

CUA REPORT



Fall/Winter 2017

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by Aaron Spitz, MD

Report of the 2017 American Medical Association House of Delegates Meeting



The 2017 annual meeting of the American Medical Association convened in Chicago Illinois in June as it does every year bringing together a vast array of delegates from around the nation representing all of

the state medical societies, the medical specialties as well as the military, medical students, residents and fellows, young physicians, and other special interest groups. Scattered amongst the delegations are approximately 16 urologists who comprise the Urology caucus which convenes and strategizes over the ratification or rejection of over 180 resolutions and 43 reports as well as elections of delegates to positions of leadership on councils, the Board of Trustees, and office for the

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American Medical Association. Our charge is to protect the interests of our patients and our profession proactively as well as defensively and we do so both with the resources of our urology professional societies as well as with strategic alliances with other state and specialty societies and caucuses. We are few in number but our influence is amplified as several in our ranks have attained positions of influence on Councils as well as serving as presidents of their state or professional medical societies.

Several reports and resolutions were of importance to Urology.

Male Infertility

The house passed a resolution co-sponsored by the AUA which rec-



President Aaron Spitz (seated) and Matthew Cooperberg, secretary-treasurer, report to the CUA Members in Vancouver, BC.

Continued on next page

President's Report (continued)

ognizes male infertility as a diseases state which will facilitate the mobilization of legislation and other resources to improve to care for infertile men. Other co-sponsors included the American Association of Clinical Urologists, the American Society for Reproductive Medicine, the Endocrine Society, and the American Congress of Obstetricians and Gynecologists.

Appropriate Use Criteria (AUC) for radiology requisitions

The house passed a resolution co sponsored by the AUA which calls for the Centers for Medicare and Medicaid Services (CMS) to delay the implementation of the Medicare AUC program which creates a layer of screening to the approval for reimbursement of key imaging studies. The delay is requested due to ongoing technical and workflow challenges with the implementation.

Elimination of the early match for Urology

The AUA, AACU and other delegates from the urology caucus worked effectively with the American Academy of Ophthalmology to push back a report from the AMA Council on Medical Education which had recommended that the Urology and Ophthalmology match be pushed back to the same time as the general match. This report was in response to a resolution introduced by the medical student section at the previous convening of the House which was effectively blocked by our delegates and referred for report from the Council. At this meeting we were able to once again refer this unfavorable recommendation and interestingly, turned the conversation to a surprising consideration that all students would benefit from a more staggered match process to allow unmatched students more time to reposition themselves.

Concurrent and overlapping surgery

Concurrent and overlapping surgery is a complex issue which affects access to care as well as access to education in training programs. A resolution was passed which directs the AMA to work with specialty societies to develop polices which are rational and based on physician input.

Maintenance of Certification

There is ongoing concern across the practice of medicine with board recertification and maintenance of certification, and this has become a recurring theme at the House of Delegates. The AMA takes a supportive posture to the frustrations of physicians caught up in the

Practice Management Workshop



Well attended was the Practice Management Workshop on Medical Malpractice Reform. WSAUA Health Policy Program Director Dr. Jeff Frankel, (R) poses with speaker Mark Hoffman, Esq., at WSAUA meeting in Vancouver, BC August 6, 2017



Mark Painter discussed Top 10 Actions for Urology Practices at the Practice Management Seminar.

process as reflected by previous reports and resolutions that have been ratified. At this year's meeting the House approved the AMA Council on Medical Education report which directs "the AMA to advocate that physicians who participate in programs related to quality improvement and/or patient safety receive credit for MOC Part IV.

Expansion of Medicaid

The House resolved that the AMA is to oppose federal caps on Medicaid funding.

Continued on next page

President's Report (continued)

MACRA

There is great concern about the roll out of MACRA and this has been frequently addressed in the House. At this year's meeting the AMA was directed to advocate that physicians treating high-risk beneficiaries receive appropriate scoring adjustments under MACRA and to study if current MACRA policy creates a disincentive to doctors to care for sicker patients.

Reimbursement for Unexpected Out of Network Care

Urgent and emergent care provided by physicians who are out of network are often inadequately reimbursed by the patient's insurance. The AMA has been directed to develop model state legislation addressing the coverage and payment for unanticipated out-of-network care. The AMA endorses the adoption of the Could Criteria which is physician triggered mediation when a physician's unique background or skills are not accounted for within a minimum coverage standard.

Health Plan Transfers of Pharmacies

The AMA will advocate that when third party payers mandate pharmacy changes due to changes in their retail network, the physician not be burdened with reinstating the prescriptions, refills and other clerical work that is triggered by such a mandated change in pharmacy. Furthermore the payor must insure the new pharmacy provides an adequate formulary which provides the treatment intended by the prescribing physician.

RAC Audit Reform

The AMA will advocate for fairness and relief in the practice of post payment audits including eliminating penalties for E and M services determined to be one level different, requiring practice specific oversight, removing financial incentives linking the penalty to the reimbursement of the auditor, making databases created by audits transparent, and retaining the intention of the medical record as a medical instrument rather than an accounting instrument.

Regulation of Physicians Assistants

Prior to our convening the American Academy of Physician Assistants had adopted a policy to establish autonomous state boards for the regulation of P.A.S. The AMA pushed back with a resolution directing the AMA to advocate for maintaining current oversight of

PAs under the authority of medical licensing and regulatory boards and opposing legislation that may seek to establish autonomous regulatory boards for P.A.S

Your Impact

The resources and recognition of the AMA are far greater than any state or specialty society and urology's voice through our delegation is representational tagged to the number of AUA or AACU members who are also AMA members. The AMA continues to support the interests of urologists and specialist while maintaining a forum for all doctors. They lobby at the state and national level on our behalf and dispatch lawyers across the nation to battle scope of practice infringements, insurance malfeasance, and other issues that so often are battled out in court and eventually become law. It is incumbent upon urologists to maintain as influential a seat at the table of the AMA as possible and therefore to maintain AMA membership.

—Aaron Spitz, MD.

California Urological Association Medicare Carrier Advisory Committee Representative



By Jeffrey Kaufman MD, FACS

CUA Past President, Representative to the Medicare Advisory Committee

October 2017

By the time you read this, it'll be too late. Under MACRA, to get even a modest bonus for MIPS reporting in 2019 (for 2017 performance) you needed to report for at least one quarter which began most recently on October 1. To qualify for the full potential 4% bonus for 2017, you needed to report for the entire year beginning January 1. HOWEVER, it's not too late to avoid the mandated 4% penalty (increasing to 5% in 2018 and then 7% and 9% in succeeding years) by reporting on just a single MIPS related measure by year end (the actual final deadline on filing reports ends March 31, 2018 for services delivered before 12/31/2017). Even if you can't qualify for a 2017 bonus, don't let yourself suffer a penalty for ignoring MIPS reporting requirements altogether. If you still don't understand reporting requirements this late in the year (and you shouldn't feel alone in this as only 20% of American doctors feel

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California Urological Association Medicare Carrier Advisory (continued)

comfortable with the new system), visit cms.gov, the [AMA](http://AMA.org) or [AUA](http://AUA.org) websites for a tutorial. Fortunately, since a majority of physicians don't fully understand this new, complex, confusing system, CMS has been forced to make accommodations and acknowledge that 2018 will have to be another "transitional" year. But don't ignore this issue, Pay for Value is here to stay along with the increased reporting requirements that entails. No matter what the Trump administration repeal or replace, MACRA will likely be the law of the land for years to come.

On a micro-level, Medicare recognizes that Fee For Service billing is going to control Medical billing for the near future (as opposed to Advanced Alternative Payment Models which the government is encouraging) and therefore has continued to focus on California-unique Local Coverage Determinations (local policies that determine allowed charges). Fortunately, California urologists are well defended. Many policies have been considered this year including Urolift procedures for BPH and new bio-markers for oncology (especially since many national reference labs are based in California giving Noridian control over them). The most recent policy (September 25, 2017) addresses expanded coverage for Prolaris to favorable intermediate risk prostate cancer. There are too many policies to list here, but I'm happy to address individual urologist's questions if you're not getting paid. A complete list of LCDs is available on the California Medicare carrier website med.noridianmedicare.com.

In general, all coding, billing and charges are scrutinized more carefully these days. It goes without saying (but I'll state the obvious anyway), do everything that's necessary, document everything you do and bill for everything you document. But ensure that all care is reasonable and necessary; unnecessary treatment will not be covered. Sign and date every note (or use a signature log if your signature is illegible) and make sure the note is legible. If you even suspect a procedure is questionable, clearly list indications in your note so that even the least trained auditor can understand what you did and why (don't assume that what you're doing or why is as obvious to the reviewer as it might be to a well trained urologist). There are multiple new levels of audits now in place so the chances of a visit coming under some sort of review are increasing. Some of the new audits come from contractors that aren't immediately

associated with CMS, but please don't ignore a request for records. The leading causes for denied claims are failure to provide records (in which case 100% are denied) followed by failure to document necessity in the record. Even if a charge is justifiable, it is far cheaper and takes much less time to get paid properly up front rather than fight through the appeals process. Other issues currently being looked at by CMS include unreasonable frequency of high level E&M visits (99204 or 99205), excessive use of codes for prolonged visits and frequent testing of Comprehensive Metabolic Panels. In the event that abuses are identified, Medicare is making a good faith effort at education and re-training before advancing to more punitive actions. But, if a note is well documented, it may save a great deal of time and expense up front. Forewarned is forearmed.

With legislation proposed both in Washington and Sacramento to change healthcare policy toward Medicare For All as a new paradigm, it's more important than ever to understand and cooperate with new Medicare rules to stay happy and financially successful. New Medicare rules and payment schedules are being released at the end of October for the 2018 fiscal year. **Stay tuned. In the meantime, if any members of the CUA are plagued by Medicare bureaucratic problems, contact me through the CUA office. If I can't help resolve them, I can at least offer a sympathetic ear!**

– *Jeff Kaufman, MD,*
CUA Representative, Medicare Carrier Advisory
Committee Representative



Dr. Jeff Kaufman reported on the results of the Medicare Advisory Meeting.

California Medical Association (CMA) House of Delegates Summary October 20-22, 2017



By John Lam, MD, MBA
CUA Representative to CMA HOD

Four (4) Major Issues Debated in 2017

- Health Care Reform: Federal
- Health Care Reform: Single-Payer & Public Option
- Mental Health
- Workforce

The CMA House of Delegates discussed recommendations and regulations that will assist with federal health care reform, as well as discussed how single payer or public health care options might work.

The recommendations related to improving the ACA include:

1. An improvement in the Medicaid physician payment rates to ensure access to care;
2. Covered California and Medicaid network adequacy enforcement;
3. Stable funding for the cost-sharing subsidies that help low-income families afford copayments and deductibles;
4. More reinsurance funding to cover high-cost;
5. Catastrophic cases which would stabilize the individual market and bring down premiums for everyone;
6. Either higher penalties on the individual mandate or a continuous coverage penalty to encourage healthy people to purchase insurance;
7. There was also a recommendation to address the high cost of prescription drugs as part of federal reform.

Any single-payer legislation will face political challenges in passage mainly due to the financial hurdle and strong opposition from various interest groups; operational challenges in implementation due to the complete change in health care financing and delivery; and uncertain impacts on cost and health outcomes. However, single-payer proposals are gaining traction. Existing CMA policy addresses some of the components of a single-payer system that are of concern to physicians, however these policies are outdated and do not address

the other components of single-payer proposals, such as funding of the single-payer system.

A public option could be viewed as a compromise between a single-payer system and the current system. A public option preserves the present system, but provides a lower cost plan for patients, and has the potential to spark necessary improvements to the current system such as lowering costs and improving quality. Hence, a public plan may be a more likely health care reform option. CMA policy supports a wide variety of health plan options and increased competition. However, existing CMA policy specific to a public option is limited and does not address most of the components of public option proposals that are of concern to physicians.

Despite raised awareness, mental illness continues to go unrecognized and underfunded in California. Many people with mental illnesses do not receive the help they need. The delegates discussed significant factors affecting the mental health system including access and infrastructure, and considered policies to support and improve the mental health system.

Maintaining a physician workforce that ensures all patients have sufficient and timely access to quality medical care continues to be a challenge for California. There are proposed strategies for leveraging and growing California's physician workforce. The Council identified several additional areas for inclusion in a comprehensive statement of principles, which would replace existing CMA policy related to physician workforce.

Modifier 25

Urologists use Modifier 25 up to 32% of time. Some Blue Cross plans (mostly on East Coast) have reduced payment by 50% for all E/M services with modifier 25 appended that are reported on the same day as a minor procedure, defined as those CPT codes with a 0-day or 10-day post-operative period raising concern that other payers may follow suit. On January 1, 2018, Anthem Blue Cross in California will cut reimbursement for E/M using Modifier 25. CMA is actively pursuing this matter and there was debate whether to bring this matter as an emergency resolution for this year's HOD meeting, but final decision of the delegation was not to move forward.

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California Medical Association (CMA) House of Delegates (continued)

Implications

- Reduction brings reimbursement below cost of physician expense
- Disincentives physicians to provide unscheduled services
- Patients could incur higher out of pocket costs and increased inconvenience due to return encounter
- Patients could encounter longer wait times with impacted specialties
- RUC and CMS are now already making reductions in value when E/M is reported over 50% of the time with a procedure

Other Highlights:

- Two candidates are running for election for 2018 CMA President-Elect position: Dr. Peter N. Bretan (Urology) and Dr. James J. Strebig (Internal Medicine). Dr. Bretan is the newly elected CUA President and we of course enthusiastically support his candidacy.
- CMA has been very involved in federal healthcare reform, and the executive committee has met with ABMS about MOC issues.
- AB 72 continues to have a dedicated staffer and a focus of attention for CMA from both providing support to individual physicians and groups and also advocating around issues like average contracted rate, network adequacy, etc.
- CMA continues to work to ensure the Proposition 56 monies go to physicians.
- CMA plan legislation on limiting recouping by MediCal to 365 days in 2018.
- CMA is also focused on the upcoming gubernatorial election, as having a governor who is focused on healthcare will be important.
- The CMA Foundation Board agreed to change the name of the foundation to Physicians for a Healthy California – to emphasize that it is not a foundation that wants to dispense grants to others, but instead are looking to get grants to improve care in California.
- President of the American Medical Association, David O. Barbe, MD, MHA, met with the Specialty delegation and gave a brief speech on physician leadership, staying

engaged, and the need to shape the future of healthcare, including quality and value-based measurements and payment systems. Also discussed the importance of specialty societies, such that the AMA delegation changed so that specialty society representation was equal to geographical society representation. Discussed the 3 areas of interest of the AMA: health outcomes, improving medical education to include health system sciences, physician satisfaction and practice sustainability.

AB-72

On July 1, 2017, a new law (AB 72) took effect that changes the billing practices of non-participating physi-

More on AB 72

The CUA has joined with a coalition organized by the American Association of Physicians & Surgeons (AAPS) that has challenged the constitutionality of AB 72 – legislation that fixes the fees of any physician who does not contract with a patient's PPO, HMO, or IPA and provides care at a contracting facility. In addition to fixing prices, the laws stemming from AB 72 hamper the ability of California physicians to contract with insurers. We believe AB 72 is devastating to the private practitioner and for non-contracted doctors who see patients in hospitals.

Governor Brown signed AB 72 (Bonta) to put a stop to “surprise billing” but he left intact the ability of Medical Provider Networks (MPNs) and insurance companies to skimp on medical coverage, for instance, by not retaining enough specialists.

The law, signed in 2016, was designed to reduce unexpected medical bills when patients go to an in-network facility but receive care from an out-of-network doctor. The new law requires an “interim payment” to physicians and place limitations on the ability of physicians who do not contract with a patient's health plan or insurer to collect their full billed charges for non-emergency services performed at a contracting health facility.

Because AB 72 leaves ‘network contraction’ as a viable business method, eliminating only the ‘surprise billing’ element, the coalition seeks to overturn this bill and CUA recommends that CMA seek legislation requiring MPNs to field fully staffed networks so that “out-of-network” doctors are no longer needed. The legislation needed would require that MPNs be fully staffed or risk penalties for non-compliance. Fully staffed’ means that they include a complete range of medical and surgical specialists.

See cuanet.org for more details

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California Medical Association (CMA) House of Delegates (continued)

cians providing non-emergent care at in-network facilities including hospitals, ambulatory surgery centers and laboratories. The law, signed in 2016, was designed to reduce unexpected medical bills when patients go to an in-network facility but receive care from an out-of-network doctor. CMA is aware of the potential adverse impacts of the new law on our physician members and have dedicated significant resources in order to achieve the best possible outcomes for physicians in light of the new billing restrictions.

General Session Speakers

Dr. David O. Barbe, President of the American Medical Association, spoke to the power of the AMA and how well California was represented in the AMA. He discussed AMA's work to prevent insurance mega-mergers, reform prior authorizations, scope of practice advocacy, address issues around chronic disease care (diabetes prevention, blood pressure, and opioids in particular), and shaping medical education to be more relevant (health systems sciences). AMA has provided \$425,000 in support of CMA's position of the medical staff in the Tulare Regional Medical Center case. Dr. Barbe discussed the success the AMA has had in shaping 2017 MACRA/QPP regulations as well as the planned 2018 proposals.

AMA objectives for improving the ACA

- Ensure that individuals currently covered do not become uninsured and take steps toward coverage and access for all Americans.
- Ensure that low/moderate income patients are able to secure affordable and meaningful coverage.
- Ensure that Medicaid, CHIP and other safety net programs are adequately funded.
- Maintain key insurance market reforms, such as pre-existing conditions, guaranteed issue and parental coverage for young adults.
- Stabilize and strengthen the individual insurance market.

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- Reduce regulatory burdens that detract from patient care and increase costs.
- Provide greater cost transparency throughout the health care system.
- Incorporate common sense medical liability reforms.
- Continue the advancement of delivery reforms and new physician-led payment models to achieve better outcomes, higher quality and lower spending trends

Andrew B. Bindman MD, UCSF; Sandra R. Hernández, MD, President and CEO, California Health Care Foundation; and Congressman Raul Ruiz, MD participated in a panel discussion on Federal Health Care Reform.

Rick Kronick, PhD, UCSD gave a talk on "Options for Achieving Universal Coverage in California". Universal coverage could be achieved either through public financing or through mixed public-private financing. A system with public financing can either be 'single payer', in which the government pays hospitals and physicians directly, or 'multi-payer', in which the government pays health insurers, which then pay hospitals and physicians. Achieving universal coverage through mixed public-private financing is less disruptive than through public financing. Public financing has the potential to mitigate many systemic problems, but actual results would depend on governance structures, politics, and mechanisms of accountability.

Micah Weinberg, PhD, President of the Bay Area Council Economic Institute, gave a talk on "The Case Against Medi-Cal Fee for Service for All". The case for Medi-Cal Fee for Service for all is that it would be vastly simpler, would ensure coverage and basic access for all, would likely prioritize public health measures over specialty access and may cost somewhat less. However, there are tradeoffs. At least 50% of California would have less coverage because of fewer benefits than almost all employer-based insurance and more limited benefits than Medicare. If Medi-Cal Fee for Service for all reduces costs, it will primarily hit providers. The Medi-Cal Fee for Service Proposal would destroy our managed care system. He also discussed the "Bismarck" multi-payer model in Germany.

Peter S. Arno, PhD, Political Economy Research Institute, gave a talk, "Single Payer for California & the Nation: Universal Coverage, Billions Saved, And How We Pay For It". Universal coverage in California is estimated to cost \$331B.

-John Lam, MD, COL Representative

30th Annual Membership Meeting California Urological Association

**Sunday, August 6, 2017 ~ Bayshore Hotel,
Vancouver, BC, Stanley Park Ballroom**

(Held in conjunction with the Western Section
AUA's Annual Meeting)

Officers Present:

Aaron Spitz, MD, President

Matthew Cooperberg, MD, President-Elect

John Lam, MBA, MD

Past-Presidents Present:

Eugene Rhee, MBA, MD

Joseph Kuntze, MD

Jeffrey E. Kaufman, MD

Executive Staff:

Chris DeSantis, MBA

Jeannie DeSantis, MBA

Kathy DeSantis, CMP

Officer Not Present

Sean Stroup, MD, Secretary-Treasurer

1. Call to Order

A quorum was established with 42 members present and approximately 60 in total attendance, President Aaron Spitz, MD called the meeting to order at 8:15am.

2. Approval of Minutes

The minutes of the previous Members Meeting held on October 23, 2016 were read and presented. **A motion to approve the minutes was seconded and passed.**

3. Report of the President– Aaron Spitz, MD, President

Dr. Spitz reported that 2017 has been an active year for the CUA, highlighting the following items:

- CMA support of legislation and measures relevant to urology
- CUA promotional campaign of November as Urological Health Month in California.
- CUA leadership in Telemedicine – Drs. Eugene Rhee and Aaron Spitz co-author white paper for AUA working on bringing telemedicine to a national level.
- Representation at CMA Commission on Legislation, Specialty Delegation and Lobby Day in Sacramento
- CUA pursuing new legislation to require insurance coverage for prostate cancer screening.

- Continued program for members to obtain up to 19 CEU radiology credits to renew their California x-ray license by attending specific scientific sessions during the WSAUA meeting.
- CUA sponsored coding billing and Practice Management Courses at WSAUA.
- Partnership with Zero Prostate Cancer Prostate – CUA is now the California Chapter of ZERO
- Enhanced website resources and capabilities.

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

4. Report of the Secretary/Treasurer, Presented by Chris DeSantis, for Sean Stroup, MD

Mr. DeSantis reported that for year-end 2016, the CUA posted a net gain of \$7,058. With this gain, the CUA reserve balance increased to \$321,979 up from \$315,920 in 2015. Total expenses were \$54,023, higher by \$4,852 and total revenue was \$67,287, less than last year by \$5,111. Dues income was down substantially by \$21,456 mostly as a result of late payments. Reviewing the financial reports, he noted that the CUA remains stable considering the difficult business climate most associations are facing. He stated that the CUA is a 501c 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.

Membership Dues are \$150 per year. Of the 475 total members, 186 are exempt as seniors and 289 are therefore considered regular dues paying members. Of the total dues paying members, so far 185 (64%) of the 289 are current. At this time, 104 members (\$15,530) remain outstanding.

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 July 10, 2017 to review the 2016 financial reports and 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.

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

Dr. Spitz reported that with urology members, we are able to influence AMA policy that is specific to urological issues to defend our territory. He stated the AMA has done a lot of good and continues to align with the interests of urologists. They meet twice a year with representation from the AUA and AACU to promote and defend urologic interests within the AMA.

He reported that:

- AMA opposed another block to the good of Urology and has protected interests of urologists.
 - MOC continues to be a big consideration due to abuses and corruption, MOC not allowed as a criteria for physicians. AMA showed support for physician’s concerns of MOC; passed resolutions for specialists of ADMS.
- Feather in Cap – Male Infertility was recognized as a “disease”.
- Physicians Assistants may have their own regulatory board apart from physicians.

8. Report of the Noridian Medicare Advisory Committee – Jeffrey E. Kaufman, MD

Dr. Kaufman summarized the February 15, 2017 meeting of the Medicare Advisory Committee:

- Oct 1 – end of ICD-10 grace period
- Medicare revalidation is necessary every 3-5 years
- Local Determination Policies proposed, can draft them ourselves.
- CERT Audits – payments must be properly made for what you bill for – keep good charts
- MACRO rule changes go into effect Jan. 1 2017
- Proposition to change Part B reimbursements

9. Report of the CMA Council on Legislation– John Lam, MD

Dr. Lam provided a detailed written report and verbally summarized items addressed from the March 17 meeting.

10. Report of CMA Specialty Delegation Peter Bretan, MD

Dr. Bretan acknowledged and thanked both Dr. Aaron Spitz and Dr. Jeff Kaufman for eloquent presentation

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ZERO Prostate Cancer – California Chapter News
by Vanessa Petersen, Chapter Director

The CUA raised \$120 in oxygen canister sales for Zero PC at the Oxygen Bar booth during the WSAUA annual meeting in Vancouver and held a fun run race around Stanley Park.

CUA members can join in any team race, you can register at the website for the California Urological Association Team. Registration is \$30 for the 5K or \$20 for patients.

San Francisco's event has been postponed for 2018 and ZERO is looking at a new event production company, host (Urology Group) and location.

ZERO is gearing up for the annual Advocacy Summit in late February. This is our lobby day on the hill where over 100 advocates come out to meet with elected officials in their district on priorities of the organization. ZERO started as a grassroots advocacy organization with the mission to secure federal funding for prostate cancer research. As the prostate cancer landscape has evolved, so have we. Today, we are the destination for taking action to end prostate cancer and making prostate cancer research a national priority. Thanks to passionate advocates like you, more than 100 ZERO Advocates gather each year at our Prostate Cancer Summit and descend on Capitol Hill in Washington, D.C., fighting for policies that will end prostate cancer.

2018 dates for California are as follows:

- Long Beach - June 23, 2018
- San Diego - September 15, 2018
- Napa Valley - September TBD
- San Francisco - November TBD
- Sacramento - November TBD

www.zeroprostatecancer.org/goto

30th Annual Membership Meeting (continued)

to the legislatures as CUA leaders to influence legislation to the benefit of Urologists in California. CUA was able to establish an alliance with senators to influence bills as they arise and were very effective. CMA, AMA and organized medicine were united in opposing Graham-Cassidy. The bill would have allowed states to waive protections for pre-existing conditions and essential health benefits, including maternity and mental health services. Millions of Californians would have lost their coverage, and many others would have been seriously underinsured.

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

11. Chapter Reports

Board Members from Each Chapter:

Orange County Urological Society:

Joel Gelman, Orange

Los Angeles Urological Society:

John Lam, San Luis Obispo

San Diego Urological Society:

Carol Kashefi, San Diego

12. Report of AQUA – Matthew Cooperberg, MD

Dr Cooperberg gave a brief report on urologists participation in AQUA, over 450 practices signed up. Opportunities develop with more practices that are growing in California that will get online with AQUA.

13. Elections

Nominees on the slate for the 2017- 2019 term are:

- President: Peter Bretan
- President-elect: Matthew Cooperberg
- Secretary – Treasurer: John Lam
- Committee Representatives:
- CMA Delegate: John Lam,
Alternate: Peter Bretan
- Commission on Legislation: John Lam,
Alternate: Joseph Kuntze
- Carrier Advisory Committee: Jeffrey Kaufman
- California Technology Assessment Forum (CTAF):
Matthew Cooperberg
- Young Physician Rep to CMA: Robert Lurvey
- Regional Board Representatives:
- Orange County Urological Society: Joel Gelman,
Orange

Los Angeles Urological Society: John Lam,
San Luis Obispo

San Diego Urological Society:
Carol Kashefi,
San Diego

A motion to approve the new officers and representative was seconded and passed unanimously by show of hands.

14. New Business

Dr. Spitz announced that the CUA will send a survey to members to determine if telemedicine is a relevant aid to lack of access to care in California.

15. Adjournment

There being no further business the meeting was adjourned at 8:00 am on Sunday, August 6, 2017.

**Newly Elected President
Peter Bretan, MD**



**A Time for
Physicians to Lead**

It is a distinct honor to serve as the newly elected CUA President. The CUA is a highly regarded organization both nationally and at CMA. It is generally considered one of the most well organized and powerful state specialty societies – thanks to my forbearers and the steadfast support of our members. I will not take for granted all that has been done and accomplished. It takes work and leadership – which I intend to continue.

By participating in the development of healthcare policy through these types of leadership, we enable our profession of medicine to remain physician-led in these most volatile times. We have an opportunity to better the trajectory of healthcare for our patients, but it will take teamwork and experience. It is my-intent to serve at the highest level possible for the benefit of our member’s profession and practice. Formulation of good healthcare policy by our CMA recently has enabled our forty-five thousand Physicians to provide better care for their patients, but going forward innovative strategies will be required in this new era of polarizing legislative agendas.

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Newly Elected President Peter Bretan, MD (continued)

The doctor-patient relationship is sacrosanct. Even as an ultra specialist in transplant and urologic surgery, I believe that patients are best cared for close to their Physicians and families. That is why after a successful urban centered academic career, I now deliver rural care to six different northern California counties, and ten different hospitals and clinics covering a two hundred mile radius. These experiences enabled me to effectively serve as the chief of Urology or Surgery at three of those hospitals, as well as their CMA/AMA OMSS representative for the past seventeen years.

With dwindling rural physicians' population being accelerated by impending programs of the Medicare Access & CHIP Reauthorization Act (MACRA), the Merit based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), our profession requires representation by leaders with credible experience and the ability to debate and educate our legislators.

For this reason, I have been teaching healthcare policy courses to help produce an army of educators to our elected officials. It is this potential that makes our students and residents the most important members of our CUA and CMA; they are our future of the practice of medicine, our profession.

For this reason, I bring thirty to forty students each year to medical missions, seeing over eight thousand patients and performing more than a thousand lifesav-

Brief Biography-Peter Bretan, MD

Dr. Bretan is a practicing Renal Transplant Surgeon and Urologist, with special training in laparoscopic surgery. He covers rural northern California as a solo practitioner, via being on the active medical staff of 9 hospitals via robotic telemedicine. He is serving his 4th term as President of the Marin Medical Society and has been a California Medical Association (CMA) delegate; an AMA alternate delegate since 2003, and an active member since a medical student in 1976. He is the past Chair of the CMA's Presidents Forum and remains on their Executive Committee as an Elected Member at Large. He has been on the Board of CalPAC since 2006. In 2012 he began his 1st term as CMA Trustee. At the recent CMA House of Delegates meeting, he was elected District X AMA Delegate and announced his candidacy for 2018 CMA President-elect.

ing surgeries in less than a week-not just to show them how to save lives, but most importantly, that every life is precious.

We are all life savers! Please join me in being a physician leader if you can, and if you cannot, please stay active as a member in the CUA and CMA.

-Peter Bretan, MD

November is Urological Health Month in California Promote it to your Patients

- Download and display the urological health month poster
- Convey a positive message of appreciation for the care & service you provide during the month of November
- Be sure to print it color!
- Click the link below to download your office poster!
<http://cuanet.org/wordpress/wp-content/uploads/2017/11/Nov-Uro-Health-Poster.pdf>

Courtesy of the California Urological Association

Post It All Year!



BECAUSE NOVEMBER IS

**UROLOGICAL
HEALTH MONTH**

IN CALIFORNIA

- Bladder
- Kidney
- Testes
- Penis
- Prostate
- Urinary Tract



Not sure...get it checked!

Courtesy of the California Urological Association - preserving and protecting present and future urological care for the people of California

California Urology Alliance

The CUA Alliance Network supports young urologists and residents on the local chapter level and provides a network resource and current topic presentations from key presenters. Pictured are residents from the Los Angeles Urological Society, Orange County Urological Society and San Diego Urological Society who offer residents a forum to present their research in a friendly competition. The local chapters meet several times a year.



Each CUA Chapter offers quality education and opportunity to hear excellent speakers on the latest techniques and approaches.

SDUS Chapter Recent Speakers

Raoul Concepcion, MD
 Marc A. Dall'Era, MD
 Stuart Boyd, MD
 Jeffrey Yoshida, MD
 Jesse Mills, MD
 Edward Uchio, MD
 Eugene Y. Rhee, MD, MBA
President (pictured):
Roger Sur, MD

OCUS Chapter Recent Speakers

Charles Modlin Jr., MD, MBA
 William Kim, MD
 Edward M. Uchio, MD
 Roger Sur, MD
 Ralph Clayman, MD
 Mohamad E. Allaf, MD
 E. David Crawford, MD
 Peter R. Carroll, MD
 Patrick C. Walsh, MD
President: Joel Gelman, MD
Pres Elect: Gamal Ghoniem, MD

LAUS Chapter Recent Speakers

Leonard S. Marks, MD
 E. David Crawford, MD
 Jay T. Bishoff, MD
 Vitaly Margulis, MD
 Abraham Morgentaler, MD, FACS
 Patrick C. Walsh, MD
 Martin Gelbard, MD
 Michael J. Kennelly, MD
President (pictured):
John S. Lam, MD.

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CUA

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

2018 Meeting Calendar

CUA Members Meeting
★ Sunday, October 28 ★

**Held in conjunction with
WSAUA Annual Meeting**

Wailea, Maui

Followed by

**CUA and WSAUA
Health Policy Forum**
Sunday, October 28

Extend your
professional network!



Join the CUA on
[http://www.linkedin.com/](http://www.linkedin.com)
Search for "California Urological"
and then request to join.



Like Us on Facebook
www.facebook.com/CalUrological



Your Connection to
Organized Urology

www.urologynetwork.NET

CUA Partners with



To End Prostate Cancer
Join a race in your area at
zeroprostatecancer.org

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

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ALT: Joesph Kuntze, M.D.

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Peter Bretan, M.D.

CUA Wants Your Input!

Please contact us if you wish to get involved in leadership

Call Jeannie at 714-550-9155

or email us at

info@cuanet.org

THANK YOU!

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.



Your Urologist

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