National Quality Agenda and Strategies for Urologic Practice

Developed by the American Urological Association
2024

Contents

National Quality Agenda and Strategies for Urologic Practice

The National Quality Agenda and Strategies for Urologic Practice is a national effort of the American Urological Association to align stakeholders of the urologic community to achieve better urologic health and urologic health care for all patients.

Introduction

The American Urological Association (AUA) has long had a commitment to promoting the highest standards of urological care through its mission "to promote the highest standards of urological care through education, research and the formulation of health care policy."

It accomplishes this mission through activities overseen by the AUA Science and Quality (S&Q), Education, Research, and Public Policy Councils, their associated Committees, and related Work Groups. The existing portfolio of activities focus on several key areas, including:

- Clinical Practice Guidelines
- Quality Improvement (QI) and Patient Safety Programs
- Clinical Data Registry Programs
- Healthcare Performance Measurement and Reporting
- Patient and Clinician Advocacy
- Clinical Education

These activities provide the AUA with a strong foundation to support the specialty in meeting the challenges and responding to the opportunities of both the present and the future. As the health system shifts from fee-for-service to value-based reimbursement, urologists can define the value of urology care, reinforce the commitment to quality care, and take a leading role among medical specialties in meeting the challenges of the 21st century.

As such, the AUA is enthusiastic to define a broad and ambitious Quality Agenda and Strategies for the next decade that fulfills our mission, builds on our current activities and strengths, and refines our efforts and focus to support alignment with health systems, other physician specialties, our specialty Board, and the needs and expectations of our clinicians and their patients. Moreover, the development of the Quality Agenda and execution of its Strategies reflects the AUA's collaboration with the American Board of Urology (ABU) to address two new American Board of Medical Specialties (ABMS) standards designed to foster improvements in care quality through maintenance of certification activities.

AUA's National Quality Agenda and Strategies for Urologic Practice articulates six priorities and four strategies that will guide our quality activities for the next decade. The priorities represent the most pressing concerns for urology as a whole, while the strategies describe the approaches we will use to address those priorities.

The Quality Agenda: The Priorities for the Practice of Urology

We have articulated six priority areas that represent the most pressing concerns for urology and urology practice.

Priority: Addressing Health Disparities and Promoting Equitable Care in Urology

The AUA is committed to understanding and ultimately eliminating disparities in urological care. This involves identifying disparities in access to care, treatment outcomes, and patient experiences and implementing strategies to address and reduce these disparities. As a quality priority, the AUA will look for ways to promote equity in urologic care, such as explicitly highlighting known disparities in clinical guidance documents. Key opportunities to address this issue include focusing on equity in access to urologic care, reducing disparities in prostate cancer screening and outcomes, and promoting cultural competence in urologic practice. This priority is cross-cutting, with specific opportunities and applications in each of the additional individual priority areas.

Priority: Improving Patient Safety

Patient safety is foundational to high-quality healthcare. At its most basic, patient safety connotes freedom from harm resulting from the healthcare system. While there are many types of errors that can occur within the healthcare system (e.g., diagnostic errors, procedural errors, medication errors, communication errors, etc.), they often result from a combination of system failures or inadequacies. Prevention and mitigation of errors in healthcare require a "systems approach" that focuses on changes in the healthcare environment and care processes. Key areas for patient safety efforts in urology include reducing surgical complications and adverse events from urological procedures, promoting medication safety, decreasing diagnostic delays, and improving various aspects associated with transitions in care.

Priority: Enhancing Diagnostic Excellence

In recent years, the concept of diagnostic excellence has emerged as a model to support the delivery of high-quality care. As defined by Yang et al., "*diagnostic excellence refers to an optimal process to attain an accurate and precise explanation about a patient's condition. An optimal process would be timely, cost-effective, convenient, and understandable to the patient. An accurate and precise diagnosis gains clinical value insofar as it leads to better choices in treatment*." Urology is relatively unique among the surgical specialties, with a breadth of common diagnostic processes that bridge primary care and specialist practice. Thus, particular attention should be given to urologic conditions where there is substantive overlap in provider specialties. These include issues related to access to, and accuracy in diagnosis of bladder and prostate cancer and advances in the diagnosis of kidney stones.

Priority: Promoting Person-Centered Care

Person-centered care is defined, in part, as care in which an individual's values and preferences guide all aspects of their health care and informs decision-making to the extent that the individual desires. As a specialty that blends clinical medicine and surgery, urologists are uniquely positioned to provide excellent person-centered care. Key areas for person-centered care include shared decision-making in prostate cancer diagnosis and treatment, eliciting and addressing sexual health concerns, supporting quality of life for those with urologic conditions such as urinary incontinence or cancer, and recognizing financial toxicity as a barrier to care access and treatment adherence.

Priority: Promoting Value in Urologic Care

The concept of value in healthcare has been described as its quality in relation to its cost. Implicit in the concept of value in care is the idea that high-quality care is not necessarily the most expensive. The move to "value based care" is an approach to healthcare delivery in which payment is tied to the quality of care that is provided. This is accomplished through participation in alternative payment models or through pay-for-performance programs such as the Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) program. In such models and programs, payment penalties or bonuses may be applied depending on how a provider's quality compares to that of his/her peers, based on a variety of healthcare performance measures. Key opportunities to promote value in urologic care include a continued focus on developing and implementing urology-specific performance measures and educating providers on how to consider cost when providing care (e.g., considering the cost implications of overuse of imaging as well as its safety implications).

Priority: Promoting Joy in Work

Burnout in the clinical workforce is a growing problem that impacts the physical and mental wellness of care providers and also has important implications for patient safety and care quality. According to AUA Census data, 37% of practicing urologists in the U.S. met criteria for burnout in 2021. Burnout prevention and mitigation is of significant important for the health of the urology workforce. Secondary to the improved mental health of our workforce, providers who are not experiencing burnout provide higher quality care, achieve increased patient satisfaction, and experience less employee turnover, thus providing better healthcare value. Burnout is complex and mitigation efforts should be focused at the national, local, and individual levels. According to the Institute for Healthcare Improvement, one way to combat burnout is to restore joy to those who provide care. Key opportunities to promote joy in work in urology include: advocating for legislative efforts to ease workforce frustrations; ascertaining key priorities via AUA's annual census; providing actionable information to local leadership concerning dangers of burnout, data surrounding burnout, and possible mitigation techniques; providing tools necessary to allow individuals and groups to apply continuous improvement methods to optimize workflows; providing opportunities to engage in meaningful professional activities; recognizing outstanding service; and distributing relevant and user-friendly information and resources.

The Strategies

The AUA has identified four strategies that represent the high-level approaches we will use to address the quality priorities discussed above. By incorporating these strategies into our quality agenda via our current portfolio of activities and others, as applicable, the AUA can play a pivotal role in driving improvements in urological care, enhancing patient outcomes, and contributing to the overall improvement of health and health care in the field.

Strategy #1: Systematically Assess Quality Concerns in Urology

We will commission a series of Quality Improvement Issue Briefs (QIIBs) to identify areas within the specialty where improvement in care is needed and provide recommendations for addressing those gaps in care quality. This series of QIIBs will be designed to provide detailed, action-oriented recommendations to support the AUA's overall quality agenda for urology. The QIIBs will target specific urological conditions as well as cross-cutting concepts such as surgical complications, medication safety, stewardship of resources, or clinician burnout. The scope of these QIIBs can be tailored as needed,

although they should consider and address all relevant quality priorities discussed above. Ideally, each will include the following information:

- Introductory material that includes relevant definitions and/or basic epidemiology such as incidence/prevalence rates and risk factors, as well as equity considerations including what is known about differences in conditions or treatment across various subpopulations
- A summary of current practice and key concerns about the quality and safety of care
- Recommendations such as clinical guidance based on quality gaps documented in the literature, opportunities for quality improvement activities, suggestions for quality measure development and implementation, thoughts regarding inter-specialty collaboration, ideas for AUA educational resource development, and/or links to existing resources.

Strategy #2: Promote the Science and Practice of Quality Improvement

We will continue to promote the science and practice of quality improvement to our membership.

Key activities underlying this strategy will include:

- ***Developing urology-specific education on QI methods and implementation***. This will include resources on "how to do quality improvement", which will be disseminated initially via written documents, followed over time by webinars and podcasts and, potentially, in-person courses. We also envision supporting QI activities at the local level by offering technical assistance and mentorship and, potentially, QI "learning collaboratives" that focus on a particular topic or set of measures.
- ***Developing and maintaining urology-specific healthcare performance measures***. With guidance and input from the Quality Improvement and Patient Safety (QIPS) Committee and Measure Evaluation Panel, we plan to continue annual maintenance of AUA measures that are available for use in the CMS MIPS program. We also plan to develop new measures that can be used in accountability programs such as MIPS or for internal quality improvement efforts (or both).
- ***Developing educational resources on topics of interest in quality and patient safety in urology***. We plan to continue producing a variety of educational resources to highlight opportunities for improvement in care and offer concrete recommendations for how improve care. These include written products such as QIIBs and Clinical Consensus Statements (CCSs), electronic resources such as webinars and podcasts, and in-person convenings on key issues via QI Summits.
- ***Collaborating with the ABU to provide QI resources for recertification activities***. In direct response to new ABMS quality standards, we will collaborate with the ABU to make QI resources available for its recertification activities. We envision a developmental approach that will leverage ongoing efforts from AUA to support members' efforts in quality and safety. Initially, we will organize, connect, and systematize existing AUA resources and conduct a gap analysis to identify where additional resources are needed. Subsequent activities could include working with the ABU to establish clear goals for urologists' engagement in QI activities and setting progressive participation metrics for learners and practitioners at all levels; providing consulting and mentorship for QI activities based on real-world measure and audit data; and refining existing systems or creating new ones to support data transfer, collaboration, and automatic receipt of recertification credit for engagement in QI activities.

Strategy #3: Integrate and Align Quality Within the Specialty-at-Large

The AUA's Quality enterprise enjoys robust external partnerships with subspecialty societies and state urology societies, as well as strong internal collaborations with AUA Sections and AUA committees in Education, Research, and Advocacy. However, this third strategy explicitly calls for a deliberate and intentional focus to strengthen and expand these relationships.

Key activities underlying this strategy will include:

- Promoting enhanced engagement with urology care providers from diverse practice settings and experience levels and aligning opportunities with members' varying levels of experience with quality improvement.
- Formalizing professional relationships with internal and external stakeholders to facilitate wider dissemination of AUA's QI resources
- Leveraging expertise and contacts of the Urology Care Foundation to more effectively engage with patients as part of our ongoing QI and measurement activities
- Supporting the AQUA Registry and other urologic data activities by developing resources to spur participants' QI activities
- Integrating more effectively with AUA's policy, legislative, and advocacy teams
- Raising the profile of quality at AUA's Annual Meeting
- Exploring ways to promote QI resources to international members

Strategy #4: Collaborate with Urology-Adjacent Stakeholders to Promote High-Quality Urologic Care

The AUA will expand efforts to actively engage with other medical specialty societies, healthcare organizations, and quality improvement experts to foster collaboration and leverage existing efforts. Such engagement with other stakeholders is longstanding at the AUA (e.g., when developing guidelines, convening our QI Summits, and collaborating in various measurement science efforts). Many opportunities exist across our Priorities to connect AUA's efforts to other organizations engaged in these spaces, including the American Medical Association's efforts related to the Joy in Work Priority as one example. At the same time, we recognize that by increasing our partnerships with such organizations, the AUA can both not only gain but also share expertise, resources, and best practices to enhance the impact of its own quality initiatives. In particular, given the large number of highly prevalent urologic conditions presenting to primary care, emergency departments, and other settings, AUA has identified cross-boundary collaboration as an important area of renewed attention and focus.

Appendix A: Quality Agenda Steering Committee

- **Matthew Nielsen, MD, MS**, chair of AUA's Science and Quality Council
- **Gregory Auffenberg, MD, MS**, chair of AUA's Quality Improvement and Patient Safety (QIPS) Committee
- **Andrew Harris, MD**, member and chair-elect of AUA's QIPS Committee
- **Mike Sheppard, CPA, CAE**, AUA Chief Executive Officer
- **Marybeth Farquhar, PhD, MSN, RN**, AUA Chief Scientific Officer and Executive Vice President of Research, Quality, and Scientific Affairs
- **Karen Johnson, PhD**, AUA Director of Quality and Measurement
- **Emily Calvert, MSN, RN, CPHQ**, AUA Quality and Measurement Project Manager

Appendix B: Additional Background and Methodology

Development of this Quality Agenda stems in part from a collaboration with the ABU to address two new ABMS standards that take effect in January 2024. The first standard requires ABMS Member Boards to facilitate the process for developing an agenda for improving the quality of care in their specialties, with a particular focus on eliminating health care disparities. This aligns with AUA's strong commitment to diversity, equity, and inclusion (DEI) in our S&Q division and across the organization. The second standard requires the commitment of ABMS Member Boards to help improve health and health care though the mechanism of their continuing certification programs. The AUA has formulated the required quality agenda (i.e., this National Urology Quality Agenda and Strategies) with input from the ABU. Subsequently, the AUA will identify and develop additional resources that the ABU can use to fulfill the requirements of the second AMBS standard.

To develop this Quality Agenda and Strategies for Urologic Practice, a 7-member Steering Committee, which included individuals from AUA's S&Q Council, Quality Improvement and Patient Safety (QIPS) Committee, and staff, began by reviewing and incorporating ideas from several well-established quality frameworks. These include the aims, priorities, and levers articulated in the Agency for Healthcare Research and Quality's (AHRQ) National Quality Strategy, the six domains of quality articulated by the Institute of Medicine (IOM), and the "quadruple aim" articulated by the Institute for Healthcare Improvement (IHI) (see table below for details). The Steering Committee iterated on a preliminary draft that was released to the QIPS Committee and S&Q Council for comment and approval. The final draft will be presented to the AUA Board for approval.

AHRQ's National Quality Strategy	**3 Goals**: Better Care, Healthy People/ Healthy Communities, Affordable Care **6 priorities**: Make care safer; patient and family engagement in care; effective communication and coordination of care; effective prevention and treatment for the leading causes of mortality; promote best practices for healthy living; making quality care more affordable **9 levers**: Measurement and feedback; public reporting; learning and technical assistance; certification, accreditation, regulation; consumer incentives and benefit designs; payment; health information technology; innovation and diffusion; workforce development
IOM Domains of Quality	Safe, timely, effective, efficient, equitable, patient-centered

IHI Quadruple Aim	Improving population health; improving experience of care for individuals; reducing costs/improving value; attaining joy in work for providers

Appendix C: Additional Detail Underlying the Priorities and Strategies

For the sake of brevity in the main body of this document, portions of the rationale and definitions underlying the Quality Priorities have been moved to this appendix, as has some detail related to implementing the Quality Strategies. The Quality Priorities will serve as the lenses through which the Quality Strategies will be developed and organized. As such, each of the strategies will address one or more of the priorities.

Priority: Addressing Health Disparities and Promoting Equitable Care in Urology

This quality priority aligns with AUA's renewed commitment to diversity, equity, and inclusion, as exemplified by the work of its Diversity and Inclusion (D&I) Task Force and subsequent formation of its DEI Committee. Specific to quality, AUA's Board approved two Task Force recommendations: to develop metrics to identify disparities among underrepresented minorities who need urologic care and to bring tools of assessment of equity to urologic practice. These two recommendations will be addressed specifically through Strategy #2, although the broader priority will be addressed across the four strategies.

Priority: Improving Patient Safety

Often, improving patient safety focuses on reducing errors associated with care (recognizing that not all errors cause harm to patients) and correcting or mitigating errors before they cause harm. In addition to system failures (including those related to technology), human factors also contribute to error, and thus are amenable to QI efforts. In addition to a systems approach for reducing error, we must emphasize a culture of safety that applies to everyone in an organization, is non-punitive, and fosters learning from mistakes.

Priority: Enhancing Diagnostic Excellence

The citation for the Yang, et al. definition of diagnostic excellence is Yang D, Fineberg HV, Cosby K. Diagnostic Excellence. *JAMA*. 2021;326(19):1905–1906. doi:10.1001/jama.2021.19493. This definition indicates that diagnostic excellence moves beyond concerns of diagnostic error and resultant harm and spans the 2001 IOM dimensions of high-quality (i.e., care that is safe, effective, patient-centered, timely, efficient, and equitable).

Priority: Promoting Person-Centered Care

The complete American Geriatrics Society definition of person-centered care is "care in which individuals' values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals; it is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers, and this collaboration informs decision-making to the extent that the individual desires." Citation: The American Geriatrics Society Expert Panel on Person-Centered Care (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15-18. Available at: https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.13866.

Urologists, who frequently see patients over many years, often in aid of some of the most sensitive of bodily functions, are uniquely positioned to provide excellent person-centered care.

Priority: Promoting Value in Urologic Care
We also recognize that low-quality care contributes substantially to overall cost of care (e.g., due to overuse or misuse of procedures, complications, poor surgical outcomes, etc.).

Priority: Promoting Joy in Work
Citation for the AUA Census statistic on urologist burnout: https://www.auajournals.org/doi/full/10.1097/JU.0000000000003108.

Citation for the IHI discussion on joy in work: Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Strategy #1: Systematically Assess Quality Concerns in Urology
Historically, the AUA has relied on members of its Quality Improvement and Patient Safety (QIPS) Committee, S&Q Council, and Research, Quality, and Scientific Affairs (RQSA) Division to recommend topics for its quality improvement and measurement activities. However, a more formal evidence-based approach is needed to identify key issues and opportunities for improvement for urology. Accordingly, the AUA will collaborate with relevant stakeholders to systematically assess quality concerns in urology and develop recommendations for improving care.

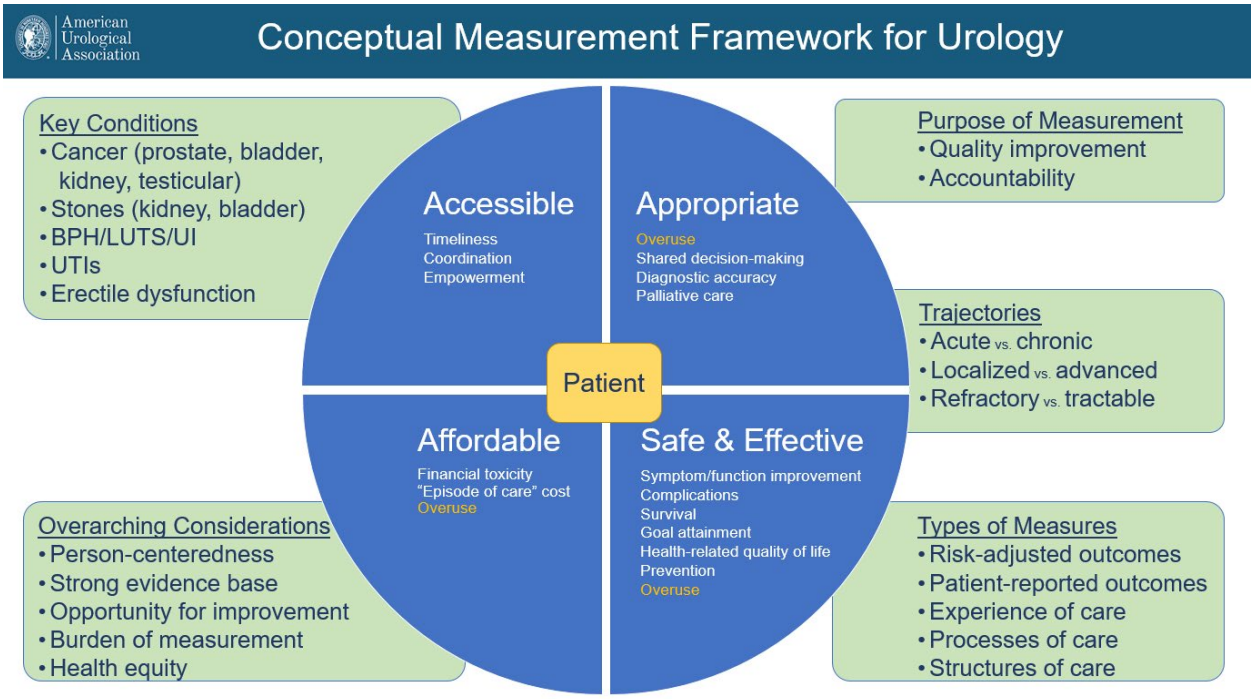
Per the AUA's recently revised taxonomy of written guidance documents, QIIBs provide brief, easy-to-use overviews of a particular quality-related topic reflecting expert opinion supported by available literature.

Strategy #2: Promote the Science and Practice of Quality Improvement
The underlying vision for this strategy is to make urology the exemplar specialty for integrating continuous quality improvement strategies into care delivery. To achieve this goal, the AUA will promote and facilitate concepts of the Learning Healthcare System (LHS). Initially conceptualized by the IOM in 2006, AHRQ (https://www.ahrq.gov/learning-health-systems/about.html) defines an LHS as "*a health system in which internal data and experience are systematically integrated with external evidence, and that knowledge is put into practice*". Key concepts of an LHS include the collecting data to identify problems and potential solutions, designing interventions based on these data, implementing small tests of change, evaluating results to understand what actually works, sharing results with others, and continuously evaluating processes and outcomes to ensure continuous improvement.

<u>Develop urology-specific education on QI methods and support its implementation</u>
The AUA's QIPS Committee previously identified a need for urology-specific education on "how to do quality improvement". To date, a subgroup of QIPS Committee members has identified key learning objectives, outlined critical topic areas, and committed to developing the educational content.

<u>Develop, maintain, and implement urology-specific healthcare performance measures</u>
The AUA has a rich history of developing urology-specific measures. Over the years, we have developed (or co-developed) measures related to bladder cancer, prostate cancer, incontinence, and stones, among others. Currently, we support nine measures that are available for use in the CMS MIPS program, most of which are available exclusively via AUA's AQUA Registry. We plan to continue

maintaining these measures on an annual basis. This entails reviewing clinical evidence underlying the measures to ensure they are still clinically sound, analyzing performance rates to ensure there is still opportunity for improvement, updating specifications as needed, and conducting other analyses as needed to demonstrate the reliability and validity of the measures. In addition, we have several measures in various stages of the development lifecycle that we plan to evaluate for potential future refinement and implementation. To identify and prioritize areas for future development efforts, we will use the Conceptual Measurement Framework for Urology that we developed in 2021 (see figure below).



Develop educational resources on topics of interest in quality and patient safety in urology

The AUA utilizes a variety of educational modalities designed to highlight opportunities for improvement in care and offer concrete recommendations for how improve care. The QI Summits historically have included a full day of programming at AUA HQ, providing an in-depth focus on a current challenge or issue in urology. Topics from previous years include opioid stewardship, stewardship of urological imaging, shared decision making in prostate cancer screening, complications related to transrectal ultrasound guided prostate biopsy (TRUS) biopsy, and incorporating palliative care into urological practice. Each of these summits have yielded various educational products such as toolkits, webinars, and published manuscripts. The goal of the Summit is to develop concrete implementation strategies in different practice settings.

Looking ahead, we expect to continue developing these types of QI resources materials, as follows:

- Prioritizing development of webinars and podcasts
- Updating previously written materials only for vitally important topics
- Developing instrumental supports that are easy to use (e.g., checklists)
- Re-examining the format of the QI Summit (e.g., shorter sessions, with virtual formats)

Collaborate with ABU to link QI resources to recertification activities

We believe this work will advance the shared interests of AUA, ABU, and patients seeking urologic care in assuring and supporting the highest standards of care for patients in the United States, while also reconnecting AUA's members and ABU diplomates with their core motivations as caring professionals.

Strategy #3: Integrate and Align Quality Within the Specialty-at-Large

We are particularly interested in enhancing engagement with young urologists, urologists in training, urologists in community practice, advanced practice providers, and urology practice managers.

Strategy #4: Collaborate with Urology-Adjacent Stakeholders to Promote High-Quality Urologic Care

Key activities underlying this strategy will include:

- Explicitly considering non-urology specialties in the QIIBs developed to assess quality concerns in urology
- Seeking non-urology collaboration in both larger-scale industry/foundation funded QI and research projects and in smaller-scale local/practice/institutional-level opportunities
- Participating with other medical associations, agencies, and organizations (e.g., CMSS, NQF, CMS, NIH, etc.) to address the six priority areas and to promote QI and measurement science more broadly.