Michigan Urological Surgery Improvement Collaborative

Coordinating Center
2800 Plymouth Road
Building 16, 1st Floor
Ann Arbor, MI 48109

Phone: 855.456.2035
Fax: 734.232.2400
E-mail: musicurology@umich.edu

Blue Cross Blue Shield of Michigan
Value Partnerships
600 E. Lafayette Blvd.
Detroit, MI 48226

www.musicUrology.com

February 28, 2017

Introduction to MUSIC's new performance measures for Active Surveillance

In an effort to measure our progress and provide feedback on the initiative to improve the management of men with favorable-risk prostate cancer across MUSIC, four new quality measures have been developed and added to the registry. Detailed visualizations and trends are available behind the secure login on the registry website at: musicurology.com.

These measures were developed with input from members of the Active Surveillance working group, patient advocates, and urologists across the state, with the goal of providing data-driven insights into Active Surveillance performance across the collaborative. A brief introduction to each measure is included below.

Measure 1 – Confirmatory tests in AS eligible patients

Rationale for measure: In this measure, we assess the rate of confirmatory testing *within 6 months of diagnostic biopsy* for all men who would be considered eligible for AS based on Gleason score and tumor volume criteria as outlined by the MUSIC panel on the appropriateness of AS. We report this rate among all AS eligible men to serve as a proxy measure for how often AS is contemplated among eligible men during the consideration phase.

Numerator: Men receiving either a repeat prostate biopsy, prostate MRI, or genomics testing within 6 months of diagnosis date

Denominator: All actively-followed men with a new diagnosis of either Gleason 3+3 cancer of any volume OR low volume Gleason 3+4 disease (i.e. 3 cores or less with cancer and no core comprised of >50% cancer) and 6 months of follow-up since diagnosis

Measure specific notes:

Confirmatory testing is defined as receipt of a repeat prostate biopsy, prostate MRI, or genomics testing within 6 months of diagnosis date. Men who present from a referring location after receiving both a diagnosis and confirmatory test will be excluded from the denominator of this measure.

Men who choose watchful waiting for management are excluded from this measure but all other men meeting criteria for the denominator are included regardless of treatment choice.

Measure 2 – Rate of AS among eligible patients

Rationale for measure: We will assess the rate of Active Surveillance enrollment among all men considered eligible for AS based on Gleason score and tumor volume criteria as outlined by the MUSIC panel on the appropriateness of AS. The intent of this measure is to define and monitor the proportion of eligible men who actually end up receiving AS rather than definitive treatment.

Numerator: Men with Active Surveillance listed in the registry for primary treatment and NO secondary treatment listed within 6 months of diagnosis

Denominator: All actively-followed men with a new diagnosis of either Gleason 3+3 cancer of any volume OR low volume Gleason 3+4 disease (i.e. 3 cores or less with cancer and no core comprised of >50% cancer) and 6 months of follow-up since diagnosis

Measure specific notes: Men who choose watchful waiting for management are excluded from this measure.

Measure 3 – Performance of recommended follow-up evaluations over 30 months

Rationale for measure: In this measure we seek to understand the consistency of follow-up that men receive during the first 30 months of Active Surveillance

Numerator: Number of men who receive 2 tumor burden reassessments AND 4 repeat PSA tests within 30 months of diagnosis

Denominator: All actively-followed men with AS listed as primary treatment, with no secondary treatment, and 30 months of follow-up since date of diagnosis

Measure specific notes: Tumor burden reassessment is defined as either a prostate biopsy or a prostate MRI. Two tumor burden reassessments is used for the numerator as the first of those tests would be the confirmatory test. The MUSIC roadmap lists a high-intensity follow-up plan and a low-intensity plan as options for men enrolled on AS. If the low-intensity plan is followed, then despite follow-up consistent with that plan the frequency of follow-up would be less than called for in this measure. This may lead to lower performance for some urologists despite appropriate follow-up. To appropriately ascertain follow-up for men on the low-intensity plan, we would require at least 40 months of follow-up data. At present, the number of men in the registry meeting that requirement is very low. Over time this measure will be updated to better account for the two follow-up plans, but the current goal is to give a preliminary idea of

follow-up on AS across the collaborative recognizing this measure is somewhat limited for those using the low-intensity follow-up plan.

Measure 4 – Rate of transition to secondary treatment

Rationale for measure: We report the rate of transition to secondary treatment to provide insight on the attrition rate for men on AS over time.

Numerator: Number of men who receive a secondary treatment (including: radical prostatectomy, external beam radiation, brachytherapy, androgen deprivation, HIFU, cryotherapy, cystoprostatectomy, chemotherapy OR immunotherapy)

Denominator: All actively-followed men with AS listed as primary treatment and 6 months of follow-up since diagnosis

Measure specific notes: This measure will report rate of conversions to other treatment and also the median follow-up duration for men in a provider's cohort of AS patients.

Any questions, concerns, or feedback on these measures is welcome and can be directed to slinsell@med.umich.edu.