

2015 SUMMER NEWSLETTER



MUSIC

MICHIGAN UROLOGICAL SURGERY IMPROVEMENT COLLABORATIVE

General MUSIC Updates

In the Spotlight: Practice, Physician, & Abstractors

Specific QI Project Updates

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PARTICIPATING PRACTICES

- AuSable Urology
- Bay Area Urology Associates, P.C.
- Cadillac Urology Practice
- Cascades Urology
- Center for Urology
- Comprehensive Medical Center, PLLC:
- Affiliates in Urology
- Dr. Marc Arnkoff and Dr. Gregory Weigler
- Comprehensive Urology
- Grosse Pointe Urology
- Michigan Urological Institute
- Oakland County Urologists
- Urology Associates of Port Huron
- Comprehensive North
- David L. Harold MD, PC
- Detroit Medical Center – Urology
- Henry Ford Health System (Vattikuti Urology Institute)
- IHA - Urology
- Lakeside Urology
- Lansing Institute of Urology
- Michigan Institute of Urology
- Northern Michigan Urology
- Pinson Urology Center
- Spectrum Health Medical Group – Urology
- Tri City Urology
- University of Michigan – Department of Urology
- Urologic Consultants, P.C.
- Urology Associates of Battle Creek
- Urology Associates of Grand Rapids
- Urology Surgeons, P.C.
- Wayne State University Physicians Group – Urology
- Western Michigan Urological Associates
- West Shore Urology, PLC
- Capital Urological Associates
- Michigan State University – Urology
- Michigan Urological Clinic
- MidMichigan Physicians Group – Urology
- Edward Barton, MD, PC
- McLaren Central Michigan – Urology
- Lakeshore Urology, PLC
- Marquette General Urology
- Sherwood Medical Center, PC
- West Shore Medical Center

From the directors...

We hope this letter finds each of you enjoying the last days of summer, including time with family and friends. We are delighted to share with you our first edition of the MUSIC Newsletter. We hope that this bi-annual publication will help MUSIC practices stay up to date on all of our collaborative activities. The newsletter includes updates from the coordinating center, sections describing our current and planned quality improvement activities, and data abstraction tips and resources. We will also highlight the diverse people and practices that comprise the MUSIC collaborative. We hope this newsletter serves as a resource for your team, and provides a deeper look at our current activities across the State. We look forward to your feedback, comments, and ideas for future editions of this newsletter.

As always, many thanks for your commitment to making Michigan the best place in the world for prostate cancer care.

Sincerely,

David C. Miller, MD, MPH
James E. Montie, MD
Khurshid R. Ghani, MD, MS





May 2015 MUSIC Meeting

GENERAL MUSIC UPDATES

BEST OF BLUE

In May 2015, Blue Cross Blue Shield of Michigan (BCBSM) won the Blue Cross Blue Shield Association Best of Blue award for clinical distinction of the MUSIC program. The following is a BCBSM blog post highlighting their receipt of the award for MUSIC, and specifically recognizing the program's involvement of several patients advisors: <http://www.mibluesperspectives.com/2015/05/26/prostate-cancer-collaborative-wins-award/>



Patient advisor Bill Crooks provides a patient's perspective



4 Patient advisor George Augustyniak and his wife, Sandy



Tom Leyden presenting the Best of Blue Award

PATIENT PERSPECTIVE

MUSIC is unique in that it boasts four prostate cancer patients, as well as the wife of a patient, as active participants in the consortium. Patient feedback is considered when determining areas of focus; approaches to care (e.g. impact of being told "You have cancer"); and development of patient-specific materials. As stated by Dr. Brian Lane, Chief of Urology at Spectrum Health Medical Group and MUSIC urologist, "Including cancer survivors as participants in MUSIC meetings and sub-committees enables the cancer specialists to understand more clearly things from 'the other side'. Cancer survivors, both patients who have endured the burden of disease and their loved ones, bring a unique perspective as they have experienced first-hand the concerns from diagnosis through treatment and the residual side effects for years afterward."

ICHOM

The International Consortium for Health Outcomes Measurement (ICHOM), a non-profit organization focused on transforming health care systems by measuring and reporting patient outcomes in a standardized way, published a case study on May 29, 2015 on the Blue Cross Blue Shield of Michigan (BCBSM) Collaborative Quality Initiatives (CQIs) specifically highlighting MUSIC. A copy of the case study can be found here: <http://musicUrology.com/wp-content/uploads/2015/06/Aligning-Payers-and-Providers-around-Value-Blue-Cross-Blue-Shield-of-Michigans-Collaborative-Quality-Initiatives.pdf>



Dr. Lim, Dr. Montie, Dr. Kleeer, Dr. Burks pose for a picture

PQRS

MUSIC was again approved as a PQRS Qualified Clinical Data Registry (QCDR) in 2015. As a result, MUSIC can collect and submit PQRS quality measures on behalf of participating MUSIC urologists that screen and treat prostate cancer patients for the 2015 reporting period. This administrative benefit is completely voluntary and thus each practice and respective urologist can decide whether or not they want MUSIC to report to PQRS on their behalf. If you are a MUSIC participant and wish to have MUSIC submit to PQRS on your behalf, please contact Susan Linsell at slinsell@med.umich.edu.

PROPUBLICA

Recently ProPublica, an investigative journalism firm, released the public reporting of surgical outcomes with radical prostatectomy as one of the procedures included in the report. The information includes individual complication data for surgeons in Michigan that performed at least 20 radical prostatectomies for Medicare beneficiaries over the last 5 years. As MUSIC believes that our registry provides urologists with more meaningful data on patient-reported outcomes and peri-operative morbidity, we submitted a response from the collaborative on the topic of public reporting and the ProPublica surgeon scorecards. This OpEd was accepted by US News and World Report and published via the following link: <http://health.usnews.com/health-news/blogs/second-opinion/2015/07/30/public-reporting-is-a-judgment-call>. Since submitting the opEd, MUSIC has undertaken some analyses that compare surgeon-specific outcomes based on MUSIC data with the publicly-reported metrics released by ProPublica and submitted the findings for publication. MUSIC leaders were also invited to give a talk and participate in a panel discussion at the Stanford Medicine X conference on September 25th, in conjunction with the lead authors of the ProPublica Scorecard. The panel will discuss the CQI model versus public reporting of claims-based outcome measures as contrasting approaches to surgical quality improvement.

MVC

The Michigan Value Collaborative, or MVC, is a partnership between Michigan hospitals and Blue Cross and Blue Shield of Michigan/Blue Care Network. The goal of MVC is to help Michigan hospitals achieve the best possible patient outcomes at the lowest reasonable cost. The MVC registry includes BCBSM PPO and Medicare claims data. This episode cost data can help to identify drivers in cost variation among hospitals across the state. MUSIC intends to work with MVC and leverage from the available cost data to further support the value of its QI efforts.



Mr. Timothy O'Brien presenting at the May 2015 MUSIC Meeting on public reporting of outcomes

HIGHLIGHTING OUR TEAM

MUSIC is comprised of 42 practices and 235 urologists all of whom are key contributors to the program. Below we highlight one of the MUSIC practices and urologists:

WEST SHORE UROLOGY, P.L.C.

One practice that has consistently been a top performer in terms of the quality of the data in the registry and participation in QI activities is West Shore Urology. West Shore Urology has offices in Muskegon and Grand Haven and includes four physicians: Drs. Joe Salisz, Matt Smith, Kevin Stone, and Brian Stork. The West Shore Urology staff are also key contributors to MUSIC, particularly Cristeen Bench, the practice manager, and Stefanie Huch, the MUSIC data abstractor. In considering the high quality of the data, West Shore Urology credits consistent, daily data entry as a lag can lead to missingness and inaccuracies. As for the successful integration of QI interventions, West Shore Urology note open lines of communication as key. Further, the MUSIC data abstractor's work station is located in a central area of the office so as to ensure easy access of information. The abstractor distributes the individual physician's data on a monthly basis and all of their participating urologists have agreed to transparency of the data within their practice. During weekly meetings, the urologists with West Shore Urology discuss MUSIC data and outcomes, and constantly look for opportunities for improvement. West Shore Urology credits the availability of real-time data and reports as the largest benefit or value of participating in MUSIC. Finally, in asking West Shore Urology of one thing those outside the state should know about MUSIC, they said "The trust and integrity of the founding physicians."

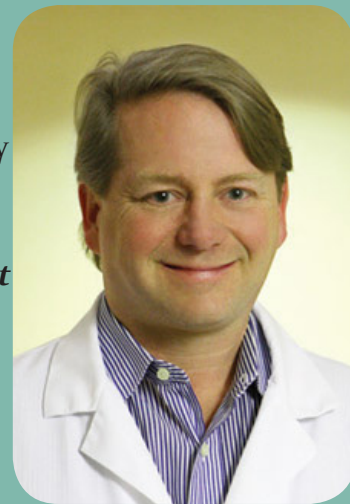


PATRICK HURLEY, MD

Dr. Patrick Hurley grew up in Edina, MN, but is currently living in Novi, MI. He attended medical school at the University of Minnesota and completed his residency at Wayne State University. Dr. Hurley noted his greatest achievement as raising a family and being married for 20 years while managing a busy urology practice.

We asked Dr. Hurley what he believed makes MUSIC successful as well as what he feels is the biggest value of participating in MUSIC, his answers are below:

- *MUSIC is successful because of strong leadership that acts in the best interest of patient outcomes and appropriate use of resources. Leadership that is inclusive, non-judgmental and collaborative supports an environment of continual improvement. Allowing physicians to see accurate, believable data in real time allows for continuous change and improvement in patients related outcomes. The MUSIC leadership had been transparent and open with regards to the goals and objectives of the collaborative. Physician to physician collaboration on academic papers and projects provides continued interest in the collaborative and its outcomes.*
- *The biggest value is being able to see real data that reflects our everyday clinical practices. Collaborating with a professional organization with strong academic support gives clinicians confidence to make appropriate clinical changes that help patient outcomes.*



"...This type of clear headed and proactive cooperative thinking and pooling of data which combines best patient guidelines/recommendations with health system financial considerations for medical practice patterns should serve as a model for emulation across the whole span of clinical practice issues."

– A. Sagalowsky, University of Texas SW Medical (Editorial in Urology)

DATA ABTRACTORS

Data abstraction is essential to the success of MUSIC's key initiatives. Accordingly, we want to celebrate some of our team members that consistently perform at a high-level:



DOMINIQUE COCHRAN (MICHIGAN INSTITUTE OF UROLOGY)

Dominique was born in Pontiac, MI. She enjoys spending time with her children, scrap-booking and photography. She is a certified medical assistant and nursing student. Dominique has worked at MIU for over 5 years. In that time she has had the privilege of working alongside some amazing physicians. She has also helped to care for a few of MIU's patients from the initial date of diagnosis to their final days. This she states "has impacted me profoundly". Dominique is also well versed in the pediatric realm of urology and has spent significant time developing her skills and assisting in procedures for the treatment of MIU's youngest patients.

We asked Dominique if she had any tips or suggestions for increased efficiency and quality of data abstraction as well as what she enjoyed most about being part of MUSIC, her answers are below:

- *I find that the best way to be efficient is to have a routine. If things are done the same way every time, you are less likely to make a mistake, or miss an important detail. I spend the same days each week putting in new biopsies, tasks, and returning to my lists to keep treatments up to date. I have clinical champions in several offices, but I am always able to reach them by email or phone whenever I have a question about anything. We definitely have conversations about documentation, and I find that by making sure they know what I need from them, it is improving.*
- *What I enjoy most about MUSIC is being a part of real change. Some of the most brilliant surgeons have come together with brilliant analysts and said, "how do we make this the best it can be". Not "I" but "We". Cancer has touched everyone somehow. We have all stood there, as the air left the room, when the physician said cancer. We have all looked into someone's eyes and known it would be the last time, that the cancer won. We have to stop cancer from winning, and I feel like every step we make here brings us one step closer.*



NELLIE HITE (IHA - UROLOGY)

Nellie was born in Livonia, MI, but relocated to Howell, MI with her family when she was 3. Her hobbies include any outside activities, such as hiking, biking, and water sports. Many of these interests developed during the time spent at her family's cottage on Hubbard Lake, where she has spent summers throughout her life. Nellie also enjoys traveling. Nellie is currently a Medical Assistant and is attending Washtenaw Community College to pursue an RN degree with plans to ultimately get a BSN and eventually become a CRNA. Nellie has applied to nursing programs all over the state. Some of Nellie's professional accomplishments include participating in MUSIC and Medtronic InterStim patient programming.

We asked Nellie if she had any tips or suggestions for increased efficiency and quality of data abstraction as well as what she enjoyed most about being part of MUSIC, her answers are below:

- *A tip for efficiency in data abstracting for MUSIC is definitely dedicate a set amount of time per week to accomplish your goals for entering data.*
- *I enjoy the learning curves and experiences I have with entering data into MUSIC. It definitely gives me the ability to learn more.*

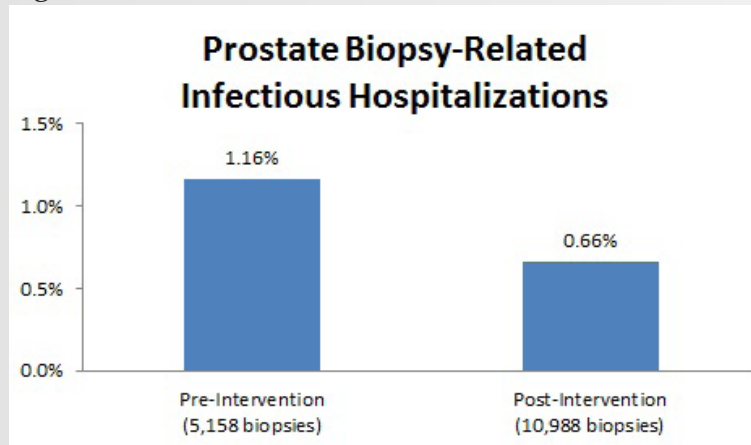
SPECIFIC QUALITY IMPROVEMENT PROJECT UPDATES

BIOPSY

Reducing serious infection related hospitalizations after transrectal prostate biopsy has been an ongoing priority for the collaborative. Over the past year we have seen positive gains moving the needle from 1.16% statewide to .66% (Figure 1). MUSIC developed antibiotic guidelines aimed at addressing fluoroquinolone resistance as a risk factor for severe post-biopsy infections. Using clinical pathways that involved either 1) provision of culture specific antibiotics based on results from a pre-biopsy rectal swab or 2) use of augmented antibiotics (i.e. along with standard fluoroquinolone therapy). The majority of practices across the State have seen significant reductions in infectious hospitalization rates after prostate biopsy.

Recognizing these positive gains, the collaborative is continuing to work to identify other methods that could be introduced to create a further level of protection for men receiving a prostate biopsy. As these methods are identified they will be shared with collaborative members in a toolkit demonstrating the findings as well as implementation strategies. Our aim is to continue to improve so that Michigan can be the safest place in the world to undergo a transrectal prostate biopsy.

Figure 1



IMAGING

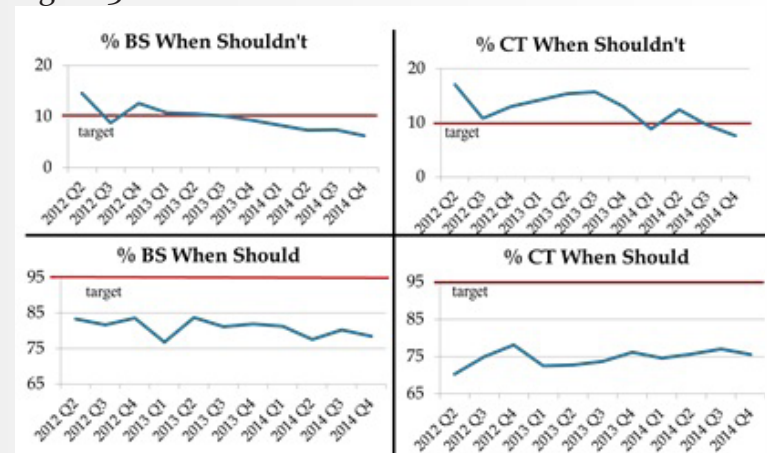
MUSIC has achieved and maintained a statewide decrease in the utilization of both bone scans and CT scans for men with low-risk prostate cancer. After focusing on patients with low-risk disease, the collaborative assessed imaging utilization and outcomes for patients with intermediate and high risk cancers (i.e., all patients with newly diagnosed prostate cancer). Following the analysis of MUSIC data, coupled with discussion of the findings at the collaborative-wide meetings, the consortium

developed and implemented specific, evidence-based criteria for recommending staging bone scan and/or CT scan for all patients with prostate cancer (Figure 2). The criteria were disseminated in the Fall of 2014 through toolkits sent to the individual practices and has been effective with less frequent use of these imaging studies among patients not meeting the criteria (Figure 3).

Figure 2

MUSIC Imaging Appropriateness Criteria		
Bone Scan		CT Scan
Order Bone Scan If:		Order CT Scan If:
PSA	> 20	>20
	<u>OR</u>	<u>OR</u>
Gleason	≥ 8	≥ 8
		<u>OR</u>
Clinical T Stage		≥ cT3
Imaging Goals		
Perform imaging in ≥ 95% of patients meeting the criteria		Perform imaging in < 10% of patients NOT meeting criteria

Figure 3



NOTES

Last year MUSIC developed a novel assessment tool called Notable Outcomes and Trackable Events after Surgery (NOTES) to more reliably assess radical prostatectomy (RP) peri-operative outcomes. NOTES measures an uncomplicated recovery pathway through the use of reliable and unambiguous data points that collectively reflect practice patterns, technical complications, resource utilization, and coordination of care. The NOTES uncomplicated recovery pathway criteria include: (1) no rectal injury; (2) estimated blood loss (EBL) ≤ 400mL; (3) length of stay (LOS) ≤ 2 days; (4) drain placement ≤ 2 days; (5) catheter

placement ≤ 16 days; (6) no 30-day indwelling catheter replacement; (7) no 30-day readmission; and (8) no 30-day mortality (Figure 4). Events occurring outside any of these criteria are considered to be deviations from the uncomplicated pathway, and signal adverse recovery events.

The May MUSIC collaborative meeting featured the recent launch of the MUSIC-NOTES report program. NOTES reports are now automatically disseminated directly to all MUSIC surgeons quarterly, and convey confidential, concise, risk-adjusted, actionable feedback to providers regarding their patients' perioperative experiences. Reports include an overall summary of total cases experiencing at least one NOTES deviation, a table with a breakdown of deviations for each of the eight NOTES measures, and graphs depicting trend analyses over time. Comparative data between an individual provider, his or her practice, and the statewide collaborative is featured for each of these components.

Baseline analyses of NOTES deviations were also shared and discussed with our MUSIC colleagues during the May 2015 collaborative meeting. Between April 2014 and March 2015 a total of 1,570 RPs were performed across 33 participating practices with 21.7% of these cases experiencing at least one deviation from the NOTES uncomplicated recovery pathway (Figure 5). In regards to individual deviations, drain placement (12.6%), LOS (8.1%), EBL (5.6%), and catheter placement (5.2%) were most common, followed by 30-day readmission (4.0%), and 30-day indwelling catheter replacement (3.8%). Rectal injury (0.5%) and 30-day mortality (0.3%) were uncommon. Among practices performing at least 10 RPs, deviation rates ranged from 6.3% to 50.0%, highlighting the presence of quality improvement opportunities for the collaborative. The most common causes or "drivers" for NOTES deviations were urine leak (29%) and gastrointestinal (20%) events; suggesting potential high-impact targets for focused quality improvement efforts. To this end, a catalogue of intervention strategies for addressing specific types of deviations and the underlying events causing them to occur is currently under development.

Figure 4

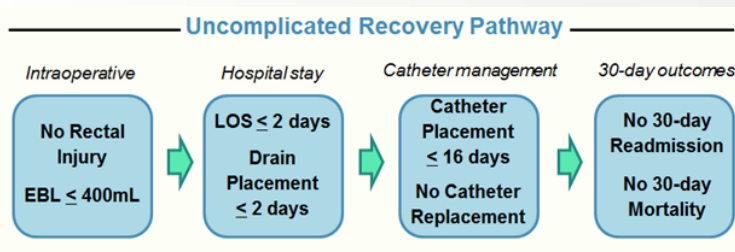
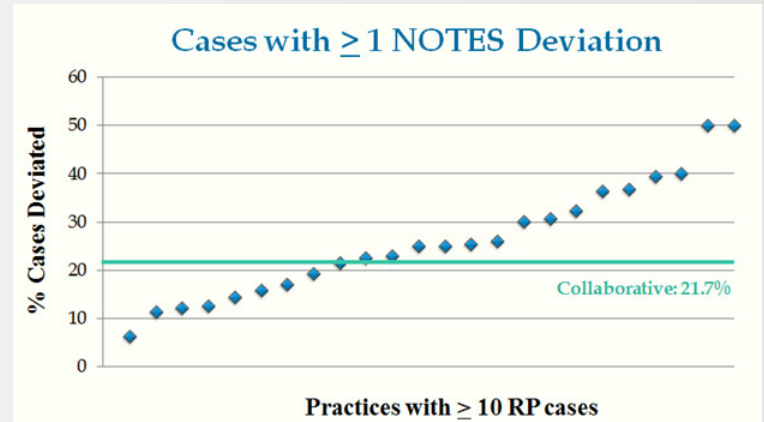


Figure 5



MUSIC PRO

MUSIC PRO, an electronic infrastructure for capturing patient reported outcomes continues to grow and expand in the state of Michigan. Currently, 17 practices and 55 surgeons participate in MUSIC PRO. We anticipate 3 additional sites will join before the end of the year. Nearly 1000 patients are enrolled in MUSIC PRO. Individual PRO Patient Trend Reports are available to each participating physician and practice to integrate into their clinical practice and share with their patients. During the May meeting, participating PRO physicians received their Individual Physician PRO Trend Report which demonstrated their own individual patients' recovery trends, PRO surgery characteristics, and PRO administrative data.

Most patients are able to complete the questionnaire electronically; however, approximately 30% of PRO patients still require paper forms.

Physician engagement remains paramount to the success of PRO at each individual practice. The greater the engagement of the physician, the more likely their staff is to enroll their patients into PRO in a timely manner and their patients are to comply with completing the questionnaire at each time point.

"... I completed the patient survey. It was very simple and it gives you a baseline of what your condition is before so they can follow-up later after surgery and see what changed. After my 3 months, we reviewed it in my doctors office and it was very informative. You could see how things have changed from before and after surgery."
- Jerry Brucksieker, Patient Testimonial

VIDEO REVIEW

Another ongoing MUSIC initiative aims to improve radical prostatectomy outcomes for men in Michigan through the use of video-based assessment of surgical technique. MUSIC initiated a pilot project in the Fall of 2014 that involved the review of 12 robotic prostatectomy performances by 25 peer surgeons (all MUSIC prostatectomists), as well as crowd-sourced reviewers. The pilot demonstrated that peer assessment of technical skill is feasible for robotic prostatectomy and that measurable differences in technical performance do exist among fully trained urologists. It also showed a correlation between the ratings of expert and crowd sourced reviewers.

However, this work also indicated a need for developing a global assessment tool specific to robotic prostatectomy. With help from Dr. Khurshid Guru at Roswell Park, along with several expert robotic surgeons from across the country, MUSIC has developed a new instrument specific to radical prostatectomy: PACE (Prostatectomy Assessment and Competency Evaluation). A group of experts is in the process of validating the instrument. Once the instrument is validated, MUSIC plans to launch the full project for video-based assessment of technical skill utilizing nearly 40 videos submitted by more than 30 MUSIC surgeons. The goal of the project is to examine relationships between technical skill, complications, and patient reported outcomes after robotic prostatectomy. It is important to emphasize that this work is not intended to identify “winners and losers” with respect to robotic prostatectomy. Rather, our efforts are aimed squarely at improving quality across the board, recognizing that what happens in the operating room most likely has implications for patients longer term outcomes.

TREATMENT APPROPRIATENESS

An emerging priority for MUSIC is to understand and improve appropriateness of treatment for men in Michigan with prostate cancer. As significant variation in the use of active surveillance exists among practices across the state of Michigan, MUSIC recognizes the opportunity to standardize the use of expectant management versus local treatment and ultimately enhance the appropriateness of care for men with prostate cancer. Currently MUSIC is in the process of defining the appropriateness criteria for the use of active surveillance in low and low-intermediate risk prostate cancer patients. The collaborative has assembled a panel of MUSIC experts to demonstrate the absolute and relative importance of these criteria in determining treatment options. MUSIC is using the

well-documented RAND/UCLA method for assessing the individual rankings of panelists and facilitating the convening of the panel to reach a consensus. The desired final product of this appropriateness work will be a standardized framework for recommending treatment for patients with low-risk prostate cancers. This will be combined with patient preferences to facilitate shared decision making.

MUSIC
42 PARTICIPATING PRACTICES
235 PARTICIPATING UROLOGISTS - 85% OF ALL UROLOGISTS IN THE STATE OF MICHIGAN
4 PATIENT ADVISORS
21,500 CASES IN THE REGISTRY
19,000 LOCAL BIOPSIES
10,500 NEW PROSTATE CANCER PATIENTS
4,200 RADICAL PROSTATECTOMIES
17 PRACTICES PARTICIPATING IN MUSIC-PRO

As of September, 2015

PUBLICATIONS

- Filson CP, Boer B, Curry J, Linsell S, Ye Z, Montie JE, Miller DC. "Improvement in Clinical TNM Staging Documentation within a Prostate Cancer Quality Improvement Collaborative." *Urology*, 2014 Apr; 83(4):781-6.
- Womble PR, Dixon MW, Linsell SM, Ye Z, Montie JE, Lane BR, Miller DC, Burks FN. "Infection Related Hospitalizations After Prostate Biopsy in a State-Wide Quality Improvement Collaborative." *Journal of Urology*, 2014 Jun; 191(6):1787-92.
- Riedinger CB, Miller DC, Linsell SM, Ye Z, Montie JE, Lane BR. "Variation in Prostate Cancer Detection Rates in a Statewide Quality Improvement Collaborative." *Journal of Urology*, 2014 Aug; 192(2):373-8.
- Merdan S, Womble PR, Miller DC, Barnett C, Ye Z, Linsell SM, Montie JE, Denton BT. "Toward better use of bone scans among men with early-stage prostate cancer." *Urology*, 2014 Oct; 84(4):793-8.
- Risko R, Merdan S, Womble PR, Barnett C, Ye Z, Linsell SM, Montie JE, Miller DC, Denton BT. "Clinical predictors and recommendations for staging CT scan among men with prostate cancer." *Urology*, 2014 Dec; 84(6):1329-34.
- Womble PR, Montie JE, Ye Z, Linsell SM, Lane BR, Miller DC. "Contemporary Use of Initial Active Surveillance Among Men in Michigan with Low-risk Prostate Cancer." *European Urology*, 2015 Jan; 67(1):44-50.
- Montie JE, Linsell SM, Miller DC. "Quality of Care in Urology and the Michigan Urological Surgery Improvement Collaborative." *Urology Practice*, 2014 Jul; 1(2):74-78.
- Ross I, Womble PR, Ye Z, Linsell SM, Montie JE, Miller DC, Cher ML. "MUSIC: Patterns of Care in the Radiographic Staging of Men with Newly Diagnosed Low Risk Prostate Cancer." *Journal of Urology*, 2015 Apr; 193(4):1159-62.
- Womble PR, Linsell SM, Gao Y, Ye Z, Montie JE, Gandhi TN, Lane BR, Burks FN, Miller DC. "A Statewide Intervention to Reduce Hospitalizations after Prostate Biopsy." *Journal of Urology*, 2015 Aug; 194(2):403-9.
- Hawken SR, Womble PR, Herrel LA, Ye Z, Linsell SM, Hurley PM, Montie JE, Miller DC. "Understanding the Performance of Active Surveillance Selection Criteria in Diverse Urology Practices." *Journal of Urology* (In press).
- Liu J, Womble PR, Merdan S, Miller DC, Montie JE, Denton BT. "Factors Influencing Selection of Active Surveillance for Localized Prostate Cancer." *Urology* (In press).

"The beauty of this experience is that MUSIC's success came without mandates, financial incentives, legal threats, regulations, or influence from any nonclinical party."

– M. Cooperberg, University of California, San Francisco (Editorial in *European Urology*)



MUSIC Collaborative-Wide Meeting Dates

October 9, 2015
10:30 AM - 3:00 PM
*Lyon Meadows Conference
Center*
53200 Grand River
New Hudson, MI 48165

January 22, 2016
10:30 AM - 3:00 PM
*Lansing Community College
West Campus*
5708 Cornerstone Dr.
Lansing, MI 48917

June 3, 2016
10:30 AM - 3:00 PM
Frederik Meijer Gardens
1000 E Beltline Ave NE
Grand Rapids, MI 49525



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MUSIC COORDINATING CENTER

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