Year 15: Pause, Pivot, Prepare

CDA BREAKOUT SESSION

January 28, 2026

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Alanna D. Harris Amber Tucker Amy Coleman Andrea Smith Anna Marshall Brenda Havey Cayla Cucci Christa Craddick Coordinating Center: Danielle Kendrick, Jumoke Johnson-Olokesusi, Meri Seferi Doris Ethier Elise Bourke Howayda Messiha Jade Weiber Jasmine Bumpus Jen Davis Jordan Parisian Kaitlyn Baldwin Kathy Lapansie	Kelly Grevemeyer Kristin Watters Kyle Buchanan Liza Morris Lisa Williams Lynne Miller Marissa Perrino Megan Beaudrie Melissa Mietzel Nermeen Hendi P.J. Hensley Samantha Reichwage Sarah Paluch Toufic Haddad Wendy Strong

HOUSEKEEPING

Meeting notes will be provided after the call.

Please mute yourself unless you are speaking.

Make sure your name appears in the Zoom participant list. Change phone numbers to your first and last name.

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AGENDA

- Welcome & Ice Breaker
- Announcements
- Year 15: Pause, Pivot, Prepare
  - System & Process Changes
  - Project- Level Focus Areas
  - What This Means for CDAs
  - Where CDA Expertise Matters
- Questions & Clarifications
- Closing Remarks

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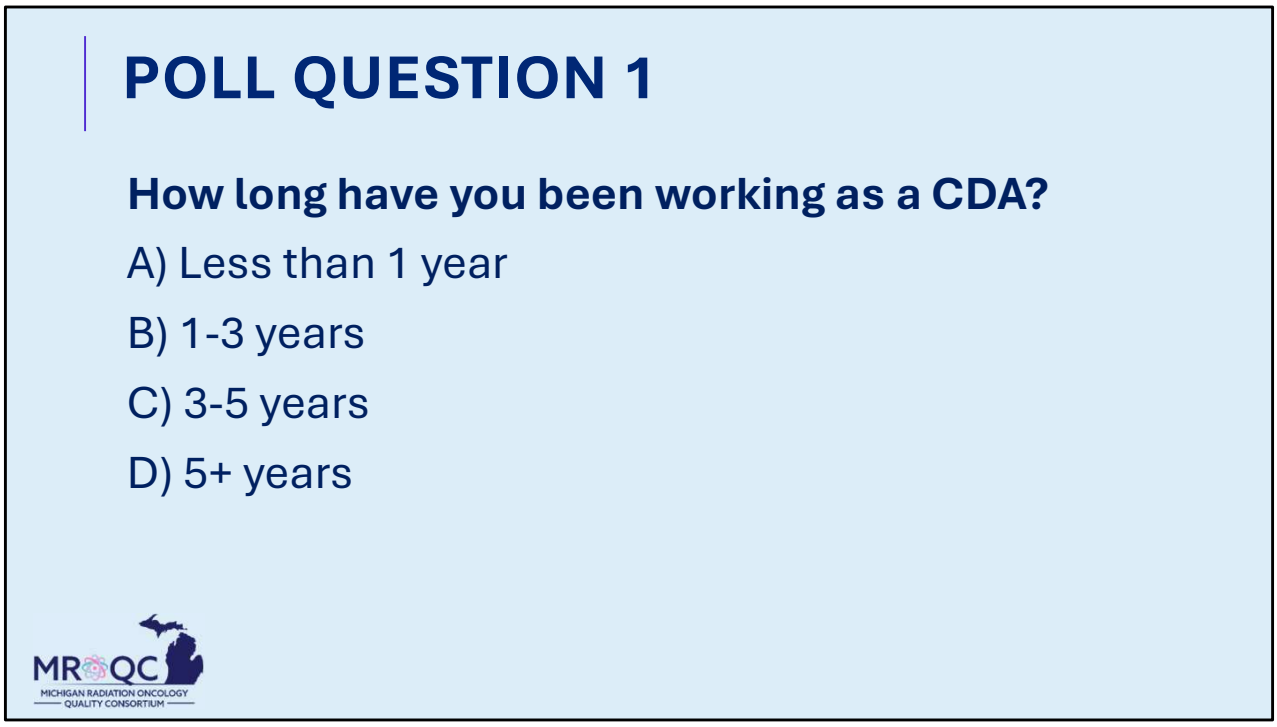
ICE BREAKER



How long have you been working as a CDA?

Results:
5+ years: 10 respondents
1–3 years: 8 respondents
3–5 years: 6 respondents
Less than 1 year: 3 respondents
Summary: The group is highly experienced, with approximately 60% of the team having 3 or more years of experience.

POLL QUESTION 2

Which of these feels most true during abstraction?

A) “Just one more chart… then I’ll stop”

B) Tabs open everywhere

C) Coffee helps but not enough

D) I know this chart is hiding something

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Which of these feels most true during abstraction?

Results:
Tabs open everywhere: 11 respondents
“Just one more chart… then I’ll stop”: 9 respondents
I know this chart is hiding something: 7 respondents
Summary: "Tabs open everywhere" was the most common sentiment, followed closely by the desire to complete "just one more chart".

POLL QUESTION 3

If you had one extra free hour today, you'd spend it…

A) Resting/ doing nothing

B) Catching up on something

C) Watching or reading something

D) Outdoor activity

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If you had one extra free hour today, you'd spend it…

Results:
Catching up on something: 13 respondents
Watching or reading something: 9 respondents
Resting/doing nothing: 4 respondents
Outdoor activity: 1 respondent
Summary: Nearly half of the respondents would utilize an extra hour to catch up on tasks


Important announcement
News +++ Information +++ News +++ Information +++ News +++ Information +++ News

MROQC REPORTS

Available Monday–Friday
- **7:00 a.m. – 7:00 p.m.**

Refreshed every 24 hours (Monday–Friday)

Questions? Email **support@mroqc.org**

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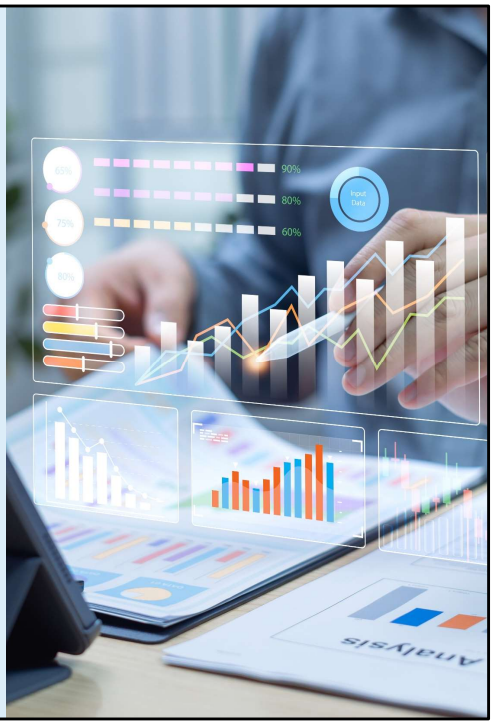


Reports are available Monday–Friday, 7:00 a.m. – 7:00 p.m., and refreshed daily around 10:15 a.m..

2026 MROQC REPORTS

- You should now use the 2026 MROQC Reports
- **The 2025 reports are no longer being refreshed and will retire later next month**

https://www.mroqc.org/2026-facility-dashboards

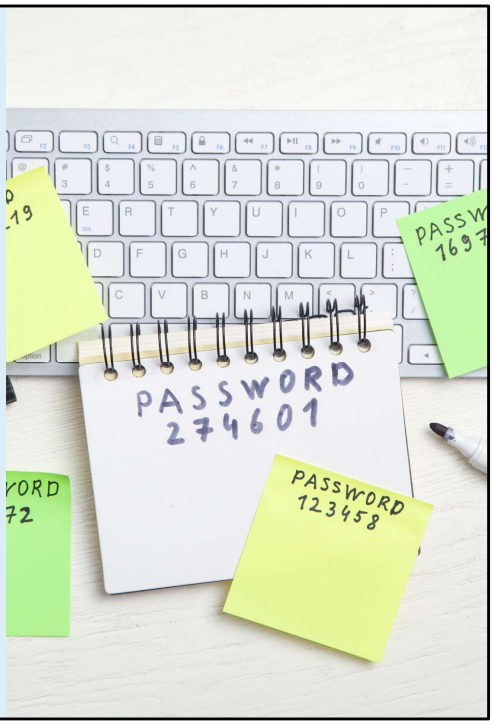
Facilities should transition to using the **2026 reports**; 2025 reports will be retired sometime in February.

DATABASE LOGINS

Sign in at least once every 30 days to avoid lockouts

Annual password renewals are required

It is okay to use the same password across MROQC databases



Users must sign in every 30 days to avoid account lockdown.

Tips for Login Issues:

- Refresh the webpage to clear the cache if a "cannot connect" error occurs.
- For VPN login issues, try 3 times, then ask for assistance.
- For Level 2 password login issues, try only 2 times before seeking help to avoid a 24-hour lockout.

Support Tickets: Always include usernames, specific database details, and facility name in support emails.

CDA PEER SUPPORT

Connect with other CDAs across MROQC for support, shared learning, and collaboration.

- Open to anyone interested in participating as a mentor or mentee
- No prior experience required
- Participation is optional and flexible

Interested? Email **support@mroqc.org**

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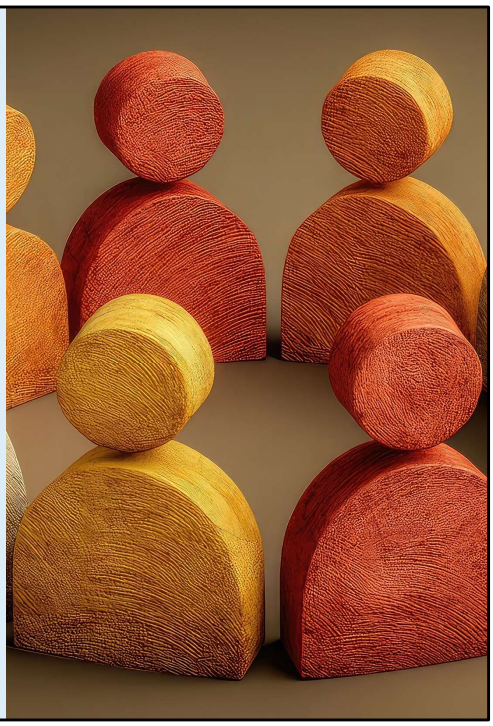

Email support if interested in volunteering as a mentor or mentee for CDA Peer Support

UPCOMING MEETINGS

MROQC Working Groups

Lung Working Group March 16th 12p-1p

Mets Working Group March 23th 3p-3:30p*

Prostate Working Group March 24th 12p-1p

Breast Working Group March 26th 12p-1p

***The Mets WG has moved to a new day and time**

Breakout Sessions

Physics and Dosimetry

- February 2nd 10a-11a
- February 3rd 12p-1p

Clinical Champion

- February 12th 11a-12p

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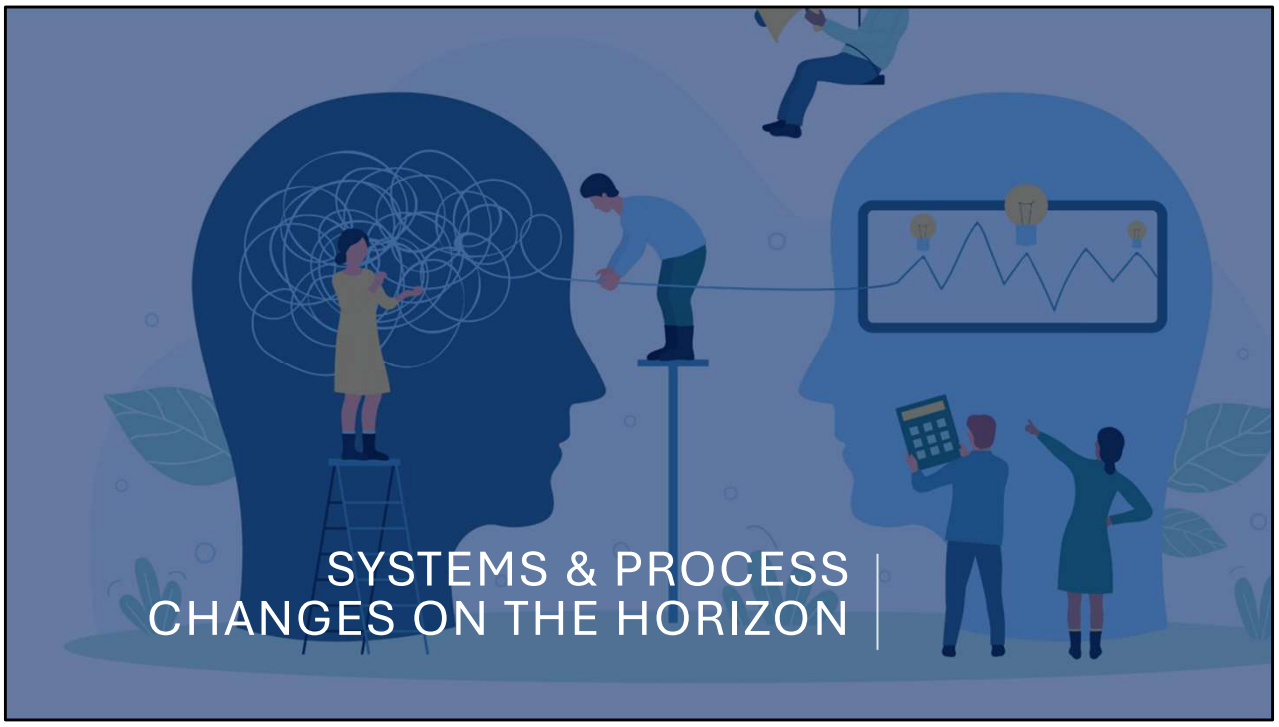
Reminder: There is no virtual Collaborative Wide Meeting in February

The Mets working group has moved to Monday afternoons at 3:00 p.m..

There is no large virtual meeting in February; instead, breakout sessions (Physics, Clinical Champions) will occur.
We will see you in May and October for our 2026 Collaborative Wide Meetings.

Year 15: Pause, Pivot, Prepare

As we move into Year 15, we're being very intentional about how and when we make changes. Some things may pause, some things may pivot, and our goal is to prepare people before anything rolls out. Today isn't about decisions or instructions — it's about sharing context so there are fewer surprises



We want to start with systems and process changes. Everything we're sharing here is early and exploratory. Nothing discussed today requires action, and nothing is changing immediately — this is about awareness and context

MOVING TO REDCAP

Why REDCap

- Cost-effective platform
- Expanded features and flexibility
- Improved patient experience for emailed PRO surveys
- Secure and widely used
- Scalable for long-term growth

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One of the system-level conversations we wanted to share is around REDCap. This is something we're exploring because it's cost-effective, widely used, and offers more flexibility and features over the long term.

From a patient perspective, it also allows for a better experience with emailed PRO surveys, which is an important consideration for us.

MOVING TO REDCAP

Where We Are Now

- Core Coordinating Center team is in the discovery phase
- Exploring feasibility and future use
- No finalized timeline
- No immediate changes to CDA workflows

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Right now, the Core Coordinating Center team is in a discovery phase — this means we're learning, asking questions, and assessing feasibility.
We wanted to share this early so nothing feels unexpected down the road.

POLL QUESTION 4

Have you used REDCap before?

A) Yes — regularly

B) Yes — a little

C) No, but I'm familiar with it

D) No, I've never used it / never heard of it

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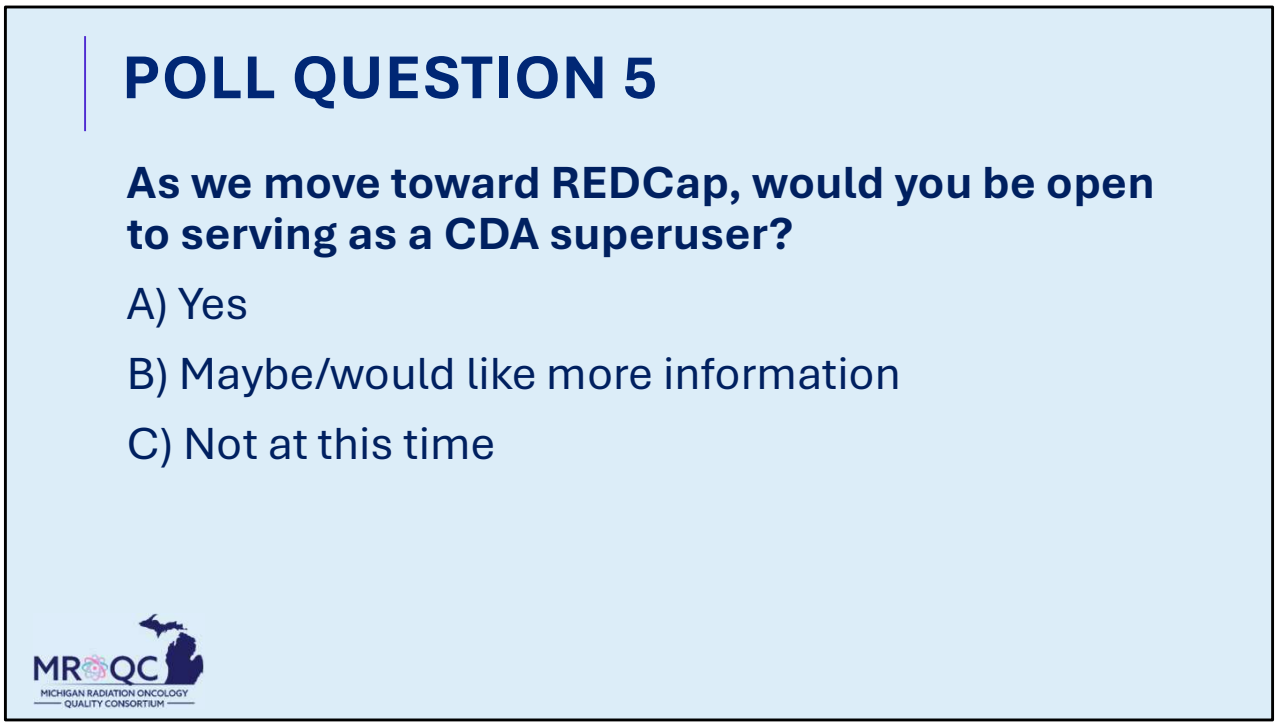
Have you used REDCap before?

Results:
No, I've never used it/never heard of it: 19 respondents
Yes — a little: 4 respondents
Yes — regularly: 3 respondents
No, but I'm familiar with it: 1 respondent
Summary: Approximately 70% of the team has no prior exposure to REDCap.



As we move toward REDCap, would you be open to serving as a CDA superuser?

Results:
Maybe/would like more information: 12 respondents
Not at this time: 10 respondents
Yes: 5 respondents
Summary: While only 5 members immediately volunteered, a large portion of the team (12 members) is open to the role pending further information. We will reach out to those who volunteered later in the year.
This is not a commitment today; it helps us understand interest as we plan.

UNDERSTANDING ENROLLMENT TRENDS

Goal: better understand enrollment patterns across facilities.

- Looking for approaches that provide data without full audits.

Proposed idea: capturing reasons for patient ineligibility across projects to better understand enrollment patterns

- Using existing approaches (e.g., Prostate) as a reference point
- Focus is on feasibility and workload impact
- **Early discussion — no decisions have been made**

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Our goal is to better understand enrollment patterns across sites, and we're specifically looking for approaches that provide useful data without full audits. This is early discussion only - no decisions have been made.

POLL QUESTION 6

From a time and workload perspective, how practical would it be to document reasons for patient ineligibility as a data-collection approach?

A) Practical — minimal additional time

B) Somewhat practical — would add noticeable time

C) Not practical — would significantly increase workload

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We're intentionally not defining scope yet — this question is about overall practicality, not volume or implementation.

From a time and workload perspective, how practical would it be to document reasons for patient ineligibility as a data-collection approach?

Results:
Practical — minimal additional time: 10 respondents
Somewhat practical — would add noticeable time: 9 respondents
Not practical — would significantly increase workload: 8 respondents
Summary: Opinion is divided; while 10 members see it as practical, nearly 30% of the team is concerned about a significant increase in workload and about 70% of CDAs believe the process will ultimately require more time.

POLL QUESTIONS 7

Q1: Which best describes your connection to MROQC working group meetings?

Q2: Do you currently receive slides and/or minutes from working group meetings?

Q3: How do you personally use post-meeting materials (slides and/or minutes)?

Q4: If MROQC were to adjust how post-meeting information is shared, which option would be most useful to you?

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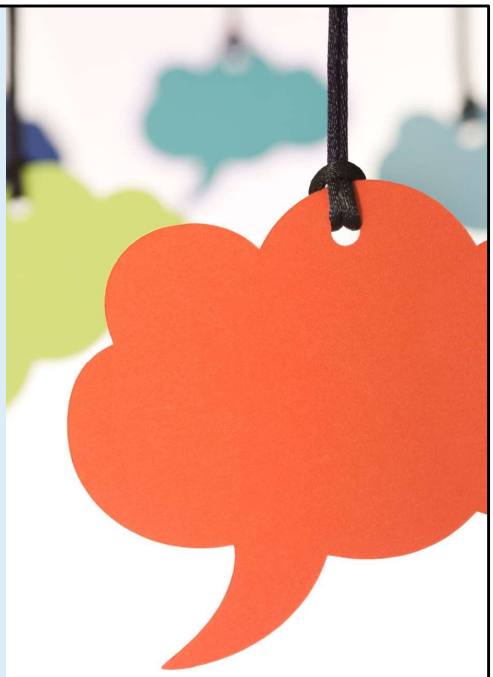

Working Group Connection: 13 members regularly attend working groups, while 12 are aware but do not usually attend.

Receipt of Materials: 13 members receive slides/minutes directly; however, 9 members report that they do not currently receive them.

Usage of Materials: 10 members find them valuable, 9 review them occasionally, and 4 report they rarely use them.

Preferred Distribution: The majority (14 members) prefer to continue receiving full slides and detailed minutes, while 5 prefer a brief written summary of next steps.

PROJECT-LEVEL SHIFTS & AREAS OF FOCUS

Next, we want to walk through a few project-level areas where early conversations are happening. This is meant to share context, not announce changes.

BREAST PROJECT: EARLY AREAS OF DISCUSSION

What's Being Discussed 🆕

- Expansion to include long-term follow-up and outcome data
- Expanding criteria to include post-mastectomy patients

What We Know Right Now 🧠

- Decision made to move forward with collecting long-term outcomes
- Specific data elements and timing are still under development
- A small group will meet to further discuss the inclusion of post mastectomy patients

BREAST PROJECT: EARLY AREAS OF DISCUSSION

What This Means for CDAs

- No immediate changes to breast abstraction
- No finalized forms or timelines yet
- Clear guidance and lead time will be provided before any implementation

METS PROJECT: EARLY AREAS OF DISCUSSION

What's Being Discussed 🆕

- Expanding Scope from Bone Metastases to a broader "Mets" category to include Brain Metastases.
- Brain Mets Clinical Practice Survey examining treatment patterns across MROQC facilities

What We Know Right Now 📄

- We need a more robust data set; physicians are encouraged to complete the survey to represent their facility's practices accurately
- Breakout Sessions next month will discuss Brain Mets in more detail.

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METS WORKING GROUP

Only 15 facilities had a physician complete the brain mets survey. Melissa will reach out directly to remaining teams to get at least one response to better understand your facilities treatment practice

METS PROJECT: EARLY AREAS OF DISCUSSION

What This Means for CDAs

Engagement: Start the conversation at your facility. Join WG meetings and share your ideas.

Knowledge Growth: Familiarize yourself with the basic knowledge of Brain Mets treatment at your facility and differences between SRS, Whole Brain, and other treatment techniques.

No Immediate Changes: There are no reporting or timeline changes yet; we are in the "exploration" phase and will provide updates as the scope is finalized.

WHERE CDA EXPERTISE MATTERS

- Physicians lead clinical direction and quality priorities
- CDAs bring **essential expertise** in data accuracy, feasibility, and workflow
- CDA input is most helpful when:
  - Designing or revising forms and data elements
  - Assessing time and workload impact
  - Evaluating patient-facing elements (e.g., PRO length, format, response rates)
- Your input will be gathered through working groups, targeted sessions, or surveys

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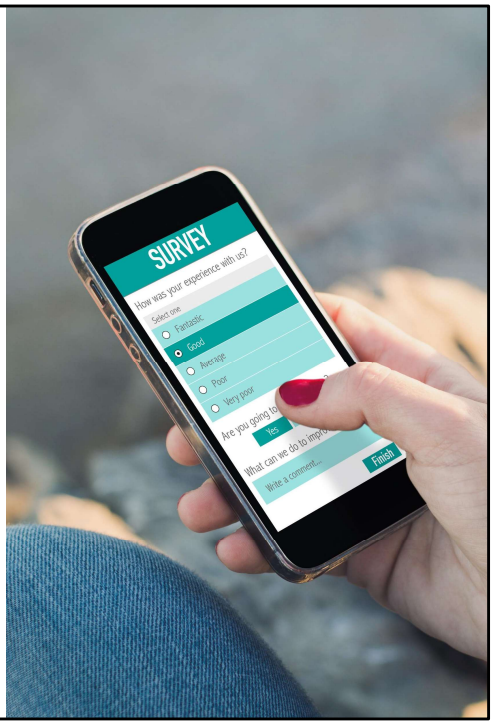
Utilize office hours and reach out to Danielle, Jamoke, or support with any further questions or feedback

BCBSM Biennial CQI Survey is required for all CDAs and 100% anonymous to MROQC. Deadline: Monday, February 23, 2026.

Melissa sent the survey link, be sure to reach out to her if you never received it: hillmel@med.umich.edu

CDA INFORMATION SURVEY



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Update your contact information

Survey Link:
https://forms.office.com/Pages/ResponsePage.aspx?id=E9ZBH6HTrU6RjSolsQ3jMMjjHJ2voHdEqcDZYyqSc5lUOFFCTjk5MTdFOFM2MEpFUkRSTTIwTzBJTy4u

We appreciate the work you do to support quality improvement across MROQC and value your role as we move through Year 15 together.

QUESTIONS ASKED DURING THE MEETING

Q1: What is a "Super User"?

A: An expert user who receives deep-dive training to assist the Coordinating Center with onboarding and troubleshooting for other facilities during a system transition.

Q2: When do you think they will start rolling out the brain mets project? Late 2026?

A: If anything occurs in 2026, it will focus on education. The formal rollout is expected in 2027.

Q3: Will bone mets be phased out when brain mets starts?

A: No. The expansion is intended to include both brain and bone metastases simultaneously, though this may be refined during working group discussions.

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This section captures real-time questions from the breakout session

QUESTIONS ASKED DURING THE MEETING

Q4: For the L11, do I continue to collect 2 and 3 year data when a patient has progressive disease marked on the 1st year? Should I file an SE2 if they go on hospice in year 3?

A: You should submit an SE2 termination form when a patient enters hospice or when there is distant progression of the disease

Q5: Are others submitting long-term follow-ups at 8 months if a patient misses the 9–15m range?

A: While the goal is the 9–15 month window, please reach out to the Coordinating Center or utilize office hours for specific cases. Capturing data is preferred, but we must ensure it aligns with standard reporting metrics.

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QUESTIONS ASKED DURING THE MEETING

Q6: Will we be re-opening previously enrolled breast patients to try and capture their long-term data sooner, or starting fresh?

A: We are currently in the discovery phase for long-term follow-up. Decisions regarding retrospective data collection versus starting with new enrollments will be finalized in upcoming working group sessions.

What if I didn't receive the Blue Cross survey link?

A: Melissa will resend the survey link to all team members.

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