

## President's Message by Gary M. Kirsh, MD



Gary M. Kirsh, MD

We at the NCS are actively finalizing plans for our 90<sup>th</sup> Annual Meeting, which occurs somewhat earlier than usual this year, in September 2016. The four day NCS program will begin on September 7, 2016, with a live surgery broadcast of blue-light TURBT and robotic partial nephrectomy, hosted by Dr. Arie Shalhav and faculty from the University of Chicago. Dr. Tomas Griebing will deliver the AUA Course of Choice on Geriatric Urology: The Basic Principles for Urologic Practice.

I am delighted to welcome Drs. Neal Shore and Deepak Kapoor as our esteemed visiting speakers. Dr. Shore is a highly sought speaker and internationally recognized expert on current and emerging therapeutics in urologic oncology. He will speak on advanced prostate cancer therapy, immunologic therapy, and the role of the urologist. He is the Medical Director of the Carolina Urologic Research Center.

Dr. Kapoor is a national leader in health policy, and has played an instrumental role in crafting and advocating for urologists around the country in federal regulatory and legislative policy. He will speak on emerging changes in the healthcare landscape that will shape the future delivery of urologic services, regardless of practice type or setting. He is the CEO of Integrated Medical Professionals in New York, which is the largest independent urology group in the US. Further, in addition to their keynote addresses, Drs. Shore and Kapoor will participate in panel discussions on their respective areas of expertise.

Special thanks are owed to Dr. Matthew Gettman, the Section's Health Policy Chair, who once again is implementing a Health Policy and Practice Management forum. There will also be a forum on general urology organized by Dr. Ajay Singla, which will benefit urologists, as well as nurse practitioners, physician assistants and primary care providers. Moreover, new additions to this year's program include special sessions focused on women in urology, co-hosted by Drs. Anne Pelletier Cameron and Elizabeth Takacs, as well as a Program Directors Session hosted by Dr. Jeffrey Triest.

It is my honor to serve the North Central Section as president. My wife Nora and I look forward to seeing many of you in Chicago this September for another outstanding annual meeting. This year's meeting will highlight emerging changes in both clinical urology and urologic healthcare delivery and health policy. The 2016 NCS Annual Meeting is uniquely planned and positioned to help all of us meet the challenges of the future by providing critical, up-to-date information on the rapidly occurring changes in our dynamic healthcare marketplace.

**2016**  
**Pre-Convention News**

*Plan to Attend the  
90<sup>th</sup> Annual  
NCS Meeting  
September 7 - 10, 2016  
Chicago, Illinois*

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# 2016 Proposed Bylaws Change for Membership Approval

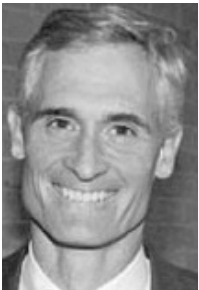
## Article I Membership

### Section 7 – Senior Members

Members are eligible for Senior Membership in the Section if they have been Active Members for ~~25~~**20** years in either the Section or the AUA ~~and have reached the age of 65, or 20 years as an Active Member~~ are retired or are permanently disabled.

## Secretary's Report

By: Gary J. Faerber, MD



Gary J. Faerber, MD

The 90<sup>th</sup> Annual Meeting of the North Central Section will be held in Chicago at the Fairmont Hotel September 7 - 10, 2016. Dr. Gary Kirsh, our current president, Aaron Milbank, our local arrangements chair, and the NCS Program Committee, have organized an outstanding meeting, starting out with outstanding scientific activities beginning on Wednesday morning. The meeting begins with a live surgery broadcast sponsored by the University of Chicago

and hosted by Dr. Arie Shalhav. Dr. Matthew Gettman has organized an outstanding cast of speakers for the Health Policy and Practice Management Seminar. Back by popular demand is the Primary Care update organized by Dr. Ajay Singla, which will cover topics important to urologists reviewing for certification or recertification as well as primary care physicians and advanced practice providers. Both of these afternoon sessions feature prominent speakers both from outside as well as within the section. On Thursday and Friday breakfast sessions will cover topics such as endourology and stone disease, videos, and updates in the management of bladder cancer. New this year will be two dedicated sessions for women in urology organized by Drs Teresa Beam and Elizabeth Takacs, as well as a session for section program directors moderated by NCS Secretary-elect Jeffrey Triest. In addition to breakfast sessions, there will be lunchtime medical education seminars kindly sponsored by our industry supporters covering important topics for all practicing urologists. Dr. Kirsh has chosen several outstanding speakers who will cover a variety of important and timely topics. This year

we are delighted to have Dr. Deepak Kapoor with Integrated Medical Professionals from Melville, New York, and Dr. Neal Shore with Carolina Urologic Research Center from Myrtle Beach, South Carolina. Our visiting professors will provide state-of-the-art lectures, and participate on several interactive panels. In addition to the broad range of topics covered in both the podium and poster sessions, this year we have introduced a new category, Patient Safety and Quality, which we hope will be of great interest to academic and private practitioners alike.

Dr. Bradley Schwartz will host the NCS Resident Bowl. Plan to stick around and test your knowledge against some of the best and brightest residents of the NCS. This year's Resident Bowl Competition will span both Friday and Saturday, so don't make any plans to leave early. The winning team will represent the NCS at the Annual AUA Resident Bowl. As you know the NCS residents took home the AUA Resident Bowl Championship trophy from San Diego this year. Here's hoping this upcoming winning team can bring home back-to-back championships!

Start the meeting's festivities off at the wine tasting welcoming reception Wednesday evening. It's a great time to catch up with friends. Please make sure to leave time in your schedule for the annual banquet as it's sure to be a great time.

The meeting will be held at the beautiful Fairmont Hotel located in a central part of downtown Chicago near lovely Grant Park. The Art Institute and Field Museum are close by as is Navy Pier and the fantastic Chicago lakefront for those wishing to take a break from the meeting. Of course for those interested in one-of-a-kind shopping experience, the Magnificent Mile is within easy walking distance.

Come join us in Chicago. We look forward to a great meeting and we hope to see you there!

## Treasurer's Report

By: Mark D. Stovsky, MD, MBA, FACS



Mark D. Stovsky, MD, MBA, FACS

As Treasurer of the NCS, the objective is to assist the board of directors in achieving the short and long-term goals of the organization in the context of sound financial decision-making.

As of June 2015, the NCS balance sheet shows an NCS Fund balance of \$2,468,794 and the NCS checking account shows a balance of \$136,932. The Education Fund shows a balance of \$2,128,649. The NCS operating income for the period ending June 2015 was \$135,145.

The NCS is generally in good financial position moving into the second half of 2016. NCS President, Dr. Gary Kirsh, and Secretary, Dr. Gary Faerber, are working hard to plan another outstanding NCS Annual Meeting in Chicago in September. I look forward to seeing you all at the Fairmont Hotel!

## First Section-Wide Ballot to Select the AUA President-Elect

By: Patrick H. McKenna, MD



Patrick H. McKenna MD

The North Central Section is very lucky to have two very qualified candidates in the running for the AUA president-elect position: Dr. Richard Memo who is past treasurer of the AUA and Dr. Robert Flanigan who is past secretary of the AUA. As directed by the by-law change that occurred at our last annual meeting, the chair of the Nominating Committee, secretary of the Section and the executive director put together a section-wide ballot for this important position. There were a total of sixteen hundred ninety-three

members that were eligible to vote including current active members and senior members of the North Central Section. As directed in the by-laws, we took a two-pronged approach where all sixteen hundred ninety-three members received a hard mailer copy regarding the voting process. This was done in addition to sending out an electronic ballot to all members that had e-mail addresses in the system.

A total of two hundred seven members did not have e-mail addresses in the system and they were asked to contact the

office to provide us with e-mail contact. A number of members contacted the office with questions related to the voting process. Each were handled individually and all members that contacted the office, ultimately, voted for the position. In total, five electronic ballots were sent out to the membership from December 14<sup>th</sup>, 2015 through January 29<sup>th</sup>, 2016. This was in addition to the hard mailer. The election was posted on the North Central Section website, as well, with instructions on who to contact if there are any questions or concerns. There were a total of five hundred sixty-two members who voted in the election. One hundred forty-six voted for Dr. Richard Memo and four hundred fourteen voted for Robert Flanigan. Two members abstained from voting for either candidate. During the voting process, no one had access to the vote count. It was only at the end of the voting process when that vote count was made available for review. Upon completion of the voting process, as dictated by the by-laws, the vote was certified by the chairman of the Nominating Committee, the secretary of the North Central Section, and our executive director. Dr. Robert Flanigan won the election and his name will be put forth as the formal nominee for the AUA 2017 President-Elect.

As in any process, we always look for ways to improve the process in the future, so if you have any questions, concerns, or suggestions, please do not hesitate to contact me directly.

Congratulations to Dr. Robert Flanigan!

# Government Relations & Advocacy Update

## ***AACU on MACRA: Delay rollout, adjust low-volume threshold***

**By: Ross E. Weber, State Affairs Manager**

Article originally appeared online at:

**Urology Times**  
The Leading News Source for Urologists

The American Association of Clinical Urologists (AACU) submitted comments on the post-SGR Medicare reimbursement program, MACRA, on June 27, 2016. In its comments to the Centers for Medicare & Medicaid Services (CMS), the AACU expressed concern over a number of provisions that stand to negatively affect urologists in their practice of medicine and increase the cost of medical care.

The AACU strongly opposed the program's aggressive implementation schedule. As currently envisioned, CMS will measure providers' performance beginning Jan. 1, 2017. This timeline does not allow ample time for physicians and other stakeholders to adequately prepare for the changes brought on by these new policies. While the flexibility of choice between alternative payment models (APM) and the Merit-Based Incentive Payment System (MIPS) is a positive change, this choice is fraught with complexity.

The administrative burden associated with the new requirements is prohibitive on many levels, including financial and human resource costs. The hurried pace will no doubt lead to unintentional mistakes, as well as expensive and onerous appeals.

To add further burden to MACRA implementation, both the APM and MIPS programs require the use of electronic health record (EHR) technology by all providers beginning in 2018. While the intent of this requirement may be to enhance health care delivery, the AACU envisions the opposite effect. Under current, less stringent requirements, many providers and hospitals struggle with EHR adoption. Many physicians view EHRs as a barrier to treating patients and an ever-increasing overhead cost.

The complex issue of EHR liability is also left unaddressed in the proposed rule, and when directly questioned on this subject at the American Medical Association annual meeting in June, Acting Administrator Andy Slavitt had no answer to a number of serious questions. For example, who is responsible for

compliance issues arising out of EHR system malfunctions—the vendor or the physician? Who is responsible for data breaches—the vendor or the physician? The fact that this issue has not been considered is no doubt worrying.

Of similar great concern is the proposed rule's administrative compliance burden, particularly for small and rural practices. Although the proposal attempts to mitigate the negative effect on this subset by including a "low-volume" exemption, the threshold is insufficient and many practices or groups will be forced out of business. In addition, the low-volume threshold is based on the level of Medicare billings from providers, not the actual size of the practice.

Despite Slavitt's statements that the goal for CMS in implementing MACRA is to "simplify wherever, whenever," there is a logical contradiction when considering the proposed rule is 962 pages. For perspective, the original Title 18 amendment to the Social Security Act establishing Medicare was 18 pages. The AACU's comments include a pointed reference to the original law's promise not to interfere in the practice of medicine:

"Nothing in this title shall be construed to authorize any federal officer or employee to exercise any supervision or control over the practice of medicine, or the manner in which medical services are provided, or over the selection, tenure, or compensation of any officer, or employee, or any institution, agency or person providing health care services...."

The proposed rule's imposition of "practice guidelines" and "value standards" on medical providers stands in direct contradiction to this promise. Both MIPS and APMs strongly influence the care that providers give to their patients by introducing enumerable bureaucratic and financial obligations.

### **AACU recommendations to improve MACRA**

- Postpone the performance period for at least one year, enabling physicians and their staff to gain an understanding of the many complexities involved in this new system.
- Provide incentives to encourage transition to EHR technology, as opposed to penalties for those who are unwilling or unable to make the transition. In addition, strengthen protections for physicians with regard to liability issues that will arise from EHR use.
- Raise the low-volume threshold for Medicare billing, or associate the threshold with actual practice size so that exemptions are appropriately applied and small/rural offices and hospitals are not burdened to the point of closure over this new policy.
- Reinstate the opt-out option for providers who would rather pay a penalty than assume the financial and human resource burden associated with the volume of reporting requirements.

# *Feds flex regulatory muscle on health care mergers, board authority: FTC plays role in recent high-profile health care industry legal entanglements*

By: Ross E. Weber, State Affairs Manager

Article originally appeared online at:



With increasing frequency, the Federal Trade Commission (FTC) exerts its influence on issues that impact the practice of medicine and patient access to care, including health system and payer mergers, facility regulation, and non-physician provider scope of practice. All of this activity falls under the agency's strategic goal to maintain competition by preventing anticompetitive mergers and exploitative business practices.

The ability of state medical boards to regulate the profession was thrown into flux when the U.S. Supreme Court upheld an FTC challenge to the North Carolina Board of Dental Examiners' authority to prohibit non-dentists from offering tooth-whitening services. The Court's 2015 decision declared that professional regulatory boards are immune from antitrust disputes only if their regulations directly coincide with state law and the board itself is "actively supervised."

While the Supreme Court ruling left many questions unanswered, October 2015 FTC guidance has since shed light on what it means to be actively supervised by the state. The FTC stated that, in addition to being comprised of members with no financial interest in the decision, the supervising entity must obtain all relevant facts, collect data and evidence, and receive public comment.

According to the FTC, a professional regulatory board cannot be supervised by an entity that:

- falls under the control of the board
- lacks authority to disapprove board actions
- includes members who serve on the board.

Deviation from these directions does not necessarily mean that a board's action will be considered anticompetitive and state regulators are stepping very gingerly when it comes to restricting the activities of non-physician providers. Already, telemedicine companies, pain clinics, and others have filed at least five antitrust lawsuits against health licensing boards since the Supreme Court decision.

State lawmakers also hear from the FTC during the legislative process, before scope-of-practice rules become legally binding. In April 2013, the American Medical Association summarized FTC comments on legislation in five states over a 2-year period. In each case, the FTC unsuccessfully opposed attempts to expand non-physician providers' clinical practice. (Also see the American Medical News article, "When the FTC weighs in on scope-of-practice bills.")

When it comes to high-profile hospital system and health insurance mega-mergers, the FTC has been forced into action as a result of industry consolidation precipitated by the Affordable Care Act. The FTC typically challenges a hospital merger when the merged entity will be able to unilaterally raise prices above a competitive level because there will be an insufficient number of competitive alternatives for consumers. Hall Render, a highly regarded health law practice, noted several themes that emerged from three hospital merger challenges issued by the FTC over the course of 6 weeks in late 2015.

First, when determining the geographic market of a potentially merged hospital system, the FTC defines these jurisdictions "narrowly," expecting patients to stay in their hyper-local area and not travel within their region to obtain care. Since the two hospitals are located in a small geographic area, the FTC argues that taking one or the other out of the competition negates potential benefits to patients and payers. Hall Render attorneys also find that the FTC is relying heavily on commercial payer interviews and testimony, while dismissing agreements with state and local officials, as well as claims of post-merger efficiencies. (Also see, "Hospital merger transactions recently challenged by the FTC.")

Facility regulation and the expansion of services in local health care markets have likewise been scrutinized by federal officials

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in recent months. In a Jan. 11, 2016 letter to South Carolina Gov. Nikki Haley, the FTC encouraged the state to repeal laws that require some health care providers to get state approval before opening new facilities or services and making certain large purchases. The letter warned that certificate of need (CON) laws stifle innovation and competition. New businesses that could provide newer, cheaper, more convenient, or higher-quality services can be deterred with the delay and cost of state approval.

The FTC and Department of Justice frequently urge states to repeal CON programs. Since 2007 alone, the agencies issued formal recommendations to lawmakers in Alaska, Florida, Georgia, North Carolina, and Virginia, among others. In each instance, the agencies cited similar concerns as those in their South Carolina recommendation.

Health care industry consolidation intensified by the Affordable Care Act holds both promise and concern for physicians,

patients, and payers. The FTC has stepped up its investigation of proposed transactions “to prevent business practices that are anticompetitive or deceptive or unfair to consumers.” A very steady hand will be required to, pursuant to its mission, “accomplish this without unduly burdening legitimate business activity.

**Hospital merger transactions recently challenged by the FTC**

- St. Mary’s Medical Center and Cabell Huntington Hospital; Huntington, WV; Nov. 6, 2015
- Penn State Hershey Medical Center and PinnacleHealth System; Harrisburg, PA; Dec. 9, 2015
- Advocate Health Care Network and NorthShore University Health System; Chicago, IL; Dec. 18, 2015

## *Representative to the AUA Board of Directors*



*Chandru Sundaram, MD*

**By: Chandru Sundaram, MD**

I was delighted to meet several of you during the annual meeting of the AUA in San Diego in May. Our section’s Dr. Manoj Monga organized a very successful meeting with several well-received and innovative additions. Live surgeries, video sessions on surgical techniques on the sub-plenary sessions, controversies in urology, and sessions on challenging cases were some of

the popular events. For those of you who could not be there, the official webcasts are now available online. Videos, posters and abstracts can also be accessed at [auanet.org](http://auanet.org).

The AUA census collects data from all members from May to September each year. The 2015 census has several interesting facts regarding 11,990 practicing urologists in the United States. Some of the median data includes: age=55 years, typical weekly

work hours=55, annual number of workweeks=48, patient visits/encounters per week=75. This data would confirm an aging work force with multiple opportunities for younger urologists.

Our section had two important AUA awardees: Dr. James Montie received the Lifetime Achievement Award and Dr. Drogo Montague received a Presidential Citation. Congratulations.

During the last year, the AUA has had multiple changes in leadership positions and they have all contributed significantly to the increasing importance of the AUA to all its members. The AUA University and other online resources continue to expand exponentially. The AUA is also planning increased resources for efforts in the health policy area. The privilege to represent our section in the AUA has been a unique opportunity that I appreciate very much. I am looking forward to a phenomenal meeting of our section in Chicago under the leadership of Dr. Gary Kirsh, and Dr. Gary Faerber. If I can be of any assistance, please do not hesitate to contact me at [sundaram@iupui.edu](mailto:sundaram@iupui.edu).



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### Thank You to Our 2016 Promotional Partners

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