



# Exemplars, Outliers, and the Potential of Positive Deviance: Lessons from MUSIC.

Jim Montie

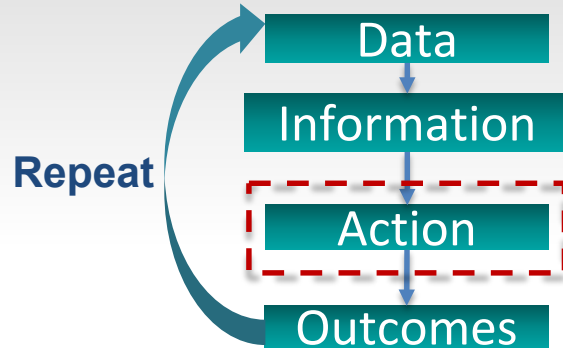
Consultant (used to be Co-Director)

# How does our Collaborative work?

## 1. Principles

- Collegial
- Non-competitive
- Actionable data
- Evidence-based
- Confidential
- No “billboards” or secrets

## 2. Playbook



## 3. Collaboration

Collaborative-Wide  
meetings x 3/year



# MUSIC Vital Statistics 2019



**260** Urologists, **90%** of the urologists in the state



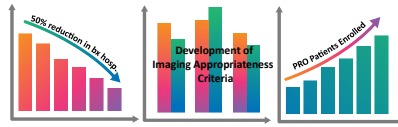
**45** Practices



> **60,000** Cases



**7** Patient Advocates



**14** QI Initiatives



- I want to show examples of initiatives that may have a parallel for MQOC.
- Some thoughts are on implementation, some on processes, some on outcomes



# Site Visits 2019!

## JANUARY

- MidMichigan Physicians Group – Urology
- Sherwood Medical Center
- Western Michigan Urological Associates

## FEBRUARY

- Bronson Urology and Continence Specialists
- Capital Urological Associates
- IHA – Urology
- Munson Healthcare Manistee Urology
- Spectrum Health Medical Group
- West Shore Urology

## MARCH

- Barton Urology PC
- Cadillac Urology Practice
- HFHS – Vattikuti Urology Institute
- McLaren Central Michigan – Urology
- Northern Michigan Urology
- Urologic Clinic Southeastern Michigan
- Urology Associates of Grand Rapids
- Urology Surgeons PC

## APRIL

- Lansing Institute of Urology
- Bay Area Urology Associates
- Lakeshore Urology
- Associates in Urology
- Wayne State University Physicians Group – Urology
- Tri City Urology
- Michigan Medicine – Urology
- Michigan State University – Urology
- Urologic Consultants
- McLaren Port Huron – Urology Associates

## MAY

- Michigan Urological Clinic

**28 site visits in 5 months**



## Purpose: CC staff and CC Physician Liason



Share **progress** on various quality improvement activities



Deliver practice and physician-level **personalized reports**



**Develop pathways** within a practice to reach QI goals locally with available support materials



**Receive feedback** regarding current and future projects

# Early wins

# Reductions in biopsy related infections

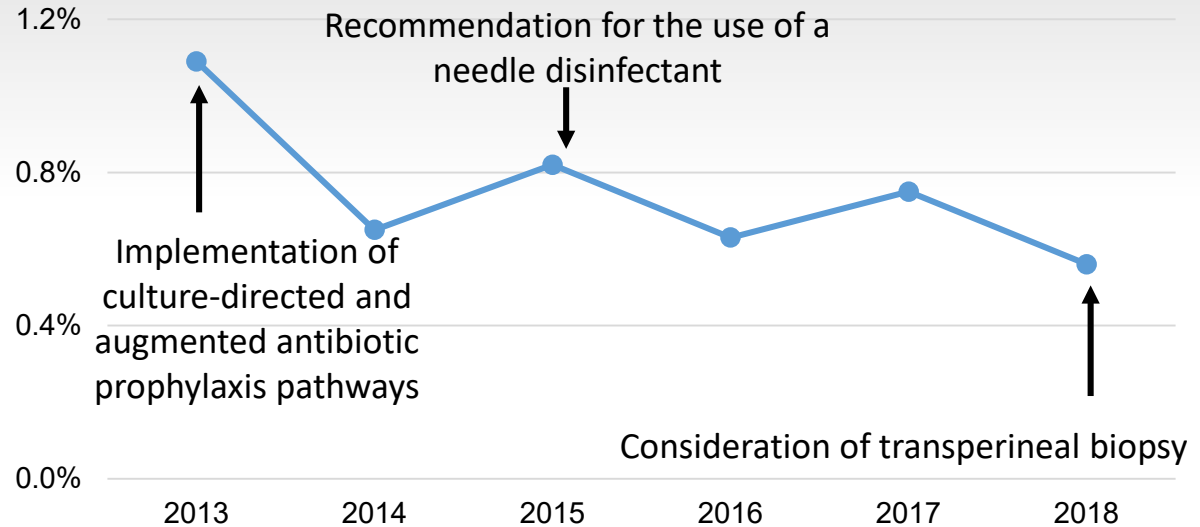


## A Statewide Intervention to Reduce Hospitalizations after Prostate Biopsy

Paul R. Womble, Susan M. Linsell, Yuqing Gao, Zaojun Ye, James E. Montie,\*  
Tejal N. Gandhi, Brian R. Lane, Frank N. Burks and David C. Millert,‡  
for the Michigan Urological Surgery Improvement Collaborative  
Vol. 194, 403-409, August 2015

**In 2018, 50 patients avoided a hospitalization for infection**

## Rate of Biopsy-related infectious hospitalizations over time





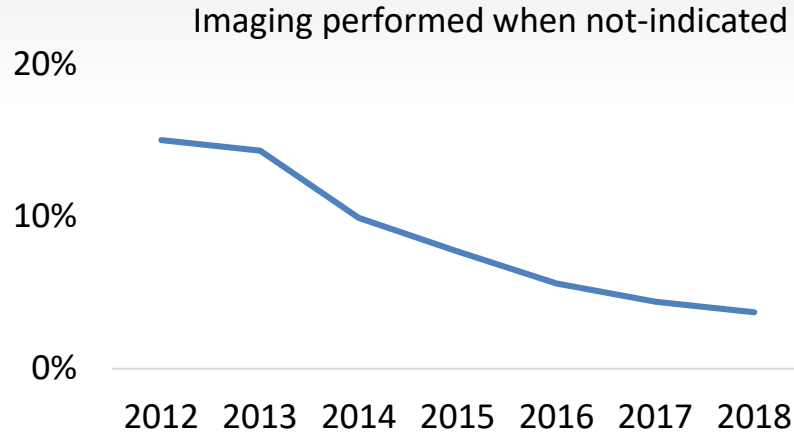


# Avoiding low-value imaging



A Statewide Intervention Improves Appropriate Imaging in Localized Prostate Cancer Vol. 197, 1222-1228, May 2017

Patrick Hurley, Apoorv Dhir, Yuqing Gao, Brian Drabik, Kenneth Lim, Jon Curry, Paul R. Womble, Susan M. Linsell, Andrew Brachulis, Donald W. Sexton, Khurshid R. Ghani\*, Brian T. Denton, David C. Miller,



In 2018, avoided **732 unnecessary imaging studies** with potential downstream consequences

# Current Initiatives (Examples)



## MUSIC strategy to improve engagement and VBR performance

- Display “positive deviance” in order to encourage *peer pressure*, i.e. identify the good performers so all know who they are (and the not-so-good performers will see that they are not in that group).

“Unblinded peer comparisons may be more powerful in eliciting social pressure and have been described as more effective among organizations that have tried both.”

INNOVATIONS IN HEALTH CARE DELIVERY

Physician Peer Comparisons as a Nonfinancial  
Strategy to Improve the Value of Care

Navathe and Emanuel, JAMA Nov 1, 2016



# Options for unblinding

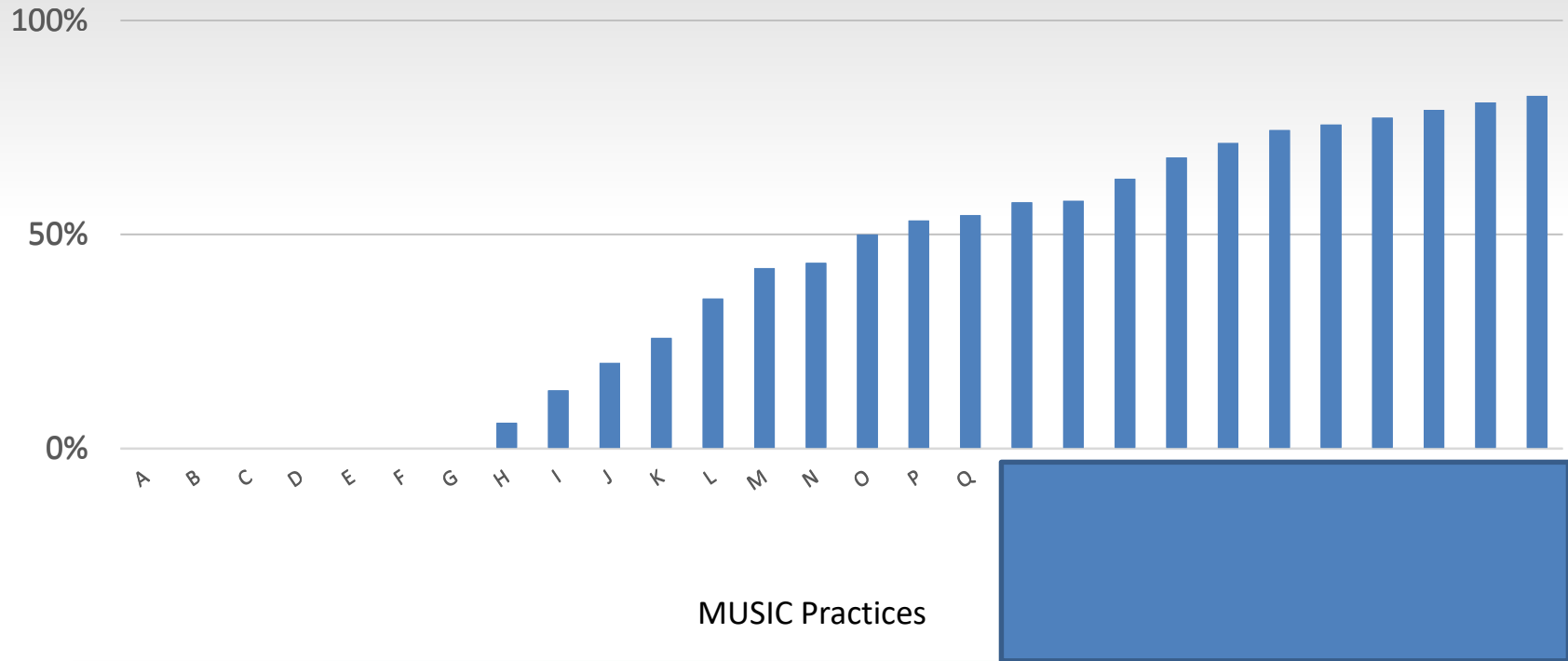
- 1. Unblind the top performers for *VBR population quality improvement measures*\***
  - *Confirmatory testing in low risk patients*
  - *Proportion of RP patients completing the baseline PRO questionnaire*

*\*Executive Committee Approved*



# Practice-level comparison\*

Proportion of **RP patients** completing the baseline PRO questionnaire



\*Executive Committee approved

# Options for unblinding

- 1. Unblind the top performers for VBR population quality improvement measures\*** – *current measures (reminder)*
  - *Confirmatory testing in low risk patients*
  - *Proportion of RP patients completing the baseline PRO questionnaire*
- 2. Unblind all practices for VBR population quality improvement measures**



# Shared decision making: P3P

## P3P: Personal Patient Profile – Prostate

- A web-based decision aid to help prepare newly diagnosed prostate cancer patients for a conversation about their treatment options with their physician.
- Goal is to hardwire invitation to P3P into flow of the office so patient gets DA prior to treatment consultation----not easy





# Thinking big in prostate cancer

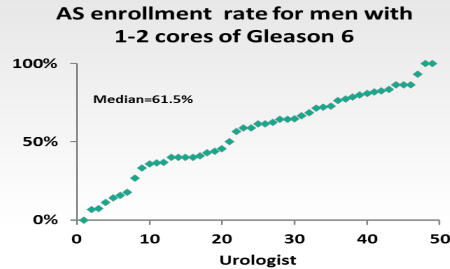
- How do we safely limit over-treatment?
- For those who need treatment, how do we reduce morbidity?





# Increase Active Surveillance

- Rationale: Recognition of widespread variation and overtreatment of low risk PCa



- Intervention: Appropriateness panel (RAND methodology); AS roadmap for urologists and patients
- Implementation:
  1. Roadmap for management of men with favorable-risk prostate cancer
  2. Create educational materials for patients
  3. Site visits
  4. Use the MUSIC registry to facilitate follow-up testing
  5. Develop our own AS performance measures

# Who is Appropriate for Active Surveillance?



## Appropriateness Criteria for Active Surveillance of Prostate Cancer

Michael L. Cher,\* Apoorv Dhir, Gregory B. Auffenberg, Susan Linsell, Yuqing Gao, Bradley Rosenberg,† S. Mohammad Jafri, Laurence Klotz, David C. Miller,‡ Khurshid R. Ghani, Steven J. Bernstein, James E. Montie and Brian R. Lane for the Michigan Urological Surgery Improvement Collaborative

Vol. 197, 67-74, January 2017



## 160 Scenarios

- Gleason Score
- Tumor Volume
- PSA density
- Race
- Life-expectancy
- Sexual interest & function



# MUSIC Roadmap



CONCEPT MORE IMPORTANT THAN THE DOCUMENT

MUSIC roadmap for  
of men  
e-risk  
er

**Goal:** Provide guidance, in the clinic, for determining who should consider active surveillance and steps for how to perform AS



# We have defined two distinct phases for AS

## Consideration Phase

### Steps to take while considering AS

**Step 1: Estimate life-expectancy**

**Step 2: Determine appropriateness for AS**

**Step 3: Obtain confirmatory testing**

**Step 4: Engage in shared decision making**

# We have defined two distinct phases for AS

## Consideration Phase

### Steps to take while considering AS

- Step 1: Estimate life-expectancy**
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- Step 4: Engage in shared decision making**



## Surveillance Phase

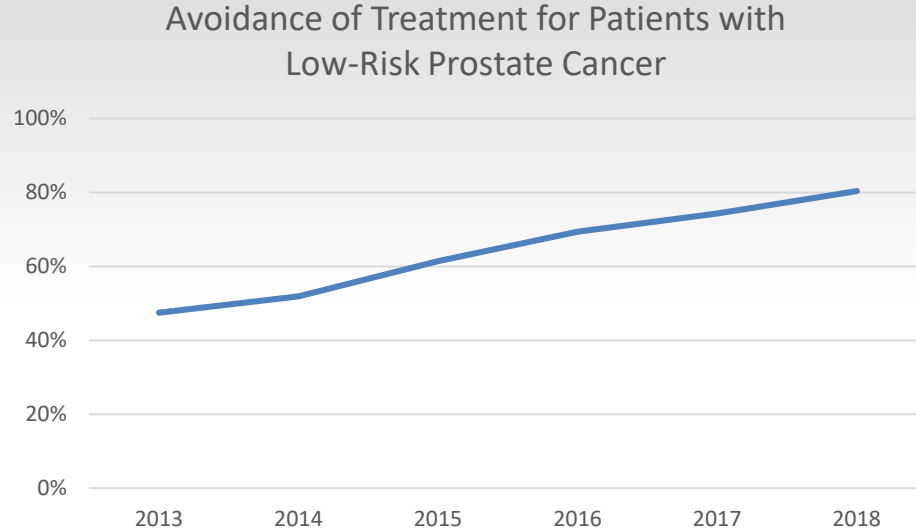
### How to perform surveillance

- Step 1: Select surveillance plan**
- Step 2: Monitor disease longitudinally**
- Step 3: Assess need for transition to other treatment(s)**



# A man newly diagnosed with low risk prostate cancer

In 2013, **47%** of men avoided treatment



In 2018, **80%** of men avoided treatment

**Avoid risk for incontinence and ED, cost savings in excess of \$2M, and high rate of surveillance compared to national benchmarks**

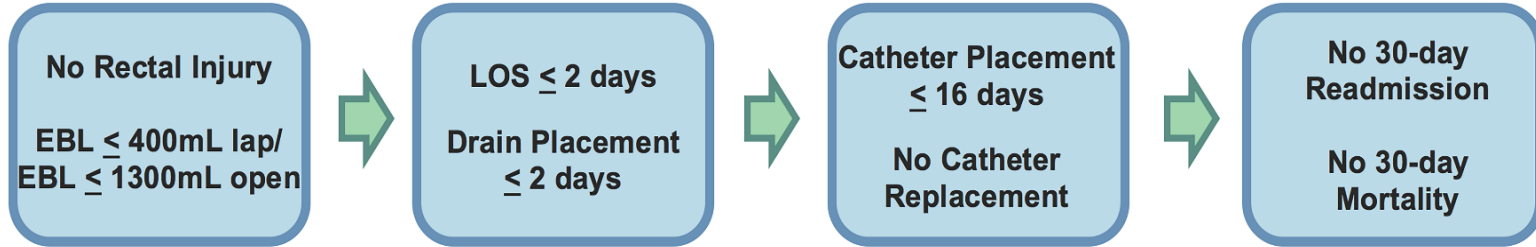




# Thinking big in prostate cancer

- How do we safely limit over-treatment?
- For those who need treatment how do we diminish morbidity?

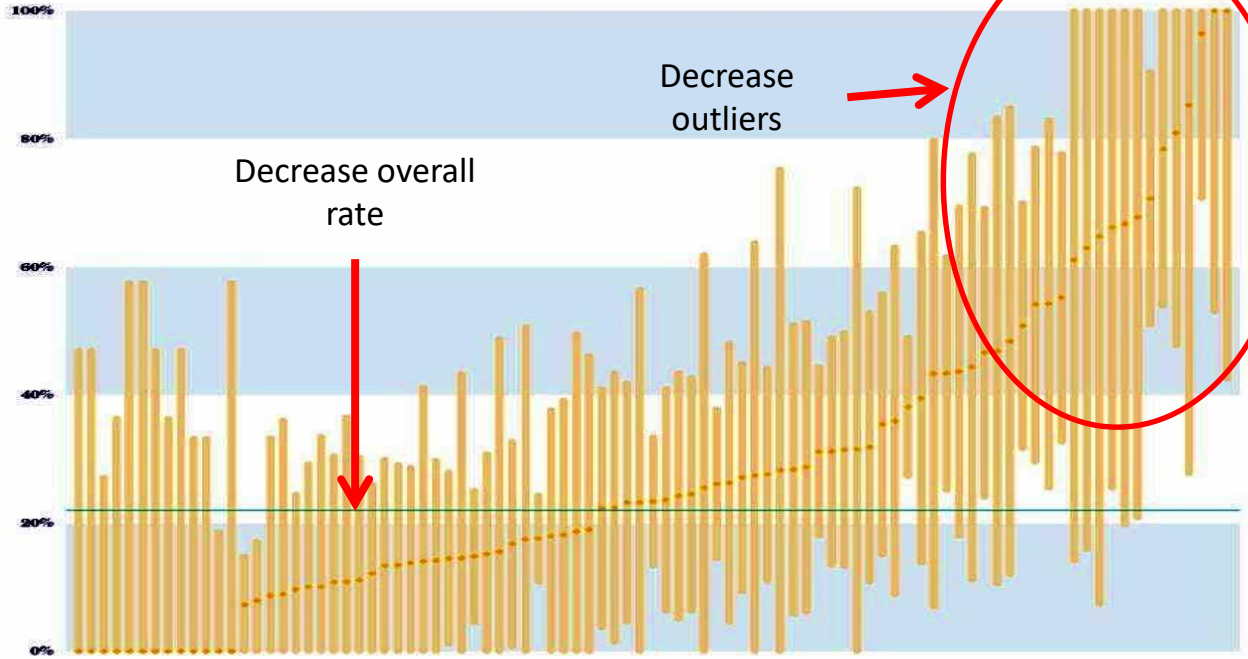
### Uncomplicated Recovery Pathway



Identify what caused the patient to deviate from the ideal pathway

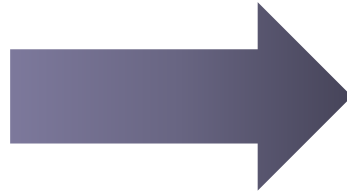


## NOTES Deviations - Total Deviated Cases



**LEGEND** ■ All ■ Other Urologists — All - - 95% Confidence Interval

# Can we get to zero opioids?



- Radical prostatectomy
- Ureteroscopy for stones
- Vasectomy

# How will MUSIC help?



Recommended pathway for alternatives to opioids



Physician education materials about program goals



Patient education materials to align pre-op expectations and information on alternatives to opioids



Continuous assessment of patient experience during episode of care



Supported by BCBSM 22-modifier (35% higher reimbursement)



# PRO – Patient Reported Outcomes

MUSIC PRO aims to **improve functional outcomes** following radical prostatectomy (RP) by asking patients to complete a questionnaire at baseline and 1, 3, 6, 12, and 24 months following surgery.

## Goal

- Enrollment – 70% of all RPs
- Completion rates >75%
- 3 Month social continence: 75%
- 6 Month social continence: 90%

## Resources available:

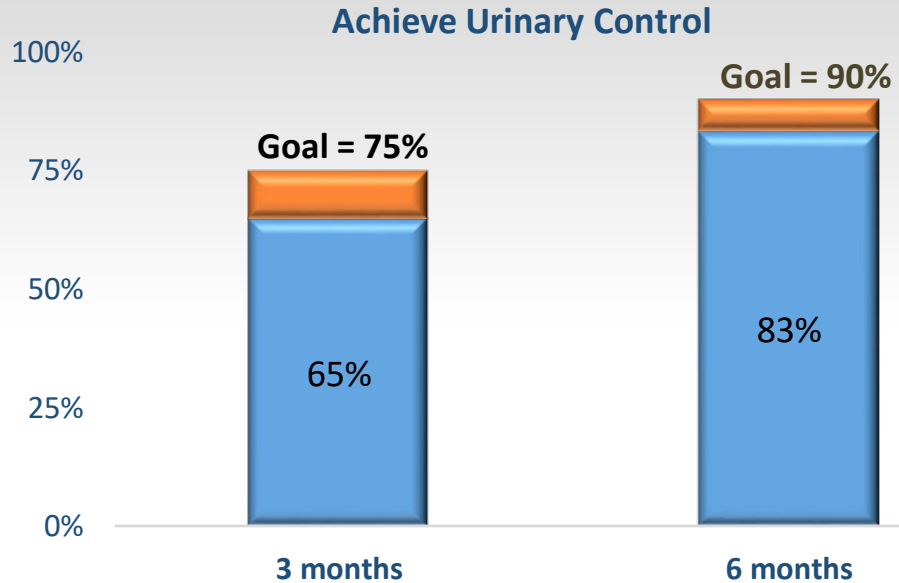
- Web-based questionnaire
- PRO Brochure & informational video
- PRO Patient Trend Report
- PRO Physician level report
- Tablet



# Measuring and improving surgical outcomes

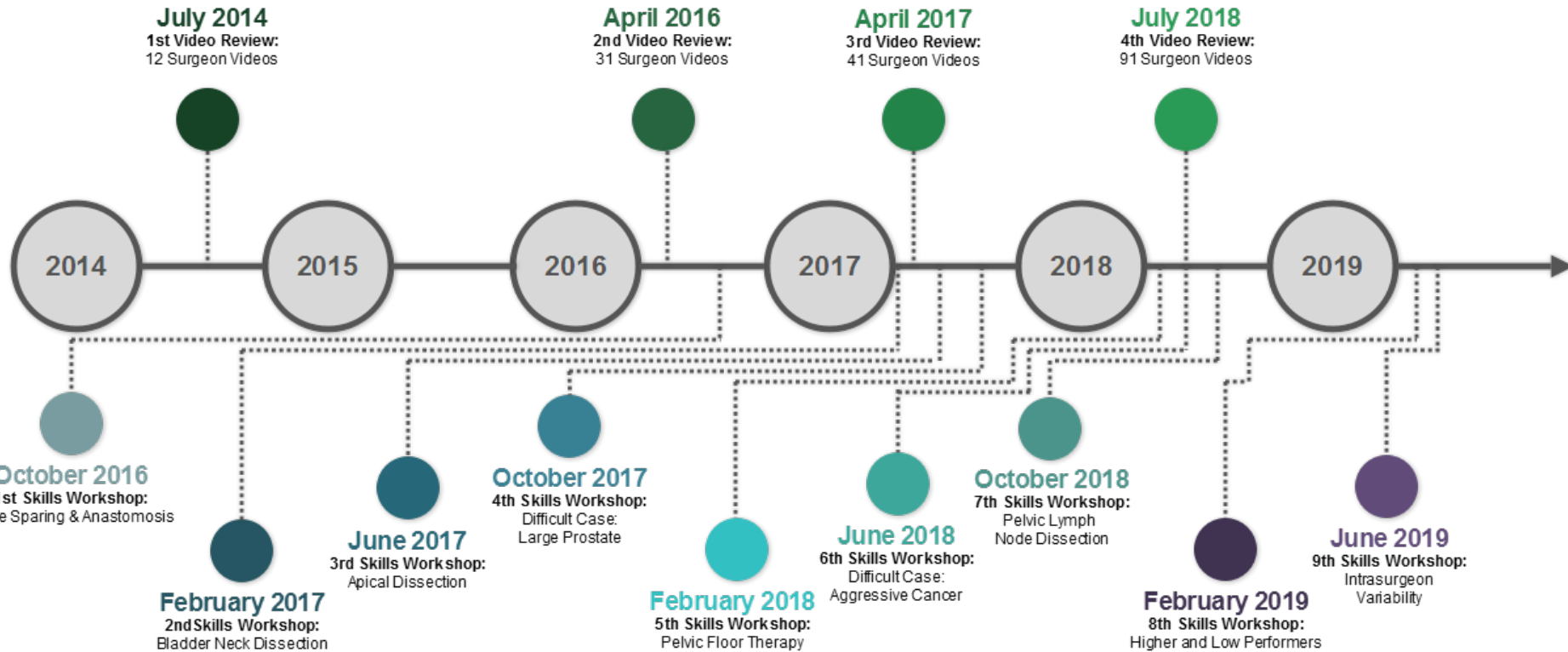


Statewide Patient Reported Outcomes on urinary control and sexual function



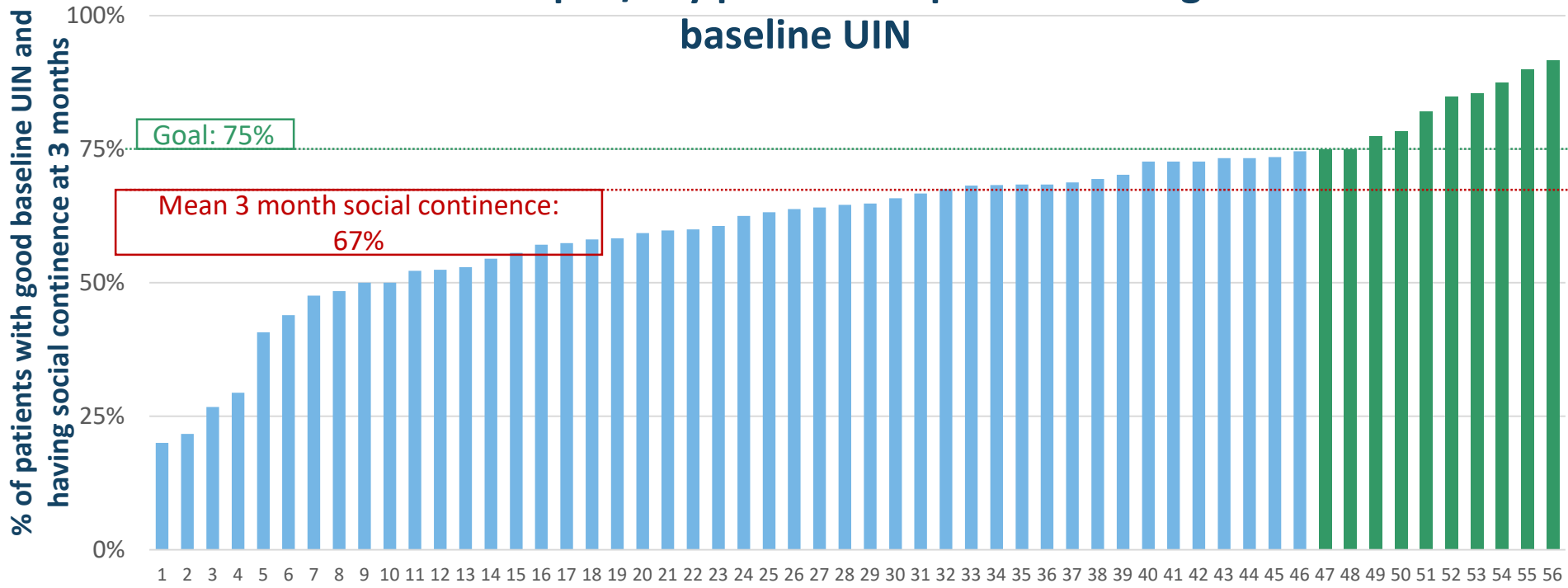
If we achieve our goals, 200 men/year will have a better quality of life

# Robotic prostatectomy: VIDEO review in MUSIC



# MUSIC PRO: Social continence (0-1 pad/day) at 3 months

## 3 Month 0-1 pad/day post-RP for patients with good baseline UIN



**MUSIC RP Surgeons with  $\geq 10$  cases at 3 months with good baseline UIN and  $\geq 50\%$  PRO enrollment**



# Voice of the Patient



# Voice of the patient

- 8 patient advocates participate in all MUSIC activities
- Serve as the moral compass for the work we are doing in MUSIC
- Provide the voice of the patient in urologist **working groups and at collaborative-wide gatherings**
- Offer feedback on all patient materials and educational resources



# Methods to Improve Quality



# Thank you

- **MUSIC**

- Clinical champions
- Data abstractors →
- Urologists
- Patient advocates
- Coordinating center staff



- **Blue Cross Blue Shield of Michigan – Value Partnerships Program**

For more information please visit: <http://musicurology.com/>

 @MUSICUrology



## Summary: All statewide, population improvements

- Prostate biopsy-related infectious hospitalizations decreased 50%
- Unnecessary imaging for prostate cancer decreased 75%
- Active Surveillance almost doubled to 80% for low-risk prostate cancer pts
- Targeting 10% improvement in urinary control for radical prostatectomy pts
- Targeting reducing ED visits after kidney stone surgery by 33%
- Targeting reducing opioids prescribed by 50-500% for urologic surgery pts

**Changes and innovations in Michigan are contributing to national change in urologic care**