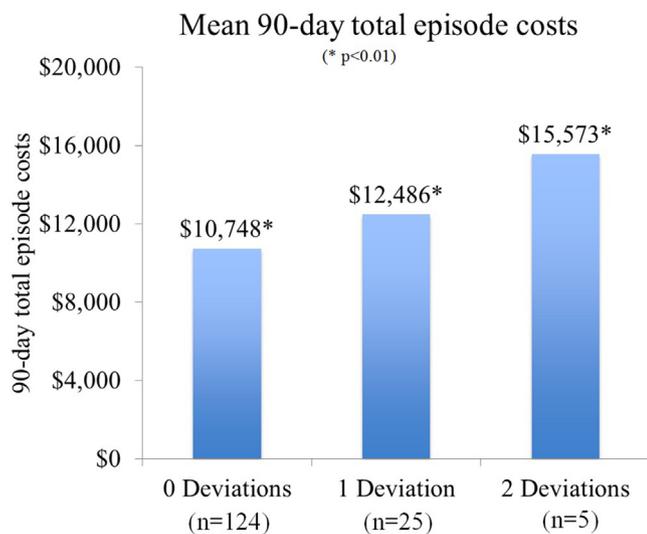


provide price-standardized and risk-adjusted total and component cost data for episodes of care that include the index admission and 90 days post-discharge. For this analysis, we compared 90-day episode costs for patients with 0, 1, or ≥ 2 deviations from the NOTES uncomplicated radical prostatectomy pathway.

RESULTS: From 244 MUSIC patients with BCBSM insurance, 154 (63%) were matched with radical prostatectomy episode cost data from MVC. The average age of matched cases was 59 years, and 97% were performed robotically (Table). The mean 90-day episode costs for the entire cohort was \$11,187. The mean 90-day episode costs for patients ranged from \$10,748 for those with 0 NOTES deviations to \$15,573 for those with ≥ 2 NOTES deviations ($p < 0.01$) (Figure).

CONCLUSIONS: Deviations from an uncomplicated radical prostatectomy pathway are strongly associated with increased 90-day episode costs. These data highlight the business case for measuring and improving quality with radical prostatectomy in the era of value-based payment reforms.



Demographics and comorbidities	0 deviations n=124	1 deviation n=25	≥2 deviations n=5	p-value
Median age, years (range)	58 (38-64)	59 (47-64)	62 (59-64)	0.05
White (%)	92 (83%)	18 (72%)	2 (50%)	0.11
Median BMI, kg/m ² (range)	28.8 (15.1-74.7)	28.2 (22.8-46.2)	26.5 (23.4-28.1)	0.18
Pathologic stage < T3 (%)	93 (75%)	19 (76%)	3 (60%)	0.73
Median pre-op PSA, ng/mL (range)	5.2 (0.5-85.7)	6.0 (2.1-21.7)	4.8 (4.1-11.9)	0.53
Robotic assisted laparoscopic (%)	122 (98%)	25 (100%)	3 (60%)	<0.01
Charlson comorbidity score 0-1 (%)	118 (95%)	23 (92%)	5 (100%)	0.19

Source of Funding: Blue Cross Blue Shield of Michigan

PD25-09
CLINICAL INTEGRATION IS ASSOCIATED WITH LOWER COSTS OF CARE AMONG PATIENTS UNDERGOING PROSTATECTOMY

John M. Hollingsworth*, Ann Arbor, MI; Russell Funk, Minneapolis, MN; Amy Luckenbaugh, Jason Owen-Smith, Samuel Kaufman, Brahmajee Nallamothu, Ann Arbor, MI

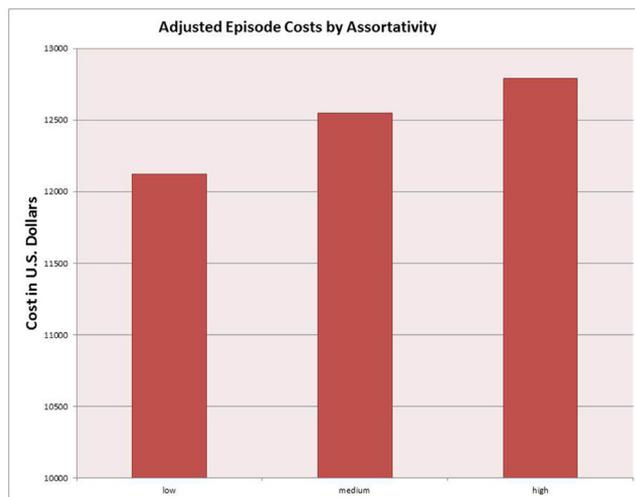
INTRODUCTION AND OBJECTIVES: A variety of health reform initiatives have been recently launched that seek to integrate

care delivery across providers, functions, and operating units. The hope is that such clinical integration will decrease care fragmentation and, in the process, help patients obtain more efficient care. In this context, we analyzed medical claims from patients undergoing radical prostatectomy to evaluate the effects of deeper clinical integration in the hospitals where these patients were treated on the costs of their surgical care.

METHODS: Using national Medicare data (2008-2011), we mapped interactions between physicians around shared patients undergoing radical prostatectomy in different hospitals. We then used network analytical tools to characterize the level of clinical integration (as measured by the assortativity coefficient) among surgical and medical specialists and primary care physicians in each hospital. Finally, we fit a series of multilevel regression models to examine how a hospital's level of clinical integration related to price-standardized episode payments for radical prostatectomy procedures performed in it.

RESULTS: Compared to hospitals with lower levels of clinical integration, those with higher levels, on average, took care of more men with prostate cancer ($P < 0.01$), were staffed by more physicians ($P < 0.01$), and were more likely to have an academic affiliation ($P < 0.01$). After controlling for these measurable differences and other health system factors, we found that episode payments for patients undergoing radical prostatectomy varied significantly across hospitals by their level of clinical integration ($P < 0.01$). Among hospitals with lower levels of clinical integration (higher assortativity), the mean episode payment for prostatectomy was estimated to be \$12,792, while among hospitals with higher levels of clinical integration (lower assortativity), the corresponding estimate was \$12,122 (Figure).

CONCLUSIONS: Greater clinical integration is associated with significantly lower surgical episode costs for patients undergoing radical prostatectomy. Thus, health reform initiatives that foster clinical integration may lower spending on surgery.



Source of Funding: Agency for Healthcare Research & Quality

PD25-10
A STATEWIDE INTERVENTION TO REDUCE THE USE OF LOW VALUE IMAGING AMONG MEN WITH NEWLY-DIAGNOSED PROSTATE CANCER.

Patrick Hurley*, Novi, MI; James Montie, Apoorv Dhir, Yuqing Gao, Ann Arbor, MI; Brian Drabik, Cadillac, MI; Kenneth Lim, Novi, MI; Jon Curry, Grand Rapids, MI; Susan Linsell, Andrew Brachulis, Khurshid Ghani, Brian Denton, David Miller, Ann Arbor, MI

INTRODUCTION AND OBJECTIVES: Based on analysis of our initial data and a literature review, the Michigan Urological Surgery