MP06-11: IMPLEMENTATION OF A PAY-FOR-PERFORMANCE MODEL TO ENHANCE THE UPTAKE OF CONSERVATIVE MANAGEMENT FOR LOW-RISK PROSTATE CANCER

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Objectives

- Implement **a Pay-4-Performance incentive** and a **transparent audited physician feedback intervention** to improve conservative management (active surveillance [AS]/watchful waiting [WW]) of men with low-risk prostate cancer (LRPCa) in 3 Southern California community urology practices
- **Leverage the Electronic Health Record (EHR)** to acquire **high-fidelity granular structured data,** including risk stratification and management

Methods

- Collaboration between Unio Health Partners [UHP] (manager of Genesis Healthcare Partners [GHP]), the Prostate Cancer Active Surveillance Project (PCASP), a national coalition of academic and community urologists, and UnitedHealthcare (UHC)
- Developed 4 evidence-based quality measures[1]:
  1. Completion of an **EHR-embedded structured template/note** documenting both **risk and management** (90% threshold) [EHR data source] {Tables 1 – 4}
  2. **Adoption of AS/WW for LRPCa** (75% threshold) [EHR data source] {Table 2 - 4}
  3. **Two PSA tests/year** for AS (75% threshold) [UHC claims data source]
  4. **Confirmatory biopsy within 18 months** of the diagnostic biopsy (75% threshold) [UHC claims data source]
- Integrated **structured templates/notes** into the respective EHRs (Allscripts, Elation and eClinical Works)
- Process interventions: physician education, regular transparent physician feedback, automated electronic structured data acquisition, and manual intervention as needed.

Results

Table 1 Management of patients with low-risk prostate cancer

		Race and Management Methods			
	Race N	Active Surveillance	Watchful Waiting	Radiation	Surgery
Asian or Pacific Islander	12 (8%)	11 (92%)	0 (0%)	1 (8%)	0 (0%)
Black or African American	5 (4%)	5 (100%)	0 (0%)	0 (0%)	0 (0%)
White	75 (53%)	59 (79%)	2 (3%)	8 (11%)	6 (8%)
Other (More than 1 Race)	1 (1%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Missing	49 (35%)	40 (82%)	0 (0%)	7 (14%)	2 (4%)
Total	**142 (100%)**	**116 (82%)**	**2 (1%)**	**16 (11%)**	**8 (6%)**

Table 3 Adoption of conservative management of patients with low-risk prostate cancer

	AS/WW	Radiation	Surgery	% Conservative Management
Practice A	**54**	**13**	**3**	**77%**
Physician 1	3	1		75%
Physician 2	4			100%
Physician 3	2			100%
Physician 4	1	1		50%
Physician 5	4			100%
Physician 6	6		1	86%
Physician 7	1			100%
Physician 8	3			100%
Physician 9	6	1	1	75%
Physician 10	0		1	0%
Physician 11	9	1		90%
Physician 12	4	8		33%
Physician 13	3			100%
Physician 14	1			100%
Physician 15	7	1		88%
Practice B	**22**		**1**	**96%**
Physician 16	7			100%
Physician 17	2			100%
Physician 18	4			100%
Physician 19	2		1	67%
Physician 20	7			100%
Practice C	**42**	**3**	**4**	**86%**
Physician 21	3		1	75%
Physician 22	8			100%
Physician 23	5	1		83%
Physician 24	1			100%
Physician 25	10		1	91%
Physician 26	6	1		86%
Physician 27	0		1	0%
Physician 28	9	1		90%
Physician 29	0		1	0%
Total	**118**	**16**	**8**	**83%**

Legend
Optimal >/= to 75%
Below threshold < 75%

Table 2 Physician adherence to measures 1 and 2 according to payor

	Overall	Non-UHC	UHC Non-P4P	UHC P4P
Measure 1: risk assessments within 3 months of diagnostic biopsy	**70%** (590/845)	**67%** (517/769)	**98%** (49/50)	**92%** (24/26)
Measure 2: adoption of conservative management for low-risk disease	**83%** (118/142)	**82%** (102/124)	**87%** (13/15)	**100%** (3/3)

Table 4 Patient management by tumor risk stratification (all risk levels)

		Management Method by Risk Level					
	Risk Strata	Active Surveillance	Watchful Waiting	ADT w/o Radiation	ADT w/ Radiation	Radiation	Surgery
Low	142 (32%)	116 (82%)	2 (1%)	0 (0%)	0 (0%)	16 (11%)	8 (6%)
Intermediate	164 (37%)	17 (10%)	3 (2%)	4 (2%)	21 (13%)	64 (39%)	55 (34%)
High/Very High	140 (31%)	0 (0%)	1 (1%)	14 (10%)	25(18%)	39 (28%)	61 (44%)
Total	**446 (100%)**	**134 (30%)**	**6 (1%)**	**18 (4%)**	**45 (10%)**	**119 (27%)**	**124 (28%)**

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Conclusion

- This **P4P intervention combined with transparent physician performance feedback is a novel approach** to enhancing the adoption of conservative management for men with low-risk prostate cancer
- Implementation of the P4P intervention via EHR-embedded structured templates/notes demonstrates the potential **to leverage the EHR and obtain granular high-fidelity data, including patient risk stratification and management selection**
- Our results indicate **excellent physician participation and improved conservative management (AS/WW) (83%) for all patients with LRPCa, irrespective of payor type, compared to national trends averaging 55 %**

1. Gaylis FD, Cooperberg MR, Chen RC et al: Defining quality metrics for active surveillance: the Michigan Urological Surgery Improvement Collaborative experience. J Urol 2021; 207: 171.

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