AUA Board of Directors
February 2014 Meeting - Executive Summary

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Purpose: This report is to be used by members of the AUA Board of Directors for their general reference and for reporting to AUA Sections.
Finance
The Board approved the combined internal Financial Statements and accepted the Investments Report for the period ending November 30, 2013, as follows: Combined Net Assets increased $25.4 million for this eleven month period, as a result of an (approximate) $3.8 million Operating Surplus and $21.6 million in Investment Income. Investments during this period earned an 18 percent return.

Headquarters Facility Project
AUA has contracted with an architect for a $4.5 million Remodeling and New Construction project for AUA’s headquarters facility. The scope of the project is to build out the remaining 4th Floor space for new staff offices, to add a new ground level addition to the back of the building for expanded fulfillment and storage capability, and to re-carpet the entire facility. Analysis of the potential use of AUA’s undeveloped property is ongoing.

Office of Education
APN/PA Curriculum. The Board agreed with the Education Council’s recommendation on development of the six topic areas for a physician extenders core curriculum: 1) OAB/Non-Surgical, 2) Urologic Oncology, 3) Male Sexual Dysfunction, 4) Surgical Assistance, 5) Stone Management and 6) Female Sexual Dysfunction. The Board agreed with the Lesson Objectives and proposed timeline; however noted that the scope would be determined on how the modules are designed and delivered.

Science & Quality Council
S&Q Chair Approval. AUA’s search for a Chair of the new Science & Quality (S&Q) Council was announced to membership in November 2013 with an application deadline of December 11, and the Search Committee interviewed finalists in January 2014. The Board of Directors approved the selection of Dr. J. Stuart Wolf as Chair of the Science and Quality Council. An initial S&Q Council meeting will take place at the May 2014 AUA Annual Meeting.

Guidelines
Succession Plan. The Board approved the nomination of Deborah J. Lightner, M.D., and S. Duke Herrell III, M.D. as Practice Guidelines Committee Chair and Vice-Chair respectively.

Guideline Amendment Process. The Board approved a new amendment process designed to enable systematic implementation of substantive changes to a limited section or sections of a guideline when new data exist, but a full revision is not warranted. All amendments will undergo the usual PGC approval, peer review and Board approval protocol.

Testosterone Treatment/Patient Safety. The role of testosterone replacement therapy (TRT) has not been addressed in recent guidelines, particularly targeting younger men and in relation to male sexual dysfunction or infertility. Concerns have been raised about the widespread use of direct-to-consumer (DTC) advertising for testosterone supplementation. Preliminary literature searches suggest there is sufficient peer-reviewed literature to develop a TRT guideline and that it may help address concerns regarding DTC marketing and
inappropriate use of testosterone. The Board approved the development of a guideline on the topic of “Testosterone Management.”

Guidelines 3-Year Budget. The Board approved a three-year guidelines budget. The budget delays two projects (SUI and Male Infertility), cancels four projects (Rapid Ejaculation, Priapism, Urinary Retention and Peri-operative Considerations in Urologic Surgery); reduces ULRs to three annually, and includes cuts to the general budget (some dissemination activities to be dependent on industry funding). The budget includes a $580,000 expansion over three years.

Guidelines Task Force. The Board discussed the scope of AUA guidelines and their broad impact across AUA activities -- Annual Meeting popularity, doctors’ guides, Foundation brochures, industry support and help with dissemination, development of performance measures, collaboration opportunities with other groups, impact on Maintenance of Certification, etc. The Board agreed to appoint a task force to look at the entirety and scope of AUA’s guidelines, to evaluate needs assessments and member utilization of guidelines and to assist in future budgeting and prioritization.

Data

AUA Quality Registry. The Board recognized the significant amount of work has been accomplished in year one (vendor selection and contract, IRB approval, Phase I site selection). (See Attached 1-pager on Quality Registry)

Strategic Plan. The Board approved the five-year Data Department strategic plan, focusing on five areas:

a. Developing a national level and specialty wide quality registry
b. Supporting short-term projects including an AUA-funded grant program to support physician led studies
c. Implementing an AUA annual census
d. Providing reimbursed statistical consulting services to both internal AUA departments and external clients
e. Generating and disseminating knowledge about urology.

AUA-Funded Grants to Support Physician-Led Short-Term Projects. The Board approved $100,000 annually to fund a new program for short-term physician-led data projects, beginning January 2015. This program establishes a peer-reviewed grant funding process for evidence based, data driven, short-term projects. These types of physician-led projects will use electronic health records and organized studies to address a variety of research questions around urology and are intended to help strengthen policy, and to inform urologists and the public. AUA members will be invited to submit letters of intent and full proposals which will be reviewed by a grants review subset of the Data Committee. The grant provides funding to support 2-3 projects per year, with all details and schedules to be monitored by the Data Committee.

AUA Annual Census. The Board approved the launch of an AUA Annual Census to membership beginning March 2014. This project is to collect and disseminate current comprehensive data broadly across the total urologic landscape. The census survey will contain Section A which will ascertain demographics and practice patterns (to vary little from year to year) and Section B which will be topic specific to include variable questions (e.g., EMR use, ancillary services, disease-specific questions, etc.). Base questions will remain relatively stable
over time to allow longitudinal trending and analysis. The census is intended to provide data about urologic practice and the urology workforce – to be valuable to AUA members, policymakers; providers, researchers, patient and industry groups. All users will be better able to understand the complexities of urologic care including trending practice patterns, use of technologies, treatment options, etc. Physician involvement in the project will involve the Data Committee which will review survey content and annual results, and assist with analysis, interpretation and reporting. Public-use data will be used to represent the entire specialty and a “What you must know about urology” will be presented as a tool in patient education and advocacy. (See Attached 1-pager on Census)

Quality

White Paper on Shared Decision Making. The Board approved the topic of a white paper on Shared Decision Making to be completed in 2014 by an expert panel, in collaboration with the Quality Improvement and Patient Safety (QIPS) Committee.

Several recent AUA guidelines on complex urologic topics suggest the need for shared decision making (SDM) between patient and physician. SDM is believed to help reduce medical costs and improve patient care, and relates to reforms outlined in the Affordable Care Act. AUA members reportedly have a relatively poor understanding of what shared decision making is and how to implement it into practice. QIPS members believe a shared decision making white paper will help urologists understand SDM concepts and tools necessary to implement SDM into their clinical practice. The integration of SDM is expected and intended to improve patient care and help assess patient satisfaction, and SDM is likely to become a metric of quality of care in the future. This project will take approximately 9-12 months to complete.

Joint AUA/SUNA White Paper on Reprocessing of Flexible Cystoscopes. In February 2010, the Board approved the Joint AUA/SUNA White Paper on Reprocessing of Flexible Cystoscopes and recently it underwent its three-year review. A work group reviewed all relevant literature and revised two sections [(1) Peracetic Acid, and (2) Storage] to reflect the most recent data. The Board approved the revised White Paper on Reprocessing of Flexible Cystoscopes jointly completed by the AUA and the Society of Urologic Nurses and Associates (SUNA). This paper will now go to SUNA’s Board for approval.

Membership – Categories, Updates

The Directors approved the following membership category changes: 105 Medical Students, 78 Candidates, 8 Fast Track Associates, 41 Actives, 22 Associates, 211 Internationals, 51 International Residents-In-Training members, 24 Allied members, 15 Affiliate members, 91 Membership transfers, 96 Membership transfers to Senior & 16 Transfers to International Special, 86 Reinstatements and 26 Resignations.

Expert Witness Registry

The Board approved the Expert Witness Registry proposal, to be introduced in spring 2014 and piloted over the next two years. The registry will provide a resource list of expert witnesses for both plaintiffs and defendants in medical malpractice cases. Under this concept, the Registry will be announced to AUA members and to malpractice attorneys, its philosophy and a set of simple rules, and all qualified AUA members invited to join the Registry -- by simply submitting their name and address, with limited background information including areas of concentration or special expertise. This data will be posted on a public AUA Expert Registry website, and interested
attorneys can make their own arrangement with participants, to undertake review of urology cases without direct staff intervention. The Registry is provided as a public service, and AUA will not be responsible or liable for the enrollees – who should be carefully screened by attorneys before engagement. No attempts will be made by the AUA to pre-screen applicants, nor verify their stated qualifications or accuracy of the testimony provided.

The J&E will repeat its Participation in an Expert Witness Registry Course at the AUA Annual Meeting in Orlando.

**Public Policy and Practice Support**

**Legislative Priorities.** The Board approved the 2014 AUA Legislative Priorities.

1. Viable strategies for Sustainable Growth Rate (SGR) repeal and promotion of value in health care.
2. Access to appropriate prostate specific antigen (PSA) screening.
3. Reform of the US Preventative Services Task Force (USPSTF) recommendation process.
4. Preservation and appropriate use of the in-office ancillary services exception (IOASE) to the Stark Law.
5. To oppose or defer implementation of ICD-10.
6. Address workforce shortages in all urologic practice environments (i.e., community and academic practice), preserve access to timely and appropriate care, and advocate for increased Graduate Medical Education (GME) funding and resources for urology positions.
7. Repeal of the Independent Payment Advisory Board (IPAB) or modification of the current law to provide for Congressional oversight of their decisions, appointment of practicing physicians, and review by medical specialty societies.
8. Promotion of Medical Liability Reform.
9. Promotion of urology/cancer research funding.

**H. Logan Holtgrewe Legislative Fellowship Program.** The Board approved the H. Logan Holtgrewe Legislative Fellowship Program to begin in 2015. This program is designed to prepare and educate urology residents and fellows in the legislative aspects of health policy. The Fellow will participate over a non-continuous six weeks – starting with the Joint Advocacy Conference (JAC) in March, followed by four weeks in a Capitol Hill office in Washington, DC in April. The Fellow will attend the Health Policy Council and Legislative Affairs Committee meetings and the Health Policy Forum at AUA’s Annual Meeting in May (as well as optional attendance at meetings of the Practice Guidelines, Quality Improvement & Patient Safety, and Coding & Reimbursement Committees). The Fellow will attend the Brandeis University Executive Leadership Program in Health Policy & Management in June, and the program will conclude with attendance at the fall Health Policy Council Meeting in November.

**Urology Practice (New Publication)**

An aggressive timeline has been followed over the past months including discussions with the new Urology Practice Editor, Dr. Carl Olsson. The Board in late January approved Dr. Stephen Jones as Associate Editor and stipends for the addition of four Section editors to work with the Editor and Associate Editor to manage the workflow for the new journal. Sections include Business, Health Policy, the Specialty and Patient Care.
The Board approved the Publications Task Force’s recommendation for the structure and responsibilities of the *Urology Practice* new Editorial Board. The board specified that the selection of section editors and volunteers be made with geographic consideration, across both academic and private practice and subspecialties, as well as metrics for each member’s performance.

**Urology Care Foundation**

**New Lay Board Members.** The Directors approved the appointment of three lay/public board members to the Urology Care Foundation. This completes the composition of the Board, which will be publicly announced in March 2014. The newly constituted Foundation Board will hold its first official meeting during the AUA Annual Meeting in Orlando.
The AUA Quality (AQUA) Registry - An AUA Board-Approved Initiative

Collecting Meaningful Data to Bridge the Knowledge Gaps around Urology

The AQUA Registry - As part of its ongoing commitment to improving the quality of care for patients with urologic disease, the AUA is developing the AUA Quality (AQUA) Registry. This is the first specialty-wide urologic registry at a national level, designed to measure and report healthcare quality and patient outcomes. It will also provide data to identify patterns, trends and outcomes in the diagnosis and treatment of prostate cancer. The AQUA Registry’s clinical focus will be on the longitudinal follow-up of patients with newly diagnosed prostate cancer and include a personalized portal for patients to report self-perceived outcomes on their quality of life.

Quality Care through Comparative Evidence - Initially focusing on prostate cancer and then expanding to other urologic conditions, the AQUA Registry will, for the first time, enable urologists to review their practice patterns and outcomes in comparison with their peers at national and regional levels. Starting in 2015, the AQUA Registry will provide urology practitioners with patient outcomes and healthcare quality metrics specific to prostate cancer using data gathered from physician and practice levels as well as patient reports. The AQUA registry will then gradually expand to include other urological conditions.

A Physician-Friendly System - The AQUA Registry is designed to be physician-friendly. With little data entry burden to physician office staff, clinical and patient data will be extracted, transformed and loaded into the AQUA Registry from the practice sites’ electronic health record system.

How AQUA Registry Data Will Be Used - National and comparative data generated by the AQUA Registry will support guideline-informed physician practice, and evidence-based patient decision support mechanisms. It will provide participating urologists feedback regarding their individual- and/or practice-level performance on a range of process and outcome quality measures, benchmarked against their peers at national and regional levels. For physicians, these data will help them meet both the Centers for Medicare and Medicaid Services’ Physician Quality Reporting System (PQRS) reporting and potentially regional and national certification requirements. For government policy-makers, the AQUA Registry will provide further understanding around patient safety, costs of care and system effectiveness.

Why Urologists Should Support the AQUA Registry – The healthcare environment is transitioning from volume-based to value-based payment for care. The AQUA Registry will ensure that urologists, rather than other parties, are identifying what works best and for whom.

Privacy Policy - Identifiable information collected by the AQUA Registry will be stored in a secured area, and only participant sites can see their performance with benchmarking comparisons of national or regional statistics.

Summary - The AQUA Registry is being developed under a sophisticated technology infrastructure and will be implemented in a phased-in manner over the next two years in terms of the number of participating practices, scope and functionality. The initial design and testing phase began in February 2014 with the participation of 10 sites. The pilot phase is expected to begin summer 2014. Through the aggregation and organization of both clinician- and patient-reported data on diagnostic and therapeutic interventions, clinical and quality of life outcomes and resource utilization, the AQUA Registry will provide the urologic community with a definitive resource for informing and advancing urology.

For more information, please contact the AQUA Registry Team: aqua@auanet.org or visit the AQUA kiosk at the 2014 AUA Annual Meeting, Hall C Lobby or visit the AQUA website: http://www.auanet.org/resources/aqua.cfm
The AUA Annual Census - The American Urological Association (AUA) will launch its first annual specialty-wide census survey in May 2014. This critical survey will provide important urology workforce information to clinicians, policymakers, patients and payers. The findings will also provide an understanding of practice patterns, including the use of diagnostic tests and treatment options, and will identify cross-sectional and longitudinal variations across the specialty nationwide.

Census Question Organization - Census questions will be grouped into both base questions and supplemental questions organized into question modules. Base questions that target the entire urology specialty will be general and fundamental and asked annually so as to develop both cross-sectional and longitudinal patterns. Examples of base question topics include practicing status, clinical practice setting, primary and secondary sub-specialties, patient encounters, employer type and employment status, etc. Supplementary questions focusing on emerging issues will only be distributed to a subset of participants either by randomized selection or by targeted selection organized as census modules. Supplementary questions will be either general as a continuation of the base questions to a sub-set of participants in order to reduce the number of questions per participant or specific to a targeted group of participants, such as urologists who practice prostate cancer care in a particular state or urologists who provide a specific type of patient care (see example below).

Census Timeline - The Census will be officially launched at the 2014 AUA Annual Meeting (Orlando Convention Center Hall-C Lobby) with marketing and communication measures in place and continued availability online through September by a sophisticated survey platform with multiple promotions, such as prize drawings. Census data will be analyzed and reported in October and November. Census results will be released by the end of year with this process repeating annually.

2014 AUA Annual Census Timeline

How Census Data Will Be Used

☐ The AUA will release The State of Urological Practice and Profession in the United States, an annual publication, to inform policymakers, the urology community, patients, payers, pharmaceutical and device companies and the general public.

☐ De-identifiable Individual level census-based Public Use Micro Data Set will be available to clinicians, health services and policy researchers, residents, medical students, and industry groups for research and analysis.

☐ The wealth of data the Census provides will be utilized for generating original research and creating opportunities for presentation and publication by the AUA, thus, enhancing its impact nationally and globally.

Incentives for Participating in Census – The State of Urological Practice and Profession in the United States is available free of charge to all AUA member participants or at a discounted rate to non-member participants. Most importantly, census data will be used for lobbying and advocacy activity on behalf of the specialty.

Privacy Policy - Identifiable information collected from this NPI-based Census will be stored in a secured area and will not be reported or shared with any third party.

Contact: dataservices@auanet.org for more information.