duction incentives are not relevant, there are a high number of surgeons performing a radical cystectomy at a low-volume rate on a yearly basis. The data on outcomes and volume in the radical cystectomy population is robust, but even at Kaiser Permanente where incentives are more aligned with quality than quantity, patients are having their complex surgery performed by a urologist who may not be best suited to produce an optimal outcome for the patient. We could certainly conjecture as to the reasons why this paradox exists, however, what is more relevant is that this data is a microcosm of the challenges that exist in centralizing care/realigning incentives in urology and medicine overall.

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AUTHOR REPLY

We agree with the authors that our study data on surgeon volume underscore the challenges in ensuring timely, high-quality care in any health system. At Kaiser Permanente, changes have been made to increase the number of patients receiving surgeries by higher-volume surgeons and specialists during the past 5 years which are not fully reflected in our study data of surgeries performed during 2010-2015. These changes have included referring more cystectomies to high-volume surgeons, offering multidisciplinary genitourinary oncology clinics, or having a high-volume surgeon assist during cystectomies that are performed by a lower-volume surgeon. However, our study data do not account for specialists assisting with surgeries. Only the primary surgeon was captured and thus may not fully represent the experience of the surgical team. Additionally, while our health systems have increasingly emphasized specialization of care, they also place a heavy emphasis on access and patient preferences. Patient preferences may be influenced by factors such as travel distance, desire to stay with the urologist who has been treating the patient for bladder cancer, or other considerations, and may contribute to some surgeries being performed by lower-volume surgeons. Finally, while a multitude of factors influence who performs a surgery, there is no individual financial incentive for a urologist to perform these surgeries within our healthcare systems. Thus, we agree with the authors that the wide range of surgical experience observed in our study reflects the challenges encountered in centralizing care, and the need for proactive systems to increase specialization for these surgeries.

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