



THE FLORIDA UROLOGIST

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President's Message

The summer edition of the FUS Newsletter serves as a prelude to our meeting at the Disney Yacht and Beach Club and contains several articles that will be of interest to you.

Earlier this year, many of you participated in a survey about compensation for Emergency Department (ED) coverage by Florida urologists. Kevin Lee, MD has taken the lead in this project. Together, we have written a summary of the findings.

Tom Stringer, MD chairs our Nominating Committee this year. He has provided a summary of positions which are open. Please let Tom know if you have an interest in becoming more involved in our society.

Marty Dineen, MD continues to be active in our society as well as serving as current president of the Southeastern Section of the AUA. He has been kind enough to contribute an article outlining his current activities on our behalf.

This year our scientific program chairman is Paul Young, MD, who is based at the Mayo Clinic in Jacksonville. His associate, Todd Igel, has assisted him. These gentlemen have done an excellent job in putting together an outstanding program. Please see the summary below which outlines the Scientific Program for our 2008 Annual Meeting.

Since we are meeting on a Disney property, we will have easy access to all the activities offered including entertainment at Walt Disney World Resort® and fine dining. Marc Cohen and Rafael Carrion are organizing our golf and tennis events. For those who wish to venture further in to Orlando, Universal Studios, Sea World, shopping in Winter Park and the Millennia Mall, and many excellent restaurants beckon. The spouse hospitality suite will be open and can assist in daily trip and attraction planning.

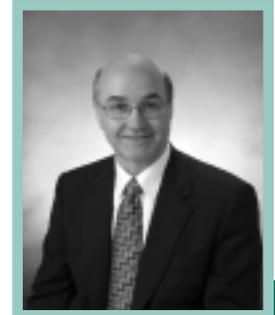
Saturday evening our social event will be held in Epcot® Center, which is a short walk from the hotel. The Voices of Liberty Singers will provide entertainment. Following dinner, dessert will be served at the Italy Isola and West Wing, located inside Epcot®, where we will be dazzled by the Illuminations Show.

Our Annual Business Meeting will be held at 7:00 a.m. on Sunday. Our president-elect for 2008-2009 is T. J. Ross, MD.

I would like to express my appreciation to many in our society who have helped and are helping to make this an outstanding meeting. Among those who have put in much work behind the scenes are Sue O'Sullivan, Ann Marie Bray, Donna Kelly, and Wendy Weiser

of WJ Weiser and Associates. In addition, my wife Lynn has assisted with planning for this event. Without this group, it would be difficult to organize and put on our annuals meeting. Thank you ladies!

Our annual meeting will provide a great opportunity to hear the latest from some of our thought leaders, see old friends, meet new people, and hear about new innovations our corporate partners are bringing to the table. Lynn and I look forward to seeing you in Orlando!



Robert C. Newman, MD

Bob Newman, MD
FUS President 2007 – 2008

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Report from the Health Policy Meeting of the SESAUA

Martin K Dineen, MD, Chair

The meeting was held at the Manchester Grand Hyatt in San Diego on March 6, 2008, during the recent SESAUA meeting.

Certificate of Need Rules (CON)

The Alabama CON Board denied an application from a Mobile, Alabama group meeting criteria for physician office exemption. Plans for possible lawsuit against the CON Board were discussed as regards possibility of outside support from AUA, MASA (Medical Association of State of Alabama), and AMA. The Health Policy Committee of the SESAUA was queried as to support of SESAUA. Group consensus was favorable toward support of this sort of effort (specific to this case but to others in our section as they may arise), but it was felt that we should wait until a suit is actually filed.

Dr. Ruiz-Deya (Puerto Rico) reported that Walgreen's Pharmacy has had to bring suit against the Puerto Rican CON Board to open additional pharmacies on the island. General consensus that CON rules are draconian and hospital dominated and should be challenged where felt to be restrictive of fair trade.

Physician Recruitment

Hospitals are increasingly hiring a limited pool of newly trained urologists at untenable starting salaries and signing bonuses to the detriment of private practice urologists seeking to add younger partners to sustain their established practices. This is a particularly onerous issue in more rural areas where a physician (urological) workforce shortage is a real concern. Our workforce has aged significantly over the last few years climbing from 49 to 53 1/2, thus setting the stage for a potential crisis in manpower as this groups reaches retirement.

Dr. Winters (Louisiana) described "post-Katrina" effect secondary to even lower reimbursement, no pay for call coverage, "living on the edge," and "barely making ends meet" in the New Orleans area.

Hospitals have an unfair advantage by receiving higher facility fees for the same work that could/should be done in a physician's office for far less cost to the government. Should we as a group, joining other specialty alliances start calling this unnecessary utilization of limited resources to the attention of not only the government but to the public as well?

Numerous committee members described an increasing trend toward insisting on fair compensation for unassigned service calls to the emergency room. Dr. Tom Brown (Florida) described the scenario of a hospital near him wherein all members of the urologic hospital staff dropped their privileges secondary to the increasing burden of uncompensated ER service calls. The hospital has hired three urologists at an effective salary of \$600,000 to \$800,000 each. Far in excess what the existing staff was asking as reasonable compensation for ER call coverage, and to the detriment of the taxpayers.

Hospital Transparency

Issues of unsustainable hospital MD employee salaries were again discussed. Dr. Tom Brown described taxpayer money utilized for Super-Bowl advertising, and reported local marketing via four ads at a cost of \$1,000,000 produced in Hollywood by a hospital marketing guru. This individual has a base salary of \$275,000 per annum and received \$125,000 for moving expenses and a \$40,000 signing bonus.

How can we assist in changing this abuse in order to continue to provide care to our patients at a far lesser cost to the government, and continue private practice as we know it?

Action Items

Motions submitted to the Board of the SESAUA.

1. The Health Policy Committee of the SESAUA formally requests that at least a half-day be devoted solely to matters of socio-economic concern at next year's meeting in Mobile (and at each meeting thereafter).

Discussion: Dr. Gee suggested that the model employed by the Western Section could be used as a template. All agreed that the lack of CMEs for such lectures was offset by the benefit of the information received.

2. That the SESAUA cover the costs associated with having a staff member of the AACU present at the HPC meeting.

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ASSOCIATE DIRECTOR
Sue O'Sullivan

Discussion: This would further help coordinate issues of importance to our members at the state level and to enhance development of the State Society Network.

WOULD YOU LIKE TO BE EDITOR OF THE FUS NEWSLETTER?

This past year the position of editor of the FUS Newsletter has been vacant. Putting the newsletter together provides a great opportunity to become involved in the Florida Urological Society.

Our newsletter focuses on topics of current interest such as socio-economic concerns, reviews of past meetings, and previews of future FUS activities. In addition, as you will see in this edition, our periodical serves as a forum for discussion of surveys or questionnaires such as Emergency Department (ED) compensation for Florida urologists.

Serving as editor of the newsletter provides entree into the society's organized activities. Members interested in this position should contact Bob Newman .

Program Committee Report

Paul Young, MD

Scientific Program for 2008

A variety of outside speakers have committed to join us. Highlights will include Li-Ming Su as the Joseph Segura Lecturer, a socio-economic session on Friday including Steve Schlossberg (AUA Health Policy Chair) and Mike Farragamo (coding expert). Our own Ron Castellanos will update us on his involvement with MedPAC. Ron is the only urologist to serve as a member of this distinguished and influential group. Others will include Steve Kramer (pediatric urology), Mike O'Donnell (upper tract TCCA), Richard Santucci (urethroplasty and GU trauma), and Richard Leder (an outstanding teaching radiologist).

The five academic programs in our society have each agreed to send three residents to Orlando. Two residents from each program will participate in the Resident Debates. A third resident will present a case during the Pyelogram Hour. The cases presented will be challenging and the debates will stimulate good discussion. The FUS provides financial support for the residents to attend. Be sure to attend these top-notch sessions!

As you review the information, you will see that we are privileged to have a number of our FUS members on the program. We greatly appreciate the contribution of time and expertise by each of them. For those of you who do not know, FUS members who participate as program directors and speakers receive no compensation. The commitment made by these individuals on behalf of our society is significant. It is not unusual to spend 15 – 20 hours in preparation for a talk.

Again this year, we have invited our Office Administrators and Allied Health Personnel to join us for our Socio-Economic Program. There will be a separate breakout session following Mike Ferragamo's talk addressing coding issues on Friday afternoon. Gary DeLanois has ably assisted in setting up this part of the agenda.

On Thursday evening, there will be fantastic dinner and presentation featuring Mark Moyad, MD, who will speak on "Promoting Wellness for your Prostate Cancer Patients: What Works and What is Worthless in 2008." The evening is made possible in part by Abbott Laboratories. Please bring your spouses/guests for this dinner presentation. Mark is an excellent speaker whose comments will be of interest to us all.

Sunday morning from 8:00 a.m. – 9:00 a.m., after our business meeting, will be an industry sponsored breakfast symposium entitled "Emerging Role of Toremifene to Prevent and Treat Multiple

Estrogenic Adverse Effects of Androgen Deprivation Therapy." This CME-accredited symposium is being sponsored by the Postgraduate Institute for Medicine and is supported by an unrestricted educational grant from GTx, Inc. The program is being coordinated by MedReviews, LLC.

Proposed Bylaws Change

In accordance with Article IX of the FUS Bylaws, please accept this as notification of a proposed change to the existing FUS bylaws. This proposed change will be voted on by the members in attendance at the FUS Annual Business Meeting being held in on Sunday, August 31, 2008 at 7:00 a.m. in the Grand Harbor Ballroom of Disney's Yacht and Beach Club Resort in Orlando.

Current Bylaws:

Article III: Membership

(f) Limit practice to full time teaching or clinical practice of urology.

Proposed Change to Bylaws:

Article III: Membership

(f) Limit practice to ~~full~~ time teaching or clinical practice of urology

Please use the link provide to view the bylaws in its entirety:
<http://flaurological.org/about/bylaws.pdf>

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, 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 actively 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 a one-year term. 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 Executive Committee members are asked to attend the annual board meeting that immediately precedes the FUS annual meeting. Since our last newsletter, three active FUS members have declared an interest in filling those positions.

With over 500 members, the FUS proportionately places more members on SESUA board than any other state. Currently there are five delegates and five alternate delegates representing Florida

on the SESAUA board of directors. The board of directors of the SESAUA is responsible for the administration and management of the section. Active members of the FUS, SESAUA and AUA are eligible for election. The board of directors 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, the SESAUA is currently served by a number of FUS members in leadership roles. They include Jeff Thill, Membership Committee; Mike Grable, Finance Committee; Ray Leveillee, Science and Education Committee; Scott Sellinger, Chairman Bylaws Committee; as well as newly elected SESAUA president, Marty Dineen and myself as president-elect.

The 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. Thank you for contributing to the success of the FUS.

News from the Florida Medical Association (FMA)

Kevin Lee, MD

Prostate Cancer Screening Bill

The HB-53 mandatory prostate-screening bill did not move past the subcommittee. Due to budget constraints, any bills that were to increase state budget did not get considered. We can get legislator support for same bill in the future when the economy improves.

2009 – 2010 Physician Workforce Survey

The state has mandated the Florida Medical Board to come up with mandatory questions on licensure renewal for 2009 and 2010 to address physician manpower issues. We are working with the workforce survey task force to come up with urology manpower questions for 2009 – 2010. When these results are tabulated, we will have an accurate picture of physician manpower in the state of Florida.

Managed Care Legislation 2008

After an unprecedented journey of eight committee stops and determined opposition from every insurance company licensed to do business in Florida, the Senate bill 1012 passed. This bill balances the playing field between physicians and managed care organizations (MCO) by reducing the "look back" period for MCOs to demand refunds for overpayment from 30 months to 12 months.

This bill also makes silent PPOs transparent by requiring MCOs to notify network physicians any time the MCO sells or leases their discounted physician fee information to another entity. Lastly, this bill requires MCOs to directly pay in-network physicians for services provided, rather than sending the payment to the patient.

Are you a member of FMA and FLAMPAC?

If you are not a member of FMA please join and contribute to the FLAMPAC so they can continue to work for you.

FUS ER Compensation Questionnaire – 2008

Kevin Lee, MD, and Bob Newman, MD

It is estimated that there will be a shortage of 200,000 physicians by the year 2020.¹ About 1% (2,000) of that shortage will be urologists. Since there are 10,373 practicing urologists today, 917 who have ties to Florida, Floridian urologists represent 19.2% of the current urology workforce².

This shortage is already being felt in many parts of the country. According to the American College of Surgeons, there are currently 45 million people in this country living in areas underserved by general surgeons.³ These shortages are causing a restructuring of clinical practice in many ways.

A prime example of this short fall is inadequate coverage of emergency rooms by specialists. Traditionally, physicians have rotated emergency room call coverage for the hospitals in which they work. It is estimated about one third of physicians in the United States who take Emergency Department (ED) calls get compensated.⁴ More specifically, this means that there has been no compensation provided for physicians other than what might be generated from patient care. In the current environment, many physicians are no longer willing to take call because of liability issues and because of the time it takes away from income producing office work.

Currently, there is a bill in the Florida state legislature (House Bill-HB839 and Senate Bill-SB 1640) that if passed, would grant sovereign immunity to all physicians who deliver care to patients in the ED. The major impetus behind this effort is to encourage more physicians to participate in emergency room call coverage.

Many physicians feel that a more compelling motivator for coverage of emergency call would be for physicians to be compensated for their time spent on call. In other words, compensation would be provided for taking call over and above whatever is generated by patient care.

The recent OIG ruling mandates that physicians should give 18 days of free service per year.⁵ Most hospitals require that physicians provide ER coverage up to one out of every three days gratis (120 days per year) as a requirement for maintaining hospital privilege.⁶ This leaves the door wide open for ED compensation.

Survey Methodology

To find out where Florida urologists stand on this issue, the FUS sent out a ten-question survey in an email to all members that focuses on compensation received for taking ED calls. Prior to distribution, the Board of Directors of the FUS was asked to provide input on the content of the questionnaire. Survey Monkey (www.surveymonkey.com) was used as the survey instrument. Sue O'Sullivan of WJ Weiser and Associates provided administrative support. A summary of the results of that questionnaire follows.

Response Rate

We currently have 360 active instate members. The overall response rate was good with 133 (31%) members answering the questionnaire.

Member Location and Type of Practice

Of those who responded:

- 6 were from outside Florida
 - 3 of these are compensated for ED call (all of which reside in the Carolinas)
- 8 were in academic positions; and none of these are compensated
- 2 were retired
- 19 were from multi-specialty groups in private practice (none of which are compensated)
- 114 were from single specialty (urology) private practice groups or in solo practice

Overall 91.1% of the 133 who responded indicated that greater than 50% of their time was best characterized as private practice as opposed to academics. Less than 3% were retired or in a hybrid practice with both private practice and academic components. Six out-of-state and two retired FUS urologists answered the questionnaire. Thus there were 125 respondents who actively practice urology in the state of Florida. This represents 34.7% (125/360) of our members.

Taking this into consideration, one might assume that the number of respondents who could potentially receive compensation changes from 133 to 100 (133 minus the 6 out-of-state, the 6 in-state academic, the 2 retired and the 19 multi-specialty urologists. Of this 100, 43 (43%) of our members got paid for ED coverage.

Practice Location as it Relates to Compensation

Arbitrarily divided locations were as follows:

Panhandle:	Pensacola, Tallahassee, Panama City etc.
North:	Lake City, Gainesville, Jacksonville, etc.
Mid-Atlantic	Orlando, Merritt Island, Melbourne, etc.
Mid-Southeast	Ft. Pierce south to Delray Beach
Southeast	South of Delray to Miami
Mid-Gulf coast	Tampa, St. Pete, Lakeland, Bradenton etc.
Mid- Southwest	Naples, Ft. Meyers, Cape Coral, etc.
Other	Location not specified

The table below summarizes the number of urologists responding from each geographic area and specifies the number from each area that receive compensation:

LOCATION COMPENSATED	NUMBER RESPONDING	NUMBER COMPENSATED	PERCENTAGE
NORTH*	17	4	23.5%
PANHANDLE	7	0	0.0%
MID-ATLANTIC	31	5	16.1%
MID-GULF COAST**	31	13	41.9%
MID-SOUTHEAST	14	3	21.4%
MID-SOUTHWEST	5	2	40.0%
SOUTHEAST	20	16	80.0%

* North – included 4 Academicians

** Mid-Gulf Coast – included 2 Academicians

Take note that there is no one in an academic setting or in a multi-specialty group who is compensated for taking ED calls. There is a geographic difference in compensation with the Panhandle, the lowest percentage of urologists who report being compensated. The Southeast and Mid-Gulf Coast regions had the highest percentage of urologists who reported being compensated.

Membership on Hospital Staff

99.2% of responding urologists (131/133) indicated that they were members of a hospital staff. Since 2 were retired, it shows that all actively practicing urologists belong to a hospital staff.

Q: How many nights per month do you take calls?

The response varied from 0 to over 15 days per month. Almost 40% of respondents took calls 5 to 8 days per month with 4% taking over 15 days per month of calls. 131 members responded to the question.

Q: Is compensation provided to underinsured or uninsured ER patients?

130/133 of those queried responded. 65.4% stated that no compensation was provided by their hospital for caring for these individuals. Interestingly, 34.6% of the hospitals do provide some type of compensation for physicians who care for this part of the ED population.

Q: If you are compensated by your hospital, how are you paid?

Responses to the mode of payment varied quite widely. Most physicians are compensated by a daily rate, but only on weekends, while others were compensated at an hourly rate, per patient rate or some combination of hourly and per patient. 20 respondents skipped this question while 113 answered.

Q: Amount of compensation (if compensated)?

On this question, responses varied from \$100 per day to over \$1,300 per day. Again, 113 individuals responded and 20 skipped the question.

Q: Which of the subspecialties are compensated for ER coverage at your hospital?

It appears that general surgery, orthopedics and neurosurgery receive the most ED compensation with about 50% of respondents saying their hospital compensates them. 24% of respondents indicated that ENT is compensated for ED calls in their hospital. 132 of 133 of those queried responded.

Q: If you were planning to stop ER coverage, would you reconsider if you were compensated for your services?

38.9% felt the question was not applicable to their circumstances. 28.2% would reconsider taking ED calls if compensated, while 8.4% said they would not do so. 19.1% said it would depend on the level of compensation. In this instance 131/133 answered the question.

Commentary

Compensation

The issue of compensation varies based on the type of practice and it's geographic location. As one would expect, neurosurgery, orthopedics and general surgery are the specialties most likely to be paid for their services. Urology (43%) is just behind them and just ahead of ENT (34.1%) followed by other surgical subspecialties. This underscores the importance of urologists in ED care. This may be a reflection of an overall shortage of urologists in Florida.

It is reported that Pennsylvania is having difficulty recruiting and keeping urologists due to lack of adequate compensation. Estimates of their average income range from \$250,000 to 300,000 while median income is \$365,999 and those at the ninetieth percentile take home \$612,171, according to MGMA.⁷ Depending on geographic location and local circumstances, being compensated for ED coverage can boost income significantly.

Aging Urologists

Currently over 40% of the urologists are over the age of 55⁸ while only 33% of the U.S. physicians are over the age of 55². Only 13% of the general population falls in this age range.

Current Job Openings

The web-based clearing house, www.physicianwork.com, lists of 1,600 jobs for urologists being advertised throughout the U.S., including 115 jobs in Florida. In addition, there are many other individuals and groups which advertise by "word of mouth."⁹ This often includes direct communication with program directors and chairs at the various programs around the country.¹⁰

Graduating Residents

According to the Member Services Operations of the AUA, there were approximately 242 urology graduates in the United States in 2008. It is expected that there will be approximately 255 and 250 graduates in 2009 and 2010 respectively.¹¹

Projected Need for Urologists

It is estimated that the number of urological procedures are expected to grow by 33% by the year 2020. McCullough projected that by 2020, the shortfall of urologists may approach to 2,000. If there are 1,600 plus job openings now, the projected shortage of 2,000 may be an under estimate.

ED Compensation Survey Relevance

The response rate and the data obtained in this survey underscore the importance that urologists in private practice attach to ED com-

ensation. In the current era of declining reimbursements and manpower shortage, ED compensation can serve as a recruiting tool and provide an important income source from services now often being provided gratis.

The survey demonstrates that compensation for urology ED coverage varies widely. 57% of those who responded (60/133) indicated that they receive no compensation thus indicating that 43% are compensated. For those who are compensated, the method for determining the amount of payment is inconsistent.

The results obtained in this questionnaire point out that the FUS members who responded to this questionnaire, particularly those in private practice, attach significant importance to being compensated for emergency services which they provide. We believe that development of a set of guidelines to follow in negotiating for compensation for ER services would be useful. Anyone interested in participating in this effort is invited to contact Kevin Lee or Bob Newman.

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Mark Your Calendars!

2008 FUS Annual Meeting

August 28 – 31, 2008

Disney's Yacht and

Beach Club Resort

Lake Buena Vista, Florida



Increase the Strength of our Association!

Do you know of a colleague who would like to join the Florida Urological Society?
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