

Michigan Radiation Oncology Quality Consortium (MROQC)

2020 Performance Index (P4P) Scorecard

Measure Description

For the purposes of this document, any reference to Q1, Q2, or Q3 will correspond to the following dates:

Q1=1/1/20-3/31/20

Q2=4/1/20-6/30/20

Q3=7/1/20-9/30/20

Measure #1: High Quality Clinical and Physics Data Submission and Completeness

This measure deals with data quality and completeness as defined by the metrics below:

A. Highly accurate data:
· Overall data accuracy as determined by breast, lung, and bone mets data is $\geq 95\%$. Audit cases: Patients with an RT end date within the 2019 calendar year (1/1/19-12/31/19)
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 data quality reports in the Breast & Lung database
· Fewer than 5% of 2020 patients have a quality report error as of 12/31/20.
D. Active use of data quality reports in the Bone Mets database
· Fewer than 5% of 2020 patients have a quality report error as of 12/31/20.

**2020 patients are defined as patients with an RT end date 10/1/19-9/30/20*

Scoring:

- Four Data Quality Metrics Met 10 points
- Three Data Quality Metrics Met 8 points
- Two Data Quality Metrics Met 4 points
- One Data Quality Metric Met 2 points
- None of the Data Quality Metrics Met 0 points

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Measure Description

Measure #2: Submission of Technical Data (Dose Volume Histogram, DICOM-RT, and Physics Radiotherapy Technical Details Survey)

All breast, lung, and bone mets cases with a treatment completion (RT end date) from 01/01/20-9/30/20 will be used for this measure.

Scoring:

- >85% of technical data submitted within six weeks of treatment completion 5 points
- >85% of technical data submitted within eight weeks 4 points
- >85% of technical data submitted within twelve weeks 3 points
- >85% of technical data submitted after twelve weeks 2 points
- <85% of technical data submitted after twelve weeks 0 points

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Measure Description

Measure #3:

Collaborative-wide Measure: Omission of breast boost in women age 70 years or older with early-stage breast cancer

Patient Criteria: Age ≥ 70 , ER Positive tumors, T1N0/X/M0/X, Grade 1 or 2, & Negative (≥ 2 mm) Margins

Data entered on the enrollment form (SE1), CDA baseline form (B5) & breast physics survey (BRTD) for all breast cases with a radiotherapy (RT) end date of 01/01/2020 through an RT end date of 09/30/2020 will be used to assess this measure. The physics survey (BRTD) will be used to determine laterality, nodal treatment, and fractionation.

The score reported will be the site's performance as of the end of Q3 2020 (using Q1-Q3 2020 overall rate). This will allow a full year for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2021.

Scoring:

- | | |
|---|-----------|
| • 30% or fewer of select patients receive a boost | 14 points |
| • 31-50% of select patients receive a boost | 7 points |
| • >50% of select patients receive a boost | 0 points |

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Measure Description

Measure #4: Mean heart dose achieved in breast patients not receiving radiotherapy to regional nodes

2020 Cardiac Dose Thresholds:

	Mean heart dose limit	
	Left-sided breast cancer	Right-sided breast cancer
Conventional fractionation	≤1.7 Gy	≤1 Gy
Accelerated fractionation	≤1.2 Gy	≤0.7 Gy

Sites will use the breast physics survey and DICOM-RT data for cases with an RT end date of 01/01/2020 through an RT end date of 9/30/2020 to work on this QI measure. The physics survey will be used to determine laterality, nodal treatment, and fractionation. DICOM-RT data will be used to determine mean dose to the heart.

The score reported will be the site's performance as of the end of Q3 2020 (using Q1-Q3 2020 overall rate). This will allow a full year for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2020.

Scoring:

- 85% or more of patients meet the appropriate threshold 14 points
- 60-84% of patients meet the appropriate threshold 7 points
- <60% of patients meet the appropriate threshold 0 points

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Measure Description

Measure #5:

For breast cancer patients: evaluate Task Group-263 compliance for the specified structures (heart, breast PTV, lumpectomy cavity PTV, and ipsilateral lung) for the initial DICOM entry.

Breast Required Structures			
Heart	Breast PTV	Lumpectomy cavity PTV	Ipsilateral lung

The first upload of DICOM-RT data for breast cases with a radiotherapy (RT) end date of 01/01/2020 through an RT end date of 09/30/2020 will be used to assess this measure.

The score reported will be the site’s performance for cases with RT end dates in Q1-Q3 2020. This will allow sites time to ramp up/integrate the provided TG-263 tools into their treatment planning system, time for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2021.

Scoring:

- 80% or greater compliance for the specified structures 7 points
- 60-79% compliance for the specified structures 3 points
- <60% compliance for the specified structures 0 points

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Measure Description

Measure #6: For lung cancer patients, $\geq 95\%$ of the Planning Target Volume (PTV) receives $\geq 100\%$ of the prescription dose AND the heart mean dose is ≤ 20 Gray (Gy)

Data from the lung physics survey (LRTD) and DICOM-RT data for lung cases with a radiotherapy (RT) end date of 01/01/2020 through an RT end date of 9/30/2020 will be used to assess this measure. The physics survey will be used to determine prescription. DICOM-RT data will be used to determine dose covering the PTV and mean dose to the heart.

The score reported will be the site's performance as of the end of Q3 2020 (using Q1-Q3 2020 overall rate). This will allow a full year for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2021.

Scoring:

- $\geq 65\%$ of patients meet target coverage and heart sparing goals 14 points
- 50-64% of patients meet target coverage and heart sparing goals 7 points
- $< 50\%$ of patients meet target coverage and heart sparing goals 0 points

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Measure Description

Measure #7:

For lung cancer patients: evaluate Task Group-263 compliance for the specified structures (heart, PTV, esophagus, spinal cord or canal, and normal lung) for the initial DICOM entry.

Lung Required Structures				
Heart	PTV	Esophagus	Spinal cord or canal	Normal lung

The first upload of DICOM-RT data for lung cases with a radiotherapy (RT) end date of 01/01/2020 through an RT end date of 09/30/2020 will be used to assess this measure.

The score reported will be the site’s performance for cases with RT end dates in Q1-Q3 2020. This will allow sites time to ramp up/integrate the provided TG-263 tools into their treatment planning system, time for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2021.

Scoring:

- 50% or greater compliance for the specified structures 7 points
- 30-49% compliance for the specified structures 3 points
- <30% compliance for the specified structures 0 points

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Measure Description

Measure #8:

Rate of single fraction treatment for uncomplicated bone metastasis

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
- A non-curative treatment intention

Data from the baseline clinical data form (M1), physician baseline (M4), and the bone mets physics survey (MRTD) for bone mets cases with a radiotherapy (RT) end date of 01/01/2020 through an RT end date of 9/30/2020 will be used to assess this measure. The physics survey (MRTD) will be used to determine the number of fractions delivered. Data entered on the baseline clinical data form (M1) and physician baseline (M4) form will be used to determine the uncomplicated bone mets definition.

The score reported will be the site's performance as of the end of Q3 2020 (using Q1-Q3 2020 overall rate). This will allow a full year for measurement/improvement, and also allow for time to finalize data collection, determination of final rate, and scoring before scores are due to BCBSM in early 2021.

Scoring:

- >20% of patients with an uncomplicated bone metastasis are treated with a single fraction
14 points
- 11-20% of patients with an uncomplicated bone metastasis are treated with a single fraction
7 points
- 0-10% of patients with an uncomplicated bone metastasis are treated with a single fraction
0 points

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Measure Description

Measure #9: Collaborative Meeting Participation – Clinical Champion (*per MROQC CC Attendance Policy*)

All Clinical Champions are expected to attend the three (3) Collaborative Meetings held each year. Full Pay for Performance (P4P) points are awarded for attendance at the 3 meetings. When the Clinical Champion cannot attend a substitute may be allowed to represent the hospital.

A substitute is allowed once a year; the Clinical Champion must attend at least two of the meetings and can send a substitute for the third, and still receive full P4P points. If two substitutes attend in a calendar year, only partial points will be given.

Ideally, the substitute is another Radiation Oncologist from that hospital that treats MROQC patients. Other Radiation Oncologists are acceptable.

- In certain cases (example: a small site with only 1-2 Radiation Oncologists), another physician is acceptable such as the Chief Medical Officer (CMO), the Chief of Quality, or a physician involved in Radiation Oncology cases.
- Residents, Physician Assistants (PA), Nurse Practitioners or non-physicians are not acceptable substitutes.

Scoring:

- | | |
|-------------------------------|----------|
| • Attends 3 out of 3 meetings | 5 points |
| • Attends 2 out of 3 meeting | 3 points |
| • Attends 1 or no meetings | 0 points |

2020 Meeting Dates:

1. Friday, February 28, 2020 Kellogg Conference Center, Lansing, MI
2. Friday, June 12, 2020 Saginaw Valley State University, Saginaw, MI
3. Friday, October 9, 2020 TBD

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Measure Description

Measure #10: Collaborative Meeting Participation – Physics Lead (or designee)

The site's Physics Lead (or designee-i.e. another physicist or a dosimetrist who works on MROQC) is expected to attend all of the MROQC Collaborative Meetings for 2020.

Scoring:

- Attends 3 out of 3 meetings 5 points
- Attends 2 out of 3 meeting 3 points
- Attends 1 or no meetings 0 points

2020 Meeting Dates:

1. Friday, February 28, 2020 Kellogg Conference Center, Lansing, MI
2. Friday, June 12, 2020 Saginaw Valley State University, Saginaw, MI
3. Friday, October 9, 2020 TBD

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Measure Description

Measure #11: Collaborative Meeting Participation – Clinical Data Abstractor (*CDA or designee*)

MROQC CDAs (or designee-i.e. another CDA or someone who works on MROQC not covering another role at a meeting) are expected to attend all of the MROQC Collaborative Meetings for 2020.

Scoring:

- Attends 3 out of 3 meetings 5 points
- Attends 2 out of 3 meeting 3 points
- Attends 1 or no meetings 0 points

2019 Meeting Dates:

1. Friday, February 28, 2020 Kellogg Conference Center, Lansing, MI
2. Friday, June 12, 2020 Saginaw Valley State University, Saginaw, MI
3. Friday, October 9, 2020 TBD