MROQC
Michigan Radiation Oncology Quality Consortium

QUALITY INITIATIVE PERFORMANCE INDEX MEASURES (P4P) 2022

Measure	Weight	Measure Description	Points earned
#1	10	**High Quality Clinical and Physics Data Submission and Completeness[1]**	
		Four Data Quality Metrics Met	10
		Three Data Quality Metrics Met	8
		Two Data Quality Metrics Met	4
		One Data Quality Metric Met	2
		None of the Data Quality Metrics Met	0
#2	5	**Submission of Technical Data *(Full DICOM-RT data and Physics Radiotherapy Technical Details Survey)* for Breast, Lung, and Complex Bone Mets Cases**	
		>85% of technical data submitted within six weeks of treatment completion	5
		>85% of technical data submitted within eight weeks	4
		>85% of technical data submitted within twelve weeks	3
		>85% of technical data submitted after twelve weeks	2
		<85% of technical data submitted after twelve weeks	0
#3	12	**In node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention.**	
		≥60% of patients meet the appropriate threshold	12
		40-59% of patients meet the appropriate threshold	6
		<40% of patients meet the appropriate threshold	0
#4	12	**For node-negative breast cancer patients, ≥95% of the lumpectomy cavity PTV receives ≥95% of the whole breast prescription dose AND the heart mean dose is ≤ 1.0 Gy for left-sided cases receiving moderate dose hypofractionation. [2]**	
		≥80% of patients meet target coverage and heart sparing goals	12
		50-79% of patients meet target coverage and heart sparing goals	6
		<50% of patients meet target coverage and heart sparing goals	0
#5	10	**Collection rate of annual lung follow-up for those due for 1st year follow-up 1/1/2022-9/30/2022**	
		≥75% rate of annual lung follow-up	10
		60-74% rate of annual lung follow-up	7
		<60% rate of annual lung follow-up	0
#6	10	**For lung cancer patients: evaluate Task Group-263 compliance for the specified structures *(heart, PTV, GTV/IGTV/ITV, esophagus, spinal cord or canal, and normal lung)* for the initial DICOM entry.**	
		≥80% compliance for the specified structures	10
		60-79% compliance for the specified structures	7
		<60% compliance for the specified structures	0
#7	14	**Use of shorter course radiotherapy for bone metastasis treatment as shown by:** **A: The MROQC consortium-wide rate of single fraction use is ≥45% for uncomplicated patients[3]** **B: Your site-level rate of ≤5 fraction treatment is at least 60% for all patients**	
		A and B are met	14
		Only B is met	10
		B is not met	0

MROQC
Michigan Radiation Oncology Quality Consortium

QUALITY INITIATIVE PERFORMANCE INDEX MEASURES (P4P) 2022

Measure	Weight	Measure Description	Points earned
#8	12	**Percentage of patients with favorable intermediate risk prostate cancer as defined by NCCN treated with EBRT or brachytherapy who received "high value radiotherapy", defined as moderately hypofractionated EBRT (28 fractions or less) OR ultrahypofractionated EBRT/SBRT (7 fractions or less) OR brachytherapy monotherapy.**	
		≥50% of patients receive high value radiotherapy	12
		40-49% of patients receive high value radiotherapy	6
		<40% of patients receive high value radiotherapy	0
#9	5	**Collaborative Meeting Participation – Clinical Champion (*Per MROQC CC Attendance Policy*)**	
		All meetings or two meetings with one meeting attended by an acceptable designee	5
		Two meetings	3
		One meeting or none attended	0
#10	5	**Collaborative Meeting Participation – Physics Lead (*or designee*)**	
		All meetings	5
		Two meetings	3
		One meeting or none attended	0
#11	5	**Collaborative Meeting Participation – Clinical Data Abstractor (*CDA or designee*)**	
		All meetings	5
		Two meetings	3
		One meeting or none attended	0

[1]**Data Quality Metrics**

A. Highly accurate data:

- Overall data accuracy determined by audit of breast, lung, bone mets, and prostate data is ≥95%.

B. Sufficient audit preparation and follow-up:

- Audit materials are available for review at the time of audit
- Appropriate staff member (CDA for clinical data audit and physicist or dosimetrist for physics data audit) is in attendance at the audit
- Corrections identified during clinical, or physics data audit are made within 2 weeks of the audit date.

C. Active use of clinical data quality reports in the Breast & Lung and Bone Mets databases

- Fewer than 5% of 2022 patients have a quality report error as of 12/31/22.

D. Active use of physics data quality reports in the Breast & Lung and Bone Mets databases

- Fewer than 5% of 2022 patients have a quality report error as of 12/31/22.

*****2022 patients are defined as patients with an RT end date of 10/1/21-9/30/22 (unless otherwise specified by measure)*

[2] **This measure applies to breast only treatment excluding any dose from a boost**

[3] **Uncomplicated bone mets definition**: No prior radiation to same anatomic site; no cord compression, cauda compression or radicular pain at the site being treated; no prior surgery at the site being treated; no associated soft tissue mass; patient reports any pain (pain score 1-10); intent of treatment: palliation of pain

Detailed measure criteria can be found at MROQC Member Resources