

CUA REPORT



Fall/Winter 2013

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by Eugene Y. Rhee, MD, MBA

Listening to Our Members

The CUA Interim Board Meeting at the AUA in San Diego was well attended and the feedback indicates ongoing concerns with reimbursement cuts and regulation. The smiles depicted in the photos belie this understanding and the serious, trench level work of your officers and staff. As you read through this issue it should be clear that we have been active on many fronts - not only communicating positions on various assembly bills but engaging on the state and federal levels. I assure you others are taking notice and our efforts are making a difference. Although not always evident, many battles at the state level are being fought and won.

Secretary-Treasurer, Dr. David Benjamin, presented his written report of our finances. After much discussion and review of our organizational growth, it was determined that dues be increased to \$150. Note that the last increase was in 2001. I believe our ultimate definition of success goes beyond dues and the bottom line, though they are both critical indicators to guide our efforts. We are only truly successful when our members become more successful. Your dues reflect that commitment.

Continued on next page

Networking on Behalf of Urology



Dr. Eugene Rhee and CMA Government Relations Director, Eduardo Martinez (L) meet at the CMA Specialty Delegation Forum.



CUA President Dr. Eugene Rhee met with politician Newt Gingrich at the Alliance of Specialty Medicine, an advocacy conference for physician specialists in Washington D.C. this past July where Dr. Rhee networked to advance Urology. Among topics discussed were repeal of IPAB, fixing SGR and patient access.



Dr. Eugene Rhee, Dr. David Benjamin and Chris DeSantis, Executive Director, at the CMA Legislative Leadership Conference on April 16, 2013 in Sacramento. Other CUA members in attendance included Drs. Victor Ching and Vito Imbasciani.



Dr. Rhee made a special presentation on healthcare violence during the CMA Specialty Delegation Forum.



Dr. Rhee introduces himself and the power of Urology to Lieutenant Governor, Gavin Newsome during the CMA Legislative Leadership Conference.

On other business, It was decided that Dr. David Benjamin be nominated to president-elect. I want to express sincere thanks to Dr. Phil Weintraub, who is stepping down from that position, for his six years of support and leadership in the CUA. Phil has been a steady hand in rough waters.

This may be my last article to you as your president. I am grateful for the opportunity to serve and be a part of the largest, most effective state urological association in the nation. Last but not least, thank you members for your willingness to stay engaged. There are many choices and many more reasons to quit. You who have stood up and remained steadfast are the source of our strength. For those undecided, opportunities exist everywhere and the welcome mat is out. **Get involved!**

Attend the 26th Annual Membership Meeting

(Open to all urologists)

1:25 PM – 1:45 PM Monday

November 4, 2013

DeAnza Ballroom

The Portola Hotel, Monterey, CA

Easy X-ray License Renewal Credits

The CUA is working to help its members obtain the 10 CEU credits they need to earn every two years simply by attending the regular sessions while at the Western Section meetings. (10 CEU are required to satisfy the California Department of Public Health requirement for renewing permits and certificates in radiographic technology). CUA members can earn these CEU credits at the same time they earn their CME credits. Our objective is to get approval for at least 5 CEU per meeting so members can get the 10 credits they need every 2 years and be done with it. This one member benefit alone is worth around \$450!

Go to <http://wsaua.org/2013> to register

CALL FOR NOMINATIONS

Secretary-Treasurer

Become an Officer:

The CUA needs the participation of members to be successful and represent every member's interests. Involvement and support is crucial for the CUA to continue.

The CUA is inviting members in good standing who are interested in serving as Secretary-Treasurer for 2014-2016 to submit their name for this position. Nominations will also be solicited at the 26th Annual Membership Meeting on Monday, November 4.

Candidates may Email their interest or nomination to: info@CUAnet.org

Officers of the CUA work with the President to accomplish the targeted goals of the CUA. The bylaws and established policies provide direction as well as the administrative office to accomplish tasks, communications and responses to requests for action.

California Urological Association Leadership Activation Form

Mark Your Interests and Fax or Email to:
714-550-9234 / info@CUAnet.org

Future:

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

Committees:

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

Name: _____

Email: _____

Impending Legal Battle To Involve All Physicians Regardless of Specialty

by Vito Imbasciani, M.D.



Even the most disinterested urologist practicing in California needs to pay heed to a new development in the medical malpractice world. The plaintiff's bar, perhaps unfairly reduced in conversation among physicians to "the trial lawyers," have filed a proposed ballot measure for the 2014 statewide ballot that would effectively end MICRA. They have already hired lobbyists, lawyers and advertising agencies; have convened focus groups and done statewide polling. They have even sent literature to citizens in select districts (featuring a picture of a "toe tag" normally associated with cadavers) in an attempt to gain sympathy for their cause.

What do the trial lawyers want? They want to raise MICRA's cap on speculative, non-economic damages (also referred to as "pain and suffering") from the current \$250,000 to nearly \$1.1 million in order to reap more in legal fees. Trial lawyers ignore the fact that MICRA does in fact fairly compensate injured patients by allowing for unlimited recovery of all past and future medical care, unlimited compensation for past and future lost wages, and unlimited compensation for punitive damages.

Younger urologists may not be aware of the importance of the MICRA law that Jerry Brown signed when he was governor the first time around, but older urologists, along with the wider medical community, will agree that this law has kept medical liability insurance premiums in California lower than in almost every other State. The trial lawyers want to quadruple the cap -- to around \$1,100,000 -- and make it easier to file meritless lawsuits against doctors and other health care providers and generate more in legal fees for themselves.

But this attack on MICRA occupies only a few lines of the proposed ballot initiative. It is tucked into an even larger attack on physicians' integrity. Under the guise of ferreting out unethical MDs who prescribe too many opioids or who may be impaired by drugs or alcohol, it calls for immediate drug testing of any physician working

Is your license renewing in September or October?

Renew early to avoid delays with new online licensing system

The Medical Board of California is asking physicians that need to renew their medical licenses during September and October to do so early due to a planned disruption. According to the medical board, the Department of Consumer Affairs will transition to a new online licensing and enforcement system in mid-September 2013 and during this transition there could be disruptions in cashiering and other services. The disruption will affect both online and mail renewals.

To avoid any possible lapse in licensure due to processing delays, physicians whose licenses are set to renew in September and October are strongly encouraged to submit their renewal fees prior to October 1, 2013.

in a hospital who may appear to be under the influence of such substances. But it also mandates testing of other physicians -- anyone who has a bad outcome, a quality issue or complaints by patients or peers! It also requires all physicians to use the poorly designed and poorly functioning CURES data base prior to prescribing narcotics for many patients. The authors have tapped as a spokesperson for this initiative a man who lost two children in an accident caused by a person who had been given an inordinately high number of opioid pills by a physician. This gentleman devised the CURES database, and is busy giving television and editorial page interviews up and down the State.

Drug testing of physicians, along with quadrupling the MICRA cap, is in each of our futures if this proposed ballot measure becomes law. Indeed, these strictures would be enshrined in the very Constitution of the State by citizen initiative. That means it could only be amended or deleted in the future by a constitutional amendment. We must also be prepared to fight any end of session attempt by the trial lawyers to change MICRA in the Legislature.

Continued on next page

I am not the only urologist who is saying: This must ABSOLUTELY be headed off at the pass in 2013, or defeated if it makes it to the ballot in 2014. Many groups are joining physicians in this fight to preserve MICRA: Hospitals, medical staffs, community clinics, dentists, mid-level provider groups, malpractice carriers, and others. Even Medical Societies outside California (e.g., Texas) are contributing dollars to the effort. Dentists, who are sued much less frequently than physicians, have made a \$5 million pledge. The CMA is pledging \$5 million. The carriers are talking 8-figure pledges each. We estimate the effort to defeat this initiative to cost somewhere between \$40 and \$60 million.

As with political primaries, having a lot of money in the coffers early in the game often has the salutary effect of making the other side think twice. Only 3% of all actively practicing attorneys in California belong to the malpractice plaintiffs' bar. They may hesitate if they see a large war chest amassed before they even begin to gather the hundreds of thousands of signatures.

Consider making a generous contribution directly to the effort -- either through your hospital's medical staff or through the California Medical Association. The California Urological Association, along with the California Medical Association, is a member of Californians Allied

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ACTION ALERT



California Urological Association

OPPOSE H.R. 2914, the "Promoting Integrity in Medicare Act of 2013" (PIMA)

Dear CUA Member, you may have already received the following action alert from the AUA but because the lead author, Jackie Speier, is a California legislator, this is an especially important issue to California urologists and requires a strong response. Please take a few minutes to send the letter to OPPOSE H.R. 2914. Thank you!

The following is forwarded from the AUA

Recently, Reps. Jackie Speier (D-CA), Jim McDermott (D-WA) and Dina Titus (D-NV) introduced H.R. 2914, the "Promoting Integrity in Medicare Act of 2013" (PIMA), which would eliminate the IOASE to the Stark Law for advanced imaging, anatomic pathology, radiation therapy, and physical therapy. The bill sponsors argue that the original intent for the IOAS exception was to permit physicians to provide ancillary services in their offices to better inform diagnosis and treatment decisions at the time of the patient's initial office visit. Therefore, they seek to distinguish between routine clinical laboratory services or simple x-rays that are provided during the patient's initial office visit, and other health care services (such as advanced imaging, anatomic pathology, etc.) that cannot be performed during the patient's initial office visit. The AUA is asking members to contact lawmakers to oppose this legislation.

The bill language cites a 2012 Health Affairs study, stating that "urologists' self-referrals for anatomic pathology services of biopsy specimens is linked to increased use and volume billed along with a lower detection of prostate cancer." The bill also cites several major newspapers, including a November 2012, Bloomberg News report stating that "California prostate cancer patients treated by a urology clinic that owns radiation therapy

equipment... resulted in a detrimental impact on patient care and drove up health care costs in the Medicare program."

Recent reports from the Government Accountability Office target the IOASE. The AUA is responding to these reports, but it is important to note that the reports do not recommend eliminating or even narrowing the in-office ancillary services exception to the Federal self-referral statute.

The AUA has prepared a sample letter for you to use in crafting a strong letter to your representative asking him or her to oppose H.R. 2914. Members of Congress will not have the opportunity to sign on to legislation before they return on September 9. Therefore, it will be helpful for your Members of Congress to hear from you before Congress reconvenes. At this time, no companion bill has been introduced in the U.S. Senate.

Please consider including the following information to personalize your letter:

- Any examples of the impact on patients of eliminating the in-office ancillary services exception, e.g., impact on compliance, successful diagnosis, etc.
- If you're part of a multi-specialty practice, please include any examples to demonstrate how changing the IOASE could fragment patient care?

Thank you for lending your voice to this issue.

QUESTIONS FROM CUA MEMBERS, Answers On Next Page (see Health Policy Report)

Q: *What do you propose to do about those urologists who do abuse the system with unnecessary biopsies, RT and self serving treatments?*

M. J. K.

A: *I am actually opposed to urologists having pathology services in there office. Does this bill just address pathology services or does it go further?*

A. J. W.

for Patient Protection (CAPP). The CAPP coalition is made up of more than 800 groups working together to protect access to health care in California through MICRA. For more information about CAPP, you can visit their website at www.micra.org.

*Vito Imbasciani PhD MD FACS
CUA Past President 2003-2005*

Health Policy Report

By Jeffrey Kaufman, M.D.

The Jackie Speier bill goes far beyond pathology services. It addresses the full range of Stark exemptions which include radiation oncology, pathology services and advanced imaging. It's not clear whether in-office ultrasound could fall under the hatchet but it's been a threat in the past with similar initiatives and could be viewed under this legislation as no longer allowed or reimbursed in the physician's office.

We realize there is a wide range of opinion among urologists on the question of self-referral. Certainly, we know of individuals or groups who are abusing the system (including right here in California) and we are very upset. The AUA Board of Directors has discussed this situation extensively and plans further discussions at the October meeting at my suggestion. We are aggressively seeking ways to police our own specialty and provide recommendations on proper therapy that adhere to evidence based medical data and widely supported standards.

Last year, the AUA published a paper suggesting ethical and professional guidelines that should govern self-referral but we have no current legal method of enforcing adherence and even our guidelines were controversial (too tight for some, too lenient for others). We are actively seeking a way to meet the needs of most members most of the time, providing a flexible approach to treatment but keeping patient welfare the highest concern even while realizing that there will always be some who abuse the system and that we can't please everyone all the time.

While I realize that some CUA/AUA members want more or less done, this legislative bill is a blunt hammer to deal with a complex issue we feel could be better handled with practice guidelines, audits, pre- and post-payment reviews, whistle blowing and prosecution of those who are taking advantage and professional over-

sight by urologists with expertise who understand appropriate indications and treatment protocols. We recognize that there remains a minority of practitioners who are practicing well outside the standard of care creating problems for the vast majority of doctors who are seeking to provide cost-effective, high quality treatment for their patients. Our challenge is to find a healthy balance between regulation and supporting high quality urologic practices. Speier's bill is nothing more than a turf battle where other specialties are attempting to further their monopoly on certain medical services. We can do much better.

*Jeffrey Kaufman MD, FACS
Past President, CUA*

WSAUA Representative to AUA Board of Directors

Join the Key Contact Rapid Response Network

The CUA is looking for members who have some type of personal acquaintance with state and/or federal elected officials, know influential members in the CMA, or themselves have a leadership position at the CMA. The objective is for CUA to have greater access to communicate information about health care issues and convey the CUA and/or the CMA's view on pending health care legislation or take fast action on other issues. Key Contacts play an integral role in our legislative advocacy activities and can play a role in quickly responding to threats to our Urological practice.

What Do Key Contacts RRN Have to Do?

As a key contact, you will be periodically asked to convey the CUA and/or CMA's view on specific legislation to the legislator(s) in your network. It is, of course, at the discretion of the key contact to convey the message on any given issue or bill. Additionally, key contacts may serve on the CUA Legislative Committee.

How Do I Become a Key Contact?

Our continued ability to react quickly and effectively to influence health care policy is dependent on cultivating and expanding our cadre of key contacts. If you currently have or want to develop a relationship with an elected official or have a leadership position at the CMA and have not yet become a key contact, please send us an email to info@cuanet.org and we will send you a sign up form. Or call us at 714-550-9155. Thank you.

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Next CUA Membership Meeting - Monday November 4

Going to Monterey? Mark your calendar for Monday, Nov. 4. The CUA meets immediately after the symposium lunch during the Western Section AUA Annual Meeting. Be proactive, know the issues, share your own and help get into the solutions. In addition, attend the Health Policy Forum and Practice Management Workshops on Sunday, Nov. 3, all at no additional cost to registered attendees. (details below).

Health Policy Forum and Practice Management Courses Sunday, November 3, 2013 (Included in your registration fee)

Program Directors:

Jeffrey E. Kaufman, M.D., Chairman, WSAUA Health Policy Committee, Past-President AACU & CUA

Eugene Y. Rhee, M.D., MBA, President, California Urological Association

2013 AUA Gallagher Health Policy Scholar, Past President, San Diego Urologic Society



Overview: Transitions in Practice—Preparing for the Future of Healthcare Delivery

At this year's WSAUA Health Policy Forum, we will provide many of the answers to your questions about where medical care is going and how you can best adapt to coming changes.

Health care delivery in America is rapidly changing. In response to PPACA, many new programs are being piloted as we transition from a fee-for-volume system to one based on fee-for-value. Urologists in practice for many years are adapting to the use of electronic health records and electronic prescriptions and getting used to quality audits of their performance by responding to PQRS questions. They are making decisions about joining an ACO or subcontracting with a medical home, accepting bundled payments or assuming risk-sharing in return for shared savings reimbursement. Many have simply given up and taken an employment position with a large medical group or hospital chain. Others are planning for early retirement but are not yet sure of the optimal time to get out. Residents graduating from training programs are more often than not making the decision to stay in academic medical practices or going straight to an employed position. Few are electing to join a small group or solo practitioner in private practice. And yet the pressures impacting these choices are not well understood by most.

As we have in the past, we'll start off with updates on medical payment policies and Medicare updates from Mark Painter, PRS expert on coding and reimbursement, and Arthur Lurvey MD, the Medicare medical director for California. A new view on how AUA guidelines may be incorporated into your EHR system to improve quality and enhance reporting to payers will be discussed by the 2013 Gallagher Health Policy Scholar and CUA president Eugene Rhee MD. Our 2013 Health Policy essay contest winners will present a resident's view on current topics.

In the afternoon, we can look forward to presentations from a leading academic urologist and a private practitioner who has opted to move to an employed position who will both discuss aspects of practice unique to their experience, the challenges and benefits each has derived from choosing their particular style of practice. This should prompt an intense discussion among attendees about the benefits of various practice models and help you deciding which one fits your needs best. Our featured speaker, a highly entertaining academic economist from Vanderbilt Dr. Larry Van Horn is guaranteed to have you on the edge of your seat as he reviews the changing landscape of health care economics and regulation currently underway. And finally, an update summarizing the dizzying array of new models of health care delivery currently being piloted by public and private payers who are making decisions on how we'll practice urology for the next 10 years.

If you have any concerns about the changes urologic practices are about to face, if you have any intent on remaining in practice beyond 2014 and if you have any uncertainty at all about where new laws and regulations are taking us, this year's forum is a must-attend event. Hope to see you all there. Jeffrey E. Kaufman, M.D.

Preliminary Program Agenda

Moderated by Jeffrey Kaufman, M.D.,
Chairman, Health Policy Committee

Morning Practice Management Courses

Top 10 Actions for Urology Practices in 2014
Mark Painter, Physician Reimbursement Systems

Managing Medicare in 2014 and Beyond

Art Lurvey, M.D., Medicare Contractor Medical Director

One Finger Typing in EHR: Reluctance to Full Adoption-A look into how guidelines are successfully incorporated within a health care network

Eugene Rhee, MD, MBA

Health Policy Essay Contest Presentations

(co-sponsored by the AACU)

Health Policy Forum & Luncheon

Moderated by Jeffrey Kaufman, M.D.,
Chairman, Health Policy Committee

The Changing Economics and Regulation of Health Care

Larry Van Horn, PhD, MPH, MBA
Associate Professor of Management (Economics),
Director Office of Sustainable Health Care Finance
Vanderbilt School of Medicine

Two Perspectives: The Future of the Employed Urologist

Chris Gonzalez, MD (Academic)
Mark Beaghtler, MD (Private to Employed)

The Future of Private Practice

Jeff Frankel, MD

AACU Update

Richard Pelman, M.D., President AACU

Closing Remarks & Evaluations

The proposed California Urology Alliance

is a statewide integration plan for local urological societies and counties. Purpose: Political Organization; Promote mutual membership advantages & strengthen advocacy outreach; Achieve organizational and regulatory cost savings and synergies. The CUA also serves to mentor young urologists.



The Orange County Urological Society meeting at the Hyatt Regency Newport Beach.

Los Angeles Urological Society Program and Dinner is held at the Hotel Angeleno in Brentwood.



The Orange County Urological Society Resident Presentation Program.



Los Angeles Urological Society Resident Presentation Program in honor of the late John Stein, MD (on screen).



The San Diego Urological Society Resident Presentation Program

CUA Membership Certificates: Did You Receive Yours?

Each member in good standing was mailed a new membership certificate from the CUA office during the last week of August. These certificates (as pictured) are 8.5x11 and suitable for display in your waiting area or office. The certificates represent ongoing support and commitment to the specialty of urology in California. If you did not receive yours please contact the CUA Administrative Office.



The San Diego Urological Society meets at the San Diego Yacht Club.



Disclaimer: The CUA believes the information in this newsletter is as authoritative and accurate as is reasonably possible and that the sources of information used in preparation are reliable, but no assurance or warranty of completeness or accuracy is intended or given, and all warranties of any kind are disclaimed. This newsletter is not intended as legal advice nor is the CUA engaged in rendering legal or other professional services. Articles and letters to the editor reflect the opinion of the author, not necessarily that of CUA or its members. The CUA reserves the right to edit or withhold from publication any letter for any reason whatsoever. Once received, all letters become the possession of CUA.

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Visit CUA on the
WEB

www.cuanet.org

CUA

The CUA is the largest state urological, non-profit organization that is dedicated to preserve and protect present and future Urological care for the people of California by means of education, representation, advocacy, legislative reform and leadership in various state and national health policy arenas.

2013 Meeting Calendar

**CUA 26th Annual
Membership Meeting**
Monday, November 4, 2013

**CUA/WSAUA Health Policy Forum and
Practice Management Courses**
Sunday, November 3, 2013
The Portola Hotel
Monterey, California
(during WSAUA annual meeting)

**WSAUA 89th Annual
Meeting – Monterey, California**
November 3-7, 2013

**Extend your
professional network!**



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



Like Us on Facebook
www.facebook.com/CalUrological

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.prscoding.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

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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.