

Letter from the Program Director



Dr. Jennifer Griggs
Program Director

Autumn greetings from MOQC!

As you know, we've had a busy 2019. We've formed a productive collaboration between MOQC practices and nearly all of the larger and system-based Michigan hospices. This collaboration has led to deeper understanding of the work we all do and the ways in which we can improve care of our patients and communication between our specialties.

Each MOQC region has been working on a project that will be part of a set of resources for clinicians, patients, and their families. These resources will be shared across all MOQC practices. Most of the initial projects are nearly completed. There's more work to be done after this, of course, but we're excited about the progress we've made so far.

This coming January's Biannual Meeting promises to be informative and unique. We will hold an often suggested Faith & Culture Panel. We'll run this as a Case Conference. If you have a patient story (or a blend of two or more cases) in which you found yourself challenged to meet a patient or family's needs, whether because you lacked understanding of their faith or culture or

because you did not have the vocabulary to understand what was being said, please email or call us. We're hoping to focus on difficult conversations about patient values, advance directives, sharing prognosis, and end-of-life discussions. We will be presenting cases without using your name.

The January meeting will also include a session on changes in Medicare's Quality Payment Program (QPP) for 2020. Michael Smith, PharmD, BCPS, will return to discuss pharmacologic management of symptoms.

Don't forget - we now offer continuing education credits for social workers as well as for physicians, nurses and administrators. Our final hurdle to clear on this front is to provide continuing education credits to pharmacists at our Biannual meetings. We will inform you as soon as we accomplish this.

We look forward to seeing you at our upcoming Fall regional meetings. Register by going to moqc.org.

Keep reading for more information and updates.

Cheers,

Jennifer Griggs, MD, MPH, FACP, FASCO

POQC (Patient & Caregivers Oncology Quality Council) Pointers

POQC Member: Amanda

It was a time when cancer had been wreaking havoc on my body for about 6 years already. I still felt the negative effects of treatment every day and I had not only lost some abilities, but I had also lost so much

confidence. I was up in the middle of one night and I found First Descents on the internet and applied. They sent me away on an outdoor adventure where I pushed my boundaries, conquered incredible

challenges, and made new cancer friends.

During my 3rd cancer recurrence, I spent an amazing summer week learning how to whitewater kayak. I arrived in Montana and met a group of young adults who were also living with or had survived cancer. Participants were from all over the country. We were at different points in cancer and had different ability levels, but we were at similar points in life. Throughout that week, we ate and learned about healthy, plant-based foods from a professional chef, we learned from professional kayakers the basics all the way through soloing in class 4 rapids, and we connected over our shared highs and lows. It reminded me that I was not alone and that I could still overcome other really tough challenges, even while I was still living with

continued on next page

IN THIS ISSUE

- 1 Letter from the Program Director
- 1 POQC Pointers
- 2 Value-Based Reimbursement Measure: Chemotherapy-Induced Nausea and Vomiting (CINV)
- 3 Patient-Reported Outcome Measures for Oncology (PROMonc) Update
- 3 Welcome: New MOQC Practices
- 3 MOQC Team
- 3 Website Update
- 4 MOQC Measures: Med Onc and Gyn Onc
- 5 MOQC Maps
- 6 Hospice Enrollment Initiative
- 7 Partnerships with the State
- 7 Payments will Go Directly to Practices
- 8 Upcoming Events



Amanda is such a great kayaker now. You can only see her helmet in the wave!

POQC Pointers, *continued*

cancer. I left feeling loved, proud of myself, and tougher than ever!

First Descents is an incredible nonprofit that provides these free outdoor adventures

(surfing, kayaking, climbing, etc.) across the country and internationally. Participants just need to pay their way to the site or apply for a travel scholarship to fund their travel costs. They have medical staff on site and experts in all the activities to make things safe and

accessible for patients with different conditions. Who knew that one of the best weeks of my life could be during the daily struggles of cancer? Visit firstdescents.org to learn more and I hope you will recommend it to all of your eligible patients!

Value-Based Reimbursement Measure: Chemotherapy-Induced Nausea and Vomiting (CINV)

Nausea and vomiting due to chemotherapy are well-known side effects of therapy, and management via antiemetic premedication has greatly reduced patient symptoms and resulting complications. Intravenous chemotherapy is classified into four different risk categories based on the likelihood of vomiting or emesis occurring if no antiemetic premedication is given: high (>90%), moderate (30-90%), low (10-30%), and minimal (<10%). Guidelines for the management of chemotherapy-induced nausea and vomiting (CINV) are determined based on the risk category of the chemotherapy regimen used.

The American Society of Clinical Oncology (ASCO) – Quality Oncology Practice Initiative, QOPI®, has developed several quality measures to address antiemetic premedication for CINV with the intent of ensuring appropriate antiemetic selection and reducing complications of under-prescribing, as well as minimizing over-prescribing in scenarios where the risk does not warrant prophylaxis with certain antiemetics (Table 1).

The Michigan Oncology Quality Consortium (MOQC) Measures Committee has included SMT28 and SMT28a within the MOQC MED ONC Track. Given a pattern of increasing use of prophylaxis with medications reserved for high emetic risk in the moderate and low risk chemotherapy regimens, the Measures Committee selected SMT28a* as a value-based reimbursement (VBR) measure (Figure 1).

MOQC then surveyed practices to determine compliance with the measures based on which antiemetics were pre-populated in a selection of commonly utilized high- and moderate-risk chemotherapy regimens. Of the 43 practices surveyed, 32 (74%) responded, and 29 of the 32 (91%) practices indicated their antiemetic orders are pre-populated within the electronic medical

record. The survey results indicated that only 20% of moderate emetic risk regimens included pre-populated medications (either NK1-receptor antagonists or olanzapine) as a standard premedication (range: 13 – 47%).

To support practices in meeting the VBR target for SMT28a, MOQC has developed a CINV page on the MOQC website. Practices can review current antiemetic guidelines and access helpful resources.

MOQC has emailed each practice with the VBR goal, practice-specific QOPI performance, survey results, and ways the practice can modify pre-populated orders to be consistent with national antiemetic guidelines and ASCO-QOPI measures.

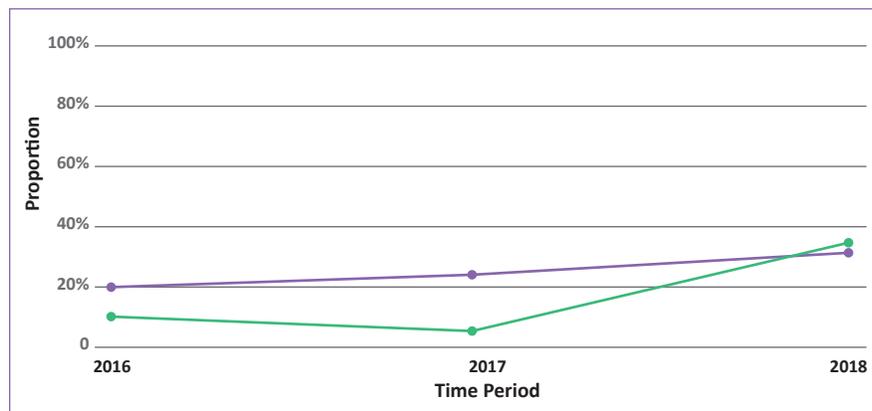
For additional information, please see the MOQC CINV webpage or email Kelly Procailo, PharmD, BCOP at kprocailo@moqc.org.

TABLE 1. 2019 QOPI® SYMPTOM/TOXICITY ANTIEMETIC MEASURES

SMT26	Serotonin antagonist prescribed or administered with moderate/high emetic risk chemotherapy
SMT27	Corticosteroids and serotonin antagonist prescribed or administered with moderate/high emetic risk chemotherapy
SMT28	NK1 receptor antagonist and olanzapine prescribed or administered with high emetic risk chemotherapy
SMT28a*	NK1 receptor antagonist (aprepitant/fosaprepitant/netupitant) or olanzapine administered for low or moderate risk Cycle 1 chemotherapy (Lower score – better) (Top 5 test measure)
SMT29	Antiemetics prescribed or administered appropriately with moderate/high emetic risk chemotherapy (defect-free measure 27 and 28)
SMT29a	Antiemetic therapy prescribed for highly emetogenic chemotherapy risk
SMT29b	Antiemetic therapy administered for highly emetogenic chemotherapy risk
SMT29c	Antiemetic therapy prescribed for moderately emetogenic chemotherapy risk
SMT29d	Antiemetic therapy administered for moderately emetogenic chemotherapy risk

*MOQC VBR measure

FIGURE 1. NK1RA OR OLANZAPINE FOR MODERATE OR LOW EMETIC RISK CHEMOTHERAPY



• MOQC • QOPI

Lower is Better

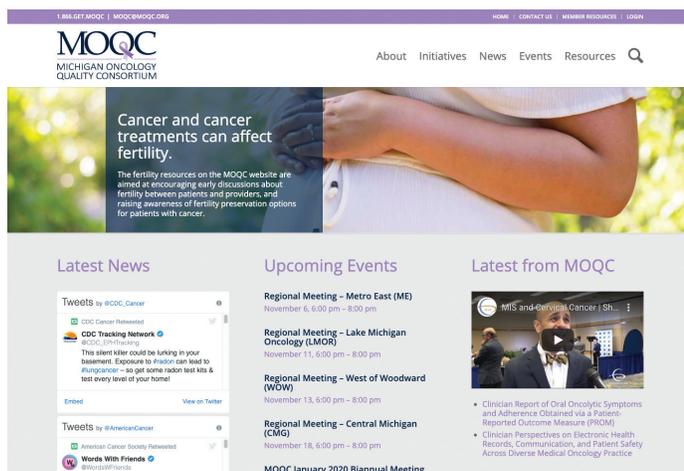
Patient-Reported Outcome Measures for Oncology (PROMOnc) Update

The Patient-Reported Outcome Measures for Oncology (PROMOnc) project was created as a collaboration between the non-profit Pacific Business Group on Health (PBGH) and MOQC in an effort to enhance patient-centered cancer care. PROMOnc is a quality improvement initiative being implemented in 20 MOQC sites. Patients with breast, colon, or non-small cell lung cancer will be asked to complete a survey three times during and after treatment, about health-related quality of life, pain, and fatigue. The goals of this project include improving patient care and measuring quality of care based on symptom management.

Munson Healthcare and Henry Ford Macomb are serving as the alpha sites for the project. They went live in July and have begun enrolling patients. The beta sites are beginning enrollment this fall. Data collection is scheduled to run through November 2020. Following completion and analysis of this project, the measures will be submitted to the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS), for inclusion consideration. This project is funded by a contract (similar to a grant) from CMS.

MOQC Website Update

Check out what's new on our updated website at moqc.org.



Welcome: New MOQC Practices

We welcome the addition of the Cancer & Leukemia Center, the Office of Mitchell Folbe, M.D., and the Downriver Oncology Center, all offices of Michigan Healthcare Professionals (MHP). MHP also includes the Oakland Medical Group and Hematology Oncology Consultants, who are active members of MOQC. Dr. Padmaja Venuturumilli represents MHP at MOQC meetings and is an active member of the MOQC Steering and Measures Committees, reporting back data and initiatives at the MHP quality meeting.

We were pleased to welcome several more practices from across the state this year. Binu Malhotra, MD and the Medical Oncology team at Covenant HealthCare in Saginaw joined MOQC earlier this Spring. As a result, Covenant Medical Oncology and Gynecology Oncology (led by Dr. Gregory Sutton) are now part of MOQC. This summer we also warmly welcomed Dr. Bhadrash Nayak, MD and the entire team at Nayak Oncology in Sterling Heights to the Consortium. Their single-physician practice will join the Metro East region. In northeast Michigan, William Hitzelberger, DO and the MidMichigan Medical Center Alpena team, also joined MOQC. The Alpena practice joins four other MidMichigan Health System practices in the lower Peninsula – Midland, Alma, Gratiot and Mt. Pleasant – who also participate MOQC. We look forward to partnering with all of our new practices to improve cancer care across Michigan!

WELCOME

Vanessa Aron – Project Manager

Vanessa Aron comes to us from the Department of Obstetrics & Gynecology at Michigan Medicine where she worked as the Fellowship Manager. At MOQC, she hopes to use the strong connection with and passion for quality improvement that she developed in Ob/Gyn to improve patient care in the realm of gynecologic oncology. When she is not at work, Vanessa is a knitter and yarn dyer, and she practices yoga for relaxation. Welcome Vanessa!



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MOQC Measures: Medical Oncology (Med Onc) and Gynecology Oncology (Gyn Onc)

As of June 2019, our practices will now see measures launched in their QOPI accounts as Med Onc or as Gyn Onc tracks. Our gynecology oncology measures are the same, but for Round 2 2019, MOQC's revised medical oncology measures have been launched. If you did not have a chance to attend our August abstractor webinar, it is available on moqc.org under QOPI abstraction.

QOPI® Module & Measure #	QOPI® Measure Name	Track	
		MedOnc	GynOnc
Core 6e	Pain addressed appropriately by second office visit and during most recent office visits (defect-free measure , 6 and 6d)		✓
Core 13oc6	Oral chemotherapy monitored on visit/contact following start of therapy (defect-free measure 13oc6a - 13oc6b)	✓	
Core 13oc6a	Oral chemotherapy adherence assessed on visit/contact following start of therapy	✓	✓
Core 13oc6b	Oral chemotherapy adherence addressed on visit/contact following start of therapy	✓	
Core 14	Signed patient consent for chemotherapy		✓
Core 22bb*	Tobacco cessation counseling administered or patient referred in past year	✓	✓
SMT 28	NK1-RA & olanzapine prescribed or administered with high-emetic risk chemotherapy	✓	
SMT 28a*	NK1-RA or olanzapine administered with low or moderate emetic risk Cycle 1 chemotherapy (lower is better) (Top 5 measure)	✓	✓
SMT 33	Infertility risks discussed prior to chemotherapy with patients of reproductive age		✓
EOL 38	Pain addressed appropriately (assessed, quantified, & plan of care documented for moderate-to-severe pain)	✓	✓
EOL 41	Dyspnea addressed appropriately (defect-free measure , 39 and 40)		✓
EOL 42*	Hospice enrollment	✓	
EOL 43a	Palliative care referral/services	✓	
EOL 44	Hospice enrollment within 3 days of death (lower is better)		✓
EOL 45	Hospice enrollment within 7 days of death (lower is better)	✓	
EOL 47a*	Hospice enrollment, or documented discussion	✓	✓
EOL 47b	Palliative care referral/services, or documented discussion	✓	✓
EOL 48	Chemotherapy administered within the last two weeks of life (lower is better)	✓	✓
BR 62a1	PET, CT, or radionuclide bone scan ordered by practice within 60 days after diagnosis for Stage I, IIA or IIB breast cancer (lower is better) (Top 5 measure)	✓	
BR 62c1	Serum tumor marker surveillance ordered by practice between 30 – 365 days after diagnosis of breast cancer in patients who received treatment with curative intent (lower is better) (Top 5 measure)	✓	
PROS 113	Bone density testing to monitor for bone loss within a year of starting ADT for treatment of prostate cancer	✓	
GYNONC 90g	Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, or primary peritoneal cancer		✓
GYNONC 94	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		✓
MOQC PM1	Bone-modifying agent administered for breast cancer bone metastases & multiple myeloma	✓	
MOQC PM2**	Complete family history documented in patients with invasive cancer	✓	
MOQC PM3	GCSF administered to patients who received chemotherapy with non-curative intent (lower is better) (Top 5 measure)	✓	
MOQC GYNONC #1	Days from debulking surgery to chemotherapy start		✓
MOQC GYNONC #2	Patients with ovarian cancer referred for genetic testing/counseling		✓

* **Med Onc** Value-Based Reimbursement (VBR) Measure (highlighted in lavender)

**QOPI® Core Measure 10 “chemotherapy intent documented before or within two weeks after administration” will be abstracted from MOQC charts to support PM2

Top 5 Measure = Choosing Wisely Measure <http://www.choosingwisely.org/>

MOQC PM = Michigan Oncology Quality Consortium Pilot Measure or Test Measure with QOPI®

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MOQC Measures, continued

Med Onc Measures:

Congratulations! Our MOQC practices have done so well reporting documentation of signed consent for chemotherapy, discussing infertility risks prior to starting chemotherapy to patients of reproductive age, colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemo, addressing dyspnea, and assessing/addressing pain – these measures have been retired.

Something New! Three measures were reconfigured to address current practice. Granulocyte colony-stimulating factor (GCSF) will be abstracted for any patient who is receiving chemotherapy for non-

curative intent; bone-modifying agent will be abstracted for breast cancer patients who have metastatic disease and for multiple myeloma patients; and a complete family history will be assessed for any patient who has an invasive cancer. A complete family history means that for the first and second generation of a patient's family, the type of cancer and the age of diagnosis is noted in the patient's record or is indicated as not available or unknown. QOPI® collaborated with MOQC to create 3 MOQC test measures. Depending on how the measure performs in MOQC practices (Do we see variation? Is the measure feasible to collect? Is there an opportunity to improve performance?), they have the potential to be incorporated into the QOPI® database.

What about VBR? Each practice's region as a whole must meet 3 out of 4 VBR measure targets to qualify for the 3% CQI incentive. In addition to meeting the VBR targets, one physician from each practice must attend both regional meetings and one biannual meeting.

MOQC's webinars have a wealth of information regarding measure changes for this round and are available for viewing on our website, moqc.org.

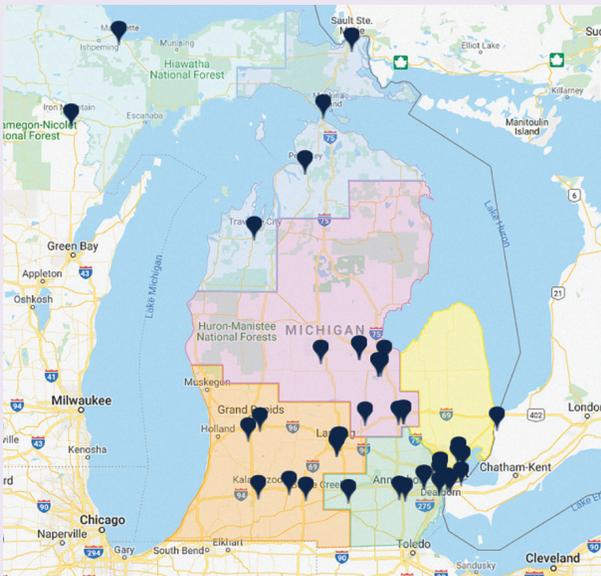
Gyn Onc Measures:

MOQC's GynOnc measures have not undergone any revisions since first published.

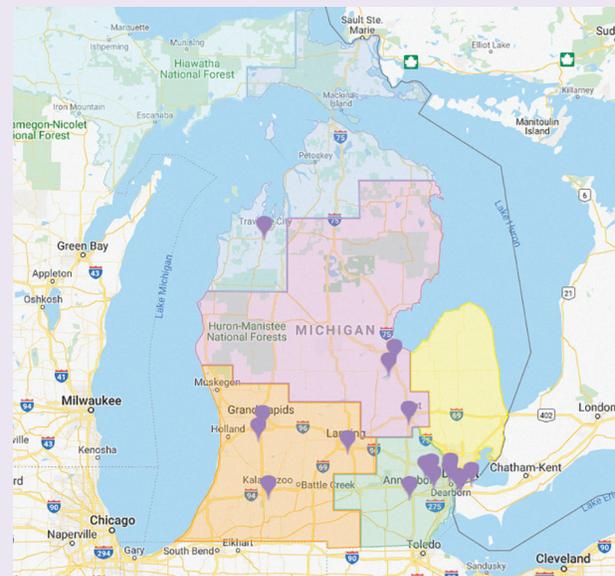


MOQC MEMBERS

Med Onc Locations



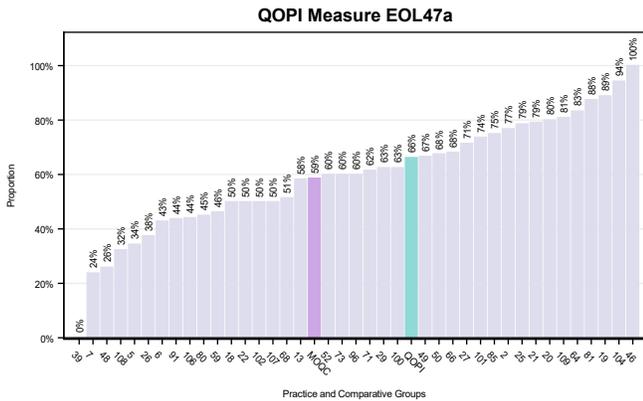
Gyn Onc Locations



The member maps are interactive on the moqc.org website.

Hospice Enrollment Initiative

MOQC has been collecting performance data on QOPI® End of Life Measure 47, hospice enrollment, palliative care referral/services or documented discussion for many rounds. The overall performance of the collaborative has not shown an improvement in hospice enrollment or documented discussion (EOL Measure 47a), when compared to QOPI®. See data below, for most recent Round 1, 2019 data.



Since 2015, MOQC has not demonstrated improvement in this area of care. The American Society for Clinical Oncology (ASCO) guidelines support the initiation of discussions about end-of-life care preferences early in the course of cancer, and readdressing the topic based on clinical events or patient preferences. The benefits of hospice to cancer patients includes:

- Improved survival
- Reduction of high-risk or high-burden interventions such as futile chemotherapy
- Reduction of high-intensity healthcare utilization and costs
- Improvement in health related quality of life

Barriers to Improvements

Due to **lack of knowledge** and misperceptions, hospice is not used early enough for cancer patients to optimize the benefits of hospice. **Misperceptions** about hospice and stigma about death are pervasive. Many people associate the word hospice with death and “giving up” on care, as opposed to an alternative approach to care. Patients believe that if they enroll in hospice they will no longer be able to receive pain medication and antibiotics for symptom management. **Provider characteristics** are among the strongest predictors of whether or not a patient receives hospice care. Most physicians receive little skills training about communication at end of life. In addition, prognostication of when death will occur is inherently difficult and this degree of uncertainty becomes a reason not to refer. Oncologists may become reluctant to refer their patients because of unclear responsibilities between themselves and hospices in developing and directing patients’ plans of care. Sometimes, medical oncology practices are not aware that patients have been enrolled in hospice, or even that their patients have died in hospice.

New Approach – New Partnerships!

Beginning in Fall 2018, MOQC medical oncology practices partnered with hospices from across Michigan with the goal of increasing enrollment to hospice care. Several projects were identified for implementation in each region under this initiative. The projects will be part of a statewide toolkit that will be accessible to all of our practices on our website moqc.org. The tools that will be available for any practice to use include:

- pamphlets for starting conversations about hospice care with patients and caregivers
- an infographic comparing palliative care and hospice
- information sheets
- letter templates to facilitate communication between hospices and MOQC medical oncology practices
- access to education about hospice for clinicians.

Practices are encouraged to use any of these resources to start discussions with patients and caregivers about end of life earlier in the disease process. Sharing accurate information and addressing goals of care can help dispel misperceptions about hospice.

This initiative represents a unique collaboration between medical oncology and hospice providers. MOQC is also collaborating with hospice physicians and radiation oncology physicians to develop an agreement for the use of palliative radiation therapy in hospice. There is variation in the availability and frequency of palliative radiation offered by hospices and radiation oncologists, and there is significant opportunity to improve care in this area. We hope that this initiative will lead to more effective and efficient care, and truly make a difference for cancer patients and their caregivers in the state of Michigan.

How Long will this Take?

MOQC anticipates that this is a multi-year, multi-project initiative. There are layers of intersecting factors that impact practices and hospices’ ability to enroll cancer patients. We introduced this project in Fall of 2018 and our goal is to demonstrate an improvement at both the region and State level that is sustainable over the next three to five years. We will be reporting on hospice enrollment at every regional and biannual meeting.

How Will We Know if We Improve?

Three end of life measures in the current MOQC Med Onc track deal with hospice enrollment.

Two of the three measures are tied to annual BCBSM-MOQC value-based reimbursement (VBR).

QOPI® Measure Name	BCBSM-MOQC Value Based Reimbursement Measure	QOPI® Measure Number
Hospice enrollment	Yes	EOL 42
Hospice enrollment & enrollment within 7 days of death (lower is better)	No	EOL 45
Hospice enrollment or documented discussion	Yes	EOL 47a

Partnership with the State

MOQC has been fortunate this year (October 2019-September 2020) to have a funding opportunity with the State of Michigan, Department of Health and Human Services, Cancer Division. Our first opportunity is an extension of a small grant to deliver a program called **Cancer: Thriving and Surviving (CTS)**. The goal of the program is to build the participants' confidence in their ability to self-manage their health, and maintain active and fulfilling lives post cancer therapy.

This is a small group workshop delivered by two trained leaders, one or both of whom are cancer survivors. The curriculum is delivered one session per week for six weeks, 2 ½ hours per session. This is targeted for patients who have completed therapy, and/or no longer require frequent oncology oversight.

The information was developed by Stanford physicians and other professionals, and was initially tested in the arthritic and diabetic populations. This survivorship offering allows patients to learn skills they need but practices do not have the capacity to teach, such as how to make and adjust a plan, how to exercise, or how to manage common symptoms such as chronic pain, anxiety or stress.



MOQC has developed several partnerships in the State to offer this program, and will be reaching out to practices to promote this program with their patients. If you are interested in this program for your region, contact Louise Bedard @ lbedard@moqc.org for more information. Training scholarships are available.

Great News – Payments will Go Directly to Practices!!!



By the End of October, all gynecology and medical oncology practices should have been contacted by our Coordinating Center (e.g. Dave Bolen) for a W-9 from their practice.

As of Calendar Year 2019, BCBSM has given MOQC permission to reimburse our practices directly for abstraction costs and your annual, one physician ASCO membership (which is required to allow your practice to submit data to ASCO-QOPI® database). No longer will BCBSM be sending payments to your physician organizations (POs).

MOQC will have payments completed to all eligible practices by Thanksgiving 2019 for:

- Round 2 2018, Round 1 2019 abstraction and
 - One ASCO physician membership per practice for CY 2019
- Payments for Round 2, 2019 (which is being abstracted now) will be sent in January, 2020.

MOQC
Our mission is to be the
best state in the nation
for cancer care.

QUESTIONS?

Call us at **866-GET-MOQC (866-438-6672)**
or email us via our website moqc.org/contact-us



Maintenance of Certification (MOC)



The American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) program requires that physicians:

- earn 100 points every 5 years, and
- meet MOC knowledge assessment requirements through the traditional 10-year exam, the Knowledge Check-In, or a Collaborative Maintenance Pathway (CMP) assessment.

Physicians can earn points for activities that are aimed at improving the quality of care in their practice. MOQC offers MOC points through three Quality Improvement (QI) projects (worth 30 points each):

- Tobacco Cessation (requires baseline data plus at least two QOPI rounds of data to claim points)

- Hospice Enrollment (must participate beginning in Fall 2019; eligible to claim points in November 2021)
- Chemotherapy-Induced Nausea and Vomiting (must participate beginning in Summer 2019, eligible to claim points in June 2021)

Physicians can also earn MOC credits through QOPI-Certification (20 points) and QOPI-Participation (20 points)

Note: Sign in to the ABIM Physician Portal to check due dates and specific requirements.

Contact moqc@moqc.org with any questions about MOQC MOC QI projects.

2020 UPCOMING EVENTS

REGIONAL MEETINGS

Metro East (ME)

SPRING: April 1 • 6:00 – 8:00 pm

FALL: October 28 • 6:00 – 8:00 pm

Detroit Marriott Troy
200 West Big Beaver Road
Troy, MI 48084

Lake Michigan Oncology (LMOR)

SPRING: April 6 • 6:00 – 8:00 pm

Lansing Community College West Campus
5708 Cornerstone Drive
Lansing, MI 48917

FALL: November 2 • 6:00 – 8:00 pm

Grand Valley State University
210 L.V. Eberhard Center
301 West Fulton
Grand Rapids, MI 49504

West of Woodward (WOW)

SPRING: April 15 • 6:00 – 8:00 pm

FALL: November 11 • 6:00 – 8:00 pm

Ann Arbor Marriott Ypsilanti at Eagle Crest
1275 S. Huron St.
Ypsilanti, MI 48197

Central Michigan (CMG)

SPRING: April 20 • 6:00 – 8:00 pm

FALL: November 16 • 6:00 – 8:00 pm

Horizons Conference Center
6200 State Street
Saginaw, MI 48603

Superior – West

SPRING: April 29 • 6:00 – 8:00 pm

FALL: October 14 • 6:00 – 8:00 pm

Hampton Inn Marquette/Waterfront
461 South Lakeshore Boulevard
Marquette, MI 49855

Superior – East

SPRING: April 30 • 6:00 – 8:00 pm

FALL: October 15 • 6:00 – 8:00 pm

Bay Harbor Village Hotel & Conf. Center
4000 Main St.
Bay Harbor, MI 49770

BIANNUAL MEETINGS

January 17 • 10:00 am – 3:30 pm

The Inn at St. John's
44045 Five Mile Road
Plymouth, MI 48170

June 19 • 10:00 am – 3:30 pm

The Hagerty Center
715 E. Front St.
Traverse City, MI 49686

View complete calendar of events:

www.moqc.org/events



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