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It is my great pleasure to introduce Jeffrey Triest as our incoming President of the North Central Section of the American Urological Association, Inc. Jeff received his medical degree and completed his residency training both at Wayne State University School of Medicine in Detroit, Michigan. He then went on to complete a two-year oncology fellowship at the Barbara Ann Karmanos Cancer Center in Detroit and joined Wayne State University as full-time faculty in 1998. Educating and teaching the next generation of urologists has been his passion and interest throughout his career. While at Wayne State University, Jeff served as the director of the graduate urology curriculum, provided oversight of all departmental educational activities and conferences, coordinated the surgical simulation lab, and served as the Department of Urology Residency Program Director for 10 years. After 21 years in full-time academics, Jeff left Wayne State University to join the Michigan Institute of Urology where he maintains a clinical practice at several Metro Detroit area hospitals. Though he is in private practice, he continues to interact with the residents of Wayne State University as an affiliate faculty in their off-site rotations. This new position has enabled him to explore other opportunities and expand on his clinical practice interests, which include endourology and the treatment of complex stone disease.

Dr. Triest has been actively involved in numerous organizations. He has served as the Secretary/Treasurer and President of the Michigan Urological Society and served as the Michigan Representative to the NCS Board of Directors. He then continued to provide service to the Section as Secretary and was instrumental in the planning of the Section Annual Meetings from 2017-2019.

Jeff resides in Dearborn, Michigan, with his wife Brenna and their blended family of three beautiful daughters. Outside of medicine, Jeff enjoys antique oddities and “everything old” but has a special interest in the restoration of vintage Schwinn bicycles and classic American cars.

Please join the entire NCS Board of Directors in welcoming Dr. Jeffrey Triest as President of the NCS. Jeff has served the section membership for many years and it will be a great pleasure to work under his leadership in the coming year.
FROM THE IMMEDIATE PAST PRESIDENT

Mark D. Stovsky, MD, MBA, FACS

The 94th Annual Meeting of the North Central Section was an undeniable success. In executing this year’s meeting, the officers and executive board overcame substantial challenges caused by the COVID-19 crisis to host a high quality meeting – pivoting to a virtual format and overcoming a myriad of logistical challenges. In doing so, this year’s meeting continued to highlight the best cutting-edge research coming from our section’s academic and clinical centers as well as the North Central Section’s excellence in health policy. Even accounting for the novel virtual format, attendance for the meeting was strong and mirrored prior in-person meetings. All indications are that attendees got substantial value from the content – both from the podium presentations and the virtual abstract/poster sessions. I would like to personally thank Dr. Liz Takacs, Secretary of the NCS, for shouldering the burden of pulling off a very successful meeting this year. I would also like to thank Drs. Klotz and Lotan, my invited speakers, for providing informative and thoughtful presentations to our membership. I also want to thank the entire NCS board and the WJ Weiser and Associates, Inc. team for their efforts in organizing and supporting the meeting, and particularly Samantha Florine for her excellent work.

The NCS board is in excellent hands and continues moving forward in its mission with incoming NCS President Dr. Jeff Triest from Michigan supported by the continuing efforts of NCS Secretary Dr. Elizabeth Takacs from Iowa and NCS Treasurer Dr. Matt Gettman from Minnesota. I also want to congratulate Dr. Ed Cherullo on his election as NCS Treasurer-Elect, and Dr. Bradley Schwartz for his appointment as President-Elect.

It has been the honor and pleasure of a lifetime to serve the NCS as President and, before that, as Treasurer, Young Urology Chair, and member of the Board of Directors. I look forward to seeing you all in person next year at the annual NCS meeting in Chicago.

FROM THE TREASURER

Matthew T. Gettman, MD

I appreciate the opportunity to provide the Treasurer’s report to the membership of the NCSAUA. From a financial perspective, I am happy to share that the organization remains fiscally strong despite what has been an unprecedented year. The total funds balance for NCSAUA for the period ending August 31, 2020 was $2,796,396. The NCS Education Fund, which represents our reserve account, showed a balance of $2,436,396. This fund remains held in a Vanguard account with money from our section pooled with other AUA investments as a strategy to provide a good return on investment with significantly decreased investment fees. For the year, the fund has realized a gain of 4.1% while investment fees were $474. Since transfer of funds into this account in January, 2017, the 1-year and 3-year returns on investment have been 11.8% and 7.6%, respectively.

We reforecasted both the 2020 annual meeting and overall budget, considering the impact of the pandemic and the decision to hold the annual meeting in a virtual format. Under the leadership of our President, Dr. Mark Stovsky, and our Secretary, Dr. Elizabeth Takacs, the virtual meeting was well received and participants gained valuable knowledge from this innovative and cost effective delivery format. As we work to close the books for the year, we are in a good position to see an overall profit for the year despite the pandemic. Next year we look forward to the return of the traditional meeting format in Chicago. At that meeting, we will again aim to improve the value of the experience based on ongoing changes by the board. These changes were based on the results of a strategic planning session held by the board last year to further improve the quality of meetings and services provided to members while at the same time keeping costs as low as possible. From a standpoint of the membership, I am also happy to note that the section looks strong with 1,685 members as of June 30, 2020.

We are excited about the positive work that has continued at NCSAUA despite the difficulties of the pandemic. Indeed, it will be great to resume the traditional format next October in Chicago, and please make plans to attend!
The 94th Annual Meeting of the AUA’s North Central Section was very different than I had imagined or envisioned a year ago as I took over as secretary of the section. Despite the changes in format and uncertainty experienced going into the first-ever virtual meeting the section hosted, it should be considered a success. The success is due to the hard work and adaptability of our speakers, both invited and abstract presenters, and of WJ Weiser and Associates. I would like to start the secretary report by thanking all the participants, speakers and attendees. Without your willingness to adapt this meeting could not have occurred.

This year’s meeting was focused on providing high yield content across multiple domains of urology including a tripartite series on neurogenic bladder, state of transgender care, focus on different surgical treatment modalities for treatment of BPH, and select areas of oncology. The meeting concluded with the Health Care Policy Session where the focus was on the impact of COVID-19 across all aspects of urology.

We had a record number of 401 abstracts submitted this past year with selection by the program committee and board of directors of 172 podiums, 69 poster, and 13 videos for presentation. The section has a tradition of strong quality research presentations at our annual meeting and this year was no different. Thank you to all who submitted abstracts, and to the presenters for recording and uploading their presentations. The Board of Directors selected the five best podium presentations, the best video, and the best bizarre and interesting case. In addition, the following award recipients were: Hari Vigneswaran, MD for the Traveling Fellowship Award, Vibha Sabharwal, MD for the Thirlby Award, Timothy Boswell, MD for the John D. Silbar Award, and Naveen Kachroo, MD for the NCS Health Policy Young Investigator Award. Congratulations to all of the award winners. The full list of individual award winners for the 2020 Annual Meeting can be found on page 9 of this newsletter or on the NCS website.

As we transition into the planning of the 95th Annual Meeting on October 6 - 9, 2021 at the Fairmont Chicago Millennium Park in Chicago, I would like to take the opportunity to notify members of new sessions being considered for 2021. The education committee has worked to develop three new opportunities for involvement in the NCS Annual Meeting. These include Power Hour, Open Mic, and Interactive Learning through educational courses.

Power Hour is designed to be a series of rapid-fire talks that present in a succinct format, high-level overview or pearls for everyday use. All members are encouraged to consider proposal submission of talks they would like to give; these will be selected in a similar manner as the abstract selection process.

Open Mic is open to fellows and physicians within their first 15 years of practice who are not yet recognized nationally as leaders in their field, and it is for those wanting the opportunity to speak at the annual meeting. Participants will present a 20-minute lecture (15-minute presentation 5-minute Q/A) on any urology or health care policy topic of their choosing. Closer to the meeting a predetermined number of slots will be opened for “first-come first-serve” sign up; membership within the section is a requirement for participation.

Interactive learning had been slated for 2020, but due to change in format was delayed to 2021. This opportunity is geared to those wanting to develop and host a course. Criteria are the course must have clearly defined objectives and utilize interactive learning. We encourage multi-institutional submissions. Courses submitted and accepted for the AUA Annual Meeting are excluded. Selection will be determined by the education and program committees.

At the Annual Business Meeting, the membership approved Dr. Jeffrey Triest as President, Dr. Bradley Schwartz as President-Elect, Dr. Edward Cherullo as Treasurer-Elect. Thank you to the nominating committee for their efforts and insights. I would also like to welcome our new members to the section.

The following bylaws changes were approved by the membership:
ARTICLE I
MEMBERSHIP
Section 4 – Voting Status and Rights

Only Active and Senior Members of the Section who are members in good standing of the AUA and AUA Education and Research, Inc. (AUA E/R) shall be eligible to vote at the Annual Meeting. Active and Senior Members who are elected to Honorary Membership shall retain their voting status. Only voting members are eligible to hold office. All members shall be entitled to receive the latest available copy of the Articles of Incorporation, the Bylaws and the roster of membership of the Section.

Section 5 – Election/Approval of Membership

Active and Associates membership applicants shall be approved by the AUA Section Secretaries/Membership Council periodically throughout the year. All other membership category applicants shall be approved by the Section’s Membership Committee. All members shall be elected at the Annual Business Meeting and must also be members of the AUA and AUA E/R or have made application for membership to the AUA and AUA E/R. New members shall receive a Certificate of Membership from the Secretary and the AUA will be notified of their Section membership.

Section 6 – Active Members

Requirements for Active Members are as follows:

1. Possession of an unlimited license to practice medicine and surgery in the state, province or country of the applicant’s residence.

2. Membership in good standing in the American Urological Association, Inc. and practice within its geographical boundaries.

3. Possession of an MD or DO degree (or United States Medical Licensure equivalent), and completion of an ACGME accredited urology residency or equivalent accreditation organization) by the Royal College of Surgeons (“RCS”) in Canada or the Quebec Board of Urology or the certifying Board of Urology in the country where practicing, within the geographic boundaries of the AUA.

4. Limitation of practice to the specialty of Urology.

5. Certification by the American Board of Urology (“ABU”), American Osteopathic Board of Surgery (AOBS), the Royal College of Surgeons in Canada or the Quebec Board of Urology or the certifying Board of Urology in the country where practicing, within the geographic boundaries of the AUA.

6. Recommendation for membership by two (2) voting members of the Section, except if certified within the last 24 months as provided in item (5) above.

7. Letter of recommendation from the Chief of Urology, Medical Director, or Chair of the Credentials Committee at the hospital(s) where the applicant has privileges, except if certified within the last 24 months as provided in item (5) above.

Section 18 – Application For Membership

Applications for Active and Associate membership in this Section must be made on forms approved by the Board of Directors and provided by the AUA Secretary. Qualifications for membership in each of the indicated categories shall be as stated in this Article I.

Section 19 – Publication of Names

A report of new members by category admitted during the past twelve months shall be available to the membership on the Section’s website. The names of applicants for Active membership which have been approved by the Section Board of Directors shall be available to the membership prior to the Annual Business Meeting.

Section 23—Method of Election

Applications for all categories of membership must reach the Secretary at least seven (7) days before the Annual Business Meeting. The names of the applicants for all categories of membership will be published in the Annual Business Meeting program book or circulated at the Annual Business Meeting. Each applicant for membership who has met the requirements contained in these Bylaws shall become a member if he or she receives a majority vote of the members present and voting at the Annual Business Meeting. The names of all new members elected in the past year shall be published in the program of the Annual Meeting. The Secretary shall furnish all new members a written notification of membership, a copy of the Bylaws, and a roster of membership of the Section. Active and Honorary Members shall be furnished a Certificate of Membership.
Biden signals focus on common-ground health policies
With a GOP-controlled Senate and Democrat-controlled House, the most plausible path for President-elect Biden to advance his health care agenda will be via administrative action, such as executive orders and regulatory rulemaking. For example, he is likely to roll back Medicaid work requirements sought by the Trump administration and bolster the Affordable Care Act in several areas. Some of these actions, however, are required to undergo the full regulation-writing process and comment period, which can take many months, occasionally years. There are also some limited areas, including surprise medical billing, prescription drug pricing, and a shift to value-based care, where policymakers may be willing to work together to advance policies broadly supported by the electorate. Whether their popularity with voters will be enough to break the partisan gridlock on Capitol Hill, however, remains to be seen. Read more at UrologyTimes.com.

HHS Finalizes Rules Modernizing Stark Law, Anti-Kickback Statute
On November 20, HHS issued Final Rules, first proposed in October 2019, that implement significant changes to the Stark law and the Anti-Kickback Statute (AKS). The release comes despite earlier suggestions that the rules could be delayed until late in 2021. The AACU prepared a summary of the rules, which represent another important step toward allowing physicians to deliver value-based care.

UnitedHealthcare Delays Copay Accumulator Policy
On Nov. 12, UnitedHealthcare announced the suspension of their "Accumulator Adjustment – Medical Benefit" program “due to recent feedback we’ve received from healthcare professionals like you.” The policy would have required providers to report the amount their patients receive in copay assistance for office-administered treatments. UHC planned to use this information to enforce a copay accumulator, ensuring that no copay assistance funds would be applied toward patients’ deductibles or out-of-pocket maximum payments.

Illinois Coalition Wants to Make Telehealth a Permanent Option
The Coalition to Protect Our Telehealth is asking the Illinois General Assembly to make Gov. J.B. Pritzker’s executive order that allows a patient to confer with their doctor via video chat a state law. They want the laws to bar insurance providers and others from classifying a telehealth visit differently than an in-person visit or requiring a different set of practitioners rather than the patient’s current doctor. The coalition said 36 states require coverage parity for telehealth and 16 require payment parity for private plans, but Illinois has neither. Illinois has no laws that require parity in telehealth for Medicaid patients.

Indiana Improves Telemedicine Reimbursement During COVID Emergency
Indiana Medicaid announced changes to telemedicine reimbursement that allow providers to use codes that reimburse at the higher, non-facility, rate. Such policy changes will continue through the COVID-19 public health emergency. The changes published September 24, 2020, are intended to make telemedicine reimbursement policies consistent with Medicare and across Medicaid payors. Specifically, the changes require Medicaid providers to bill for telemedicine services using the place of service code that would have been reported had the service been furnished in person and modifier GT. The change allows providers to be reimbursed for services rendered through telemedicine at the same rate as if services were provided in-person. This means that providers may be paid the non-facility charge for both Medicaid Fee-For-Service and Medicaid managed care claims, which is typically a higher rate.

Michigan Legislature Focuses on Healthcare during Lame-duck Session
As the Michigan Legislature began its lame-duck session the week of Nov. 30, it took up several bills that would impact hospitals. Legislative action included bills to expand healthcare capacity during the pandemic, make changes to the CON program and improve behavioral health services in Michigan. With only a few days left in this legislative session and a surge of COVID-19 cases, sources expect healthcare issues to remain a major focus of legislation passed this month. Read more from the Michigan Health and Hospital Association.
Minnesota Physicians Promote Telehealth in Legislative Committee Hearing
MMA President Marilyn Peitso, MD, testified in support of extending telehealth flexibility in Minnesota before a state House committee on Dec. 8. The bill calls for continuing the changes in the “site of service” definition to allow telehealth to be provided to a patient in their home. This change originated through an executive order from Gov. Tim Walz, and codified during a special session this summer, but only through February 2021. The bill extends that date to June 30, 2021, to give the Legislature more time to consider a permanent extension once the next legislative session begins on Jan. 5, 2021. Prior to the governor’s executive order, state law required the patient to be at a clinic, hospital, or other health care facility for care to be delivered to the patient.

Ohio House Approves Telehealth Expansion
A bill to expand telehealth amid a pandemic that continues to grow in Ohio has entered a state Senate committee for consideration. House Bill 679 passed the Ohio House in June and seeks to expand telemedicine provisions already present in law regarding fields such as psychology, speech pathology, therapy and professional counseling, independent social workers and dietitians. The bill also seeks to keep health benefit plans from charging a patient more for a telehealth appointment comparable to an in-person appointment. The proposal allows health care professionals to negotiate with health plans on a reimbursement rate related to telehealth services and includes Medicaid providers and patients in telehealth eligibility. The Ohio Senate is scheduled to be in Session through December 17th.

Wisconsin Governor Seeks Coverage Parity for Telehealth Services
Governor Tony Evers is asking the state Legislature to mandate coverage parity for telehealth services through the end of 2021. The bill was included in a COVID-19 relief package unveiled before Thanksgiving. It’s one of dozens of proposals covering everything from management of testing facilities and overflow facilities to evictions, unemployment payments, student testing requirements and a public information campaign to hire contact tracers. The bill “prohibits a health insurance policy or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage for a treatment or service provided through telehealth if that treatment or service is covered under the policy or plan when provided in person by a health care provider.”
Greetings from your historian,

I would like to personally thank the program committee for conducting the first entirely virtual meeting of the NCS and all others who took time to present and attend this meeting. I would also like to pay tribute to our NCS members who have passed. As any other specialty in medicine, these urologist and many before them have contributed to the foundation that makes our specialty great.

Since the beginning, the North Central Section has been home for many great urologists and great urologic achievements. Each year at the AUA, the History of Urology Forum showcases historical events with urological twists. For those history buffs this is a must-attend forum while at the 2021 AUA. This forum is designed to educate urology practitioners on the history and development of urology including the history of instruments, the development of major surgical and medical advances in the treatment of urologic diseases, and biographical information on significant individuals in the field of urology and the history of medicine. I continue to encourage members to share this history with the AUA by submitting abstracts to be presented at the AUA Annual Meeting. Each year the Retrospectroscope Award ($1,000) is given to the best abstract at this forum. I would also like to encourage chairman and program directors to celebrate the achievements of their institutions and hospitals by having staff or residents chronicle these achievements for all to marvel.

The AUA History Committee continues to put together exhibits for each AUA meeting. These exhibits are on display at the William P. Didusch Center for Urologic History and can be virtually accessed at www.urologichistory.museum. It continues to be an honor and pleasure to serve as the historian for the North Central Section. Please feel free to contact me at thagardn@iupui.edu.

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**FROM THE HISTORIAN**

Thomas A. Gardner, MD, MBA

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**IN MEMORIAM**

In loving memory of members who have passed in 2020

These members supported the Section during their lifetimes and each made his or her contribution to our profession.

Although separated from us by death they are fondly remembered by all of us.

Bruce M. Berkson, MD
Riverwoods, IL

Thomas McKinney Board Jr., MD
Springfield, OH

Gerald W. Chodak, MD
Michigan City, IN

Richard James Holloway, MD
South Bend, IN

Jerry Lee Irwin, MD
Grand Rapids, MI

Calvin F. Stone, MD
Mount Prospect, IL

Henry Ernest Wolfe Jr., MD
Urbana, IL

Charles Edward Hawtrey, MD*  
Iowa City, IA  
*Past President
PODIUM WINNERS:

Podium #79
“CHROMOPHOBE RENAL CELL CARCINOMA – EVIDENCE FOR A NEW GRADING SYSTEM”
Presented by: Svetlana Avulova, MD, Mayo Clinic

Podium #40
“PREDICTION OF EARLY SPONTANEOUS RESOLUTION USING URETERAL DIAMETER RATIO WITH BLADDER VOLUME AT ONSET OF VESICOURETERAL REFLUX”
Presented by: Christopher Cooper, MD, University of Iowa

Podium #135
“SKOPE – STUDY OF KETOROLAC VS OPIOID FOR PAIN AFTER ENDOSCOPY: A DOUBLE-BLINDED RANDOMIZED CONTROL TRIAL IN PATIENTS UNDERGOING URETEROSCOPY FOR URINARY STONE DISEASE”
Presented by: Naveen Kachroo, MD, PhD, Cleveland Clinic

Podium #52
“ASPIRATION AND SCLEROTHERAPY FOR HYDROCELE OR SPERMATOCELE: A CONTEMPORARY SERIES”
Presented by: Scott Brockman, MD, Rush University

Podium #94
“COST-EFFECTIVENESS OF MAINTENANCE BCG FOR INTERMEDIATE AND HIGH RISK NON-MUSCLE INVASIVE BLADDER CANCER”
Presented by: Vidit Sharma, MD, Mayo Clinic

VIDEO SESSION WINNER:
Timothy Boswell, MD, Mayo Clinic

BEST BIZARRE AND INTERESTING CASE WINNER:
Brett J. Watson, MD, Beaumont Health

JOHN D. SILBAR AWARD WINNER:
Timothy Boswell, MD, Mayo Clinic

THIRLBY AWARD WINNER:
Vibha Sabharwal, MD, Amita Bollingbrook Hospital

TRAVELING FELLOWSHIP AWARD WINNER:
Hari Vigneswaran, MD, University of Illinois at Chicago

NCS HEALTH POLICY YOUNG INVESTIGATOR AWARD WINNER:
Naveen Kachroo, MD, Cleveland Clinic

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ZERO-The End of Prostate Cancer
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Note: The NCS members below list only those serving on AUA Committees selected by the NCS, and does not include NCS members serving on AUA Committees selected by the AUA.

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Daniel A. Shoskes, MD (Representative)

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MARK YOUR CALENDARS

95th Annual Meeting of the North Central Section
October 6 - 9, 2021
Fairmont Chicago Millennium Park
Chicago, IL

Abstract submissions are currently being accepted at abstracts.ncsaua.org.

Registration materials for the 95th Annual Meeting will be mailed and available online at ncsaua.org in spring 2021!

We look forward to seeing you in Chicago!