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=1/1/24-3/31/24
Q2=4/1/24-6/30/24
Q3=7/1/24-9/30/24

Incentive Program Key
Pay for Performance: **P4P**
Gold Card: **GC**
Collaborative Quality Initiatives Value-Based Reimbursement: **CQI VBR**

Measure: Clinical Audit, CDA Team Meeting Participation, and Submission of Clinical Data

Associated Incentive Program: **P4P**

Metrics To Meet:

1. Clinical Audit score of ≥95%
2. Attendance at 4 CDA Team meetings
3. ≥ 90% of baseline, on-treatment, and end-of-treatment forms submitted as of 12/31/2024

Metric Criteria:

1. Clinical Audit 2pts:
    a. Overall data accuracy is ≥95% as determined by an audit of breast, lung, bone mets, and prostate data.
    b. Audit cases are patients with an RT end date within the 2023 calendar year (1/1/2023-12/31/2023). Patients who have an end date for RT in 2024 can be utilized for sites with insufficient cases.
    c. Sufficient audit preparation and follow-up, this includes:
        i. Audit materials available for review at the time of audit.
        ii. Appropriate staff member (CDA) attends the audit.
        iii. Corrections identified during clinical audit are completed within 2 weeks of receiving them.
2. CDA Meeting attendance 2pts:
    a. Site CDA must attend at least 4 CDA team meetings in 2024.
    b. Credit awarded based on Zoom attendance list.
    c. Only one person is required to attend and receive credit for sites with multiple CDAs.
    d. If fewer than 4 meetings are held in 2024, the requirement will change to reflect the actual number of meetings.
3. Submission of Clinical Forms 2pts:
    a. Breast (B1, B3, B5, B6, B7, *B9), Lung (L1, L2, L3, L4, L5, *L8, L10), Mets (M1, M3, M4, M6) and Prostate (P1 /P2, P3, P4, P7).
        i. *Only the EOT dates are needed on the B9 and L8 forms for lung SBRT /breast ultra-hypofractionation cases.
    b. 2024 patients are defined as having an RT end date of 1/1/2024- 9/30/2024.
    c. Data must be submitted by the January 2025 deadline
    d. The measure will be evaluated on the patient level
        i. **Metric calculation: # of 2024 patients missing at least 1 required form for eligible 2024 patients.**
    e. Follow-up forms are excluded from this measure.
    f. If an SE2 form is submitted, all the required forms listed on the SE2 must be entered to receive credit.

P4P Scoring:

- Three Metrics Met 6 points

- Two Metrics Met 4 points
- One Metric Met 2 points
- No Metrics Met 0 points

Measure: Timely Submission of High-Quality Physics & Dosimetry Data

Associated Incentive Program: **P4P**

Metrics to Meet:

1. Physics & dosimetry information is submitted within 6 weeks of end of treatment for ≥85% of breast, lung, bone mets, and prostate patients from the 2024 performance year.
2. Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for ≥95% of 2024 patients.
3. Physics data audit score of ≥97%.

Metric Criteria:

1. Timely submission:
   a. 2024 patients are defined as having an RT end date of 1/1/2024-9/30/2024.
   b. "Physics & dosimetry information" refers to the patient-specific Radiotherapy Technical Details form and full DICOM data set where required.*
   **Note that DICOM data upload is not required for bone mets patients treated with a 2D or 3D technique.*
2. High-quality data:
   a. 2024 patients are defined as having an RT end date of 1/1/2024-9/30/2024.
   b. Any errors on the Physics-Data Checker reports must be resolved by the January 2025 deadline for a case to be counted as "error-free."
3. Physics data audit:
   a. Overall data accuracy is ≥97% as determined by an audit of breast, lung, bone mets, and prostate cases.
   b. Audit cases are patients with an RT end date within the 2023 calendar year (1/1/2023-12/31/2023).
   c. 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.

P4P Scoring:

- Three Metrics Met 6 points
- Two Metrics Met 4 points
- One Metric Met 2 points
- No Metrics Met 0 points

Measure: In node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention AND the dose to the supraclavicular (SCV), infraclavicular (ICV or Axillary Level 3), Axilla (Level 1 & 2), and/or internal mammary node (IMN) is reported.

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 1/1/2024 through an RT end date of 9/30/2024 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 and dose reported.

The score reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- Contours and dose reported in ≥70% of patients — 10 points
- Contours and dose reported in 50-69% of patients — 7 points
- Contours and dose reported in <50% of patients — 0 points

For GC and CQI VBR, sites must meet the ≥70% threshold

Measure: For lung cancer patients treated with conventional fractionation, the mean esophageal dose is <29 Gy AND the esophageal max dose (D2cc) is <61 Gy.

Please refer to the Global Harmonization Group guidelines for guidance on contouring the esophagus.

Associated Incentive Program: **P4P**, **GC**, **CQI VBR**

Patient Criteria:
The purpose of this measure is to reduce symptomatic esophagitis amongst lung cancer patients receiving radiation therapy.

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 site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- ≥65% of lung patients met both constraints — 10 points
- 50-64% of lung patients met both constraints — 7 points
- <50% of lung patients met both constraints — 0 points

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

Measure: For SBRT treatment of lung cancer with a single PTV, the Paddick Conformity Index is ≥0.85.

Associated Incentive Program: **P4P**, **GC**, **CQI VBR**

Patient Criteria:
The purpose of this metric is to encourage the highest accuracy of stereotactic body radiation therapy for lung cancer.

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).

$$Paddick\ CI = \frac{PTVPI^2}{PI * PTV}$$

(PI = prescription isodose and PTVPI = overlap between PTV and PI)

The score reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- ≥80% of patients treated for lung cancer with a single PTV with SBRT met the criterion
  10 points
- 60-79% of patients treated for lung cancer with a single PTV with SBRT met the criterion
  7 points
- <60% of patients treated for lung cancer with a single PTV with SBRT met the criterion
  0 points

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

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

A: The MROQC consortium-wide rate of single fraction use is ≥45% for uncomplicated patients*
B: Your site-level rate of ≤5 fraction treatment is at least 75% for all patients

Associated Incentive Program: P4P, GC, CQI VBR

**Uncomplicated bone mets definition:*

- *No prior radiation to same anatomic site (M1)*
- *No cord compression, cauda compression or radicular pain at the site being treated (M1*
- *No prior surgery at the site being treated (M1)*
- *No associated soft tissue mass (M4)*
- *Patient reports any pain (pain score between 1-10) (M4)*
- *Intent of treatment: palliation of pain (M1)*

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 1/1/2024 through an RT end date of 9/30/2024 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 2024 (using Q1-Q3 2024 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 — 10 points
- Only B is met — 8 points
- B is not met — 0 points

For GC, sites must meet metric B
For CQI VBR, sites must meet both metrics (A & B)

Measure: For treatment of bone metastasis using stereotactic body radiotherapy (SBRT):

A: Standardized dose constraints for organs at risk (OARs) are used

B: Any violations of the standardized dose constraints are documented

Associated Incentive Program: P4P, GC, CQI VBR

Patient Criteria:

For bone mets cases being treated with SBRT, the bone mets physics survey (MRTD) will capture the use of standardized dose constraints and documentation of any violations (For which, you will only need to provide a yes or no answer. No further detail required)

The score reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- ≥80% of patients who received bone metastasis treatment with SBRT met both criteria
  10 points
- <80% of patients who received bone metastasis treatment with SBRT met both criteria
  0 points

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

Measure: Percentage of patients with 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. Patients with unfavorable intermediate risk prostate cancer may also receive a brachytherapy boost.

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 for patients with a radiotherapy (RT) end date of 1/1/2024 through an RT end date of 9/30/2024. Data for the classification of 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 Intermediate Risk:

- Has no high or very high-risk features
- Must have one or more intermediate risk factors:
  - cT Stage = cT2b-cT2c
  - Grade Group 2 or 3
  - PSA= 10-20 ng/mL

The score reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- ≥70% of patients received high value radiotherapy — 10 points
- 50-69% of patients received high value radiotherapy — 7 points
- <50% of patients received high value radiotherapy — 0 points

For GC and CQI VBR, sites must meet the 70% threshold

Measure: Prostate Working Group Performance Goal: Completion of 12-month follow-up form (P6)

Associated Incentive Program: **P4P**, **GC**, **CQI VBR**

Patient Criteria:
Completion of the CDA 12-month follow-up form (P6) will be used to determine the rate of 12-month follow-up for those due during 1/1/2024-9/30/2024. The RT end date from the PRTD will be used to identify patients that are eligible for 12-month follow-up during the measurement period of 1/1/2024-9/30/2024.

- The 12-month P6 form should be completed within 10 to 16 months post-RT.

The score reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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:

- ≥60% of prostate 12-month follow-up forms completed — 10 points
- 40-59% of prostate 12-month follow-up forms completed — 7 points
- <40% of prostate 12-month follow-up completed — 0 points

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

Measure: Proportion of smokers who are counseled for tobacco cessation treatment (for MROQC patients receiving curative intent treatment for breast, lung, and prostate cancer) is at least 80%.

Associated Incentive Program: CQI VBR

Patient Criteria:

This question only applies to patients who are listed as current smokers on the B5, L4 or P3. The measurement period is 01/01/2024-9/30/2024.

- Breast and lung patients with an RT start of 01/01/2024 – 9/30/2024 are included in the measure
- Prostate patients with an P3 submission date of 01/01/2024 – 09/30/2024 are include in the measure.

The final rate reported will be the site's performance as of the end of Q3 2024 (using Q1-Q3 2024 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.

The intent of this question is to capture the occurrence of ANY smoking cessation counseling occurring during any event (visit/ appointment), including a simple discussion of cessation with the provider.

If a patient is listed as a current smoker in the MROQC database based on MROQC's definition of a current smoker (a current smoker is defined as anyone who was smoking at least one month prior to the current cancer diagnosis), but your site defines the patient as a former smoker. Then, you may select "YES" stating the patient received counseling, whether or not counseling was done. (The assumption here is that there was no reason to counsel the patient since the patient had already quit smoking.) This is the only exception to this question.

Definitions:

Healthcare worker: physicians, nurse practitioners, nurses, physician assistants, medical assistants, or other individuals trained to support healthcare and health behaviors within a medical practice.

Smoking and Cigarettes: both terms refer to tobacco

a. **Select Yes**: if the patient received counseling during the event (visit/ appointment)

b. **Select No:** if the patient did not receive counseling during the event (visit/ appointment)

For CQI VBR, sites must meet the 80% threshold

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	6 points
● Attends 2 out of 3 meeting	4 points
● Attends 1 or no meetings	0 points

2024 Meeting Dates:

1.	Friday, February 23, 2024	Virtual
2.	Friday, May 17, 2024	Baronette Renaissance; Novi
3.	Friday, October 18, 2024	Radisson Plaza Hotel; Kalamazoo

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 2024.

Scoring:

- Attends 3 out of 3 meetings — 6 points
- Attends 2 out of 3 meeting — 4 points
- Attends 1 or no meetings — 0 points

2024 Meeting Dates:

1. Friday, February 23, 2024 — Virtual
2. Friday, May 17, 2024 — Baronette Renaissance; Novi
3. Friday, October 18, 2024 — Radisson Plaza Hotel; Kalamazoo

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 2024.

Scoring:

- Attends 3 out of 3 meetings — 6 points
- Attends 2 out of 3 meeting — 4 points
- Attends 1 or no meetings — 0 points

2024 Meeting Dates:

4. Friday, February 23, 2024 — Virtual
5. Friday, May 17, 2024 — Baronette Renaissance; Novi
6. Friday, October 18, 2024 — Radisson Plaza Hotel; Kalamazoo

Measure: MROQC Physician Engagement (Clinical Champion and/or Participating Physician)

Associated Incentive Program: P4P

This measure is an opportunity to earn bonus points by promoting physician participation through activities in MROQC. Credit toward the engagement bonus will be given for the following items:

- 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 2024 *(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
- 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

Scoring:

● 5 or more items achieved	10 bonus points
● 3-4 items achieved	5 bonus points
● 1-2 items achieved	1 bonus point