Building a Physician Led Quality Collaborative: The Pennsylvania Urologic Regional Collaborative (P.U.R.C.)

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Fox Chase Cancer Center
Quality Improvement Initiatives

Large scale efforts to improve hospital quality have had little effect on patient outcomes.

- Public reporting of performance data (Hospital Compare)
- Selective referral initiatives (Leapfrog Group)

In part due to:

- Lack of good data and measures for identifying superior hospitals (across specialties)
- Practical barriers to changing referral patterns
  - i.e. it has not been demonstrated that patients will stop going to hospitals that demonstrate poor results in favor of better performing hospitals
Regional Collaborations

Based on trust, transparency, sharing of data, and collaboration:

- Clinical registries containing detailed information about patient risk status, processes of care, and outcomes
- Hospitals/practices/physicians receive regular (confidential/de-identified) feedback on performance from a coordinating center
- Hospital officials/physicians convene regularly to review and interpret the data
- Best practices are identified and implemented across the region

Easily exportable model that is independent of region or specialty
“These programs shine a spotlight on how doctors and hospitals – in partnership with a health plan – can transform health care by sharing data and improving patient outcomes in their practices”
Improving Outcomes and Reducing Costs

Why Prostate Cancer?

**Common**

- Most common cancer in men in U.S.
- 2nd leading cause of cancer related death

**Collaborative Opportunity**

- Treatment patterns are rapidly changing
- Costly and high variable
- Lack of level I evidence for guideline development
- Currently little to no data collection and benchmarking on prostate treatment outcomes to inform improvement efforts

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**Estimated New Cancer Cases* in the US in 2014**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men 855,220</th>
<th>Women 810,320</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>27%</td>
<td>9%</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Oral cavity &amp; pharynx</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>All other sites</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Lung &amp; bronchus</strong></td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Colon &amp; rectum</strong></td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Uterine corpus</strong></td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Thyroid</strong></td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Non-Hodgkin lymphoma</strong></td>
<td>4%</td>
<td>4%</td>
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</tr>
<tr>
<td><strong>Pancreas</strong></td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Leukemia</strong></td>
<td>21%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

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Data Source: American Cancer Society, 2014 Cancer Statistics
Incidence

- Nearly **200,000** new cases of prostate cancer are diagnosed each year in the U.S.

  - Nearly 6 out of 10 prostate cancers diagnosed in the U.S. are diagnosed in **men aged 65 or older**

  - Higher incidence in **African American men and men with a positive family history** (first degree relative: father, brother)

- In PA, **8,350** estimated new cases are projected for 2016

- In the 5-county SE PA region, **3,094** prostatectomies (1,949 radical and 1,145 transurethral) were performed between April 2009 and March 2013 (data source: PHC4)
Michigan Urological Surgery Improvement Collaborative

- First started collecting data in 2012
- Expanded to 43 practices, >90% of urologists (statewide)
- Early Successes:
  - Statewide decrease in the use of CT scans and bone scans for low risk prostate cancer
  - 50% reduction in infectious complications of prostate biopsy
  - Implementation of electronic infrastructure for measuring patient reported outcomes following radical prostatectomy

- Blue Cross Blue Shield Association Best of Blue Award for clinical distinction in 2015
Pennsylvania Urologic Regional Collaborative (PURC)
Program Highlights

- Physician Leadership and Engagement
- MUSCIC Experience
- Data Registry
- Coordinating Center Capabilities (HCIF)
PURC: Early Implementation
July 2014 thru March 2016

- Partnership with IBC
- Practice Site Recruitment
- Data Platform Development
- Abstractor Training
- Committee Development
- Data Collection
Collaborative Reach

- Einstein Practice Plan
- Fox Chase Cancer Center
- Hospital of the Univ. of PA
- Jefferson Urology Assoc.
- Temple University
- Urology Health Specialists

Brings major urology practices together from across the 5-county region of Southeastern PA in a multi-year data-sharing and improvement collaborative aimed at advancing the quality of care for men with prostate cancer.
Governance

Executive Director – Robert Uzzo, MD

Regional Clinical Champion – Marc Smaldone, MD, MSHP

Executive Committee – Practice Site Physician Champions

- Clinical Champion from each participating practice
- Direct QI initiatives, choose outcome measures
- Oversee project managers at each site
- Participate in quarterly meetings and conference calls

Physician engagement from the clinical champions is key to a successful collaborative!
Executive Session

- Imaging Working Group
  - Establish Imaging appropriateness criteria
  - Inappropriate utilization of imaging for low risk disease
  - Appropriate utilization of imaging for high risk disease

- Biopsy Working Group
  - Assess current practices from each participating site
  - Establish baseline data
  - Assess compliance with antibiotic utilization
  - Implementation of improvement strategies
Coordinating Center

- Work with the collaborative leaders to develop and execute program activities
- Provide data training and support to individual practices and providers
- Perform practice-specific audits to ensure data integrity
- Communicate and coordinate program meetings
- Serve as the liaison between MUSIC, UNC and PURC
- Act as the fiscal agent, responsible for the budget
Patient Accrual

PURC Monthly Case Submissions
May 28, 2015 - February 29, 2016
Goals for 2016
Quality Reporting

- Continue Performance Measurement

- Identify the implications of molecular diagnostics and genomics and it can be integrated into clinical practice;

- Practice specific quality reports

- Apply for CMS Qualified Clinical Data Registry Reporting (QCDR)
  - Eligible after 1 year of data

- Benchmarking with MUSIC, UNC Chapel Hill
Collaborative Growth

Partnerships for Funding

- Patient Advocacy Organizations
- Genomic Diagnostic Test Companies
- Pennsylvania Task Force on Prostate Cancer and Related Chronic Prostate Conditions (PCTF)

Increase the Collaborative Footprint
Thank you!

- Independence Blue Cross
- Partnerships for Patient Care
- Healthcare Improvement Foundation
- Data Abstractors
- Clinical Champions

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