

## Letter from the Program Director



Dr. Jennifer Griggs  
Program Director

Thank you to all of you who were able to attend our January Biannual meeting at the Inn at St. John's in Plymouth. We had great turnout and participation. If you weren't able to attend and would like to watch any of the presentations, videos of the presentations are available in the Past Meeting Library on our website ([moqc.org/resources/past-meeting-library](http://moqc.org/resources/past-meeting-library)).

The Culture and Faith Panel offered a rich discussion of how to incorporate what is sacred to patient and family care, particularly surrounding important and difficult conversations. Our Panel members and the clinicians who presented their cases offered deep insights into how we can provide the best care for our diverse patient populations.

Our Regional Meetings are coming up (see the schedule later in this newsletter). We will be reviewing practice and regional performance on our new measures and will also have a presentation on palliative radiation therapy in patients on palliative care and on hospice. We are trying to harmonize care across the state and develop a pathway to offer radiation therapy to patients who are eligible for palliative radiation therapy in the most patient-centered way. Please invite your radiation oncology colleagues to these meetings. Remember, continuing education credits are available for physicians, nurses, and social workers.

Deepest thanks to our outgoing Steering Committee members for their service. Please see the the list of our current **Steering Committee members** on our website, including those whom we welcome as new members to the Committee.

We are currently enrolling to a study (Principal Investigator, Chithra Perumalswami, MD, MSc) exploring clinicians' experiences with chemotherapy at the end of life. Your input is extremely valuable. See inside for a full description, and thank you to those who have already participated. This is a wonderful MOQC-wide study to understand an important aspect of care.

As you know, our value-based reimbursement (VBR) measures are currently based on performance on quality measures and attendance at meetings. If you are interested in attending the June Measures Committee meeting (specific date will be announced soon), feel welcome to attend. If you can't attend the Measures Committee meeting, no worries...we'll make sure that we update everyone as soon as these measures are created.

Finally, we are in need of additional members for the Data Integration, Research, and Publications Committee. The workload for the important Committee is minimal, and the impact is great.

And finally (for real this time), check us out on Twitter ([@MOQCteam](https://twitter.com/MOQCteam)) for updates on relevant cancer articles, quality of care updates, and other news from MOQC.

Jennifer Griggs, MD, MPH, FACP, FASCO

## Patient and Caregiver Oncology Quality Council (POQC)

On January 16th, 2020, the day before the first MOQC Biannual Meeting of the year, POQC held their first full day retreat at the Inn at St. John's in Plymouth, MI. Using the power of small groups, the goal was to create opportunities for introverts and extroverts alike to share and shine.

The agenda opened with a session on the successes and challenges of patient and family advisory groups. Moderator Amanda Itliong took attendees through an interactive session centered around best practices that

POQC can utilize to make contributions and positive, sustainable change for MOQC and others.

Following Amanda's session, Kirsten Mowrey led a community grief ritual to help POQC members harvest all of the benefits of the trials and tribulations of their individual journeys with cancer. A safe place was offered to those in attendance to touch upon mutual sorrows and to support one another on their life paths.

POQC's next steps will be to develop 2020 projects and measurable goals that support, nurture, and enhance MOQC's focus on improving the quality of cancer care that patients receive across the State.

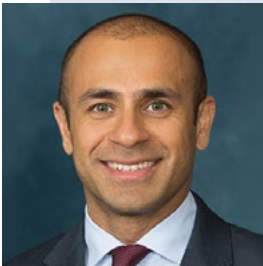
POQC is always looking for more members. If you feel you know someone who might

want to "give back" but has not found an avenue for contribution, let the Coordinating center know. They can organize a conversation between a POQC member and the interested party.

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## Letter from the Program Co-Director



Dr. Shitanshu Uppal  
Program Co-Director

The last few months have been very busy and productive for our team! Let me take this opportunity to update you about some developments within our Initiative:

Late last year, the Michigan Department of Health and Human Services (MDHHS) and MOQC received a grant from the Centers for Disease Control (CDC) to improve the number of people who received care from a gynecologic oncologist with a diagnosis of

ovarian cancer. The State of Michigan, with support from MOQC, will initiate a patient navigator telephone line for individuals with a suspected or confirmed ovarian cancer diagnosis, with the intent to provide educational material, advice regarding their symptoms, and support to establish care with a gynecologic oncologist in cases where diagnosis is confirmed. MOQC will support this work by developing checklists for patients and referring practices to ensure that what is provided reflects guideline concordant care. Our first meeting to develop these materials was held this February in Lansing with a subset of gynecologist oncologists and a nurse practitioner from our practices. Their expertise and insights were greatly appreciated. Finally, we are in the process of developing a podcast series to help patients learn about ovarian cancer. The checklists, podcast series and access to the State's patient navigator will be made available as soon as they are ready for primetime.

Over the course of one year, MOQC has abstracted 352 charts of people with ovarian cancer, when we estimate that 600-700 individuals are diagnosed with this cancer each year. MOQC can approximate the number of people with ovarian cancer under the care of practices that our Consortium does not abstract, the number of individuals Michigan residents in out-of-state practices, and those that succumb to their disease. With this knowledge, MOQC cannot identify approximately 50-100 patients who have been diagnosed with ovarian cancer and where (or if) they received care from a gynecologic oncologist. This is one reason for the support of a funded navigator telephone line. However, even within MOQC gynecology oncology practices, identifying eligible patients with ovarian cancer can be challenging. If you have established a process that allows for easy identification of the medical record of patients with ovarian cancer for abstraction, let us know. Sharing this with practices or hospitals would be a great way to collaborate and minimize the burden of "chart" finding.

Lastly, to improve our practices' compliance with ovarian, cervical and endometrial operative note documentation (our quality project), MOQC has developed an electronic synoptic checklist generator – basically you can cut/paste all required data elements into your operative note. Check it out at [MOQCopnote.org](http://MOQCopnote.org). It is super cool! EPIC dot phrases and pocket laminated cards for documentation stations are available from the Coordinating center at [moqc@moqc.org](mailto:moqc@moqc.org) to support operative note dictation.

*Shitanshu Uppal*  
Shitanshu Uppal, MD

## Partnerships with State of MI: Ovarian Cancer Grant

MOQC has partnered with Michigan Department of Health and Human Services and obtained a grant to improve ovarian cancer patient access and education to gynecologic oncologists. Goals of the project include developing informational checklists for patients and physicians, creating script content for a patient navigator role that a state employee will fulfill, and crafting educational podcast episodes.

On Saturday, February 22nd, a small workgroup consisting of physicians, a nurse practitioner, and MOQC staff met in Lansing to develop these ovarian cancer education and hotline resources. Clips from the completed podcast interviews were also shared for feedback. The workgroup atmosphere was positive and productive, and substantial headway was made on improving the materials and brainstorming additional ideas for the podcast.

It takes voices from every level to create content that can actually make a difference for patients, and we are grateful for all of the effort made by the participants. MOQC would like to extend a special thank you to Patty Davis, NP, from Munson Healthcare as the only non-physician representative for attending the meeting in person.

## Practice Spotlight

**Downriver Oncology Center**  
19727 Allen Road, Suite 12  
Brownstown Twp, MI 48183



The Coordinating center welcomes Mohammed Ogaily, MD, FACP and his hematology oncology practice to MOQC. Dr. Ogaily has over 25 years of experience treating patients with cancer. He obtained his medical degree from the Royal College of Surgeons in Ireland (RCSI), Dublin, IE, completed an internal medicine residency at Albany Medical College, Albany, NY, and a hematology/oncology fellowship at the University of Michigan. He is also an Associate Clinical Professor at Michigan State University and a member of ASH (American Society of Hematology). Dr. Ogaily is on staff at Henry Ford Wyandotte and at the Beaumont downriver hospitals, which are conveniently located to his Brownstown office location. When he is not taking care of his patients, he loves to spend time with his family.

## Clinical Champions – New for You!

All MOQC practices have a physician who acts as a Clinical Champion (CC) or leader for quality in their practice. Clinical Champions are eligible to serve as a member of MOQC's Steering Committee, and/or as Advisors to any MOQC Quality Initiative. Clinical Champions are physicians who:

- actively care for people with cancer and their families
- share performance data of their practice and region with their colleagues for discussion and improvement opportunities
- advocate for including MOQC projects as part of quality programs
- lead or oversee quality improvement efforts
- ensure physicians & professional staff obtain benefits of improvement efforts (e.g. MOC, CME)
- attend MOQC meetings and invite practice colleagues to ensure team-based understanding of performance

New for 2020, MOQC will disseminate to physician Clinical Champions the de-identified data presented at our Biannual meetings. Clinical Champions will be requested to engage clinicians at their practice who are not able to come to MOQC meetings. One way to do this will be to share the practice performance data at an internal practice meeting. CME credits will be available through MiCME to those who review the data presentation. The objectives are to identify gaps in quality on key process and outcome measures, to recognize measures in which their practice has room for improvement, both relative to the national performance (national QOPI performance) and relative to what would be considered ideal performance. Individuals will be asked to take a 3-question test, and attest to completing the data review before obtaining CME credits. If you have not done so already, you will need to create a MiCME account to claim credits.

### OBJECTIVES

- Identify gaps in quality on key process and outcome measures
- Recognize measures in which your practice has room for improvement relative to the national QOPI performance
- Recognize measures in which your practice has room for improvement relative to regional performance
- Identify which measures on which your practice will focus quality improvement efforts

### ACCREDITATION STATEMENT

The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### STEPS TO CREATE A MICME ACCOUNT

1. Go to <https://ww2.highmarksce.com/micme>
2. Click the 'Create a MiCME Account' tile at the bottom of the screen
3. Under New User? click 'Create a MiCME Account'
4. Enter the Profile Information questions, confirm consent, and click 'Create a MiCME Account'
5. Enter your password and complete your profile. Your MiCME account is created and you can now claim CME credits

## Palliative Radiation for Oncology Patients with Bone Metastases Treatment Pathway Update

MOQC is leading a multi-year project to improve hospice enrollment for cancer patients across Michigan.

As part of this project, we have established a unique collaboration between medical oncology, radiation oncology, and hospice providers across the State. The mutual goals of hospice and radiation therapy are to maintain the quality of life for patients who have an estimated 6 months or less to live. However, there is wide variation in the availability and frequency of palliative radiation that is offered by hospices and

radiation oncologists. Across the date, there is significant opportunity to improve the quality of care for these patients. Treatment protocols are necessary to provide clear and effective radiation therapy for the palliation of symptoms related to cancer. MOQC has established a working group of radiation oncologists, medical oncologists, and hospice directors to develop pathways around short-term symptom management while focusing on delivering care in the most efficient and cost-effective manner possible. A Treatment Pathway for the delivery

of radiation therapy for patients on palliative care and hospice who have bone metastases has been developed. The working group has reached out to radiation oncology practices across the state to gauge their interest in participating in this pathway. As well, surveys have been sent to hospice directors across the state, to investigate the current use of palliative radiation therapy in the hospice setting. More details will be shared at the upcoming Spring Regional Meetings.

# Quality Projects: Update

MOQC has several ongoing quality improvement projects practices may take part in. Please see our website and below for updates.

## TOBACCO CESSATION

Cancer patients who quit smoking have a better chance of survival; increased effectiveness of surgery, chemotherapy, or radiation; and decreased chance of recurrence or development of a second malignancy. MOQC will work with any practice that has not yet established a Tobacco Cessation referral program for its patients to the Michigan Tobacco Quitline. A summary of the outcome of this program was recently **published in the JCO® Oncology Practice journal**. You can access the article on MOQC's website.

See MOQC's website for basic skills for working with tobacco users, information about tobacco treatment specialist (TTS) training, and information for receiving maintenance of certification (MOC) credits for participation.

## ORAL ONCOLYTICS

The shift from intravenous to oral therapy for the treatment of cancer has resulted in opportunities to improve how therapy is prescribed, dispensed, administered and monitored. MOQC has developed resources for oncology practices to use in the initiation, education and monitoring of oral oncolytic therapy. Most recently, we developed a patient-reported outcome measurement (MOQC-PROM) to assess symptoms and adherence for patients with cancer taking oral oncolytics. Contact our team if you're interested in learning more, would like help with a baseline assessment, or if you'd like us to work with you on developing an oral oncolytic program at your site.

## HOSPICE ENROLLMENT

Since Fall 2018 MOQC medical oncology practices have partnered with hospices across Michigan with the goal of increasing enrollment to hospice. Through this joint effort, a toolkit is now accessible to practices and hospices.

### THE MOQC HOSPICE TOOLKIT INCLUDES

- pamphlets for starting conversations about hospice with patients and caregivers
- instructions for ordering pamphlets from MOQC, or printing at your practice
- an infographic comparing palliative care and hospice;
- information sheets
- letter templates to facilitate communication between hospices and oncology practices

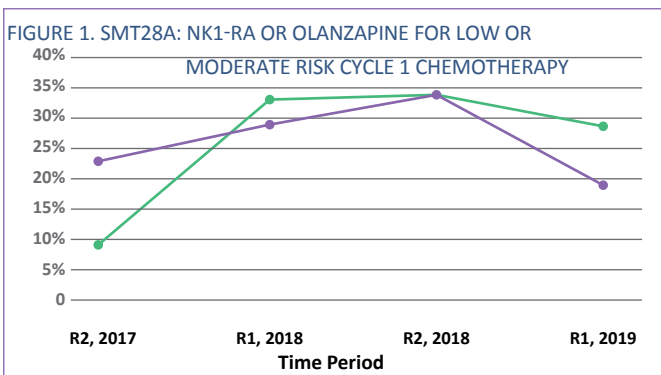


We encourage our physicians to enroll in the MOQC-sponsored (and paid) on line course from VITALtalk (<https://www.vitaltalk.org/>). VITALtalk clinical faculty teach and provide verbal tools to empower clinicians to communicate about **serious illnesses** empathetically and effectively, enabling them to feel less burned out in the process.

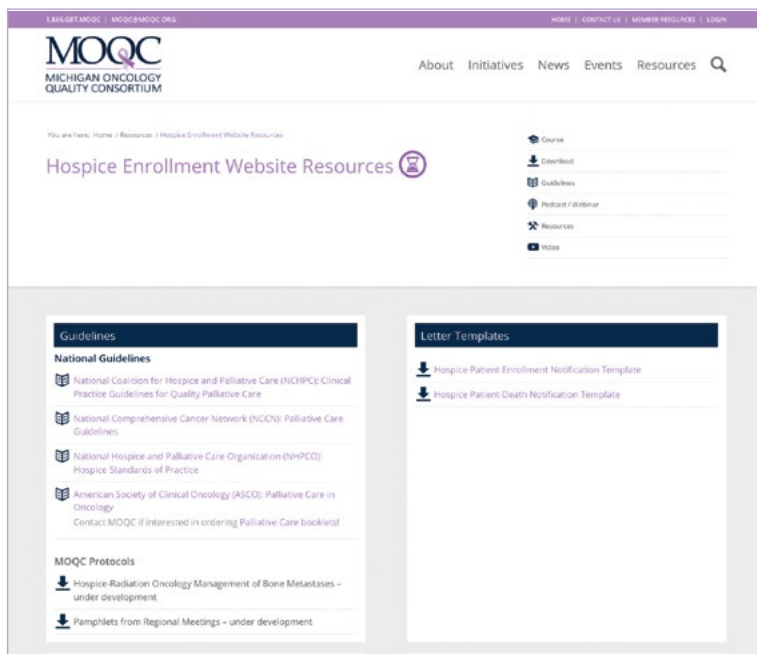
## CHEMOTHERAPY-INDUCED NAUSEA/VOMITING (CINV)

Over- and under-utilization of antiemetics exists within IV chemotherapy regimens across the state. Performance is captured by two ASCO-QOPI measures. MOQC has recently incorporated over-utilization as a value-based payment measure due to an increased incidence of prescribing prophylactic neurokinin-1 receptor antagonists (NK1-RAs) or olanzapine in Cycle 1 low or moderate risk chemotherapy regimens when compared with use across the country. MOQC has been working with its practices to identify current prescribing behaviors and opportunities for improvement in addition to providing education and antiemetic resources. MOQC has also developed and received approval for maintenance of certification (MOC) credits which will be available beginning in 2021 for the work related area of care.

MOQC versus national (QOPI) performance trended over time is shown in this Figure with MOQC practices showing improvement.



• MOQC • QOPI Lower is Better





## PROMOnc Project Update

The Patient-Reported Outcome Measures for Oncology (PROMOnc) project is now in its second year. This past summer and fall, two alpha sites and three beta sites began enrolling patients and collecting patient-reported outcomes using three tested Patient-Reported Outcomes Measurement

Information Systems (PROMIS) surveys. The chosen surveys ask patients undergoing chemotherapy about the pain, fatigue, and health-related quality of life (HRQoL) they experience prior to and after their chemotherapy. This spring, all Karmanos Cancer Institute (KCI) McLaren Community sites were enrolled in the project to administer the surveys to their patients. MOQC has fifteen sites administering the three surveys across the State of

Michigan, serving as the community arm for the cooperative agreement we have with the Centers for Medicare and Medicaid Services (CMS). Survey collection will continue through the Fall of 2020, after which data will be submitted for analysis. Findings and results will be submitted to the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS) for inclusion consideration.

## MOQC Tobacco Cessation Video

Congratulations to Cindy Fenimore, Dr. Jerome Seid, and Dr. Hosam Hakim, who were instrumental in the creation of the video. The video is available with and without English subtitles for all MOQC practices.

### WHERE YOU CAN FIND THE VIDEO

1. MOQC Tobacco Cessation Resources website. Scroll all the way down to the bottom: [moqc.org/resources/tobacco-cessation](http://moqc.org/resources/tobacco-cessation)
2. MCC website. [www.michigancancer.org/Resources/TobaccoPT.html](http://www.michigancancer.org/Resources/TobaccoPT.html)  
Under 'Tobacco Control – Patient Resources, Tobacco Cessation Assistance' scroll down to 'MOQC Tobacco Cessation Initiative: Michigan Tobacco Quitline'
3. Upon request to [moqc@moqc.org](mailto:moqc@moqc.org). The MOQC Coordinating Center will send you a MiShare email with the mp4 file for download.

## Your Input Matters: Oncologists' Attitudes Regarding Chemotherapy for Patients Near the End of Life

Dr. Chithra Perumalswami is conducting an IRB-approved research study to improve our understanding of what factors influence oncologists' decision making near the end of life. You are invited to provide valuable information on a subject of great importance to policy makers and researchers that traditionally has had little input from physicians themselves.

Surveys, which will take about 15 minutes to complete, were mailed to your office via FedEx the week of February 24th. A token of appreciation of \$30 was included with the survey.

Dr. Perumalswami is also inviting interested clinicians to participate in a 45-minute interview. As with the surveys, you will be provided an honorarium in appreciation of your time (\$50 for the interview, which can be done in person or over the phone—even while you are driving).

Your responses are unique and cannot be replaced. If you have any questions or would like more information, please contact Dr. Chithra Perumalswami at 734-615-7975, e-mail [cperumal@umich.edu](mailto:cperumal@umich.edu) or her research associate, Ms. Iman Ali, at 734-615-0518, email [imanali@med.umich.edu](mailto:imanali@med.umich.edu).

This study has been reviewed and approved by the MOQC Data Integration, Research, and Publications Committee.

## MOQC Team

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 [@MOQCteam](https://twitter.com/MOQCteam)

# MOQC Measures 2020

MOQC Medical Oncology (MedOnc) and Gynecology Oncology (GynOnc) measures being abstracted in 2020 remained unchanged. A summary of both sets of measures is provided in this table:

QOPI® Measure #	QOPI® Measure Description	Track	
		MedOnc	GynOnc
Core 6e	Pain addressed appropriately by second office visit and during most recent office visits (assessed, quantified, & plan of care documented for moderate-to-severe pain)		X
Core 10	Chemotherapy intent (curative vs. non-curative) documented before or within two weeks after administration)	X	
Core 13oc6	Oral chemotherapy monitored on visit/contact following start of therapy	X	
Core 13oc6a	Oral chemotherapy adherence assessed on visit/contact following start of therapy	X	
Core 13oc6b	Oral chemotherapy adherence addressed on visit/contact following start of therapy	X	X
Core 14	Signed patient consent for chemotherapy		X
<b>Core 22bb</b>	<b>Tobacco cessation counseling administered or patient referred in past year</b>	X	X
SMT 28	NK1-RA & olanzapine prescribed or administered with high-emetic risk chemotherapy (cycle 1)	X	
<b>SMT 28a</b>	<b>NK1-RA or olanzapine administered with low or moderate emetic risk cycle 1 chemotherapy (lower is better) (Top 5 measure)</b>	X	X
SMT 33	Infertility risks discussed prior to chemotherapy with patients of reproductive age (W: age 18-40; M: age 18-50)		X
EOL 38	Pain addressed appropriately (assessed, quantified, & plan of care documented for moderate-to-severe pain)	X	X
EOL 41	Dyspnea addressed appropriately (assessed and addressed)		X
<b>EOL 42</b>	<b>Hospice enrollment</b>	X	
EOL 43a	Palliative care referral/services	X	
EOL 44	Hospice enrollment within 3 days of death (lower is better)		X
EOL 45	Hospice enrollment within 7 days of death (lower is better)	X	
<b>EOL 47a</b>	<b>Hospice enrollment, or documented discussion</b>	X	X
EOL 47b	Palliative care referral/services, or documented discussion	X	X
EOL 48	Chemotherapy administered within the last two weeks of life (lower is better)	X	X
BR 62a1	PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for Stage I, IIA or IIB breast cancer (lower is better) (Top 5 measure)	X	
BR 62c1	Serum tumor marker surveillance ordered by practice between 30 – 365 days after diagnosis of breast cancer in patients who received treatment with curative intent (lower is better) (Top 5 measure)	X	
PROS 113	Bone density testing to monitor for bone loss within a year of starting androgen deprivation therapy (ADT) for treatment of prostate cancer	X	
GYNONC 90g	Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or primary peritoneal cancer		X
GYNONC 94	Platin or taxane administered within 28 days following cytoreduction to women with invasive Stage I (grade 3), IC-IV ovarian, fallopian tube, or primary peritoneal cancer		X
MOQC Test Measure #1	Bone-modifying agent administered for breast cancer bone metastases & multiple myeloma	X	
MOQC Test Measure #2	Complete family history documented in patients with invasive cancer	X	
MOQC Test Measure #3	Growth colony stimulating factor (G-CSF) administered to patients who received chemotherapy with non-curative intent (lower is better) (Top 5 measure)	X	
MOQC GYNONC #1	Days from debulking surgery to chemotherapy start		X
MOQC GYNONC #2	Patients with ovarian cancer referred for genetic testing/counseling		X

Lower is better = ++++++

Value-based reimbursement measures and targets are available by contacting the Coordinating Center at 1.866.GET-MOQC or reaching out to Jennifer Griggs at [jengrigg@med.umich.edu](mailto:jengrigg@med.umich.edu) or Louise Bedard at [lbedard@moqc.org](mailto:lbedard@moqc.org)

If you are interested in participating in MOQC's measures group that will be convening in May-June for its once a year meeting to evaluate its measures, contact the Coordinating Center at [moqc@moqc.org](mailto:moqc@moqc.org).

# MOQC June 2020 Medical Oncology Biannual Meeting

There is a block of rooms at the **Courtyard by Marriott Traverse City**  
3615 South Airport Road West  
Traverse City, MI 49684

Reservations must be made by **May 7, 2020**.  
Call the hotel directly at 231-929-1800.  
Reference MOQC or the University of Michigan Group Block or make your reservation using this [link](#).

THE MOQC RATE IS  
**Thursday: June 18 night, \$159+Tax.**  
*Note: the rate on Thursday night will be changed manually after the reservation has been confirmed.*  
**Friday June 19 & Saturday June 20, \$279+Tax/per night**

The Courtyard by Marriott Traverse City hotel does not provide shuttle service to the Hagerty Center (site of meeting), which is a 10-15 minute drive from the hotel.

TRANSPORTATION options available from the hotel to the Hagerty Center are

- | For Large Groups  | For Individuals   |
|---|---|
| <ul style="list-style-type: none"><li>The Magic Shuttle Bus<br/>231-492-6144<br/>magicshuttlebus.com</li><li>Blue Lakes By the Bay<br/>231-932-1065<br/>bluelakesbythebay.com</li></ul> | <ul style="list-style-type: none"><li>TC Taxi<br/>231-486-5885</li><li>About Time Transportation<br/>231-660-3514</li><li>Uber and Lyft</li></ul> |

**Due to the current COVID-19 situation, this meeting may be changed to a virtual meeting, or rescheduled. MOQC will keep you posted.**

## MOQC MEETINGS 2020 SCHEDULE

**DUE TO CURRENT COVID-19 SITUATION, SPRING MEETINGS ARE VIRTUAL. SEE YOUR EMAIL AND MOQC'S WEBSITE FOR FURTHER INFORMATION CLOSER TO THE MEETING DATE.**

### MED-ONC REGIONAL MEETINGS

#### Metro East (ME)

**SPRING: April 1 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: October 28 • 6:00 – 8:00 pm**

Detroit Marriott Troy  
200 West Big Beaver Road  
Troy, MI 48084  
248-680-9797

#### Lake Michigan Oncology (LMOR)

**SPRING: April 6 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: November 2 • 6:00 – 8:00 pm**

Grand Valley State University  
210 L.V. Eberhard Center, 301 West Fulton  
Grand Rapids, MI 49504  
616-331-6627

#### West of Woodward (WOW)

**SPRING: April 15 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: November 11 • 6:00 – 8:00 pm**

Ann Arbor Marriott Ypsilanti  
Eagle Crest Conference Center  
1275 S. Huron St.  
Ypsilanti, MI 48197  
734-821-6305

#### Central Michigan (CMG)

**SPRING: April 20 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: November 16 • 6:00 – 8:00 pm**

Horizons Conference Center  
6200 State Street  
Saginaw, MI 48603  
989-799-4122

#### Superior – West

**SPRING: April 29 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: October 14 • 6:00 – 8:00 pm**

Hampton Inn Marquette/Waterfront  
461 South Lakeshore Boulevard  
Marquette, MI 49855  
906-228-6001

#### Superior – East

**SPRING: April 30 • 6:00 – 8:00 pm**

**VIRTUAL\***

**FALL: October 15 • 6:00 – 8:00 pm**

Bay Harbor Village Hotel & Conf. Center  
4000 Main St.  
Bay Harbor, MI 49770  
888-BAY-HARBOR

### MEDICAL ONCOLOGY

#### BIANNUAL MEETING

**June 19 • 10:00 am – 3:30 pm**

**Hagerty Center**

715 E. Front St.  
Traverse City, MI 49686  
231-995-1146

### GYN-ONC MEETINGS

**SPRING: April 25**

**VIRTUAL\* 9am-1pm**

**FALL: November 14 • 9a-1pm**

The Inn at St. John's  
44045 Five Mile Road  
Plymouth, MI 48170  
734-927-3206

\*The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of **1.5 AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course is approved by the Michigan Social Work Continuing Education Collaborative - Approval # 031820-04. **Number of CE Hours approved: 1.5.** The Collaborative is the approving body for the Michigan Board of Social Work.

View complete calendar of events: [www.moqc.org/events](http://www.moqc.org/events)



## QUESTIONS?

Call us at 866-GET-MOQC (866-438-6672)  
or email us via our website [moqc.org/contact-us](http://moqc.org/contact-us)



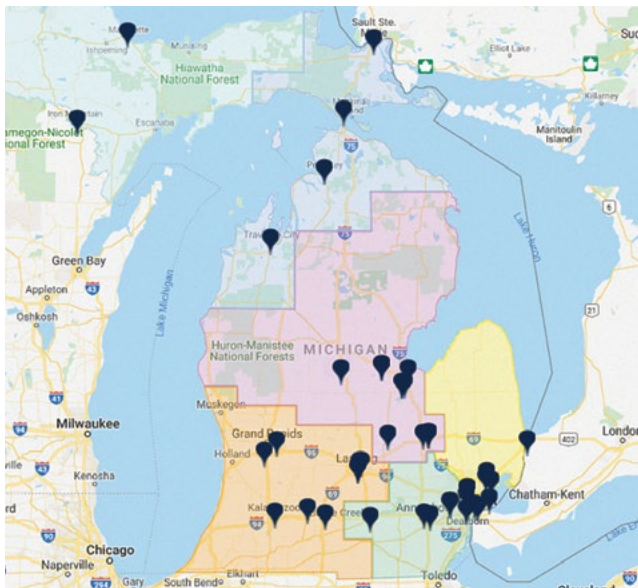


MOQC recognizes and thanks each of you as you continue to care for patients during the unprecedented COVID-19 outbreak.

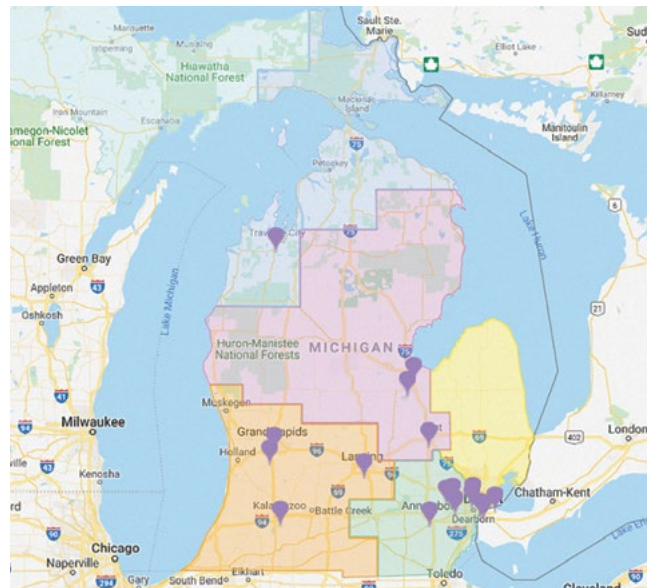
THANK YOU

### MOQC MEMBERS

Med Onc Locations



Gyn Onc Locations



The member maps are interactive on the [moqc.org](http://moqc.org) website.



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