MICHIGAN RADIATION ONCOLOGY QUALITY CONSORTIUM

BCBSM 2025 Incentive Program Criteria Document

Pay for Performance=P4P
Gold Card=GC
CQI Value-Based Reimbursement=CQI VBR

Incentive Program	Measurement Period	Measure Description	Additional narrative describing the measure
P4P	01/01/2025-12/31/2025	**Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data**	**1. Clinical Audit – 2 points** **a. Overall data accuracy is ≥95% as determined by a clinical audit of breast, lung, bone mets, and prostate data.** i. Metric score – 1 point. ii. Audit cases are patients with an RT end date within the 2024 calendar year (1/1/2024 - 12/31/2024). Patients with an RT end date in 2025 can be utilized for facilities with an insufficient number of cases. **b. Sufficient audit preparation and follow-up** i. Metric score – 1 point. ii. Audit materials available for review at the time of audit. iii. An appropriate staff member (CDA) attends the audit. iv. Corrections identified during the clinical audit are completed within 2 weeks of receiving them. **Audit Exemption Criteria for High-Performing Facilities:** • **Eligibility**: Facilities that achieved a clinical audit score of 98% or higher in 2024. • **Exemption:** These facilities will be exempt from the clinical audit for the subsequent year, 2025. • **Score Carry-Over:** During the exempt year, the score achieved in the preceding year, 2024, will be carried over. This means that high-performing facilities will automatically get 2 points for the clinical audit metric. • Facilities that achieve a clinical audit score below 98% in 2024 will continue with their annual 2025 clinical audit without exemption. **2. CDA Team Meeting Attendance – 1 point** **a.** Metric Score – 1 point **b.** CDAs must attend at least 4 CDA team meetings in 2025. **c.** Credit awarded based on Zoom attendance list. **d.** Only one person is required to attend and receive credit for facilities with multiple CDAs. **e.** If fewer than 4 meetings are held in 2025, the requirement will change to reflect the actual number of meetings held.

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			3. Submission of Clinical Forms – 3 points **a. ≥ 90% of baseline, on-treatment, and end-of-treatment forms submitted by the data entry deadline.** i. Metric Score - 1 point. ii. Relevant Forms: Breast (B1, B3, B5, B6, B7, *B9), Lung (L1, L2, **EOT** L3, L4, L5, L6, L7, *L8), Bone Mets (M1, M3, M4, M6) and Prostate (P1 /P2, P3, P4, P7). *Only the end of treatment date is needed on the B9 and L8 forms for lung SBRT /breast ultra-hypofractionation cases. iii. Metric calculation: *Patients who are missing at least 1 form* / *All eligible 2025 Patients* iv. 2025 patients are defined as having an RT start date of 1/1/2025- 9/30/2025. v. Data entry deadline: Form data must be submitted by 1/23/2026. vi. Follow-up forms are excluded from this measure. vii. If an SE2 form is submitted, all the required forms listed on the SE2 must be entered to receive credit. **b. ≥60% Completion rate of 24-Month prostate P6 follow-up form** i. Metric Score – 1 point. ii. Relevant Form: CDA 24-month follow-up form (P6) iii. Metric Calculation: *Submission of the 24-month P6 form due during 1/1/2025-9/30/2025* / *All 24-month P6 Forms due during 1/1/2025 -9/30/2025* iv. The RT end date will be used to identify patients who are eligible for 24-month follow-up during the 1/1/2025-9/30/2025 measurement period. v. The 24-month P6 follow-up form is expected to be completed 17 to 29 months after the RT end date. c. **≥75% Completion rate of annual lung follow-up form** i. Metric Score -1 point. ii. Relevant Form: CDA 1 year follow-up form (L11) iii. Metric Calculation: *Submission of the 1-year L11 form due during 1/1/2025-9/30/2025* / *All 1-year L11 Forms due during 1/1/2025 -9/30/2025*

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<tr><th>Incentive Program</th><th>Measurement Period</th><th>Measure Description</th><th>Additional narrative describing the measure</th></tr>
<tr><td></td><td></td><td></td><td>iv. The RT end date on the L8 form will be used to identify patients who are eligible for the first-year follow-up during the 1/1/2025-9/30/2025 measurement period.
v. The 1-year L11 follow-up form is expected to be completed 9 to 15 months after the RT end date.
vi. Patients who completed RT between 1/1/2024 and 9/30/2024 but are terminated earlier than 12 months after their RT end date (the 1st year follow-up), will not be excluded from this measure. In this case, L11 forms should be filled out at the same time an SE2 (early termination form) is completed.
P4P Scoring:
<table>
<tr><th colspan="2">Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data Score Breakdown</th></tr>
<tr><td colspan="2"><u>6 Total Points:</u></td></tr>
<tr><td>1 point</td><td>Clinical Audit data accuracy</td></tr>
<tr><td>1 point</td><td>Sufficient audit preparation and follow-up</td></tr>
<tr><td>1 point</td><td>CDA Team meeting attendance</td></tr>
<tr><td>1 point</td><td>Submission of baseline, on-treatment, and end-of-treatment clinical forms</td></tr>
<tr><td>1 point</td><td>Submission of P6, 24-month form</td></tr>
<tr><td>1 point</td><td>Submission of L11, 1 year form</td></tr>
<tr><td colspan="2">• All metrics met: 6 points.
• Some metrics met: Partial points given based on the breakdown above.</td></tr>
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<tr><td>P4P</td><td>01/01/2025-12/31/2025</td><td>Timely Submission of High-Quality Physics & Dosimetry Data</td><td>A. Physics & dosimetry information is submitted within 6 weeks of end of treatment for ≥85% of breast, lung, bone mets, and prostate patients from the 2025 performance year.
a. “Physics & dosimetry information” refers to the patient-specific Radiotherapy Technical Details form and full DICOM data set where required.* Credit is received if the patient’s information is submitted within 6 weeks of the patient’s RT end date.
*Note that DICOM data upload is not required for bone mets patients treated with a 2D or 3D technique.
Population: Patients with RT start date of 01/01/2025-09/30/2025.

B. Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for ≥95% of 2025 patients.
a. Any errors on the Physics-Data Checker reports for 2025 patients must be resolved by the January 2026 deadline for a case to be counted as “error-free.”
Population: Patients with RT start date of 01/01/2025-09/30/2025.

C. Physics data audit score achieved is ≥97% and the facility demonstrates sufficient audit preparation and follow-up.</td></tr>
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			a. Overall data accuracy is ≥97% as determined by an audit of breast, lung, bone mets, and prostate cases. Audit cases are patients with an RT end date within the 2024 calendar year (1/1/2024-12/31/2024). b. Sufficient audit preparation and follow-up, which includes: i. Audit materials available for review at the time of audit. ii. Appropriate staff member (physicist or dosimetrist) attends the audit. iii. Corrections identified during the audit are completed within 2 weeks of receiving them. **Audit Exemption for High-Performing Facilities:** • Facilities that achieved a physics audit score of 99% or higher in 2024 will be exempt from the physics data audit in 2025. • During the exempt year, the score achieved in the previous year will be carried over. This means that high-performing facilities will automatically meet physics data audit Metric C. • Facilities with a physics audit score below 99% in 2024 will continue with their annual 2025 physics audit without exemption. **P4P Scoring:** • Three Metrics Met 6 points • Two Metrics Met 4 points • One Metric Met 2 points • No Metrics Met 0 points

Incentive Program	Measurement Period	Measure Description	Additional narrative describing the measure
P4P CQI VBR	**01/01/2025-09/30/2025**	**Collaborative Wide Goal - Increase the collaborative-wide utilization of prone positioning for breast cancer radiation treatment**	**Population:** Breast cancer patients enrolled in MROQC during Q1-Q3 2025. **Numerator:** Breast cancer patients who receive whole or partial breast radiation only in the prone position. **Denominator:** Breast cancer patients who do not have any of the following exclusions for prone positioning during the measurement period: -Lack prone treatment equipment -Cannot tolerate prone positioning -Refuses prone positioning after being informed of its potential benefits -Is receiving regional (nodal) irradiation -Have small breasts, defined as a cup size A or a breast PTV_eval ≤ to 1000cc. ** **Small breasted patients will be excluded from the denominator for purposes of this measure. These patients may, however, be treated in the prone position if the patient and the oncologist choose to do so but if they are excluded, it will not affect the facility's calculation of the measure. • Data from the BRTD will be used for this measure as well as the B7, which will capture any contraindications for treatment with prone by the physician. • The MROQC collaborative will use breast data from node negative patients with an RT start date of 01/01/2025-9/30/2025 for this measure. The score reported will be the **collaborative** performance at the end of Q3 2025. This will allow 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 2026
P4P GC CQI VBR	**01/01/2025-09/30/2025**	**Increase the baseline and follow-up completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients treated to regional nodes.** **A.≥50% of breast patients treated to regional nodes who have a baseline measurement (B7 or B9) in 2024 must have a follow-up**	**Population:** Node positive breast cancer patients with RT start dates of 01/01/25-09/30/25. **Numerator:** Number of node positive breast cancer patients who receive the standard of care arm measurements for lymphedema assessment at baseline (pre-RT) and in follow-up (post-RT). **Denominator:** Total number of node positive breast cancer patients who were treated with regional fields *(excluding IMN only)* • The following patients will be excluded from the measure: ○ Patients who decline the measurements. ○ Patients who have a virtual visit. ○ Patients who did not complete RT

Incentive Program	Measurement Period	Measure Description	Additional narrative describing the measure
		measurement (B10 or B14) completed within Q1 - Q3 of 2025.* **B.≥50% of breast patients treated to regional nodes with a RT start date within Q1-Q3 of 2025 must have a baseline measurement (B7 or B9).**	• Documentation of this measure will come from the B7 or B9 forms (Baseline) and/or B10 or B14 (Follow-Up) as well as the BRTD (to determine if the patient is node positive). • MROQC will use facility data from node positive breast patients with baseline measurements in 2024 who will be due for a follow-up in Q1-Q3 2025 as well as cases with an RT start date of 01/01/2025-9/30/2025 to capture baseline measurements for this measure. The score reported will be the facility performance rate as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow 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 2026. • *Patients who have documented arm measurements on a B10 form submitted in 2024 will be marked as meeting Part A of the performance metric
P4P **GC** **CQI VBR**	**01/01/2025-09/30/2025**	**Measure #5: For lung cancer patients treated with conventional fractionation, the mean esophageal dose is <29 Gy AND the esophageal max dose (D2cc) is <61 Gy.**	**Population**: Conventionally treated lung cases with RT start dates of 01/01/25-09/30/25. **Numerator:** Lung cancer cases treated with conventional fractionation with a mean esophageal dose is <29 Gy AND the esophageal max dose (D2cc) is <61 Gy **Denominator:** Lung cancer cases treated with conventional fractionation • The Lung Radiotherapy Technical Details (LRTD) form will be used to determine treatment fractionation. DICOM-RT data will be used to determine the mean and max esophageal doses. • The score reported will be the facility's performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.
P4P **GC** **CQI VBR**	**01/01/2025-09/30/2025**	**Measure #6: For SBRT treatment of lung cancer with a single PTV, the Paddick Conformity Index is ≥0.85.**	**Population:** Lung cases treated with SBRT with RT start dates of 01/01/25-09/30/25. **Numerator:** SBRT lung cases with a single PTV meeting the Paddick Conformity Index **Denominator:** SBRT Lung Cases • The Lung Radiotherapy Technical Details (LRTD) form will be used to determine the modality of treatment and if there is a single planning target volume (PTV). DICOM-RT data will be used to calculate the Paddick Conformity Index (CI). Paddick CI= $PTVPI^2/PI*PTV$

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			(PI=prescription isodose and PTVPI=overlap between PTV and PI) • The score reported will be the facility's performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow for measurement/improvement and allow for time to finalize data collection and determination of a site's final rate.
P4P GC CQI VBR	**01/01/2025-09/30/2025**	**Measure #7: Increase the utilization rate of bone mets treatments consisting of 5 fractions or fewer.**	**Population:** All bone mets cases who start treatment in Q1-Q3 2025 **Numerator:** Bone mets cases receiving 5 or less fractions **Denominator:** All bone mets cases except for those being treated for cord compression • 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) start date of 1/1/2025 through an RT start date of 9/30/2025 will be used to assess this measure. The physics survey (MRTD) will be used to determine the number of fractions delivered. • The score reported will be the facility's performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow for measurement/improvement and allow for time to finalize data collection and determination of a facility's final rate.
P4P GC CQI VBR	**01/01/2025-09/30/2025**	**Measure #8: For 50% or more of bone mets reirradiation cases, it is documented that physics was consulted before final physician approval of a plan for Type 1 reirradiation (Overlap of irradiation volumes with or without concern for toxicity from cumulative doses) OR Type 2 reirradiation (No overlap of irradiated volumes but concern for toxicity from cumulative doses).**	**Population:** Patients undergoing reirradiation treatments within the participating radiation oncology departments. **Numerator**: The number of reirradiation cases with documented medical physics consults. **Denominator**: The total number of reirradiation cases. • For bone mets reirradiation cases, the bone mets physics survey (MRTD) will be the source for documentation of a physics consult prior to final physician approval of a treatment plan. • MROQC will use facility data for bone mets reirradiation cases with an RT start date of 01/01/2025-09/30/2025 for this measure. The score reported will be the facility performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow 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 2026.
P4P GC	**01/01/2025-09/30/2025**	**Measure #9:**	**Population:** Patients with Intact, High-risk prostate cancer per NCCN guidelines with RT start dates of 01/01/2025-09/30/2025.

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CQI VBR		**Improve the percentage of patients with intact, localized, high-risk prostate cancer patients receiving definitive radiotherapy that are recommended to receive long-term androgen deprivation therapy (ADT).**	**Numerator:** Number of high-risk patients recommended to receive an intended ADT duration in accordance with ASTRO/AUA guidelines (18-36 months). **Denominator:** Number of patients with intact, high-risk prostate cancer per NCCN guidelines. • The P3 will capture the intended duration, and clinical trial participation. Risk grouping will come from either the MUSIC baseline data *(matching facilities)* or the P7 *(facilities without a MUSIC partner)*. • MROQC will use facility prostate case data with an RT start date of 01/01/2025-09/30/2025 for this measure. The score reported will be the facility performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow 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 2026.

P4P
GC
CQI VBR
	01/01/2025-09/30/2025	**Measure #10: Increase MRI utilization for intact prostate cancer patients receiving definitive radiotherapy**	**Population:** Patients with intact prostate cancer with RT start dates of 01/01/2025-09/30/2025 undergoing treatment type external beam radiation therapy with or without brachytherapy.
			
			Numerator: All prostate patients with an MRI in the last 12 months
			
			Denominator: all intact patients, with treatment type = "EBRT alone" or "Combination therapy of EBRT and brachytherapy'
			
			• Patients unable to undergo MRI will be excluded. Examples:
			  ○ Patients declined due to medical reasons, personal preference or cost
			  ○ Implanted medical device
			  ○ Lack of insurance coverage
			
			• The PRTD will be used to collect data on the number of intact prostate cancer patients receiving who underwent MRI as part of treatment planning.
			
			• MROQC will use facility prostate case data with an RT start date of 01/01/2025-09/30/2025 for this measure. The score reported will be the facility performance as of the end of Q3 2025 (using Q1-Q3 2025 overall rate). This will allow 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 2026.

P4P	**01/01/2025-12/31/2025**	**Collaborative-Wide Meeting Participation – Clinical Champion (per MROQC CC**	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.

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		Attendance Policy)	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. 1. Friday, February 28th, 2025 (virtual) 2. Friday, May 16th, 2025 3. Friday, October 10th, 2025
P4P	**01/01/2025-12/31/2025**	**Collaborative-Wide 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 2025. 1. Friday, February 28th, 2025 (virtual) 2. Friday, May 16th, 2025 3. Friday, October 10th, 2025
P4P	**01/01/2025-12/31/2025**	**Collaborative-Wide Meeting Participation – Clinical Data Abstractor (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 2025. 1. Friday, February 28th, 2025 (virtual) 2. Friday, May 16th, 2025 3. Friday, October 10th, 2025
P4P	**01/01/2025-12/31/2025**	**Bonus Measure: MROQC Physician Engagement**	MROQC Physician Engagement (10 Bonus Points) *Not to exceed 100 points total on the P4P scorecard* • Lead author on an MROQC publication *(Counts as 2 items)* • Lead a skills workshop *(Counts as 2 items)* • Present at an MROQC collaborative-wide meeting *(non-leadership role only)* • Present on MROQC at a national meeting *(Cannot be a resident)* • Attend 5 working group meetings in 2025 *(Total across practice physicians; 1 physician counts per meeting i.e., no double points if 2 attend the same meeting)* • Coauthor on an MROQC publication • Attend 3 case review sessions

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			• Propose a new quality measure: provide reasoning to implement the measure, work with the MROQC data team to review supporting data and present the measure to the relevant working group Metrics of Success: 5 or more items achieved 10 points 3-4 items achieved 5 points 1-2 items achieved 1 point Qualifications: 1. Must be a Clinical Champion or Participating Physician 2. Cannot be a resident
CQI VBR	**01/01/2025-09/30/2025**	**At least 50% of breast cancer patients who report using cannabis in the past 30 days are provided an MROQC cannabis education document during treatment.**	**Population:** Breast cancer patients treated at MROQC facilities who report cannabis use within the past 30 days in Q1-Q3 2025. **Numerator:** Breast cancer patients treated in MROQC during Q1-Q3 2025 who report using cannabis within the past 30 days who are offered with the MROQC cannabis education document. **Denominator:** Breast cancer patients treated in MROQC during Q1-Q3 2025 who report using cannabis within the past 30 days prior to treatment start. • "Provided" equals "offered" the education document. • Data will be collected from B1 (patient), B5 (CDA) • MROQC will use breast data from patients with an RT start date of 01/01/2025-9/30/2025 who report cannabis use within the past 30 days for this measure. The score reported will be the collaborative performance at the end of Q3 2025. This will allow 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 2026