

MOQC June 2020 Biannual Meeting Summary

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Agenda, presentation and data slides from the meeting can be found on the MOQC website
<https://moqc.org> → Resources → Past Meeting Library → June 19, 2020 Biannual

Continuing education can be claimed by physicians, nurses, administrators, and social workers.
See instructions at the end of this document.

All questions initiated during the meeting were answered with the exception of two, and they were addressed with the individuals post meeting. If you believe that you had a question that was not addressed, please contact MOQC at moqc@moqc.org. MOQC will close this loop for you.

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Keynote Presentation: Everyday Compassion

Michelle McQuaid, PhD, Sr. Fellow University of Melbourne, School of Graduate Education

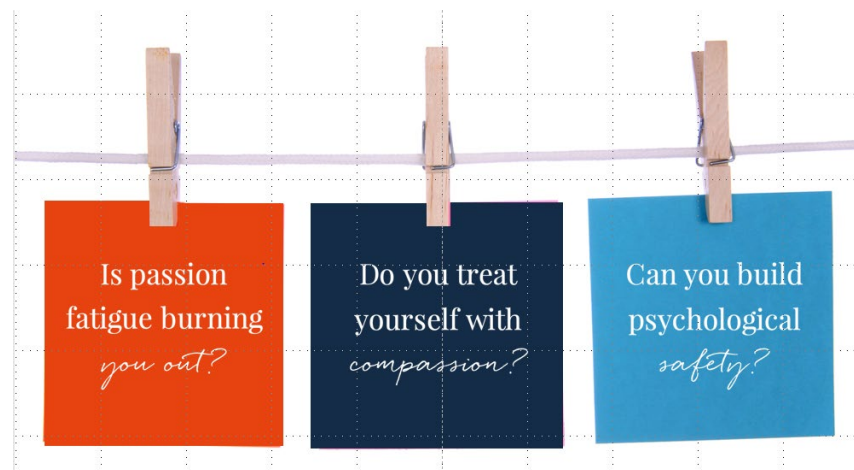
Amanda Itliong, MA, a POQC member provided a wonderful introduction to our keynote presentation on her experiences with compassion.

Dr. Griggs welcomed Dr. McQuaid, and provided a brief overview of compassion and why it was the topic for the meeting's keynote (e.g. followed from faith and culture panel of previous Biannual). Compassion is the recognition, empathic understanding of and emotional resonance with the concerns, pain, distress or suffering of others coupled with motivation and relational action to ameliorate these conditions. It is necessary – not optional – in today's environment with COVID, racism, economic situation of many entities, continued burnout within medical oncology profession. Michelle is one of a group of professionals across the world (several at the University of Michigan's Business School) developing a body of research in the area of compassion and its impact within/part of a culture and a workforce etc. Within healthcare, there is growing evidence of compassion with patient safety, which links to quality.

Dr. McQuaid opened her keynote with this agenda:

- Discuss passion fatigue and why it is makes compassion challenging;
- Reach for self-compassion as we learn and grow;
- Build psychological safety to avoid compassion burnout

Using a poll, chat, break out groups and lecture, Michelle engaged the audience with the research and the applicability of compassion for ourselves, our practices and organizations. She discussed how to avoid burnout, how to use self-compassion in daily work, and how to build psychological safety. This graphic displays these concepts:



The main points made during her presentation were:

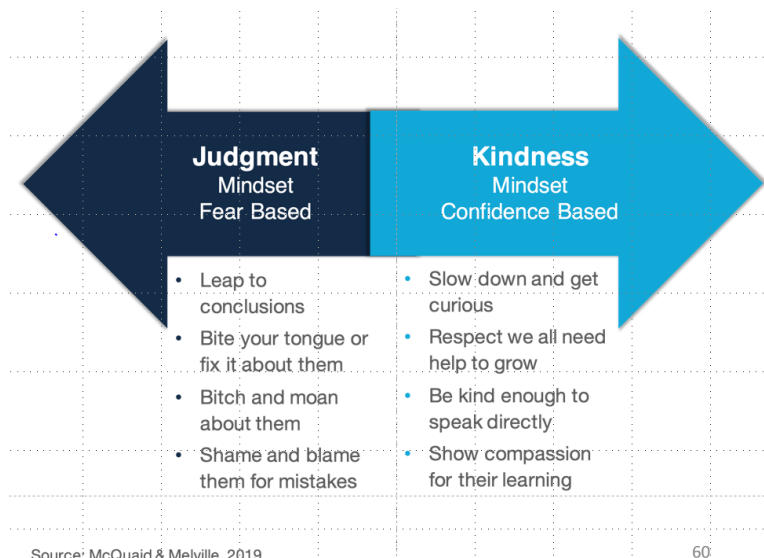
- The single strongest predictor of meaningfulness is the belief that our jobs have a positive impact on others
- When your passion takes control and makes it difficult to engage in other things or with other people, it becomes obsessive
- A passion is only harmonious when you feel in control of what you love doing
- Short bursts of obsessive passion rarely do lasting harm, but it is important to rebalance when the milestone is reached
- When people have more than one passion in their life, studies find that their lives are much better off

She stated that making mistakes and falling short is part of being human. Being able to determine how you feel about falling short is important, and to recognize that most people are better at self-criticism versus self-compassion. This mindset can be changed. She reminded the audience that “when you already know you are deficient you have nothing to lose from trying” and to remember that your passion has a positive impact on others.

Dr. McQuaid presented the “Learning Loop” – to Assess, Adjust and Act. Encounters should be evaluated based on:

- What went well – to know that you showed up and tried;
- Recognize where did you struggle, and that this can be changed the next time; and
- What did you learn, and do not over-identify with mistakes

A mindset change from judgment to kindness is required in compassion. On average, employees spend 2 hours and 26 minutes per day leaking energy that is due to workplace relationship dramas. The following graphic outlines the difference between the two mindsets.



It is better to show curiosity with what is happening within your environment as opposed to make assumptions and/or seething or stewing with resentment. This way, anyone can begin to build a more generous or kind versus judging approach to others. As one becomes more kind, then positive relationships can be developed. This skill can be applied anytime with oneself, to one's work or to one's organization.

A video, presentation slides and a playbook are available to support a discussion on compassion with practice staff. See MOQC's website or this link for more information.

<https://moqc.org/resources/past-meeting-library/>

State of the Consortium

POQC: Update

Diane Drago, POQC Member

The MOQC Patient and Caregiver Oncology Quality Council (POQC) is currently comprised of 14 patients and/or their caregivers. MOQC practices are encouraged to recommend at least one patient and/or a caregiver to become a member of this group. The time commitment is 2 years but can be adjusted based on an individual's circumstances. Diane explained the role that POQC has within the CQI.

POQC has monthly member calls, and participates on MOQC's Steering Committee. POQC is present at all Regional and Medical and GYN Biannual Meetings. Members volunteers to review patient-facing materials (such as brochures, website) that MOQC prepares, and provide feedback and/or participates on all quality projects or Committees.

Diane shared that the future of POQC is determined by MOQC's vision/mission and by the interests and expertise of each member. Currently, POQC is seeking potential members within minority groups and those who are medically underserved. This in turn will help open the door for creating initiatives that will help improve patient care across all regions of Michigan.

Steering Committee: Update

Dawn Severson, MD, Chairperson

- The next measures meeting will be on 7/15 at 6 pm (virtual); all are welcome to attend. Please email Louise Bedard at lbedard@moqc.org if you are interested in joining by that so MOQC can send you applicable materials.
- MOQC is preparing a strategic plan for presentation to BCBSM (all CQIs are currently going through this process). MOQC has had the opportunity to engage several Steering Committee members in this work. We will have the plan completed by Fall 2020 and will share with MOQC members at that time.

- They keynote speaker for the June 2021 Biannual Meeting has been confirmed. We look forward to hearing from Jennifer Temel, MD who will present her research on early palliative care for patients with cancer.
- MOQC is committed to antiracism and is in the process of developing/sharing helpful resources applicable to this mission and the care of our cancer patients. Contact us if there is anything you'd recommend and/or if there are any specific needs we can help you meet.

MOQC Performance: Are We Improving?

Jennifer J. Griggs, MD, MPH, MOQC Program Director

For this Biannual meeting, new performance data was not available to MOQC practices. MOQC and practices were in a "holding" pattern. All practices have completed abstraction for Round 1 2020 (closed June 12, 2020). This data will not be available until early Fall. Performance data for the previous round (R2, 2019) was previously presented at Fall 2019 regional meetings. Therefore, MOQC chose to use trended data to more clearly share with all practices if the CQI was improving cancer care across the State on its quality measures. Dr. Griggs showed data on QOPI®-MOQC medical oncology measures from data aggregated for a year (Round 2 2018 & Round 1 2019) and compared it to Round 2, 2019 data (last round of data available). MOQC's trended overall performance is presented in tabular form, and any statistical significance (the change was meaningful and not by chance). A PowerPoint presentation of this data is available. The change/movement in the graphs is a feature that is new to MOQC practices, and can only be seen in slide mode presentation. These graphs/slides can be found on MOQC's website at: <https://moqc.org/resources/past-meeting-library/>

QOPI®-MOQC Medical Oncology Measures	Combined MOQC performance: R2 2018 & R1 2019	R2 2019 MOQC performance	Change? Yes/No (green = change is significant p<0.05)
Core 22bb: Tobacco cessation counselling administered or patient referred	71%	70%	No
SMT 28: NK1-RA and Olanzapine prescribed or administered with high emetic chemotherapy	6%	22%	Yes
SMT 28a: NK1-RA or Olanzapine prescribed and administered with low or moderate-risk Cycle 1 chemo	27%	19%	Yes
EOL38: Pain addressed appropriately	93%	91%	No
EOL 42: Hospice enrollment	47%	53%	Yes
EOL 45: Hospice enrollment and enrollment within 7 days or less (lower is better)	40%	32%	Yes

EOL 47b: Hospice enrollment or documented discussion	59%	64%	Yes
EOL48: Chemotherapy administered in the last 2 weeks of life	12%	9%	Yes

SMT = Symptom and Management of Toxicities; EOL = End of life

The following MOQC-QOPI measures **do not** have data from R2 2018/R1 2019 as a baseline. Several measures could not be compared to QOPI since MOQC practices are the only practices collecting data for the measure. These measures were added for abstraction beginning in R2 2019. The following table outline MOQC, and where appropriate, QOPI (national) performance:

MOQC-QOPI Measure	R2 2019 MOQC Performance	R2 2019 QOPI Performance
MOQC PM 1: Bone modifying agent administered for breast cancer metastases and multiple myeloma	71%	NA - this is a test measure for MOQC only
MOQC PM 2: Complete family history for patient diagnosed with invasive cancer	27%	NA - this is a test measure for MOQC
MOQC PM 3: G-CSF administered to patients who received chemotherapy for non-curative intent	7%	NA - this is a test measure for MOQC
BR 62a1: PET,CT or scan ordered by practice within 60 days after diagnosis for Stage I, IIa or IIb breast cancer (lower is better)	10%	14%
BR 62c1: Serum tumor marker for surveillance ordered by practice between 30-365 days in patients with breast cancer being treated with curative intent (lower is better) NOTE: MOQC is reviewing this data	55%	54%
PROS 113: Bone density testing to monitor for bone loss within a year of starting ADT for treatment of prostate ca	79%	50%

Several measures from the MOQC track were not reported at the meeting. They were the oral chemotherapy related to adherence. MOQC will be following up with both QOPI and individual practices related to both abstraction and performance.

Quality Projects: Update

Jennifer J. Griggs, MD, MPH, MOQC Program Director

Dr. Griggs was excited to announce that MOQC received in June 2020 (hot off the press!) funding for a Moonshot U01 Grant in partnership with the Michigan Department of Health & Human Services (MDHHS) Cancer Genomics Branch. U01 awards are Research Project Cooperative Agreements issued by the National Institutes of Health (NIH). This is a \$3.9M, five year grant where the work will save lives! MOQC is so pleased to be involved in research where there is direct line between research and decreased mortality. In the research work, this is not always the case.

The new project, titled “Innovative Approaches to Expand Cancer Genetic Screening & Testing for Patients & Families in a Statewide Oncology Network” which has the primary goal of improving the quality of the family history, and a secondary aim of expanding guideline-concordant genetic risk screening and testing for cancer patients.

MOQC practices will not see this project in the field until January 2021. The first step for MOQC is to work with all practices to gain IRB approvals. Then, the step-wise roll out will begin. Other steps to be completed this Fall will include the development of a Virtual Genetic Counselor app and a Family Health History Tool. Provider assessment and patient assessment survey measures are also under development. More to come!

Dr. Griggs provided an update on MOQC’s Palliative Radiation Therapy Pathway that was presented in detail at the Fall regional meetings. This project is part of our hospice initiative. The goal of this project is to support patients who are in hospice to receive radiation therapy for bone metastases pain management. We are pleased to have the support and leadership of two radiation oncologists, Dr. Tom Boike and Dr. Kiran Devisetty. A map of practices and hospices who have agreed to follow the pathway across the state is being developed, and will be available soon on the MOQC website.

MOQC will actively support any practice with a quality project set-up, education, materials (for physicians, staff and patients), and performance tracking/evaluation to demonstrate improvement in the delivery of:

- Tobacco cessation ([Maintenance of Certification-approved](#))
- Oral oncolytics
- Hospice enrollment ([MOC-approved](#))
- Chemotherapy induced nausea/vomiting (CINV) ([MOC-approved](#))
- Patient-reported outcomes in oncology (PROM-ONC)
- Cancer Thriving and Surviving (CTS) – a post treatment patient survivorship program;
- Ovarian Cancer resources including
 - A patient navigation phone line
 - Patient education material

If you wish to have a re-fresher, or want to start a quality project in any of these areas, reach out to us. We provide free resources and on-going assistance based on your needs and requirements. Note that Maintenance of Certification (MOC) support is available for several of MOQC-established quality projects. This means that your physicians can claim credits for participating in these projects when re-certifying every five/ten years to the American Board of Internal Medicine. All physicians must have credits for quality projects. MOQC has had these projects pre-approved, including all required documentation. Please let your physicians know!

Exploratory projects that are in MOQC's pipeline at this time include:

- Advanced imaging & tumor marker surveillance for specific cancers (e.g. breast, colorectal);
- The primary-care oncology model (PCOM); and a
- Fatigue management support program for those receiving oral oncolytics (in a pilot phase).

MOQC Resources Available for All Practices

MOQC offers a variety of **free resources** to any practice including:

- Continuing Education Credits (CMEs for Physicians, Nursing; CE Hours for Social Workers)
- Tobacco cessation materials for use with staff (education), patients and caregivers
- End of Life toolkit (these resources are available to all participating hospices)
- Herbal Supplement resources
- Sexual and gender minority resources

Use the **Resource Order Form link** to view a catalog of these items and other items that are available for free from MOQC.

Use the Resource Order Form to order materials for your practice. Or contact us.

Whatever works best for you.

- [Resource Order Form](#)
- [Resource Catalog](#)

Email moqc@moqc.org if you have questions about any resources.

Medical Oncology Meetings: 2020 Regional Fall & 2021 Biannual Schedule

Note: Due to COVID-19, any meeting may be held virtually. Information will be provided via email and will be posted on the MOQC website closer to the date.

MOQC participation requires that one physician from each medical oncology practice attend both Spring and Fall regional meetings and one of two Biannual (January or June) Meetings to be eligible for MOQC's annual value-based reimbursement (VBR).

Regional Meetings	Fall 2020 Dates	Location (if in person meeting can be held)
Superior – West	October 14 , Wednesday	Hampton Inn Marquette Waterfront 461 South Lakeshoreoulevard Marquette, MI 49855
Superior – East	October 15 , Thursday	Bay Harbor 4000 Main Street Bay Harbor, MI 49770
Metro East (ME)	October 28 , Wednesday	Detroit Marriott Troy 200 W. Big Beaver Road Troy, MI 48084
Lake Michigan Oncology (LMOR)	November 2 , Monday	Grand Valley State University 301 West Fulton, 210 L.V. Eberhard Grand Rapids, MI 49504
West of Woodward (WOW)	November 11 , Wednesday	Eagle Crest Conference Center 1275 S. Huron Street Ypsilanti, MI 48197
Central Michigan (CMG)	November 16 , Monday	Horizons Conference Center 6200 State Street Saginaw, MI 48603
Biannual Meetings	2021 Dates	Location (if in person meeting can be held)
January 2021 Biannual	January 15 , Friday	The Inn at St. Johns Plymouth
June 2021 Biannual	June 18 , Friday	H Hotel Midland

Continuing Education Credits

The Michigan Board of Nursing accepts ACCME credits for licensing renewal or re-licensure. The Practice Management Institute accepts ACCME credits and Michigan Social Work Continuing Education Collaborative CEs for CMOM certification.

ACCME Accreditation and Credit Designation Statements:

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 **2.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Number of Social Work CE Hours approved: 2

This course is approved by the Michigan Social Work Continuing Education Collaborative – Approval # **050820-02** The Collaborative is the approving body for the Michigan Board of Social Work.

Learning objectives:

1. Implement strategies that promote self-compassion
2. Use techniques to increase compassion in the workplace
3. Understand how a compassionate culture improves the quality of patient care

Competencies:

1. Practice-based learning and improvement
2. Systems-based practice

NOTE: If you have not done so already, please create a MiCME account in order to claim credits.

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.

Complete an evaluation:

Please provide MOQC feedback about the meeting. An online evaluation is required in order to claim CME credits and print a certificate. **Evaluation link:** bit.ly/moqcjune2020

(Note: the link is case sensitive)

Steps to Claim Credits and Print a Transcript

1. Once your MiCME account has been created (see instructions above), click on your Dashboard.
2. Click on *Claim Credits and View Certificates* and then *Search for Other Activities*.
3. Type 'MOQC June 2020 Biannual Meeting'.
4. Under Action, click on *Claim* then click on *Add Credit*.
5. Enter the number of credits you are claiming and click the "I Attest" button.
6. Complete the evaluation form to provide feedback on the activity.
7. Click the *Submit* button.
8. Scroll down to the *Awarded Credits* section to view or print your certificate.

Attendance

Category	Number
MOQC Medical Oncology Physicians	25
MOQC Practice Staff (Nurses, Nurse Practitioners, Pharmacists, Practice Managers, Social Workers)	42
Hospice Representatives	12
Patient and Caregiver Oncology Quality Council (POQC)	7
Sponsor (BCBSM)	4
Speakers /State Representatives	2
Other (BCBSM CQI Guests, Other Guests)	7
MOQC Coordinating Team	11
Total Attendees	110

