

CUA REPORT



January 2011

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

If It's California and It's Urology – It's CUA

President's Report by Eugene Rhee, MD/MBA



There is a lot of buzz

regarding a Harvard Business Review article titled "Turning doctors into leaders" by Thomas H. Lee, MD, president of Partners HealthCare System and professor of medicine at Harvard Medical School. My brief synopsis of this article is that US health care, due to a combination of regulatory, technological, and information advances has created an environment desperate to find a calm within a storm led by a new breed of physician leaders. Leadership is not simply clinical excellence anymore. It is more about adopting the notions of value, working in teams, using data smartly, and becoming patient-centric. When you read this article (which I highly encourage you all to read on the internet using search term: "Turning Doctors into Leaders") it's obvious that the playing field has changed and the sense of urgency to get involved in organized urology rings true based on this article.

As an example, the 2010 CUA Patient Advocacy Initiative that compels the patient to initiate legislative contact is a concrete example of how the new physician leader recognizes as doctors are more patient-centric, we can use this relationship wisely. The CUA Meeting was held October 27, 2010 in an idyllic setting at the Western Section AUA in the middle of the Pacific with an aggressive agenda responsive to the needs of its members: a recent strategy to help educate our respective legislatures regarding our current practice concerns. An initial draft of the 2010 CUA Patient Advocacy Initiative was presented at this meeting with resounding approval to proceed ahead. The plan is to draft the final version by the turn of the year and make it available to the CUA members as a brochure and a website that is directed to the patient.

The Health Policy Meeting was well attended and I wanted to bring your attention to the health policy survey results. The response was impressive with over 300 surveys returned (20% re-

turned).

CUA Launches Patient Advocacy Initiative at the 23rd Annual Meeting in Hawaii



Pictured left to right are CUA leaders, Dr. Phil Weintraub - Pres-Elect, Dr. Eugene Rhee - President, Dr. David Benjamin - Sec/Treasurer, Dr. Doug Chinn - Past-President, Dr. Joe Kuntze - Past President



President, Dr. Rhee, discusses the launching of the CUA Patient Advocacy Initiative.



Dr. Jeffrey Kaufman, Past President and Health Policy Committee Chairman, presents to a full house along with speaker, Dr. Art Lurvey who is the Contractor Medical Director J-1, Palmetto J1 MAC, Medical Review Part B.

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sponse rate). I wanted to draw your attention to some particular, consistent comments within the survey as well.

Here are some interesting findings: 42.4% of you all are still quite happy being urologists but according to the comments, it's quite clear that the paperwork required during these times make it a challenge. More than half of you are currently "financially satisfied", but what worries everyone are the declining reimbursements. 71% of those responding clearly state that the declining cuts in Medicare is the number one issue that will affect your economic viability. Despite the impending 20% decrease in Medicare, 40% of the urologists still intend on being a participating provider. Half of the respondents are considering retiring within a year with many considering retiring in the next five years depending on the paperwork, declining reimbursements, and the legislative situation at hand.

26 Members Meet as CUA Leaders Convene Interim Board Meeting in San Francisco, May 30, 2010



Pictured from left to right: Dr. Eugene Rhee, President, Past-Presidents: Dr. Vito Imbasciani – 2003-05, Dr. Raymond Fay – 1995-97, Dr. Daniel Nachtsheim – 2001-03, Dr. Lawrence W. Jones – 1992-93, Dr. Jeffrey E. Kaufman, –1999-2001



Executive Director, Frank J. DeSantis and Dr. William Bonney, Committee on Legislation, meet with other members in San Francisco

“55% of the urologists feel compelled to become involved in organized urology”

Interestingly, 45% of the respondents were interested in Medical Tourism as a potential alternative income source. 68.6% of the respondents report having an EMR system in place and were ok with their system. Half of the respondents are looking for a partner within a five year window. 59% of the respondents are NOT considering merging practices, but for those who have merged, a consistent overall positive satisfaction seemed to be prevail. Surprisingly, 63.3% of the respondents have not made any staffing cuts whatsoever though 56.3% of the respondents have no plans to hire a physician extender. Surprisingly, 80% of the urologists have not added any ancillary services whatsoever.

Finally, I was encouraged by this: 55% of the urologists feel compelled to become involved in organized urology, whether it be state, regional, or at the national level.

I believe this particular survey result because I've been encouraged with the plethora of interest this year in becoming involved with the CUA by many of you. The CUA is a clear way to do this and for those of you who have stepped forward, the CUA thanks you. Much hard work lays ahead of us and we believe by taking the 2010 Patient Advocacy Initiative forward, which has never been done, this lays the foundation for further political advocacy. A new representative for the CUA, Dr. Demetrios Simopoulos, is representing us well in Sacramento, restructuring the committees of the CUA.

Tanned from the Hawaii sun & surf, we all recently returned from the Western Section AUA well rested, but more importantly, rejuvenated after meeting old friends and making new ones. I sensed after talking to many colleagues that many of us want to become involved as I've pointed out in the 2010 Health Policy Survey and I think it's just we don't know the best place to start.

Let me make a suggestion to members of the CUA: Become one of a new breed of physician leader. As Tom Lee points out in the Harvard Business Review article, "A shift to value-oriented, performance-driven health care requires doctors to adapt or even reject some ways of working that are embedded in medicine's past. Difficult as this change will be, I am optimistic that the new generation of leaders will achieve it. In truth, they have no choice. Defending the status quo is no longer a viable strategy, even in the near term." ■

INCOME PROTECTION FOR UROLOGISTS

Some Perspective by Stephen L. Rivetti & Tyler L. Rivetti

We have been working with physicians for the last 30+ years. When we started providing income protection solutions, there were over 125 disability income companies. Out of those 125, there were approximately 25 whose disability contracts contained the contractual language that included a specialty specific definition. Today there are approximately 25+ carriers with this coverage, of which only **3 in California contain the preferable language; specialty specific definition for a urologist.**

Through the years, we have seen medicine change dramatically. Disability companies have responded by removing or changing favorable contract provisions, i.e.:

- Reducing benefit periods
- Increasing waiting periods
- Removing the specialty specific, own-occupation definition
- Increasing premiums
- Tougher medical underwriting
- More stringent financial underwriting
- Stricter claims handling processing

The most important contractual provision is the definition of a “total disability”. Some companies will only pay a benefit if you are unable to work in any gainful occupation suitable for your education and skill-level. It is very difficult to be considered disabled under this type of contract. **The most preferable is the own-occupation or specialty-specific definition of disability.** Under this definition, if you cannot perform the duties of a urologist, you are eligible to receive benefits – even if you return to work in a new occupation/specialty.

In the last 30 years, we have seen many friends and clients die and become disabled. We have seen physicians, not only become HIV positive, but contract AIDS, be stricken with leukemia, brain tumors, prostate cancer, heart disease, incur severe back injuries, get diagnosed with cognitive diseases and much more. We have seen the value in our recommendations, and we have seen hardship experienced by some who didn't take our advice.

The protection of your income should be the foundation for your overall financial plan. When all is said and done, disability coverage allows you to meet your financial obligations. It allows you to focus on getting well and trying to overcome your injury or illness. It allows you to live with dignity.

Remember the first rule of insurance - insure first that which you can least afford to lose.... your income, your health and your life.

If you had a goose which continuously laid golden eggs, would you rather insure the eggs or the goose? The smartest decision would be to insure the goose's ability to lay those golden eggs. If you are like most of our high income clients, the single greatest asset your family has is your ability to earn an income.

The probability of at least one long term disability (90 days or longer) occurring before age 65 is:

- 50% for someone age 25
- 45% for someone age 35
- 38% for someone age 45
- 26% for someone age 55

Inadequate disability coverage can be more costly than death, divorce or a lawsuit. If you have never heard of a living death, well...disabilities happen.

Give yourself an income protection checkup:

- How long does my coverage last?
- How much is my monthly benefit? i.e. \$10,000/month
- Can I live on that amount per month?
(Assuming you have \$10,000/month of disability coverage, if you earn \$500,000 per year or \$41,667 per month, that represents only 24% of your pre-disability income. If you walked into your office tomorrow and your income was cut by 76%, could you survive?)
- Is my policy specialty specific for the entire benefit period? Most group policies will be for only a 2 to 5 year period.
- Who pays the premium? You typically want to pay premiums personally. This way the benefit is received tax free. There are also other issues as to why you do not want your corporation paying and deducting premiums. Some physicians have been told to write off premiums until you run into a potential situation where you will get disabled and then pay your next premium post-tax. The theory being that your last premium was not deducted; therefore, the benefit will be tax free. Do not believe it and do not take that advice.
- Do I have adequate overhead coverage? Many physicians who contact us have inadequate coverage.
- Do I have a contractual provision in my buy-sell agreement providing for disability buy-out if I or one of my partners become disabled and how is it funded?
- Is my carrier financially stable?
- Is my policy non-cancellable? Group policies or association coverage can be cancelled, premiums can be increased. With a non-can product you will pay a fixed premium throughout the contract term.
- Does my policy contain a Cost Of Living Adjustment (COLA)?
- Does it pay if I am partially disabled?
- Are my future pension contributions covered?

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We hope this information has been of value to you. Our desire is to help physicians make educated, informed decisions when protecting their income.

About the author:

Rivetti, Clark and Associates is a sponsor of the CUA. They are responsible for insuring thousands of California physicians. Rivetti, Clark & Associates is the administrator for the disability program covering the housestaff at County USC Medical Center, Harbor/UCLA Medical Center and Children's Hospital Los Angeles. They are available for any questions, comments or a free policy analysis at steve@rivetticlark.com – tyler@rivetticlark.com – 818-878-7800.

MINUTES

23rd Annual Membership Meeting California Urological Association

Wednesday, October 28, 2010 ~ Hilton Waikoloa
Hotel, Waikoloa, Hawaii
Monarchy Ballroom
(Held in conjunction with the
Western Section AUA's Annual Meeting)

Officers Present:

Eugene Rhee, M.D., President
Phil Weintraub, M.D., President-Elect
David Benjamin, M.D., Secretary-Treasurer
Joe Kuntze, M.D., Immediate Past President

Past-Presidents Present:

Doug Chinn, M.D.
Daniel A. Nachtsheim, M.D.
Jeffrey E. Kaufman, M.D.
Joe Kuntze, M.D.

1. Call to Order

A quorum was established with 65 members present and approximately 90 in total attendance, President Eugene Rhee, M.D. called the meeting to order at 1:20 p.m.

2. Approval of Minutes

The minutes of the previous meeting of the 22nd Annual Membership Meeting held on October 27, 2009 were read and presented; a motion to approve was passed.

3. Report of the President– Eugene Rhee, M.D., President

Dr. Rhee began his report by thanking everyone in attendance and introducing the officers and DeSantis Management Group. Dr. Rhee wanted to first mention the Health Policy Forum which occurred on Sunday in conjunction with CUA and WSAUA. He said that the HP Forum touched on many areas in which uro-

Health Policy Survey Award Winners:

The WSAUA Health Policy Survey is now available for viewing at www.cuanet.org and is highly informative.

Representing California are districts 4-7, and 10 and that is 136 of the 300 respondents – over 45%.

The winners of the drawing were as follows:

For the Apple iPadArmen Dikranian, M.D.,
Alhambra, CA

For the 1st \$500Jian Ma, M.D., Bellevue, WA

For the 2nd \$500.....Karl R. Westenfelder, M.D.,
Missoula, MT

Thank you to you all who participated in the survey.

gists are concerned about, mainly healthcare cuts in their practices. He said that the Health Policy survey that was sent out this year showed that of those surveyed, 55% are compelled to become involved at a national, state, local level in urology matters.

Dr. Rhee stated that one of his main goals this year is to continue the agreed strategy, which was discussed at the CUA Interim Meeting in San Francisco, to develop a CUA Patient Advocacy Letter Initiative at a grassroots level to educate our patients. He said that 12 urologists stepped up who are in key strategic positions to help with this initiative. The goal is to have a letter readily available to be signed by patients and sent to Senators and Congress persons. Not only will the CUA produce a letter but a pamphlet describing the many talking points for patients to read and understand what is going on and to get them involved. The handout included drafts of each the letter and pamphlet. Dr. Rhee reported that a letter was sent to the membership in August asking to describe their challenges in their practices or if they were interested in being involved in the CUA.

He concluded saying that now is the time that urologists need to get involved in what is going on in our political environment, if not, others will take over. The CUA will focus to be effective against legislation that damages the practice of urology. He said that increasing membership in the CUA is of importance, as it is numbers which will carry weight to change legislation. Dr. Rhee said that the CUA is a powerful state organization and thanked the work effort of Dr. Kaufman, Officers and of the CUA office staff support – Chris and Jeannie DeSantis. The motion to approve the President's Report was seconded and passed.

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4. Report of the Secretary/Treasurer, David Benjamin, MD

Dr. Benjamin reviewed the financial report noting that the CUA remains stable considering the current economy. He reported that for the 2009 year end there was a net gain in assets of approximately \$240. The CUA has a reserve balance of \$134,284. The CUA remains financially stable. He said that we would once again make all California non-members, members for one year at no charge. This was done in the past; we gained 150, and had only 80 drop out the next year. He reported that at this time, there were 29 members delinquent in dues. He noted that members' dues are the main support of the organization and to please review the list of those members outstanding in dues and encourage them to remain members. He said that the CUA in conjunction with the WSAUA offered a radiology course at no charge (which he noted is usually a \$1500 course) to attendees which provided credits for radiology education. This was a great value to our members. The motion to approve the Secretary/Treasurer's Report was seconded and passed.

5. Report of the Audit Committee – John C. Prince, MD

Dr. John Prince reported that he came to the office of the CUA and made a physical inspection of the Association properties, records and financial documents on September 24, 2010; and also noted that the fiscal and financial administration was performed satisfactorily. A motion to accept the report was made, seconded and carried.

Report of the Health Policy

Committee – Jeffrey E. Kaufman, MD

Dr. Kaufman stated that there are many issues on the table that will have an impact on our urologic practices. He said it is extremely important to contact your local legislators and get in

their offices to voice your concerns. It does make an impression and they do listen. The biggest issue is Healthcare Reform - Affordable Care Act, Accountable Care Organizations. He said that the proposed changes to Healthcare reform will have a significant impact on your day to day practice of urology. Dr. Kaufman noted that the Joint Advocacy Conference will again be held in March and hopes that many will attend. Dr. Kaufman said that his report was essentially given on Sunday at the Health Policy Forum. Dr. Kaufman noted that his full reports were in the booklet.

Dr. Kaufman at the end of his talk said that the CUA is available anytime to support issues that our members may have and to utilize the hotline, website and email. Whatever the issues may be, he noted that he is able to take your concerns as urologists to Sacramento, Washington and Medicare. The motion to approve the Health Policy Report was seconded and passed.

6. Report of the Joint Advocacy Meeting in Washington DC – Daniel Nachtsheim, MD

Dr. Nachtsheim's report noted that he attended the JAC meeting in March on behalf of the CUA, and there were 190 urologists, a record number. The main themes were 1) Repeal of Sustained Growth Rate; 2) Oppose an independent Medical commission; 3) No elimination or modification of the in-office ancillary exemption (allowing Urologists to do imaging studies and procedures;) 4) Support The Prostate Cancer Act and Urotrauma bills. The main initiative is to unite urology's voice on Capitol Hill and make an impact on the legislators. The membership was encouraged to become active at JAC and to donate to UROPAC to sustain our voice as Urologists. The motion to approve the JAC Report was seconded and passed.

8. Adjournment

There being no further business the meeting was adjourned at 1:45 pm on Wednesday, October 28, 2010.

Respectfully Submitted,

David Benjamin, M.D., Secretary/Treasurer

2011 Annual Member Meeting

All Urologists are welcome to attend the

Member Meeting in Vancouver this summer.

- CUA 24th Annual Membership Meeting
- Tuesday, August 23, 2011
- Westin Bayshore Hotel, Vancouver, B.C.

(during the Western Section Annual Meeting)

**Come to be heard, get involved,
join a committee, or just listen.**

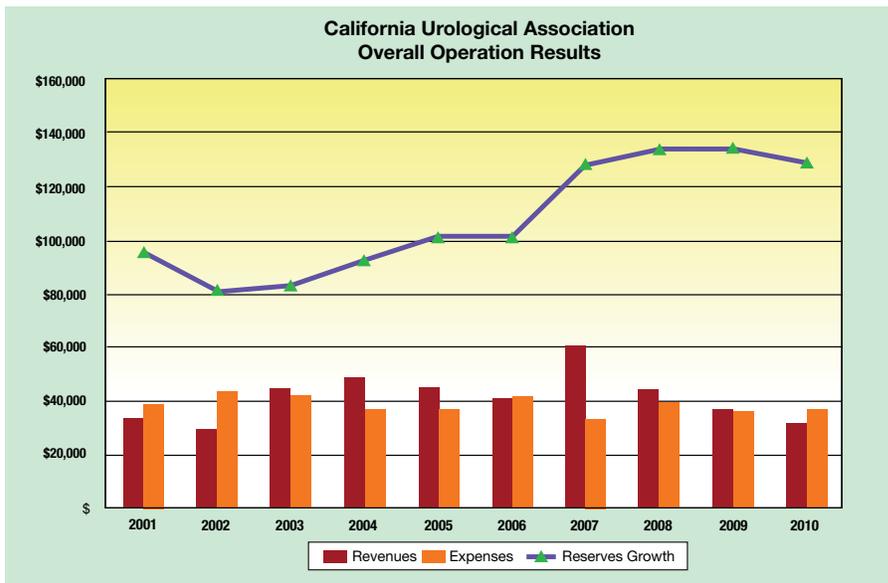
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Treasurer's Report

David Benjamin, M.D.
Santa Cruz, CA

The CUA Treasury is in sound condition and passed audit at the Hawaii meeting. Kudos to Dr. Eugene Rhee for his leadership and diligence over the last year.

We have an asset base of \$130,000 in cash and C.D.'s. The chart (right) illustrates our asset growth over the last 10 years. For 2010, our dues revenues declined by nearly \$5,000 and we experienced a loss of \$5,341. Why? In reviewing the dues report, we have 101 unpaid members, - 35% of the total dues paying membership!



The CUA has been vigilant and steadfast in combating the constant assaults on our reimbursement level and threats to diminish our freedom to practice or increase burdensome regulations while urologists in other states have suffered.

The CUA along with the CMA continue to effectively impact legislation and health care policy, but we need to do more. As we prepare to take our message to Sacramento and Washington, we need your membership renewal.

We have many more plans to work on your behalf this year, but it takes your support. **If you have not already, please send in your dues today.** You can do it online now at www.cuanet.org and click the "JOIN NOW" icon which will take you to the renewal form. Dues are \$100 per year.

Please discuss the work of the CUA with your local industry representatives when they visit your office and ask for their support. Have them contact Jeannie DeSantis at the office to make a commitment (714) 550-9155.

The \$100 dues may be the cheapest form of practice insurance that you can purchase.

Eighty Attend CUA Radiology Course in Hawaii

In response to member feedback, the CUA organized a special course, "Radiology for the Urologist", at the Western Section AUA Hawaii meeting this past October 2010. Our thanks and congratulations go to **Duane Baldwin, M.D., Loma Linda**, who put the program together and lined up a slate of fantastic speakers.

The course provided 5.5 of the 10 CEU's mandated by the State of California DHS for x-ray permit renewal every 2 years. Due to the efforts of staff, another 8.25 CEU's were available by attending the regular sessions. Thus a member could have earned more than the required 10 CEU's at the meeting.

Based on the evaluations, the course received very high marks receiving 4.60 out of 5 (5=excellent) for the category "Helped me improve patient care." One member commented that the course alone was worth the cost of attending the meeting. **We plan to offer this course every other year and hope all CUA members can take advantage of this valuable benefit.**

8 Members Step Up with Yellow Feedback Cards

CUA recently sent out a mailing to all members that included a yellow response card asking for your feedback or practice challenges. Below are the responses from those interested in involvement and leadership positions:

- | | |
|--------------------------------------|---|
| 1) Laura Crocetto, M.D., Los Angeles | 5) Michael Clayton, M.D., San Luis Obispo |
| 2) Ithaar Derweesh, M.D., San Diego | 6) Ron Allison, M.D., Stockton |
| 3) Atreya Dash, M.D., Orange County | 7) Jill Byers, M.D., Orange County |
| 4) Salman Razi, M.D., Tracy | 8) Tom Bogard, M.D., Los Angeles |

If we missed anyone, please contact us at 714-550-9155 or via email at info@cuanet.org. We are soon making committee assignments and would like to get some new talent on board. Thank you to those who returned their cards. Dues are important, but it is our members' involvements that are the lifeblood of the CUA.

"This organization gets better every year! I was one of your original members from San Diego. You are to be complimented for your excellent job and for the services that you perform."

W.G. Mosley, M.D.

SPECIAL ANNOUNCEMENT

**WSAUA - AACU
Health Policy Essay
Contest & Award**

This is an opportunity for residents and younger urologists to present a paper at the Western Section meeting in Vancouver. 2 essay winners each get \$2,000 for travel expenses to the Joint Advocacy Conference in Washington in 2012!

Eligibility: Must be either a young urologist (within 5 years after completing training) and/or a resident of a WS training program. You must be able to attend the 2012 JAC and join with the other Western Section and/or AACU members in visiting our elected representatives.

Award: Two winners will be selected. Each receives \$2,000 to be used for travel costs to attend the JAC in Washington, D.C. in March of 2012. A panel of judges comprised of the WS Health Policy Committee will determine the winners.

Purpose and Categories: Many of our Western Section academic centers now are focusing on areas of urology that involves outcomes research with a dimension looking at cost effectiveness. Topics range all over the field and can include such areas as:

- 1) Number of days spent in the hospital after major procedures;
- 2) Surgical approaches utilizing different amounts of support equipment;
- 3) Treatment strategies for various conditions;
- 4) Increased quality outcomes with efficient cost savings;
- 5) Costs of different stents or implants;
- 6) Outcomes comparing costs for different cancer therapies.

**Submit online at www.wsaua.org
Deadline to submit: May 9, 2011.**

**Renew Your Membership
Online Today!**

Just go to www.cuanet.org and click the "Renew and Pay dues" link
Thank you for your Support!



**California Urological Association
Committee Activation Form**

Mark Your Interests and Fax to:

714-550-9234

Future:

- CUA Officer**
- CMA Delegate**
- Committee Representative**

Committees:

- Membership**
- Public Information**
- Consultant-Hotline Calls**
- Other _____**

Name: _____

Address: _____

City: _____ St.: _____ Zip: _____

Tel: _____

Email: _____

Visit CUA on the
WEB

www.cuanet.org

CUA is a political and socioeconomic urologic organization whose purpose is to actively represent, organize and integrate urologists into the current healthcare system by means of communication and representation to similar organizations and to maintain the highest quality of urologic care.

Meeting Calender

CUA 24th Annual Membership Meeting

Tuesday, August 23, 2011
Westin Bayshore Hotel, Vancouver, B.C.
(during the Western Section Annual Meeting)

CUA/WSAUA Health Policy Forum and Practice Management Courses

Sunday, August 21, 2011
Westin Bayshore Hotel, Vancouver, B.C.
(during the Western Section Annual Meeting August 21-25, 2011).

WSAUA 87th Annual Meeting – Vancouver, BC

August 21-25, 2011
Westin Bayshore Hotel, Vancouver, B.C.

Plus: Post-Graduate Course Extension

August 25-28
Four Seasons Whistler
www.wsaua.org

Extend your professional network!



Join the CUA on
<http://www.linkedin.com/>
Search for "California Urological"
and then request to join.

AACU State Society

Information resource for pending legislation, up-to-date news on bills, and state Issues
State Society Network Page
www.aacuweb.org/govaffairs/in.states.asp
email question and Issues to:
Statesociety@aacuweb.org
Members can update their email addresses with AACU.

Physician Reimbursement Systems (PRS)

Offers help on coding questions and has the latest hot coding tips. Call 800-972-9298 or visit the PRS website at www.prsencoding.com.
AACU 3rd party database hotline
Call 800-574-2334 (Free to AACU members)

CUA Hotline

CUA Hotline offers help on coding issues and reimbursement problems for members. Please let us know your situation Email us at info@cuanet.org or call 800-349-9155 Visit the CUA website at www.cuanet.org

AUA Practice Management

AUA Practice Management offers unlimited access of coding hotline calls. Over 600 hundred members have joined the AUA Practice Management. Join today by calling: 410-223-6413

2009-2011 OFFICERS OF THE CALIFORNIA UROLOGICAL ASSOCIATION, INC.

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Eugene Rhee, MD/MBA

IMMEDIATE PAST PRESIDENT:

Joe Kuntze, MD

PRESIDENT-ELECT:

Phil Weintraub, MD

SECRETARY-TREASURER:

David Benjamin, MD

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Delegate Alternate
MARTY PRAH, M.D. DAVID S. BENJAMIN, M.D.

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REP: Demetrios Simopoulos, M.D.
ALT: Douglas O. Chinn, M.D.

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CMA YOUNG UROLOGIST REPRESENTATIVE:

Daniel J. Cosgrove, M.D.

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Robert Eisenberg, M.D.

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The CUA Listens: The CUA Report is a publication for California Urologists. Readers are welcome to write, email the CUA Board of Directors and visit the website.