

CUA^{4.5}

Frontline Briefing



Monthly Intelligence Update for the Urology Practice



CUA^{4.5} REPORTS

APRIL 2011

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Report on 2011 Urology Joint Advocacy Conference

Yes, we are making a difference and you can help

Eugene Rhee, MD, MBA, President

Dateline: March 29, 2011

I am sitting on the plane flying from Capitol Hill back to San Diego, California reflecting on the last four days I have spent at the **2011 Urology Joint Advocacy Conference**, Washington DC with other urologists from around the country along with AUA staffers, AUA lobbyists, legislators and their aides. This JAC meeting is the sixth consecutive gathering and the largest ever formerly convened. I'm frankly proud to be associated with an organization that recognizes the importance of organized political advocacy. I met urologists ranging in scope from solo practice in Indiana to huge group practices from Atlanta, Georgia. I met private practice doctors, university professors, HMO doctors, physician administrators, and even residents. [READ MORE](#)

2011 COMMITTEE ON LEGISLATION REPORT

Update From Sacramento

Demetrios N. Simopoulos, M.D., Chairman

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TAKING ACTION

[CUA steps up to protect physician autonomy in treating patients - supports SB 866](#)

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Prior authorizations imposed by Health Plans and Insurers require physicians/providers to fill out forms when the physician/provider prescribes a medicine or treatment not covered by the plan or insurer's formulary. Each health plan and insurer has their own forms for prior authorization, and sometimes unique prior authorization forms are required for various disease state conditions for the same health plan or insurer. [READ MORE](#)

CUA₄₅ MEETINGS

Western Section AUA

87th ANNUAL MEETING

The Westin Bayshore, Vancouver, BC

August 21-25

AND

Post-Graduate Course Extension

August 25-28

Four Seasons Whistler

2011 Health Policy Forum

The Future of Healthcare Delivery in America

Westin Bayshore Hotel, Vancouver, BC

Sunday, August 21

CUA Annual Meeting,

24th Annual Member Meeting

All Urologists Invited

12:00 PM on Tuesday, August 23, 2011

The Westin Bayshore, Vancouver, BC

CUA₄₅ BITS & BITES

TECH TIPS

By: Gregg Marshall, CPMR, CSP

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CUA₄₅ CONTACT

California Urological Association

1950 Old Tustin Ave.

Santa Ana, CA 92705

TEL: 714-550-9155

FAX: 714-550-9234

EM: info@cuanet.org

WEB: www.cuanet.org

CUA₄₅ REPORTS

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Atlanta, Georgia. I met private practice doctors, university professors, HMO doctors, physician administrators, and even residents.

The winds over the political landscape have shifted and the fight on Capitol Hill over healthcare reform is well underway. Other medical specialty societies have quickly organized and mobilized. The common thread compelled us all to join together and fly from all over the United States, away from our loved ones and from our jobs, was a need to have our collective urology voices heard within the legislative halls of the newly elected 112th Congress. I can think of no other time where I experienced such a broad cross section of urologists, all determined to want to make a difference, united in stance to assure our voice is heard.

As the day passed, the political agenda starting to take shape and by the end of the day, during breaks, many conversations were being had across state lines and across practice patterns, exchanging challenges and successes within our respective practices. We heard from the the Maryland delegation who fought a long hard battle to protect urology interests and explained the lessons learned from this experience. We heard from the Secretary of the AMA, who discussed Health Information Technologies and what we can expect in the near future. We heard from congressional leaders from the newly elected 112th Congress who advocate on our behalf, fighting to maintain urology interests. We heard from UROPAC, who now has achieved a major milestone in the political landscape, raising \$1 Million for the 2010-2011 election cycle and formulating a plan of action as to how this money is being wisely slated. Currently \$50K has been raised since January 1, 2011 for the current election cycle.

Our last day, we all headed out with our state delegations, and whether they were just one or ten delegates, the point of the visit to the Hill is to really bend the ear of the front line of Congress. One acutely realizes that there is really no one else who will care to protect urology. The day we descended on to the Hill, radiation oncologists, by chance, were present as well. Demetrios Simopoulos, MD, a urologist from our California delegation and member of the CUA was awaiting a meeting, and within earshot can hear a radiation oncologist explaining the turf battle, spinning urology as the opportunist. He met next and elegantly and proficiently explained how this misguided perception hurts the quality and efficiency that urology delivers in this arena. This is influence.

Here are the four points of the urology agenda that the AUA and AACU forcefully advocated, with much emphasis on a goal to find a permanent solution to a broken reimbursement system.

- 1) repeal the Independent Payment Advisory Board (IPAB) by supporting the bipartisan House Bill 452
- 2) protection of in-office ancillary services
- 3) support of the Prostate Act 2011
- 4) create a national commission on urotrauma

As I sit in my airplane seat, I implore you to make a difference in any or all of these three ways as a personal commitment to your profession and specialty of urology:

- 1) **Donate to UROPAC**- it's absolutely imperative that the level of giving is over the million mark as a measure of *substantive staying power* within political arena
- 2) **Join the California Urologic Association (CUA)** - it's a another way to either be involved or stay informed as to the onslaught of threats that affect the state and its urologists
- 3) **Be politically involved!** Write to your congressman, call them, and let the CUA know you've done so! Execute the CA Patient Advocacy Form to have your patients get involved in the process.

I hope I can compel you to look beyond your inner circle and understand how important you are to our profession and specialty. There are a few of us and *ALOT of them*. Only a firm and diligent organized effort over a period of time, with more than a few devotees who take up the cause will ensure the health of our specialty. I ask that this year you do one, two, or the three things I ask above. These are the best and most direct ways you can make a difference.

All my very Best,

Eugene Rhee, MD MBA
President, The California Urologic Association

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TAKING ACTION

CUA steps up to protect physician autonomy in treating patients - supports SB 866

Draft of Position Paper Statement:
POSITION STATEMENT ON PRIOR AUTHORIZATION PRACTICE

Prior authorizations imposed by Health Plans and Insurers require physicians/providers to fill out forms when the physician/provider prescribes a medicine or treatment not covered by the plan or insurer's formulary. Each health plan and insurer has their own forms for prior authorization, and sometimes unique prior authorization forms are required for various disease state conditions for the same health plan or insurer.

Prior authorization is a common cost containment method used by health plans and insurers that significantly delays medication accessibility for patients and imposes high costs that negatively impact operating margins for health care providers. Prior authorizations significantly delay medications for patients and impose high costs due to the lack of transparency by the health plans and insurers on requirements necessary to obtain an approval. Even after the prior authorization requirements are figured out, they are often changed without notice or transparency.

Under current law, health plans and Insurers have five business days to respond to a prior authorization request for prescription drugs. If the patient faces an imminent or serious threat to his/her health, the plan must respond within 72 hours. Decision to approve, modify or deny requests must be communicated within 24 hours of the decision.

The prior authorization process for the State of California needs to be standardized and transparent. This standardized prior authorization would include a universal form that is no longer than two pages in length and usable electronically, fax or hard copy. The form must be accepted and utilized by all Health Plans and Insurers and mandate that if a Health Plan or Insurer does not use the form or fails to provide a decision within 48 hours, the prior authorization will be deemed granted. These standardizations for prior authorizations would be accomplished with SB 866, introduced by Senator Hernandez.

A standardized prior authorization process used by all Health Plans and Insurers would reduce costly bureaucratic hassles that take physician/provider time and attention away from patient care.

CUA Position

The CUA strongly supports standardized prior authorization forms, greater transparency, and timelines in the process of determining if a medicine or treatment not covered on a Health Plan or Insurer will be covered. SB 866 meets these requirements and therefore the CA-AUA chapter supports this proposed legislation.

Please submit your comments or proposed changes to this draft by April 22. [Click here](#)

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2011 COMMITTEE ON LEGISLATION REPORT

Update From Sacramento

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On March 25, 2011, the CMA Council on Legislation met to discuss legislation proposed for the current term. California's need to maintain an adequate physician workforce, MICRA challenges, and State budget cuts that affect patients were also highlighted.

A 10% cut to Medi-Cal fee-for-service providers has passed the legislature and will be retroactive. The next step in this process is for CMS, at the Federal level, to approve this and other changes to the Medi-Cal program. Co-pays of \$5 per office visit and \$50 per ER visit and a "soft cap" of 7 visits per year per beneficiary were also approved. Initially, a "hard cap" of 10 visits per year was considered, but this was changed by the legislature so that with a physician's appeal there could be more than seven visits per year. These cuts, especially the physician fee-for-service cuts, are not without legal challenge.

Other budgetary items are also being watched closely. The California Medical Board maintains an administrative fund from fees collected during physician licensure and there is always a threat that these funds could be "raided" for the General Fund. There are also changes that may occur with the administration of the Maddy Fund, which provides a small level of reimbursement for emergency care for the uninsured. Currently, the Maddy Fund is administered and funded at the local level; however, a proposed change is to fund and administer this at the State level.

With regard to MICRA, the CMA is ready for any challenge and physicians, including urologists, should be prepared to defend this historic legislation. The benefits of MICRA are well-known since its inception in 1975. Although no specific

MICRA legislation has been introduced to date, legislators are able to introduce “place holder” bills that can be filled with legislative text after introduction. Also, a bill that has already been introduced and numbered can be changed by deletion and amendment into something that is sometimes radically different from its original intent. Physicians can engage the political process effectively by getting to know their local representative in the Assembly and the Senate, supporting CALPAC and becoming a Key Contact in the CMA for legislative advocacy.

MICRA is a key factor that brings physicians back to California after training out of state. Other states, such as Texas, that have instituted claims caps similar to MICRA have seen physician licensure increase. Approximately 75% of physicians in California are trained out of state due to the disproportionate ratios of our population to medical school and residency positions. This has been a long-standing problem for California and is an issue that may need to be addressed at the federal level of government. Medicare funds 70% of Graduate Medical Education and that funding has been also disproportionate for California. While states on the East Coast, such as New York and New Jersey, may receive up to \$220,000.00 per year to fund a single residency slot, that payment in California can be as low as \$80,000.00. Also, California has been allocated a significantly lower number of residency slots per capita for its 38 million citizens. Solutions at the state level for attracting and keeping physicians in California include state-sponsored loan repayment programs for physicians willing to work in underserved or rural areas of California and, possibly, private funding sources for graduate medical education.

For this legislative term, just over 2,100 bills were introduced. The CMA legislative analysts reviewed these bills and plan to take a position on at least 270 bills in the Assembly and 170 in the Senate. In general, a number of bills deal with the implementation of the recently passed federal health care legislation. One bill, SCR 17 (La Malfa), designates September 2011 as Prostate Cancer Awareness Month.

Other bills that may interest urologists are as follows:

1. AB 895 (Halderman): provides a tax-credit for uncompensated emergency room care.
2. AB 389 (Mitchell): further regulates the home use of blood clotting products for persons with hemophilia and other bleeding disorders and would require the Medical Board of California to consider CME requirements for bleeding disorders for licensure.
3. AB 52 (Feuer): requires approval from the Department of Managed Health Care and the Department of Insurance for increases in health care premiums, co-payments, or deductibles.
4. AB 40 (Yamada): requires mandated reporting of elder abuse to both the local ombudsperson and the local law enforcement agency if the abuse occurred in a long-term care facility.
5. AB 412 (Williams): a Maddy Fund bill specific to Santa Barbara County; if you practice in Santa Barbara, review this bill.
6. AB 428 (Portantino) and AB 1217 (Fuentes): the first bill requires insurance coverage for certain fertility services and the second makes changes to required informed consent for fertility services. If you have a fertility practice, these bills may interest you.
7. AB 926 (Hayashi): reenacts the pilot program that would allow all qualified district hospitals to employ physicians until 2022.
8. AB 1000 (Perea): requires a health care plan to provide for orally administered cancer chemotherapy.
9. AB 1327 (Portantino): requires a health care plan to provide a standing referral to a specialist when a patient requests it, not just upon physician referral.
10. SB 233 (Pavley): allows physician assistants to provide treatment and consultation in the emergency room.
11. SB 810 (Leno): establishes a single-payer healthcare system in California. This same bill was vetoed by the past Governor; however, it is being re-introduced in this session given the outcome of the last election.

Finally, on April 5th, 2011, the CMA held its Annual Legislative Leadership Conference. Physicians from across California joined at the Capitol to meet their representatives and to discuss issues that affect our patients and our ability to continue to deliver care. Specifically, we defended MICRA, addressed scope of practice issues and expressed our opposition to AB 1360 (Swanson), which would allow all health care districts in the State to directly employ physicians and essentially overturn the bar against the corporate practice of medicine.

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TECH TIPS

By: Gregg Marshall, CPMR, CSP

Who Owns Your Website?

I've met a lot of small business owners over the years who are being held hostage by their web developers. Before you become one of them, or even if you are a hostage now, you can do certain things to make sure that you aren't unwillingly at the mercy of your web developer. And like the recent CarFax ad's, if your web developer isn't willing to set your website up this way, question whether you have a reputable web developer.

The first item that should be yours is your domain (e.g. something.com). Once you, or you and your web developer have decided on a name, and it is available, you need to register the name you want with one of a bunch of domain registrars. In the old days, last decade, you were forced to use Network Solutions, now you can use virtually anyone—GoDaddy is one that is inexpensive and well known. (if nothing for their somewhat tasteless ads on the Super Bowl).

When you have your domain registered (or do it yourself) you want to have three things done:

1. You want the account the domain is registered to be in your company's name. Don't let your web developer put the domain on their account because it is easier. Make them, or take the time, to get your account with your domain registrar.
2. Have the domain registered with your company name listed as the domain owner or registrant. Generally if you have done step 1, that will happen automatically.
3. Have the administrative contact listed as yourself, or someone in your company. They'll want your name, address, email and possibly a phone number. But being the administrative contact means that notices about your domain will go to you. I don't see any problem listing your web developer as the technical contact.

I would suggest having the billing come to you, which again generally will happen if you have an account created with the registrar in your company's name. If you don't want to deal with renewing every year, sign the domain up for 5 or 10 years at a time. By having the billing come to you, you can avoid having a domain become inactive and possibly registered by someone else simply because someone at the web developer missed renewing your domain.

Similarly I would recommend setting up your hosting account directly billed to your company. I would also insist that you be given the root, or primary, log in information. Even if you never plan of logging into your website, having that information is important should you end up parting ways with your web developer, especially if the parting is less than friendly. You want to be able to switch developers and the new web developer will need to access your website to make any changes.

There might be exceptions that make sense. For instance I've done a couple of Drupal websites and hosted them on a multi-site installation on my server. They took very little resources and I bill the clients \$50 a year, mostly to remind them they are being hosted on my server. I also backup their entire configuration and send it to them so should they want to change to their own hosting they can just install, or have installed, Drupal and all their customizations.

Finally make sure that any agreement you have with your web developer specifies that all design and programming is done as a work for hire. That transfers any copyright to the design and programming to you so there isn't any question about your ownership of your website.

Don't get held hostage any more.

Gregg Marshall, CPMR, CSP, is a speaker, author and consultant. He can be reached by e-mail at gmarshall@reconnection.com, or visit his website at <http://www.reconnection.com>.

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TECH TIPS

By: Gregg Marshall, CPMR, CSP

Do Away With Voice Mail

I hate voice mail.

You have to call in to retrieve it, if it's for your cell phone getting your voicemail is burning minutes.

A lot of the messages aren't worth returning, and some people leave their whole life history in each voice mail.

I don't do voice mail any more.

I switched over to PhoneTag (<http://www.phonetag.com>), until just recently called Simulscribe).

They sent me a magic "code" to key into my cell phone, which set it to call forward calls when I don't answer to a special telephone number they assigned me when I signed up.

So if you call me and I don't answer you hear the same message I would have used for my cell phone. You leave your message. PhoneTag transcribes it. I get the message via text message and email (the email includes an MP3 recording of the message).

Because the text message arrives silently, I can see your message while in a meeting... Or while overseas.

Feel free to use my [referral code to sign up](#)

<https://apps.simulscribe.com/signup/r/184315>

I even promise to return your call.

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TECH TIPS

By: Gregg Marshall, CPMR, CSP

Carry Your Apps With You

Everyone has a flash drive, right?

Beyond carrying important documents, like a scan of your passport, you can carry a complete office set up that will run on any Windows computer you can find, such as a spare at a client or the hotel's business center. Rather than worry if they have the right applications, carry them with you on your flash drive.

The first implementation of this was U3, a proprietary system for running applications off flash drives, created by Kingston Memory. It's problem was, being proprietary, not many applications bothered with modifying their programs to work with U3.

Now there's an open source (aka free like Linux) option called Portable Apps (<http://portableapps.com/>). It provides a similar environment as U3, but has better support, especially by open source applications.

So along with Portable Apps, you can have Open Office (very compatible with Microsoft Office and free), Firefox (quickly becoming my favorite web browser) with its bookmarks, Thunderbird (a good Outlook alternative), GIMP (a Photoshop alternative), Audacity (audio editing software)-in other words, everything you need to work. And all free.

Even my tricked out collection of almost everything barely takes half of a 1 gigabyte flash drive.

Programs and data stay on the flash drive. You plug it in, do your work, and when you are done, remove it. All trace of your visit goes with you.

Are you sure you need to lug that notebook on every trip? Even a 2 pound Mac Air is heavy compared to a 1 ounce flash drive.

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TECH TIPS

By: Gregg Marshall, CPMR, CSP

Clean Up Your Hard Drive for More Speed

Is your computer getting slower? I've often thought that Microsoft and Intel have conspired to slow computers down over time so you'll buy a new one every year.

Actually as you use your computer, install new programs and get updates, your computer develops what I call plaque, just like your teeth.

So it's time to "brush" your computer.

Start by getting rid of all the "bloatware" that came with your computer. The easiest solution to that is PC Decrapifier (yes that's its name, it's at <http://www.pcdecrapifier.com/>).

Then uninstall all those neat programs you might have decided to try and never use. Go to your control panel and choose Add/Remove Programs (XP) or Programs And Features (Vista).

If you don't know what's on your PC, try WinAudit (<http://www.pxserver.com/winaudit.htm>), a great utility for generating a comprehensive report of everything about your computer.

After cleaning off all the extraneous programs, do a disk defragmentation. You can use Windows defragmenter by going to Start then My Computer and right clicking on the C drive. From the context menu that pops up, select properties, then tools. Do a disk clean up first, then do a defragment. Another option is to use Diskkeeper (<http://www.diskkeeper.com/defrag.asp>) that automatically defragments your disk in the background. My favorite is Disktrix' Ultimate Defrag (<http://www.disktrix.com>), which not only defragments your hard drive, it moves frequently used files to the same area to keep the seek time to a minimum.

That will clean up your hard drive, next time we clean the Windows.

Gregg Marshall, CPMR, CSP, is a speaker, author and consultant. He can be reached by e-mail at gmarshall@reconnection.com, or visit his website at <http://www.reconnection.com>.

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Courtesy of the California Urological Association



