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MICHIGAN ONCOLOGY QUALITY CONSORTIUM

SPRING 2023

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#### THE MOQC TEAM (FROM LEFT TO RIGHT)

Deborah Turner-Smith, BS; Vanessa Aron, BA, RYT; Heather Rombach, RHIT, CTR; Kleanthe Kolizeras, BSc; Natalia Simon, MBA, MA; Chris Friese, PhD, RN, AOCN; Shayna Weiner, MPH; Cindy Michalek, BBA; Jennifer Griggs, MD, MPH, FACP, FASCO; Dave Bolen, BBA; Keli DeVries, LMSW; Shawn Winsted, RT(R)(M); Mariem Ruiz Martinez, MBA; Beth Rizzo, MPH; Manlan Liu, MS; Ashley Bowen, MS, RD, CHC; Heather Behring, BSN, RN, CTR; Ermili Potka, BS, RT(T)

NOT PICTURED: Emily Mackler, PharmD, BCOP; Shitanshu Uppal, MD; Faith Mather, RD, CNSC;





### FROM THE Program Director

One of MOQC's strategic objectives is to generate trusted data. Our work requires that our practices and others believe that the data we present is a true reflection of the care delivered to patients across the state of Michigan. Threats to trusted data are insufficient numbers of patients for each measure, measures that do not accurately capture attributes of care, and errors in data collection.

Our new database, MOQCLink, offers us the opportunity to enhance your trust in our data. You will be able to see your data as soon as it's entered, we will be able to make changes to our measures in response to feedback from you, and we will be able to provide physician and practice dashboards that answer your pressing questions. In addition, your efforts to increase the numbers of patients reflected in the data—the focus of last fall's regional meetings—will provide more information about your successes and areas where we need to continue to provide resources and other support. Increasing the numbers of patients in our database will also allow us to demonstrate improvements in our commitment to increasing equity in cancer care. In order to harmonize data collection, we have created a series of videos about each of the measures we collect. We are grateful to our project managers and abstractors who created these videos.

As always, we need your input. We are interested in knowing what you would like to measure. We want to hear your questions about your practice's performance. We want to increase your trust in your data. Reach out anytime and consider joining the annual meeting of the Measures Committee – this year held over the summer after the biannual meeting.

Read on to see what else is happening in MOQC.

Dr. Jennifer Griggs Program Director



### New MOQC Team Member Spotlight

We are excited to introduce a new member of our team, Faith Mather (pronouns: she/her). Faith is a graduate student intern with MOQC, pursuing her master's degree in Healthcare Administration. Faith is a registered dietitian and completed her dietetic internship with Michigan Medicine in 2018. From there, she worked in rehabilitation services, acute care, and long-term care at Michigan Medicine. She obtained a certification in nutrition support in 2020.

Faith hopes to gain hands-on experience with quality improvement and project management during her time with MOQC. Primarily, she is working on a nutrition-related initiative to bring nutritional resources to low-income patients with cancer. Her favorite thing about the MOQC team is how incredibly welcoming and kind they have been from the start!

When not working with MOQC, Faith can be found cooking a new recipe, taking a spin class on her stationary bike, or hanging on the floor with her baby and dog. She and her husband go outside daily with the family to enjoy fresh air and spend a lot of time in Ann Arbor's green nature preserves.

MOQC

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

#### We Are Not an Asterisk

#### **Beth Fisher-Polasky**

There are many ways people are affected by cancer: financially, emotionally, physically, and mentally, to name a few. Before my husband Chris was diagnosed with colorectal cancer in 2017, we were both working full-time. I also worked part-time at my sister's professional office cleaning business. We had a multigenerational household filled with three teenagers, my mother, two dogs, and two cats. Our lives were busy.

For over a year Chris had mentioned symptoms of colorectal cancer to his primary care provider (PCP): bleeding, bowel changes, bloating, abdominal pain. We both use an Indian Health Services (IHS) facility for our medical care. IHS is a chronically underfunded program provided by the U.S. government to federally recognized tribal nations. According to a recent study, 30% of Native Americans do not have health insurance. IHS facilities are understaffed: most have less than 75% of the necessary medical providers needed to serve Native American patients (Lofthouse). At the time, I was working at the IHS building as a medical assistant and knew more staff was needed. Chris's provider kept putting off further testing. We were getting desperate. He knew something was wrong as he kept begging to be referred for a colonoscopy. The PCP kept telling him "No" because he was too young and did not have a family history of cancer. I told him to lie to the physician and say there was a family history. He was finally scheduled for a colonoscopy.

Unable to take the time off from work, I thought about his test all afternoon and hoped the doctor would not find anything. When I received a phone call from the hospital and was asked to meet with the doctor, I left the office crying. I knew it was cancer. We were shown the video from the test as the doctor explained that the cancer looked like it had been there for some time, years probably.

From that moment on, I was in caregiver mode. I showed up for every appointment and test, meeting with the surgeon, and then the oncologist to begin chemotherapy. I continued to work my full- and part-time jobs since Chris was taking time off for the appointments and for days after chemo when he was too sick to go to work. What I remember most is how much I gave of myself mentally and physically during that time. I did not have anyone ask me how I was doing. As a medical professional I was trained to show up no matter what because I was needed. Once the chemo was over, I was suddenly not needed. Depression set in and it took me years to recover from being a caregiver.

There are several things I believe could have been done better. The IHS facility was not the best option for my husband's care. People have asked why we continued to go, and I tell them that even though I was working a full- and a part-time job, we still were not able to financially support ourselves enough to pay for deductibles, co-pays, and out-of-pocket expenses. We had to accept the care available to us. I also think that the focus of the treatment should not be solely on the patient. If one provider, nurse, office staff would have asked me how I was doing, really doing, things may have ended differently. Encouraging someone to take care of themselves will always be in my mind when I meet other people on the caregiver journey.

When Chris told me that his oncologist suggested POQC/MOQC to him, I was not very interested at first. I was in my first year of the Professional Master of Arts in Social Innovation at Grand Valley State University. But then I thought about our potential impact as Native American (myself) and Alaskan Native (Chris). Historically (and currently) Native Americans and Alaskan Natives were not treated well by public institutions such as the government and medical facilities. Our story highlights reasons for medical mistrust. But I want to change that viewpoint, and POQC/ MOQC gives me that opportunity. Medical care should never be anything less than excellent, and we all deserve access to it.

I have recently joined the Recruitment and Retention group. It interests me because there are great opportunities for the group, and I would like to utilize my training and experience with marginalized and oppressed groups - BIPOC, LGBTQIA+, and disabled folks - to find appropriate ways to engage them. I also recently met with Dr. Griggs to discuss the Equity Task Force and am excited about the implementation of this group's plans. I think about something a conference speaker recently said when it came to Native Americans being represented in medical studies. We appear as asterisks in the data results, possibly because there were not enough Native Americans to quantify the data. But even if that were true, no one wants to be represented as an asterisk. We must do better to demonstrate inclusiveness and health equity.

Reference: Lofthouse, Jordan, Increasing Funding for the Indian Health Service to Improve Native American Health Outcomes (January 2022). Mercatus Policy Brief Series, Available at SSRN: https://ssrn.com/abstract=4061209 or http://dx.doi.org/10.2139/ssrn.4061209

#### **POQC Update**

POQC's Workgroups are continuing to address issues that will improve care for cancer survivors and caregivers.

The Financial Navigation Workgroup continues to work on the development of a financial navigation program - a full proposal is awaiting initial feedback from BCBSM. They are also exploring a potential partnership with the Patient Advocate Foundation (PAF), a nonprofit organization that provides case management services and financial aid to people with chronic, life-threatening, and debilitating illnesses in hopes of leveraging their already established processes and resources. Once this partnership is in place, potential gaps for Michigan cancer populations can be identified and solutions to address them can be created. The Financial Navigation Workgroup also hopes to add more helpful financial resources to the MOQC website and expand their knowledge base on the Affordable Care Act in hopes of developing new resources to help uninsured Michiganders.

The Recruitment and Retention Workgroup helped to expand POQC by eleven new members in 2022. They are still seeking better representation of more patient and caregiver populations within the state of Michigan to ensure that all voices are heard and recognized within quality improvement efforts for cancer care. They also developed and implemented a mentorship program for new POQC members in 2022. In 2023, they plan to release a new and improved demographics survey for current POQC membership to inform additional recruitment efforts and develop a POQC member retention plan centered around inclusion and connection.

The Patient and Caregiver Resources (PCR) Workgroup developed and hosted a session at the June 2022 Biannual Meeting centered around a caregiver panel comprised of two caregivers, a grief consultant, and a medical oncologist. They also implemented and shared a Patient and Caregiver Resources Search Engine, available on MOQC's website: cancerhelp.moqc.org. During the 2023 calendar year, they plan to continue expanding that search engine and seeking out additional ways to provide resources to patients and caregivers.

For a testimonial on the Patient and Caregiver Resources search engine, follow this link: https://youtu.be/laQ\_9YrQSUY



#### **Practice Awards**

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



#### **TRUST & INTEGRITY**

Our reliability, transparency and openess build trust.



**COLLABORATION** We make our best decisions as a group.

#### COMPASSION



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



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.



Rarmanos Cancer Institute Megan Beaudrie

> University of Michigan Health West

Gynecologic Oncology

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



# MOQC 2023 JUNE BIANNUAL MED ONC MEETING

June 16, 2023 I 10 AM - 4 PM The H Hotel, Midland, MI

Mathematica State

SPEAKERS



MD





Thomas Boike, MD, MMM



Steven Chang, MD



Andrew Russell, MD, MPH



## FOCUS ON PALLIATIVE CARE

**Topics Include** 

- Palliative Radiation Pathways
- The Voice of the Patient: Harnessing Patient-Reported Outcomes for Symptom Management
- Survey Results: Access to Palliative Care
- POEM Outcomes & Cancer Drug Repositories

More information 734-232-0043 moqc@moqc.org REGISTRATION https://moqc.org/events/



#### SPECIAL NOTE

People who are immunocompromised will be invited to attend the meeting. We respectfully request that participants wear masks while not eating and be aware of social distancing to keep them safe.



### **Biannual Summary**

The MOQC January Biannual meeting was held virtually on Friday, January 20, 2023. The meeting was lively and very well attended. In addition to performance measures, presentations covered anti-cancer therapy stewardship, the new MOQCLink database, equity across MOQC, and quality of care at the end of life.

Dr. Lydia Benitez, a Clinical Assistant Professor and Leukemia Pharmacy Specialist with Michigan Medicine and the University of Michigan College of Pharmacy, presented on oncology stewardship. Oncology stewardship is a set of coordinated strategies to improve the use of antineoplastic agents with the goal of enhancing patient health outcomes while reducing financial toxicity. Dr. Benitez presented information on cost of cancer treatment, financial toxicity, and drug efficacy, using case studies to illustrate barriers to proper stewardship. To implement stewardship in practices, meeting participants were encouraged to evaluate and standardize treatment plans, discuss financial toxicity regularly, promote optimization of quality of life, and encourage rational use of medications and palliative services.

Arbor Research presented on the progress of MOQCLink data capture and reporting tools. They provided a live demonstration of MOQCLink, illustrating how data is entered and what dashboards will be available in the future to view practice data. Each user will have the ability to view data in MOQCLink based on their permission levels. MOQCLink is now live and is being exclusively used to collect data for MOQC measures.

Dr. Jennifer Griggs presented on one of MOQC's Strategic Objectives - Centering Equity. Disparities in cancer care have been seen across a variety of clinical and non-clinical factors. Advances in treatment and diagnostics tend to be most accessible to those who are most privileged, leaving other patients behind regarding early diagnosis and access to novel and innovative treatment options. Addressing and acting on identified inequities is vital across our collaborative. Dr. Griggs shared a multivariate analysis of four MOQC measures to identify disparities in care using available variables of age, sex, race, ethnicity, cancer diagnosis, and calendar year.

The final presentation of the day was from Dr. Thomas Gribbin, the Vice President of Cancer and Hematology Centers of Western Michigan and the Founding Director of Lacks Cancer Center, Trinity Health Grand Rapids. Dr. Gribbin presented on understanding how the words, goals, and outcomes of cancer care have changed over time. He highlighted that the importance of the language and clinical terminology with which we choose to communicate has the potential to limit us or sway our approaches to determining the best choice of cancer care in any unique scenario.

#### MOQC Measures 1-Page Overviews

The MOQC team has been hard at work developing educational materials centered around MOQC measure education. There are now 1-page overviews of each MOQC measure available for review.



To view the measure 1-page overviews and educational videos developed, visit https://moqc.org/abstraction/

#### measure-education-one-sheets/

### Financial Counselors Care Management Billing

Blue Cross Blue Shield of Michigan (BCBSM) has confirmed that financial counselors are eligible to bill care management codes that would be paid by BCBSM.

Information related to the codes that can be billed is found in the FAQs on this page: https:// micmt-cares.org/99487-99489care-coordination. The codes can be used for finding drug financial programs, applying for patient assistance programs, etc.

# **Patient and Caregiver Resources Search Engine**

CancerHelp.moqc.org

The Patient and Caregiver Resources Search Engine represents a wide variety of resources available in the state of Michigan and nationally, all of which have been assessed by MOQC. **Everyone**—patients, family members, caregivers, physicians, nurses and practice staff—can use this search engine to find answers, guidance, and support.

#### How to use:

- 1. Navigate to **cancerhelp.mogc.org** or visit the MOQC website at **www.mogc.org** and go to the Patients/Caregivers tab to find the search engine.
- 2. Type key words into the search box or filter by topic area and user type to customize your search engine results.

### Useful for:



### **Resource topic areas include:**

**Clinical Trials** Diet/Nutrition Financial General Information Hospice

Legal Palliative Care Social/Emotional Support **Tobacco Cessation** Transportation

Please feel free to submit any feedback or additional resources to moqc@moqc.org.





Created by the MOQC Patient and Caregiver Oncology Quality Council's Patient and Caregivers Resources Workgroup

### Greatest Hits – Celebrating Accomplishments in 2022

Increase in volume of charts abstracted each round 9% increase in proportion of patients on hospice

increase in appropriate

prescribing of

antiemetics for high-

risk chemotherapy

Webinars for

oncology practices

to improve palliative

care medication

management

Pathways for 1-day radiation treatments for patients with bleeding or bone metastases

podcasts on ovarian cancer with MDHHS

> ngoing th through uitment of

Ongoing growth through recruitment of new practices

20 Patient and Caregiver Council members from diverse communities 6 pharmacies embedded POEM pharmacists to address multipharmacy needs of patients

An opioid prescription calculator for gynecologic oncology patients at discharge based on risk factors POQC-led Initiatives: Financial Navigation, Patient & Caregiver Resources, Recruitment & Retention, and Black Voices on Gynecologic Cancer: Understanding Experiences

162M

Partnership

to integrate

pharmacists

into oncology

practices

HBOM

Partnership on

tobacco cessation

initiatives

NIH/NCI grant to

identify risk of

inherited susceptibility

to cancer

practices with Core Value Practice Awards in 2022

### Networking and Career Opportunities

If you would like to post any networking or career opportunities in future newsletters, please reach out to us at moqc@moqc.org.

Michigan Healthcare Professionals is a physician led and administered organization. One of the largest independent, physician-owned, multi-specialty medical groups in Michigan. With more than 400 physicians and advanced practitioners working together in a uniquely integrated model to provide excellent patient care. Services are provided throughout Michigan Healthcare Professional medical offices featuring state-of-the-art equipment, labs, imaging, radiation, and pharmacies. We also provide surgical services and around the clock care at the area's top hospitals.

We are seeking an additional Hematologist/Oncologist to join our Oakland Medical Group Division. In addition to the suite of services above, we have access to clinical trials.

Michigan Healthcare Professionals offers a generous competitive salary, paid time off, health, dental, vision, life insurance, long and short-term disability, paid CME, malpractice, and licensure.

Please submit your letter of interest and CV for immediate consideration to: Slattin@ mhpdoctor.com.

### Health Corner – Nutrition Episode

Nutrition plays a vital role throughout a patient's cancer treatment. Up to 85% of cancer patients suffer from malnutrition, which contributes to 10-20% of cancer-related mortality (Silva et al, 2015). Factors like nausea, fatigue, and lack of time can inhibit patients with cancer from consuming adequate nutrition. Promoting the consumption of nutrient-dense meals and snacks allows patients with cancer to nourish their bodies with the essential calories, protein, vitamins, and minerals they need during treatment.

A healthful diet is not only important and challenging for our patients to achieve, but also for their caregivers and their care team. Clinicians are busy, tired, and often eat out of convenience. Clinicians must prioritize good nutrition to ensure they can continue to care for themselves and their families, along with their patients and caregivers.

A simple place to start is with nutrient dense whole foods. Examples include hard boiled eggs, roasted almonds, cheese sticks, fruit with nut or seed butter, or vegetables with guacamole or hummus. With a little preparation, you can have tasty on-the-go snacks that offer a bit more variety. Check out the included tasty, nutrient dense recipes for inspiration.

For more information on oncology nutrition, reach out to your team's Registered Dietitian or visit the Academy for Nutrition and Dietetics website (www.eatright.org) to find an expert in your area. You can also search for nutrition resources for patients and caregivers at cancerhelp.moqc.org.

### Recipes

#### MEAL-PREPPED GREEK YOGURT SMOOTHIE

- 1 32 oz jar Greek Yogurt
- 2-3 cups frozen berries
  - 1 tbsp each flaxseed, chia seeds (optional) 2 tsp vanilla (optional) ½ cup milk OR 8 oz silken tofu
  - Handful spinach or kale (optional)

Add all the ingredients to a blender and blend until smooth. Alternatively, you can put ingredients in a pot and use an immersion blender to combine. Using milk or tofu makes the smoothie a bit thicker and creamier than using water, and it adds protein. This keeps in the fridge for 7 days or in the freezer for up to 6 months! Smoothies are incredibly versatile – feel free to adjust ingredients to your taste and/or nutritional needs.

The calorie amount can be manipulated based on the type of milk (whole v fat free). Keep in mind, plant milk often has less protein than cow's milk.

#### **TURKEY ROLL-UPS**

4 slices of turkey breast2 oz cream cheese4 slices of cucumber8 half-moon slices of tomato

MOQC

Resources Search Engine

> friends and othe rs. Use this searcl ne to help find

her and share resour that are important for

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Q SI

Spread 0.5 oz cream cheese on each turkey slice. Add a slice of cucumber and two half-moons of tomato to each turkey slice. Roll up and take with you on the go. You can also wrap it in a tortilla for additional energy and/or add avocado for heart-healthy fat.

#### TRAIL MIX

½ cup sliced almonds
½ cup cashews (or walnuts or pecans)
¼ cup dried fruit
½ cup popcorn
¼ cup pepitas (pumpkin seeds)

Mix all ingredients together. Portion out four ¼ cup portions. Dried fruit varieties could include cranberries, raisins, cherries, or chopped dates. Add some extra fun with dark chocolate chips, shredded coconut, pretzels, or your other favorite ingredient!



Reference: Silva, F. R., de Oliveira, M. G., Souza, A. S., Figueroa, J. N., & Santos, C. S. (2015). Factors associated with malnutrition in hospitalized cancer patients: a cross-sectional study. Nutrition journal, 14, 123. https://doi.org/10.1186/s12937-015-0113-1



### **Ovarian Cancer Education**

We're excited to announce the latest episode of the Ovarian Cancer Education Podcast, "Nutrition in Cancer Care." In this episode, we dive into the importance of proper nutrition during cancer treatment and how it can help patients manage their symptoms and improve their overall quality of life. Join us as we chat with leading experts in the field and share valuable insights and practical tips for incorporating healthy eating habits into cancer care plans. Don't miss out on this informative discussion. Tune in now!

The podcast can be found at **www.ovariancancerpodcast.com** or on any major podcast platform.

Future episodes will be forthcoming, including the episode currently in progress called *"Making a Difference"* which centers around the importance of purpose and advocacy as it relates to longevity and quality of life.

MOQC's short educational ovarian cancer videos, "Side Effects of Chemotherapy," "Ports," "What to Expect After Debulking Surgery," and "Course vs. Cycle vs. Regimen," are available at: https://moqc.org/initiatives/ gynecologic-oncology/ovarian-cancer-resources/.

# MOQC MEETINGS 2023 SCHEDULE

### MED-ONC BIANNUAL MEETINGS

#### June Biannual Meeting

Jun 16: 10 am – 4 pm IN-PERSON The H Hotel 111 W. Main St. Midland, MI 48640

### GYN-ONC BIANNUAL MEETINGS

#### Spring Meeting

Apr 29: 10 am – 4 pm IN-PERSON The Inn at St. John's 44045 Five Mile Rd Plymouth, MI 48170

#### Fall Meeting

Fall 2023: 9 am – 1 pm IN-PERSON TBD

### MED-ONC REGIONAL MEETINGS

West of Woodward (WOW) Mar 29: 6 – 8pm IN-PERSON Nov 8: 6 – 8 pm IN-PERSON Eagle Crest Conference Center 1275 S. Huron St. Ypsilanti, MI 48197

#### Lake Michigan Oncology (LMOR)

Apr 3: 6 – 8 pm IN-PERSON Oct 30: 6 – 8 pm IN-PERSON Conference Services, LCC West Campus 5708 Cornerstone Dr. Lansing, MI 48917 Conference Services Office #M110

#### Metro East (ME)

Apr 12: 6 – 8 pm IN-PERSON Oct 25: 6 – 8 pm IN-PERSON Detroit Marriott Troy 200 W. Big Beaver Rd. Troy, MI 48084

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

Central Michigan (CMG)

Apr 17: 6 – 8 pm IN-PERSON Nov 13: 6 – 8 pm IN-PERSON Horizons Conference Center 6200 State Street Saginaw, MI 48603

#### Superior – West

**OVARIAN CANCER** 

EDUCATION

Apr 26: 6 – 8 pm IN-PERSON Oct 11: 6 – 8 pm IN-PERSON Hampton Inn Marquette Waterfront 461 S Lakeshore Blvd Marquette 49855

#### Superior – East

Apr 27: 6 – 8 pm IN-PERSON Oct 12: 6 – 8 pm IN-PERSON Courtyard by Marriott at Victories Square 1866 Mkwa Place Petoskey, MI 49770

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



Arbor Lakes, Building 3, Floor 3 4251 Plymouth Rd Ann Arbor, MI 48105

MOQC Members

Participating Sites: Palliative Radiation

Therapy Project

**Gyn Onc Locations** 



**Hospice Locations** 



**Palliative Radiation Locations** 0

Med Onc Locations



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