

# Building a Physician Led Prostate Cancer Quality Improvement Regional Collaborative

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## Introduction

Prostate cancer detection, treatment and outcomes are subject to significant variation between providers. In 2014, we established the Pennsylvania Urologic Regional Collaborative (PURC), a physician led quality improvement (QI) collaborative focused on the evaluation and improvement of prostate cancer care in the southern region of Pennsylvania

## Methods

Institutions in Southeastern Pennsylvania were voluntarily enrolled in a regional collaborative, coordinated by Healthcare Improvement Foundation and supported by Independence Blue Cross. Each institution identified a physician champion and provided an abstractor for anonymous de-identified data collection and entry to a web based portal. A previously validated and tested data collection platform was utilized. The collaborative was modeled after Michigan Urologic Surgical Improvement Collaborative (MUSIC) initiative.

## Results

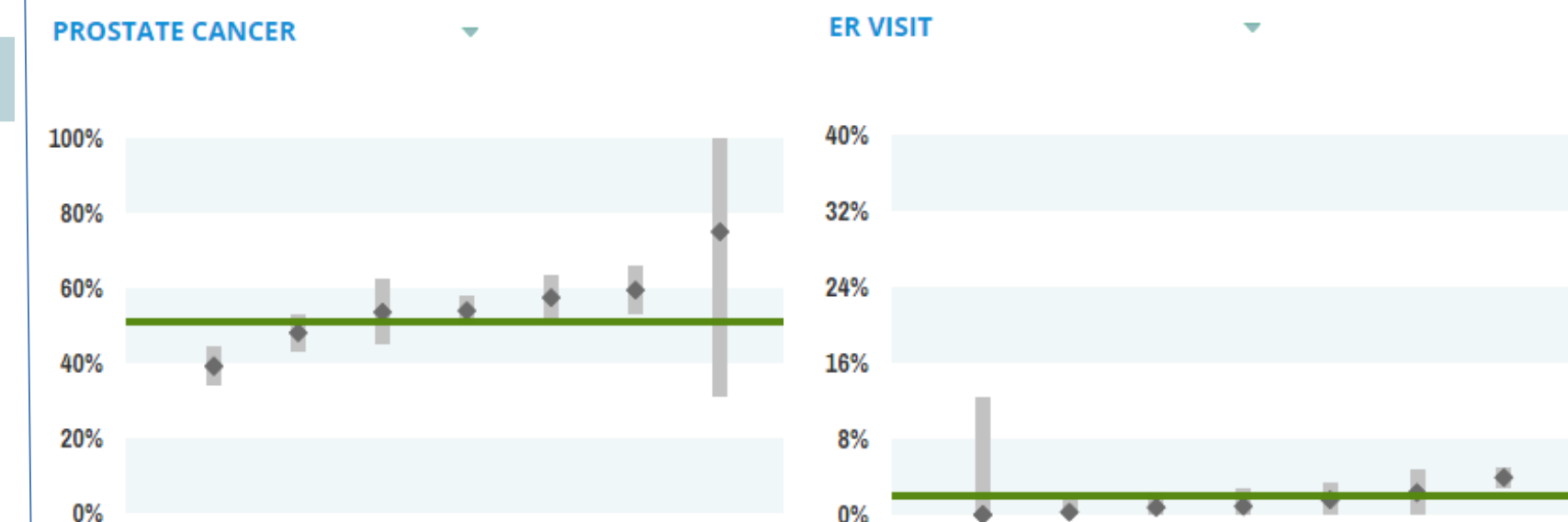
- Six clinical sites (five academic sites and one private practice) enrolled 77 practicing urologists
- Quarterly meetings held and anonymous practice level data reports discussed
- Two major committees established to identify performance metrics and QI targets
  - Prostate biopsy work group
  - Imaging work group
- 2,039 eligible patients enrolled after one year of data collection
- Variations observed among clinical sites including: antibiotic prophylaxis for prostate biopsy, utilization of staging imaging for low risk prostate cancer, utilization of active surveillance

## Conclusion

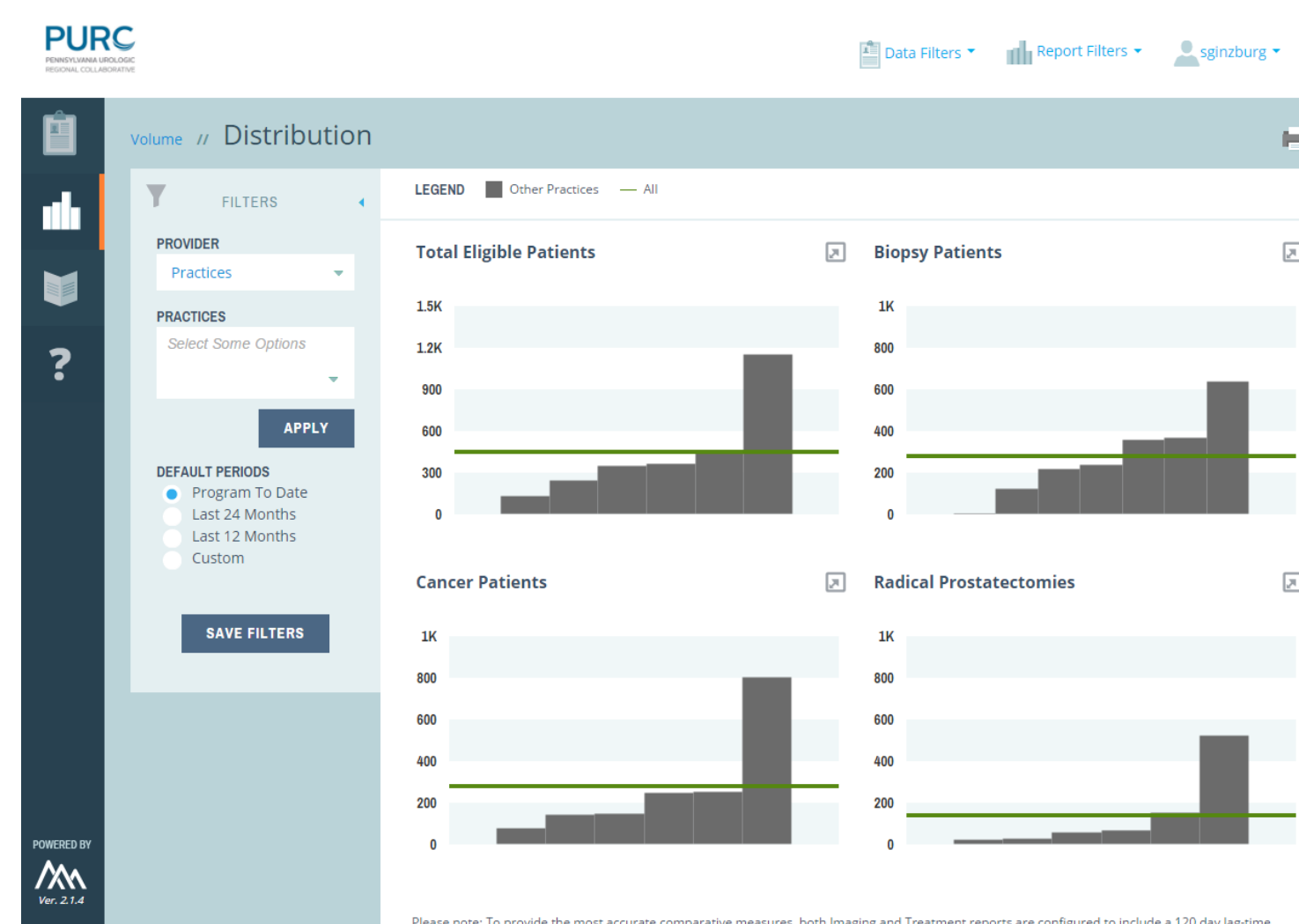
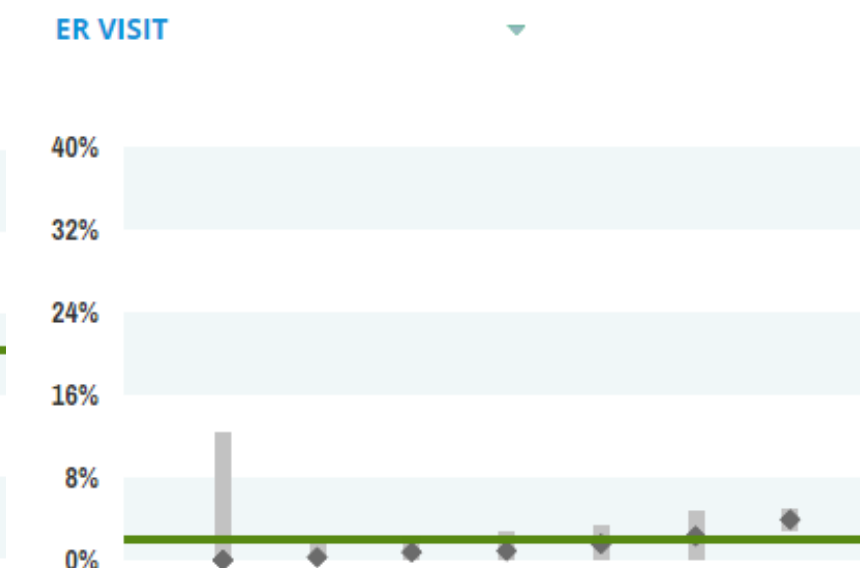
- More than 2,000 patients across six participating clinical sites were successfully enrolled
- Significant variation in healthcare delivery among participating practices was observed
- Multiple opportunities for standardization of care and quality improvement are identified



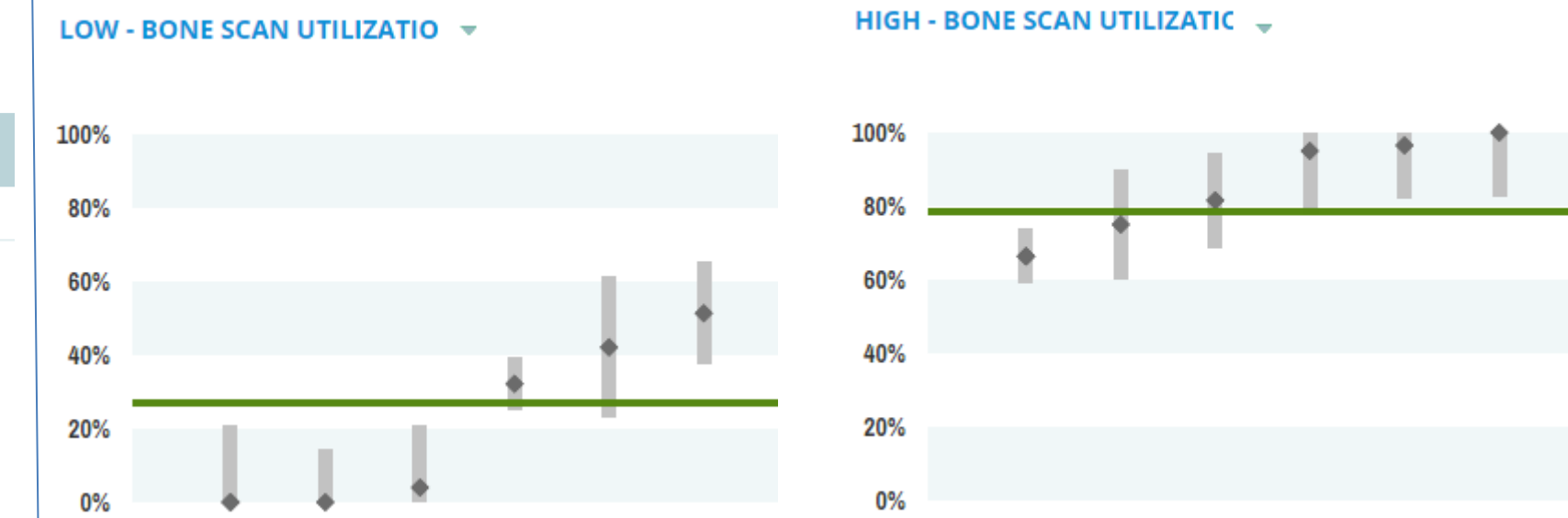
### Overall Biopsy Results



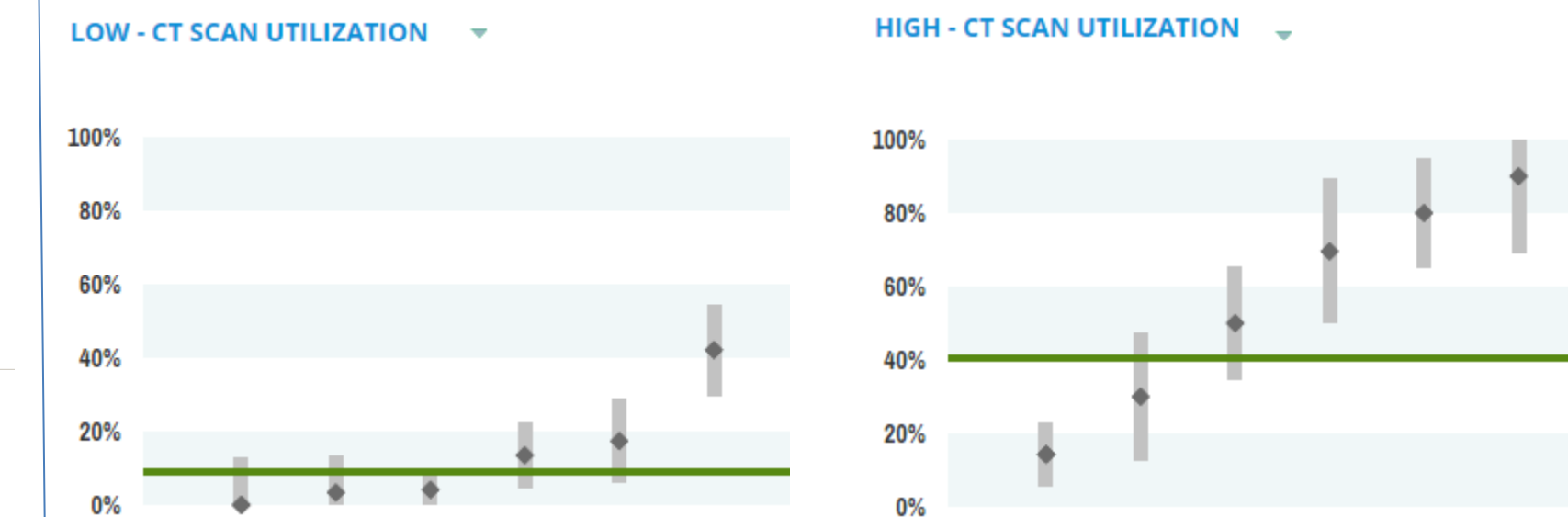
### Post-Biopsy ER Visits and Admissions



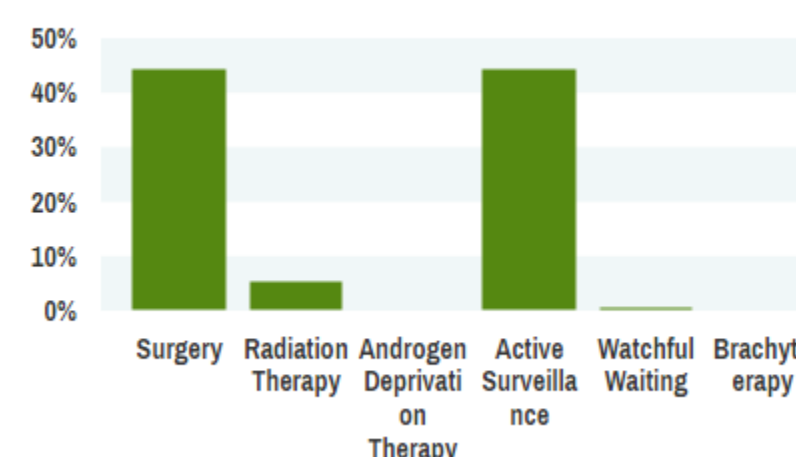
### Utilization of Bone Scans By Risk Strata



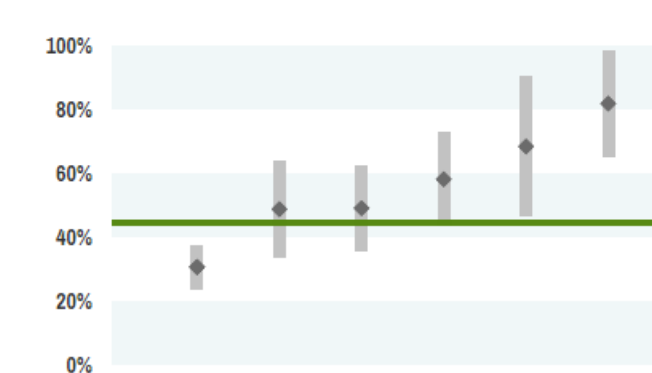
### Utilization of CT Scans By Risk Strata



### Low Risk



### Low Risk AS - LOW RISK



### Utilization of MRI By Risk Strata

