

CUA REPORT



Spring/Summer 2016

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by Aaron Spitz, MD

November is Urological Health Month in California! SR-70 Passed!



Sacramento - On April 13, 2016, I participated in the California Medical Association 42nd Annual Legislative Advocacy Day. One of the highlights was as a result of my private meeting with Senator Ben Allen (26th district). The CUA was called upon and supported Senator Allen's initiative to correctly introduce SR-70 legislation declaring the month of November as Urological Health Month. As president, I had the opportunity to contribute to Senator Allen's introductory message, pointing out the distressing and life threatening consequences of untreated urologic conditions including incontinence, impairment of normal function and sepsis.

Senator Allen is a friend to Urology and the California Urological Association looks forward to future collaboration with him.

(see box next page for text and specifics on SR-70 legislation).

During the Annual Advocacy Day, California physicians from all specialties convened in Sacramento from all corners of the state. Donned in white coats, we filled the halls of the State

Capitol building to meet with assemblypersons and Senators. I was part of a task force from the Orange County Medical Association that targeted legislators from Orange County including assemblywoman Ling Ling Chang (55th district), Senator Bob Huff (29th district) assemblywoman Young Kim (65th district), Senator Patricia Bates (senate district 36), assemblyman Tom Daly (69th district) and senator Janet Nguyen (34th district). As advocates for patients and physicians they lobbied for 3 pieces

of legislation currently working their way through the assembly.

Senate Bill 22 calls for increased funding for residency positions for primary care physicians in California where the workforce shortage for physicians looms large in the coming decade. I reinforced the need to consider the coming shortage of urologists as well as other specialist in addition to the well recognized shortage of primary care physicians. The legislators were in bipartisan support of the need to train more

Continued on next page



CUA President Aaron Spitz (rear center) was part of a task force from the Orange County Medical Association that targeted legislators from Orange County during Legislative Advocacy Day in Sacramento, April 13, 2016. During the meeting Dr. Spitz, helped draft Senate Resolution-70 which will establish the month of November as "Urological Health Month" for California. (see text box for SR-70 details)

President's Report continued

physicians. They also advocated for **Assembly Bill 2121** which calls for periodic training of purveyors of alcoholic beverages to better understand when a patron should be limited. A similar measure has been adopted in 18 states and DC and has been shown to decrease nighttime fatalities from drunk driving by close to 25%. This legislation was also met with almost unanimous support. Finally, the delegation advocated for opposition to **Senate Bill 533** which would allow insurance companies in California to

BILL NUMBER: SR 70 INTRODUCED BILL

TEXT BY Senator Allen

MARCH 17, 2016

Relative to urological health month.

LEGISLATIVE COUNSEL'S DIGEST
HOUSE OR SENATE RESOLUTIONS DO NOT
CONTAIN A DIGEST

WHEREAS, Tens of millions of Americans are affected by urological diseases and conditions, including urinary incontinence, overactive bladder, underactive bladder, interstitial cystitis, nocturia, urinary tract infections, bladder cancer, urotrauma, and neurogenic bladder; and

WHEREAS, Urological diseases and conditions have significant impact on health and quality of life—contributing to depression, social isolation, falls, sexual dysfunction, loss of self-esteem, hospitalizations, nursing home admissions, and even death; and

WHEREAS, Medical and behavioral research to better understand and maintain bladder health and treat bladder diseases is critically needed, yet poorly recognized; and

WHEREAS, Bladder problems are highly stigmatized, and open dialogue generated by Urological Health Month can reduce stigma and empower providers and patients to have much needed conversations about bladder health; now, therefore, be it **RESOLVED** by the Senate of the State of California, That the Senate designates the month of November 2016 as Urological Health Month; and be it further

RESOLVED, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.

pay out of network physicians no more than the Medicare fee schedule which equates to on average a 1/3 reduction in compensation for most physicians. Such law, if enacted, would result in a crisis in access to care for many patients whose network is already too narrow to provide adequate care. The key issues of ongoing CMA legislative activity currently include: scope of practice, out-of-network (surprise) billing, opposing the corporate practice of medicine (clinics), and the prescribing of psychotropic drugs. The CUA has an active voice at the CMA and provides critical support for the battles today and emerging in the future. Thank you for your membership in the CUA – YOU do make a difference.

Aaron Spitz MD, President

Report of the Secretary/Treasurer



Sean P. Stroup, MD

Representative to the AUA and CUA
Young Urologists Committee

I am an Associate Professor of Surgery and Director of Urologic Oncology and Research at the Naval Medical Center San Diego. I currently serve as Chair of the AUA Young Urologists Committee and was selected for the 2016 AUA/EAU Exchange Scholars Program and will be participating in the 2016-2017 AUA Leadership Program. I received my medical degree from Loyola Stritch School of Medicine. Then I completed residency at Naval Medical Center San Diego and an SUO Fellowship in Urologic Oncology at University of California, San Diego after serving as a Battalion Surgeon with the 1st Marine Division, USMC. I have been an active researcher with over 50 publications, and I have co-authored the AUA Core Curriculum for Testicular Cancer and the AUA whitepaper for Prostate Biopsy Complications.

I have always had an interest in health policy and have leadership opportunities within the AUA and Western Section AUA. During my time leading the AUA Young Urologists Committee, I have articulated a vision and worked with the committee to achieve a number of new objectives. These include completion of a “Transitioning from Residency to Practice” guide for young urologists that has been published and will be distributed at the 2016 Annual AUA meeting; creation of a

Continued on next page

Report of the Secretary/Treasurer (Continued)

Young Urology Webcast series, and development of an online YU Community that provides young urologists a place to discuss early career concerns and a secure forum to discuss challenging cases with other young urologic specialists. As Vice Chair of the YU Committee, I served on the Public Policy Committee and attended the Joint Advocacy Conference. Meeting these inspiring and visionary AUA leaders in the areas of public policy, quality improvement, and patient safety; and visiting Congressional offices to speak on behalf of the specialty has been among the highlights of my “professional career. These experiences have inspired me to take on other leadership positions in my state, my section and within the AUA. On a local level I am active and supportive of the San Diego Urological Society, an affiliate of the CUA Urology Network. (see page 8 for Urology Network)

Report of the Carrier Advisory Committee



by Jeff Kaufman, MD
Representative

As we go into Spring, 2016, the health care delivery landscape is evolving rapidly as the result of MACRA, passed one year ago to refine provisions of the Affordable Care Act (and once and for all, put an end to the SGR). We now have details on the post-SGR era: transitioning from stable reimbursement (0.5% annual increases) coupled with quality reporting (PQRS and Meaningful Use) into the next phase of Value Based Performance payments modified by MIPS scores (Merit Based Incentive Payment System). Beyond that we move to Alternative Payment Models (including ACOs, Bundled payments, Patient Centered Medical Homes and other novel experiments). Many of the details of potential APMs are not yet worked out but the government, nonetheless, is hurrying us in that direction. Much like the push to integrate electronic health records into our practices before they were capable of doing what is necessary (which has resulted in a firestorm of protests from physicians across the country), the government’s intent is to get us all into APMs and then work out the details later. Hopefully, the premature shift into APMs will not be like the premature use of EHRs which take a great deal more time, cost considerably more to participate with and

dumb down records to accommodate the volume of irrelevant material needed to comply with audits and quality reporting but not necessary to delivering urologic care. Does this really sound like a logical approach? The carrots are getting smaller and the sticks larger as we move forward. There are many sources of information detailing the various bonuses and fines attached to performance but suffice it to say, failure to participate will become quite expensive, very soon. I can expand on detailed timelines, dollar amounts and criteria in a future article.

Practice pressures in California are reflecting the growing number of patients now enrolled in Medicare Advantage plans, Medi-Cal HMOs and narrow (or heavily tiered) networks. This movement of patients has impacted patient flow and interrupted historic doctor-patient relationships. But the trend is likely to increase since all of these plans are financially driven and very profitable to insurance companies. If you haven’t secured favorable contracts, you need to review your practice environment since these relationships are the foundation of upcoming APMs.

Medicare remains a bastion of fee-for-service medicine although quality performance and cost effective care are increasingly reviewed and used to modify fees (our transition to Value Based Performance Modifiers will be based on PQRS reporting and costs attributed to your care—you can control the former but the latter will be determined by CMS without your knowledge or input).

We remain active at the California Carrier Advisory Committee consulting on many new tumor markers and you can look forward to a new Carrier Policy related to Testosterone Replacement Therapy coming soon. We have reviewed and commented on several drafts of this policy designed to cut down on the proliferating number of “Low T” clinics run by non-specialists but I think the final draft is one most urologists can live with. Please contact me if you have comments.

Travels: We are looking forward to the upcoming national AUA annual meeting held here in California in San Diego in May. I hope to see many of you there. I just got back from our annual meeting with legislators in Washington, D.C. at the Urology Joint Advocacy Conference with several other urologists from around the state including Eugene Rhee (former president CUA), Aaron Spitz (current CUA president), Jeff Frankel (Chair of WSAUA health policy committee) and Dean Hadley (president Western Section, AUA).

Continued on next page

Report of the Carrier Advisory Committee (Continued)

I think it was a successful effort talking with Congressional members and staffers about HR 1151 designed to revise the structure and function of the USPSTF who as you all know, made a grade D recommendation regarding PSA testing (does more harm than good in their opinion) without respect to individual patient risks. This has already resulted in many fewer patients tested with PSA, a substantial drop in prostate cancer diagnosis and a correspondingly increased number of patients presenting with more advanced disease, later in their course (and presumably less likely to cure their disease). This is very threatening to men's health and takes us back to the 1970's and the pre-PSA era. We impressed our legislators with the very great impact on diagnosing and curing prostate cancer likely to occur from this group who considers their recommendations without any input from experts in the field. HR 1151 will not reverse their PSA recommendations but will substantially change how the Task Force functions and de-couple their conclusions from Medicare criteria.

Across the country and especially here in California, we are suffering increasing problems with Urology manpower shortages. Forecasts predict we will be 130,000 physicians short of needs by 2025, 1/2 of whom will be primary care doctors and 1/2 specialists. Although primary care has received a great deal of attention and funding recently, there are only 9500 practicing urologists nationally of whom about 500 leave practice per year for various reasons. And we only have 302 funded residency slots. We are at the leading edge of the baby boomer generation (who will all need urologic care) and the ACA has expanded insurance coverage and access to care for millions of Californians. Although Nurse Clinicians and Physician Assistants can help with the load of patients with chronic disease in primary care offices, this is less helpful in urology where many patients need procedures or complex care not amenable to advanced practice nurses. Add to this the fact that urologists are the second oldest group of specialists with many planning retirement soon. Bottom line: our specialty is short-handed, getting shorter and at the leading edge of increased numbers of patients demanding/needing urologic care. I don't have to tell you that every urologist I know is busy and having difficulty recruiting new partners. HR 2124 will provide new dollars to expand urologic training slots to help ease our future shortages. We forcefully made our points in Washington that patients with insurance coverage need to have available physicians to actually translate expanded coverage into increased access to care.

We also used our time in Washington to discuss the impact of EHR on our practices, costing us dearly in software and maintenance, slowing our patient flow and disrupting health care delivery emphasizing chart documentation over actual urologic care. **We complained that physicians have become sophisticated data entry clerks, not doctors. Unfortunately, reliance on electronic records is only going to expand in the coming years.**

Fortunately, we no longer need to waste our time lobbying against the SGR. And pressure to eliminate the IOASE (In Office Ancillary Services Exemption) of the Stark laws is no longer a major threat. The historic monopolizing specialties challenging us have given up for the most part after suffering defeat after defeat (due to our vigorous lobbying at many levels, national and local). Moreover, as we move away from fee for service where ancillary services might be a profit center to APMs where they become a cost center, the issue becomes moot. The Stark laws were written for a FFS environment and are no longer relevant to a VBP or capitated system like we'll have with APMs. These changes leave us more time and political capital to focus on new or more challenging issues.

Looking Ahead: As you can imagine, lobbying Congress on Super Tuesday of the current election cycle was an interesting event. There is an enormous amount of rhetoric in Washington about healthcare. All Republicans promise to repeal Obamacare but none of them have a plan or clue about what they propose to replace it with. Handicapping the election, we are likely to have a Democratic President and the Democrats have a good chance of taking back the Senate. The likelihood of major changes in our system is slim. We will see incremental modifications, revisions and refinement but the direction healthcare is changing is set. Fee for service is not dead—yet—but pressures are continuing to limit traditional models forcing evolutionary changes toward APMs including bundled and capitated care even though we don't know the details of what those systems will entail. To remain successful, stay informed, stay alert and stay involved in the CUA.

Jeffrey Kaufman MD, FACS

Past President CUA

Past President WSAUA

Member, Noridian, California Medicare

Carrier Advisory Committee

Report of the 2016 Young Leadership Circle



Jonathan H. Berger, MD

This past February I was afforded the opportunity through the CUA's 2016 Young Leadership Circle Award to attend the 12th Annual Urology Joint Advocacy Conference (JAC) in Washington DC.

For those unfamiliar with the JAC, the American Association of Clinical Urologists and the American Urological Association co-host an annual meeting of urologists, residents, fellows, and students to conference with academicians, national interest group leaders, federal employees, elected officials, and other Washington "insiders." The JAC concludes with a capstone opportunity to participate in small group meetings (picture three or four people) with members of congress and congressional aides to discuss federal policy affecting the urology community.

The JAC sessions occurring prior to the face-to-face time with members of our legislative branch can informally be divided into two varieties. One variety of session focused directly on national policy issues affecting urology.

Items discussed included:

1. Updates on the transition away from the Sustainable Growth Rate including:
 - a. The Medicare Access and CHIP Reauthorization Act of 2015 stabilizing Medicare physician fees through 2019 (with 0.5 percent annual updates) before SGR phases out.
 - b. A rollout of Merit-based Incentive Payment Systems in 2019 (based on 2017 reported data).
 - c. Alternative Payment Model options for those providers willing to take on increased risk (keeping in mind you will be enrolled in MIPS if you do not apply or fail to qualify for an APM).
2. Stark Law discussions (including the ever present possibility of changes to the In-office Ancillary Services Exception).
3. Current proposed legislation (H.R. 2124, S. 1148, "Resident Physician Shortage Reduction Act") to address upcoming physician shortages.
 - a. Projected shortage of 130,000 physicians by 2025 (half being specialists).

- b. Urologist numbers down 10% over past 20 years.
 - c. Proposed bill would increase GME slots by 15,000 over 5 years (half allocated to specialists).
 - d. Following a discussion of the legislation, Dr. Rhee and Dr. Spitz discussed telemedicine techniques to mitigate shortfalls not addressed by legislation.
4. Current proposed legislation (H.R. 1151, "USPSTF Transparency and Accountability Act of 2015") to ensure the USPSTF:
 - a. Publishes research plans/review techniques.
 - b. Makes reports available for public comment.
 - c. Codifies a grading system that is subject to appropriate review.
 - d. Establishes a stakeholder board of advisors.

Interspersed throughout the policy sessions were didactic lectures over topics ranging from the Supreme Court and presidential primaries, to a behind-the-scene look at lawmaking and the breakdown of a congressman's office, to statistics analyzing methods of affecting change on Capitol Hill.

Following our primer on leadership, politics, and urocentric legislation, JAC attendees (organized by state) began a day of meetings throughout the halls of Congress and Senate. **I soon found myself in a meeting with two senior urologists, another urology resident, and a congressional legislative assistant. By midafternoon I was in a sitting room chair, chatting with one member of congress. Just an hour later, I pulled up to a table for four to answer the questions of another member of congress.**

If you are a practicing urologist, federal policy will affect you—be it in how you are reimbursed, how you keep your records, how you will train future urologists, how you will run ancillary services, or in ways you may not yet have thought about. Whether you are interested in affecting policy change or are just trying to remain informed of change to come, the JAC serves as an excellent resource for the urologist. I am grateful to the AACU and AUA for hosting the JAC meeting (free of cost to registrants) and to the CUA for sponsoring my travel to allow me to attend.

AMA House of Delegates 2015 Interim Meeting Summary



Aaron Spitz, MD
Representative

The AMA House of Delegates convenes twice a year with an annual meeting each June in Chicago and an interim meeting each November that rotates locations. This year the interim meeting was held in Atlanta, Georgia from November 14 to November 17. The delegates in attendance exceed 1000 and represent various states, specialties, training levels, the armed forces and other focused associations of physicians. Representation of a given specialty is proportionate to the number of AMA members within that specialty. Delegates propose and ratify resolutions which, although not law, are often referenced or modeled in state and federal legislatures and courtrooms. Issues range from public health to private practice and from vaccinations to prior authorizations. Issues may be universal to all physicians or may be specialty specific or even contentious between interest groups. The American Urological Association and the American Association of Clinical Urologists provide coordinated support to their delegates and to the caucus of urologists who include delegates for other societies who are urologists. The delegates for the American Urologic Association are Willie Underwood MD from Buffalo, NY who serves on the Council on Legislation and Aaron Spitz MD from Laguna Hills, CA who serves as lead delegate. Alternate Delegates are Terrence Grim MD from Lexington, KY and Roger Satterthwaite MD from Pasadena, CA. Jennifer Yates MD from Worcester, MA represents the AUA to the Young Physician's Section of the AMA House of Delegates. The Young Physician's Section provides a delegate to the House. Hans Aurora MD from Cleveland, OH represents the AUA to the residents and fellow's section and as its Chair serves as a Delegate to the House. Richard Pelman MD from Seattle, WA serves as the delegate for the AACU. This year Norm Smith MD from Chicago, IL joined the delegates as part of his Gallagher Scholar program.

The House convenes with speeches and award presentations. The President of the AMA, Steve Stack, MD is an emergency room physician from Kentucky. His speech highlighted the AMA's role in the recent repeal of the SGR as well as the AMA's endeavors to delay and

lessen the punitive impact of ICD10 implementation. He focused on the themes of the failure of electronic medical records and meaningful use measures to provide quality health care as well as its negative impact on patient and physician satisfaction. He brought attention to the AMA's grass roots efforts to push back against this red tape through the Break the Red Tape campaign. He also highlighted the AMA's efforts in the courtroom to oppose ongoing consolidation within the insurance industry.

The CEO of the AMA, Dr. James Madera spoke about the AMA's STEPS Forward initiative which is a clearinghouse of information for practice management strategies to promote greater physician satisfaction. The focus here is on technical and pragmatic solutions to the challenges of clinical practice as opposed to political activity. He also highlighted the recently launched entrepreneurial incubator known as MATTER which provides entrepreneurs access to interested physicians.

Resolutions are submitted by a variety of sources including state, specialty and individual delegations. Although resolutions must be submitted for consideration in a timely manner well before the House of Delegates convenes, emergency resolutions may be accepted for consideration at the last minute if the mitigating circumstances are deemed by AMA leadership to be compelling. This is a high bar and infrequently granted. The AMA stood in solidarity with the AUA, granting introduction of an emergency resolution to oppose a CMS quality measure under consideration entitled "Non-Recommended PSA-Based Screening" which had been developed by an independent expert panel. Based upon the previous USPSTF D grading of PSA testing, and devoid of any urology expert input, this quality measure discourages PSA screening of all men over age 18 regardless of age or risk factors. The AUA resolution states, "Resolved, that our American Medical Association continue to advocate for inclusion of relevant specialty societies and their members in guidelines and performance measure development, including in technical expert panels charged with developing performance measures. " Rallying to the leadership of the AUA delegation, the delegates of the House unanimously ratified the resolution, recognizing the importance of rational performance measure design even if PSA testing did not obviously impact their particular specialty.

Continued on next page

AMA House of Delegates 2015 Interim Meeting Summary (Continued)

Other Reports and Resolutions of interest:

Quality Measures

Board of Trustee Report 5 calls for the elimination of pain surveys from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) which are tied to Medicare reimbursement

Consolidation

Board of Trustee Report 6 calls for increased legislative and regulatory advocacy against the monopolistic consolidation of healthcare entities. The AMA has already testified twice before the U.S. House of Representatives Judiciary Committee as well as met with the U.S. Senate Judiciary Committee and the U.S. Department of Justice Antitrust Division, asking the Agency to block 6 mergers.

Electronic Health Records

Resolution calling for the AMA to continue to support calls for interoperability of electronic health records as well as the suspending of meaningful use penalties related to interoperability.

Data Breach

Resolution calling for the AMA to study indemnifying physicians from their patients in the event of a data breach of their EHR.

Malpractice

Resolution calling for the AMA to support state efforts to uphold or implement MICRA-type legislation and oppose no fault medical liability legislation.

Alternative Payment Models

Council on Medical Services report calling for the establishment of a wide range of alternative payment models by both private and public payers which would be feasible for all manner of physician practices.

Pharmaceutical Costs

Council on Medical Services report and a resolution calling for measures to stem the runaway costs of prescription medications including the following strategies: 1)encouraging the Federal Trade Commission to limit anticompetitive behavior by pharmaceutical companies attempting to reduce competition from generic manufacturers through manipulation of patent protections, 2)advocating for the elimination of the Medicare prohibition of drug price negotiation, and 3) limiting the period of exclusivity of biologics.

Narrow Networks

A resolution calling for greater integrity and compliance by narrow networks for providing the appropriate panel of specialists. Additionally, advocating for legislation which would require out of network physicians and facilities to be compensated at an appropriate rate, and further that out of network payments by patients be credited towards their deductibles.

Telemedicine

Previous policy was reaffirmed emphasizing the call for reimbursement of telemedicine services as well as reaffirming widely recognized guidelines for the establishment of a telemedical doctor-patient relationship which includes but is not limited to licensing in the state of service (or authorization by the state's medical board.) Furthermore, specialty societies such as our AUA are encouraged to develop telemedical clinical guidelines.

MOC and MOL

Council on Medical Education report addressing maintenance of certification and maintenance of licensure which calls for consolidation of existing policies, flexibility, and fairness. Also emphasized is respecting grandfather clauses and making MOC applicable to licensure renewal.

Drug Shortages

Council on Science and Public Health report addressing national drug shortages which supports recommendations compiled by multiple stakeholders to improve manufacturing quality, increase efficiency in regulatory review, expand manufacturing capacity, and provide regulatory relief from compliance issues that are not truly significant to patient safety.

Graduate Medical Education

Council on Medical Education report encouraging funding of GME by all payers including the federal government, while maintaining appropriate accreditations and appropriate relationships between GME, industry and payers. The report also calls for developing a national campaign to educate the public as to the current state of GME, student debt, and the future implications of inadequate funding.

A resolution calling for a proportionate increase in GME funding for MD and DO graduate medical education similar to increases in funding of GME in 30 other professions.

Continued on next page



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.



AMA House of Delegates 2015 Interim Meeting Summary (Continued)

Vaccinations

Council on Science and Public health report calling for the mandatory vaccination of physicians, suspension of non-medical exclusions for vaccinations of the public, and a campaign to educate the public that vaccination is not linked to autism.

Direct to Consumer Advertisements

A resolution calling for the AMA to support a ban on direct to consumer advertisements of prescription drugs and implantable medical devices.

A resolution that was referred for further study that is relevant to urology called for infertility benefits for veterans through the VA.

The urology delegates who serve in the House are few in number but have widely ascended to key positions of

leadership and influence. For several years and in many instances the AMA had demonstrated a critical alignment with the needs and goals of surgical specialists including Urologists. As potent a voice as we are, we need increased representation which can only come through increased AMA membership amongst our urology colleagues. The AMA is the foremost recognized voice of physicians in America, and although its actual membership numbers are disproportionately low, its advocacy positioning, legal resources, and public relations are unmatched by any other medical association and certainly worthy of our ongoing influence.

*Aaron Spitz MD
Representative*

Minutes

28th Annual Membership Meeting: California Urological Association
Sunday, October 25, 2015 ~ Renaissance Indian Wells Hotel, Indian
Wells, CA ~ Esmeralda Ballroom
 (Held in conjunction with the Western Section AUA's Annual Meeting)

1. Call to Order

A quorum was established with 40 members present and approximately 40 in total attendance, President David Benjamin, MD called the meeting to order at 7:30am.

2. Approval of Minutes

The minutes of the previous Interim Members Meeting held on May 16, 2015 were read and presented. A motion to approve the minutes was seconded and passed.

3. Report of the President– David Benjamin, M.D., President

Dr. Benjamin began his report by thanking everyone in attendance and introducing the officers and DeSantis Management Group. Dr. Benjamin reported that 2015 has been an incredibly active year for the CUA, stating his goals were to:

- 1) Establish relationships in order to defeat SB1215 and Proposition 46.
- 2) Gain the broadest diversity – both geographically and specialty in order to help with on-going political efforts.
- 3) Provide safety workshops for our members and their staff.
- 4) Support for Dr. Peter Bretan who ran for CMA President. Dr. Bretan spoke and is still fighting for the CUA, WSAUA, AUA – at the state and national levels. He thanked everyone for their support of his campaign, unfortunately he did not win. The CUA presented Dr. Bretan with an appreciation plaque for his efforts on behalf of all urologists.
- 5) Support for Ted Lieu, Congressman who took over retiring Henry Waxman's seat in the U.S. House of Representatives. Dr. Benjamin nominated him for the AACU Distinguished Leadership Award and has now become a good friend for the CUA. He stated it is very important to know your congressmen on important measures.
- 6) The establishment of three Southern California Chapters as part of the CUA – Orange County Urological Society, San Diego Urological Society and the Los Angeles Urological Society.
- 7) He said that the CUA has once again made it possible for members to obtain radiology credits to renew their California x-ray license by attending specific scientific sessions during the meeting.

A motion to approve the President's Report was seconded and passed.

4. Report of the Secretary/Treasurer, Matthew Cooperberg, MD

Dr. Cooperberg reported that for 2014, the CUA posted a net loss of \$1,600. With this loss, the CUA reserve balance decreased to \$131,517 down from \$133,117 in 2014. The net loss was due primarily to increased expenses in relation to a very active year of advocacy and support of CMA legislative initiative, our campaign to stop SB1215, and support for Dr. Vito Imbasciani. Expenses were higher by \$7,900 and revenue was less than last year by \$4,772. Dues income was less as a result of late payments. For the first time, CUA is reporting the financial status of its newly adopted chapters. Of the 501 regular members, 179 are exempt as seniors and 322 are dues paying. At this point 260 have paid their dues (81%) and 62 (19%) have not. Reviewing the financial reports, he noted that the CUA remains stable considering the current economy. He reported that operationally, the general fund produced total revenues of \$56,528 against expenses of \$58,127. He stated that the CUA is a 501(c) 6 tax-exempt organization and that financial reports are prepared on a calendar year, cash basis method. He noted that the fees from DeSantis Management Group are currently \$2,500/month which includes staff, office equipment and rent.

A motion to approve the Treasurer's Report was seconded and passed.

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

Dr. Prince reported that he met with Chris DeSantis at the CUA office on September 24, 2015 to review the affairs of the CUA. Dr. Prince conducted the audit of the CUA by reviewing the books and records and found all to be in order. A motion to approve the Audit Committee Report was seconded and passed.

6. Report of the AMA House of Delegates – Aaron Spitz, MD, President-Elect

Dr. Spitz reported that with urology members, we are able to influence AMA pol-

icy that is specific to urological issues to defend our territory. He stated the AMA has done a lot of good. He reported that:

- AMA continues to align with the interests of urologists.
- Success with specific items: coverage of vasectomy, ED coverage, IC-10 grace period
- The AMA President-Elect - stated that in-office ancillary visits decrease health-care expenses – which is the AMA Position Statement on in-office ancillary visits.

7. Report of the Medicare Advisory Committee –

Jeffrey E. Kaufman, MD

Dr. Kaufman reported that:

- Thanked Dr. Aaron Spitz and Dr. Bill Gee for their efforts.
- Policies established at the AMA level impact the laws made
- The AMA has made a big impact for urologists.

On a separate note, Dr. Kaufman asked if CUA would support gun control to do the violence against physicians. Most agreed that gun control is a personal issue, but the CUA should continue to raise awareness with workshops, etc. From that issue, it was advised to have a statement from the CUA on violence.

A motion was made to develop a CUA statement on violence. The statement is as follows "The California Urological Association supports measures to reduce gun violence." A motion to approve the CUA statement on violence was seconded and passed.

8. Report of the Commission on Legislation – David Benjamin, MD

Dr. Benjamin reported:

- 1) Scope of Practice – EMR – Patients will be able to read what the difference is between physicians.
- 2) PQRS (Physician Quality Reporting System) – Indefinite suspension and the CMA is in support of that.

A motion to approve the AMA House of Delegates, Medicare Advisory Committee, and COL Reports were seconded and passed.

8. Necrology – David Benjamin, MD, President

Dr. Benjamin reported that Tomi Bortolazzo passed away in her sleep recently. She practiced in Mammoth and asked for a moment of silence in her memory. She was his chief resident.

9. Elections

Officers

President:	Aaron Spitz, MD, M.D., Laguna Hills
President-Elect:	Matthew Cooperberg, MD, San Francisco
Imm. Past President:	David S. Benjamin, MD, Sacramento
Secretary/Treasurer:	Sean Stroup, MD, San Diego

Representatives

California Medical Association:

Representative:	David S. Benjamin, MD, Sacramento
Alternate:	Ron Allison, MD, Sacramento

Commission on Legislation:

Representative:	Demetrios Simopoulos, M.D., Placerville
Alternate:	Joseph Kuntze, M.D., San Luis Obispo

Carrier Advisory Committee:

Representative	Jeffrey E. Kaufman, M.D., Santa Ana
----------------	-------------------------------------

California Technology Assessment Forum (CTAF) Representative:

Representative	Matthew Cooperberg, MD, San Francisco
----------------	---------------------------------------

Young Phys. Rep. (YPS) to CMA:

Representative	Ja-Hong Kim, MD, Los Angeles
----------------	------------------------------

Board Members from Each Chapter:

Orange County Urological Society:	John C. Prince, MD, Orange
Los Angeles Urological Society:	Joseph Kuntz, MD, San Luis Obispo
San Diego Urological Society:	Eugene Rhee, MD, San Diego

A motion to approve the new slate of officers and representative was seconded and passed.

11. Adjournment

There being no further business the meeting was adjourned at 8:30 am on Sunday, October 25, 2015.

Respectfully Submitted

Matthew Cooperberg, M.D., Secretary/Treasurer

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

Continued on next page

Visit CUA on the
WEB

CUA

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
Saturday, May 7, 11:30 am
 (during the AUA meeting in San Diego)
Manchester Grand Hyatt
All interested urologists
are invited to attend

AND

WSAUA Health Policy Forum
and Practice Management Courses
Sunday, October 23
Grand Hyatt,
Kauai, Hawaii
 (during WSAUA annual meeting)

Extend your
 professional network!

Linked

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- 2016

Sean Stroup, M.D.
 Jonathan Berger, M.D.
 Martin M. Weiss, M.D.

Physician Reimbursement Systems (PRS)

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

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

- ### 2016 OFFICERS OF THE CALIFORNIA UROLOGICAL ASSOCIATION, INC.
- PRESIDENT:**
Aaron Spitz, M.D.
 - PRESIDENT ELECT:**
Mathew Cooperberg, M.D.
 - IMMEDIATE PAST PRESIDENT:**
David Benjamin, M.D.
 - SECRETARY-TREASURER:**
Sean Stroup, M.D.
 - CUA REPRESENTATIVES TO CMA Delegate**
David S. Benjamin, M.D.
ALT: Ron Allison, M.D.
 - 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.

Administrative Offices

California Urological Association, Inc.
 1950 Old Tustin Avenue, Santa Ana, CA 92705
 Tel: 714-550-9155 • Fax: 714-550-9234
 EM: info@cuanet.org • Web: www.cuanet.org

Administrative Staff

Editor: Aaron Spitz, M.D.
 Co-Editor: Kathy De Santis, CMP
 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.