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Institution of a small renal mass quality improvement initiative in a statewide collaborative

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INTRODUCTION AND OBJECTIVES: The Michigan Urological Surgery Improvement Collaborative (MUSIC) established the infrastructure to pursue quality improvement (QI) opportunities for prostate cancer patients in the state of Michigan. Building on this framework, MUSIC urologists designed and implemented a statewide QI initiative for patients diagnosed with a small renal mass (SRM) (defined as ≤7 cm) in Michigan.

METHODS: **MUSIC K**idney mass: **I**dentifying and **D**efining **N**ecessary **E**valuation and therap**Y** (**KIDNEY**) was proposed in September 2015 with the goal to examine and improve the quality of care SRM patients in Michigan receive by: (1) reducing the overall burden of SRM treatment and (2) improving guideline adherence and documentation to optimize SRM management. MUSIC KIDNEY was approved in December 2015, and iterated through 2 pre-pilot programs (2016-2017) to determine the feasibility of accurate data capture by non-physician data abstractors. Data abstractors from 8 diverse participating practices attended an in-person training session encompassing SRM education and data variable introduction. Pilot case entry began in September 2017. Data abstractors entered 122 relevant clinical, radiographic, pathologic, and short-term follow-up data at a single point in time (120 days after initial office visit).

RESULTS: In the first 2 months of pilot data entry, 8 practices entered 138 eligible patients for 23 MUSIC urologists. Per case data abstraction time improved from >30 minutes (prepilots) to 15-20 minutes (pilot). During the pre-pilots, we found variable documentation of clinical stage and no practice consistently documented RENAL nephrometry score. Of the 138 patients, 62 reached the 120-day evaluation time point. Initial management was surveillance for 35%, biopsy for 15%, and definitive treatment for 50%. Review of radiology reports from each site led to recording only a single variable for tumor complexity. Even so, tumor growth pattern was only present in 27 of 62 patients (44%) (Table 1).

CONCLUSIONS: Through a structured review process, beta testing, and training, SRM data collection in a statewide QI initiative is possible; however, improved documentation surrounding tumor complexity and clinical staging is necessary. Next steps for the pilot include continued data collection in pursuit of QI interventions for SRM patients.

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Table 1. Documented tumor growth patterns.

Tumor growth pattern	MUSIC KIDNEY patients
Not available	35 (56%)
Endophytic	5 (8%)
Partially exophytic	3 (5%)
Partially endophytic and partially exophytic	1 (2%)
Exophytic	18 (29%)
Total	62