



THE FLORIDA UROLOGIST

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Fall/Winter 2007

President's Message

I would like to thank the membership for electing me as President of the Florida Urological Society. I am honored to serve in this capacity. In this issue of the newsletter, I will update you on current issues for the Society.

THE 2007 ANNUAL MEETING

For those of you who were not able to attend, Ray Leveillee and Rafael Carrion (Program Chair) put on a great meeting at the Loews Miami Beach Hotel in Miami Beach. There were 138 urologists in attendance and 70 exhibitors. This included 91 FUS members and 24 residents/fellows.

Our guest speakers included Jeff Cadeddu (University of Texas – Southwestern), Roger Dmochowski (Vanderbilt), Craig Donnatucci (Duke), Karl Kreder (University of Iowa), and Vip Patel (Ohio State University). They covered a variety of topics such as Penile Rehabilitation, Peyronie's Disease, Electrical Modulation for the Treatment of Voiding Dysfunction, Male Incontinence Management, and Robotic Prostatectomy.

Glenn Preminger gave the Joe Segura Lecture and updated us on the Medical Management of Stone Disease. Sam Shepard (Director of Government Relations for the AACU) and Bill O' Neill (State Affairs Manager for the AACU) provided some insights on "Training Urologists for New Challenges in Medicine."

We were fortunate this year to have in attendance both our current SES President Dennis Venable and Tony Bueschen who is President-Elect of the AUA.

Each year the Society sponsors a Resident Debate and a Pyelogram hour during which residents present cases to each other. Traditionally this has been a highlight of the scientific sessions and this year was no exception.

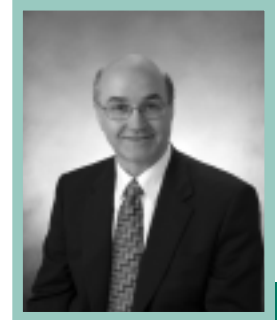
As always, many of our members and significant others enjoyed playing golf or tennis on Saturday afternoon. Tracy Leveillee, First Lady of the FUS, played a major role in planning the social events for the meeting. The event held on Saturday evening was a highlight and enjoyed by everyone. Thanks Tracy!!!

continued on page 2

BUSINESS MEETING – 2007:

One of our main agenda items was the election of FUS officers for 2007 – 2008. The following individuals were elected during the meeting:

- President:**
Robert Newman, MD
- President-Elect:**
T. Johnson Ross, Jr., MD
- Secretary-Treasurer:**
Michael Wehle, MD



Robert C. Newman, MD

Executive Committee Members (two-year term):

- Term Expires 2008**
- Vincent Bird, MD
- Julio Gundian, Jr., MD
- Todd Igel, MD

Contents

President's Message	1
2007 – 2008 Board of Directors.	2
Musings of Health Policy to the Members of the FUS.	3
Program Committee Report	6
Medicare Carrier Advisory Committee (MCAC) Report	6
Report from the Nominating Committee	6
FUS Puts Prostate Cancer Bill on Path to Success!	7
Top Priorities for Incoming FMA President	7
2007 Corporate Members	8
FUS 2007 Award Winners.	9

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continued from page 1

Term Expires 2009

Charles Jackson
Harvey Taub, MD
Apoorva Vashi, MD

Representatives to the SESAUA (three-year term):

Term Expires 2008

Robert Newman, MD – Representative
Michael Wehle, MD – Representative
Michael Grable, MD – Alternate Representative
Michael Jenkins, MD – Alternate Representative

Term Expires 2009

William Evans, MD – Representative
Douglas Swartz, MD – Representative
G. Austin Hill, MD – Alternate Representative
Steven Hulecki, MD – Alternate Representative

Term Expires 2010

Julio Pow-Sang, MD – Representative
David Jablonski, MD – Alternative Representative

Newly Elected – Term Expires 2011

Michael Grable, MD – Representative
Michael Jenkins, MD – Representative
Rafael Carrion, MD – Alternative Representative
Michael Erhard, MD – Alternative Representative

Nominating Committee (2 most recent Past Presidents & Member at Large):

David Fromang, MD – Member at Large – Term Expires 2008

In addition to those who were elected, several other members contribute their time and efforts on behalf of the Society. The following individuals are currently serving by Presidential Appointment:

By-Laws Committee:

Jeanne Nicole Eisenbrown, MD – Panama City – Chair

FMA Representatives:

Kevin Ki-Dong Lee, MD – Sebring – Delegate
Alan Keith Miller, MD – Bradenton – Delegate
T. Johnson Ross, MD – Clearwater – Delegate
Paul Richard Bretton – Cape Coral – Alternate Delegate
Neal P. Dunn, MD – Panama City – Alternate Delegate
Thomas Stringer, MD – Inverness – Alternate Delegate

Legislative/Government Policy Committee:

Michael Binder, MD – Tampa – Co-Chair
Scott Sellinger, MD – Tallahassee – Co-Chair

Medicare Carrier Advisory Committee:

Martin Dineen, MD – Daytona Beach – Alternate Representative
Terrence Regan, MD – Daytona Beach – Representative

Membership Committee:

Michael Binder, MD – Tampa – Member At Large

SPECIAL THANKS & WELCOME

We are privileged to have many leaders in our group. Marty Dineen is the President-Elect and Tom Stringer is serving as Secretary-Treasurer of the SES. I would like to thank all of those who have contributed to this issue of the newsletter.

Several of our members have served the FUS and will be rotating off the Board or moving to different positions. I especially want to thank Ray Leveillee who is our Immedi-

**2007 - 2008
Florida Urological Society
Board of Directors**

PRESIDENT Robert C. Newman, MD
Gainesville

PRESIDENT-ELECT T. Johnson Ross, Jr., MD
Clearwater

SECRETARY/TREASURER—Michael J. Wehle, MD
Jacksonville

PAST PRESIDENT Raymond J. Leveillee, MD
Miami

EXECUTIVE COMMITTEE MEMBERS

Vincent Gerard Bird, MD Miami
Julio C. Gundlan, Jr., MD Orlando
Todd C. Igel, MD Jacksonville
Charles Lee Jackson, MD Weston
Harvey C. Taub, MD Ocala
Apoorva R. Vashi, MD Jacksonville

REP. HEALTH POLICY COUNCIL SESAUA

Martin K. Dineen, MD Daytona Beach

SOUTHEASTERN AUA REPRESENTATIVES

William Porter Evans, MD Cape Coral
Michael Stephen Grable, MD Land
Michael A. Jenkins, MD Panama City
Julio M. Pow-Sang, MD Tampa
Douglas A. Swartz, MD Jacksonville

**SOUTHEASTERN AUA ALTERNATE
REPRESENTATIVES**

Rafael E. Carrion, MD Tampa
Michael James Erhard, MD Jacksonville
G. Austin Hill, MD Bradenton
Steven J. Hulecki, MD Vero Beach
David H. Jablonski, MD Orlando

FMA SPECIALTY SOCIETY REPRESENTATIVES

Delegates Kevin Ki-Dong, Lee, MD
Alan Keith Miller, MD, FACS
T. Johnson Ross, Jr., MD

Alternates Paul Richard Bretton, MD
Neal P. Dunn, MD
Thomas F. Stringer, MD

NOMINATING COMMITTEE

Thomas F. Stringer, MD (Chair) Inverness
Raymond J. Leveillee, MD Miami
David L. Fromang, MD Fort Pierce
(Member at Large)

BYLAWS COMMITTEE CHAIR

Jeanne Nicole Eisenbrown, MD—Panama City

**LEGISLATIVE/GOVERNMENT POLICY
COMMITTEE CO-CHAIRS**

Michael A. Binder, MD Tampa
Scott Barrett Sellinger, MD Tallahassee

MEMBERSHIP COMMITTEE CHAIR

Michael A. Binder, MD Tampa

**REPRESENTATIVES, MEDICARE
ADVISOR COMMITTEE**

Terrence C. Regan, MD Daytona Beach
Martin K. Dineen, MD Daytona Beach
(Alternate)

PROGRAM COMMITTEE

Todd C. Igel, MD Jacksonville
Paul R. Young, MD Jacksonville

EXECUTIVE DIRECTOR

Wendy J. Weiser
Two Woodfield Lake
1100 E. Woodfield Road, Suite 520
Schaumburg, IL 60173
Phone: (847) 517-7249 Fax: (847) 517-7229

ASSOCIATE DIRECTOR

Sue O'Sullivan

ate Past President. He did an outstanding job as President and is now a member of our Nominating Committee. Mark Alagna, Rafael Carrion, and Mark Melser are rotating off the Executive Committee. In 2008, Mike Wehle will complete his term as our SESAU representative. The contributions of each of these men are greatly appreciated.

I would like to formally welcome Rafael Carrion and Mike Erhard as our new SESAU Alternative Representatives with terms ending in 2011. Congratulations Gentlemen!

FINANCIAL STATUS OF THE FUS

The FUS now has firm financial footing. Less than two years ago our organization had \$5,600.00 in our checking and cash reserve accounts. Today we have nearly \$200,000.00 in cash reserves.

There are two primary reasons why this has occurred. Your Board of Directors and several of our Past Presidents (including Ron Castellanos, Tom Stringer, Scott Sellinger, and Martin Dineen) saw the need for a change in our management organization. As a direct result of their foresight and leadership, Wendy Weiser and Associates were hired.

Weiser has brought us significant depth. In addition to Wendy, others who have played a significant role in meeting planning and day-to-day activities of the FUS include Ann Marie Bray, Donna Kelly, and Sue O'Sullivan.

As an example, our ad hoc Fund Raising Committee has worked closely with Donna Kelly in an effort to maintain a close alliance with our partners in Industry. A successful Corporate Sponsorship Program has been initiated which makes it possible for organizations to provide support for the FUS in a variety of different ways. (Please see Donna Kelly's article in this issue of the newsletter.)

The FUS is most appreciative of Wendy and her group for the positive impact they have brought to our bottom line. They are enthusiastic, helpful, and forward thinking. Teaming with an organization like Weiser is essential for an organization of our size. Kudos!!!!

EMERGENCY ROOM COVERAGE COMPENSATION SURVEY

For the past couple of years, compensation for taking emergency call has been a hot topic. Soon we will be sending everyone an email with a link to an 11-question survey. The link in the email will take you to Survey Monkey. For those of you not familiar with it, this instrument will show you 11 questions which are multiple choice. They can be answered in a short period of time. We hope that you will all take time to participate. The survey results will be made available to all FUS members.

MANPOWER QUESTIONNAIRE – 2009 FLORIDA STATE LICENSURE

It is common knowledge that many in our organization are recruiting new associates. The same is true for physicians in most other specialties in our state. From the urology standpoint, this shortage is nationwide, but there are some factors which are peculiar to Florida.

The Florida Board of Medicine has mandated that completion of a specialty-specific manpower questionnaire will be required for all physicians going through the medical license renewal process, beginning in 2009. Through HB877/SB770, the Florida legislature has authorized the Department of Health to do this.

To paraphrase, this bill empowers the Department of Health to "serve as a coordinating and strategic planning body to actively assess the state's current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected physician workforce needs."

This bill states that the "Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality graduate medical schools in this state, as well as using new or existing state and federal pro-

grams providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower."

We have been advised that no other states are doing this type of manpower survey. However, most states seem to have manpower issues with a worsening problem of not enough residency slots which results in specialty physician to patient ratios which are sub-optimal.

Kevin Lee and Alan Miller, two of our FMA Representatives, have been at the forefront in designing a questionnaire which will address concerns related to our specialty. Input has been solicited from our Board of Directors.

This survey will include, but not be limited to, queries about the size and composition of your group, the amount of time you spend on patient care, fellowship training, limitations in the types of patients you see, payor categories seen in your practice, difficulties encountered in recruiting, participation in ancillary partnerships such as Lithotripsy, IMRT, CT Scanners, and Path Labs, and the challenges of our current practice environment including regulatory issues, malpractice and reimbursement.

We will submit a urology-specific questionnaire to the Department of Health. Our understanding is that they will develop a "trial" or "draft" program to send out to physicians in all specialties to make sure all of the questions are clearly stated and not confusing.

2008 ANNUAL MEETING:

Our meeting next year will be in Orlando at the Disney Yacht and Beach Club on August 28 – 30. The Sponsoring Academic Program will be the Mayo Clinic in Jacksonville. Paul Young is serving as our Program Chair for the meeting. Other Committee members are Todd Igel (Associate Program Chair), T.J. Ross, and Bob Newman.

The Yacht and Beach Club offers excellent accommodation options. The hotel is only a short walk to Epcot and the Boardwalk. Disney World is nearby. There will be a variety of recreational activities for all age groups. Please mark your calendars now and plan to join us for the annual meeting over the Labor Day weekend next year.

YOUR PARTICIPATION IN OUR SOCIETY IS VITAL!

I encourage all of you to actively participate in our organization. Should you become aware of an issue that you think is important to the FUS and our membership, please do not hesitate to let me know.

Lynn and I send you all our best wishes for the upcoming holiday season and new year!

Musings of Health Policy to the Members of the FUS

Martin K. Dineen, MD

Past-President FUS

President Elect of the SESAU

Chair of the SESAU-HPC

Members of the Health Policy Council of the AUA met over the weekend of November 17, 2007 in Baltimore to discuss many items of interest to urologists. At the top of the list of course is diminishing reimbursement in the face of increasing costs and a decreasing urological workforce.

DIMINISHING REIMBURSEMENT IN THE FACE OF INCREASING COSTS

RVUs and the Zero Sum Game: As we go to press, the Federal Register has released the 2008 reimbursement rates for the care that we provide to our senior citizens. As most of us are all too painfully

aware, we are paid based on a relative value system that assigns a certain number of value units for everything that we do as participants within the Medicare system. Each year the Federal Government assigns a dollar figure, a "conversion factor" (CF), that is multiplied by the total number of relative value units (RVUs) of work (tracked as CPT codes — more than 6,000) that we perform. Unless congress acts rather soon, in 2008 we will receive 10.1% (CF = \$34.0682) less for the same work that we did in 2007 (CF \$37.8975).

What is little known to many in our membership are the consequences of the BNA (Budget Neutrality Act) passed as a part of the OBRA 89 wherein changes in RVUs resulting from changes in medical practice, coding, new data, or addition of new services could not cause Part B expenditures to differ by more than \$20 million from the spending level that would occur in the absence of these adjustments. As new procedures are granted CPT codes (and therefore RVUs) and old procedures are "re-valued" every five years or so (the "five-year review") the total number of RVUs allowed in any given year has to remain revenue neutral when compared to the year before (a *zero sum game*).

In 2007, and now in 2008, CMS continues to achieve this neutrality by reducing the physician work units to the extent that the total number of RVUs has increased. It is important to recall here that there are three components that make up the total number of RVUs for each CPT code: the physician work (RWU), the practice expense (PEC), and the professional liability (LPI). In 2007, even though the CF remained the same, the BNA reduced all "physician" work units by 10.1%.

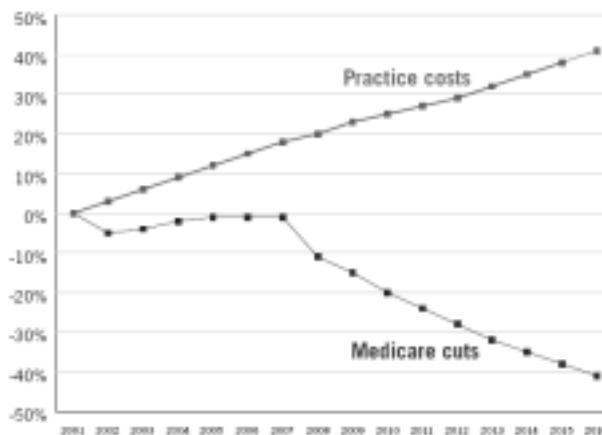
By taking the time to figure out how many RVUs are allotted for each portion of a CPT code, and depending upon your individual practice emphasis many of us took a 4.5% to 5% pay cut in 2007 in spite of the hoopla surrounding the fact that the CF did not go down. In 2008, the BNA would mandate a 12% cut in work units — essentially another 5 – 6% cut — on top of the 10.1% mandated CF cut. To make matters worse, many of the "third party" carriers (the Blues, etc.) have had us sign new contracts here in Florida that mimic the RBRVS system — INCLUDING this BNA adjustor. In other words, you may think you're getting a "better" than Medicare rate (a higher than Medicare CF), but look closely at your contract. You may actually be taking a pay cut as these BNA adjustors are put into play.

Medicare Advantage Plans: We all have been told that the money just isn't there. We have a huge "war" expense and a weakening dollar. Writing in the *Florida Medical Business News* (November 6 – 19, 2007), Burt Shore states that "...one source of savings the Democrats in both the Senate and the House want to tap is payments to Medicare Advantage plans. Medicare payments to HMOs last year averaged 10% more than what their enrollees would have cost under standard fee-for-service Medicare, according to a Medicare Payment Advisory Commission analysis. Payments to private fee-for-service plans — now the fastest-growing segment of Medicare Advantage (Part C) — were 19% higher, MEDPAC found."

While Part C was in part constructed to encourage delivery to Medicare beneficiaries in rural areas, there is nothing remotely rural about Miami, Jacksonville, Tampa, Orlando or even where I live in Volusia County. Nonetheless the large insurance companies are stumbling all over each other to roll out new plans that in the end will only provide increased revenue to the stockholders of those companies and little else to the beneficiary or their health care providers.

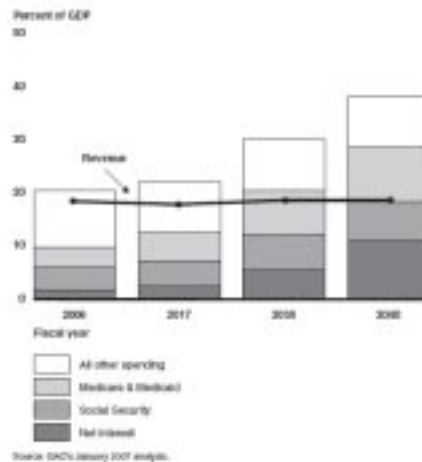
Expenses Greater Than Revenues: Everyone by now has seen the graph demonstrating the effect of unchecked fee cuts in the face of every increasing expenses (graph courtesy of the AMA):

EXPENSES/REVENUE



Federal Deficit Spending: However, I don't think that most of us are aware of the really dire circumstances we are about to find ourselves in if some very difficult choices are not made rather soon. In January 2007, the GAO published the following graph:

Figure 1: Revenues and Composition of Spending as a Share of GDP, Fiscal Years 2006-2040



This clearly demonstrates deficit spending for 2006, but unless we find a significant source of increased revenue, by 2040 the United States will only take in enough money to fund the interest on our national debt and to pay social security. There will be no money for anything else. I don't believe that there are any easy solutions to this problem. I do know that the problem is real and needs to be addressed.

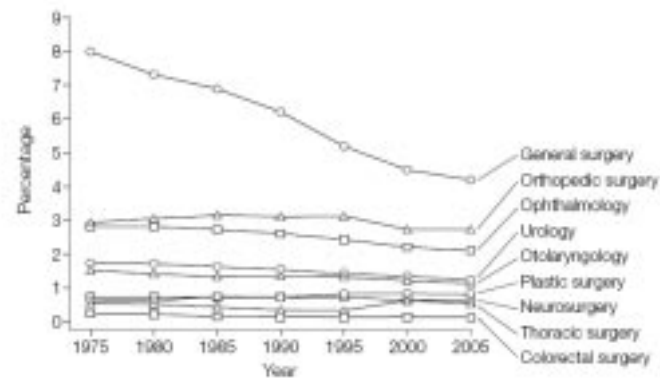
TOO FEW UROLOGISTS

Decreasing Urology Workforce: For the past several months I have had the opportunity to travel to several urological meetings held within the boundaries of the SESAUA representing either the SESAUA as President-Elect or the Health Policy Council of the AUA. In addition to giving talks these trips have allowed me to listen to the concerns of our members. Many of these concerns are common to all of us.

Our decreasing workforce in the face of an aging population is real. As the average age of the practicing urologist increases, so too does the question of who is going to replace us.

WORKFORCE

Figure. Specialty as Percentage of Total Physician Workforce



Source: *Physician Characteristics and Distribution in the US, 2007.*¹⁸

Historically the national “headhunters” have listed about 700 – 800 positions available for urologists. That list has now grown to some 1600 to 1700. Nearly half of those positions are being posted by hospitals. With such a high demand and such a short supply, the promised salaries (not to mention bonuses for signing, etc.) have skyrocketed. Recently I received a flyer for a job in North Eastern Florida promising \$750,000.00/annum and a \$100,000.00 signing bonus. There is simply no way a young urologist can bring in the revenue needed to generate that sort of take home pay. If they cannot, then how is this being done?

Hospitals Recruiting Urologists: Many hospitals here in Florida hope to make up the balance by increased utilization of hospital ancillary services (do you suppose some might suggest that is a “kickback”). How many of us know that when a patient is seen in a hospital clinic for a level 3 office visit (99213) that the hospital receives over \$100.00 for that “office” visit. The physician on the other hand is credited with or receives a “reduced” fee from the Medicare system because the patient was seen in a “facility” rather than in a community office. Medicare assumes that the MD has less practice expense and so reduces the level 3 visit from approximately \$50.00 to \$35.00. The problem with this scenario is that the patient is responsible now for two co-pays (20% of the \$35.00 and 20% of the \$100.00) and the whole visit just cost the federal government twice as much as it would have had the patient been seen in a community office.

Even third party carriers are being pinched as a hospital tries to prevent carrier utilization of cheaper (in January 2008 nearly all CPT codes on the hospital outpatient list will be allowed in an ASC for 65% of the hospital outpatient fee), safer, more efficient ASCs by charging higher rates for needed inpatient services.

Perhaps this would be OK if we didn’t have such a workforce issue and the patient needing the emergent placement of a ureteral stent didn’t keep getting bumped down the OR list by other “more” emergent cases that back us up until midnight.

As hospitals try to cut the new hire back to a more realistic salary base, I have been told that many leave and move on to the next highest bidder. How does this engender patient doctor relationships and continuity of care? Salt on this wound is finding in many cases that our own hospital taxing district dollars are being used to underwrite this abuse. How can we possibly compete against that? I believe this presents a real threat not only to the survival of private practice as we know it, but to several university training programs as well who find it impossible to recruit new staff for reasonable salaries. There are only so many health care dollars to spend and in the end I believe that hospitals need to re-think their role in the community.

Hospitals need to be an efficient tool of the physician to provide health care to our community and not the other way around. We do not need MRIs on every street corner and certainly do not need “robots” collecting dust because hospital administrators have swallowed the marketing hype of a monopolistic company. If an individual wishes to fly from New York to Los Angeles in first class and can afford the fare, he has every right to do so. It just shouldn’t be at our collective expense, particularly when a non-refundable coach fare ticket as a “least costly alternative” is an equally safe and efficacious mode of travel.

WHO WILL PAY FOR MANDATED PROGRAMS?

Unfunded mandates seem to increase. E-prescribing certainly seems to hold promise, but can a practice with 2 – 3 urologists really afford to make this transition (not to mention the costs of a full blown EMR system) without some outside source of funding? Pharmacy benefit managers are pushing Congress to create such a mandate, and are running frightening ads directed at seniors and lawmakers as this is being written. Who among us doesn’t want to help a disabled person? But is it fair to ask us to bear the costs of hiring a person to “sign” for us at \$50.00/hour (with a two hour minimum + transportation) to assist a deaf person or risk a fine if we don’t? Isn’t such a cost really the responsibility of all citizens? Here in Florida we continue to pay a “surcharge” of \$250.00/year (\$5,000.00/year for OB’s) for “bad baby outcomes” (NICU). Why? Why should one group have to absorb these and other “mandated” expenses?

WHAT CAN BE DONE?

Many other threats to our specialty are closing in on us, and we’ll continue to report on these in future editions of this newsletter as well as the Health Policy Briefs of the AUA. These issues have no easy or immediate answer. I do know that we all need to be involved. At a meeting in another state a few weeks ago, a new member of a university program trying to rejuvenate itself approached me and told me how anxious he was to be involved in the SESAUA. Excited, I responded that we need all the help we can get particularly from our younger members. He then informed me that I misunderstood — he didn’t want to do “all that political stuff” — he just wanted to give a talk at the next sectional meeting.

I understand his thinking. I felt the same way for my first 7 – 8 years in practice. But then came the RBRVS and the current system within which we practice. Writing in the AMA news James Gordon, MD, (vice-chair, Ethics, Law and Humanities of the American Acad-

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- ❖ Obtain current meeting information
- ❖ Register online for the annual meeting (when available)
- ❖ Utilize the searchable membership directory
- ❖ Pay your dues online

Increase the Strength of Our Association!

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emy of Neurology, November 5, 2007) claims that many "... academicians don't know what it is like to meet a payroll, or salaried people in group practices whose guaranteed referrals and permanent waiting lists eliminate anxiety over anything more than the bills at home and the number of hours in the day." I believe those who fit this characterization are fewer and fewer at least in urology. Increasingly all of us are being held accountable (a so called "eat what you kill" fee structure). So all of us, particularly those early in their careers, can no longer afford to ignore "...all that political stuff." We have to be involved. The Florida Urological Society is a great place to start.

Program Committee Report

Paul Young, MD

We are looking forward to the 2008 FUS meeting in Orlando. We are working hard to continue the tradition of excellence in the scientific program. The meeting will have an oncology theme, with other varied topics to include updates on GU trauma and pediatrics. Sessions on challenging radiology cases and panel discussions on everyday issues in bladder and prostate cancers are being planned. The always popular resident debates, pyelogram hour and socioeconomic sessions are in the works.

Save the dates (August 28 – 31, 2008). See you there.

Medicare Carrier Advisory Committee (MCAC) Report

Terry Regan, MD

The Medicare Carrier Advisory Committee met with First Coast Services (FCSO) on October 13, 2007. A number of issues important to our membership were addressed.

PLANNED 10% REDUCTION IN MEDICARE PAYMENTS

Please don't forget to contact your congressman or senator about the 10% reduction in reimbursement that all Medicare participating physicians are facing in 2008 because of the archaic sustained growth rate factor. This fiduciary instrument was passed by congress while Newt Gingrich was in charge of the house with a goal of controlling the growth of Medicare. However since the rate of expenditure is growing faster than expected, congress, by law, must make reductions to keep growth at the level determined by the sustained growth rate factor.

Thus, since Medicare expenditures are growing at an exponential rate in other areas (primarily outpatient imaging) you and I are forced to take a cut in our physician services. The goal of contacting your lawmakers is to point out how unfair this system is and to urge them to come up with a better formula that does not lead to an ever downward spiral of reimbursement for the practicing physician.

ENROLLMENT IN MEDICARE

Anyone who has tried to have a new partner enroll in Medicare or who has tried to change their billing address and who had enrolled prior to 2003 has witnessed the mother of all bureaucratic nightmares. FCSO has addressed this issue and the waiting period from time of application submittal to action has decreased from 120 to 60 days.

For anyone who may be beginning this process please go to www.fcsso.com for their section on helpful hints. The most important factor is to REVIEW the application yourself; do not delegate this authority to anyone else.

The most common reason for rejection was missing signatures. Also fill out the application in blue ink; many applications were rejected because signatures in black ink may have appeared photocopied. Relief is on the way with a promised web based application in 2008.

BIOFEEDBACK

A new local coverage determination was drafted for biofeedback. This revision to the original policy was triggered by a review of biofeedback claims that First Coast Service Options (FCSO) did not feel met acceptable clinical standards, but were allowable under the old policy. (FCSO is the primary Medicare Administrator for Florida.) FCSO decided that the policy needed to be more clearly defined to prevent potential fraud and abuse.

California also had to revise its biofeedback policy after an audit revealed an excess of biofeedback, EMG, and anorectal manometry codes were being billed by an ophthalmologist. In the California case, criminal elements had stolen this retired physician's provider number and were fraudulently billing these codes. The particular issue raised is the billing of 90911 (biofeedback training) along with 51784 (EMG) and 91122 (anorectal manometry) at each setting. (In some cases, these codes were allegedly being billed three times a week.)

FCSO is expecting that the 51784 (EMG) and 91122 (anorectal manometry) be billed only in the initial diagnostic exam when the cause of the urinary incontinence cannot be determined from the physical exam. FCSO does not expect to see physical therapy or occupational therapy codes billed on the same day as biofeedback. They also expect that biofeedback training would require 2 – 3 sessions and anything further would require appropriate documentation.

COMPARISON OF EVALUATION & MANAGEMENT (E & M) BILLING PRACTICES

Those interested in comparing their E and M billing practices to their peers can do so by requesting a comparison billing report form FCSO. A request filled out on you or your organization's letterhead with the correct return address along with your Medicare provider number, specialty, and type of report (Evaluation and Management Distribution-Provider specific) can be faxed to Statistical and Medical Data Analysis, 532 Riverside Avenue, 19T, Jacksonville, FL 32202.

NATIONAL PHYSICIAN'S IDENTIFICATION NUMBER (NPI)

Remember your NPI must be included in the primary fields on the claim forms starting March 1, 2008.

Report from the Nominating Committee

Thomas F. Stringer, MD

One of the priorities of the Florida Urological Society is to provide opportunities for leadership across the breadth of our membership and to especially encourage and seek involvement by our younger colleagues. The Nominating Committee meets prior to the annual fall meeting to identify active members as nominees to fill vacant officer and executive committee positions for the FUS, as well as delegates and alternate delegates to the Board of Directors of the Southeast Section of the AUA. As chairman of the Nominating Committee, I would like to proactively address that process by listing upcoming vacancies with their associated duties and terms. It is my hope that this will assist in the identification and enlistment of members with an interest in serving in a leadership role. The time commitment is minimal. However, active participation will always be a key to our success as an organization.

The FUS has three officers that each serves one-year terms. Bob Newman is our newly elected president. T.J. Ross is the president-elect and Mike Wehle is the secretary-treasurer. As the current officers ascend, the office of secretary-treasurer will be open to the nomination process next fall. That officer will become the future president of our society and has usually already served in leadership roles within the FUS.

Initial leadership involvement in the society often begins with a two-year position on the Executive Committee. Each year, three new active members are identified and nominated to that role. The EC members are asked to attend the annual board meeting that immediately precedes the FUS annual meeting.

With over 500 members, the FUS proportionately places more members on SESAU board than any other state. Currently there are 5 delegates and 5 alternate delegates representing Florida on the SES Board of Directors. The BOD of the SESAU is responsible for the administration and management of the section. Active members of the FUS, section and AUA are eligible for election. The BOD meets annually one day prior to the section meeting. Both the delegate and alternate terms are three years, with the alternate usually ascending to delegate. The alternate delegate is encouraged to attend board meetings but is a non-voting member. This coming year-two delegates will rotate off the board and be replaced by their alternates. The nominating committee will need to identify two members to fill the role of alternate delegates with an interest in the management of the section.

In addition, FUS Standing Committee positions are presidential appointments and include Bylaws, Legislative/Government Policy, and Membership. Please let Bob Newman know if you have an interest in serving on a FUS committee.

In summary, the nominating committee of the FUS would like to identify members to fill available leadership roles as early as possible prior to the scheduled fall meeting. Please assess your skills and interests and consider contributing to the collective benefit of your society by actively participating. You can contact me by email at stringergoblue@yahoo.com or by my cell at (352) 302-2150. Thank you for contributing to the success of the FUS.

FUS Puts Prostate Cancer Bill on Path to Success!

William J. O'Neill, State Government Affairs Manager, AACU

At the September FUS Board meeting, Dr. Tom Stringer moved that urologists endorse HB 53 by Representative Peterman. It's the new bill that would bring diagnosis access to men most at-risk among a cohort that has higher incidence of prostate cancer. The Board approved that motion. The AACU Board also endorsed HB 53 and helped Florida with this strategy.

Next, the FUS made that endorsement count by proposing that the Florida Medical Association put its lobbying muscle behind passage of the bill. Since the FMA then vetoed and approved HB 53, it is now among the key legislative initiatives that the FMA will push this next year with the Florida Legislature. That greatly changes the dynamic compared to last year, when FMA lobbyists could warn us of shoals and give us the benefit of their experience, but they could not register and speak on behalf of the prostate cancer bill because it had not been approved by their Board. That is a huge distinction and a major plus for 2008, compared to last year.

...SO WHAT'S THE GAME PLAN? (EARLY VERSION)

Only in Florida do legislators participate in County Legislative Delegation local hearings to take testimony from constituents who cannot travel to Tallahassee for the regular hearings. AACU is helping over urologists to target hearings scheduled in December and

January for the counties of Broward (Ft. Lauderdale), Duval (Jacksonville), Hillsborough (Tampa), Miami-Dade, and Palm Beach County (West Palm). More than 35 Florida Senators and Representatives who sit on the key committees that have jurisdiction, and hold the fate of HB 53 passage, will be at those 5 respective hearings. AACU state affairs staff is enlisting help from 400 urologists who reside in these legislators' districts to select volunteers to testify, along with patient advocate groups. This may be the only opportunity for legislators to hear, first hand, from the expert testimony of urologists on the need for access to prostate cancer testing. Urologists can help "lock in" key legislators early in a local venue and underscore their advocacy diligence.

"LEVERAGE ADVOCACY" CAN WIN IT THIS TIME!

The AACU governmental relations staff coined the phrase "leverage advocacy" and used it in their FUS Annual Meeting presentation. The "leverage" refers to identifying and bringing key, but scarce, resources to bear for successful passage (or defeat) of legislation. First, we concentrate on the legislative officers or leadership because they have the power to assign bills to helpful committees or to the legislative equivalent of graveyards. The FUS is key to this because it represents a statewide focus for urology that appeals to House and Senate officers who also must think in statewide terms. Speaker Marco Rubio, Speaker Pro Tempore Marsha Bowen, Majority Leader Hasner, Majority Whip Elyn Bogdanoff, and Minority Leader Dan Gelber are each targeted for advocacy. In addition to the state FUS leaders, some 68 urologists reside or practice in these leaders' legislative districts. They can provide the "feet" for this campaign.

The prostate cancer bill is likely to be assigned to the same legislative committees in 2008, as it was earlier. But this time we are better organized. The two House Committees and two Senate Committees have over 60 legislators who, in turn have over 500 urologists who reside or practice in their respective districts. Each of those legislators will hear from AACU President Gary Kirsh and from FUS President Robert Newman in support of HB 53, and all those 500 urologists will have an opportunity to "sign on" to letters to each of those 60 legislators.

The AACU and the FUS have a proud boast. We have never lost a direct legislative vote either in the committees or on the floor of the House or Senate in Florida. But sometimes, as was the case last year, bills can be assigned by a leadership greatly influenced by insurance carriers and business interests who want the bill "buried" in a venue where it never comes to a vote. We aim to prevent that this year!

Top Priorities for Incoming FMA President, Karl Altenburger

Kevin Lee, MD

Incoming President to the Florida Medical Association (FMA), Karl Altenburger, says the main thrust of his administration is on physician reimbursement:

1. Physician Workforce Issues (questionnaire on medical licensure renewal)
2. Compensation for ER Call Coverage
3. Emrflorida.org
4. Independent Medical Staff
5. Balanced Billing for Medicare
6. Medical Literacy
7. Pay for Performance

1. Physician Workforce Issues

There is a tremendous amount of physician shortage across the nation, especially in Florida. According to a study sponsored by

Palm Beach County, Florida has less physicians per given population and less younger physicians (4% vs. 16% nationally). This trend is going to get worse. Apparently, most of the resident physicians settle in the state their residency programs are (80%). Although Florida created a new medical school, it did not create new residency programs. There are going to be questionnaires on relicensure regarding physician manpower issues. There will be questions regarding: ER call, ob, and radiology services on the next relicensure. Please fill them out. This is going to help us. (When we stated that there was manpower shortage, lawyers asked how we knew. They thought that we were just making it up. Now, with these surveys, we will have answers. This was during mal practice crisis.)

2. Compensation for ER Call Coverage

This brings us to the next subject, compensation for ER call coverage. Currently, about 25% of doctors get compensation for ER call coverage. This trend is growing. Recently, a specialty section of the FMA was tasked to come up with a white paper regarding this issue. At the FUS board of governors meeting in September, the decision was made to send out questionnaires of our own, regarding this issue. Please respond fully and promptly.

3. Emrflorida.org

For those of you who are thinking of getting emr, FMA has a website regarding the risks and benefits and to help and educate those doctors who are considering adopting emr but have taken little or no action to do so. Its special focus is on primary care practices in rural counties. They will also list vendors who are certified by certification commission on health information technology (CCHIT). They also have self-evaluation guide.

4. Independent Medical Staff

Of interest is a call for independent medical staff. The FMA president wants to push this issue and there was a resolution that passed on conflict of interest disclosure for hospital medical executive committee members.

5. Balanced Billing of Medicare

Since our fees are cut more and more and Medicare advantage plan (which insurance companies get 17% more than traditional Medicare plan) are proliferating (of the 3 million Medicare recipients in Florida, over 700,000 have signed up) FMA passed a resolution for AMA to lobby for balanced billing of Medicare to cover costs.

6. Medical Literacy

At the county medical executives meeting, video was shown on patients' medical literacy. Most patients, if they understand 8th grade level they are doing well. (5 – 8th grade level.) They use patients' understanding of hypertension as an example. AMA has a product that is to educate your patients and there are two other products discussed. One is ask3 and the other is Speak-up. The more literate the patients, the more likely they are to be compliant.

7. Pay for Performance

It is here. You can go to the AUA web site and learn more about this. This is going to be very important to our practice.

We encourage everyone to get involved in organized medicine and its political action committee. In our case it means AUA, FUS, AACU, FMA and county medical society and all of their PACs. It's the only way we can keep what we have and to improve.

FUS Introduces a Corporate Membership Program

Members of this new corporate program provide annual contributions to FUS and regard support of the Florida Urological Society as a win-win partnership with our organization. Their support en-

ables the FUS to provide to our members a continuing exchange of clinical and research information, including new advancements and treatment options.

Our corporate members play an integral role in the success of the Florida Urological Society and our projects, helping us to maximize the level of care delivered to urologic patients in Florida. Their support is essential to reach our goals and is greatly appreciated. Please invite your industry contacts to join this program. For more information, they can visit the website or call me, Donna Kelly at (847) 517-7249. Please take notice of our corporate members and thank them for their support if and when you encounter any of their representatives.

FUS Would Like To Recognize Our 2007 Corporate Members

Donna Kelly, FUS Development Manager

Diamond

Physicians Preferred

Physicians Preferred Insurance provides medical malpractice insurance to physicians throughout the state of Florida. Physicians Preferred has helped stabilize medical malpractice costs and reduce the physicians' exposure to risk by offering low limits of liability insurance with a strong emphasis on asset protection and risk management.

TAP Pharmaceuticals

TAP Pharmaceutical Products, Inc., one of the nation's leading pharmaceutical companies, is committed to the urology community. Stop by their booth and discover how TAP's spirit of partnership with physicians, nurses, and patients will continue to drive treatment advancements, refinements and innovation.

Ruby

American Medical Systems

American Medical Systems is the world's leading independent company focused on developing, manufacturing and marketing medical devices that restore male and female pelvic health. They are committed to serving the increasing number of people worldwide coping with male and female incontinence, erectile dysfunction, prostate disorders, urethral strictures, menorrhagia and other pelvic floor conditions, including prolapse.

Astellas Pharma US

Astellas and its affiliated US entities, subsidiaries of Tokyo-based Astellas Pharma, Inc., is a research-based pharmaceutical company dedicated to improving the health of people around the world through innovative pharmaceutical products. Astellas ranks among the top 20 pharmaceutical companies in the world. For more information on Astellas, please go to www.astellas.com/us.

Boston Scientific

Boston Scientific's mission is to improve the quality of patient care and the productivity of health care delivery through the development and advocacy of less-invasive medical devices and procedures.

Coloplast

Coloplast's goal is to earn their customers' loyalty through empathy, responsiveness and respect. End-users and customers have always been at the center of their business; from the day they launched the world's first adhesive ostomy bag, to this very moment. Today, their distribution network covers all continents.

Indevus Pharmaceuticals

Indevus Pharmaceuticals is a leading specialty pharmaceutical company dedicated to the acquisition, development and commercialization of innovative products — with a focus on urology (Vantas® and Valstar®) and endocrinology (Supprelin® LA). Their distinctive line of products offers unique treatment options for physicians and their patients. To learn more, see www.indevus.com.

Lakewood Pathology Associates

Lakewood Pathology Associates (LPA) is a national, full service pathology company, which provides anatomical pathology services tailored to the outpatient needs of urologists. Their facility is accredited by the College of American Pathologists with *distinction* for exceptional service and quality. They strive to be a value-added partner to their clients. Contact them at: 1200 River Ave., Bldg. 10, Lakewood, NJ 08701 or toll free at: 800-440-PATH

Neusys, LLC

Neusys is an exclusive distributor of Neusoft, a noted Northeast Chinese digital imaging manufacturer and software developer. Neusoft has a worldwide presence, with over 1000 CT and MRI systems in place. Their newest CT system, the NeuViz, is manufactured by the Philips Neusoft Medical Systems joint venture. These CT scanners include the very latest in Philips hardware and Neusoft software.

Novartis Pharmaceuticals

Their name, derived from the latin *novae artes*, means “new skills” and reflects their commitment to bringing new healthcare products to patients and physicians worldwide. They want to discover, develop and successfully market innovative products to prevent and cure diseases, to ease suffering and to enhance the quality of life.

Siemens Medical Solutions Diagnostics

Siemens Diagnostics offers the broadest and most widely used urinalysis product portfolio in the world to laboratory personnel, clinicians, physicians and nurses. These products deliver important clinical information for many medical conditions and diseases such as kidney function, urinary tract infections, carbohydrate metabolism, and liver function. The Multistix® family of urine test strips along with the Clinitek® family of analyzers together provide options for delivering high-quality urinalysis test results with the level of productivity appropriate for the different testing settings.

Wise Incorporated

Wise, Incorporated presents WISEquity. THE ZERO DOWN, ZERO DEBT physician wealth-building program, maximizing their practice real estate. Wise guarantees the debt and provides all the capital, design, construction and property management services. The physician guarantees the lease and receives ownership, equity, appreciation and cash flows day 1.

Thank You to the Following Companies Who Have Provided Educational Grant Support

Allergan
Boehringer Ingelheim Pharmaceuticals
Boston Scientific
Intuitive Surgical
Pfizer Inc.
Sanofi Aventis
Watson Pharmaceuticals

Congratulations to the FUS 2007 Award Winners

Resident Debate Winners

1 st : Darius Unwala, MD, University of Miami	\$500
2 nd : Omar Hamoui, MD, USF, Tampa	\$300
3 rd : Patrick Villicana, MD, UF, Gainesville	\$200

Milton Coplan Pyleogram Hour

1 st : Ngoc Bich Le, MD, UF, Gainesville Wise Old Owl	\$500 and the
2 nd : Omar Hamoui, MD, USF, Tampa	\$300
3 rd : Daniel Carsuo, MD, USF, Tampa	\$200

Tennis

This year's tennis winners were randomly drawn:

1 st Place Male: Zev Wajzman, MD
1 st Place Female: Jessica Regan

Golf

1 st Place Team: Marc Cohen, MD; Mark Melser, MD; Mr. Seldenright
Longest Putt: Larry Hakim, MD
Longest Drive: Anthony Cantwell, MD
Closest to Pin: Mark Melser, MD

Complimentary Meeting Registration for 2008

Vincent Bird, MD

Emeril's Gift Basket

Karen Chamuel, MSN, ARNP

Physicians Drawing for Information from our Corporate Members

1. Norman Brock, MD
2. Thomas Mawn, MD
3. Anthony Cantwell, MD

FUS Would Like to Recognize Our 2007 Corporate Members

Diamond

Physicians Preferred
TAP Pharmaceuticals

Ruby

Astellas Pharma US
Boston Scientific
Coloplast
Indevus Pharmaceuticals
Lakewood Pathology Associates
Neusys, LLC
Novartis Pharmaceuticals
Siemens Medical Solutions Diagnostics
Wise Incorporated

Address Corrections Requested

Please notify the FUS of any changes in your contact information, including change of address, phone or fax numbers, and e-mail address. This information is only disseminated to the membership and is used for networking, one of our primary missions.

Thank you!

Mark Your Calendars!

2008 FUS Annual Meeting
August 28 – 31, 2008
Disney's Yacht and
Beach Club Resort
Lake Buena Vista, Florida



Florida Urological Society

Two Woodfield Lake
1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173-5116