

Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

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

Q1=1/1/22-3/31/22

Q2=4/1/22-6/30/22

Q3=7/1/22-9/30/22

Incentive Program Key

Pay for Performance: **P4P**

Gold Card: **GC**

Collaborative Quality Initiatives Value-Based Reimbursement: **CQI VBR**



Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: High Quality Clinical and Physics Data Submission and Completeness

Associated Incentive Program: P4P

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, bone mets, and prostate data is $\geq 95\%$. Audit cases: Patients with an RT end date within the 2021 calendar year (1/1/21-12/31/21)
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 clinical 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 physics quality report error as of 12/31/22.

**2022 patients are defined as patients with an RT end date 10/1/21-9/30/22*

P4P 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

Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: Submission of Technical Data (Full DICOM-RT data and Physics Radiotherapy Technical Details Survey) for Breast, Lung, and Complex Bone Mets Cases

Associated Incentive Program: P4P

All breast, lung, and complex bone mets cases with a treatment completion (*RT end date*) from 01/01/22-9/30/22 will be used for this measure.

P4P 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



Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: In node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention.

Associated Incentive Program: P4P, GC, CQI VBR

Patient Criteria:

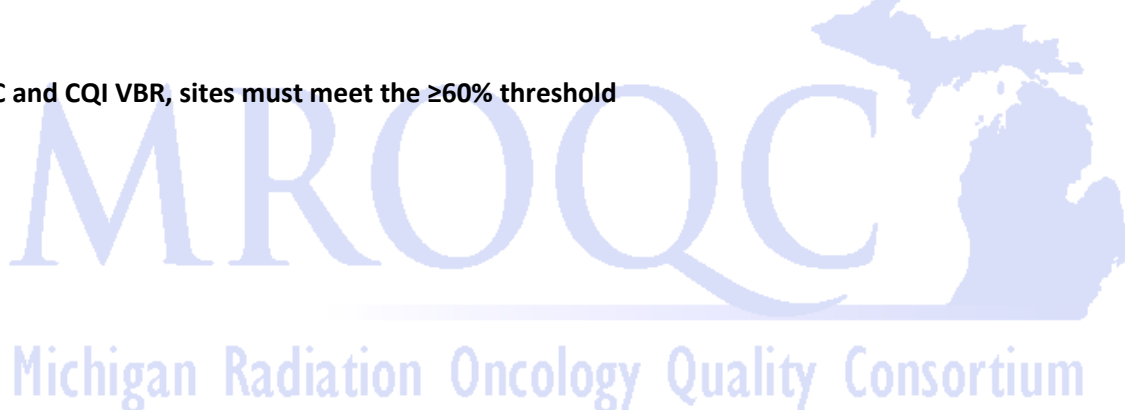
The first upload of DICOM-RT data for breast cases with a radiotherapy (RT) end date of 01/01/2022 through an RT end date of 09/30/2022 will be used to assess TG-263 nomenclature compliance for this measure. The Breast Radiotherapy Technical Details (BRTD) form will be used to determine nodal region(s) irradiated.

The score reported will be the site's performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

P4P Scoring:

- $\geq 60\%$ of patients meet the appropriate threshold 12 points
- 40-59% of patients meet the appropriate threshold 6 points
- $< 40\%$ of patients meet the appropriate threshold 0 points

For GC and CQI VBR, sites must meet the $\geq 60\%$ threshold



Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: For node-negative breast cancer patients, $\geq 95\%$ of the lumpectomy cavity PTV receives $\geq 95\%$ of the whole breast prescription dose AND the heart mean dose is ≤ 1.0 Gy for left-sided cases receiving moderate dose hypofractionation. *

Associated Incentive Program: P4P, GC, CQI VBR

Patient Criteria:

Sites will use the breast physics survey and DICOM-RT data for cases with an RT end date of 01/01/2022 through an RT end date of 9/30/2022 to work on this QI measure. The physics survey (BRTD) will be used to determine laterality, nodal treatment, and fractionation. DICOM-RT data will be used to determine mean dose to the heart.

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

The score reported will be the site's performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

P4P Scoring:

- $\geq 80\%$ of patients meet target coverage and heart sparing goals 12 points
- 50-79% of patients meet target coverage and heart sparing goals 6 points
- $< 50\%$ of patients meet target coverage and heart sparing goals 0 points

For GC and CQI VBR, sites must meet the $\geq 80\%$ threshold

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Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: Collection rate of annual lung follow-up for those due for 1st year follow-up 1/1/2022-9/30/2022

Associated Incentive Program: P4P, GC, CQI VBR

Patient Criteria:

Data from the lung physician EOT form(L8) will be used to determine lung patients who completed RT from 1/1/2021 - 9/30/2021 and are thus eligible for their 1st year follow-up from 1/1/2022-9/30/2022, which will be determined by completion of the annual lung follow-up form (L11).

- The L8 will be used to determine the RT end date.
- Completion of 1st year L11 will be used to determine the rate of annual lung follow-up for those due 1/1/2022-9/30/2022.

The score reported will be the site's performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

Scoring:

- | | |
|--|-----------|
| • ≥75%rate of annual lung follow-up | 10 points |
| • 60-74% rate of annual lung follow-up | 7 points |
| • <60% rate of annual lung follow-up | 0 points |

For GC and CQI VBR, sites must meet the 75% threshold

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Incentive Program Measure Criteria

Measure: In $\geq 65\%$ 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)

Associated Incentive Program: GC, CQI VBR

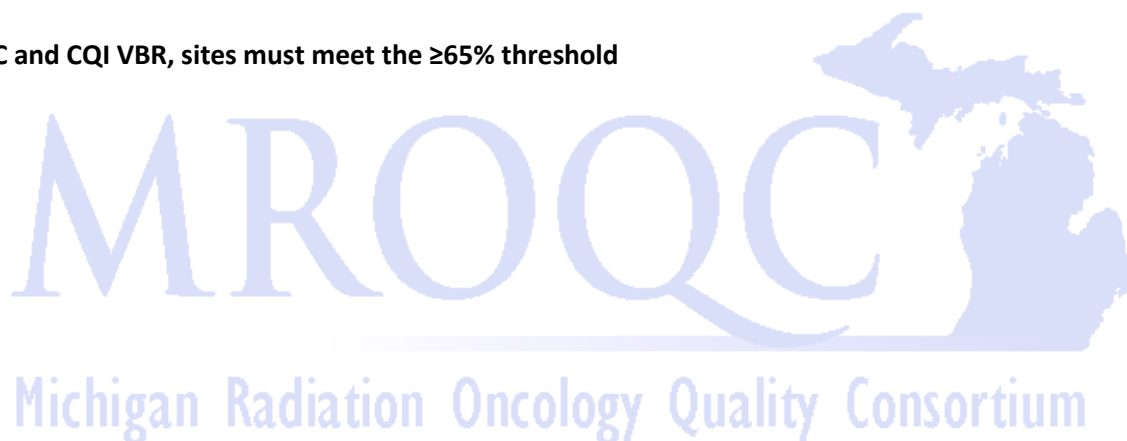
Patient Criteria:

Data from the lung physics survey (LRTD) and DICOM-RT data for lung cases* with a radiotherapy (RT) end date of 01/01/2022 through an RT end date of 9/30/2022 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.

**This measure does not apply to lung cases receiving SBRT or hypofractionated courses of treatment.*

The final rate reported will be the site's performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

For GC and CQI VBR, sites must meet the $\geq 65\%$ threshold



Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: 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.

Associated Incentive Program: P4P, GC, CQI VBR

Lung Required Structures					
Heart	PTV	GTV/IGTV/ITV	Esophagus	Spinal cord or canal	Normal lung

The first upload of DICOM-RT data for lung cases with a radiotherapy (RT) end date of 01/01/2022 through an RT end date of 09/30/2022 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 2022. This will allow sites time to ramp up/integrate the provided TG-263 tools into their treatment planning system, time for measurement/improvement, and allow for time to finalize data collection and determination of site's final rate

P4P Scoring:

- ≥80% compliance for the specified structures 10 points
- 60-79% compliance for the specified structures 7 points
- <60% compliance for the specified structures 0 points

For GC and CQI VBR, sites must meet the 80% threshold

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Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: Use of shorter course radiotherapy for bone metastasis treatment as shown by:

A: The MROQC consortium-wide rate of single fraction use is $\geq 45\%$ for uncomplicated patients*

B: Your site-level rate of ≤ 5 fraction treatment is at least 60% for all patients

Associated Incentive Program: P4P, GC, CQI VBR

**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 between 1- 10)
- Intent of treatment: palliation of pain

Patient Criteria:

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 01/01/2022 through an RT end date of 9/30/2022 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 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

P4P Scoring:

- | | |
|-------------------|-----------|
| • A and B are met | 14 points |
| • Only B is met | 10 points |
| • B is not met | 0 points |

For GC and CQI VBR, sites must meet both A & B

Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: 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.

Associated Incentive Program: P4P, GC, CQI VBR

Patient Criteria:

Data from the prostate physics survey (PRTD) will be used to determine the type of treatment received and the number of fractions delivered. Data for the classification of favorable intermediate risk (intact) prostate cancer will come from MUSIC baseline data (*for matched patients*), the physician androgen deprivation form (P3) and/or the CDA baseline clinical data form (P7; for non-matched patients).

Criteria for Favorable Intermediate Risk:

- Must have one of the following Intermediate Risk Factors (IRFs):
 - T Stage = T2b-T2c
 - Grade group 2 or 3
 - *Grade Group 2: Gleason score 3 + 4 = 7*
 - *Grade Group 3: Gleason score 4 + 3 = 7*
 - PSA= 10-20 ng/ml
- Grade Group 1 or 2
- <50% of biopsy core positive

The score reported will be the site’s performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site’s final rate.

P4P Scoring:

- ≥50% of patients receive high value radiotherapy 12 points
- 40-49% of patients receive high value radiotherapy 6 points
- <40% of patients receive high value radiotherapy 0 points

For GC and CQI VBR, sites must meet the 50% threshold

Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

Measure: Proportion of MROQC patients receiving radiation treatment for prostate cancer whose smoking status is recorded is 75%

Associated Incentive Program: CQI VBR

Patient Criteria:

Data from the Physician Androgen Deprivation Therapy form (P3) for prostate cases submitted after 12/03/21 will be used to assess this measure. Credit will be given if there is an answer for current smoker or former smoker or unknown.

The final rate reported will be the site's performance as of the end of Q3 2022 (using Q1-Q3 2022 overall rate). This will allow a full year for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.

For CQI VBR, sites must meet the 75% threshold



Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

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

Associated Incentive Program: P4P

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

2022 Meeting Dates:

1. Friday, February 25, 2022 Virtual
2. Friday, May 13, 2022 Inn at St. Johns; Plymouth
3. Friday, October 14, 2022 Saginaw Valley State University; Saginaw

Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

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

Associated Incentive Program: P4P

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 2022.

Scoring:

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

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Michigan Radiation Oncology Quality Consortium (MROQC)

Incentive Program Measure Criteria

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

Associated Incentive Program: P4P

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 2022.

Scoring:

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

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