MICHIGAN RADIATION ONCOLOGY QUALITY CONSORTIUM

QUALITY INITIATIVE PERFORMANCE INDEX MEASURES (P4P) 2026

Measure	Weight	Measure Description	Points earned
#1	6	**Clinical audit, CDA team meeting participation, and submission of clinical data[1]**	
		All Metrics Met	6
		Some Metrics Met	1-5
		No Metrics Met	0
#2	6	**Timely submission of high-quality physics and dosimetry data[2]**	
		Three Metrics Met	6
		Two Metrics Met	4
		One Metric Met	2
		No Metrics Met	0
#3	10	**Collaborative-Wide Goal - Increase the collaborative-wide utilization of prone positioning for breast cancer radiation treatment.**	
		>=40% of breast cancer patients were treated in the prone position across MROQC	10
		30-39% of breast cancer patients were treated in the prone position across MROQC	5
		<30% of breast cancer patients were treated in the prone position across MROQC	0
#4	10	**Increase the baseline and post-radiation treatment (RT) completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients treated to regional fields.** **A. >= 50% of breast patients treated to regional fields with a baseline measurement (B7 or B9) in 2025 must have a follow-up measurement (B10 or B14) completed and reported in cm within Q1-Q3 of 2026.** **B. >= 50% of breast patients treated to regional fields with a RT start date within Q1-Q3 of 2026 must have a baseline measurement (B7 or B9) reported in cm and complete nodal irradiation data (dose to irradiated nodal groups is reported and nodal contours are named according to TG263 guidelines).**	
		A and B were met	10
		Either A or B was met	7
		Neither A nor B was met	0
#5	10	**For treatment of lung cancer with hypofractionation (6-20 fractions), MROQC Consensus Quality Guidelines are achieved for at least 75% of patients collaborative-wide.**	
		>=75% of patients treated with hypofractionation (6-20 fx) for lung cancer across MROQC achieved the phase 1 guideline fractionation & dosimetric goals	10
		60-79% of patients treated with hypofractionation (6-20 fx) for lung cancer across MROQC achieved the phase 1 guideline fractionation & dosimetric goals	5
		<60% of patients treated with hypofractionation (6-20 fx) for lung cancer across MROQC achieved the phase 1 guideline fractionation & dosimetric goals	0
#6	8	**Increase the utilization rate of bone mets treatments consisting of 5 fractions or fewer.**	
		≥75% rate achieved	10
		60-74% rate achieved	7
		<60% rate achieved	0
#7	8	**Increase the rate of physics consultation for bone metastases reirradiation. ***	
		*For cases where there is concern for toxicity due to cumulative dose (Type 1 or Type 2 reirradiation), the physics consult must occur prior to physician approval. For Type 1 reirradiation cases with no concern for toxicity, the consult must occur prior to the start of treatment.	
		>=50% of bone mets reirradiation cases received a physics consult	10
		<50% of bone mets reirradiation cases received a physics consult	0

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Measure	Weight	Measure Description	Points earned
#8	10	**Improve the percentage of patients with intact, localized, high-risk prostate cancer receiving definitive radiotherapy that are recommended to receive long-term androgen deprivation therapy (ADT).**	
		>=65% of prostate cancer patients recommended to receive long-term ADT	10
		55-64% of prostate cancer patients recommended to receive long-term ADT	7
		<55% of prostate cancer patients recommended to receive long-term ADT	0
#9	10	**Increase MRI utilization for intact prostate cancer patients receiving definitive radiotherapy.**	
		>=70% of prostate cancer patients received an MRI	10
		60-69% of prostate cancer patients received an MRI	7
		<60% of prostate cancer patients received an MRI	0
#10	6	**Collaborative Meeting Participation – Clinical Champion (*Per MROQC CC Attendance Policy*)**	
		All meetings or two meetings with one meeting attended by an acceptable designee	6
		Two meetings	4
		One meeting or none attended	0
#11	6	**Collaborative Meeting Participation – Physics Lead (*or designee*)**	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
#12	6	**Collaborative Meeting Participation – Clinical Data Abstractor (*CDA or designee*)**	
		All meetings	6
		Two meetings	4
		One meeting or none attended	0
BONUS	10	**MROQC Physician Engagement (Clinical Champion and/or Participating Physician)** • 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 2026 *(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 • Participate in 3 case review sessions • 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 working group.	
		5 or more items achieved	10
		3-4 items achieved	5
		1-2 items achieved	1

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QUALITY INITIATIVE PERFORMANCE INDEX MEASURES (P4P) 2026

[1]

Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data Score Breakdown	
6 Total Points:	
1 point	Clinical audit data accuracy
1 point	Sufficient audit preparation and follow-up
1 point	CDA team meeting attendance
1 point	Submission of baseline, on-treatment, and end-of-treatment clinical forms
1 point	Submission of P6 36-month form
1 point	Submission of L11 1-year form
• All metrics met: 6 points. • Some metrics met: Partial points given based on breakdown above.	

[2] **Timely submission of high-quality physics and dosimetry data metrics (each item is worth 2 points)**

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 2026 performance year.

B. Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for >=95% of 2026 patients.

C. Physics data audit score achieved is >=97% and the facility demonstrates sufficient audit preparation and follow-up.

Detailed measure criteria can be found under Resources on the MROQC website.