

BACKGROUND

- Tumor complexity (TC) assessment with nephr scoring has been shown to help with identificat complexity and contribute to preoperative plan
- The Michigan Urological Surgery Improvemen Collaborative - Kidney mass: Identifying and Defining Necessary Evaluation and therap KIDNEY) program commenced data collection September 2017

OBJECTIVE

• Our objective was to assess documentation of association with performance of radical nephre for tumors <4cm (cT1aRM)

METHODS

- Abstractors recorded clinical, radiographic, pa short-term follow-up data for patients with ne diagnosed T1 RM
- Study group: 13 diverse practices with 45 phy treating cT1RM
- Educational session was conducted in Nov. 20 documentation of Nephrometry scoring (REN the Urologist in clinic
- Correlation coefficient was calculated for the rates of nephrometry documentation for cT1RM and percent of RN performed by urologists who performed > 10 cases

	1 Point	2 Point	3 Point	Total
R	Small (T1a)	In between (T1b)	Big (T2)	(R Point)
Ε	Mostly exo phytic	In between	Mostly all endophytic	(E Point)
Ν	Cortical	Collecting system may be entered during PN	Collecting system will be entered during PN	(N Point)
L	Polar	In between	At hilum	(L Point)

Complexity Total = Sum of all Points (R+E+N+L) Intermediate: 7-9 Low: 4-6

Documentation of Nephrometry Scores for cT1a Renal Masses Correlates with Avoidance of Radical Nephrectomy Across the MUSIC-KIDNEY Statewide QI Collaborative

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hrometry ation of case uning ent pY (MUSIC- on in	Total of 1527 patients with c Overall management of cT1H Of the 637 surgical patients, RN rates for cT1aRM ranged Surgeons with > 10 nephrect Surgeons in the lowest volum of surgeons documented TC	
f TC and its rectomy (RN)	• At surgeon level, the cor	relat 100 75
pathologic, and ewly		50
ysicians		25
2018 regarding NAL Score) by		0
e rates of	Figure 1. Percentage o	fner



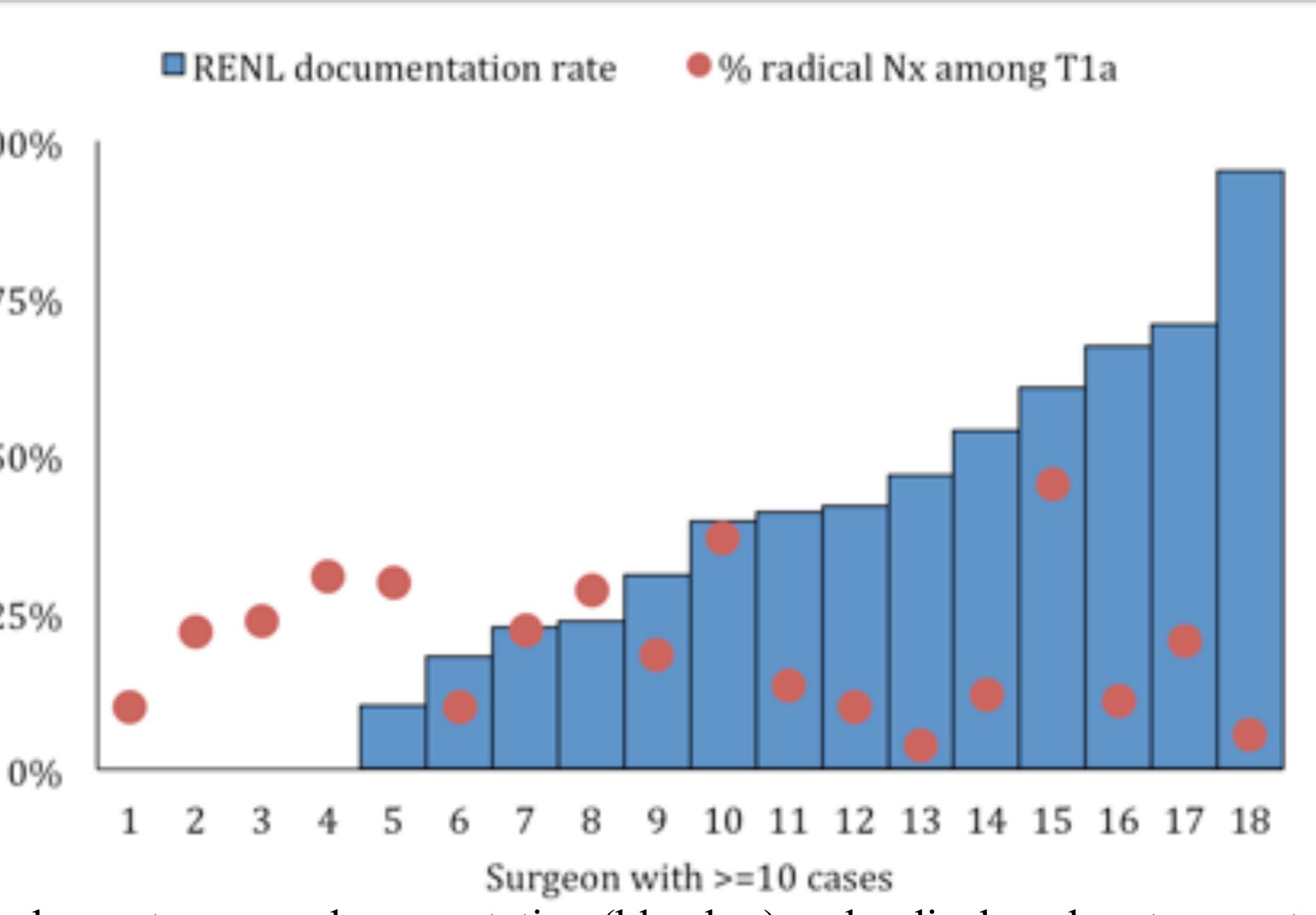
volume > 10 cases

We would like to acknowledge the significant contribution of the clinical champions, urologists, and data abstractors in each participating practice. In addition, we would like to acknowledge the support provided by the Value Partnerships program at Blue Cross Blue Shield of Michigan

RESULTS

cT1RM were seen by 32 urologists and documentation of TC was performed in 40%. RM was 52% surveillance, 31% PN/TA, 15% RN, and 2.5% other RN rates for T1b were 65% (154/236) and for T1a were 18% (74/401) (p<0.001) ed from 4%-45% among 19 urologists, 42% of RN for cT1aRM had no documentation of TC ctomy cases (RN and or PN) were included in final study set and were arranged by case volume me quartile documented TC for only 4.4% and performed RN for 25%, while the top quartile for 74% and performed RN on only 15%

ation coefficient between rates of RENAL documentation and the rates of RN was -0.24



ephrometry score documentation (blue bar) and radical nephrectomy rate (red dot), per urologist with

CONCLUSIONS

• Multiple factors that impact the decision to perform a RN for a cT1aRM • TC assessment with nephrometry scoring appears to correlate with reduced rates of RN for cT1aRM • MUSIC-KIDNEY continues to focus on a QI goal to improve documentation of TC and reduce RN for cT1aRM

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