

MOQC NEWS

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

FALL 2021



Dr. Jennifer Griggs
Program Director

From the Program Director

Thank you for checking out our Fall 2021 newsletter. We have a lot of news inside, so please keep reading. We are delighted that Keli DeVries, LMSW joined our team as our Program Manager at the end of June. Keli brings her experience as a clinical social worker and leader to our team and after only a few months, we feel like she's been with us forever. Her leadership style is a perfect fit for our team, and I know that you will enjoy getting to know her. We also need to share that Nicole Timmerman, Samkeliso (Sam) Beusterien, and Jisha Panicker have left MOQC for the next

chapters in their lives and will be missed by us and by those of you who know these gifted senior project managers. Recruiting is underway and we will announce new team members soon!

As you'll see from Dr. Mackler's letter, we continue to center equity in our strategic plan. We are hoping that we will be able to have complete data on patients' self-reported race and ethnicity so that we can begin to determine whether or not we have demonstrable disparities in the treatment of minoritized patients across the state. Our website has resources to help you collect race and ethnicity in a patient-centered way.

As we move to our new data vendor, we hope to have a greater number of patients in our database. This will allow us to have more confidence in our data. Cindy Michalek, Heather Behring, Kleo Kolizeras, and Ermili Potka, our MOQC abstraction team, will be working with your practices to decrease the burden on your practice while generating data that we can trust as we continuously strive to improve care across Michigan.

You may be wondering what will happen to the QOPI database after 2022. I've answered some of the questions we have been hearing further on in this newsletter.

Ovarian Cancer Education

The Ovarian Cancer Education Podcast has released four episodes: *New Diagnosis*, *Treatment Options*, and *Chemotherapy Parts 1 and 2*. It has received over 1,000 downloads! Future episodes will be forthcoming, including *Clinical Trials*.

MOQC's first short educational ovarian cancer videos have been completed: *Side Effects of Chemotherapy* and *Ports*. Look for *What to Expect After Debulking Surgery* and *Course vs. Cycle vs. Regimen* to be released shortly.

Educational videos can be found at www.ovariancancerpodcast.com.



Dr. Mackler's Update

How can we use quality improvement to help us achieve our goal of reducing disparities in cancer? Additionally, how do we make sure the quality improvement work we do doesn't create further disparities in care? These questions have been front and center for our team as we begin planning for the next year.

First, as we begin to focus more on the use of patient reported outcomes, we have the phenomenal chance to hear directly from our patients and identify those who need additional care and follow up. We can further our goals of having the patient centered in their care—both in the practice where they received their care and more generally by informing the consortium as a whole.

Second, we have a wonderful opportunity as we transition to a new database to collect and measure the data that will inform these questions. We're excited to see if the improvements we make are showing the same degree of positivity for medically underserved populations. If they aren't, we have even more opportunity to work together to minimize this gap.

Finally, our partnership with the Michigan Institute for Care Management and Transformation (MICMT) has allowed us to enlist all members of the care team by supporting specialty practices in the use of care management for patients with cancer. I've been so inspired by the interdisciplinary team of physicians, nurse practitioners, physician assistants, pharmacists, nurses, medical assistants, dietitians, social workers, practice administrators, palliative care specialists, financial counselors, and more coming together to support efforts to improve the quality of care the patient receives.

I hope you find this newsletter informative and that you also are as inspired by our practices as I am. I also look forward to being able to see you all in person, despite Zoom being able to keep us connected this last year.



Emily Mackler, PharmD, BCOP
Director, POEM

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POQC Update

MOQC's Patient and Caregiver Oncology Quality Council (POQC) members are leading the way by focusing their expertise on four active workgroups: Caregiver Resources, Financial Resources, Racial Disparities in Gynecologic Cancer, and Recruitment.

The Patient and Caregiver Resources workgroup is developing a catalog with national, state, and local resources based on certain categories, including Support for the Caregiver, Support for the Patient, and Diagnosis or Disease Type.

The Financial Resources workgroup has partnered with Dr. Minal Patel. With her leadership, they are crafting a session for the January MOQC Biannual Meeting to address financial toxicity and financial navigation. The session will offer participants the opportunity to discuss patient cases related to financial navigation. This dialogue will segue into the creation of checklist draft, based on the identified needs of participants.

The Racial Disparities workgroup received a grant from the Cornell Center for Health Equity to study the healthcare experiences of black women with gynecologic cancer. The grant will allow the group to conduct a qualitative, focus-group based study with women from several locations in Michigan, New York, and Illinois.

The Recruitment workgroup is developing a systematic approach to expanding the number of POQC members. POQC has long been interested in representing a broader patient voice by including medically under-served patients and caregivers, as well as patients and caregivers in all minority groups. For more details, see recruitment handouts for Patients and for Practices on the MOQC website.

Practices are always welcome to put forward potential patients or caregivers who are interested in joining POQC. Please contact MOQC project manager Vanessa Aron varon@moqc.org for more information.



The main GLCMS office is located in Grosse Pointe Woods, in the Van Elslander Cancer Center on the campus of Ascension St. John Hospital. The other GLCMS locations are in Warren, MI, Macomb, MI, and Rochester Hills, MI.

Practice Spotlight

ASCENSION ST. JOHN HOSPITAL GREAT LAKES CANCER MANAGEMENT SPECIALISTS

Great Lakes Cancer Management Specialists is the longest established private practice specializing in Hematology and Medical Oncology in Southeast Michigan. The practice's interdisciplinary team of 50 staff members, including 9 physicians, 4 nurses, and 4 advanced practice providers, sees approximately 2,300 new patients annually. The nursing staff are members of the Oncology Nursing Society who are specially trained in the administration of chemotherapy and its attendant effects.

Challenges that Great Lakes practice has faced are as follows: the interoperability of their two EHR systems (Flatiron and OncoEMR) and hindrances in collection and reporting of data. Participation in MOQC provides a non-threatening collegial forum in which to discuss such challenges, compare ideas, share best practices, and become educated.

Because practicing continuous self-evaluation can be challenging without a framework, the Great Lakes practice was on the ground floor when ASCO QOPI was launched in 2006. Under Dr. Jerome Seid's leadership and oversight as MOQC Physician Champion, the Great Lakes team frequently communicates about quality improvement and quality of care. As a result, the Great Lakes practice has consistently demonstrated performance improvements on many MOQC quality metrics.



Dr. Jerome Seid, Great Lakes MOQC Clinical Champion, also serves as a member of the Board of Directors of the Michigan Society of Hematology Oncology.

Dr. Seid joined Great Lakes Cancer Management Specialists in 2000 and has maintained an active role on the staff at St. John Hospital and Medical Center, Beaumont Grosse Pointe Hospital, and Henry Ford Macomb Hospital, where he currently serves as the medical director for oncology services. In addition to his practice duties, Dr. Seid has continued to teach medical students and residents and recently was appointed to the faculty at the new Oakland University, William Beaumont School of Medicine. Currently, as the Medical Director of the Henry Ford Hospice: Macomb Team, overseeing both the inpatient and outpatient activities, he continues to promote and teach the development of palliative care skills to students and staff. Participating in MOQC provides practices with a formal and regionally relevant method, with the additional benefit of collaboration with other practices, as well as value-based reimbursement based on performance. GLCMS aptly demonstrates that objective data can help guide the kinds of interdisciplinary changes needed to improve the quality of oncology care.



GLCMS physicians serve as faculty in the Ascension St. John Hematology Oncology Fellowship, a 3-year combined Hematology & Oncology Program which consists of 13 months of in-hospital clinical rotations, 11 months of elective/clinical rotations, and 12 months of basic or clinical research experience, continuity clinics, planned didactic conferences, and lectures. Hematology Oncology fellows see patients at 1-2 half-day clinics at GLCMS and attend inpatient continuity clinics at the Van Elslander Cancer Center.

New MOQC Team Members Spotlight



KELI DEVRIES, LMSW, MOQC PROGRAM MANAGER

Keli DeVries completed both her undergraduate degree and her Masters of Social Work at the University of Michigan. She began her career as a licensed clinical social worker in the Emergency Department at Michigan Medicine, and eventually moved into social work leadership. After 10 years working in the Department of Social Work and the Department of Care Management, Keli became the Call Center Manager for the Frankel Cardiovascular Center at Michigan Medicine. Throughout her career she has been a champion for diversity, equity, and inclusion for all populations that access or work within health care. Keli has special interest in the well-being of health care professionals and in burnout prevention, which therefore improves the quality of the patient care provided. She hopes that through her MOQC role she can continue to inspire teams to prioritize patient- and family-centered care above all else.

BETH RIZZO, MPH, PROJECT MANAGER FOR MIGHT

Beth completed her undergraduate degree in Health Fitness at Central Michigan University and her Master of Public Health in Maternal and Child Health from Boston University. Throughout her career Beth has focused on chronic disease prevention and early intervention within operational, relationship management, and quality improvement roles in both corporate and non-profit sectors. Most recently Beth worked with Federally Qualified Health Centers (FQHCs) and local health departments throughout southeast Michigan to implement quality improvement efforts promoting improved cancer screening rates and methodologies in addition to managing multiple health equity grant projects around metro-Detroit for the American Cancer Society. As the Clinical Research Project Manager for the MiGHT project Beth is excited to collaborate with internal and external partners to support life-saving cancer research projects through Michigan Medicine and MOQC. Outside of the office Beth's family is central in her life with any additional free time spent reading, jogging, and getting her hands dirty - in the garden or the pottery studio.



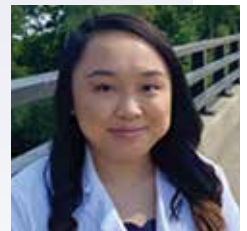
BRIAN BLAESING, MOQC INTERN

Brian Blaesing completed his Associate's Degree in Broadcast Media Arts at Washtenaw Community College with a concentration on production and engineering. He has been working with MOQC as an intern, focusing his time on the Ovarian Cancer Education Podcast. In his spare time, he produces and records music, exercises and plays a fair share of games (both video and real life). Brian hopes to learn more about how MOQC operates and hopes to meet some practices when in-person work comes back. The picture of Brian is of him playing guitar on a friend's rooftop in Ann Arbor, Michigan.



LENDY CHU, MOQC INTERN

Lendy Chu graduated from Harvard University with a Bachelor's in Human Developmental and Regenerative Biology and went on to earn her Master's in Public Health with concentrations in Epidemiology and Biostatistics and Human Rights, Social Justice, and Health Equity from the Boston University School of Public Health. Upon graduation, she worked as an epidemiologist at the Institute for Community Health, where she conducted data analysis and program evaluation on community health projects centered around quality improvement and equity. She is currently a second-year medical student at the University of Michigan Medical School.



Lendy is excited to join the MOQC team, where she will be working on her capstone project on improving data collection of race, ethnicity, and language of care across MOQC practices. In her spare time, Lendy enjoys cooking, rollerblading, and working on different arts and crafts projects.

SHEA HOWE, MOQC INTERN

Shea began working with MOQC as a Summer Intern in May of 2020 and returned this year to continue her work with the team. After recently graduating with her Bachelor of Science degree in Public Health from George Washington University, she will begin the Masters of Public Health in Health Policy program at GWU this Fall. While at MOQC, Shea has focused on equity and promoting inclusivity and harm reduction in family health history tools. She is excited to be a part of the MOQC team and supporting its equitable mission to improve cancer care for all Michigan residents. In her free time, Shea loves yoga, going on walks, hiking, and exploring Washington DC's museums and activities.



Quality Project: Update

TOBACCO CESSATION PROGRAM

Smoking tobacco is a chronic, relapsing condition. As described in the article - "COVID-19 and the 'Lost Year' for Smokers Trying to Quit," it was disheartening although not unexpected that smoking cessation was a challenge nationally in 2020. This was reflected in reductions in Quitline call volumes and clinician referrals. The MOQC Tobacco Cessation Initiative has delivered steady performance improvement across Michigan since 2014. It is notable that MOQC practices performed well above the national QOPI average, even as COVID-19 caused disruptions in care, cancellations of follow up visits, and shortening of appointments for cancer survivors.

As a reminder, any patient with cancer is eligible to receive the following free services after signing up with the Quitline:

- Free nicotine replacement therapy if not covered by insurance
- Free behavioral modification telephonic counselling and follow up, including text messaging

The following are some of the tobacco cessation materials that are available on the MOQC website <https://www.moqc.org/resources/tobacco-cessation/> or that can be ordered for your practice:

- Scripts for medical assistants and front-office/check-in/check-out staff to use when discussing smoking cessation with patients
- Office and examination room posters
- Smoking cessation video that can be played in waiting area or on tablets

Your leadership and partnership with MOQC on this initiative is curbing tobacco use across Michigan, and improving patient outcomes.



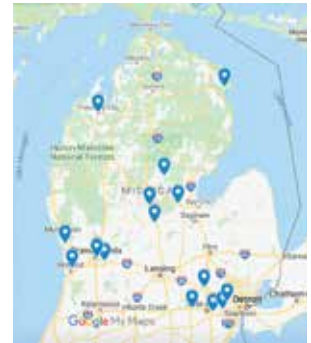
Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM):

Our team is expanding, as is our clinical focus. We currently have 4 Clinical Pharmacists providing care to 14 sites across the State. Another 2 pharmacists are joining the team this fall. In addition, we presented outcomes from one of our first participating practices at the American Society of Clinical Oncology (ASCO) Quality Symposium in September 2021. In this abstract, the POEM pharmacist's role in Oral Anticancer Agent (OAA) management resulted in a significant decrease in time to patient follow-up after starting OAA therapy.

Clinical areas our team is currently focusing on are OAA management, immuno-oncology management, and management of gastrointestinal toxicities from chemotherapy. All POEM pharmacists have been heavily involved in providing patient education at their sites.

We're enrolling additional sites for participation. Please see www.moqc.org/poem or contact Emily Mackler, PharmD, BCOP, Director, POEM at emackler@moqc.org if you're interested in participating or learning more.

Participation in the program includes support in hiring the pharmacist and in the opportunity to receive value-based reimbursement.



Health Equity Corner

According to the National Institutes of Health, by 2030, 4 out of 10 Americans will belong to a racial or ethnic minority group. Members of racial and ethnic minoritized groups have higher rates of morbidity and mortality from chronic diseases, including cancer. Despite good faith efforts to deliver quality care, disparities exist in nearly every aspect of cancer care and have an important impact on patients' experiences and clinical outcomes. Unconscious or implicit biases are only one of the drivers of disparate outcomes in health care. In order to effectively deliver care and improve health outcomes it is imperative that healthcare systems address the barriers that give rise to disparities in healthcare settings.

The Agency for Healthcare Research and Equality recently published "Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement," which provided some excellent points that we hope will spearhead conversation. For example, inadequate cancer screening and testing, as well as worse care or worse outcomes have been documented for patients self-reporting as "other" or "unknown" race/ethnicity. More data are needed to understand the barriers affecting the provider-patient relationship, and their impact on health outcomes in oncology. However, gathering the relevant demographic data continues to be a struggle across Michigan and throughout the US.

MOQC's Achieve Equity Committee has been working with the MOQC team to increase team knowledge about disparities, equity, and social determinants of health. An emphasis at the Fall 2021 Regional Meetings is how practices can address barriers to collecting race, ethnicity, and language of care. The regional meetings were a great opportunity to review current methods of patient demographic data collection within each region's practices. A goal of this project will be to propose interventions that assist MOQC practices in standardizing demographic information collection from every patient.

Data Engine Update

TASKFORCE MEMBERS; TIMELINE; PLAN

A huge Thank You! to the task force that met earlier this year to review our potential data vendors. We are currently in the contracting process with a new vendor. The transition to the new database is expected to begin in 2022.

Taskforce members are included below:

- Jennifer Griggs
- Heather Spotts
- Cynthia Fenimore
- Sharon Kim
- Kate Schumaker
- Lucinda Michelin
- Ernie Balcueva
- Llewellyn Drong
- Tom Gribbin
- Tracy Cargill-Smith
- Dave Bolen
- Shayna Weiner
- Cindy Michalek
- Emily Mackler
- Matt Callow
- Heather Behring
- Ermili Potka
- Jisha Panicker
- Kleo Kolizeras
- Heather Somand (consultant)

MOQC will no longer be entering data into the QOPI database beginning in December 2022. What does this mean for your practice?

OUR PRACTICE IS QOPI-CERTIFIED. WHAT DOES THE DATABASE CHANGE MEAN FOR US?

QOPI will continue to accept data for practices that are QOPI-certified and would like to remain QOPI-certified. QOPI certification involves contributing data to the QOPI database twice a year. Some practices request the option to submit data once a year from QOPI. MOQC has been paying for the costs of data abstraction for QOPI-certified practices. After our contract with QOPI ends, we will no longer be paying for abstraction into the QOPI database. Your practice may, of course, continue to participate in the QOPI QCP pathway. Most practices are choosing not to do so. If you have any questions, please reach out to us at www.moqc.org. We understand that this is a big change for QOPI-certified practices.

HOW CAN WE FIND OUT IF OUR PRACTICE IS QOPI-CERTIFIED?

The majority of practices in Michigan are not QOPI-certified. There are currently 16 QOPI-certified practices in Michigan, a higher number than in nearly any other state (in large part due to the sponsorship by BCBSM). This [interactive map](#) will show you which practices are QOPI-certified across the country and in Michigan. In general, because QOPI-certification requires in-person site visits by staff from the American Society of Clinical Oncology, practices are aware if they are QOPI-certified.

MOQC Team

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Beth Rizzo, MPH
Clinical Research Project Manager

Shayna Weiner, MPH
Project Manager

 @MOQCteam

MOQC

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

MOQC Measures Update

2022 MEDICAL ONCOLOGY MEASURES	VBR MEASURE
Chemotherapy intent (curative vs. non-curative) documented before or within 2 weeks after administration	
Oral chemotherapy monitored and addressed on visit/contact following start of therapy	
Tobacco cessation counseling administered or patient referred in past year	
NK1RA & olanzapine prescribed or administered with high-risk chemotherapy	X
NK1RA or olanzapine administered with 1st cycle low/moderate emetic risk (lower is better)	X
Complete family history documented in patients with invasive cancer	
GCSF administered to patients who received chemotherapy with non-curative intent (lower is better)	
Hospice enrollment	X
Hospice enrollment & enrollment within 7 days of death (lower is better)	X
Hospice enrollment for greater than 30 days	
Chemotherapy administered within the last 2 weeks of life (lower is better)	

MOQC MEETINGS 2022 SCHEDULE

MED-ONC BIENNIAL MEETING

January 21 • 10:00 am – 4:00 pm

The Inn at St. John's • Plymouth, Mi

June 17 • 10:00 am – 4:00 pm

Radisson Hotel Lansing at the Capitol •

Lansing, Mi

GYN-ONC BIENNIAL MEETING

April 23 • 9:00 am – 1:00 pm

Location TBD • Lansing, Mi

October 1 • 9:00 am – 1:00 pm

Location TBD • Ann Arbor, Mi

MED-ONC REGIONAL MEETINGS Metro East (ME)

March 30 & October 26 • 6:00 – 8:00 pm

Detroit Marriott Troy

200 W. Big Beaver Rd. Troy, MI 48084

Lake Michigan Oncology (LMOR)

April 4 & November 2 • 6:00 – 8:00 pm

Radisson Hotel Lansing at the Capitol

111 N. Grand Ave. Lansing, MI 48933

West of Woodward (WOW)

April 13 & November 9 • 6:00 – 8:00 pm

Eagle Crest Conference Center

1275 S. Huron, Ypsilanti, MI 48197

Central Michigan (CMG)

April 18 & November 14 • 6:00 – 8:00 pm

Horizons Conference Center

6200 State Street, Saginaw, MI 48603

Superior – West

April 27 & October 12 • 6:00 – 8:00 pm

Hampton Inn Marquette Waterfront

461 S Lakeshore Blvd, Marquette 49855

Superior – East

April 28 & October 13 • 6:00 – 8:00 pm

Bay Harbor

4000 Main Street, Bay Harbor, MI 49770

Registration for all meetings can be found on the landing page of moqc.org or under "Events" at the top of the landing page.

MOQC MEMBERS

Med Onc Locations



Gyn Onc Locations

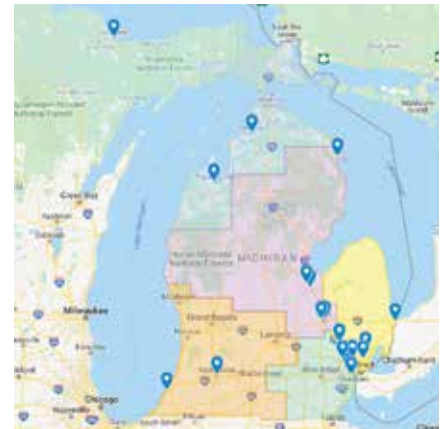


PARTICIPATING SITES: PALLIATIVE RADIATION THERAPY PROJECT

Hospice Locations



Palliative Radiation Locations



VIEW THE COMPLETE MOQC EVENT CALENDAR:

www.moqc.org/events

Due to the evolving COVID-19 pandemic, meetings may be virtual or may be rescheduled. The MOQC Coordinating Center will keep you posted.



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