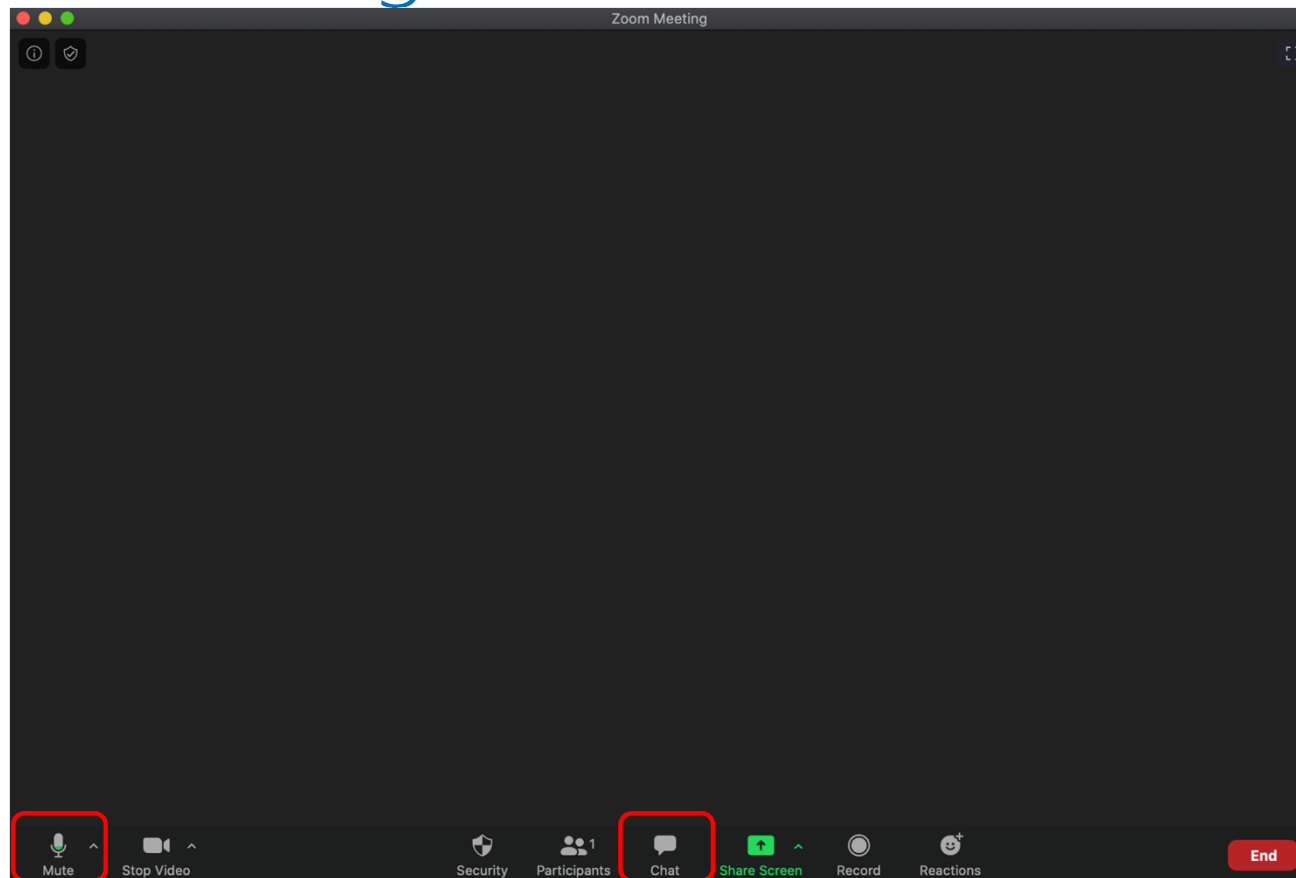


Gynecology-Oncology Initiative

9:00 am – 12:00 pm

May 30, 2020

Virtual Meeting



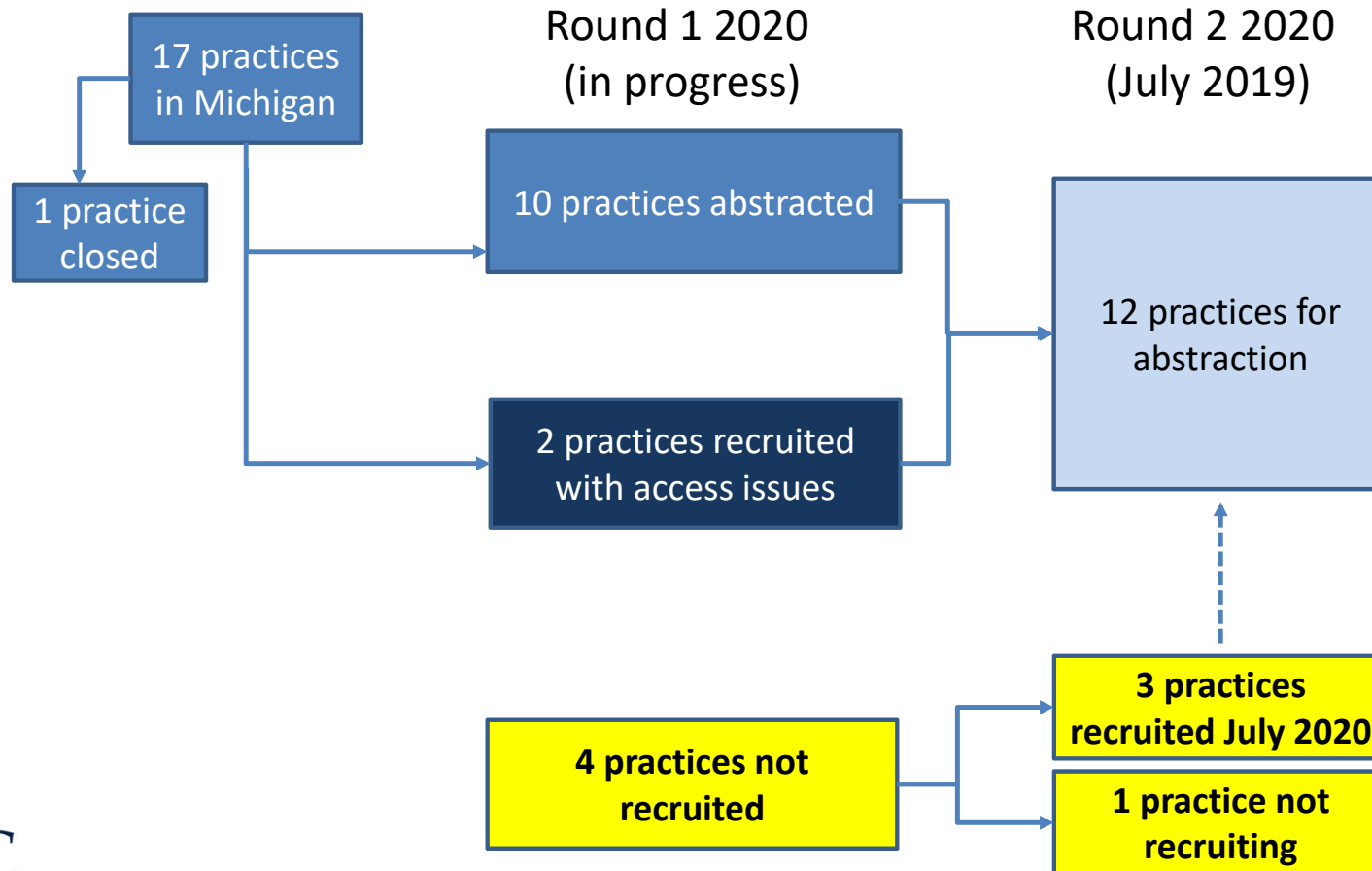
Thank You

- For joining us today

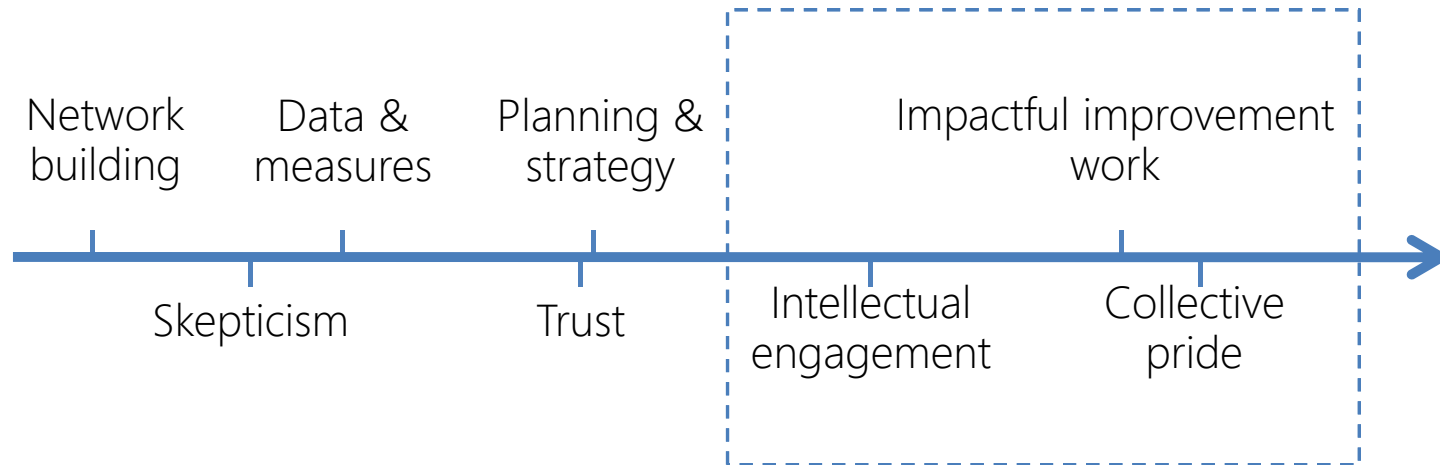
Agenda

Time		Presenter
9:00 am	Welcome & Updates	Shitanshu Uppal, MB;B.S FACOG
10:00 am	Break	
10:15 am	Partnership with State	Vanessa Aron, BA Audra Putt, MPH, CPH
10:45 am	Break	
11:00 am	Family History Grant	Jennifer J. Griggs, MD, MPH, FASCO
11:10 pm	Next Steps & Discussion	Shitanshu Uppal, MB;B.S FACOG

Sixteen Practices



Evolution of Successful CQI Programs



Round 2 2019 Important Dates

Charts abstracted July 5 – December 3, 2019

	Patients in Initial Therapy/Treatment (all cross cutting & disease measures)	Patients who have Died (End of Life)
Dx dates	June 1, 2018 – September 30, 2019	Dx with invasive cancer on or before September 30, 2019
First office visit	June 1, 2018 – November 30, 2019 Not required to be within office visit window (below) – occur within dx window and end of visit window date	
Two visits with provider	April 1, 2019 – November 30, 2019	Two office visits within 9 months of date of death (DoD) DoD occurred between June 1, 2018 and November 30, 2019

Notes for Graph Interpretation:

0% and no bar graph = “0” in number / “x” number in denominator

No percentage (%) and no bar graph = no denominator for calculation

CQIs Drive Change in Culture

- *Full transparency at meeting* → Unblind data
- *Peer-to-peer review & coaching* → Video review process
- *Rapid change in practice* → Months as opposed to years
- *Addressing appropriateness* → Procedures/Imaging
- *Voice of the patient* → Patient engagement, patient reported outcomes
- *New and pressing concerns* → Developing guidelines where previously they didn't exist

Performance on Cross Cutting Measures

Measure	Measure Description	Mod. Name	Round 1 2018		Round 2 2018		Round 1 2019		Round 2 2019	
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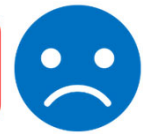
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Performance on EOL Measures

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EOL 38	Pain addressed appropriately (defect-free measure 35, 36a, and 37)	EOL	6/9	67%	34/37	92%	16/20	80%	16/19	84%
EOL 41	Dyspnea addressed appropriately (defect-free measure 39 and 40)	EOL	4/9	44%	33/37	89%	12/20	60%	16/19	84%
EOL 44	Hospice enrollment within 3 days of death (Lower Score – Better)	EOL	0/7	0%	3/18	17%	1/14	7%	3/13	23%
EOL 47a	Hospice enrollment, or documented discussion(Combined measure 42 or 46)	EOL	--	--	--	--	14/20	70%	16/19	84%
EOL 47b	Palliative care referral/services, or documented discussion(Combined measure 43 or 46)	EOL	--	--	--	--	12/20	60%	14/19	74%
EOL 48	Chemotherapy administered within the last 2 weeks of life (Lower Score - Better)	EOL	0/9	0%	3/37	8%	1/20	5%	2/19	11%

Note: As of Round 1, 2019, EOL Measure 47 was retired
Hospice enrollment and palliative care discussions were separated

Performance on EOL Measures

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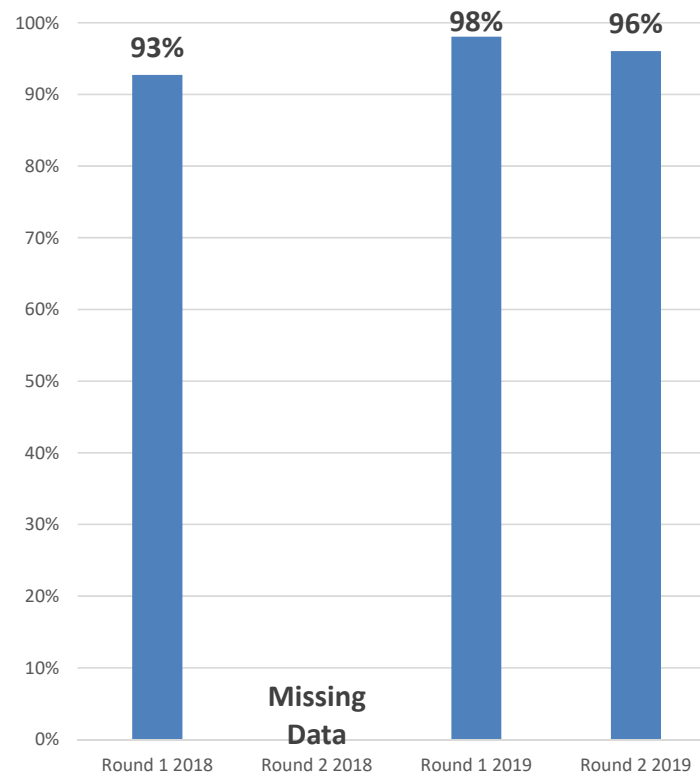
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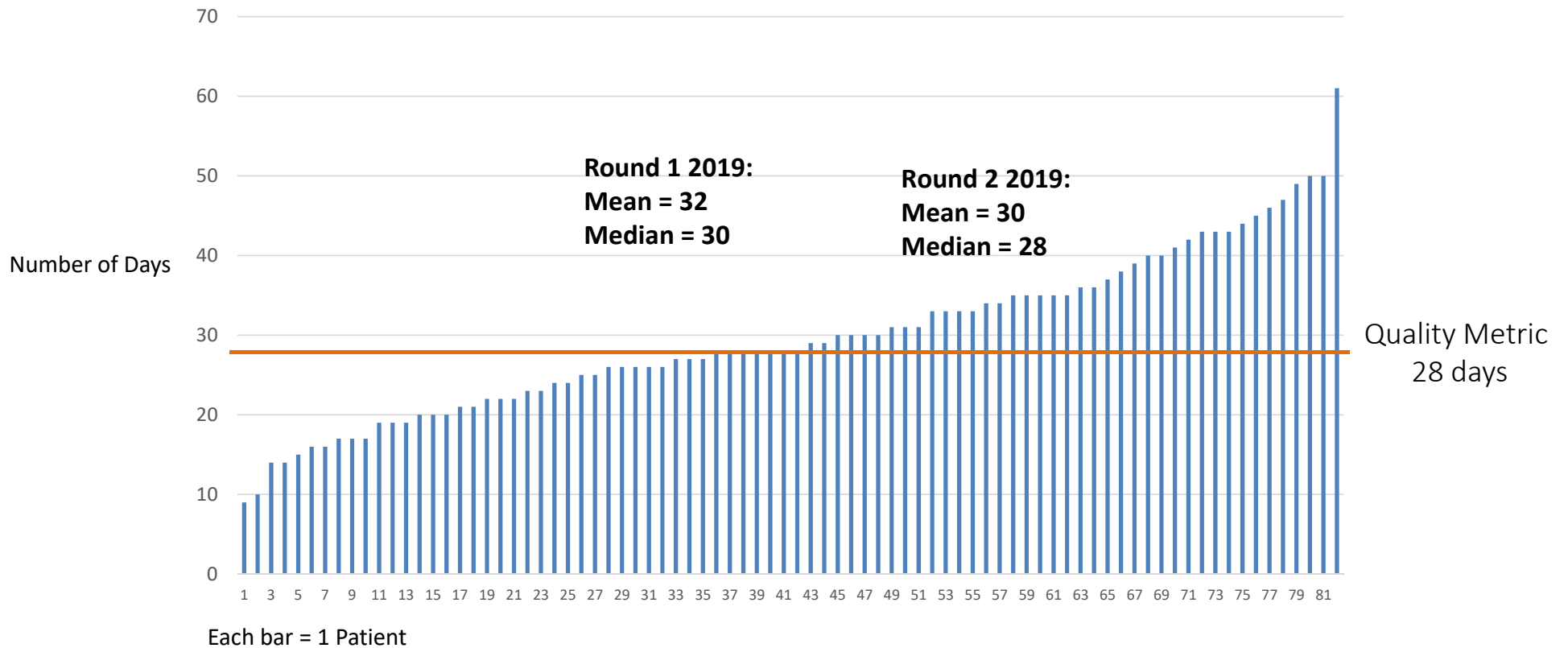
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Patients with ovarian cancer referred for genetic testing/counselling

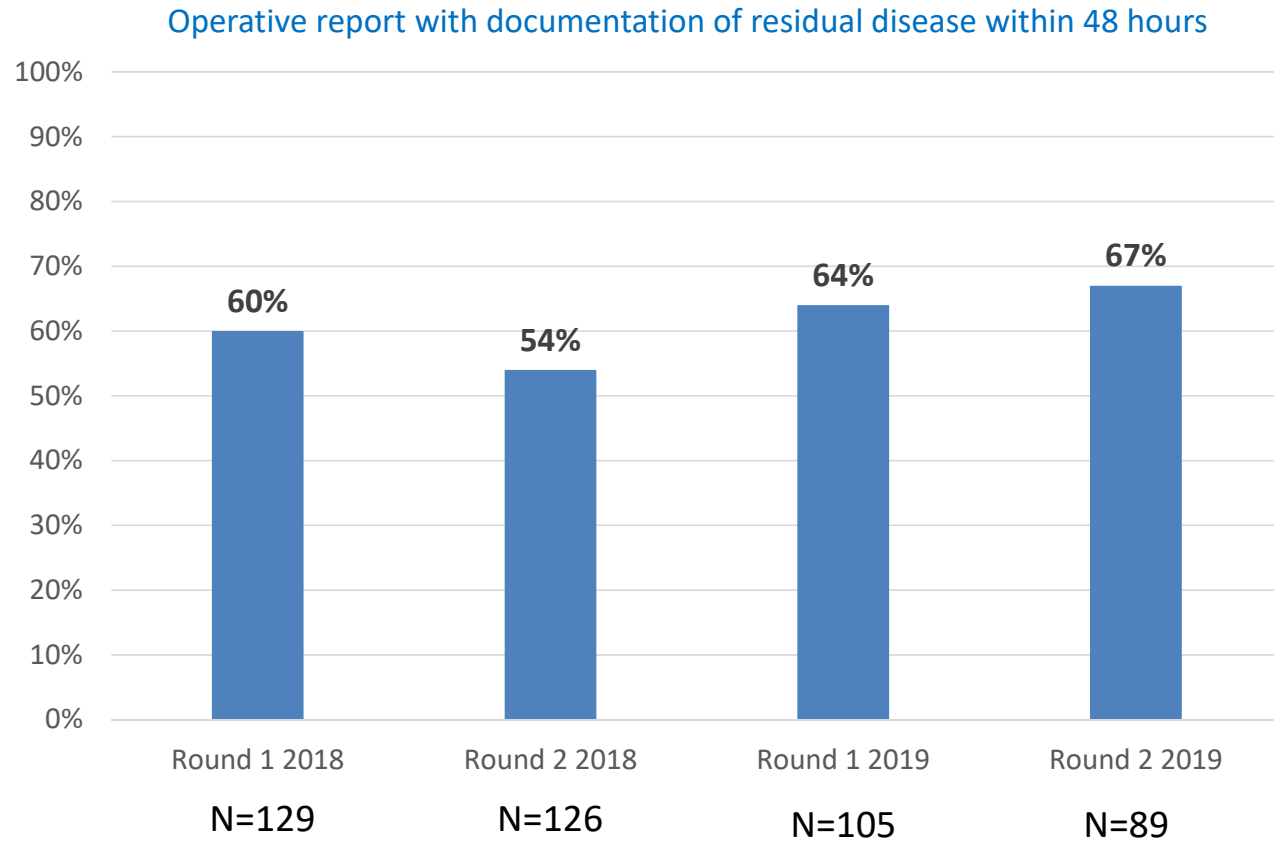


Days between Cytoreduction and 1st Day of Chemotherapy

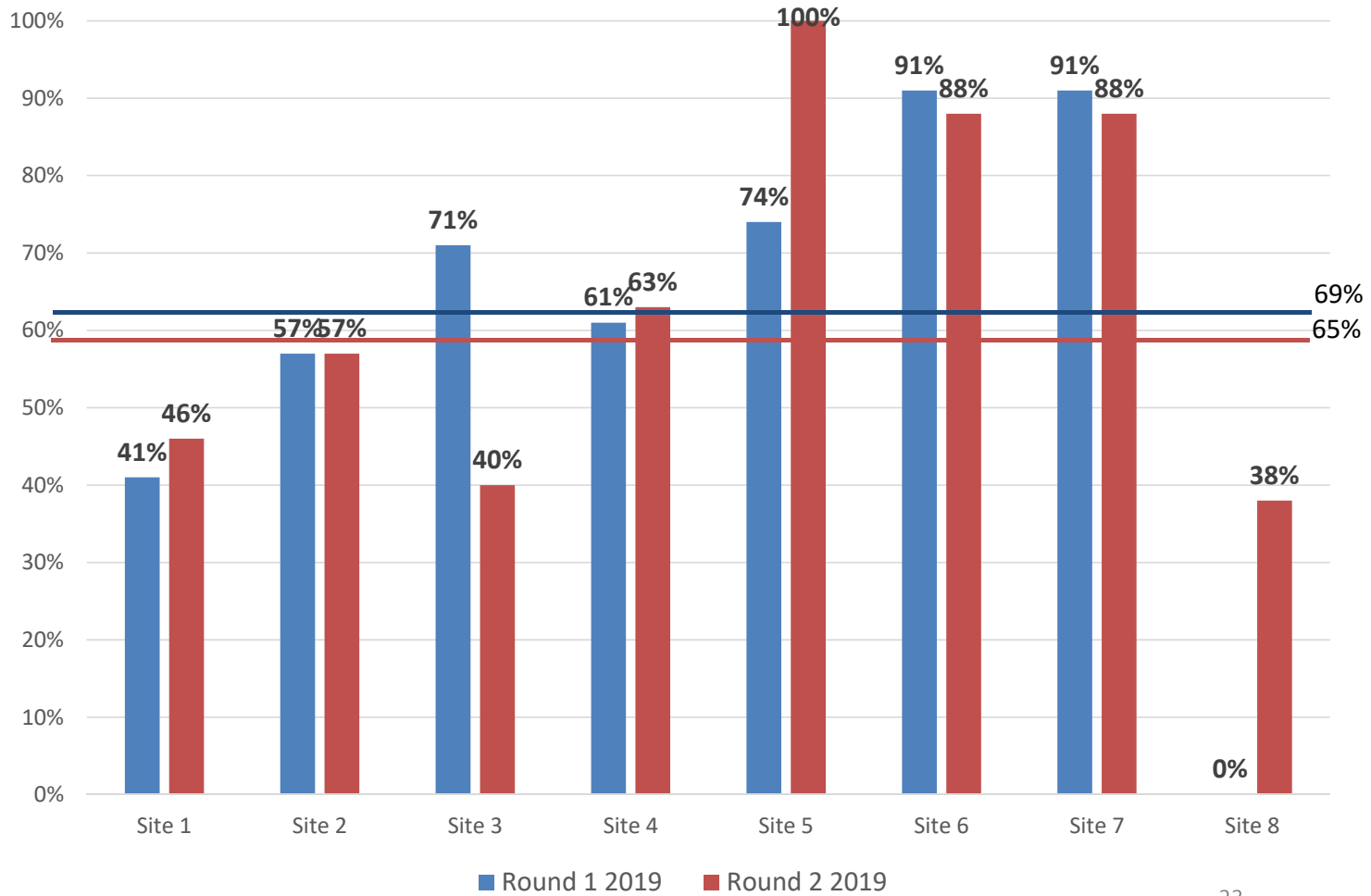
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Quality Project – Operative Note



Operative Note



Interventions

- Presentation by B Rosen, Beaumont, June 2018 → Op Note Templates
- Discussed data and re-vamped website, October 2019
- Developed templates
 - Website
 - www.moqcopnote.org
 - Lab Coat Pocket Card
- Op Note Measure → VBR

Quality Project – Postoperative Outcomes

MSQC

Contact

734-998-8200
 MSQCCustomerSupport@med.umich.edu
 @MSQCPDSO

Support provided by

**Blue Cross
 Blue Shield
 Blue Care Network**
 of Michigan

Support for MSQC is provided by Blue Cross and Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and MSQC work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.

MSQC is a collaborative of Michigan hospitals dedicated to overall surgical quality improvement, including better patient care and lower costs. Our goal is simple: we work to make Michigan the best place for surgery in the country.

What We Do

MSQC is a collaborative of Michigan Hospitals dedicated to overall surgical quality improvement, including better patient care and lower costs. We are multidisciplinary and inclusive as we work together to transform surgical quality and deliver care that is cost effective.

MSQC is a true collaboration. Our members provide the data and share their ideas. MSQC hosts our robust regional registry to analyze the issues, identify the best practices, and disseminate them widely. Our independence and regional focus give us the flexibility to respond quickly to your cost and quality issues as they arise.

120
CLINICAL NURSE REVIEWS

2500
SURGEONS

70
MEMBER HOSPITALS

1
VALUE PARTNERSHIP

- Hysterectomy Database → Partnership with MSQC
- MSQC currently samples data → GYN ONCOLOGY partnership **all cases**
- Starts in Spring 2021
- BCBS approval – Done
- MSQC agreement – Done
- **Data Elements**

MSQC Partnership - Access

<https://reports.msgc.org/Registry/login?page=msgc%2Fhtml%2Fhome.html&successful=false>

Request Access

Don't have a username and password? Please click the link below to request an account.

REQUEST ACCESS

Summary:

- Performance Measures to retire

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Summary:

- Current Value Based Reimbursement Measures
 - Operative Note
 - Days from surgery to chemotherapy

Summary:

- Future Value Based Reimbursement Measures
 - Opioid Utilization
 - Surgical Site Infections/Readmission/Reoperations etc. from MSQC