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
- Data
- Information
- Action
- Outcomes

3. Collaboration
- Collaborative-Wide meetings x 3/year

Repeat
MUSIC Vital Statistics 2019

- **260** Urologists, **90%** of the urologists in the state
- **45** Practices
- **> 60,000** Cases
- **7** Patient Advocates
- **14 QI Initiatives**
- **32 Peer-Reviewed Publications**
• 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 Liaison

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. Miller†,‡ for the Michigan Urological Surgery Improvement Collaborative Vol. 194, 403-409, August 2015

In 2018, 50 patients avoided a hospitalization for infection

Recommended for the use of a needle disinfectant

Implementation of culture-directed and augmented antibiotic prophylaxis pathways

Consideration of transperineal biopsy

Rate of Biopsy-related infectious hospitalizations over time

2013 2014 2015 2016 2017 2018
Avoiding low-value imaging

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

*Executive Committee Approved
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. 187, 67-74, January 2017

160 Scenarios

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

- Step 1: Estimate life-expectancy
- Step 2: Determine appropriateness for AS
- Step 3: Obtain confirmatory testing
- Step 4: Engage in shared decision making

**Surveillance Phase**

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

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?
NOTES: Notable Outcomes & Trackable Events after Surgery

Uncomplicated Recovery Pathway

- **No Rectal Injury**
  - EBL ≤ 400mL lap/EBL ≤ 1300mL open

- **LOS < 2 days**
  - Drain Placement ≤ 2 days

- **Catheter Placement < 16 days**
  - No Catheter Replacement

- **No 30-day Readmission**
  - No 30-day Mortality

Identify what caused the patient to deviate from the ideal pathway

Decrease overall rate
Decrease outliers
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)
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.

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**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

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

Mean 3 month social continence: 67%

Goal: 75%

MUSIC RP Surgeons with > 10 cases at 3 months with good baseline UIN and > 50% PRO enrollment
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

- Specialization
- Process Exportation

Quality

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/](http://musicurology.com/)

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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