Overview
In an effort to improve the quality of care provided to men with prostate cancer, BCBSM created the Michigan Urological Surgery Improvement Collaborative (MUSIC). This professional Collaborative Quality Initiative (CQI) launched in January 2012 and exists as an all-payer Michigan registry that 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. Data is analyzed to determine the performance of each participating Michigan urology practice in comparison to peers.

The MUSIC Coordinating Center undertakes analyses designed to identify specific care components associated with better patient outcomes. Based on these analyses, the MUSIC consortium develops strategies for the dissemination of this information to participating providers in an effort to implement best practices in local communities. Ultimately the initiative aims to disseminate findings to the broader Michigan healthcare community.

Background
In an effort to improve the quality of care provided to men with prostate cancer, BCBSM created MUSIC in 2011. This professional CQI is built upon the principles of the successful multi-state Urological Surgery Quality Collaborative (USQC) pilot that was launched in 2009, led by Drs. David Miller and James Montie, who are also the co-physician directors of MUSIC, 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. The registry is comprised of information including patient demographics; receipt and results of imaging studies, pathology and laboratory data; comorbid conditions; prostate cancer treatments; and patient outcomes, including complications, mortality, and functional outcomes.

Data is analyzed to determine the performance of each participating Michigan urology practice in comparison to peers and to identify specific care components associated with better patient outcomes. MUSIC 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

- 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.

Incentive Design

Blue Cross Blue Shield of Michigan is providing funding to assist participants in staffing and maintaining this project. Michigan Urological Surgery Improvement Collaborative participants will be paid semi-annually via the Physician Group Incentive Program payment mechanism for participating in this registry initiative. Participants that are new to MUSIC in 2016 will receive start-up and data abstraction payments in their first year. Existing MUSIC practices will be paid for data abstraction.

- **Start-Up Costs:** Blue Cross Blue Shield of Michigan understands that there are certain additional costs for starting up operations. To assist participants, BCBSM provides additional support to assist practices with the start up costs of .25 full time equivalent.

- **Data Abstraction Costs:** Blue Cross Blue Shield of Michigan will pay 80 percent of total projected data abstraction costs for BCBSM, Blue Care Network (BCN), government insured and uninsured patients and that those practices will be reimbursed based on the projected volume of all applicable patients.

PO expectations:

- Understand site contributions to overall program.
- Forward reward payment appropriately to the participating practice units.

Participation Criteria

As part of its participation, 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 of the MUSIC Initiative 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 24,000 patients in 3.5 years of data collection.
- 235 urologists, representing 42 practices are currently participating.
- Partnered with four patient advocates, as well as the spouse of a patient. These individuals are involved in all of the consortium’s activities and offer the patient perspective, which is critical to the program’s success.
- Approved by CMS as a PQRS Qualified Clinical Data Registry (QCDR).
- Achieved a statewide decrease in the utilization of both bone scans and CT scans for men with low-risk prostate cancer through the use of 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 fifty percent reduction in prostate biopsy-related hospitalizations by implementing process changes for antibiotic prophylaxis focused on addressing fluoroquinolone resistance.
- Established a novel metric (MUSIC NOTES) 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 data thereby allowing examination of the extent to which differences in technical proficiency can be distinguished, and whether they matter, for patients undergoing robotic prostatectomy.

• Through the assembly of a panel of MUSIC experts, developed appropriateness criteria and a standardized framework for recommending treatment for patients with low-risk prostate cancers. This tool can be combined with the assessment of patient preferences to facilitate shared decision making.

• Published eleven peer-review manuscripts, as well as more than twenty abstracts, and gave more than 40 presentations on MUSIC’s work and QI successes at both a national and international level.

• Winner of the inaugural Clinical Innovator Technology (CIT) Accelerator Award.

• Awarded the Blue Cross Blue Shield Association Best of Blue award for clinical distinction for the MUSIC program.

About the Coordinating Center
The University of Michigan 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, Assistant of Urology at the University of Michigan, serves as project director. James Montie, MD and Khurshid Ghani, MD serve as program co-directors. Susan Linsell, MHSA, serves as project manager.

About the MUSIC Collaborative Quality Initiative Program
Sponsored by BCBSM, the Michigan Urological Surgery Improvement Collaborative (MUSIC) brings together Michigan urologists to address some of the most common and costly areas of surgical and medical urology 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, based on the knowledge acquired from the consortium. These changes in practices lead to increased efficiencies, improved outcomes, and enhanced value.

There are over 20 Collaborative Quality Initiatives that have contributed to BCBSM achieving a lower growth in medical cost trends than the national average, which helps hold down health care costs for Blues customers state-wide.
About Value Partnerships
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 complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

About the Physician Group Incentive Program
The Physician Group Incentive Program (PGIP), part of BCBSM’s Value Partnerships program, encourages and incentivizes physicians to more effectively manage populations of patients and build an infrastructure to more robustly measure and monitor care quality.

Over 45 physician organizations across the state of Michigan - representing nearly 20,000 primary care physicians and specialists - are working together to improve the healthcare for 2 million Michigan Blues members.

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

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

For additional information about this Initiative contact:
Karlie Witbrodt, Health Care Analyst, Value Partnerships, BCBSM at kwitbrodt@bcbsm.com.

Celebrating 10 Years of Change
To learn more about Value Partnerships programs visit valuepartnerships.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.