

2025 MROQC Incentive Programs Summary CDA Tip Sheet



MROQC takes part in three incentive programs: **Pay for Performance (P4P)**, **Gold Card (GC)**, and **Value-Based Reimbursement (VBR)**. These programs aim to improve radiation oncology care for cancer patients across Michigan. Quality/ Incentive measures are decided every year by the working group.

NOTES:

- ✚ *Always refer to the criteria document for more information about the measure: www.mroqc.org (resources)
- ✚ No CDA related measure for lung patients in 2025
- ✚ Physics Forms = BTRD, LTRD, MTRD, PTRD
- ✚ Collaborative-wide measure = scores based on collaboration from all MROQC facilities
- ✚ MROQC Patient enrollment is year-round: Jan 1 – 31st, every year. All eligible patients should be enrolled.
- ✚ Treatment Dates (RT Dates) should always be entered in the database, so patients can be counted towards the appropriate measure.



PARTICIPATION MEASURE: Measurement Period - 01/01/2025-12/31/2025 (Year-round)

1. Clinical Measure	2. Collaborative-Wide Meeting Participation-Clinical Data Abstractor (or designee)
<ul style="list-style-type: none"> ✚ Clinical Audit and preparations¹ – 2 pts ✚ CDA Team Meeting Participation – 1 pt ✚ Submission of Clinical Data – 3 pts <ul style="list-style-type: none"> • Missing forms - baseline, on-treatment, and end-of-treatment (≥ 90% submitted) • P6, 24-month form (≥60% submitted) • L11, 12-month form (≥75% submitted) <p>P4P = 6 total pts, partial pts possible. Measure also applies to non-P4P facilities</p> <p>¹Exclusion: Facilities that achieved a 2024 clinical audit score of ≥98% are excluded from participating in the 2025 clinical audit.</p>	<ul style="list-style-type: none"> ✚ Friday, February 28th, 2025 (virtual) ✚ Friday, May 16th, 2025 ✚ Friday, October 10th, 2025 <p>P4P = 3 meetings: 6 pts, 2 meetings: 4pts, 0 meetings: 0 pts. Measure also applies to non-P4P facilities</p>

PERFORMANCE MEASURE: Measurement Period - 01/01/2025-09/30/2025 (Q1-Q3)

Breast Patients

<p>1. Utilization of prone positioning for breast cancer radiation treatment*</p> <p><u>Received whole or partial breast radiation only in the prone position</u> <i>Node negative breast cancer patients (exclusions apply)</i></p> <p>P4P = 10pts: ≥ 30%, 5pts: 20-29%, 0pts: <20%. VBR= >30%</p> <p>Exclusions: (i) Lacks prone treatment equipment (ii) Cannot tolerate prone positioning (iii) Refuses prone positioning (iv) Is receiving regional (nodal) irradiation (v) Has small breasts (defined as a cup size A or a breast PTV_eval ≤ to 1000cc.)</p> <p>Related Forms: B7 and BRTD. RT start dates will be used to determine eligible patients.</p> <p>Note: Collaborative wide measure.</p> <p>2. Increase the baseline and follow-up completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients*</p> <p><u>Node positive patients who receive SOC² arm measurements</u> <i>Node positive patients treated with regional fields (exclusions apply)*</i></p> <p>²SOC – Standard of care for lymphedema pre & post RT</p> <p>P4P= 8pts: A & B are met, 5pts: Either A or B are met, 0pts: Neither A or B are met. VBR & GC = A&B are met.</p> <p>Part A= ≥50% of baseline rate (in 2024) AND a corresponding follow-up rate (1/1-9/30/2025), Part B= ≥50% of 2025 baseline rate (1/1-9/30/2025)</p> <p>Exclusions: i) IMN (Internal Mammary Node) ii) Virtual visit, iii) Declined measurement, iv) Did not complete RT</p> <p>Related Forms: B7, B9, B10, B14 and BRTD. RT Start dates will be used to determine eligible patients.</p>	<p>3. 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*</p> <p><u>Reported cannabis use and offered cannabis education document</u> <i>Reported using cannabis</i></p> <p>VBR = ≥50%</p> <p>Related Forms: B1, B5 - Cannabis use within 30 days. RT start dates will be used to determine eligible patients.</p> <p>Note: Collaborative wide measure.</p> <p>MROQC Cannabis documentation <u>offered</u> to patients is the same as “<u>providing documentation</u>”.</p> <p>See website for MROQC Cannabis education document.</p>
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PERFORMANCE MEASURE: Measurement Period - 01/01/2025-09/30/2025 (Q1-Q3)

Bone Mets Patients

1. Increase the utilization rate of bone mets treatments consisting of 5 fractions or fewer*

$$\frac{\text{Bone Mets patients treated with 5 or less fractions}}{\text{All bone mets patients (except those treated for cord compression)}}$$

P4P=8 pts: ≥75%, 5pts: 60 -74%, 0pts: <60% VBR & GC = ≥75%

Exclusion: Patients treated for cord compression

Related Forms: M1, M4, MRTD. RT Start dates will be used to determine eligible patients.

Note: This measure is scored per treatment course.

When a measure is "scored per treatment course," it means that the evaluation is conducted for each complete course of radiation treatment a patient undergoes.

For example, if a patient receives a series of radiation therapy sessions as part of their treatment plan, the measure would be assessed on the entire course completed, rather than after each individual session.

PERFORMANCE MEASURE: Measurement Period - 01/01/2025-09/30/2025 (Q1-Q3)

Prostate Patients

1. Improve the percentage of patients with intact, localized, high-risk prostate cancer patients receiving definitive radiotherapy that are recommended to receive long-term ADT*

$$\frac{\text{High-risk patients with a plan to receive ADT for 18-36 months}}{\text{Number of patients with intact, high-risk, prostate cancer per NCCN guidelines}}$$

**P4P =10 pts: ≥60%, 7 pts: 50 -59%, 0pts: <50%).
VBR & GC = ≥60%**

Related Forms: P3, P7 / MUSIC Data. RT Start dates will be used to determine eligible patients.

Note: New P3 form - Question 3b should be answered by the radiation oncologist even if the patient has a plan in place for ADT or has already started ADT.

2. Increase MRI utilization for intact prostate cancer patients receiving definitive radiotherapy*

$$\frac{\text{All prostate patients with an MRI in the last 12 months}}{\text{All intact patients with certain treatment types}}$$

Treatment type: (i) "EBRT Alone" or (ii) "Combination therapy of EBRT & brachytherapy"

**P4P =10 pts: ≥60%, 7 pts: 50 -59%, 0pts: <50%.
VBR & GC = ≥60%**

Exclusions: Patients unable to undergo MRI will be excluded: e.g. Patient declined for reasons such as claustrophobia, personal preference, or cost, implanted medical device, lack of insurance coverage.

Related Forms: P3, PTRD. RT Start dates will be used to determine eligible patients.

Note: New P3 form

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