CUA REPORT

Fall/Winter 2016

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by Aaron Spitz, MD

CUA Leaders Provide Influence and Action to Benefit Urology

The 2016 AMA House of Delegates Annual Meeting took place June 11-15 in Chicago, IL. 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. AMA policy does not carry the authority of law, but it often sets a standard for the development of legislation. 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 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 AUA has two regular delegates, myself (Aaron Spitz MD) and Willie Underwood III MD. The alternate delegates are Terrence Grim MD and Roger Satterthwaithe MD. Hans Aurora, MD, a resident at the Cleveland Clinic, is Chair of the Resident and Fellows section, which gives him a seat in the House as well.

The AACU maintains one delegate, Richard Pelman, MD. There are approximately 17 other urologists who serve as delegates for their state societies or other AMA sections. Executive and staff in attendance included AUA CEO Mike Sheppard, and AUA legislative staff Kathleen Zwarick, Kristine Rufener, and Brad Stine in collaboration with AACU staff members Julia Norwich and Ross Weber. As AUA delegates to the AMA, Willie Underwood and I are charged with introducing or co-promoting resolutions of importance to the AUA to the AMA House of Delegates or opposing other resolutions which may have negative consequences to our membership. Once at the meeting, we work together with the help of our staff to convene caucus meetings comprised of the other urologists that are in attendance at the House of Delegates. The [Urology] Caucus members are able to bring to us valuable intel regarding the intentions of their societies with regards to the various resolutions before us. We will mobilize our staff and request our other caucus members to leverage their connections to impact issues that are of particular political importance to the AUA and to urology. Finally, our caucus will conduct interviews of candidates that are running for elected positions on various councils that oversee the generation of key reports and legislative efforts for the AMA in sectors such as graduate medical education, public health, and legislation. Additionally we will interview candidates for the AMA's Board of Trustees. Through our connections we may create strategic political alliances to promote the election of urologists or urology-friendly candidates to positions of influence.

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What's Inside

President's Report (continued)

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. There is a 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. These younger delegates often assume leadership positions within the House of Delegates and the AMA. The YPS delegate is Dr. Jennifer Yates MD, an Assistant Professor of Urology at the University of Massachusetts Medical School. We are few but we are a highly effective at promoting Urology's 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 at this years' annual meeting intersected with the AUA's legislative priorities and advocacy concerns including Meaningful Use (MU), Electronic Health Records (EHR), MIPS and Alternative Payment Models (APM), Graduate Medical Education (GME) and Workforce, Telemedicine, Medicare part B reimbursement, RAC audits, USPSTF, ICD 10 and workplace violence.

Alphabet Soup: MACRA, MU, EHR, MIPS, and APMs

The AMA's role in meaningful use (MU) and electronic health records (EHR) is absolutely relevant to and in the best interest of all urologists who participate in MU and EHR. In 2015 over half of doctors received a MU penalty, with little improvement in 2016. EHR software is fraught with challenges including delays in essential software updates and barriers to data exchange and interoperability. The AMA has been advocating at all levels of Congress, the administration, and relevant stakeholders to mitigate the negative impact of meaningful use requirements of electronic medical records. The AMA has provided extensive commentary, testified, and helped introduced federal legislation. The AMA has also created practice tools and established EHR usability comparison guides. As a result of all these efforts there have been improvements including extensions of the amount of time a physician can remain in one stage before advancing to the next more burdensome stage. Other gains include hardship exemptions, greater transparency in the certification and cost of the EHRs, shorter reporting periods for certain program years, and a lowering of the number of requirements and thresholds for MU measures.

At this year's meeting the house adopted the Board of Trustees report 10 which summarized the current challenges that meaningful use and electronic medical records pose, reminds us of the advocacy that has been ongoing on our behalf, and rededicates the AMA to continue their ongoing efforts with CMS and other relevant stake holders to allow for partial credit for Meaningful Use and Merit Based incentive payment programs. The AMA will also continue to provide guidance to navigating through the pitfalls of EHRs.

The new MACRA legislation will very soon roll meaningful use requirements into a consolidated quality reporting program knows as the Merit Based Incentive Payment System or MIPS or via participation in Alternative Payment Models or APMs. The Council on Medical Services issued a report providing a framework for acceptable conditions of alternative payment models that are physician focused and flexible for a full range of practice sizes

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ASRT Approval for Category A Credits

Those attending the Western Section meeting in Kauai can earn CEU and CME for attending sessions.

X-ray License Renewal Credits CE Approved for California

The California Urological Association is pleased to announce that it has been able to obtain American Society of Radiological Technicians (ASRT) activity approval for Category A credit during the WSAUA 2016 Kauai meeting. Urologists can obtain up to 20.75 CEU credits for x-ray license renewal at no additional charge by attending specific sessions while at the Western Section Annual Meeting. Urologists can earn these CEU credits at the same time they earn their CME credits. Simply fill out the ASRT Attestation Form provided at the annual meeting to claim your credits and your certificate will be emailed to you.

President's Report (continued)

and specialties. The report emphasized supporting a physician led team based approach with assurances of appropriate physician compensation updates, limitations on physician liabilities, and reductions in the burdens of HIT requirements in practice.

Resolutions called for other practice protections including the exclusion of Medicare part B and D drugs from the calculation of physician resource use measurements as part of MIPS or ACA penalties or payments. Additionally the AMA is to push for CMS to expand MIPS exemptions for small or otherwise fragile practices and decrease MACRA burdens overall. Furthermore, the AMA is to request that CMS demonstrate that the MACRA reporting methodology be validated and that the reporting period be pushed to Jan 1, 2018 with a required reporting period of no more than 90 days.

Andy Slavit, the recently appointed director of CMS addressed the delegates and offered to cooperate with the AMA and America's physicians to improve the implementation of MACRA, indicating that it was a work in progress.

Urology Match

An issue of specific interest to Urology GME was a resolution introduced by the Michigan State Medical Society calling for the standardization of the Urology match from its oversight by the AUA in February to the National Resident Matching Program in March. With effective coordination by other specialty societies affected by separate match programs, such as opthalmology, and through our strong network of alliances, we were able to refer this for further study and prevent the AMA from endorsing this position.

Telemedicine

Telemedicine figured prominently among the issues addressed by the House of Delegates as its relevance to the practice of medicine is rapidly expanding. The Council on Ethical and Judicial Affairs provided a document providing a roadmap for the ethical practice of telemedicine. The document is progressive in tone, acknowledging that telemedicine has an important place in the evolution of medicine, and its implementation is encouraged.

The fundamental ethical principals that apply are the same that apply to the traditional practice of medicine with the addition of providing informed consent relevant to the telemedical encounter's unique privacy concerns. Furthermore, emphasis is placed on recognizing and adjusting for any pertinent limitations in the acquisition of clinical/diagnostic information through a telemedical encounter. On the other hand, doctors are encouraged to advocate for the dissemination of telemedical access to patients.

In some markets, private payers are only providing coverage for telemedicine services provided by corporate telemedicine providers such as TeleDoc. Nonetheless there are numerous software and hardware platforms that now allow most doctors to provide some form of telemedicine service. The house resolved to develop model legislation in coordination with the Federation of State Medical Boards to require private insurers provide

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Congratulations!

Installation of Vito Imbasciani, MD, 145th President of the LACMA, June 23, 2016

Dr Imbasciani, a past president of the CUA, was inaugurated by an impressive panel, including Senator Ben Allen and many members of California State Legislature and the CMO of Kaiser Southern California. Dr Vito's resume is so vast and prolific and he shared his moving stories from the battlefield to the OR to the Senate and his State and National Advocacy.

Submitted by Amani Abou-ZamZam, MBA

Dr John Lam, President of LAUS, was accompanied by many of his colleagues in the LA medical and Kaiser community to show support. Through advocacy efforts in both Los Angeles County, California Medical Association (CMA) and California Urological Association there has never been a more important time to be a member of CUA and CMA with over 35,000 California physicians to present a unified health care front and solid fight against unfair insurer reimbursement practices, restrictions on physician autonomy and the erosion of valuable legislation that protects physicians ' practices.

President's Report (continued)

November is Urological Health Month In California, Thanks to CUA!
(Complete story in Spring/Summer CUA Report)
BILL NUMBER: SR 70 Passed in April, 2016!

CUA Annual Membership Breakfast Meeting - 7:00 AM
Followed by the Health Policy Forum
All interested urologists and guests are welcome to attend!
WHEN: Sunday, October 23 at approx. 7:00 am (Main Ballroom)
(held concurrently with the Western Section AUA meeting)

coverage parity to cover telemedicine provided services comparable to in-person services not limited to select corporate telemedicine providers. This legislation will also appropriately define telemedicine in each state's medical practice statutes and regulations.

The House also resolved to develop model legislation that third party telemedical vendors to provide documentation of the telemedicine encounter to the patient's primary care physician within 24 hours assuming the patient gives consent. Furthermore, the legislation will ensure compliance with the practices of privacy as well as the expectations of conduct that exists with in-person doctor patient encounters.
Not surprisingly, the House of Delegates resoundingly opposed a resolution from the state medical society of Oklahoma calling for an end to the Federation of State Medical Board Interstate Medical Licensure Compact. This compact allows streamlined licensing to physicians in the participating states, greatly facilitating the ability to participate in telemedical care across these 13 participating states' lines.

A report from the Council on Medical Education calls for the inclusion of telemedicine in the education of medical students, residents, fellows and practicing physicians.

A report from the Council on Medical Services advocates for pilot programs which would allow virtual supervision of "incident to" services provided by advanced practice providers as long as the best practices and protocols are developed in coordination with national specialty societies such as the AUA.

The house recognizes that electronic communications other than email such as texting is becoming increasingly common between patients, physicians and other members of the care team. These communications are not HIPPA compliant but are increasingly useful, and so the AMA will study the medico-legal implications of their use.

Medicare Part B Drug Reimbursement
The AMA calls for full Medicare coverage for the costs of acquisition, inventory and administration of office administered drugs. Also the AMA affirms that decisions to accept or refuse "brown bagged" (patient-acquired, physician-administered) pharmaceuticals be made only by physicians responsible for administering these medications, not by payers since a physician may find it unsafe practice for certain patients.

The AACU was a signatory to a resolution that influenced AMA policy to continue to oppose the CMS Part B Drug Payment Model and provides a range of alternatives.

Recovery Audit Contractor (RAC) Audits
RAC audits can span a time period up to 10 years be very burdensome. The AMA will advocate that CMS reduce the "look back" period to no longer that the length of time allowed to submit a claim for consideration.

ICD 10
The AMA will oppose "limitations in coverage for medical services based solely on diagnostic code specificity, "

Workplace Violence
The Council on Science and Public health issued a report calling for OSHA to develop and enforce a standard addressing workplace violence and safety and for congress to increase funding to the National Institute for Occupational Safety and Health promote programs that counteract violence in the work place as well as encourage physicians to train to respond to violent threats in the workplace.

Fee Reimbursements
Urology has seen many cuts proposed by CMS recently despite best efforts at the RUC. We are not alone. By resolution, the AMA will work with state medical associations and national specialty societies to ensure that CMS follow statutory provisions that take into consideration not just time but intensity when assigning the re-

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President's Report (continued)

source based relative value system and physician work values and that they advocate for CMS to restore the Refine Panel appeals process that was in place from 1993 to 2010.

Women's Health/Men's Health

The Council on Science and Public Health directs the AMA to recognize the unique health consideration of women not only with regards to diagnosis and treatment concerns but also with regards to clinical trial enrollment and analysis. The AUA has taken a stance of support for the delineation of women's health as it highlights the converse delineation of men's health for which the AUA increasingly must advocate.

Maintenance of Certification (MOC)

The Council on Medical Education directs the AMA to ask the American Board of Medical Specialties to ensure that all AMBS member boards maintain transparency with regards to costs and expenditures. The AMA will continue to encourage the ABMS to examine the evidence supporting the value of specialty board certification and the MOC as well as explore alternative measurements in order to keep the process as relevant as possible to specialists' practices.

The AMA will also call for the immediate end of any mandatory, secured recertifying exam by the ABMS for all those specialties that still require a secure, high stakes recertification exam.

Gender Corrective Surgery

The AMA was directed to study the complex issue of gender assignment surgery for patients born with differences of sex development. There are emerging controversies surrounding the autonomy of the child to decide on such surgery at an older age versus the parent during infancy. In some cases gender assignment may result in negative impacts on the patient once older but there are practical aspects of early surgery. The Resident Student Section has brought forth a resolution to support autonomy for the patients but the Urology Caucus helped inform the House as to the complicated nature of this topic resulting in its referral for study

Conclusions

The AMA House of Delegates continues to provide the only forum for the entire nation's physicians to bring concerns and direct advocacy. There are many competing concerns between primary care and specialists, between specialists, between institutional hires and private practitioners and between academic and community practitioners. Nonetheless, the HOD continues to strike a balance that is usually fair, equitable and consistent with the interests of the practicing urologist and the AUA at large. There are many instances in which our delegation's intervention has been instrumental in maintaining this balance.

UROLOGY NETWORK

California Urology Alliance

The Urological societies of the California Urological Association alliance meet several times a year. Pictured are the most recent Resident Presentations at the San Diego Urological Society, Orange County Urological Society and Los Angeles Urological Society meetings.

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President's Report (continued)

Our numbers are few- a little over 20 in a house of over a thousand. We would benefit greatly by increased participation by our fellow urologists. The most basic way to contribute is to maintain membership in the AMA that affords the AUA more assigned delegates. Additionally, participate directly in the House of Delegates by joining and representing your various state societies or by involvement with the American College of Surgeons, which maintains a very influential position with the AMA House of Delegates. Although the AMA's reputation has been tarnished by its tacit endorsement of the ACA during the vote for its adoption, it must be remembered that this was done in exchange for a promise from the Obama administration to repeat the SGR, which never happened. The AMA has worked tirelessly since then to direct any and all health care policies back to the advantage of practicing physicians. They have amassed and executed greater resources for lobbying, legislation, and grassroots advocacy than any other specialty or state society can approach. Furthermore, like it or not the AMA is far and away the most recognized voice of physicians on capital hill and in the media. It is in our best interest as a specialty to continue to try to steer this very big ship to the course that best serves our patients and our profession.

Aaron Spitz MD, President, CUA
AUA Lead Delegate to the AMA House of Delegates

Thoughts on Challenges and Opportunities-Carrier Advisory Committee Report

by Jeff Kaufman, MD
Past President, California Urologic Association, Past President Western Section, AUA

Since its passage, the Affordable Care Act (PPACA) has been successful in expanding access to health care for millions of Americans. Unfortunately, it has not been nearly as successful at cutting costs. As a consequence, a wide range of initiatives were created under MACRA legislation(Medicare Access and CHIP Reauthorization) passed last year (finally doing away with the dreaded SGR updates) to put pressure on the practice of fee for service medicine in an effort to cut costs (more on that below). MACRA rules are pushing toward capitated, bundled care either doing away with fee for service or making it so costly and painful that most practitioners will give up and seek employment or join mega-groups. However, Congress has largely ignored the soaring costs of prescription medication in this equation. Recently, we were notified that CVS Health (Caremark) , a pharmaceutical benefits management company responsible for 80 million patients, has taken Xtandi off their formulary for 2017. This move is clearly an example of hard-ball negotiating to reduce the price of medicine. Of course, the AUA and patient advocacy groups are very upset that an important option for treating advanced castrate resistant prostate cancer would be denied to patients and we have written and lobbied CVS to reinstate this choice without punishing or harming our patients. But our efforts ring hollow given the announcement today that pharmaceutical giant Pfizer Inc. has agreed to purchase Medivation Inc (who sells Xtandi) for $14 billion dollars. This drug costs approximately $129,000 per year and yielded $2.2 billion net sales to Medivation last year. No one would pay such a premium for a drug that loses money. Industry justifies their high prices claiming they are necessary to recoup Research and Development overhead which can be substantial. This overlooks the fact that Xtandi was developed at UCLA, a state university, with federal research funds. In turn, UCLA sold licensing rights to the drug and has earmarked $550 million for further research. The remainder of the payment for Xtandi licensing was split among those researchers responsible for its development. A lawsuit demanding that lower priced Xtandi be made available to some patients because government funds were used to develop it was denied last year. Thus, Pfizer is poised to enjoy substantial profits from this income stream going forward. Under MACRA, cuts to physician fees, increased oversight and soaring overhead costs are putting great pressure on the practice of medicine while pharmaceutical profits are unaffected. Something is wrong with this system. Doctor fees are only responsible for 16.8% or less of each health care dollar. Even if we all worked for free (which may be coming), they would not be able to balance the health care budget faced with increasing costs for medication, devices and other non-physician issues. A balance must be achieved without driving doctors out of practice.

Although final MACRA rules will not be published until November, they go into effect January1, 2017.

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Thoughts on Challenges and Opportunities (Continued)

However, we have been given a proposed set of rules to consider and comment upon. An attempt is underway to postpone implementation to give doctors more time to prepare but that challenge is pending at this time and very unlikely to succeed. In an effort to rein in costs, MACRA incentivizes physicians to bundle fees through Alternative Payment Models (think Patient Centered Medical Homes or Accountable Care Organizations) and assume more risk. Unfortunately these endeavors are infrastructure intensive and require a great deal of money and energy to create. The two month interval between publishing the MACRA final rule and implementation January 1 does not allow providers to participate unless they have been working in this direction already (nor is the APM model attractive to urologists). For those who remain primarily in fee for service, the current combination of quality reporting and cost cutting will be combined into a single MIPS score (Merit Based Incentive Payment System). At the end of the day, MIPS scoring allows for greater bonuses and less fines than the current system but proper reporting and APM participation will require a great degree of effort (expensive overhead investment). Details of how MIPS scoring will take place and is reported is far too extensive and confusing to summarize here. Look for a program or a primer to learn how to perform successfully in this new program. The more you understand the new system of measures, the brighter your economic future will be. Failure to participate can easily result in cuts of 9% and more.

At the same time, MACRA proposes that all 10 and 90 day global periods for surgery are collapsed into zero day globals. That means that any service performed prior to or following surgery would be billed separately. While that might initially sound attractive to you, this is another serious threat to urologic reimbursement. Many patients will grumble at getting a separate bill to return to remove staples or a catheter (or may not return at all challenging quality care by denying proper follow up). A surgeon might meet this criticism by simply forgiving that E&M visit charge and not billing--something CMS probably wants. Since current surgical global fees include payment for intended post-op care within the ten and ninety day follow-up, dropping 10 and 90 day coverage to zero will decrease surgical fees accordingly. Lower surgical fees and less payment for follow up care will have a chilling effect on urologic income but increase overall funds for non-surgeons, a long sought goal.

Even better: to determine how much to decrease these fees by collapsing all globals to zero, MACRA empowers CMS to survey doctors on the level and frequency of their post-op care beginning 1/1/17. This mandatory reporting requires all physicians to submit an additional bill with a G-code for each 10 minute interval of post-op care (both inpatient and outpatient). Software programs and health information records will have to be updated to handle this reporting but there is no reimbursement for the effort although there is a fine of 5% if you do not cooperate. *In effect, you are now mandated to participate in a survey that is going to be used by CMS to determine how much to cut your fees.* Letters have been sent on your behalf citing the increased overhead burden and effort this will require and asking that the survey be postponed or eliminated. Unfortunately, this protest is very unlikely to succeed. Watch for instructions on how to participate in this CMS survey in the next few months.

The 2017 Medicare Physician Fee schedule has been published which shows a decrease in reimbursement for many urologic codes, an expanded review of "misvalued" procedures (government-speak for "over valued procedures" due to have fees reduced) and an across-the-board small cut to meet budget neutrality demands (and don't forget the continuing 2% withhold on all government payments).

Finally, the CMS proposal to change part B drug reimbursement from ASP+6% to ASP+2.5% plus $16.80 is still being considered. This is designed to reduce the motivation to order expensive medications when cheaper alternatives exist. The break-even point comparing this new schedule to the existing current one comes at $480 (drugs that cost more will be the losers). You can do the math for your own office.

See you in Kauai—Jeff Kaufman, MD

Taken together, these changes coming January 1 are going to challenge urologic practice. The devil is always in the details and many small changes may add up to a significant impact on your bottom line. But at least you don't have to worry about the financial health of big pharmaceutical companies. They are doing alright.

AUA Leaders Attend National Telemedicine Meeting

Drs. Eugene Rhee and Aaron Spitz join telemedicine leaders at key conference.

In May, Eugene Rhee, MD, MBA, and Aaron Spitz, MD, attended the 2016 annual meeting of the American Telemedicine Association (ATA) in Minneapolis, MN. We recently sat down with them to discuss their experience and hear about ways the AUA can work with the ATA on telemedicine opportunities in urology.

Q: Tell us about the ATA's work and its goals for this meeting.

Spitz: Dr. Rhee and I have taken a leadership position in the telemedicine space on behalf of the AUA, which was one of the main reasons for our attending this meeting. Surgical specialties are very new to this field, but urology's participation in telemedicine has already taken root. We both use telemedicine in our own practices. The ATA meeting is the world's largest and most comprehensive medical conference focused on telemedicine, digital, connected and mobile health. The meeting brings together physicians, administrators, large and small practice institutions, vendors and entrepreneurs. Primary care, urgent care, psychiatry, ICU/critical care, neurology and dermatology have shared a long history with telemedicine.

Q: We understand that you were able to start building relationships with key leaders in the telemedicine field while you were there?

Rhee: Indeed. We were pleased to have a sit-down meeting with current ATA president, Dr. Reed Tuckson, along with InTouch Health Chairman and CEO Dr. Yulan Wang, who is also the immediate past president of the ATA and the inventor of AESOP, the first FDA-cleared surgical robot. We were joined by Jordana, Bernard, a biomedical engineer who is also the senior chief administrator of the ATA. Ms. Bernard is responsible for overseeing ATA's member groups, developing program content for scientific and technical educational meetings, as well as promoting research and developing appropriate clinical, technical, and industry telemedicine practice guidelines and standards.

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CUA Member Benefit: Practice Management Workshops Sunday, October 23

Planning for Success for Urology Practices in 2017
Mark N. Painter, Physician Reimbursement Systems

Physician Payment Reform: What You Need to Know
Arthur Lurvey, MD, FACP, FACE
Medicare Contractor Medical Director,
Noridian Jurisdiction E

Surgeon of the Future: Tooling Innovations for Quality
Robert M. Sweet, MD, Prof. Urology, Univ. of Washington

(Course offered during the Western Section Annual Meeting in Kauai)
★ Date: Sunday, Oct. 23, 2016 ★

CUA in action: Dr. Eugene Rhee (L), Dr. Aaron Spitz & Panel discuss future of Telemedicine at the WS annual meeting last November

AUA Leaders Attend National Telemedicine Meeting (Continued)

We had the opportunity to meet with multiple vendors, who expressed interest in urology. Interesting topics included the market today and in the future, access to care, costs of delivery of a wide variety of telemedicine care models, and quality control and oversight.

Spitz: There was a great deal of enthusiasm on the part of the ATA leadership to embrace the AUA as a partner with telemedicine. Because of urology's proactive stance, the ATA would like to formally collaborate and provide shared resources for guideline telemedicine development. Such collaboration would serve as a model for other professional societies and would cement the AUA's leadership position amongst surgical professional societies in the eyes of the ATA. There exists a relationship between the ATA and the American College of Surgeons that the AUA recognizes and looks forward to future joint collaboration. The ATA leadership is also interested in establishing a special interest group for telesurgery, with urology as the lead specialty.

Q: Were there specific opportunities to discuss telesurgery vs. telemedicine?

Rhee: Telesurgery is in its early stages and this was reflected by the relatively few programs dedicated to this theme. We attended a "telesurgery meetup" in which stakeholders in telesurgery convened to share experiences. Attendees represented the international academic, private and industry communities, and included multiple urology representatives, including a nurse practitioner from a pediatric urology practice at the University of Utah and Dr. Errol Singh, a private practice urologist and inventor of Percuvision form Columbus, OH

Spitz: Dr. Rhee also shared his robust experience to date with telesurgery through the Kaiser Permanente system, and urology's experience with telemedicine quickly became the focus o f the group's conversation -- demonstrating the innovation that urology is already showcasing.

Q: What are some of the other key takeaways from the meeting?

Spitz: The top themes that were encountered were the desire to establish telemedicine guidelines across various specialties, with an emphasis on letting the specialties determine the parameters. There is also increased recognition of the gap in the attention focused on telesurgery and the surgical subspecialties and a strong desire to increase focus and development in these sectors of telemedicine. We are encouraged that the AUA is already recognized as an important participant in the emerging world of telemedicine and is well positioned to provide the necessary leadership to its members.

For more information about telemedicine in urology, or to learn what the AUA is doing, please contact R&R@AUAnet.org.

While at the Western Section's Meeting in Kauai, You Can Obtain Face to Face Help with Medicare Problems

Meet with Dr. Arthur Lurvey, our regional Medicare Contractor

Medical Director, Noridian Jurisdiction E - who will be available for individual problem solving. Ask your office manager or billing clerk if they have any difficult Medicare challenges they need personally addressed or questions answered —**this is a rare opportunity** for individual attention you seldom get from phone help lines. Bring your documentation too!

Dr. Lurvey will be available on-site at the Grand Hyatt Kauai Oct. 23-24, outside the ballroom at his help desk (During the WSAUA/CUA Meeting in Kauai)

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Visit CUA on the WEB

www.cuanet.org

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.

2016 Meeting Calendar

CUA Members Meeting
Sunday, October 23, 7:00 am
Kauai Ballroom
(All interested urologists are invited to attend)

Followed by

WSAUA Health Policy Forum and Practice Management Courses
Sunday, October 23
Grand Hyatt,
Kauai, Hawaii

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Readers are welcome to write, email the CUA Board of Directors and visit the website.