

# CUA REPORT



Spring/Summer 2013

**A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS**

## If It's California and It's Urology—It's CUA

### President's Message by Eugene Rhee, MD, MBA



The State Society Network of the American Association of Clinical Urologists called me last fall asking if the California Urologic Association would speak to the Network on how it has grown from its inception in 1986. I asked them where California ranks in the pecking order of state organizations and they said the CUA is considered the premier state urology society that other states look to and model after. We must remember and realize as time goes by the CUA was founded on the foresight of a few courageous, dedicated and motivated urologists. Due to this strong establishment, the CUA has grown to the largest, most organized state urologic society in the United States. The state of California itself is the eighth largest economy in the world and the GDP is as much as that of the entire country of Spain.

### Value of the Rapid Response Network

The CUA is formally represented in the California Medical Association (CMA) on which we assist the California State Assembly in Sacramento particularly on certain important "Hot List" legislative items. We are the instant source and connection to the state legislature and serve as a recognized leader of the State Society Urology Network within the AACU. I am honored to have represented the CUA on behalf of my fellow California urologists.

After my presentation to the Network, I was inundated with questions about CUA's Rapid Response Network, the centerpiece for the CUA. Several other state urology societies throughout the nation have since been compelled to develop and formulate their own Rapid Response Net-

work. One such area of the country is the Rocky Mountain area as an example: delegations from New Mexico, Colorado, and Wyoming are forming a society.

This is one example of how the CUA is being modeled throughout the country. The CUA is a grassroots organization that operates under the dues you submit yearly as a member that is dedicated to the advancement of urologic care in the state of California. Many urologists, whether in academia, private practice, an HMO, a large and small group practice or employee based, we all benefit from the CUA as an organization.

### Recent Accomplishments

Here is a clear example of how the CUA recently executed the Rapid Response Network. You probably know through the CUA Alerts about CMA Resolution 105-12 proposed this past fall to discourage the use of pelvic prolapse AND stress urinary incontinence. The resolution also sought to bring this to the national level. The preliminary work that went to committee during the CMA House of Delegates heard personal testimony from the CUA (many of you sent written letters that were submitted) that also submitted written testimony on behalf of SUFU, AUGS, ACOG, the Western Section AUA and the AUA. It was through the diligent work of individuals like Drs. Demetrios Simopoulos and Vito Imbasciani that the CUA was positioned to be able to better educate the CMA and thus, this resolution was defeated in committee, thus a victory for CUA!

Another example: On Wednesday, October 17, when The California Technology Assessment Forum ([www.CTAF.org](http://www.CTAF.org)) heard written and verbal testimony regarding proton beam therapy for prostate cancer. The CUA was called upon and provided critical expert testimony in this regard.

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Dr. Matthew Cooperberg (UCSF) personally attended this meeting on behalf of the CUA to provide verbal and written analysis of the literature: (see www.cuanet.org website for attachment). Dr. Robert Eisenberg (CUA Representative to CTAF) and I provided verbal testimony as well.

**Result: CTAF voted unanimously that proton beam did NOT meet criteria 4 or 5 for safety and efficacy AND improvement in health outcomes.**

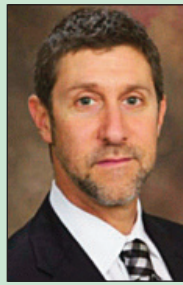
Please note there were a large number of our radiation oncology colleagues in attendance and some from as far away as Texas.

### “California Urology Alliance”

The year of 2012 was an astounding time of growth for the CUA with high attendance at the Western Section AUA’s annual meeting on the Big Island, HI. The CUA played a major role on the first day sponsoring the very successful EMR Course put together by Past President Douglas Chinn, M.D. during the Health Policy Forum. Additionally, the CUA enabled all who wished to renew their x-ray permits the necessary CEU. The course on X-ray and Radiology for the Urology Practice, led by Duane Baldwin, M.D., plus credit for the scientific sessions, allowed for over 13 CEU. The CUA also held its Annual Members Meeting during the Western Section’s meeting so that urologists could attend and be updated on the CUA Patient Advocacy Initiative and an overview of the California State Integration Plan (“The California Urology Alliance”) for 2013.

During the CUA Member’s Meeting I introduced the “California Urology Alliance” which is a statewide integration plan to integrate county and local urology societies within California for three purposes:

- 1) Political organization
- 2) Promote mutual membership advantages & strengthen advocacy outreach and



### In Memoriam – Ronald F. Gilbert, M.D.

January 30, 2013, San Diego Urological Society Meeting - CUA President Eugene Rhee, M.D. eulogized his long time, close friend Ronald F. Gilbert, M.D. (Newport Beach) who was slain in his practice on Monday, January 28, 2013. Dr. Gilbert was a young, skilled urologist with a very caring

approach to his patients who were fond of him in return, Dr. Rhee said.

Dr. Rhee mentioned that safety in the doctor’s office and workplace is an important matter that he would involve the CUA and local individual societies to address in the near future. A minute of silence was observed by the attendees of the San Diego Urological Society in honor of their fellow urologist.



- 3) Achieve organizational and regulatory cost savings and synergies.

This model will promote consistent service (programs), training platforms (future leadership), brand awareness (professionalism and media exposure), and sustainability (connected members).

### Keeping the Connection, Raising Awareness

The CUA sent another mailing to members regarding the CUA Patient Advocacy Initiative that was started in 2012. This initiative is targeting our patients need/desire to be involved in health policy. It leverages the urologist’s practice and the patients (constituents). Our patients are our best advocates and they want to help. Please make available the downloadable brochure that you can print and display at your front office. Explain to your patients the local concerns. The CUA is starting a program to assist members to understand the power and demographics of their practice and provide data on which local state assembly people represent their practices.

The CUA also serves to mentor young urologists recognized as future leaders and has developed the CUA Young Leadership Circle. (YLC) The CUA is proud to announce that it is sending its first YLC member to the Joint Advocacy Conference (JAC) meeting on

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Capitol Hill this year. This person is Ja-Hong Kim, M.D. of University of California Los Angeles, Dept. of Urology. (see page 5)

### What It Takes to Thrive

I finish my final term as your CUA president understanding a bit more of what sacrifices and hard work were endured by the late Dr. Carl Bijorn, M.D. (first president, 1986). It is true as in the film "Field of Dreams" when it was said "build it and they will come". We continue to build....Many of you are members for many years and many have given me mentorship and advice over the years. As I review our new members, I urge them to understand the rapidly changing health care environment we now live in. When I received a phone call from the State Society Network to introduce the California Urological Association, my thoughts were crystallized to this presentation that I give to you as my gift, proud to be part of an outstanding group. The best we can all do to be involved is to donate time, money, or energy into the CUA, your state urology society. Renew your dues every year, and most of all, RECRUIT!

**You have heard me ask this before, and I will ask it again to the new generation of modern urologists...**

**If you are not yet a CUA member, I ask you not if, but when, will you decide it's time to join? ???**

**The \$100/year dues may be the cheapest form of practice insurance you can get!**

**(Thinking about it? Please see box to the right)**

Finally, the CUA cannot and would not function without the professionalism and expertise of the **CUA Executive Director, Chris DeSantis, MBA**. He has been an incredible friend, colleague, and confidant. Chris, I am grateful for our journey together.

Your fellow urologist.

*Eugene Y. Rhee, M.D., MBA*

*2012-13 President, The California Urologic Association*

*2013-2014 AUA Gallagher Health Policy Scholar*

## The time to join is now! Get on the CUA Roster of Members today!

**How much is your membership  
in the CUA worth?**

**Consider the 15 Items  
below and more!**

- **Web site membership directory listing and search utility**
- **Representation at CMA**
- **Representation at AACU/ UROPAC**
- **Representation at the AUA Health Policy Committee**
- **Representation at Joint Advocacy Conference in Capitol Hill**
- **Representation at various governmental agencies**
- **Grassroots Lobbying for your practice via CUA Patient Advocacy Initiative, CMA and personal efforts of members**
- **Early warning detection and fighting against adverse regulations before they take effect**
- **Provide free course to earn state required CEU for renewing permits and certificates in radiographic technology**
- **Provide free Health Policy Forum and Practice Management Courses at WSAUA meetings**
- **Hotline to help with personal reimbursement and regulatory issues**
- **Savings with endorsed business partners**
- **Bulletins and Alerts**
- **"California Urology Alliance"**
- **CUA Young Leadership Circle (sponsoring junior level Health Policy advocates for the WSAUA)**



## Health Policy Report

By Jeffrey Kaufman, M.D.

While it's gratifying that Congress passed legislation at the last minute of 2012 that prevented a 26.5% slash in Medicare reimbursement, freezing 2012 rates until 12/31/13, many additional issues remain to be addressed. Most urgently, an anticipated additional 2% sequester was only delayed until 3/1/13. Unless further legislation is passed before then (most likely as part of a more comprehensive budget bill), automatic cuts of 2% will be placed across the board on all Medicare payments although Medicaid rates should be unaffected. We realize this freeze is only temporary and simply delays any real action that would permanently revise the SGR formula that has challenged our advocacy efforts for many years. Each year, we have had to spend time, money and energy bringing the case to Washington that American physicians simply cannot tolerate the cuts dictated by this ill-conceived formula. While Congress understands this, the financial burden necessary to permanently fix this problem has become too great to integrate into a global budget discussion, especially on the heels of the Great Recession. The cost alone for the 2013 freeze amortized over 10 years adds another \$25 billion to the tab.

Perhaps more important for your understanding, is that this year-to-year interruption of the SGR cuts has only come about through vigorous lobbying in Washington by the AUA, AACU, AMA and other organized medical groups. Unfortunately, by 2015, this avenue of redress will no longer be available. In the future, established by the Affordable Care Act ("Obamacare"), a 15 person, full time, independent, appointed federal regulatory board will dictate all healthcare budget updates (Independent Payment Advisory Board or IPAB). Based on 2013 data, analysis in 2014 will determine how they meet goals established by law to cut overall Medicare expenditures. Unhappily for us, hospitals are exempt for the first 4 years and labs for the first 12 months which leaves physicians to bear the burden of balancing the federal budget. Since doctors account for no more than 17% of health care dollars, given the \$2.3 trillion currently devoted to healthcare in America in 2012, the budget wouldn't balance even if all American physicians worked for free. Needless to say, the healthcare budget

needs to be fixed. However, the Independent Payment Advisory Board is unlikely to be the solution. The AUA has supported bipartisan legislation now pending in both houses of Congress to abolish the IPAB. Anything less is unacceptable. If a bill fails to pass the Democratic Senate or is vetoed by President Obama, Republicans hope to defeat implementation of the IPAB by withholding funding in the House. Unfortunately, in the event that the IPAB is unable to meet its goals, the Secretary of Health and Human Services is given czar-like power to propose a plan to cut fees subject to a 60% vote by Congress needed to override. In other words, if the IPAB were in place on 12/31/12, we would all be enjoying Medicare payments lowered at least 26.5% this year. By 2015 when it submits its first plan, that cut is likely to be greater. All urologists should write their U.S. Senators and Congressman demanding that the IPAB be abolished and requesting their support for pending legislation that would do just that. Many of us will be in Washington in March meeting with our legislators as part of the Urology Joint Advocacy Conference. We hope many of you will join us to discuss the IPAB, SGR and other important issues.

Despite the freeze on Medicare global fees for 2013, other changes will impact urology payments. This year brings the 4th and final year of transitioning adjustments to the reimbursement schedule for practice expense costs. Based on AMA surveys done years ago that undercut AUA estimates of practice expenses, CMS has cut fees paid to urologists a total of 8%. The final 2% adjustment is reflected in this year's payments. Some urologists who have failed to meet criteria for using Electronic Prescriptions will see their fees cut as well (others who successfully participated will enjoy a small bonus). Others will receive their first or second bonus for Meaningful Use of electronic health records. For those who have not yet made the transition to EHR,

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**Annual Dues: \$100**

**Thank you for your Support!**

2013 will be the baseline for penalties that begin in 2015. Moreover, PQRI participation this year which still provides a small bonus will also be used to determine practice quality by then. A new modifier to payments will begin in 2015 for large groups extending to all physicians by 2017. This Quality Index Modifier based on outcomes and costs will reward some practitioners and penalize others. The data used for the first calculations will be established this year. Although discussion is ongoing on how to implement this program fairly and accurately (questions persist on how to measure quality and how to attribute patient costs), CMS is obliged by law to go forward. Expect much more on this topic in future articles. Medicare has also continued to bundle charges often billed together in an effort to acknowledge efficiencies, take savings for themselves and cut fees. This process will extend to more and more services over the next few years. In 2013, this will extend further to imaging services under the Multiple Procedure Payment Reduction program. For offices who offer MRI, CT, nuclear imaging and other advanced services, this will be important but it will apply to office based ultrasound as well.

At the most recent Medicare Carrier Advisory Committee meeting, it was announced that Medicare will analyze Molecular Diagnostic Testing labs and only pay for those they feel are useful, meaningful (impact clinical decisions), legitimate (based on literature review) and meet Medicare coverage guidelines. This latter criterion is important since Medicare does not pay for quality review services or screening tests unless specifically allowed for by law (such as PSA testing, mammograms and bone scans under specific circumstances). Many new tests are being marketed to urology practices promising better or earlier diagnosis of various cancers or providing better data on prognosis. These will only be covered by Medicare if specifically listed on their websites (and then, never applied retroactively). Otherwise, depending on the test, the patient may be personally responsible for what is considered an “investigational” or otherwise uncovered exam. Similarly, some tests are marketed to ensure that the DNA of the biopsy taken matches the DNA of the patient (to avoid lab error mis-attributing a specimen). Since this is considered a quality assurance test, it is not paid by Medicare. Practices should notify patients of this in advance and offer a choice on whether to proceed with this test or not since it will become the patient’s responsibility. Private insurance carriers may have different policies in this regard but, since they often

## 2012 Young Leadership Circle



### Ja-Hong Kim, M.D.

CUA President, Dr. Eugene Rhee, has selected Ja-Hong Kim, M.D. (UCLA) as the first inductee into the CUA Young Leadership Circle (YLC).

The mission of the YLC is to: Identify and advance opportunities for Young Leaders to de-

velop professional skills and relationships that will help them in their careers and in becoming leaders in organized urology and; Be active in the health policy arena and innovations in practice management via attending educational events, conducting and presenting research, writing articles to be published in the CUA Report, and other means.

The appointment brings Dr. Kim closer to other health care leaders to learn about leading-edge trends and developments in the national and state health care environment. As such, the CUA is providing a travel scholarship of \$2,000 to be used to attend the AUA-AACU Joint Advocacy Conference in Washington, D.C. this coming March 2013.

We congratulate Ja-Hong Kim, M.D. and look forward to her ascendancy into future CUA leadership roles.

follow Medicare’s lead, you should stay current on coverage policies.

On a happier note, we were able to have Palmetto and other Medicare carriers reverse a policy that would have cut reimbursements for pathology analysis of prostate biopsy cores. CMS and the NCCI issued an opinion last year that would have applied G-codes used for perineal saturation biopsies of the prostate to all cores taken through an ultrasound guided trans-rectal route. In this case, they would have paid for up to 4 individual cores but paid only at the lower rate for 5 or more cores. Through the efforts of many groups including the AUA, CAP and others, we were successful educating CMS on the distinction between transrectal sampling and transperineal saturation biopsies and how the specific definitions used for each code applied. Urologists and pathologists are very pleased with this outcome and very appreciative of the sensitivity and open-mindedness of our California Carrier Medical Director Dr. Arthur Lurvey. Unfortunately, by

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the time you read this issue, CMS may have changed the California Medicare Carrier contract. In bidding last year, Palmetto lost out to Noridian. Although a protest has been filed, judgment on the outcome is due a few days after this column is written. If a change is announced, transition should be smooth through June 2013 and we will notify CUA members of how this will impact them and how to proceed.

Nationally, RAC Medicare contractors have been expanding into new areas of review in their effort to audit billing practices and demand repayment. Be particularly cautious about proper use of E&M codes, do not use computers to clone previous notes, charge based on medical indications rather than volume of data included in your notes, code correctly and carefully for site of service where care was delivered and watch for Part A SNF or hospice patients coming to your office for care that should not be billed under part B. California's RAC contractor HDI maintains a website where all areas of review allowed by CMS are listed. You should visit this on occasion to remain aware of what topics for audit have been added. AUA bulletins will include this material as well.

In the same fashion, national attention to urology use of ancillary services has been increasing. We are under relentless criticism by pathology, radiology and radiation oncology groups who feel self-referrals have been made more for physician financial benefit than for patient convenience or quality control. Groups in California have been spotlighted in the press and are under FBI investigation. MedPAC has considered options that would limit self-referral through legislation, regulation or financial pressures in an effort to cut overall expenses. Legislation was briefly submitted (unsuccessfully) that would eliminate Stark exemptions for in office ancillary services. This debate is ongoing and very threatening to many practices whose only interest is to maintain the highest level of quality care provided to patients. To help settle the debate, the AUA has published a set of ethical guidelines to be used when practices refer patients to services they have an interest in (see attached). While these are not binding, adherence to the highest professional quality standards, maintaining ethical considerations and keeping patient welfare uppermost in any clinical decision is the best response to any attempt to limit our ability to offer a full range of urology care to our patients.

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All Urologists are welcome to attend

## CUA Board & Member Meeting in San Diego

(during the AUA Annual Meeting)

Lunch to be served at 11:30am

**Date: Sunday, May 5, 2013**

**Time: 10:00 AM - 11:30 AM**

**Place: San Diego Marriott Marquis Hotel**

**Come to participate, get involved, or just listen.**

**RSVP by email to [info@cuanet.org](mailto:info@cuanet.org)**

**or call us at 714-550-9155.**

### AUA In-Office Ancillary Services Guiding Principles

As the leading advocate for the specialty of urology, the American Urological Association (AUA) supports initiatives that benefit patients by providing coordinated, continuous care and management of urologic disease. These services exist to improve patient care through physician oversight of the quality of care and can help integrate and coordinate the patient treatment plan. Therefore, the AUA supports the exception to the Stark Law (the in-office ancillary services exception), which allows urologists to provide ancillary services when they provide the services as part of their practices. When urologists choose to provide such services, the AUA believes that urologists should comply with current federal and state laws and regulations. Following are ethical guiding principles for urology practices that provide ancillary services as part of their practices:

1. Patients should be provided with information about their condition including all appropriate treatment options.
2. Patients should be advised that they are entitled to seek a second opinion from another licensed health care provider specializing in their disease or area of treatment (e.g., radiologist, pathologist, oncologist) in accordance with the principles of shared decision-making.
3. All treatment advice or referrals should be based on objective, medically acceptable and supported recommendations.
4. The provision of an ancillary service should be transparent and in the patient's best interest. Patients should be reassured that their urologic care will not be disrupted or penalized if they seek an alternate physician supplier or provider of ancillary services.

AUA Board of Directors, January 2013

AUA Board of Directors, February 2013 (Revised)

Although much has changed recently that impacts our delivery of urologic care to patients, much more is anticipated as the Affordable Care Act is fully implemented. I think we'll look back on 2013 as a transition year during which data is gathered that will impact payments, bonuses and penalties in the near future. Moreover, various interests are putting together the pieces necessary to participate in upcoming programs such as ACOs, Medical Homes, bundled payments, Events of Care reimbursement and other efforts to maintain quality and cut costs. Each of these carries the potential to substantially change the landscape of urology practice. Look to the CUA for California and the AACU and AUA for national updates and advice on how to retain a successful practice in the face of such turmoil. As usual, please contact me for questions, concerns or assistance.

**Jeffrey Kaufman MD, FACS**

*CUA delegate to Palmetto Medicare Carrier Advisory Committee Chair, Health Policy, Western Section AUA Board of Directors, AUA AACU delegate to AMA House of Delegates, Past President CUA*

**Congratulations!**

**Eugene Y. Rhee, MD, MBA, Named 2013-2014 Gallagher Health Policy Scholar**

The Gallagher Health Policy Scholar Program Selection Committee is pleased to announce the selection of Eugene Y. Rhee, MD, MBA, as the 2013-2014 Gallagher Health Policy Scholar. He is the seventh urologist to receive this honor.



The Gallagher Health Policy Scholar Program, created in honor of former AUA Executive Director G. James Gallagher, is designed to train the next generation of urologists for leadership positions in health policy. Scholars spend a full year engaged in critical seminars, conferences and meetings at the national level; receive mentoring from senior AUA physicians; and participate

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**Representing Urology in the House of Delegates, California Medical Association**

**By Vito Imbasciani, PhD, MD, FACS**

The California Medical Association, primarily through its Board of Directors and House of Delegates (HOD), has the power to greatly affect all aspects of the practice of medicine in California. It does this by helping inform the thinking of legislators in Sacramento and by assisting in creating (or, at times, thwarting) new laws that affect the lives of patients and physicians alike.

Urologists in California often ask how they can participate in this process. Presently on the CMA Board of Directors there are four urologists (out of 44 Board seats); many other urologists attend the HOD as delegates from specialty societies, county medical societies, small and solo practices, medical groups and hospital staff, ethnic medical societies and from among the resident physician population.

Any delegate can bring a resolution to the House, which meets every year in October. In true democratic fashion, the proposer will lobby other delegates and groups looking for support, and in the process the proposal will likely be refined. Reference Committees hear public testimony on each proposal, and the full House debates the final product. If warranted, CMA lobbyists will seek out legislators willing to craft the proposal into

a bill, or an amendment to an existing bill. The CMA will assign officers to guide the bill through the appropriate Assembly or Senate committee, and work with the Governor's office to get the bill signed into law.

Many of the State's signature laws – ones affecting cigarette smoking; childhood obesity; and medical school loan forgiveness – originated as proposals by individual physicians in the House of Delegates. Many more ill-conceived bills – expanding non-physicians' scope of practice; mandating CME training; and threatening MICRA's protections in medical malpractice cases – were severely whittled down or withdrawn completely, thanks again to the foresightedness of individual physicians active in organized medicine. At the October, 2012, meeting of the HOD, the use of mesh products in urological and gynecological procedures was thoroughly aired.

No specialty or ethnic medical society can fight every threat by itself. The tremendous value of organized medicine, represented most completely in California by the California Medical Association, is that it can bring together, to speak in one, loud voice, physicians of all specialties and modes of practice, on issues that affect our common good. When the CMA lobbyist in Sacramento walks into a legislators office and says, "I'm here representing over 40,000 physicians in California," they get a good hearing. That claim can only be made if physicians – urologists included – make the commitment. (see also page 11)

in a week-long health policy seminar for surgeons at Brandeis University, sponsored by the American College of Surgeons. Scholars also engage in other activities that ensure their immersion in and understanding of health policy issues important to urology.

Dr. Rhee received undergraduate degrees in both Biology and Political Science from Emory University in Atlanta, GA. He went on to earn his medical degree from Emory University School of Medicine and completed his residency at Kaiser Permanente Foundation Hospitals in Los Angeles. Additionally, he received his MBA from The Anderson School of Management at the University of California, Los Angeles. He is currently the Chief of Urologic Surgery at Kaiser Permanente, San Diego, the largest urology practice of Kaiser Permanente.

He is the current President of the California Urological Association and recently was re-elected for a second two-year term. Additionally, he serves on the current Board of Directors of the American Association of Clinical Urologists (AACU) for the Western Section and he has been a member of the Board of Directors of the Western Section AUA for the past eight years. He is immediate Past President of the San Diego Urologic Society. In 2012, he was appointed to the AUA Health Policy Council as a Western Section representative and was part of the 2010-2011 AUA Leadership Class.

The Gallagher Health Policy Scholar Program Selection Committee is chaired by AUA Health Policy Chair David F. Penson, MD, MPH, and is composed of all the chairs of the Health Policy-reporting committees.

“The Selection Committee was impressed with Dr. Rhee’s background and dedication to the AUA and our profession,” said Dr. Penson. “There are tremendous professional demands on young urologists, and it is truly impressive when one carves out time to devote to organized urology. The opportunities afforded to him as the Gallagher Health Policy Scholar will certainly enrich his professional experience and benefit the AUA in the years to come.”

“The talent and experience of this year’s applicants were remarkable, which made the committee’s selection difficult. We are very fortunate to have young urologists who are interested in broadening their health policy experience. The range of opportunities afforded to one

through the Gallagher Program ensures that participants will be able to experience something new to them as well as giving them a chance to concentrate on long-term interests,” said Dr. Penson.

“I would like to express my deepest appreciation to the Gallagher Selection Committee for giving me an extraordinary opportunity next year to fully engage in health policy and to fulfill G. James Gallagher’s vision. I know that the pool of applicants is extremely well qualified and I hope that I may continue the quality body of work that the previous six scholars have achieved,” said Dr. Rhee.

*The past Gallagher Health Policy Scholars are:*

*David F. Penson, MD, MPH, 2007-2008*

*J. Quentin Clemens, MD, MSCI, 2008-2009*

*Christopher Saigal, MD, MPH, 2009-2010*

*Christopher Gonzalez, MD, MBA, 2010-2011*

*James Ulchaker, MD, FACS, 2011-2012*

*Mark T. Edney, MD, FACS, 2012-2013*

## Minutes

### 25th Annual Membership Meeting California Urological Association

Monday, October 8, 2012 ~ Hilton Waikoloa Hotel,  
Kona, HI ~ Kings Ballroom  
(Held in conjunction with the Western Section AUA’s  
Annual Meeting)

#### Officers Present:

**Eugene Rhee, M.D., MBA, President**

**Joseph Kuntz, M.D., Imm. Past President**

**Phil Weintraub, M.D., President-Elect**

**David Benjamin, M.D., Secretary-Treasurer**

#### Past-Presidents Present:

**Jeffrey E. Kaufman, M.D.**

#### Executive Directors :

**Frank J. DeSantis, CAE**

**Chris DeSantis, MBA**

**Jeannie DeSantis, MBA**

#### 1. Call to Order

A quorum was established with 70 members present and approximately 75 in total attendance, President Eugene Rhee, M.D. called the meeting to order at 11:00am.

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**2. Approval of Minutes**

The minutes of the previous meeting of the 24th Annual Membership Meeting held on August 22, 2011, were read and presented; a motion to approve the minutes was seconded and passed.

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

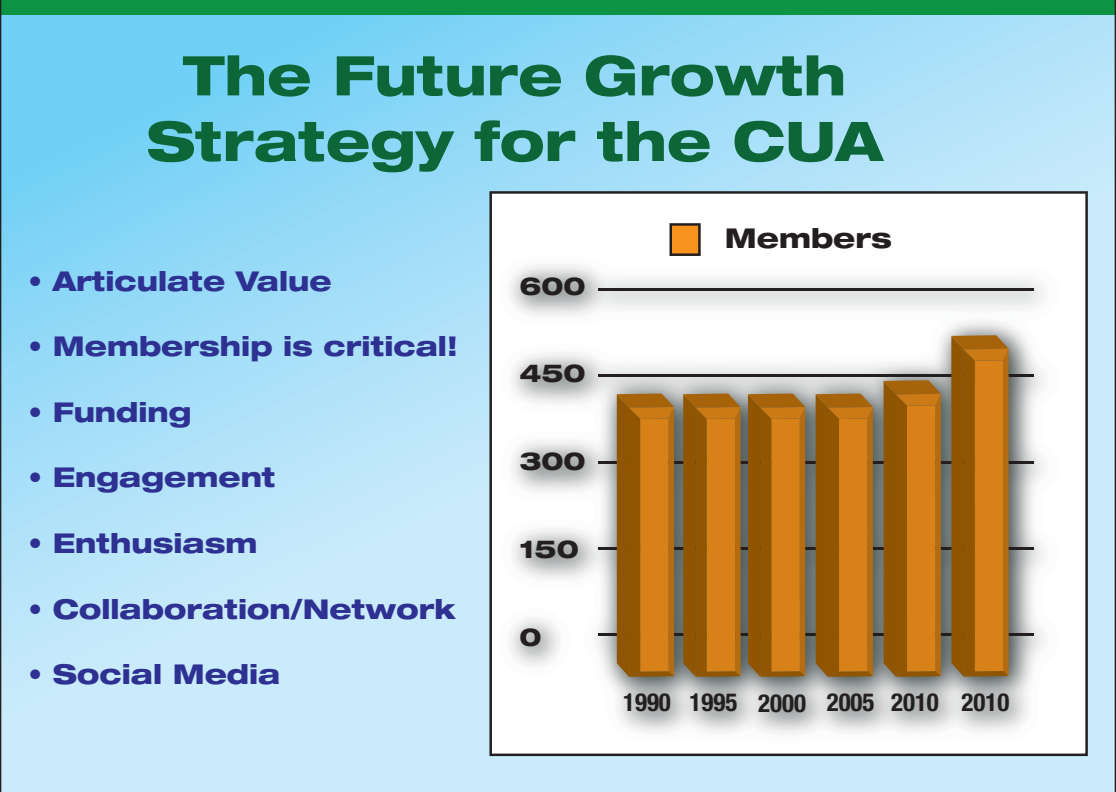
Dr. Rhee began his report by thanking everyone in attendance and introducing the officers and DeSantis Management Group. Dr. Rhee reviewed the roster of officers who those who contribute to the goals of the CUA. Dr. Rhee stated that the Health Policy Forum which occurred on Sunday in conjunction with CUA and WSAUA touched on many areas in which urologists have many concerns. Dr. Rhee thanked Dr. Jeffrey Kaufman for all of his work with coordinating the Health Policy Forum and his dedication to issues facing urology. Dr. Rhee also recognized Dr. Duane Baldwin for coordinating the CUA Radiology Course which was approved for 4 credits by the ASRT and was very well attended and Dr. Doug Chinn for initiating and coordinating the EMR Course.

Dr. Rhee then gave an update at the AACU meeting in Chicago. Dr. Rhee stated that he attended the AACU meeting in Chicago and it was noted that the CUA is the largest state society in the country. The AACU is very interested in how the CUA operates. Dr. Rhee gave a presentation at the AACU meeting about the CUA strategizing growth and value to its members. He pointed out that grassroots advocacy is of upmost importance in order to make our voices by heard in Washington. He further stated that the CUA started as an organization responding to issues at hand. Dr. Rhee then reviewed the historical evolution and accomplishments of the CUA with the following:

- Founded in 1986

- Modification criteria of TURP
- 475 members currently, 52% of all California urologists
- Legislative hub connection to CMA, California State Assembly, quick connect with CMA legislature
- CUA is the “Watch Dog” for California urologists – started with “hotline”
- Necessity for CTAF (Cal. Technology Forum) to provide expert opinions on controversial subject areas. Dr. Matthew Cooperberg will be our new CUA Rep to CTAF.
- CMA Transvaginal Mesh Resolution was devised in two weeks. The CMA coordinated with ACOP and strongly discouraged use of transvaginal mesh for urinary incontinence, which gained national attention. The CUA mobilized to defend the use of transvaginal mesh and planned a strategy. The CUA’s response was good with scientific papers and letters from Dr. Chris Winters, SUFU, with pro-position statements of experts which was submitted to the CMA Committee. The CUA dealt with this seriously, our CMA delegate, Dr. Simopolous testified in opposition. The CMA Committee did consider alternate wording or rejection. Dr. Rhee stated that because of the CUA’s quick action and presence, a more reasonable outcome will result.
- Dr. Kaufman stated that the number of urologists

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The growth of the CUA is one of the many topics discussed by President Eugene Rhee, MD at the CUA Membership Meeting in Hawaii.

represented in the House of Delegates is down. He said in order to get support of issues, we need to contact other delegates to support.

- Rapid Response Network – CMA lobbyists, Legal Team, Collaboration with AUA, LUGPA, ACOG, SUFU, etc.
- 2011 CUA Patient Advocacy Brochure (on CUA website) – targets patients in order to educate them on the talking points about Healthcare Reform at a grassroots level. Most patients are eager to help with Healthcare Reform and this brochure is a tool to get them to reach out to our legislatures.
- CUA Represented at state and national levels – CMA, AACU, JAC, AUA
- How the CUA Grows – articulate value to members, increase membership, find funding sources, keep your enthusiasm, increase social media, engage members
- Value of CUA – Legislative representation, publications, and education, website, alerts, roster and branding
- CUA Initiatives – Rapid Response Team, panel of experts
- CUA Young Leadership Circle – this year Dr. Ja-Hong Kim was chosen to be involved and will attend the JAC meeting in Wash. DC. Their idea is for the young leader to be involved: 1) to be on the CMA Young Urology Committee 2) attend the JAC conference 3) be a member of the WSAUA Health Policy Committee.
- Funding Efforts – new members, industry partners, maintain membership
- Collaboration and Networking – Developing a California alliance, increase advocacy outreach, and political clout
- Alliance with local urological societies – build framework for societies to talk to each other about issues at hand, reduce waste and duplication of efforts, support leadership, provide platform for efficiency, adopt affiliation agreement among societies.
- Franchise Model – provide consistent level of service, brand awareness, maintain sustainability
- California Urologic Alliance – Promote local societies He concluded saying that now is the time that urologists need to get involved in what is going on in our political environment, if not, others will take over. The CUA will focus to be effective against legislation that damages the practice of urology. He said that increasing membership in the CUA is of importance, as it is numbers which will carry weight to change legislation. Dr. Rhee said that the CUA is a powerful



CUA Staff Kathy DeSantis distributes materials at the CUA Member's Annual Meeting entrance on October 8, 2012.

state organization and thanked the work effort of everyone involved. The motion to approve the President's Report was seconded and passed.

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

Dr. Benjamin reviewed the financial report noting that the CUA remains stable considering the current economy. He reported that for the 2011 year end there was a loss of \$5,627. With this loss, the CUA reserve balance had decreased to \$120,434 from \$126,061. The loss was due to an increase in committee and advocacy program expenses. Dues and industry support increased by \$6,760 and \$2,600 respectively. The CUA has had to do more with less in recent years and it is taking a toll on our reserve funds. Although, efforts are underway to increase dues collections and industry support. He reported that of the 493 members, 152 are seniors leaving 341 dues paying members. Dr. Benjamin reported that the cost of having a lobbyist is \$7500 per month. He said that the CUA does a much better lobbying for you and it only costs you \$100 per year, which is a substantial value to each member. The list of outstanding dues was reviewed and he asked members to please get their colleagues to pay their dues.

Chris DeSantis reported that Dr. Rhee and Dr. Prince met at the office and reviewed the affairs of the CUA

Continued on next page

and discussed strategies of growth. Dr. Prince conducted the audit of the CUA by reviewing the books and records and found all to be in order. The motion to approve the Secretary/Treasurer's & Audit Committee Report was seconded and passed.

#### **5. Report of the Bylaws Committee – Dr. John Prince**

Dr. Prince reported that the alignment with the urological societies may require a bylaw change requiring dual membership. He posed the question to the audience; most were not in favor of dual membership.

#### **6. Report of the Commission on Legislation – Demetrios N. Simopoulos, MD**

Dr. Simopoulos' report stated that due to California budget shortfalls, most likely there will be cuts to physicians and health programs. His report states that the major change that will affect the practice of medicine in California will be the establishment of California Health Benefits Exchange in 2014. It will significantly change how medicine is practiced in the insurance model of health delivery. His report also stated that the Affordable Care Act was partially upheld as constitutional by the Supreme Court of the US in 2012. The motion to approve the COL Report was seconded and passed.

#### **7. Slate of Officers 2011 – 2013**

2011-2013 Slate is as follows:

President: Eugene Y Rhee, MD, MBA

President-Elect: Philip Weintraub, MD

Imm. Past President: Joseph Kuntze, MD

Secretary/Treasurer: David S. Benjamin, MD

#### **Representatives:**

CMA Rep: David S. Benjamin, MD

CMA Alt: To be determined

CMA COL: Demetrios Simopoulos, MD

CMA COL Alt: Joseph Kuntze, MD

Carrier Advisory Committee: Jeffrey E. Kaufman, MD

CTAF Rep: Matthew Cooperberg, MD

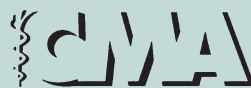
CMA Young Urologist: Ja-Hong Kim, MD

#### **8. Adjournment**

There being no further business the meeting was adjourned at 12:30 pm on Monday, October 8, 2012.

*Respectfully Submitted*

*David Benjamin, M.D., Secretary/Treasurer*



**California Medical Association**

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Physicians dedicated to the health of Californians

GOVERNMENT RELATIONS

**February 14, 2013**

**FROM: Juan Carlos Torres, Vice President  
Center for Government Relations**

**SUBJECT: RSVP - 39th Annual Legislative  
Leadership Conference  
Tuesday, April 16, 2013**

**The 2013 Annual Legislative Leadership Conference  
has been scheduled for Tuesday, April 16th at the  
Sheraton Grand, located at 1230 J St., Sacramento  
(please see attached flyer for room rates).**

**This event is a significant opportunity for our physician members to advocate for legislative actions that could affect the practice of medicine in California, and provide them a chance to meet with their elected official. Our agenda is still being developed, however, it will include a legislative and policy overview that I will provide, a bi-partisan panel to discuss the state budget, and then members will have afternoon appointments to meet with their elected representatives.**

**If you plan to attend please RSVP as soon as possible by registering on to our website.**

**The link is as follows:**

**[www.cmanet.org/events/detail/?event=legislative-leadership-conference0](http://www.cmanet.org/events/detail/?event=legislative-leadership-conference0)**

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Visit CUA on the  
**WEB**

[www.cuanet.org](http://www.cuanet.org)

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

## 2013 Meeting Calendar

All Urologists are welcome to attend

### CUA Board & Member Meeting in San Diego

(during the AUA Annual Meeting)  
Lunch to be served at 11:30am

**Date: Sunday, May 5, 2013**

**Time: 10:00 AM - 11:30 AM**

**Place: San Diego Marriott Marquis Hotel**

Come to participate, get involved, or just listen.  
RSVP by email to [info@cuanet.org](mailto:info@cuanet.org)  
or call us at 714-550-9155.

### CUA/WSAUA Health Policy Forum and Practice Management Courses

Sunday, November 3, 2013

The Portola Hotel

Monterey, California

(during WSAUA annual meeting)

### CUA 26th Annual Membership Meeting

Tuesday, November 5, 2013

### 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.

## 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](http://www.aacuweb.org/govaffairs/in.states.asp)

email question and issues to:

[Statesociety@aacuweb.org](mailto: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](http://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](mailto:info@cuanet.org) or call 800-349-9155

Visit the CUA website at [www.cuanet.org](http://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

## 2013 OFFICERS OF THE CALIFORNIA UROLOGICAL ASSOCIATION, INC.

### PRESIDENT:

Eugene Rhee, M.D., MBA

### IMMEDIATE PAST PRESIDENT:

Joe Kuntze, M.D.

### PRESIDENT-ELECT:

Phil Weintraub, M.D.

### SECRETARY-TREASURER:

David Benjamin, M.D.

### CUA REPRESENTATIVES TO CMA

Delegate Alternate

David S. Benjamin, M.D. TBD

### SCIENTIFIC ADVISORY CMTE / MEDICARE

#### CARRIER ADVISORY COMMITTEE:

Jeffrey E. Kaufman, M.D.

### COMMISSION ON LEGISLATION:

REP: Demetrios Simopoulos, M.D.

ALT: Joe Kuntze, M.D.

### COMMISSION ON SCIENTIFIC AFFAIRS FOR UROLOGY:

Vito Imbasciani, Ph.D., M.D.

### GOVERNMENT RELATIONS COMMITTEE:

Jeffrey E. Kaufman, M.D.

### STANDARDS OF PRACTICE COMMITTEE:

Douglas Chinn, M.D., Chair

Joseph D. Schmidt, M.D.

### MEMBERSHIP COMMITTEE:

James Mooney, M.D.

Danny Keiller, M.D.

### CMA YOUNG UROLOGIST REPRESENTATIVE:

Ja-Hong Kim, M.D.

### CTAF REPRESENTATIVE:

Matthew Cooperberg, M.D.

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Jeannie De Santis, MBA  
Christopher F. De Santis, MBA



**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.