



MOQC **15**
MICHIGAN ONCOLOGY
QUALITY CONSORTIUM
CELEBRATING

**2024 SPRING
Gynecologic Oncology
Biannual Meeting**

<https://moqc.org>



MOOC 15

CELEBRATING

MICHIGAN ONCOLOGY
QUALITY CONSORTIUM

THANK YOU!





**WiFi (Name)
Lactation
Prayer**



Morning Agenda

TIME	TOPIC	FACILITATOR
9:00 am	Welcome	Vanessa Aron, BA
9:15 am	POQC Update	Marcie Paul, POQC
9:30 am	MOQC Data and Performance Participation Model Current Performance Measures & Trends – MOQC Current Performance Measures & Trends – MSQC VBR Measures and Requirements	Shitanshu Uppal, MD, MBA
10:15 am	When the Status Quo becomes Status No: Developing & Implementing QI Initiatives in OBGYN Q&A	Brittany Davidson, MD
11:45 pm	Lunch	

Confidentiality Reminder

Taking pictures/videos of data slides is prohibited. This is a confidential professional peer review and quality assurance document of the Michigan Oncology Quality Collaborative.

Unauthorized disclosure or duplication is absolutely prohibited. It is protected from disclosure pursuant to the provisions of Michigan Statutes MCL 333.20175; MCL 333.21513; MCL 333.21515; MCL 331.531; MCL 331.532; MCL.331.533 or such other statutes as may be applicable.



Continuing Education Credits



This meeting has been approved for the following CEU:

5.25 credits for physicians, nurses



MOQC Resources

- MOQC has a variety of free resources for your patients, caregivers, and practice sites.
- Available in different languages: Arabic, Chinese (Mandarin), English, Spanish, and Vietnamese. More languages coming soon!
- Digital and printed formats available
- <https://www.moqc.org/resources/>

HOW TO CHOOSE A HOSPICE

TALK TO RELATIVES OR TRUSTED FRIENDS
One of the best ways to find a good hospice is by word-of-mouth. Talk to relatives or trusted friends about their experiences with hospice.

ASK YOUR ONCOLOGIST OR OTHER HEALTH CARE PROVIDER
Your doctor may offer to share the professional experiences they have had with a hospice provider such as nurses and social workers who know the names of hospices in your area which they can tell you.

INTERVIEW SOME HOSPICES
You can set up appointments with one hospice, or even a few hospices, to get more information. Hospices can send someone to meet with you and your family. At that visit, they can tell you the services that they will provide and answer your questions. There should be no charge for the visit, and you should not feel obligated to choose any hospice after the interview. I help you think about what is most important to you and your family. Before you go on these visits, the hospice will tell you if they are covered by your insurance.

QUESTIONS YOU CAN ASK A HOSPICE

- How quickly will a plan of care be developed?
- What is the usual response time after normal business hours, or on weekends and holidays?
- How will the hospice respond if medications do not seem to be helping pain or other symptoms?
- Are there any services, medications, or equipment that the hospice doesn't provide?
- When the hospice orders medication, where can it be picked up, or is it delivered by the hospice?
- What kind of out-of-pocket expenses can be anticipated?

- How often will a hospice team visit and how long will most visits last?
- Will the hospice provide training or support for caregivers?
- Can the hospice provide family support and how does this happen?
- What help do hospice volunteers provide? How is help requested from them?
- Does the hospice measure quality of care and how is this data shared?
- Does the hospice offer bereavement services?
- Is the patient able to leave the hospice care?

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OLANZAPINE

WHY AM I GETTING A PRESCRIPTION FOR OLANZAPINE?
The cancer treatment that you will be getting can cause nausea or vomiting. We do everything we can to reduce this side effect. Olanzapine is highly effective, even in small doses, at decreasing nausea and vomiting and is an important part of your care.

WHAT SHOULD I EXPECT WHEN I GO TO THE PHARMACY?
Olanzapine was originally approved for people with certain mental illness. The pharmacist may tell you about the original reason the drug was used when you drop off your prescription or pick up your medication. We want you to be prepared for the possibility. You may wish to tell the pharmacist why you have been prescribed olanzapine and that your cancer team is prescribing olanzapine for a completely different reason. This original approval for the medication does not make your insurance or your medical record think you have the certain mental illness when you get the prescription.

WHAT ABOUT THE SIDE EFFECTS?
Nearly all the side effects listed for this medication occur in people who are on higher doses of the medicine and who take the medicine every day for many years. People who take olanzapine for chemotherapy are not likely to get side effects other than drowsiness. It is often recommended that you take it in the evening because of this.

IS OLANZAPINE COVERED BY MY INSURANCE?
This medication is usually covered by most insurance plans. Most insurance plans will not cover the cost of the medication if you take it on your own if it is not on your list of covered drugs.

POQC: PATIENT AND CAREGIVER ONCOLOGY QUALITY COUNCIL PRACTICE HANDOUT

BACKGROUND
The Michigan Oncology Quality Consortium (MOQC) is a group formed in 2009 whose goal is to improve the quality of care for patients with cancer across the state. MOQC is supported by Blue Cross Blue Shield of Michigan (BCBSM) and works in coordination at the University of Michigan. MOQC focuses on the care of people with cancer, especially those who receive chemotherapy, with or without insurance. MOQC improves care by using data gathered as part of the national Quality Oncology Practice Initiative (QOPI) program, targeting areas of care that need to get better, and working with medical and oncologic oncologists and their teams to make changes in their practices so that care improves.

MOQC formed POQC to increase the role of patients, their families or caregivers in the work of our Consortium. POQC members contribute to the vision and purpose of MOQC by guiding the development of new projects and sharing our work with the community and other interested groups.

POQC CONTRIBUTIONS
POQC Members are able to:

- Share stories of how they have faced challenges in accessing the health care system, and ideas for how systems can be created to better serve patients and loved ones
- Provide the voice of patients and caregivers in focus groups or for patient-facing materials review

POQC RECRUITMENT
In addition to providing support to MOQC and to MOQC practices, POQC is always looking to expand. We are very interested in having patients and caregivers who represent a broader patient voice, including:

- Patients and caregivers from minority groups
- Patients currently receiving treatment; caregivers of patients currently receiving treatment
- Patients with varied diagnosis ages; caregivers of patients with varied diagnosis ages
- Patients and caregivers who are medically underserved

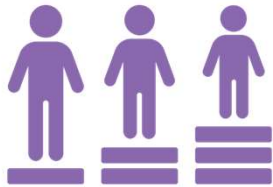
Members of MOQC and/or POQC will reach out to patients or caregivers of interest and schedule one-on-one meetings to discuss participation.

MOQC provides hotel rooms to POQC members for in-person meetings, when appropriate, reimbursement for mileage costs to in-person meetings, and payment for time spent in MOQC Meetings.

CONTACT
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MOQC Strategic Objectives



Centering Equity



Maximizing Value



Fostering Professional
Development

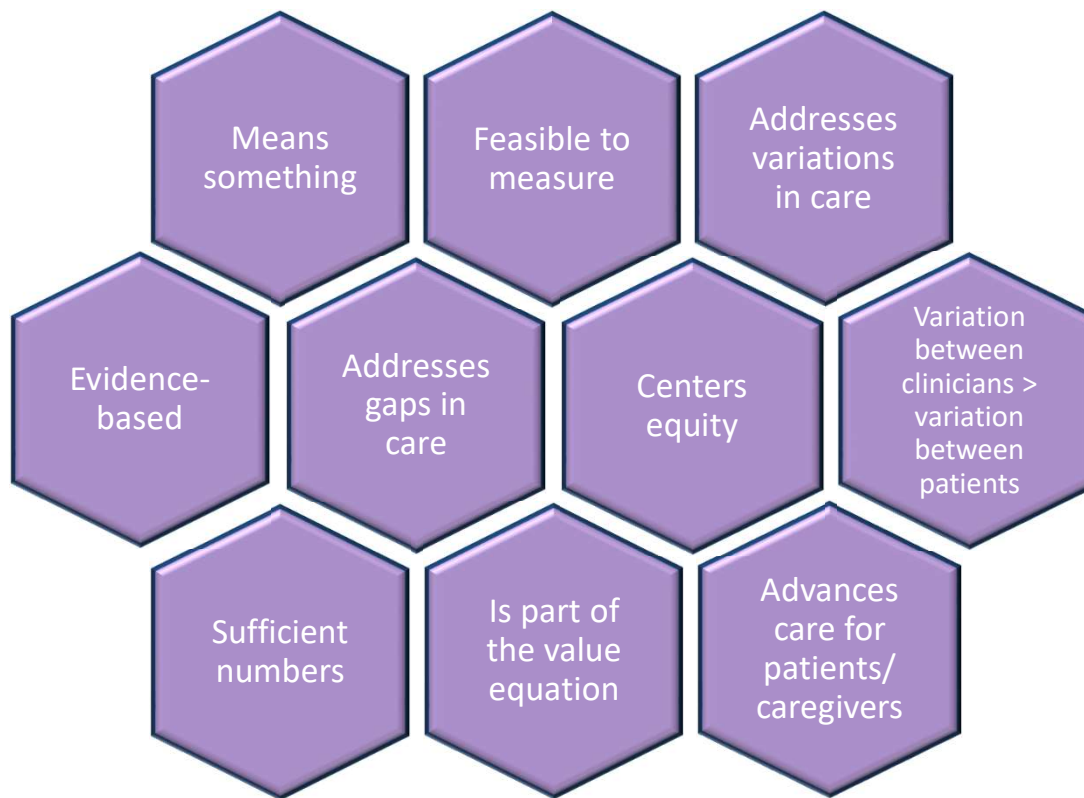


MOQC Excellence in Quality Certification



- Please email MOQC by **May 10th** if your practice is interested in pursuing certification
- Certification includes
 - Meeting MEQC measure targets
 - Submitting an Equity Action Plan
 - Hosting a site visit & meeting criteria
- If your practice does not pursue certification in 2024, you can still apply next year or in the future
- Visit our MEQC website for more information
<https://moqc.org/initiatives/clinical/meqc/>

moqc@moqc.org



Criteria for Measure Selection



MOQC Excellence in Quality Certification Measures

Measure Number	2024 Measures	Target
115	Use of a 4-drug combination of antiemetic agents in patients on high emetic risk chemotherapy	55%
111	GCSF administered to patients who received chemotherapy for non-curative intent (lower score – better)	10%
130	Beginning a new anti-cancer regimen within 14 days of death (lower score better)	30%
114	NK1RA administered for low or moderate emetic risk cycle 1 chemotherapy (lower score = better)	10%
126c	Hospice enrollment more than 30 days before death	20%
129	Palliative care consultation more than 90 days before death	25%
101b	Tobacco cessation counseling for tobacco users once a year	75%
103	Designated advocate documented on a legally recognized document in the outpatient medical record	20%
123	Days from debulking surgery to chemotherapy (Gyn Onc only)	28 or less
116	Median opioid prescribing (meas. as oxycodone tablets, equiv) following surgical procedure (Gyn Onc only)	9 pills or less

MOQC Excellence in Quality Certification Task Force

Megan Beaudrie, BSN, RN, OCN
Tracey Cargill-Smith, POQC
Diane Drago, POQC
Rebecca Gallegos, MSN, RN, OCN
Joan Gargaro, POQC
Youssef Hanna, MD

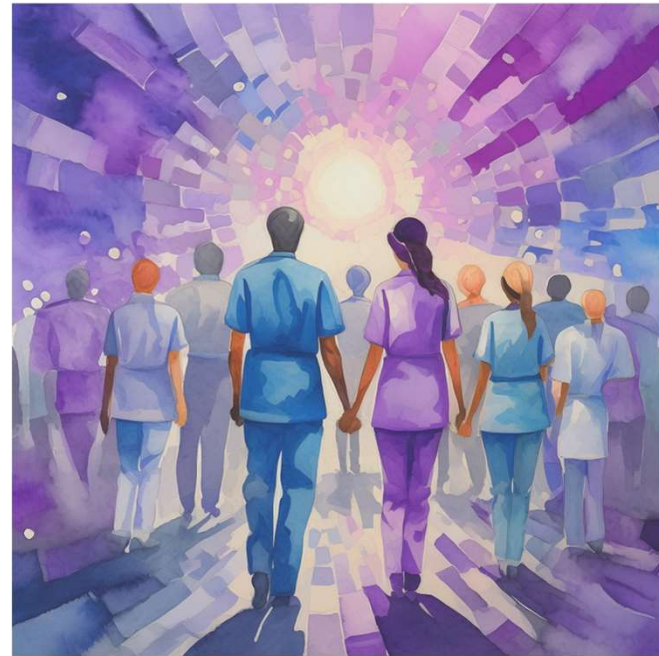
Cindy Michelin, CHCM
Andrew Porter, RN
Tanya Rowerdink, DNP, RN, NP-C
Gordan Srkalovic, MD, PhD
Taylor Taylor, MBA, MSN-RN
Patrice Tims, BSN, RN, MSA
Irene Turkewycz, MEd, BSN, RN

Thank You!



POQC Updates

Marcie Paul, POQC



Financial Navigation



Recruitment & Retention



Patient & Caregiver Resources



Financial Navigation



Recruitment & Retention



Patient & Caregiver Resources



Financial Navigation Initiative



- Project timeline: May 1 – September 30, 2024
- Expertise needed:
 - Financial navigators
 - Social workers
 - All practice members who assist patients with the financial complexities of cancer treatment
- Two focus groups; participation in one
 - 1.5 – 2 hours this summer
 - Lunchtime and after hours

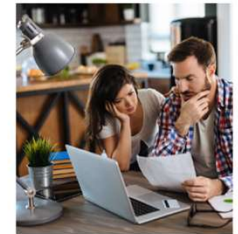
Nominations: MOQC@MOQC.ORG

DOES YOUR PRACTICE HAVE FINANCIAL NAVIGATION SERVICES?

IF YOU ANSWERED YES OR NO
TO THIS QUESTION

**YOU ARE INVITED TO PARTICIPATE IN A MOQC
FINANCIAL NAVIGATION FOCUS GROUP!**

All financial navigators, social workers, and healthcare team members who assist patients with financial complexities of cancer treatments are encouraged to attend.



WE NEED YOUR EXPERTISE

Two 2-hour focus groups will be held virtually between May and September 2024.

Together we can make a case for expanding financial navigation services in Michigan by exploring:

- which financial navigation services are currently available
- what is still needed to provide the best financial navigation
- how your financial navigation experience can help other Michigan oncology practices

Nominate yourself or your colleagues:
moqc@moqc.org



Financial Navigation Initiative

Patient-facing educational materials:

- Affordable Care Act
- YexRx/POEM

Share your ideas:

MOQC@MOQC.ORG

UNDERSTANDING COBRA

(The Consolidated Omnibus Budget Reconciliation Act)

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

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

Pros:
Coverage: you and your family can keep your providers for 18 to 36 months
Time: you have up to 60 days after leaving your job to elect COBRA coverage which gives you time to look through new plans and select one while still being covered
Medications: drug costs or copays will remain the same
Choice: many states have mini-COBRA laws that allow additional benefits with your coverage

Cons:

COBRA Deadlines to Know

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

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

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

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

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UNDERSTANDING MEDICARE AND MEDICAID

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions. Medicaid is a joint federal and state program that gives health coverage to some people with limited income and resources.

Some people qualify for Medicare because of age or disability and are eligible for Medicaid because they meet the requirements to qualify for Medicaid in their state. These people are "dual eligible," because they're eligible for both Medicaid and Medicare.

Medicare includes:

- Part A - Inpatient/Hospital Insurance, inpatient skilled nursing facility, hospice, and some home health services
- Part B - Outpatient Care, physician services, Durable medical equipment, Lab and X-ray services, Home health services and many preventive services
- Part C - Medicare Advantage provide all Part A and Part B services; prescription drug coverage and other supplemental benefits provided at additional cost to the patient
- Part D - Prescription drug plans, approved private insurance companies provide outpatient prescription drug coverage provided at additional cost to the patient

Medicaid includes:

- Comprehensive Health Care Program (CHCP)
- Managed Specialty Supports and Services
- Program for All-Inclusive Care of Elderly (PACE)
- Healthy Kids Dental

Medicaid covers:

- Children under age 19 in families with low income
- Pregnant people with low income
- Certain parents or caretakers with low income
- Most seniors and people with disabilities who receive cash assistance through the Supplemental Security Income (SSI) program

MI Health Link is a Michigan-specific program that allows health care and services covered by Medicare and Medicaid.

To qualify, you must:

- Live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper Peninsula
- Be 21 or older
- Have full Medicare and full Medicaid
- Not be enrolled in hospice

While Medicare and Medicaid are both health insurance programs administered by the government, each state has differences in covered services and cost-sharing.
 You can call 1-800-MEDICARE to learn more about Medicare and Medicaid costs and coverage.

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QUESTIONS?
<https://moqc.org/>
moqc@moqc.org

POQC Financial Navigation Workgroup

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Tammy Cedo, POQC

Joan Gargaro, POQC

Mike Harrison, POQC

Marcie Paul, POQC

Thank You!



Financial Navigation



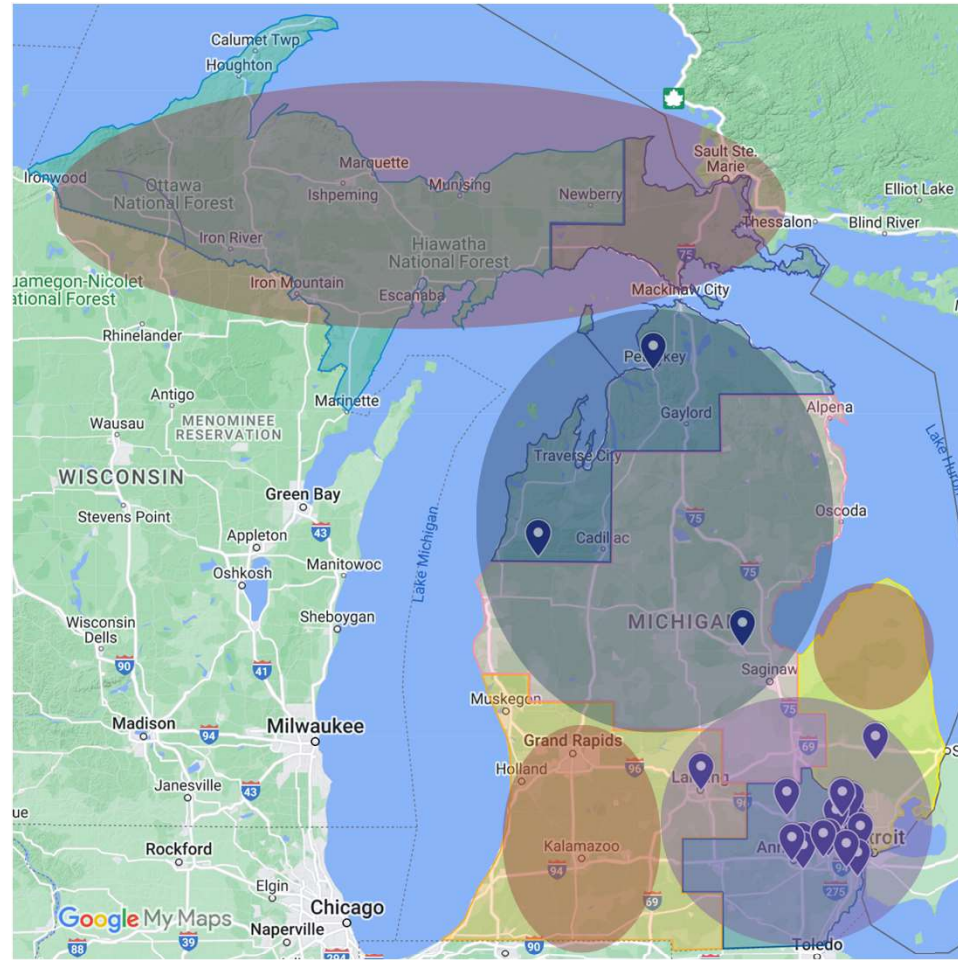
Recruitment & Retention



Patient & Caregiver Resources



Patient and Caregiver Oncology Council Recruitment



Financial Navigation



Recruitment & Retention



Patient & Caregiver Resources



POQC Patient & Caregiver Resources

- Resources Search Engine
 - Ongoing additions & evaluation of resources
- Caregiver navigator grant
- Resource outreach
- Email moqc@moqc.org

