

President's Message

 by Chandru Sundaram, MD, FACS**2013****Pre-Convention News**

***Plan to Attend the
87th Annual
NCS Meeting
October 8 - 12, 2013
Naples, Florida***

*Chandru Sundaram, MD, FACS*

I am looking forward to welcoming you to the 87th Annual Meeting of the North Central Section of the AUA in Naples, Florida, October 8 – 12, 2013. The meeting promises to be one of the best academic programs with unique social events. Please do not miss the opening day. For the first time at our section meeting, we will present simultaneous transmission of live robotic surgery from both the coasts: Cystectomy with Intracorporeal Reconstruction from University of Southern California in Los Angeles and Radical Prostatectomy from Celebration, Florida. This meeting features outstanding guest speakers, including Dr. Arthur Smith from Long Island; Dr. Gopal Badlani, AUA Secretary, from Wake Forest School of

Medicine; Dr. Elspeth McDougall, Chair of the AUA Office of Education, from University of British Columbia; and Dr. Robert Uzzo from The Fox Chase Cancer Center. The debate between Dr. Badrinath Konety and Dr. Carl Olsson regarding PSA screening on Saturday promises to be extremely interesting. Several other talks, poster and video sessions will keep you busy and engaged during the meeting. Dr. Patrick McKenna will provide details of the meeting in his message.

The Ritz-Carlton at the beach in Naples is a luxurious award-winning hotel that will have undergone a major renovation just before our meeting. The theme night at NGALA – an exclusive private retreat with an African atmosphere and uncaged wildlife – will be a special occasion. Every aspect of the venue and the social events have been planned with a view to being family friendly.

Dr. Patrick McKenna has worked tirelessly to organize every detail of this meeting. It has been a pleasure to work with him as well as Drs. Howard Winfield, Gary Kirsh, Chris Cooper, Gary Faerber and other members of the Board of Directors. It is my honor and privilege to serve as president of this important section. If I can be of any assistance during the meeting or anytime thereafter, please do not hesitate to contact me at sundaram@iupui.edu.

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Secretary's Report

by Patrick H. McKenna, MD



Patrick H. McKenna, MD

If you are planning to attend only one Urology meeting this year, the 87th Annual Meeting of the North Central Section in Naples, Florida, should be the one. It is scheduled from October 8 – 12, 2013, and it will feature timely health policy issues, the latest research and cutting-edge clinical material. Plan to arrive on October 7th, because we will be utilizing the new meeting format with a full day of activities on Tuesday, October 8th.

Dr. Chandru Sundaram, our current president, has organized an outstanding meeting. We are pleased to have Dr. Allen Morey presenting the AUA supported course on GU reconstruction. We will be utilizing two of our section reconstructive surgeons, Drs. Sean Elliott and Richard Santucci. This will be followed by the first dual-center live robotic surgery program for our section meeting. Drs. Vipul R. Patel and Mihir M. Desai will be presenting “Robotic Cystectomy with Intracorporal Reconstruction and Robotic Prostatectomy.” Dr. Mark Stovsky, NCS Health Policy Chair, has organized an outstanding health policy afternoon utilizing some of the most knowledgeable leaders in our field. The highlight will be our featured speaker, retired Congressman Steven C. LaTourette. All aspects of the issues facing independent practices and academic practices will be covered, including state society health policy development, technological innovation, regulatory changes, RUC/reimbursement and practice improvement. With all the changes in medicine upon us, this may be the most important session of the meeting.

We received just less than 400 abstracts and videos this year, making it one of the most competitive meetings in the section's history. The Program Planning Committee worked hard to include as many of the outstanding abstracts as possible. Our section continues to have superb clinical and academic productivity. We retained many of the successful components of our previous meetings and continue to add innovative changes. The meeting will feature live broadcasts, state-of-the-art-lectures, panel discussions, early morning educational courses, as well as abstracts and posters. We will draw on many of our own talented and nationally renowned clinical and academic leaders to contribute to the meeting. By popular demand, we will set aside time for members to ask our visiting professors questions and have also asked our promotional supporters to again offer hands-on labs.

Dr. Sundaram has chosen several outstanding speakers who will cover a variety of cutting-edge topics. Speakers include: Dr. Arthur D. Smith, chairman emeritus of the Department of Urology at Long Island Jewish Medical Center, New York; Dr. Gopal Badlani, Professor and Vice-Chairman in the Department of Urology at Wake Forest Medical Center, North Carolina; Dr. Robert G. Uzzo, Chairman of the Department of Surgery at Fox Chase Cancer Center, Philadelphia, Pennsylvania; and Dr. Elspeth M. McDougall, FRCSC, MHPE, Professor of Urologic Sciences and Provincial Coordinator of Health Simulation Education, University of British Columbia in Vancouver, Canada. Our visiting speakers will provide state-of-the-art-lectures, participate in panels, serve as discussants, participate in our Young Urologists session, and have a dedicated time set aside to answer member's clinical questions. The AUA continues to develop innovative programs and having the AUA Secretary, Dr. Badlani; AUA Education Chair, Dr. McDougall; the past President, Dr. Dennis Pessis; AUA Treasurer, Dr. Richard Memo; AUA International Chairman of Education, Dr. Robert Flanigan; and NCS Board Representative, Dr. Stephen Nakada, we have the opportunity to get the most up-to-date state of the AUA at this meeting.

Additionally, Dr. Arthur Smith will be the featured meeting speaker Friday morning, followed by Dr. Chandru Sundaram's Presidential address. Dr. Aaron Milbank and the Young Urologists Committee will sponsor a seminar on “Beyond RVU's, Income, and Publish or Perish: Volunteerism in Urology or Having Fun and Giving Back.” This is likely to be one of the most exciting sessions of the meeting. Dr. Jason Able will do a Young Urologist presentation on future treatments of renal cell carcinoma. Several of our renowned North Central Section members have organized cutting-edge panels and exciting educational early morning seminars on adolescent cancer, men's health and benign prostatic disease.

Do not plan on leaving early because the Saturday morning program is full of exciting sessions, including state-of-the-art lectures, Ask the Expert session, Point-Counter-Point on Prostate Cancer, Bizarre and Interesting Cases and the Resident Quiz Bowl.

Throughout the meeting we will have both breakfast and lunch medical education seminars covering key topics organized by our promotional sponsors. The exhibit hall is in direct proximity to the meeting space and there will be ample time to visit the displays. We have little opportunity to interact with industry, so this time is crucial to our understanding of new medications and technologies available to our patients. Our industry sponsors play an important role in helping to support our annual meeting.

The business meeting will be important because we will select a treasurer-elect, and a request for nominations has been sent out by the Nominating Committee chair, Dr. Howard Winfield. In addition, we will be voting on some important by-law changes, including establishment of a Health Policy Committee and limiting officers to members that live or work in our section's geographical boundaries.

Our hotel is right on the beach in Naples, and Dr. Mark and Melissa Dabagia, along with the Local Arrangements Committee, have put together an exciting social program. From the opening reception to the closing banquet, this will probably be one of the best meetings our section has seen. Linda and I are looking forward to mingling with old friends and making new friendships at the social functions. This is my last meeting as secretary, and after working with Dr. Gary Faerber this year, I know our section is in good hands moving forward.

Treasurer's Report

by Gary Kirsh, MD



Gary M. Kirsh, MD

The 2013 financial report included both the annual meeting cash surplus and the Educational Fund annual performance. The Educational Fund of the NCS has a balance of \$2,429,253 as of June 30, 2013.

The NCS fund balance as of June 30, 2013, totals \$2,791,672. The period-to-date surplus is \$352,629. As of June 30, 2013, the operating account (OA) has a balance of \$142,413.

NCS President Dr. Chandru Sundaram and Secretary Dr. Patrick McKenna are working together to plan another outstanding NCS Annual Meeting in Naples, Florida. Their combined creativity and skillfulness will ensure another outstanding NCS annual meeting that will provide additional value to NCS members and meeting attendees. The Local Arrangements Chair, Dr. Mark Dabagia, is working to ensure an excellent meeting site in Naples and is anticipating everyone's early registration and presence at the meeting.

I await an exciting and successful 2013 annual meeting for NCS with many state-of-the-art presentations. I look forward to seeing each of you at our annual meeting on October 8 – 12, 2013, in Naples, Florida.

Representative to AUA Board of Directors

by Stephen Y. Nakada, MD, FACS



Stephen Y. Nakada, MD

What a thrill the annual meeting was in beautiful San Diego! Our own Dr. Dennis and Amy Pessis completed a successful year as AUA President, and Dr. Richard Memo completed a wonderful term as Treasurer of the AUA. At the time of this writing, Dr. Pramod Sogani is AUA President, and Dr. Steven Schlossberg is Treasurer. This year the Secretary-Elect of the AUA will be chosen. As I have stated before, it has been an honor to serve as your representative to the AUA Board.

full swing, as are the AUA MOC courses and other new course offerings. Dr. Elspeth McDougall is in her second term as Chair of Education. The AUA continues to strive to have a strong research agenda, spearheaded by Dr. Johannes Viewig, working with the NIH and governmental agencies to strengthen Urology's position. Health Policy remains at the forefront, and our own Dr. Chris Gonzalez is serving admirably as Vice Chair of Health Policy, under Dr. David Penson from Nashville. The new office structure, including a rapid response work group, is taking shape nicely. We are in a complex time for Urologists right now, but I can assure you the AUA continues to strive to look out for its membership at all levels.

Deanna and I are looking forward to an outstanding meeting in Naples, Florida, and I know president Dr. Chandru Sundaram and Secretary Dr. Patrick McKenna, along with the WJ Weiser team, will put on a great meeting. Indeed, this is a fine locale for the 2013 meeting. The scientific program will be strong, and I look forward to another Resident Bowl competition. In the interim, please do not hesitate to contact me with questions or concerns. Hope you had a great summer!

As part of a lengthy strategic planning process, significant efforts in education, research, health policy, and fiscal planning are in progress. Educationally, e-learning and computer-based education is in

State Government Affairs Update

by Ross Weber, State Affairs Manager



States may Hold Key to Work Force Shortage Solutions

Sequester summer has arrived! Across-the-board spending cuts began their ten-year rollout Jan. 1st, launched agency by agency and program by program. When Medicare cut health care provider payments 2 percent and the National Institutes of Health announced 700 fewer medical research grants would be awarded because of sequestration, the public barely noticed. Based on the quick reversal of air traffic control cuts, it would seem as though alleviating flight delays is more

important than alleviating the impact of chronic disease.

In meetings with federal policymakers, the medical community has warned that Medicare cuts will restrict access to care just as millions of Americans enter the health insurance marketplace in January 2014. Uncertainty will also be heaped upon Medicare's contribution to graduate medical education (GME) as the Urologic work force shortage reaches a crisis level.

Medicare currently funds 170 of the 278 Urology residency positions, according to a 2012 study of Society of University Urologists members. The relatively high percentage of non-Medicare residency slots is a blessing in disguise, perhaps, since mechanisms for alternative funding already exist. While advocacy on behalf of pending legislation to add 15,000 Medicare-funded residencies over five years remains a worthwhile endeavor, experts believe the most that can be hoped for is maintenance of the status quo as it relates to federal support for GME. There is little doubt that the federal government will continue to play an important role subsidizing the training of physicians. However, given the immediate medical education and work force crisis, states will likely be the source of temporary and long-term solutions.

State Medicaid programs in 42 states and the District of Columbia contributed \$3.87 billion to GME in 2012. Although this funding stream has been stable in recent years, its ongoing viability is tenuous, at best, because states are under no obligation to fund GME. Indeed, as recently as 2005, 47 states and DC supported GME via Medicaid. States also provide direct appropriations outside of Medicaid to fund physician training positions. The Texas legislature authorized \$6,600 per resident payments to hospitals in 2006. That subsidy was cut to \$4,000 in 2012, along with a significant reduction to the state's physician loan repayment program (from \$23.3 million to \$5.6 million).

Recognizing the increasing discrepancy between the number of medical school graduates and residency slots in Florida, Gov. Rick Scott (R) allocated \$80 million in his 2014 budget to fund an additional 700 training positions. New Jersey Gov. Chris Christie's (R) proposed 2014 budget proposed an 11 percent increase for graduate medical education to fund salaries and facility expenses at the state's 71 hospitals. The medical community may call upon state policymakers to boost GME funding to address the immediate shortage of Urologic training positions, but in the long run, non-governmental sources must be tapped.

So-called "all-payer systems" provide the most consistent and equitable funding for GME although such models are utilized in very few states. Maryland's unique (thankfully) Health Services Cost Review Commission sets reimbursement rates for all hospitals. The commission takes GME into account when establishing payment schedules and the state distributes funds based on a per-resident formula.

A professional education pool collects and distributes funds in New York that are generated by a "covered lives assessment" ostensibly paid by all private insurers. An increasing amount of the money generated by this assessment (\$1.05 billion in FY 2012) has been allotted to general fund purposes, at the expense of GME. California lawmakers are considering a similar assessment during their 2013 legislative session. AB 1176 calls for a \$5-per-covered-life fee paid by health insurers to generate \$100 million a year for physician training programs. The legislation stalled in mid-May, after receiving favorable consideration by two committees.

These are just a few programs that might be re-imagined in other states to address the medical education component of the Urology work force crisis. Addressing an anticipated shortage of as many as 8,500 Urologists by 2020 will also depend on the integration of medical technologies that enhance efficiency, telehealth, and non-physician provider scope of practice – public policies that are determined at the state level.

Urologist-led campaigns facilitated by the AACU have resulted in victories in capitals from Tallahassee to Olympia. Maintaining membership in such organizations and taking action when called upon will ensure future access to high-quality, physician-led Urologic care.

Round Up

By: WJ Weiser & Associates Government Relations Staff

Illinois Urologists who receive any sort of payment related to pathology services have reason to remain vigilant. Although the legislature's work is mostly complete for 2013, a pending pathology billing measure may be considered at any time. SB 1630 originally prohibited any laboratory or physician from charging, billing or soliciting payment for anatomic pathology services unless they were rendered personally by, or direct supervision of, the clinical laboratory or physician. As it stands before the Senate, the bill now allows a referring physician to charge a limited acquisition or processing charge. Physicians success-

fully deterred an expansion of the state’s troubled Certificate of Need program earlier this year. As introduced, HB 2423 would have brought larger physician practices into the CON process. Lawmakers wisely amended the bill to apply the requirements only to services and facilities currently subject to the requirements, whether by law or regulation. Gov. Pat Quinn (D) received HB 2423 on June 19, 2013.

Indiana researchers are sounding the warning bell concerning not only a shortage of doctors, but also hospitals throughout the state. Sixteen of Indiana’s 92 counties have no hospital. Another 13 have hospitals but offer no OB-GYN services. This information confronts lawmakers following the quantification of the state’s provider shortage post-Obamacare. Indiana University research estimates the state will need 5,000 additional doctors by 2025. The IU medical school system is restoring its number of students to pre-recession levels and the Marian University College of Osteopathic Medicine officially launched in August 2013 – the first new medical school in Indiana in more than a century. As indicated above, however, the number of medical school graduates will soon outpace the number of available residency training positions.

Michigan Gov. Rick Snyder (R), having chastised lawmakers for leaving Lansing without approving a Medicaid expansion plan, is throwing his weight behind an August 2013 proposal that emphasizes cost controls and patient responsibility. If the reforms fail to generate desired savings within three years, Medicaid eligibility would restrict to pre-2014 standards.

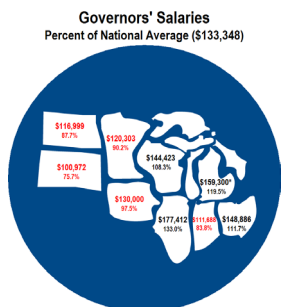
Minnesota lawmakers will return to the capitol on February 25, 2014, for the second year of their two-year session. More than 3,000 bills introduced in 2013 will “carry-over” into the new year. Throughout the summer and fall, committees meet regularly to consider reports and plan future action. Travelling to St. Paul with your family and looking for something to do? Tour the capitol and watch democracy in action (or is that “inaction”? www.leg.state.mn.us).

Ohio leaders continue to bicker about Medicaid expansion just as they consider establishing standards for insurers’ physician ranking systems. SB 49 requires insurers to use a single set of criteria by which to create physician designations. The bill prohibits contract language that requires the physician to act contrary to the applicable charter.

Governors’ Salaries

Percent of National Average (\$133,348)

Illinois \$177,412 133.0%	Iowa \$130,000 97.5%	Michigan \$159,300* 119.5%
Minnesota \$120,303 90.2%	North Dakota \$116,999 87.7%	Ohio \$148,886 111.7%
South Dakota \$100,972 75.7%	Wisconsin \$144,423 108.3%	* Michigan Gov. Rick Snyder returned all but \$1.00 of his salary in 2013.



Source: The Council of State Governments Survey, 1937, 2012 and 2013. Excerpted from Table 4.3, The Governors: Compensation, Staff, Travel and Residence, The Book of the States 1937, 2012 and 2013, The Council of State Governments.

* Michigan Gov. Rick Snyder returned all but \$1.00 of his salary in 2013.
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The North Central Section of the AUA would like to acknowledge the following companies who will be exhibiting at the 87th Annual NCS Meeting. We appreciate their continued support!

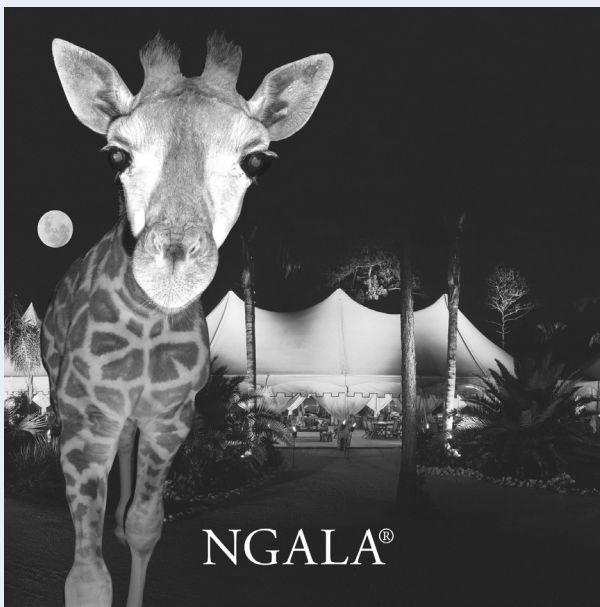
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**PRESIDENT'S
RECEPTION/THEME NIGHT**

**Thursday,
October 10, 2013**

7:00 p.m. – 10:00 p.m.

NGALA



Join us this evening on a journey of imagination as we leave behind the urban environs of Naples and explore the darkness of the jungle and the mysteries of the African continent. This amazing place known as NGALA (Swahili for “Place of the Lion”) is an extraordinary private reserve that takes you back to Africa’s elegant British colonial days amid rushing waterfalls, beautiful flowers and a phenomenal collection of African artifacts. You’re invited to interact with the animals – even feeding giraffes right out of your hand! Of course the dinner cuisine is outstanding and served in an intimate tented setting. NGALA is a shining example of environmental conservation and wildlife management. You will leave with unforgettable memories and a renewed appreciation for the natural environment, which we share with this planet.

NCSAUA 2012 - 2013

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