

CUA REPORT



Fall/Winter 2015

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by David S. Benjamin, MD

Our Influence is Growing



In 2014 the CUA formally integrated with various local state urological societies thus completing the structure and launch of the California Urological Alliance. The purpose of this alliance is to unify state urology, increase our political clout and strengthen our advocacy and rapid response resources. Our on-going mission is enabling you to be a better advocate for your patients - and rightly so. You and your staff are in a trusted position as guardian against attacks on your ability to practice medicine and provide quality urological care. It has been and will continue to be a very effective organizational strategy.

On July 2, the CUA hosted a special ICD-10 Q&A webinar with Mark Painter who provided some fantastic tips on preparing for the transition. The link can be found on the CUA web site under the Frontlines articles.

CUA initiatives in 2015 and beyond:

- 1) Cultivate legislator relationships before we have an "ask".
- 2) Foster representation on the state medical board.
- 3) Increase coalition building across specialties - critical on some battles.

- 4) Obtain broadest possible support in urology - geographic diversity is key.
- 5) Strengthen patient and practice advocacy efforts - small practices critical to long-term advocacy efforts.
- 6) Maintain a "rapid response strategy" to potential impending state legislative threats.
- 7) Create a Prostate Cancer Awareness Month event.
- 8) Continue to develop our "Young Leadership Program" and send members to JAC in Washington.

Our next meeting will be held in conjunction with the Western Section AUA here in California at the beautiful desert town of Indian Wells near Palm Springs. We expect a big attendance of urologists from the state and have planned an informative and timely program for all attendees. During the annual meeting you won't want to miss the **Special Saturday Pre-Meeting Workshop: Violence in Medical America: Is your Clinic Prepared?** – (see page 3 for program details)

California Urology Alliance: The Orange County, Los Angeles and San Diego Urological Societies are active CUA Chapters and meet formally several times throughout the year offering speakers, networking, sharing, and a residents forum. The chapters also learn important legislative matters from CUA leadership that may impact the future and practice of Urology



Dr. Jeff Kaufman, CUA Past President and President Western Section AUA, relayed concerns about pending legislation and Medicare at the Orange County Urological Society meeting in April. Dr. Eugene Rhee, CUA Past President, addressed safety concerns and legislation in the workplace at the San Diego Urological Society Meeting in February.

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President's Report continued

Mark your calendars for Sunday October 25 - we will first hold our member's business meeting at 7:00 AM followed by the Health Policy Forum. (details found on page 9) Please check the program book and websites for room location and other details. In this issue you will find several committee reports and summaries of the activities and progress that the CUA has made this year by working together as a powerful community.

On a final note the CUA continues to be our strongest means of affecting political, financial and practice decisions that benefit it's members and I urge everyone to continue support not only the CUA but the AACU as well.

As my presidential term concludes this year, I gratefully acknowledge the hard work and time of all our delegates for their time and attendance at various state and national committees plus the informative reports they supplied us over the years. I am especially grateful to Dr. Aaron Spitz, our incoming president, who has served as lead delegate to the AMA and is an effective, dedicated representative. Between our committee members and the delegates it is apparent that as a state specialty our influence has been felt and is growing.

CUA Nominee wins AACU Distinguished Leadership Award, by David S. Benajmin, MD

On behalf of the CUA I am pleased to announce that the American Association of Clinical Urologists has selected Rep. Ted Lieu with its Distinguished Leadership Award. Ted W. Lieu is a Democratic member of the United States House of Representatives, representing California's 33rd congressional district since 2015. The AACU Distinguished Leadership Award annually recognizes elected officials and executive-level policymakers who promote the interests of urology patients in state government. In sponsoring the nomination, I, on behalf of California Urological Association, emphasized Rep. Lieu's commitment to public service and leadership on issues that impact the urological community. The AACU Board of Directors was particularly impressed with his support for integrated patient-centered care while serving as chair of the California Senate Business, Professions, and Economic Development Committee. We anticipate that Rep. Lieu will accept this award in person at the 8th Annual AACU State Society Network Advocacy Conference, scheduled for Sept. 18-19, 2015, in suburban Chicago, Illinois.

Whether you are a member or not, we want and need to hear from all of you in order that we continue to communicate with a unified voice that will speak for you - the practicing urologist. We are a very unique hands-on, no frills association which continuously monitors the multitude of issues that flow from the state government as well as insurance organizations. The CUA, as the largest state urological organization in the country, plays an integral part in helping define the way urological care is practiced in California. You have many options in choosing which organizations to support, too many perhaps. I chose the CUA because it is the best value available to protect our interests as urologists. The CUA is your FIRST line of defense on the issues most likely to affect your practice.

As your "watchdog", we remain vigilant in our mission to serve you through specific educational programs, lobbying, patient advocacy, problems resolution, representation, communication, negotiating appropriate services to save you time and money, and more.

Let's keep CUA strong.... stay on the roster. Dues are only \$150 per year.

Thank you!

David S. Benjamin, MD, President

Report on the 2015 Annual Meeting of the American Medical Association House of Delegates



By Aaron Spitz MD
Lead Delegate American Urological Association

The House of Delegates is the democratic policy making body of the American Medical Association. Twice a year over 500 delegates and a corresponding number of alternate delegates convene to establish broad policy on health, medical, professional and governance matters. These resolutions do not carry the authority of law, but they set a bar to which legislators may capitulate or springboard from. They also serve as the foundation for many healthcare institution rules and regulations. These resolutions inform the actions of the leadership of the AMA including the elected officers, Board of Trustees, and executives. At significant expense, legal teams are dispatched and AMA lobbyists are mandated to pursue the goals explicitly stated in the resolutions. Delegates are

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AMA House of Delegates Interim Meeting Summary (Continued)
 members of the AMA and they represent national medical specialty organizations, state medical associations, professional interest medical associations, the five federal services, and several other AMA member sections and groups. The AACU maintains one delegate, Richard Pelman, MD, and the AUA has two, Aaron Spitz MD and Willie Underwood III MD. Dr. Underwood also serves on the Council on Legislation which makes recommendations to the Board of Trustees regarding proposed federal legislation and regulations, model federal and state legislation and principles, and changes in existing AMA policy when necessary to accomplish effective legislative goals. Dr. Underwood also serves as Member at Large for the Surgical Caucus. The AUA is fortunate in that Hans Arora, MD, urology resident at the Cleveland Clinic serves as a delegate for the Resident and Fellow section, expanding urology's vote. Also the AUA was recently awarded a delegate to the Young Physician Section of the House of Delegates which meets just prior to the regular House and which

then seats delegates at the House of Delegates. The YPS delegate is Dr. Jennifer Yates, an Assistant Professor of Urology at the University of Massachusetts Medical School. There are approximately 17 other urologists who serve as delegates amongst the various associations. We are few but we are highly effective at promoting our interests and defending our positions. Our representation is proportional to the percentage of urologists that are AMA members, so resumption of AMA membership by urologists is critical to our ongoing "seat at the table."

Several resolutions from this June's meeting are of key interest to our membership in their capacity as urologists, surgical specialists, and medical doctors. Unless otherwise stated the following resolutions were adopted by the House of Delegates.

Urology specific:

Inclusion of vasectomy in ACA benefits: Resolution 115 (drafted by the Washington State delegation and

Special Saturday Pre-Meeting Workshop

Violence in Medical America: Is your Clinic Prepared? Protect Your Practice - Empower your Staff

Workplace Violence Training

Saturday, October 24, 2pm-5pm at the Renaissance Indian Wells

Course Instructors

Sheldon H F Marks, MD
 Tucson Urologist and Security
 Consultant (Tucson SWAT Member)

William M. Schiff, MD
 Fresno Urologist and
 Security Consultant

Is your organization taking reasonable action to prevent predictable critical events which could take a significant toll on our workforce and patients? Are we prepared to respond properly to a violent attack or other adverse event? Failure to train is an already established liability issue. A single security incident can significantly impact the clinic reputation and profitability. Attacks can evolve rapidly and immediate response is critical. Counting on others to save us does not always work.

"This comprehensive 3 hour course is about helping urologists and their staff deal with actual or potential threats to their persons, practice and others. Each attendee will receive handouts and take home materials."

Course Objectives:

- Understand the relevance of VIMA
- Awareness of the liabilities associated with negligent failure to plan
- Awareness of your rights to defend yourself, your staff and your patients
- How to develop policies and procedures for your medical office
- How to develop practical cost-effective safety and security program
- Learn de-escalation techniques for aggressive behavior
- Learn the value of RUN HIDE FIGHT
- Be introduced to basic self-defense

Drs. Schiff and Marks are practicing urologists, training experts and the authors of *Violence in Medical America*.

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AMA House of Delegates Interim Meeting Summary (Continued)

amended) RESOLVED, That our AMA work in concert with national specialty and state medical societies to advocate for patient access to the full continuum of evidence-based contraceptive methods and sterilization procedures, including vasectomy and male contraceptive counseling, to promote gender equity in contraceptive services under the ACA.

Increasing Organ Donation: Board Of Trustees Report 13, Methods to increase US Organ Donor Pool: The AMA will support studies evaluating the effectiveness of mandated choice and presumed consent to increase organ donation as well as try to advance public education on the need for organ donation. The AMA will study ways to improve the allocation of organs and tissues.

Of interest to urology:

Resolution 604 new definition of womens' health (Referred) This resolution called for the AMA to establish a definition of women's health that includes all health conditions where there can be demonstrated a differential in risk, presentation or response to treatment in women as compared to men, as well as reproductive issues that are exclusively female. Furthermore, practitioners are directed to incorporate such evidence based information into their daily practices. In the end the complexity of the proposition resulted in the introduction of numerous irreconcilable amendments and the topic is referred for greater clarity and consensus.

If the AUA drafts a resolution concerning "men's health" strategies may be derived from the experience of this resolution.

Resolution 701 payers abusing appropriate use criteria (co-sponsored by AUA) existing policy was reaffirmed in lieu of this resolution. The resolution opposed the practice of third party payers using appropriate use criteria (AUC) as a means test for reimbursement when AUC intended use is as a quality improvement tool to help guide physicians.

ICD 10

Uncoupling of ICD10 from billing Board of Trustees report 26 does not recommend uncoupling of ICD diagnosis code from the CPT procedure code at present but may in the future if new mechanisms for payments to physicians are developed.

Designating a physician group to be the 5th Cooperating Party for ICD-9-CM and ICD-10-CM: Resolution 210: The AMA will ask the United States Department of Health and Human Services or the U.S. Congress to designate a physician comprised group to have equal power along with the current four Cooperating Parties in the planning and deployment of ICD-9-CM, IDC-10-CM and future ICD systems. with equal power of the current four Cooperating Parties

Implementation grace period for ICD 10: Resolution 211 (introduced by Alabama Urologist and champion of the fight against ICD 10, Jeffrey Terrey MD):The AMA will continue to advocate for non adoption of ICD 10 but in the event it is adopted they advocate that CMS and other payers allow a two year grace period for the icd-10 transition without payment penalties. During this time there will be resources provided to facilitate the transition as well as study its impact on access to care as physicians may opt out of medicare and into a cash based practice. A letter writing campaign promptly followed adoption of this resolution, hosted by the AMA with real time participation by the seated delegates.

Marketplace issues:

Interest on Medicare payments penalties

and refunds: Resolution 101: the AMA will support amending federal Medicare law to ensure that interest is paid for underpayment to providers just as it is required of physicians for overpayment.

Include physicians in CMS rate increases to

Medicare Advantage Plans: Resolution 128: the AMA encourages Medicare Advantage Plans to be transparent in how rate increases are allocated and encourages individual physicians to negotiate rate increases that parallel or improve upon those in the contract as a whole

Moving to alternative payment models: Resolution 129: as physician payment moves to pay for value the AMA will assist physician practices with understanding the models and optimizing their practice efficiency and effectiveness. The AMA will attempt to harmonize criteria across multiple payers.

Skyrocketing price of generic medications: Resolution 106: The AMA will work collaboratively with federal and state agencies, policymakers and stake holders (FDA, FTC) to promote policies and legislation to bring down the escalating costs of some generic medications as well as promote competition and price transparency

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AMA House of Delegates Interim Meeting Summary (Continued)

Veteran vouchers: Resolution 111: the AMA will continue to advocate for improved veteran access to primary and specialty care including access to private practitioners with compensation not below 100 percent of Medicare reimbursement. An example of such advocacy is that in March, the AMA sent a letter to the VA which resulted in April in the VA changing its 40 mile distance criteria from straight line distance to travel time.

Denials of out of network prescribed care:

Resolution 119: the AMA will pursue regulation or legislation to ensure insurance companies cover medications or treatments prescribed by physicians that are out of network to the plan.

Telemedicine:

Telemedicine licensure: Resolution 235: Our AMA in collaboration with the Federation of State Medical Boards and state medical boards requests clarification from the Interstate Medical Licensure Compact Commission that the requirement for a physician to hold specialty certification refers only to initial certification but no requirement for participating in the MOC in order to receive initial or continued licensure under the Interstate Medical Licensure Compact.

Ethics of telemedicine: CEJA (Council on Ethical and Judicial Affairs) reports on ethics of telemedicine and medical ethics in general were referred due to the complex and controversial nature of these subjects. In general the practice of telemedicine is considered ethical.

Telemedicine in Graduate Medical Education

(referred) Resolution 330: there is favorable sentiment towards the use of Telemedicine in GME training for both education of the resident as well as preparation for its use in future practice but the issue is currently beyond the scope of the AMA and specific resolutions on this were deferred.

Regulations

Limit Medicare sequestration: Resolution 222: the AMA will work legislatively and administratively to prevent an expansion of sequestration cuts.

Partial credit for meaningful use: Resolution 224:

The AMA will advocate for partial credit for partial compliance with meaningful use rather than an all or none penalty system. The AMA will advocate for that vendors

develop mitigation strategies to contend with down time disruptions of EHR and that model language be drafted to be included in contracts that protects Doctors from repercussions of downtime due to vendor error or other technology problems.

Simplify CMS: Resolution 225: the AMA will to continue to advocate for simplicity in any current or future CMS programs that impact physicians such that medical staff and administration in a medical office could understand it clearly.

Access to in office administered drugs: Resolution 702: the AMA will work to preserve the ability of physicians to provide in office administration of medications including patients who are physically unable to self administer the drug

Increase access to compounded meds:

Resolution 207: the AMA supports greater access to FDA approved drugs that are repackaged either in the physician's office or the pharmacy.

Graduate Medical Education

GME funding : Resolution 214: the AMA will encourage Congress to reauthorize the Teaching health Center Graduate Medical Education program to its full funding needs of 230million ot train primary care provicers in community Health Centers in underserved areas. No provisions exist for specialty training however.

Expanding residency: Resolution 312 (referred): The AMA Council on Medical Education is working to summarize existing sources of funding for GME and providing examples of new models for alternative funding of GME which maintains training quality and patient safety.

Maintenance of Certification

MOC Resolution 302: the AMA is to work with the American Board of Medical Specialties to to streamline and improve the Part 3 component of MOC to find an alternative to the current high-stakes examination.

Competency and the aging physician: Council on Medical Education (CME) report 5: the AMA will identify organizations that can research and develop preliminary guidelines for the the assessment of the senior /late career physician

Workplace Violence

Preventing violent acts: Resolution 607: The AMA

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AMA House of Delegates Interim Meeting Summary (Continued)

will work with other organizations to study ways to prevent acts of violence against health care providers and improve their safety and security .

Hospitalization

3 Day Rule: Resolution 103: The AMA will continue to advocate for the elimination of the three day hospital inpatient requirement for Medicare coverage of post hospital skilled nursing facility services, but as long as the three day requirement remains, advocated that time spent in the ER or observation status count towards the 3 day time.

Immunization

Vaccination requirements to protect all children: Resolution 007: Eliminate philosophical and religious exemptions to state vaccination requirements: resolution

Protecting patients and the public by immunizing physicians: Resolution 008: physicians with patient contact responsibilities are obliged to accept immunization unless there is a medical exemption

DATA

Transparency and use of healthcare data: Board of Trustees report 6: Medical information and its uses: the AMA supports greater transparency of healthcare data, its sources, uses, and intentions. The AMA supports physician led quality measures as well as physician and patient access to and understanding of healthcare data. Data acquisition should not be burdensome nor expensive and its use should be relegated to instances in which such data is proven to have a clinical impact and the cost of its acquisition is accounted for and mitigated.

Housekeeping

Informational reports should be delineated as accepted or not accepted by the House of Delegates (referred): Resolution 606: brought to the House by Urologist Jeff Terry who pointed out that informational reports that are not adopted are archived without being explicitly labeled as “not adopted” and the text, taken out of context, has been used inappropriately by outside interests. Specifically, the Coalition for ICD-10 has an article on its website which says, “A 2013 report (Board of Trustees report 25) on the feasibility of skipping ICD-10 and going right to ICD-11, published by the American Medical Association Board of Trustees, recommended against waiting for ICD-11 and called it fraught with pitfalls.” However, what is not mentioned is that this report

was not adopted. Furthermore, Secretary Sebelius, in a November 18, 2013 letter sent to Senator Jeff Sessions, used that same BOT 25 report as justification to move ahead with ICD-10. Although this resolution was referred, the leadership will work to close this loophole promptly.

AMA Advocacy efforts:

The AMA is continuously pursuing advocacy efforts through lobbying, litigation, amicus briefs, drafting model legislation, hearings, and mobilization and coordination with other state and national societies. The following is a list of advocacy efforts and accomplishments in just the past 6 months since the interim House of Delegates meeting in November.

Ease meaningful use requirements

Delay or mitigate ICD10 implementation

Overhaul RAC audits

Holding insurance companies accountable for provider network adequacy

Streamlining and simplifying the prior authorization process

The AMA legal team aided Michigan in defeating Senate Bill 2 which would have allowed nurses to diagnose and prescribe any medicine with no physician supervision

The AMA legal team advocated for preventing Medicaid rate cuts in an amicus brief to the Supreme Court

Legislative pressure to improve usability and interoperability of HER

Support of interstate compacts for licensure

IPAB repeal legislation supported

Expansion of GME

Support state level legislation to reduce philosophical exemptions to immunization

Amicus filed in a case between physicians and Anthem advocating for more adequate coverage of psychiatric services

Seeking legislative remedy to the practice of insurers charging physicians fees to receive electronic payments.

Advocating at national hearings to simplify the prior auth process

Telemedicine legislation including licensure and reimbursement state by state (four states have enacted AMA model legislation)

Improving Veteran’s access to private practitioners, reducing the distance they must travel

Maintaining standards of expert witness testimony

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AMA House of Delegates Interim Meeting Summary (Continued)

Assisting practices with the claims appeal process

Support for California bill to increase medicare payments to Medicaid levels.

Worked with CMS to reduce the burden of ICD 10 implementation resulting in the recently announced one year grace period

The AMA continues to demonstrate its commitment to working on behalf of all physicians, specialists as well as primary care. Urology has found strong allies and aligned interests amongst various levels of leadership in the AMA House of Delegates. The will of the House is reasonable and relevant to practicing urologists. It is in the best interest of the AUA to promote AMA membership amongst urologists to increase our influence in this, the most influential physician's organization in America

Aaron Spitz MD



Past President Jeff Kaufman, MD, (L) and President Elect Aaron Spitz, MD (R) provided informative reports at the CUA Interim Meeting during the AUA's Annual Meeting in New Orleans this past May. (see Meeting Minutes below)

Report of the Secretary – Treasurer Minutes of the Interim Board Meeting



by Matthew Cooperberg, MD, Secretary-Treasurer
 Saturday, May 16, 2015 (held in conjunction with the AUA Annual Meeting, New Orleans, LA)

Officers Present:

- David Benjamin, MD, President, COL Delegate
- Aaron Spitz, MD, President-Elect
- Eugene Y. Rhee, MD, MBA, Past President
- Jeffrey Kaufman, MD, Past President

Staff Present

- Chris DeSantis, MBA, Executive Director
- Jeannie DeSantis, MBA, Associate

Call to Order

A quorum was established with approximately 45 in attendance, President David Benjamin, M.D. called the meeting to order at 12:15 PM.

Report of the President – David Benjamin, MD

Dr. Benjamin thanked everyone for their attendance and said that the CUA has had a very dynamic political year. He introduced Dr. Peter Bretan who is running for the office of President-Elect of the California Medical Association.

Dr. Bretan stated that urology is wonderful because it is primary care blended with hi-tech surgery. He talked about his vision for the CMA and noted that it is the most powerful state medical society in the nation and can greatly influence AMA policy. He expressed his concern for specialists to be representing the CMA and that we need to be focused on access to care for patients. He said it's important to protect the profession of medicine and spread the message that physicians save lives. He noted that the CMA did well with SGR and 46 because doctors save lives. He thanked everyone and hopes that they spread the word to their colleagues.



CUA Member Peter Bretan, MD, announced his candidacy for CMA Vice President and asked for support from the CUA Members. His speech in part: " It is my distinct honor to humbly announce my candidacy for President Elect of the CMA for 2015. It has been my distinct honor to be a member of the CUA. The CUA is one of the most influential organizations that represents the clinical practice of Urology in California when it comes to the development of sustainable healthcare policy, while the CMA represents the whole profession of medicine in these regards. The CMA is the largest state delegation to our AMA, and I am proud to have been an active member of the delegation for more than 10 years. Because of this I feel that a deep understanding of the relationships of CUA and the umbrella CMA is necessary to propel both to our full and effective potentials in representing all of us in our profession of medicine to help shape healthcare policy, not just for California, but for the whole country."

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Secretary-Treasurer Minutes (Continued)

Dr. Aaron Spitz requested that the CUA send an email in support of Dr. Bretan. A motion was moved, seconded, and passed to send out a letter in support of Dr. Bretan's candidacy.

Dr. Benjamin reported on his attendance at the CMA Legislative Leadership Conference in April in Sacramento adding that there was not any news on efforts to revive SB 1215. Dr. Spitz said that the battle is not over and that we need to stay alert and be ready to rally. He also reported that there was recent data supporting the argument that in-office costs are less than hospitals, Dr. Benjamin stated that it was the CUA that got the CMA to oppose SB 1215 and lobby against the bill and that this underscores CUA influence in CMA.

Report of the Secretary, Matthew Cooperberg, MD (absent) as presented by President Benjamin)

Dr. Benjamin asked for the members to review the minutes of the last meeting and called for a motion to approve. Upon motion duly made and seconded, the minutes of the 27th Annual Membership Meeting held on October 26, 2014 were unanimously approved.

Report of the Treasurer, Matthew Cooperberg, MD (absent) Presented by President Benjamin

It was reported that for 2014, the CUA posted a net loss of \$1,600. With this loss, the CUA reserve balance had decreased to \$131,517 down from \$133,117 in 2014. Dr. Benjamin said the CUA has expended extraordinary resources in the past due to increased expenses in relation to an active year of advocacy and support of CMA legislative initiatives. Expenses were higher by \$7,900 and revenue was less than last year by \$4,772.

For the first time, CUA is reporting the financial status of its three newly adopted Chapters which are included in the report. The dues report, Statement of Revenues and Expenses and Statement of Assets and Net Assets as well a trend graph was presented at the meeting.

Of the total 348 dues paying members so far 234 are current. At this time, 114 members (\$16,700) remain outstanding. It was moved, seconded and passed to approve the Secretary/Treasurer reports.

4. Committee Reports

Report on the AMA House of Delegates by Aaron Spitz, MD

Dr. Spitz's report detailed the AMA House of Delegates

2014 Interim Meeting. Essentially, he reported that:

- There are 19 urologists who represent various state societies
- The AMA represents the views of the AUA
- AMA strategizes the policies and has been very effective opposing legislation
- AMA is supportive of urology
- AMA leadership is populated by surgical specialists
- AMA is still the go-to organization on Capitol Hill
- AMA is striving to reform UPTF
- AMA is working on PSA Recommendations

Dr. Spitz said that it is important to identify key legislators and invite them to your office, to show them the work flow and how urologists save lives. This is a very grass roots way to lobby and become allies with legislators.

Report of the Scientific Advisory Committee by Jeffrey Kaufman, MD

Dr. Kaufman reviewed the following:

- Recovery Audit Contractors (RAC) has been reformed in urology's favor. For hospitals, the look back period has been reduced to 6 months from 3 years. He said the urologists will need to know the laws.
- It is necessary to attest to EHR use. If Medicare requests information, you must respond or penalties will ensue. Among the audit programs CMS employs to insure proper processing and payment for Medicare patients is the CERT (Comprehensive Error Rate Testing).
- More relevant to California urologists was about the explosion of new molecular diagnostic tests available, especially for prostate cancer. Among the new policies to be approved are those pertaining to ProLaris, ConfirmDX, and Decipher.
- Medicare has approved (authorization in California) Urolift for reimbursement.

Report of the Commission on Legislation by Demetrios Simopoulos, MD

A written report was presented in the handouts. Proposition 46 was opposed. It would have made three changes to the California Constitution regarding medical malpractice and physician oversight. 1) It requires random and targeted drug testing of physicians 2) It retroactively indexes the noneconomic pain and suffering malpractice cap to inflation with a base rate of \$1.1 million starting on Jan. 1, 2015 (current cap \$250,000). 3) It requires physicians prescribing controlled substances to check the

Secretary-Treasurer Minutes (Continued)

CURES database, which is a prescription medication history maintained by the state of California on all California citizens. SB1215 was defeated. It would have eliminated the in-office exception for self-referral for advanced imaging, anatomic pathology, radiation therapy and physical therapy. It was moved, seconded and passed to approve the Committee reports.

New Business:

It was requested by Dr. Alec Koo that the CUA draft a letter to the Board of Medical Quality Assurance in regard to MA's being unable to catheterize patients. This needs to be initiated by urologists. Dr. Chris Payne asked if SUNA can be enlisted to help but this needs to be initiated by urologists. It was MSP to draft a letter in support of MA's support to broaden the role of Medical Assistants while under supervision of urologists to perform: insertion and removal of urinary catheters, instillation via catheter medications such as BCG and Elmiron etc.

Dr. Benjamin said it is important to have these face to face meetings and exchange ideas. We are the only state society that does this. Many of the officers and committee members have been attending different meetings as representatives from the CUA working on our behalf.

There being no further business the meeting was adjourned at 2:00 p.m. on Saturday, May 16, 2015.

Easy X-Ray License Renewal Credits Provided by the CUA

By simply attending the Western Section's regular scientific sessions in Indian Wells you will be eligible to earn CEU credits at the same time you are earning CME credits. A form will be provided at the meeting for you to redeem your CEUs. (10 CEU are required to satisfy the California Department of Public Health requirement for renewing permits and certificates in radiographic technology every two years). This one member benefit alone is worth over \$450!

CUA & WSAUA Health Policy Luncheon & Forum, Sunday, October 25, Indian Wells, California

Dr. Arthur Lurvey, Medicare Contractor Medical Director, Noridian Jurisdiction E, joins us once again to help us examine the latest data to fine tune ICD-10 and MU for maximum efficiency. He will also be available to help one-on-one with any individual problems. You can visit him after the session at his help desk in the foyer. This is a rare and valuable opportunity – please come prepared.

We are also planning a session on medical scribes-a practical approach to coping with the burden of EMR and providing better patient care. This course will be presented by a Western Section member who is successfully using scribes and examines the reasons why it has made him 1/3 more efficient. Scribes have the potential to increase your productivity and get you out of the office earlier.

Our keynote speaker is Dr. Kevin Loughlin from Boston. He has served organized urology well. He has been involved in health policy for many years and has lived through the Massachusetts experience. His talk will be enlightening, insightful and entertaining. You don't want to miss it. We will also hear from Dr. William Gee, the current AUA president. He represented Urology on the Medicare RUC committee for many years. Finally, Dr. Eugene Rhee will be highlighting the rapidly expanding field of telemedicine with a panel of experts. Please look at the program book or website for more details.

Jeffrey Frankel, MD, Chair – WSAUA Health Policy Committee and Moderator

Health Policy Program Agenda

Planning for Success for Urology Practices in 2016
Mark N. Painter, Physician Reimbursement Systems

Managing Medicare and the Tsunami of Change
Arthur Lurvey, MD, FACP, FACE
Medicare Contractor Medical Director,
Noridian Jurisdiction E

Scribes for Urologists: The Wave of the Future
Al Borhan M.D., FACS (Phoenix)
Affiliated Urologists , Managing Partner
Honor Health John C Lincoln Medical Center,
Vice Chair of Surgery Creighton University Medical School, Clinical Assistant Professor

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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.

2015 Meeting Calendar

CUA Members Meeting

Sunday, October 25, 7:00 am

All interested urologists are invited to attend

AND

WSAUA Health Policy Forum and Practice Management Courses

Sunday, October 25, 8:30 am

Renaissance Indian Wells

Resort, California

(during WSAUA annual meeting)

Extend your professional network!
LinkedIn

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

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

Visit the CUA website at www.cuanet.org

Welcome New Members- 2015

Arnold Chin, MD, PhD, Los Angeles

Eric R. Freedman, MD, Sonora

Jim C. Hu, MD, Los Angeles

Gregory S. Jack, MD, Santa Monica

Steven E. Lerman, MD, Los Angeles

Jennifer S. Singer, MD, Los Angeles

Physician Reimbursement Systems (PRS)

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