

# MOQC NEWS

MICHIGAN ONCOLOGY QUALITY CONSORTIUM

SPRING 2021



## The Voices of Patients and Caregivers

The past several months of our world's COVID-19 quarantining has actually had a positive effect on MOQC's Patient and Caregiver Oncology Quality Council (POQC) and its work. Previous regular meetings had been done by phone and had limited success because of the difficulty of creating consistent connectivity and productivity, but moving to Zoom meetings has had a very positive effect.

Our "face-to-face" meetings have created a cohesiveness and energy that has led to three notable workgroups focusing on Financial Toxicity, Caregiver Resources, and Anti-Racism. Each are important topics that were brought up independently by POQC members.

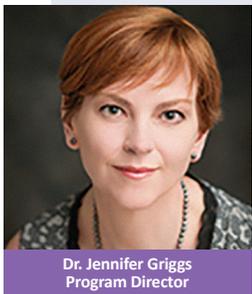
Interest in financial toxicity was fueled by a breakout session at a previous biannual meeting. It was furthered by interaction with two U-M School of Public Health faculty, Drs. Minal Patel and Dr. Lauren Hamel, who surveyed fall regional meeting attendees for a research project: Addressing Financial Hardship to Improve Cancer Outcomes. Caregiver resources has been a passion project of one of our POQC members for a long time. The hope is that resources can be collected and shared at upcoming meetings. Anti-racism was identified by another POQC member who wanted to learn more – overall and how it relates to improving cancer care – and was augmented by a great presentation by Dr. Griggs at a recent POQC meeting.

POQC subcommittees have been formed on each topic, and work has been done to develop a better understanding of each. That understanding will create a foundation for developing an action plan for each topic that will hopefully benefit MOQC and all of its participating practices. The expectation is that POQC can update MOQC practices on each effort at the June biannual meeting.

Also, POQC has grown to 10 members this month with the addition of Tracey Cargill-Smith and Peggy Burns. The addition of different perspectives and experiences helps POQC better represent the population of Michigan, so new members are always welcome.



Peggy Burns



Dr. Jennifer Griggs  
Program Director

## From the Program Director

### Happy Spring!

Our team is excited to share our updates with you through our Spring Newsletter. As things do tend to do in spring, we've been growing. Please read this newsletter to learn more about our new MOQC team members. Our search for a new MOQC Program Manager is underway. It is hard indeed to fill the shoes of Louise Bedard, who left MOQC in February after six years of service.

Another upcoming change for MOQC is the selection of a new database. QOPI, the database created by ASCO, will no longer be available after December 2021. The movement to a new database allows us to think about new opportunities for you—ways to get your data faster, new ideas for measures, for ways in which we can share the data, for new initiatives. Please join us for the vendor exhibit to help us select the right database to meet your needs. Generating trusted data is one of our Strategic Objectives, and we would love your input. Details are provided on the following pages. QOPI-certified practices will still have access to the QOPI platform.

MOQC wants to hear from you. What are we doing well? What could we do better? How can we increase the value of MOQC participation to you and your practices? Maximizing value is another one of our Strategic Objectives. We want to make sure that our work improves patient and family outcomes and that we effectively serve you, the clinicians and practices that care for patients in Michigan. Please reach out to us with ideas, and, when we contact you to get your input, know that we read every email you send.

Centering equity is a key focus of our shared work. Please read inside for an update on our equity initiatives and consider joining the Equity Task Force.

There's much to read in this newsletter. See you soon!

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Dr. Shitanshu Uppal  
Program Co-Director

## From the Program Co-Director

On Nov. 9th Pfizer (New York) and BioNTech (Mainz, Germany) announced that their vaccine is 90% effective in preventing COVID infections. Since that announcement, most healthcare workers are now vaccinated. Things are looking good for the rest of Michiganders as well. We hope that things will return to normal (or a new normal) by the end of this summer. Despite all of the pandemic-related challenges, I am so proud of all MOQC practices: you have continued to provide high-quality complex oncologic care to our patients.

We at MOQC Coordinating Center have been busy as well. We finalized our partnership with the Michigan Surgical Quality Collaborative (MSQC) to get more granular data on surgical outcomes for all the operations performed by gynecologic oncologists. We will also start collecting data on endometrial and cervical cancers soon. All of this is

happening with a backdrop of MOQC changing its database vendor from QOPI to a new platform (TBD).

To say this year has been a rollercoaster would be an understatement (shoved in a washing machine is more like it). We might have unwillingly become the “Zoom Ninjas,” our routines might have changed, the pandemic might have turned all of our lives upside down, but our mission remains the same. We will continue to strive to make Michigan the best state in the nation for cancer care.

*Shitanshu Uppal*



Emily Mackler, PharmD, BCOP  
Program Co-Director

## From the Program Co-Director, Clinical Quality Initiatives

Spring is arriving, the sun is showing its light more often, and

hope related to the COVID pandemic is on the horizon. I am in awe of everything we’ve seen this last year: the collaboration of MOQC sites and sharing of best practices, ongoing support by our sponsor, and the evolution of MOQC’s objectives to center equity in care, maximize our value, generate trusted data, and achieve professional potential.

Our Coordinating Center team and programming is growing rapidly to address all of these objectives and we’re appreciative of the opportunities to partner with all of you in doing so. The last year brought us many challenges and many lessons. We learned that we can (and you all did) provide incredible care to our patients with cancer across Michigan during a pandemic, we can continue to be connected even in a virtual environment, and we can change care delivery (ability to reach patients via video visits), which will very likely remain an option post-COVID.

One new program I want to highlight is POEM (Pharmacists Optimizing Oncology Excellence in Michigan). This is a great opportunity for practices to benefit from the integration of a clinical oncology pharmacist within their site. In addition, we partnered with MICMT (Michigan Institute for Care Management and Transformation) for this initiative and have learned of many opportunities for practices to benefit from care management participation and billing opportunities. Please see the summary in this newsletter and email us if you want to participate!

## Practice Spotlight

The Coordinating Center would like this opportunity to recognize DR. CAROL RAPSON, a medical oncologist from the Red Cedar Oncology Practice in East Lansing, Michigan. Dr. Rapson earned her medical degree from Michigan State University, completed residency and fellowship at the MSU Ingham Medical Center (present day McLaren Greater Lansing).



Dr. Rapson takes pride in her Red Cedar staff and practice because they are a small practice with dedicated stellar employees (many have spent their entire career there!) with a limited number of patients. That allows them to provide comprehensive care with readily accessible staff. She has enjoyed working alongside Dr. Anthony Brandau for the last 4 years, sharing patients and ideas, and both being pillars for their practice. Red Cedar Oncology is on the front line and strives to be at the top of innovation with new cutting edge therapies that give more hope to patients battling disease. Oncology and medicine has been a gift to Dr. Rapson and a very important part of her life.

Dr. Rapson and her husband, Tom, love spending time on their farm with horses they have rescued and proudly show to interested future owners. The Rapsons love taking family trips to their Holland cottage to spend time with their children and grandchildren. They look forward to being able to travel to Disneyland with all of them sometime in the near future.

Dr. Rapson is lit up with positive attitude when she sees patients do well who may not have done well years ago, when new drugs, interventions or treatment options are approved for oncology patients, when she is posed with a challenge, and when she is with her family, especially her grandchildren.

Dr. Rapson’s words of wisdom to new oncologists on the block: know whether you want to be a part of a smaller or larger practice. Private practices are very rare and can be very difficult to start up in this day and age. If this is what you’re leaning towards, you must learn and know the business of it, know where you fit in, where care can be provided. Being an oncologist is not just a job, it is being able to have the true gift of devotion, dedication, and a supportive mentality towards your patients.

Dr. Rapson mentioned that she is thankful that MOQC has provided her with the opportunity to meet and collaborate with other people and colleagues.

## Our Growing MOQC Team



### **DR. JISHA PANICKER**

Dr. Jisha Panicker grew up in the Sultanate of Oman and received her dental degree from the Mar Baselios Dental College, Kerala, India. Upon graduation, she served as a clinical instructor in the Department of Conservative Dentistry & Endodontics in her college. She graduated with a Master's Degree in Public Health from Wayne State School of Medicine and recently completed the Dental Postgraduate Program in Prosthodontics at University of Michigan's School of Dentistry.

Dr. Panicker's experience includes work in clinical, academic, and other healthcare environments, including the Henry Ford Health System and Michigan Medicine. Be it addressing oral health disparities, educating on vaping prevention programs, or striving for equity in maternal and child health, Dr. Jisha believes in creating a culture of health by leveraging the power of collaboration, compassion and creativity.

Dr. Panicker aims to help manifest MOQC's vision of offering a standard of excellence in patient-centered care by leveraging evidence based science and integrating healthcare practices. She lives with her husband and two children, ages 5 and 2. During her free time, she enjoys listening to podcasts on health, painting, baking and watching documentaries on Netflix.



### **ERMILI POTKA**

Ermili Potka earned his Bachelor of Science degree in Radiation Therapy from Wayne State University in 2012. He trained at Karmanos Cancer Institute, Henry Ford Hospital Detroit and West Bloomfield, and Oakwood Hospital and Sinai Grace Hospital. Ermili worked for St. Mary Mercy Hospital and St. Joseph Mercy Hospital Ann Arbor for over 15 years. At St. Mary Mercy Hospital, he worked in Radiology as a Radiology Assistant from 2005-2014 and a data abstractor for outcomes management from 2009-2010.

In 2014, Ermili took a position with St. Joseph Mercy Hospital Ann Arbor as a Cancer Research Coordinator with the Michigan Cancer Research Consortium where he reviewed protocols, enrolled eligible patients in cancer clinical trials, and entered their data post enrollment in addition to uploading Radiation Therapy treatment plans and general imaging for review. He has abstracted for our team by proxy as a clinical data abstractor since 2016.

Ermili looks forward to sharing his healthcare experience with MOQC to help our team accomplish their mission and goals. In his free time, Ermili likes playing basketball and softball and enjoys spending time with family.



### **CINDY MICHALEK**

Cindy Michalek studied Business Management at Henry Ford Community College and earned a Bachelor's in Business Administration from the University of Michigan in 2006. Her work experience in customer relations includes roles as a customer service representative, account manager, executive assistant, account executive, and supervisor at various companies within our Great Lakes State. Cindy began working at the University of Michigan Cancer Center as a Senior Administrative Assistant in 2011 where she provided support to both the Cancer Center Administration and MOQC.

Cindy moved on to become Project Coordinator at the University of Michigan Pharmacy in 2013, which gave her the opportunity to work in Oncology with the Cancer Center Orders Team and a part of the Specialty Pharmacy Team. In 2016, Cindy then contracted with MOQC as a Lead Clinical Data Abstractor. She further contributed to MOQC with payroll management of our outside abstractors, became the contact for some of our practices, provided us with support at our Biannual Meetings, and was involved in multiple projects on quality initiatives with MOQC team members that included Oral Oncolytics, POEM and PROM Onc. This entailed data analysis and provided her expertise for new project developments between the Pharmacy and MOQC teams. Cindy is looking forward to growing the abstraction team and helping with recruitment of new practices for MOQC. In her free time, Cindy enjoys running, hiking, kayaking, snowmobiling, mountain biking, traveling, outdoor life, and spending time with Rocco, her Rhodesian Ridgeback.

*Team Continued on page 4*

## Our Growing MOQC Team



### HEATHER BEHRING

Heather Behring comes to MOQC as a clinical professional with successful experience in quality, surgical management, education, perioperative quality functions and data abstraction. She earned her Diploma in Nursing from St. Clair College in 1988 in Windsor, Ontario, and a BSN with Honors from Madonna University in 2012. Heather recently earned her Certificate of Cancer Information Management from Ferris State in 2019 and the Cancer Tumor Registrar Certification this past November, 2020.

Her nursing experience included being an RN of OR Surgical Services at Henry Ford Health System, the RN Leader at Fairlane's Ambulatory Surgery Center, a Clinical Manager of Outpatient Surgery/Cystoscopy/Endoscopy at Oakwood Hospital, Clinical Manager of the Orthopedic Specialty Hospital OR at the Detroit Medical Center, a Nurse Educator at St. Mary Mercy Hospital, and a most recently a Clinical Improvement Specialist and Clinical Data Abstractor for the Michigan Arthroplasty Registry at the DMC. During the last 6 years at the DMC, Heather demonstrated leadership qualities as a Surgical Clinical Quality Reviewer for the MSQC-BCBS Collaborative and as Leader for the Enhanced Recovery Project for Surgical Patients.

Heather is excited to use what she brings with her as a new Tumor Registrar and apply her knowledge and expertise to her new role at MOQC to help improve the quality of cancer care within our consortium. Heather loves to train and run competitively in marathons and enjoys reading books in her free time.



### ASHLEY SCHWARTZ

Ashley Schwartz is a Licensed Social Worker and Project Manager with the Michigan Institute for Care Management and Transformation (MICMT). In this role, Ashley provides on-going program support collaborating and coordinating with Physician Organizations, clinical quality initiatives including POEM and managing BCBSM deliverables. As a Licensed Social Worker, Ashley has several years' experience working in various healthcare settings providing clinical and administrative support. In her free time, Ashley enjoys spending time with her family, staying active, and traveling the world.

## MOQC Team

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 @MOQCteam

**MOQC**

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

## Quality Projects: New Resources

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

### PHARMACY VIDEOS

Michael A. Smith, PharmD, BCPS partnered with MOQC to record a series of videos covering topics within the realm of Palliative Care:

- End of Life Care
- Pain Mechanisms and Management
- Nausea and Vomiting Mechanisms and Management
- Anxiety and Depression Mechanisms and Management

Those videos can be found on MOQC's website: <https://moqc.org/resources/palliative-care/>



The first two episodes of the **OVARIAN CANCER EDUCATION PODCAST**, *New Diagnosis and Treatment Options* are available on MOQC's website: <https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/>

The next episode, which will delve deeper into the topic of Chemotherapy, will be released shortly. More episodes to come...

## Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM):

### ONCOLOGY PHARMACISTS MAKING A DIFFERENCE IN YOUR PRACTICE

Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM) launched in late Fall of 2020. POEM is a collaboration between MOQC and Michigan Institute for Care Management and Transformation (MICMT) and was developed to assist oncology practices with improving patient care and outcomes through integration of clinical oncology pharmacists in direct patient care. Clinical oncology pharmacists will provide clinical care to high-risk oncology patients in oncology practices across the State.

### PRACTICE PARTICIPATION BENEFITS:

- Support in recruiting, hiring, and funding clinical oncology ambulatory pharmacists
- Receive value-based reimbursement
- Share best practices and processes
- Collaborate in expanding interdisciplinary care and improving disease- and medication-related outcomes

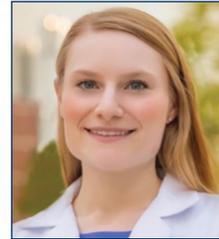
### POEM TEAM:

- **Emily Mackler**, PharmD, BCOP (MOQC) DIRECTOR
- **Julie Wietzke**, MHA, MLS (MICMT) PROJECT LEAD MANAGER
- **Ashley Schwartz**, LMSW (MICMT) PROJECT MANAGER
- **Arielle Davidson** (MOQC) INTERN

### POEM PILOT SITE PHARMACISTS:



**Christin Molnar, PharmD**  
Cancer and Hematology Centers of Western Michigan, PC, Grand Rapids, MI



**Emily Johengen, PharmD, BCACP**  
IHA Hematology Oncology Ann Arbor, MI

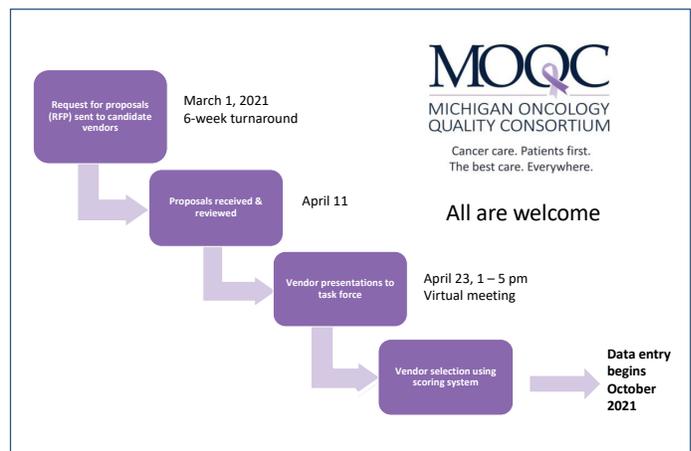
We're enrolling additional sites for participation. Please see [www.moqc.org/poem](http://www.moqc.org/poem) or contact Emily Mackler, PharmD, BCOP, MOQC Program Co-Director, at [emackler@moqc.org](mailto:emackler@moqc.org) if you're interested in participating or learning more.

## Data Engine Update

MOQC is Choosing a New Database.

Our Data Engine Task Force met in January to create our wish list for our new database. A request for proposals was sent to potential vendors at the end of February.

Vendors presented on April 23rd and it is expected that a new database vendor will be selected shortly. We have benefitted greatly from the expertise of Heather Somand, PharmD, our consultant assisting with this process. Dr. Somand has had a chance to meet many of you during our Regional Meetings.



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## Research Projects: Update

### **MIGHT: THE IMPORTANCE OF FAMILY HISTORY IN ONCOLOGY**

The Michigan Genetic Hereditary Testing (MiGHT) project team has been working hard to prepare the project for introduction to MOQC practices. The goal of this project is to increase the collection of a complete family history as well as referral of high-risk patients to genetic counseling and testing. Identifying patients and family members at increased risk of inherited susceptibility to cancer will save lives. Only 1 in 3 patients with cancer in MOQC currently has a complete family history.

In order to facilitate collecting a complete family history, we will be offering our practices access to a free web-based Family History Health Survey (FHHS) tool. The tool walks a patient through entering the cancer history of their first and second degree relatives and includes age of diagnosis. Upon completion of the FHHS, the results and a pedigree are immediately available to the patient's care team for use in clinical care.

The FHHS tool is undergoing its final testing and will be ready to deploy in the first group of MOQC practices in June 2021. All MOQC practices will be asked to participate in MiGHT and will be offered the FHHS tool as well as assistance in incorporating the tool into clinical practice. The FHHS tool will be introduced into MOQC practices in a stepwise fashion over the next 3 years. Practices will be contacted in advance of their assigned start date to begin the implementation process. Data from the QOPI measure looking at the proportion of patients with a complete family history documented will be used to determine the impact of introducing the FHHS tool.

If you have any questions about the MiGHT project, please contact MOQC Project Coordinator, Shayna Weiner, at [shaynaw@med.umich.edu](mailto:shaynaw@med.umich.edu).

### **FINANCIAL TOXICITY IN CANCER CARE DELIVERY**

In Fall 2020, Dr. Minal Patel from the University of Michigan School of Public Health, and Dr. Lauren Hamel from the Karmanos Cancer Institute and Wayne State School of Medicine attended both the POQC meeting, and MOQC regional meetings. They presented their interests in research to address financial toxicity in cancer care delivery, and learn from our membership around their interests and needs in this area.

Dr. Patel's research program focuses on the development and evaluation of behavioral interventions to address medical financial burden, and unmet social needs in chronic care management. Dr. Hamel's research program focuses on clinical communication and the improvement of organizational outcomes, including how patients and physicians discuss direct and indirect patients, costs of cancer treatment, and how those discussions are related to patients' experience of financial toxicity.

During the regional meetings, Dr. Patel and Dr. Hamel posed questions to members around their interests in working on addressing financial toxicity. Across regions, they found that between 70-100% of member representatives agreed that a better system is needed to address medical financial hardship that patients face in seeking cancer care and would be interested in collaborating

with MOQC around thinking about solutions. They also found that 90-100% of member representatives would be interested in utilizing resources to address financial toxicity of patients if MOQC made them available. From their interviews with POQC and MOQC members representing a variety of roles, they learned that systems in place to address financial toxicity have known strengths, as well as needs to better address the wide-range of issues that fall under the umbrella of financial toxicity that patients face.

Next steps for Dr. Patel and Dr. Hamel are to secure funding to support efforts to work with MOQC to better address financial toxicity experienced by patients.

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## Research Projects: Recruiting

### **ONCOLOGISTS' ATTITUDES REGARDING CHEMOTHERAPY FOR PATIENTS NEAR THE END OF LIFE**

#### **How You Can Help**

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. The first two parts of the study (a round of interviews and fielding of a survey) are completed, and the third part (another round of interviews) will begin later this month. For clinicians who participate in a 45-minute interview, you will be provided an honorarium in appreciation of your time (\$50 for the interview, which can be done over the phone or over Zoom).

Your responses are unique and cannot be replaced. If you have any questions or would like more information, please contact Dr. Chithra Perumalswami at [cperumal@med.umich.edu](mailto:cperumal@med.umich.edu) or her research associate, Ms. Emily Chen, at [emilypc@med.umich.edu](mailto:emilypc@med.umich.edu).

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

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## Practice Physician Champion Update

For practices to claim participation credit towards MOQC's value-based reimbursement (VBR), at least one physician from each practice must complete all CME evaluations for each session of the meeting (excluding breakouts), including the 4 BCBSM evaluation questions.

Two biannual meetings are scheduled each year for medical oncology and gynecologic oncology practices, and only one meeting must be attended to meet part of the participation requirements for the annual VBR.

## Health Equity Corner

Inequities in cancer care and outcomes are evident in every aspect of cancer care for racial and ethnic minority groups, for people with lower socioeconomic position, for people in rural areas, for older people and for young adults, and for immigrants, sexual and gender minorities, and people with low health literacy.

MOQC, including the Coordinating Center, participating practices, and Patient and Caregiver Oncology Quality Council (POQC), is committed to centering health equity as one of our four strategic initiatives. We are considering equity in selection of our measures and our quality improvement initiatives. To accelerate this work, we will be forming an Equity Task Force. Please let us know if you are interested in participating.

We are also excited to share that Blue Cross Blue Shield of Michigan (BCBSM) is doing the same with the launch of a new Collaborative Quality Initiative (QCI), Michigan Social Health Interventions to Eliminate Disparities (M-SHIELD). Dr. Renu

Tipirneni and Dr. John Scott are the M-SHIELD Co-Directors and are building their team now.

To learn more about cancer health disparities, we recommend the following resources:

- National Cancer Institute (NCI) Center to Reduce Cancer Health Disparities (CRCHD)
- American Society of Clinical Oncology Equity in Cancer Care & Research
- Centers for Medicare & Medicaid Services (CMS) Office of Minority Health
- Michigan Office of Equity and Minority Health (OEMH)

Contact [moqc@moqc.org](mailto:moqc@moqc.org) if you have ideas for addressing inequities in cancer care that you'd like to see MOQC support or if you're interested in participating in the Equity Task Force.

## MOQC Measures 2021

MEDICAL ONCOLOGY MEASURES	VBR MEASURE
Chemotherapy intent (curative vs. non-curative) documented before or within 2 weeks after administration	
Oral chemotherapy monitored and addressed on visit/contact following start of therapy	
Tobacco cessation counseling administered or patient referred in past year	
NK1RA & olanzapine prescribed or administered with high emetic risk chemotherapy	X
NK1RA or olanzapine administered with first cycle low/moderate emetic risk (lower is better)	X
Complete family history documented in patients with invasive cancer	
G-CSF administered to patients who received chemotherapy with non-curative intent (lower is better)	
Hospice enrollment	X
Hospice enrollment & enrollment within 7 days of death (lower is better)	X
Chemotherapy administered within the last 2 weeks of life (lower is better)	
Percentage of patients who died from cancer with more than one emergency department visit in the last 30 days of life (lower is better)	
Hospice enrollment or documented discussion	
Advanced imaging within 60 days of diagnosis for patients with Stages I – II breast cancer <sup>1</sup>	
Bone-modifying agent given to patients with bone metastases from breast cancer or multiple myeloma <sup>1</sup>	
Growth factor used in patients receiving chemotherapy in the non-curative setting (lower is better)	
GYN ONCOLOGY MEASURES	VBR MEASURE
Tobacco cessation counseling administered or patient referred in past year	
NK1RA & olanzapine prescribed or administered with high emetic risk chemotherapy	
NK1RA or olanzapine administered with first cycle low/moderate emetic risk (lower is better)	
Complete family history documented in patients with invasive cancer	
G-CSF administered to patients who received chemotherapy with non-curative intent (lower is better)	
Hospice enrollment	
Hospice enrollment & enrollment within 7 days of death (lower is better)	
Chemotherapy administered within the last 2 weeks of life (lower is better)	
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or primary peritoneal cancer	X
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 MEETINGS 2021 SCHEDULE

## MED-ONC BIENNIAL MEETING

June 18 • 9:00 am – 1:00 pm

Virtual Meeting

Keynote: Supriya G. Mohile, MD, MS  
*University of Michigan, Geriatric Oncology Assessment*

## GYN-ONC BIENNIAL MEETING

October 9 • 9:00 am – 12:00 pm

Lunch will be provided

Location TBD • Lansing, Mi

## MED-ONC REGIONAL MEETINGS Metro East (ME)

March 31 • 6:00 – 8:00 pm

Virtual Meeting

## Lake Michigan Oncology (LMOR)

April 5 • 6:00 – 8:00 pm

Virtual Meeting

## West of Woodward (WOW)

April 14 • 6:00 – 8:00 pm

Virtual Meeting

## Central Michigan (CMG)

April 19 • 6:00 – 8:00 pm

Virtual Meeting

## Superior – West

April 28 • 6:00 – 8:00 pm

Virtual Meeting

## Superior – East

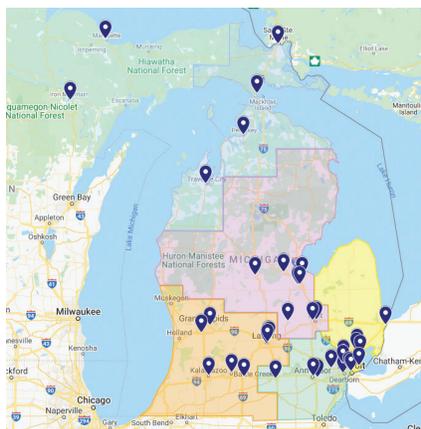
April 29 • 6:00 – 8:00 pm

Virtual Meeting

Registration for all meetings can be found on the landing page of [moqc.org](http://moqc.org) or under “Events” at the top of the landing page

## MOQC MEMBERS

### Med Onc Locations

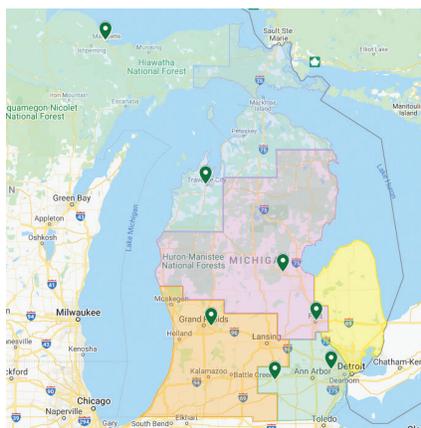


### Gyn Onc Locations



## PARTICIPATING SITES: PALLIATIVE RADIATION THERAPY PROJECT

### Hospice Locations



### Palliative Radiation Locations



VIEW THE COMPLETE MOQC EVENT CALENDAR:  
[www.moqc.org/events](http://www.moqc.org/events)

Due to the evolving COVID-19 pandemic,  
meetings may be virtual or may be rescheduled.  
The MOQC Coordinating Center will keep you posted.



North Campus Research Complex  
Building 14, G210 • Plymouth Rd, SPC 2800  
Ann Arbor, MI 48109

866-GET MOQC (866-438-6672)  
Fax: 734-998-1447 • [moqc.org](http://moqc.org)



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