2018 Collaborative Quality Initiative Fact Sheet  
Michigan Urological Surgery Improvement Collaborative

Overview
To improve the quality of care provided to men with prostate cancer, Blue Cross Blue Shield of Michigan created the Michigan Urological Surgery Improvement Collaborative in 2012. This all-payer Michigan registry collects data on patient demographics, cancer severity (including pathological details from needle biopsies), utilization and outcomes for radiographic staging studies, patterns of care for both local therapies (e.g., radical prostatectomy, radiation therapy) and systemic androgen deprivation therapy, and patient reported outcomes for men undergoing radical prostatectomy. More recently MUSIC has also started collecting pre, intra, and post-operative data for patients undergoing kidney stone surgery or with a small renal mass diagnosis. Data is analyzed to determine the performance of each participating urology practice in comparison to peers.

The MUSIC Coordinating Center analyzes specific care components associated with better patient outcomes. Based on the findings, the MUSIC consortium disseminates this information to participating providers in an effort to implement best practices in local communities and ultimately to the broader Michigan healthcare community.

While initially focused specifically on prostate cancer care, MUSIC is now expanding into other urologic diseases with nascent quality improvement initiatives for kidney stones and small renal mass. The collaborative initiated a pilot program focused on reducing operative complications from kidney stones, aptly titled MUSIC ROCKS, in 2016, with a primary goal of reducing emergency department visits and hospitalizations after ureteroscopy and shockwave lithotripsy health care services. The full program with participation of a total of 33 MUSIC practices begins in January 2018. In considering other urologic diseases, MUSIC launched a pilot program focused on examining and improving the quality of care patients in Michigan receive for their small renal mass diagnoses in October 2017.

Background
This professional CQI is built upon the principles of the successful multi-state urological surgery quality collaborative pilot that was launched in 2009, led by Drs. David Miller and James Montie, and involved multiple urology practices from Michigan, Indiana, Ohio, Tennessee and Virginia.

At the heart of MUSIC is a web-based clinical registry to which participating practices submit data on all patients undergoing a prostate biopsy, as well as all patients seen for newly-diagnosed prostate cancer. MUSIC also now collects data for patients undergoing kidney stone surgery, including
ureteroscopy and shockwave lithotripsy, and those with small renal mass diagnoses. Data is analyzed to determine the performance of each participating urology practice in comparison to peers and to identify specific care components associated with better patient outcomes. Michigan Urological Surgery Improvement Collaborative hosts tri-annual collaborative-wide meetings that allow urologists to discuss these data in more detail, provide and receive performance feedback, and implement specific strategies for to improving patient care.

Goals and objectives
Prostate cancer:
• Optimize radiographic staging for newly diagnosed prostate cancer patients
• Reduce prostate biopsy-related complications and optimize repeat biopsy practice patterns
• Improve patient outcomes after radical prostatectomy through video-based technical review and the collection of patient reported outcomes
• Improve treatment appropriateness for men with newly diagnosed prostate cancer
• Enhance patient-centered decision making among men who are considering local therapy for early-stage prostate cancer

Kidney stones (ROCKS):
• Reduce emergency department visits and hospitalizations after ureteroscopy and shockwave lithotripsy health care services

Small Renal Mass (KIDNEY):
• Examine and improve the quality of care patients in Michigan receive for their small renal mass diagnoses

Incentive design
Blue Cross provides funding to assist participants in staffing and maintaining this project. Michigan Urological Surgery Improvement Collaborative participants receive funding semi-annually. New MUSIC participants receive start-up and data abstraction payments in their first year. Existing MUSIC practices receive data abstraction only payments.

Physician Organization expectations:
• Understand site contributions to overall program
• Forward reward payment appropriately to the participating practice units

Participation criteria
Each site is expected to:
• Develop and maintain an organizational commitment to active participation in the initiative, including clinician and administrative support and adequate staff levels to support the CQI’s activities.
• Identify a clinically active urologist to serve as the clinical champion. This clinical champion:
  o Will lead the practice in quality improvement efforts
  o Will attend at least two out of three tri-annual collaborative meetings
  o May serve on a quality improvement working group focused on the collaborative aims
  o May be asked to serve on the initiative’s executive board or in other governance roles or positions

Note: If the managing partner or executive director of the urology practice is not the clinical champion, then he or she must be fully supportive of the program and the designated clinical champion with regard to collaborative quality improvement efforts.

Evaluation
The evaluation is designed to assess the effectiveness of the initiative in achieving stated objectives. The process evaluation (generally the short-term and possibly intermediate-term evaluation) will address how the intervention is functioning, including process, structure, behavioral and knowledge-based changes brought about as a result of the Initiative. The outcome evaluation (generally the long-term and possibly intermediate term evaluation) will focus on the effects theorized to result from the Initiative’s interventions.

Results
• Collected data on more than 45,000 patients in 5.5 years
• Participation from more than 260 urologists, representing 44 practices
• Partnered with four patient advocates. These individuals are in involved in all of the consortium’s activities and offer the patient perspective, which is critical to the program’s success
• Received approval from the Centers for Medicare and Medicaid as a physician quality reporting system (PQRS), and more recently, Merit-based Incentive Program (MIPS), Qualified Clinical Data Registry
• Received approval from the American Board of Urology; participation in MUSIC qualifies urologists for Part IV Maintenance of Certification credit
• Statewide decrease in the utilization of both bone scans and CT scans for men with low-risk prostate cancer through the use of MUSIC CQI comparative performance feedback, review of current guidelines, and dissemination of best practices
• Used MUSIC data to subsequently develop and implement evidence-based appropriateness criteria for radiographic staging of all men with newly-diagnosed prostate cancer
• Achieved a 50 percent reduction in prostate biopsy-related hospitalizations by implementing process changes for antibiotic prophylaxis focused on addressing fluoroquinolone resistance
• Created a risk calculator based on MUSIC data. Gives physician the patient’s risk of finding prostate cancer from a prostate biopsy
• Established a novel metric that defines an uncomplicated early post-operative recovery, and compares these outcomes across diverse urology practices
• Created a statewide, electronic infrastructure for measuring and improving patient-reported functional outcomes after radical prostatectomy
• Developed an infrastructure for video-based assessment of surgical technique with the aim of linking such assessments with patient-reported outcomes and peri-operative morbidity data; established a robotic prostatectomy skills workshop program that allows for peer-to-peer video review and mentorship
• Published numerous peer-review manuscripts and abstracts, and presentations on MUSIC’s work and QI successes at both a national and international level
• Winner of the inaugural Clinical Innovator Technology Accelerator Award
• Awarded the Blue Cross Blue Shield Association Best of Blue award for clinical distinction for the MUSIC program

For additional information about this initiative contact:
David Bye, Health Care Analyst, Value Partnerships, Blue Cross, at dbye@bcbsm.com.

About the MUSIC Coordinating Center
Michigan Medicine (formerly known as University of Michigan Health System) serves as the coordinating center for MUSIC and is responsible for collecting and analyzing comprehensive clinical data from the participating practices.

David Miller, MD, MPH, Associate Professor of Urology, University of Michigan serves as program director. James Montie, MD, and Khurshid Ghani, MD, MS, serve as program co-directors. Susan Linsell, MHSA, serves as program manager.

About the Collaborative Quality Initiative Program
Sponsored by Blue Cross Blue Shield of Michigan and Blue Care Network, Collaborative Quality Initiatives bring together Michigan physicians and hospital partners to address some of the most common and costly areas of surgical and medical care.

Collaborative Quality Initiatives rely on comprehensive clinical registries that include data on patient risk factors, processes of care, and outcomes of care. As a result of the collection and analysis of procedural and outcomes data, the participants are able to implement changes in practice. These
changes in practices lead to increased efficiencies, improved outcomes, and enhanced value.

Collaborative Quality Initiatives are contributing to Blue Cross achieving a lower growth in medical cost trends than the national average, which helps hold down health care costs for Blues customers statewide.

About Value Partnerships
Over a decade of innovation, Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing health complications, controlling cost trends, eliminating errors, and improving healthcare outcomes throughout Michigan.

About PGIP
PGIP, a BCBSM Value Partnerships program, encourages, and rewards practitioners to more effectively manage patient populations and build an infrastructure to more robustly measure and monitor care quality. Over 40 Physician Organizations across the state of Michigan - representing nearly 20,000 primary care physicians and specialists - are working together in PGIP to improve the delivery of healthcare for Michigan Blues members.

PGIP is cultivating a healthier future for all Michigan residents by catalyzing an all-payer system. Patients throughout the state, regardless of payer, benefit from improved care processes developed in the PGIP provider community.

For additional information about PGIP:
Send an email to valuepartnerships@bcbsm.com.

For more information about CQIs:
Send an email to cqiprograms@bcbsm.com


The information contained herein is the proprietary information of BCBSM. Any use or disclosure of such information without the prior written consent of BCBSM is prohibited.