attend and actively participate in all collaborative decision-making meetings hosted by MOQC, including the Steering Committee, the Measures Committee, all task forces, all advisory boards, and biannual and regional meetings. POQC members are also invited to monthly team meetings of the coordinating center.

For more information about POQC, please contact us at moqc@moqc.org

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

Updates and Highlights of the Website

Check out the MOQC website at www.moqc.org to see an updated look! On the MOQC website, you can find details on initiatives, meetings, resources, and so much more.

The Patient and Caregiver tab is a new section with information on Centering Equity and Patient and Caregiver Resources. Centering Equity currently showcases the work of the POQC Workgroup Black Voices on Gynecologic Cancer: Understanding Experiences (BVOGUE). The purpose of BVOGUE is to describe the lived experiences of Black people who have experienced gynecologic cancer. Under Patient and Caregiver Resources, you'll find ovarian cancer resources along with a new search engine created by the POQC Patient and Caregiver Resources Workgroup that compiles local and national resources available to clinicians, patients, and caregivers to help find answers, guidance, and provide support.

Other additions to the website include an opioid calculator to assist with prescribing opioids for gynecologic oncology patients and steps on obtaining Maintenance of Certification (MOC) credits. Physicians can obtain up to 90 MOC points through MOQC!



The virtual edition of the MOQC Newsletter also has a new, interactive layout. Check it out under the News & Events tab.



Please share these MOQC updates and resources with your teams, patients, and caregivers. You can also keep up with MOQC on Twitter and LinkedIn!



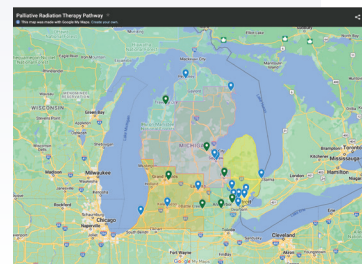
Palliative Radiation Pathway

TREATMENT PATHWAY: PALLIATIVE RADIATION FOR ONCOLOGY PATIENTS WITH BLEEDING ON HOSPICE

The goals of hospice are to maintain or enhance the comfort, independence, and quality of life for patients who have a life limiting disease such as cancer and an expectation of six months or less to live. These goals are achieved by reducing burdensome, unnecessary healthcare interventions for the patient and their caregivers and family. Michigan Oncology Quality Consortium (MOQC), in collaboration with hospice medical directors and radiation oncologists across the State of Michigan, developed a framework to guide the care of hospice patients who could benefit from palliative radiation oncology treatment.

With the help of the palliative radiation workgroup, consisting of physicians, radiology oncologists, and hospice providers, MOQC defined the criteria for providing uniform and appropriate palliative radiation for selected oncology patients who are enrolled in hospice. MOQC described a mechanism to refer and treat a subset of hospice patients to radiation oncology for treatment, while minimizing the financial and care burden to oncology practices, hospices, and patients/families. Radiation therapy can be an effective palliative treatment for cancer-related symptoms such as pain, bleeding, and airway obstruction. Hospice physicians and radiation oncologists have significant alignment with treatment planning and care in providing symptom management for this population. The treating physician must provide care based on relevant and presenting information to determine the propriety of any specific treatment pathway or course of action.

Radiation oncologists in 19 practices across the state agreed to high value radiation treatment (focused level 3 consultation, complex isodose planning, and single fraction treatment). Eligible patients may be seen via virtual consultation and then treated within 1 to 2 days with a single fraction of 8 Gy. A second fraction can be given in patients who continue to have bleeding. MOQC established direct connection to members of the collaborative whose contact information is available at <https://moqc.org/initiatives/clinical/palliative-radiation-therapy-pathway>.



Bye Round Criteria

If your practice is interested in taking a bye round for one abstraction round, please reach out to your regional project manager in advance of that round. Below are the criteria that allow a practice to take a bye round for data submission and some criteria that do not qualify for a bye round.

REASON	ELIGIBLE FOR BYE?	NOTES
Changing electronic medical record	Yes	
No physician due to leave/turnover	Yes	
Office moving	Yes	
No abstractor available	No	MOQC will abstract
No one available to pull patient list	No	MOQC will meet with practice and assist

Biannual Summary

MOQC was thrilled to welcome the collaborative back for the first in-person meeting in over two years. The June Biannual meeting, held at the Lansing



Center in Lansing on June 17, was well attended and the engagement was terrific. In addition to sharing MOQC measure performance, there were impactful talks on patient reported outcomes, activism in healthcare, and the important role of caregivers in oncology care.

Dr. Christopher Frieze, MOQC's Director of Patient-Reported Outcomes (PROs) presented on the background of PROs including what they are, why they are important, and what MOQC has previously done related to collecting PROs. The talk referenced research looking at the impact of PROs on survival as well as discussed different domains that can be captured by PROs, including symptoms, patient satisfaction, and social needs. Following the presentation, panel participants included Tracey Cargill-Smith, Katie Sias, and Theresa Zatirka, who were given the opportunity to share their personal experiences as well as their expert opinions on PROs, their importance, and the challenges that accompany collecting PROs in oncology care. A video interview between Dr. Frieze and Dr. Alexandra Chong from The Center for Medicare & Medicaid Innovation (CMMI) was also shown. Dr. Chong shared that CMMI is interested in the collection of PROs and that benefits of PROs collection includes improvements in healthcare outcomes such as increased survival rates, better symptom management, and improved hospitalization rates. Following the panel, engaging conversation ensued among attendees during discussion sessions at each table.

During a segment we titled, "The Clinician as Activist," Dr. Jerome Seid was interviewed by Dr. Jennifer Griggs and discussed his time spent in Washington DC and the process of introducing legislation. Dr. Seid shared ways that physicians and practice members can get involved in or support policy making. The two bills that he developed are S.2565 - Expanding Access to Palliative Care Act and S.2566 - Improving Access to Transfusion Care for Hospice Patients Act of 2021. Both bills were introduced by Jacky Rosen in July 2021 and are currently in review at the Committee on Finance. The bills have bipartisan support.

The day ended with an impactful discussion on the important role of the caregiver throughout a patient's cancer journey. Dr. Laurel Northouse provided an introduction discussing evidenced-based information on how effective caregiving provides better outcomes to patients and families, the importance of good communication, and how to effectively support caregivers. Panelists Beth Fisher-Polasky, Cynthia Koch, Jenny Moeller, and Dr. David Smith discussed the relationship between patients, caregivers, and the medical team, challenges faced when working with the medical team or caregivers, resources required by both caregivers and medical teams to promote a successful partnership in care, barriers to good communication, and working with diverse patient and caregiver populations.

To view recordings of the biannual meeting please visit the MOQC website at <https://moqc.org/resources/past-meeting-library/>.

MOQC Team

Jennifer Griggs, MD, MPH, FACP, FASCO
Program Director

Chris Frieze, PhD, RN
Director, Patient-Reported Outcomes

Emily Mackler, PharmD, BCOP
Director, POEM

Shitanshu Uppal, MD
Director, Gyn-Oncology Initiatives

Keli DeVries, MSW
Program Manager

Vanessa Aron, BA, RYT
Senior Project Manager

Heather Behring, BSN
Clinical Data Abstractor

Dave Bolen, BA
Administrative Specialist

Ashley Bowen, MS, RD
Senior Project Manager

Arielle Davidson
Pharmacy Intern

Kleanthe Kolizeras, BS
Clinical Data Abstractor

Manlan Liu, MS
Data Manager

Cindy Michalek, BBA
Clinical Information Analyst

Ermili Potka, BS, RT(T)
Clinical Data Abstractor

Beth Rizzo, MPH
Clinical Research Project Manager

Heather Rombach, RHIT, CTR
Clinical Data Abstractor

Mariem Ruiz Martínez, MBA
Senior Project Manager

Natalia Simon, MA, MBA
Senior Project Manager

Deborah Turner-Smith, BS
Clinical Data Abstractor

Shayna Weiner, MPH
Project Manager

Shawn Winsted, RT(R)(M)
Clinical Data Abstractor



Learn more
about the
MOQC Team

Patient Story

THE UNWANTED EXPERTISE, BY AMANDA CROWELL ITLIONG

When I was first diagnosed with borderline and then low-grade ovarian cancer, I went to the Stanford medical library and found that there was nothing exactly relevant to read about what was going on in my body. Luckily, I've lived long enough to see that change. I've even been able to be part of the science.



Cancer means a lot of unwanted, scary, and at times, secret changes. I went from being an expert and a success story in my beloved career in leadership and service to “just a patient with disability.” The seemingly unshakeable friendships disappeared. “In sickness and in health” does not always apply to the reality of cancer. As such, a divorce becomes a nasty little secret that cancer patients often keep to themselves.

Most people who have known me my whole life would characterize me as “intense.” I call myself a recovering overachiever perfectionist. However, facing life and death issues can bring on a different level of intensity. There is an urgency associated with being a cancer peer, advocate, researcher, and healthcare advocate. After 13 years since my first diagnosis, 3

recurrences, 9 years of active treatment, 6 surgeries, more treatments than I care to count anymore, 2 clinical trials, and receiving care in 6 major hospitals, I carry my story forward and represent so many who have died before me. Those personal stories are with me in my heart and often on my tongue every single day, fueling the work I do. I hope some of you will carry my story and share what I would have wanted or needed when I am dead too.

Twice my life shifted to death mode when I was told by the most talented and caring oncologists that there were no treatment options left for me. Both times I found a hopeful clinical trial where my participation would help science and future patients. I thought that perhaps they would change my life too. They did, although sometimes not in the way I had anticipated. The first trial meant open bleeding wounds on my face that I had to peel off my pillow every morning. Movies would make you believe cancer means being skinny and bald. The reality is that you can gain weight or look like an extra from *The Walking Dead*. No one is ever ready for this. I haven't looked like myself in almost 15 years. The current clinical trial out of state has brought more changes, in me having to fight for reimbursement of “reasonable” expenses, like the Ohio turnpike toll. Having to argue about the “reasonability” of expenditures with people who never met any clinical trial participant sick enough to even qualify for it is a brutal experience. This unwanted expertise makes me want to not just change the healthcare system but rebuild it from scratch. The new design would create a partnership between the patients who have not had a voice before and the incredible healthcare workers who have novel ideas for the future state, centered on “care.”

A step in the right direction is MOQC's focus on the Patient Reported Outcomes (PROs). It is an opportunity to make some exciting changes in how physicians and patients work together. I would like to see the initiative enable us to become more flexible and more responsive to the patient's concerns and needs. One of my biggest worries as a patient often with different, complicated issues, is making sure my priorities are heard and followed up. As a patient with a lot of complications, I often find myself having to say: “Is this really a priority? Is it a priority because the system tells us it is? Is this a box that needs to be checked? On what should I focus my limited energy this month: brain tumors, thyroid nodules, the strangeness in my right breast, or the ovarian cancer tumor that is strangling my sigmoid colon?” When it comes to the quality of life, or the life-or-death situations, every problem with my body cannot always be the most important issue. I hope you join MOQC in identifying and using PROs to change how physicians and patients communicate for the better. That would be a very wanted expertise we can gain.

Remembrance of Cindy Straight

It is with a heavy heart that MOQC lost one of our beloved abstractors, Cindy Straight, February 24, 2022, to her courageous battle with cancer. We celebrate all that Cindy gave the medical world and to others around her with this tribute.

Cindy had a meaningful and impactful career, contributing her skills and knowledge to multiple roles across several health systems. She completed her bachelor's degree at Madonna University, and after working at Mt. Carmel Mercy Hospital, went on to earn an associate degree in Radiologic Technology.

She worked as a Business Health Manager of Satellite Operations at Henry Ford Health System's Horizon Family Medical Center and later joined the Millennium Medical Group in Westland as an Administrator. In 2010, Cindy joined the University of Michigan Cancer Center with a leadership role as a Clinic Coordinator in the clinics for GI and Head and Neck cancers. It was there that she began working on projects with the Michigan Oncology Quality Consortium.



We are so fortunate
to have had the
opportunity to
work alongside her.

Cindy joined MOQC full time in 2018 as a Clinical Data Abstractor, working to improve patient quality of life and care across the State of Michigan. She was engaging with our practices, physicians, and our Patient and Caregiver Oncology Quality Group (POQC). Cindy was hardworking and compassionate, and she motivated others to do their best. She never hesitated to speak up when she knew it would benefit other team members or the consortium.

We already miss hearing Cindy's stories about her love of life on the farm, raising various animals, taking care of and riding horses, and her favorite pet parrot, Chuck. She talked about fun trips she had taken across the country with her beloved parents, friends, and coworkers, and often shared about her love of cars (and how to properly care for them) and shoes, her love of various restaurants and cuisines, and her favorite television shows and movies.

May Cindy's memory be eternal. We are so fortunate to have had the opportunity to work alongside her. Cindy will forever be remembered within MOQC.

MOQC Practice Awards

MOQC is pleased to present awards to practices and practice members who exemplify our core values:



TRUST & INTEGRITY

Our reliability, transparency and openness 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.

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

For more information about Practice Awards, see the newsletter on the [MOQC website](#).



Bronson Cancer Center



Spectrum Health



Sparrow Health System, Melissa Steller



Great Lakes Cancer Management Specialists,
Jerome Seid

MOQC MEETINGS 2022 SCHEDULE

MED-ONC REGIONAL MEETINGS

Superior – West

Oct 12: 6:00 – 8:00 pm IN-PERSON
Hampton Inn Marquette Waterfront
461 S Lakeshore Blvd, Marquette 49855

Superior – East

Oct 13: 6:00 – 8:00 pm IN-PERSON
Village at Bay Harbor
4000 Main Street, Bay Harbor, MI 49770

Metro East (ME)

Oct 26: 6:00 – 8:00 pm IN-PERSON
Detroit Marriott Troy
200 W. Big Beaver Rd. Troy, MI 48084

Lake Michigan Oncology (LMOR)

Nov 1: 6:00 – 8:00 pm IN-PERSON
Lansing Community College, West Campus
5708 Cornerstone Dr., Lansing, MI 48917

West of Woodward (WOW)

Nov 9: 6:00 – 8:00 pm IN-PERSON
Eagle Crest Conference Center
1275 S. Huron, Ypsilanti, MI 48197

Central Michigan (CMG)

Nov 14: 6:00 – 8:00 pm IN-PERSON
Horizons Conference Center
6200 State Street, Saginaw, MI 48603

GYN-ONC BIENNIAL MEETING

Oct 1: 11:00 am – 2:30 pm IN-PERSON

Michigan League
911 N. University Ave. Ann Arbor, MI 48104
(Aligned with HAGO Conference)

MED-ONC BIENNIAL MEETINGS

2023 Dates

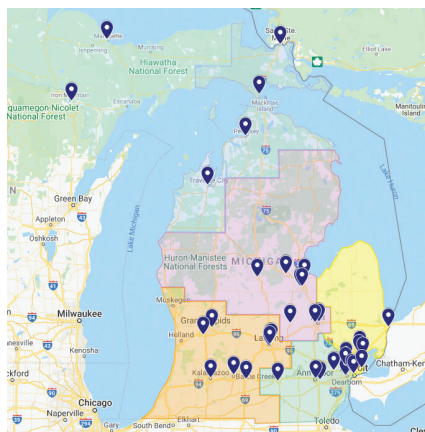
Jan 20: 10:00 am – 4:00 pm IN-PERSON
Inn at St. John's
44045 Five Mile Road, Plymouth, MI 48170

Jun 16: 10:00 am – 4:00 pm IN-PERSON

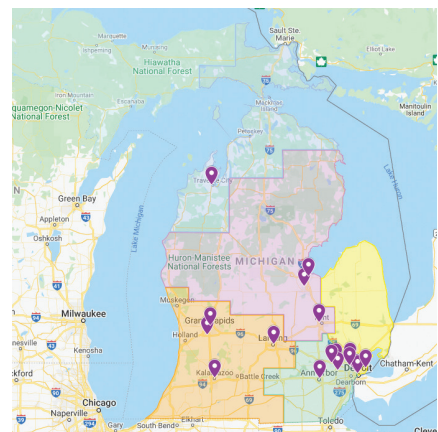
The H Hotel
111 W. Main St., Midland, MI 48640

MOQC MEMBERS

Med Onc Locations

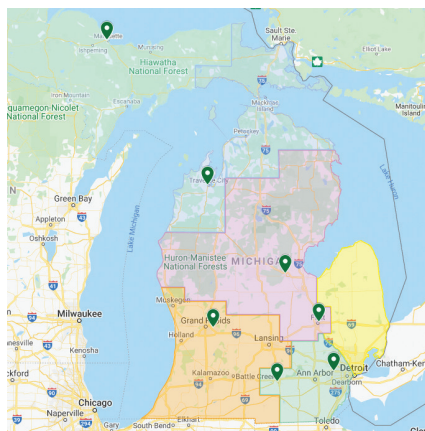


Gyn Onc Locations

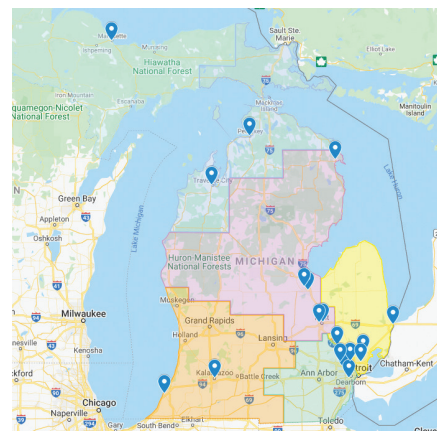


PARTICIPATING SITES: PALLIATIVE RADIATION THERAPY PROJECT

Hospice Locations

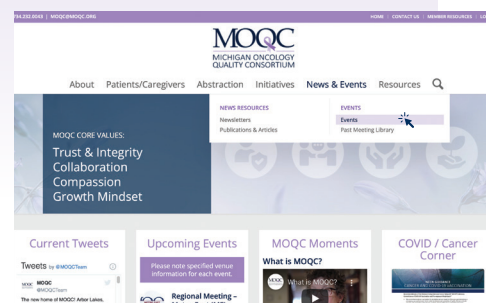


Palliative Radiation Locations



**VIEW & REGISTER FOR
ALL MEETINGS 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.



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