

# 2014 HEALTH POLICY SURVEY RESULTS

Western Section  
American Urological Association



Jeffrey M. Frankel, M.D.  
Chairman, Health Policy Committee

An educational supplement to the WSAUA Health Policy Forum,  
October 26, 2014 – Grand Wailea Hotel, Maui, Hawaii

# 2014 Health Policy Committee



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## **Geographical Districts of the Western Section of the American Urological Association, Inc.**

- District 1:** Northwest Canadian Provinces, Alaska, Hawaii, Philippine Islands and Pacific Island Possessions of the U.S.A.
- District 2:** Washington
- District 3:** Oregon
- District 4:** Northern California including Alameda and Contra Costa Counties
- District 5:** San Francisco, San Mateo, and Santa Clara Counties and Central California
- District 6:** Los Angeles County
- District 7:** Southern California
- District 8:** Arizona
- District 9:** Idaho, Montana, Nevada, Utah and Wyoming
- District 10:** Orange County

# OVERALL RESPONSE RATE

Total Possible = 1674

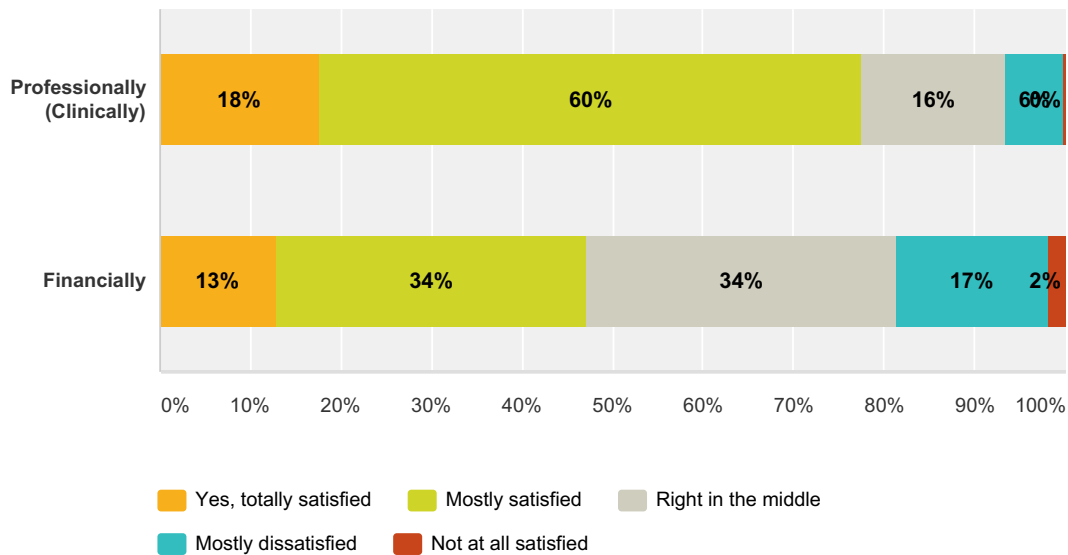
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Total Responding = 336

20.07%

### Q1 Are you satisfied with your urologic practice?

Answered: 336 Skipped: 0



	Yes, totally satisfied	Mostly satisfied	Right in the middle	Mostly dissatisfied	Not at all satisfied	Total
Professionally (Clinically)	18% 59	60% 200	16% 53	6% 21	0% 1	334
Financially	13% 41	34% 110	34% 110	17% 54	2% 6	321

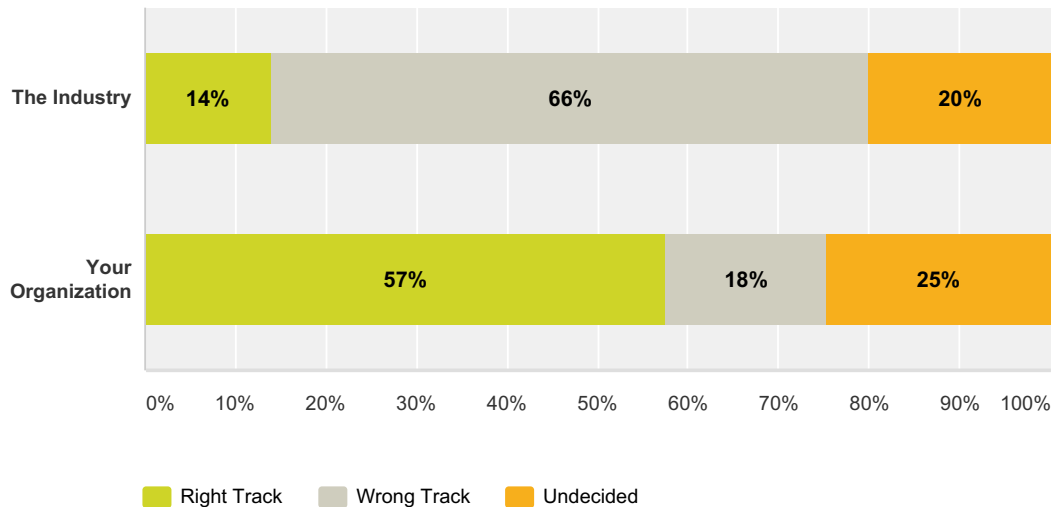
#	Comments	Date
1	working harder and taking home less	9/29/2014 2:57 PM
2	West coast academics = relatively disadvantaged in terms of salary	9/8/2014 2:33 PM
3	I just retired, will probably do some locums	9/2/2014 1:28 PM
4	Private practice, increasing overhead, decreasing revenue, increasing government mandates, new associate expectations of high salaries make recruiting difficult	9/1/2014 7:54 PM
5	I will be closing my rural practice this month and moving to an urban location. Running a solo practice in a rural area is nearly impossible in the current regulatory environment.	9/1/2014 4:08 PM
6	I am part time	9/1/2014 2:21 PM
7	Harder to get to less pay. More state and govt regulations make practice less desirable	9/1/2014 1:29 PM
8	Very difficult to keep up with coding and emr requirements, very expensive too in the face of declining reimbursements	9/1/2014 1:23 PM
9	It ain't what it used to be	9/1/2014 1:14 PM
10	Working as an employee has now put myself, as well as many others who have recently converted, at the mercy of hospital administrators who are only interested/motivated by the "bottom line," and are already being paid salaries well over \$1,000,000.00.	9/1/2014 1:12 PM
11	Medicine becoming too business oriented.	8/31/2014 9:49 PM
12	Too much government intrusion making it difficult to provide care to patients.	8/28/2014 3:47 PM

13	hospitalist, now out of private practice	8/25/2014 8:15 PM
14	I gave up a lot of income to join a group rather than staying solo.	8/24/2014 9:06 PM
15	I have recently retired!	8/24/2014 6:19 PM
16	Power of administrators rising markedly. Influence of clinicians falling in health policy nationally, regionally and at local level. EHR big net minus for efficiency, accuracy and meaningful communication (awash in non-relevant trivia). FTE's ever increasing. Hassle factor going through the roof. Consumers simply expect care to be FAST, FREE, FRIENDLY & FLAWLESS. Meanwhile, Feds have promised too much benefit to too many for too little premium.	8/23/2014 10:42 PM
17	I am seriously considering a change in my practice, either cutting back my hours, moving to a different setting, or retiring.	8/23/2014 7:19 PM
18	Worst revenue cycle in 11 years of practice!	8/23/2014 4:22 PM
19	I fully retired from my practice one month ago. The practice still exists.	8/23/2014 4:10 PM
20	I work only two days a week and am employed	8/20/2014 8:52 PM
21	I have recently relocated and the academic clinical practice in Canada is very different from that in the USA.	8/20/2014 10:40 AM
22	PCPs are acting as triage specialists sending out 3-4 consults and ordering expensive unnecessary studies with poor physical exam.	8/20/2014 9:23 AM
23	More and more restrictive. Authorizations take a long time.	8/20/2014 9:17 AM
24	would be higher professionally if it wasn't for data entry requirements	8/19/2014 11:07 PM
25	I do not know of any other profession where one is paid less and less every year, compared to the previous year, was one gains more training and experience every year. This is the only profession where the rookie is paid the same as a seasoned veteran.	8/19/2014 9:47 PM
26	Hospital rules and next gene me make practice way less fun	8/19/2014 9:22 PM
27	I am a one man practice and sequestration/year 2, HIPPA lading on of rules, a ballot measure in California that is an attorney end run to increase the cap on liability all add up to a hostile work environment	8/19/2014 9:49 AM
28	I work 3 days a week doing office urology at the mayo clinic and no longer take call or perform in-patient surgery	8/19/2014 8:38 AM
29	reimbursements are terrible.	8/19/2014 8:04 AM
30	Now employed by hospital - financial improvement. EMR, Obamacare, ACO, corporate approach to medicine - profession dissatisfaction	8/19/2014 6:06 AM
31	Contracts are difficult to negotiate	8/18/2014 10:46 PM
32	I have great young partners that do all the "heavy lifting" of surgeries, call, etc...but I can no longer afford to be in practice as an "office only" urologist. I haven't drawn a paycheck since 11-13...just paying overhead and retiring some old debt I am retiring by year's end.	8/18/2014 10:21 PM
33	Nursing costs in this state (strong unions) are a burden on practices. Sometimes a MA or LPN won't do.	8/18/2014 10:09 PM
34	decreasing reimbursements, EMR/PQRS pressure, volume issues	8/18/2014 10:03 PM
35	Working harder for less money	8/18/2014 9:51 PM
36	Government wages, do not support the cost of living.	8/18/2014 8:28 PM
37	The changes in health care has resulted in increased workload with decreased pay per E/M	8/18/2014 8:22 PM
38	In academics so compensation always less.	8/18/2014 8:19 PM
39	Too much regulation resulting in way too much documentation. Reimbursement for surgery is pathetic	8/18/2014 7:13 PM
40	The previous benefit(s) to being an "employed" physician are rapidly being eroded as we switch to the ACO/pt centered care model. Too many guidelines and regulations: Many of us will be replaced with "mid-levels" providers who can only practice and provide "cookbook" medical care.	8/18/2014 6:53 PM
41	Reimbursement continues to fall, overhead continues to climb, audits of all types are increasing and demand for reporting has turned us from professionals to glorified data entry clerks.	8/18/2014 5:34 PM

42	Unfortunately went into Medicine in part to avoid working in an office on a computer and now work on a computer in an office	8/18/2014 4:52 PM
43	I am part time . Office Urology and Endoscopic prostate, bladder and ureteroscopic and ESWL.	8/18/2014 4:47 PM

## Q2 Overall, how do you assess the current state of the healthcare industry and that of your own organization?

Answered: 336 Skipped: 0



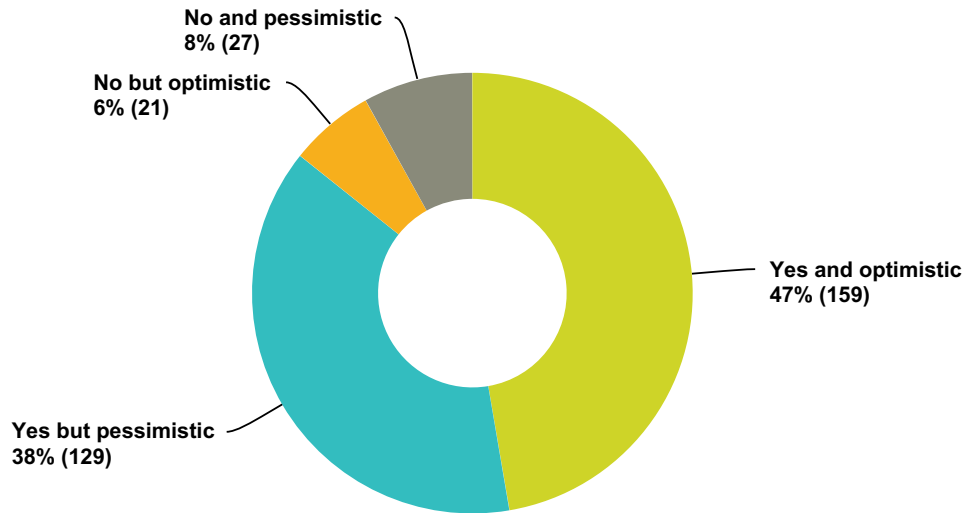
#	Comments	Date
1	we are a small urology group practice, we have been approached by large groups, hospital systems, multispecialty groups, not sure the right plan for the future	9/29/2014 2:57 PM
2	Our organization is still in need of better integration - clinical and financial - resistance by "old timers" in the group	9/2/2014 6:49 AM
3	constantly reacting to change and regulation	9/1/2014 7:54 PM
4	Trying to figure out something that works in current climate	9/1/2014 1:29 PM
5	I believe that the intent of the ACA was prudent, but its implementation was disconnected and without proper direction. As far as my one institution, we are partnering with a local insurer, but without foresight into the risks that we are assuming.	9/1/2014 1:12 PM
6	WE are on the right track based on the unwise demands placed on us by industry and government.	8/24/2014 4:29 PM
7	Too much push for technology over 'care', outcome optimization and cost effectiveness.	8/23/2014 10:42 PM
8	The control of medicine has been usurped by government and insurance companies, but physicians have no one to blame than themselves. It is time to return to a simple free market system.	8/23/2014 7:19 PM
9	My organization is my former practice. It has one full time urologist and one part time urologist.	8/23/2014 4:10 PM
10	There are a lot of new pressures on physicians that have not been present previously. The current changes in health care delivery are the biggest since Medicare started almost 40 years ago. It is going to be difficult for most physicians to adapt and change.	8/20/2014 10:04 PM
11	Health care in Canada was designed to manage the young, healthy individual with acute health care problems when first socialized in the 1930's. The demographics of the health care population has changed to older persons with more chronic health problems. Health needs to change from Acute care focus to one of Community Health support and preventive medicine for the younger population.	8/20/2014 10:40 AM
12	Should not be competing with other academic institutions and sub specialists. Oversupply of sub specialists is driving unnecessary operations and procedures in the operating room setting.	8/20/2014 9:23 AM
13	although we like to believe there is strength in numbers, In medicine, and especially in urology, we are never going to big enough wield any clout.	8/19/2014 9:47 PM



14	need less defensive medicine in radiology, the ER, and the types of referrals sent to urology Need more evidence based practice guidelines	8/19/2014 2:24 PM
15	I'm old enough to not want to think of medicine and health care as an industry but rather a profession.	8/19/2014 9:11 AM
16	I do not think organized medicine is on the right track. I don't think the government is on the right track.	8/19/2014 8:38 AM
17	Heading to 2 tiered system - considering dropping all contracts and doing concierge and fee for service	8/18/2014 10:46 PM
18	There are many changes and unknowns coming up; hard to say if we are ready for them.	8/18/2014 10:24 PM
19	ObamaCare is a bleeping disaster...but "our" allowing third party payers to assume total control of the payment system led to this (the tail is wagging the dog"). Patients and physicians have lost the opportunity to make mutually beneficial decisions.	8/18/2014 10:21 PM
20	I am a part of a larger group... there is infighting that makes the benefits of a large group essentially lost	8/18/2014 8:22 PM
21	See how new ACOs work.	8/18/2014 8:19 PM
22	Pathetic in dealing with ins companies. More patients at reduced rates!	8/18/2014 7:13 PM
23	The time has come for a national health care system with basic benefits for all.	8/18/2014 7:00 PM
24	I do not like the "team" approach to healthcare. It makes no-one directly accountable and diffuses the doctor-patient relationship	8/18/2014 6:42 PM
25	All big disjointed business	8/18/2014 6:37 PM
26	As the system crumbles about us, too many physicians are scrambling for the dollar. There are too many short term solutions that will hurt us all in the long term, take advantage of patients in the short term and are of questionable ethics. We are getting a very bad reputation as a profession and urology in particular as a specialty	8/18/2014 5:34 PM
27	I	8/18/2014 4:47 PM

### Q3 Do you feel that your current practice is viable and will remain so for the next 3-5 years?

Answered: 336 Skipped: 0



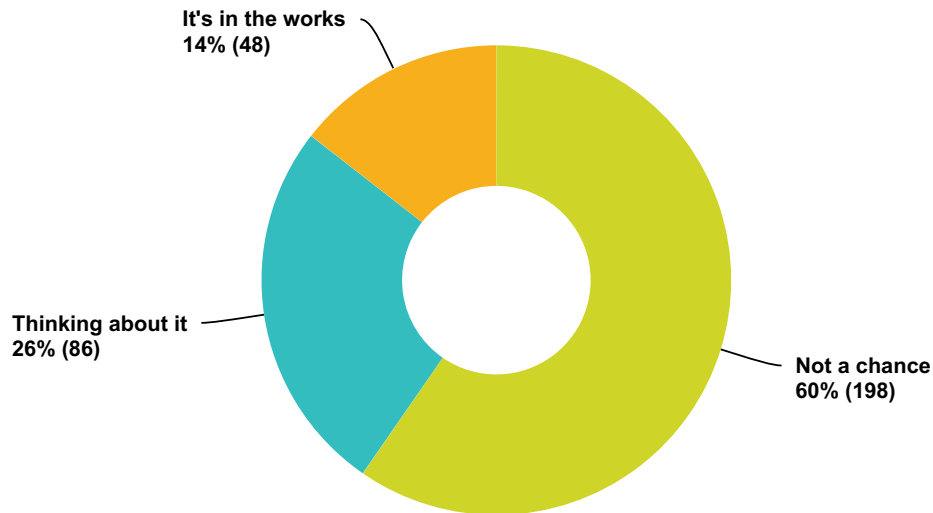
Answer Choices	Responses
Yes and optimistic	47% 159
Yes but pessimistic	38% 129
No but optimistic	6% 21
No and pessimistic	8% 27
<b>Total</b>	<b>336</b>

#	Comments	Date
1	Currently in county sponsored salaried job. County is investing heavily to expand urology services.	9/1/2014 4:07 PM
2	Will probably have to drop out of all plans including Medicare	9/1/2014 2:25 PM
3	Threatened by the hospital movement to employ physicians; poor insurance reimbursement	8/28/2014 3:47 PM
4	moderately large group but many will retire in the next ten years and I am concerned that we can recruit as many as we will loose.	8/24/2014 9:06 PM
5	Large groups and ACO's may threaten my solo practice	8/24/2014 7:50 PM
6	For reasons above small practices seek safety and risk avoidance by joining larger organizations. These organizations will eventually choose to turn on many of these docs because of their effective 'commoditization' of docs' work.	8/23/2014 10:42 PM
7	I won't be able to sustain myself at the current pace of change. Either I'll quit or move on.	8/23/2014 7:19 PM
8	as long as the hospitals keep making money, they will continue to ignore costs and reusable equipment	8/20/2014 9:23 AM
9	I will retire whenever my colleagues say I am not meeting their strategic needs, or if I become dissatisfied with my ability to perform up to my standards, or if the current system becomes to onerous.	8/19/2014 8:38 AM

10	Need an answer ?? Know- the new Obama health car train left the station many years ago,and has a number of olg cars it pulls- HMO,capitation,,reporting ,the inventory goes on. These old elements are hidden under the graffi of politics,but these elements are now reinvented,with unfair able outcomes and destinations. The train is coming,and wherever it is going is unknown,but healthcare ,and it finance is changing.. And the Obama engineer and train company ,will only be followed by more change,with another name,more graffiti - new destinations,fares and engineers .it will not matter which political party prints the tickets or scdelules the trip.	8/19/2014 6:38 AM
11	My partners are honest, hard-working men. There will always be a place for them, albeit their financial reward will diminish. SOMEONE has to do the urologic work!	8/18/2014 10:21 PM
12	This is the worst year economically in my 30+ years of practice and I see it getting worse next year. The point where the practice is no longer sustainable is approaching.	8/18/2014 5:34 PM

### Q4 What's the likelihood that you, specifically because of professional or financial dissatisfaction, will retire within the next 3 years?

Answered: 332 Skipped: 4

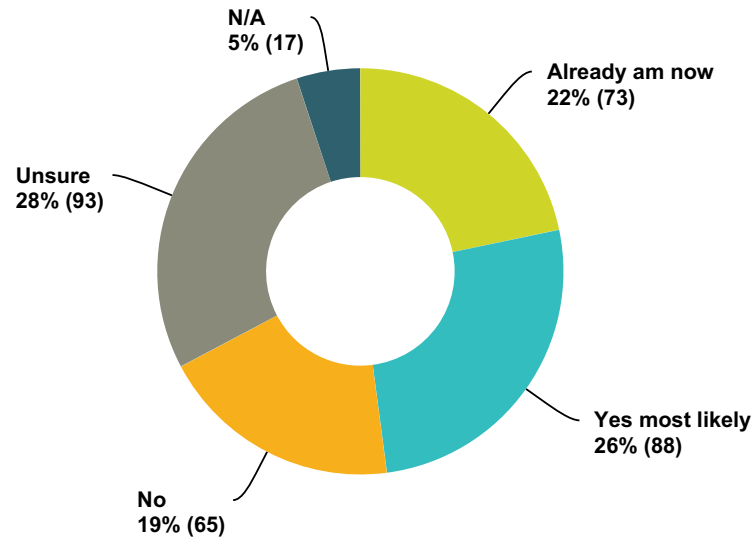


#	Comments	Date
1	still too young and not financially feasible	9/29/2014 2:57 PM
2	too young	9/6/2014 4:00 PM
3	just retired	9/2/2014 1:28 PM
4	I'm 40. No way to retire for another 15-20 years if I want to make a decent living.	9/1/2014 8:54 PM
5	cant financially retire but would like to	9/1/2014 7:54 PM
6	Planning to retire in 5 years	9/1/2014 4:07 PM
7	I work part time	9/1/2014 2:21 PM
8	Owe too much too many places and not enough set aside to retire	9/1/2014 1:29 PM
9	If certain investment come through	8/28/2014 1:10 AM
10	Already retired	8/25/2014 2:37 PM
11	too young. 48	8/25/2014 9:55 AM
12	wil probably be 5 years	8/24/2014 9:06 PM
13	Already retired!	8/24/2014 6:19 PM
14	Let me get the kids through college.	8/23/2014 10:42 PM
15	mostly because of age. Plan to do locus tenens after full time. Urology is still a great field and there is satisfaction in seeing folks get better and be appreciative of your efforts; it's not just about the money.	8/23/2014 8:53 PM
16	I cannot afford to retire!	8/23/2014 5:40 PM
17	It is done	8/23/2014 4:10 PM

18	I almost quit in 2014 due to job dissatisfaction, but too young to retire	8/20/2014 7:17 AM
19	only if I have something else that can afford me the same living	8/19/2014 2:56 PM
20	I will probably retire in about two years because of age	8/19/2014 9:11 AM
21	At 73 I don't buy green bananas anymore. Of course I have to think about it.	8/19/2014 8:38 AM
22	I will probably retire in 4-5 years	8/19/2014 8:04 AM
23	1 1/2	8/19/2014 6:38 AM
24	...before 01-01-15...	8/18/2014 10:21 PM
25	not applicable	8/18/2014 10:03 PM
26	I'm too young to retire	8/18/2014 9:08 PM
27	Too young to retire	8/18/2014 9:03 PM
28	early in my career, have to save for kids' college, retirement....	8/18/2014 8:22 PM
29	I like what I do.	8/18/2014 7:00 PM
30	I have never before considered doing anything other than being a physician, a urologist in particular. But I am now considering what it will take to close out my practice and what life would be like after.	8/18/2014 5:34 PM

### Q5 Will your practice be part of an accountable care organization within the next 3 to 5 years?

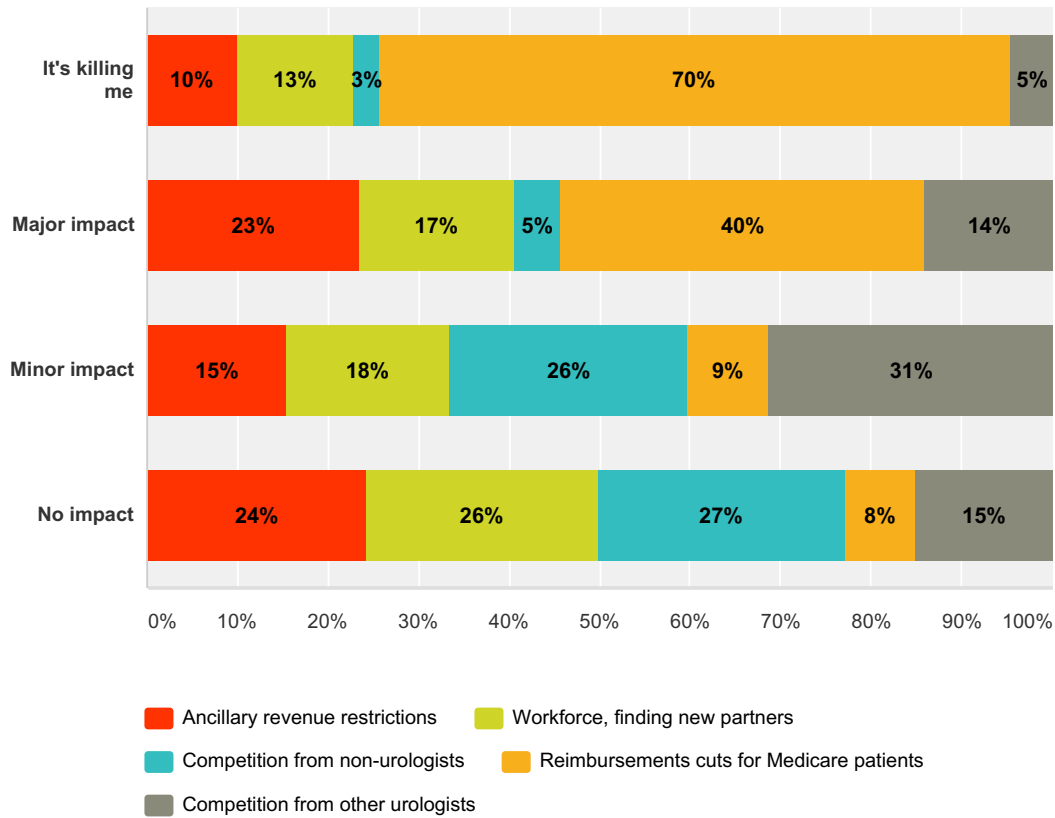
Answered: 336 Skipped: 0



#	Comments	Date
1	we are members of an ACN but not an ACO	9/29/2014 2:57 PM
2	Forming as we speak.	9/1/2014 1:12 PM
3	I would be againt it because their measurements are not relevant to true quality.	8/24/2014 4:29 PM
4	Most of us don't know what an ACO is going to look like as an organization	8/23/2014 10:42 PM
5	There is already evidence that Canada is working in this direction.	8/20/2014 10:40 AM
6	Kaiser	8/19/2014 10:29 PM
7	Have viable option being considered but dealing with a corporaton is a slow process	8/19/2014 9:49 AM
8	I let the administration worry about this and I see patients. I'm lucky that way for the time being.	8/19/2014 8:38 AM
9	We are heading there quickly	8/19/2014 6:38 AM
10	The "kids" will make that decision...	8/18/2014 10:21 PM
11	Our faculty pracite has >1.000 MDs in it..	8/18/2014 7:00 PM
12	There are some elements of my group that participate in an ACO which allows some PQRS and other quality measures to apply but I personally have no intention at all of joining.	8/18/2014 5:34 PM

**Q6 Please rank the issues below in terms of how they affect your economic viability. Select all that apply.**

Answered: 336 Skipped: 0



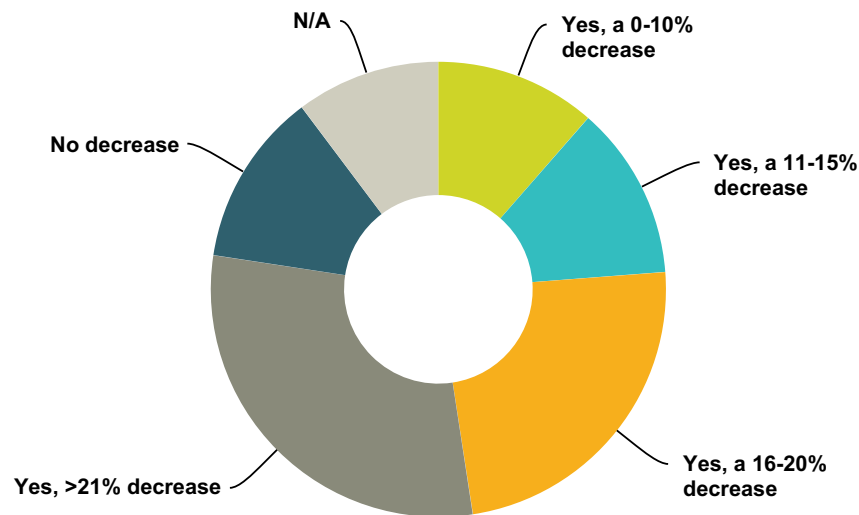
#	Other	Date
1	competition from hospital employed urologists and competition from hospitals buying primary care practices and driving the referrals to their employed urologists	9/29/2014 2:57 PM
2	General regulatory burden is becoming completely unmanageable.	9/8/2014 2:33 PM
3	Being in a rural area, competition from other urologists itself isn't the problem. The bigger problem is that people feel the need to go to the city for surgery. They have been told for years that they need a high volume hospital and patients have responded. The demographics say there is a shortage of urologists in rural areas, but the business volume says there is no shortage. People in rural areas want a local urologist for clinic and catheters, but not for surgery. This makes for a very dissatisfying practice.	9/1/2014 4:08 PM
4	Extremely poor reimbursement from medicaid	9/1/2014 1:29 PM
5	overall global reduction in reimbursement	8/26/2014 12:28 PM
6	Too many new urologists and many NP/PA additions locally in the past 5 yrs	8/24/2014 7:50 PM
7	Competition doesn't bother me so much as the idea that were all working so hard for arbitrarily smaller and smaller crumbs. Most of us are too busy. There are too many patients and too little pay.	8/23/2014 10:42 PM
8	work in public (County) hospital and will retire soon.	8/22/2014 8:50 AM
9	pediatric specialists are encouraging unnecessary procedures to increase their RVU records	8/20/2014 9:23 AM

10	5 years ago there were five urologist in the eastern section of our valley - down from seven and when I retire there will be 2	8/19/2014 9:49 AM
11	I am shielded by the Mayo imprimatur for the time being, but this could change easily. I'm a realist and luckily planned for this eventuality many years ago when I left my private practice.	8/19/2014 8:38 AM
12	The medical home's benefits to family practice will not apply to speciality care- need a medical neighborhood to include us at the table or we are left at the trough	8/19/2014 6:38 AM
13	I am concerned about hospitals hiring their own urologists to compete with us esp as they have their own PCPs	8/18/2014 10:24 PM
14	Third party payers in general are "low-balling" those of us in major metropolitan areas. And the paperwork from their medication denials are driving us all crazy...	8/18/2014 10:21 PM
15	It is more competition from lack of urologists qualified to do what I do.	8/18/2014 8:28 PM
16	I'm in an academic practice.	8/18/2014 7:00 PM
17	"Robotic" surgery is not taking as nearly a big "chunk" of my practice away as originally expected.	8/18/2014 6:53 PM
18	prior authorizations	8/18/2014 5:44 PM
19	Increased overhead costs of complying with quality reporting and contractual obligations and unfunded ER call.	8/18/2014 5:34 PM
20	in a HMO, these issues do not affect me	8/18/2014 5:01 PM
21	I am payed by the healthcare system, trying to support the system until the practice needs to relplace me with someone full time	8/18/2014 4:47 PM



### Q7 Have you experienced a decrease in elevated PSA referrals in the last year?

Answered: 332 Skipped: 4



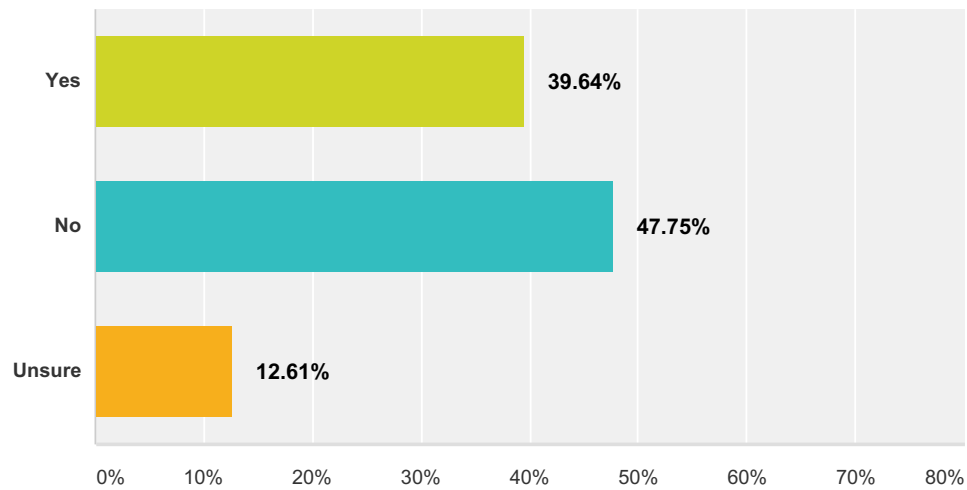
Answer Choices	Responses	
Yes, a 0-10% decrease	11.45%	38
Yes, a 11-15% decrease	12.35%	41
Yes, a 16-20% decrease	23.80%	79
Yes, >21% decrease	29.82%	99
No decrease	12.35%	41
N/A	10.24%	34
<b>Total</b>		<b>332</b>

#	Comment	Date
1	I have a highly specialized practice and don't see patients for PSA elevation or prostate cancer	8/25/2014 2:53 PM
2	retred	8/25/2014 2:43 PM
3	Additionally, we've seen a huge increase in patients with advanced/metastatic prostate cancer this year	8/23/2014 10:53 PM
4	most of my referring PCPs are doing a good job of screening the right people.	8/23/2014 8:57 PM
5	To be expected. We're headed to a return of 50% high stage disease upon presentation, just like 25 years or more ago.	8/23/2014 7:19 PM
6	and that's GOOD	8/23/2014 6:20 PM
7	and an increase in locally advanced prostate cancer. Lord help us and these men. Its as if someone turned back the clock to 1996.	8/23/2014 4:28 PM
8	I do not specialize in prostate CA.	8/20/2014 10:45 AM
9	definite decrease, not sure of exact percentage	8/19/2014 10:36 PM

10	With an increase in the number of advanced, incurable cases of prostate cancer.	8/19/2014 6:10 AM
11	Female only practice	8/18/2014 10:48 PM
12	Courtesy of the Public service task force review.	8/18/2014 8:43 PM
13	I am a dedicated endourologist	8/18/2014 7:43 PM
14	The big decrease came a few years ago.	8/18/2014 7:11 PM
15	did not see that many male patients to begin with	8/18/2014 5:46 PM
16	And of those referred, many men are resistant to recommendations to undergo biopsy or suspicious of PSA significance based on what they have read or heard.	8/18/2014 5:40 PM
17	Although tried can't get FP groups to set practice guidelines,	8/18/2014 4:59 PM

### Q8 Have you experienced a change in practice referral patterns due to hospital or other organizational alliances with primary care?

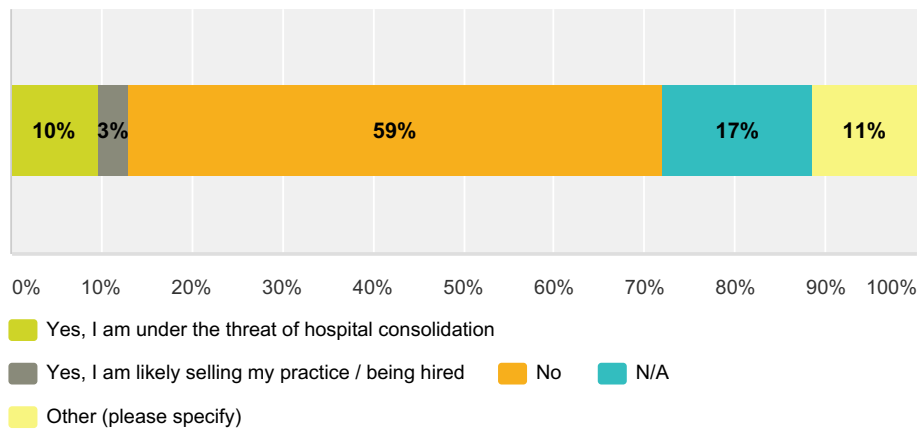
Answered: 333 Skipped: 3



#	Comments	Date
1	Mainly due to Intermountain, which does not provide our services but will not refer to us either	9/2/2014 5:27 AM
2	Decrease	9/1/2014 1:33 PM
3	hospital will not contract with community doctors for Banner Health Plan	8/28/2014 3:54 PM
4	retired	8/25/2014 2:43 PM
5	Primarily because the a fair number of PCP's and Urologists are employed by the same Corp	8/24/2014 7:54 PM
6	We have a greater alliance with primary care and referrals are up.	8/24/2014 10:59 AM
7	Hospital associated practices funnel pt's to practices associated with the hospital. They're counseled about the power of keeping the business in the 'organization'.	8/23/2014 10:53 PM
8	Unfortunately, there is no alternative Urologist where I am.	8/23/2014 7:19 PM
9	I am on many plans, but insurers insist on me operating in a specific hospital I am not familiar with or work close to.	8/23/2014 4:28 PM
10	We are the major multispeciality player at our facility	8/19/2014 6:42 AM
11	Very concerned that this may happen	8/18/2014 10:27 PM
12	Academic centers using their fat endowments to destroy private practice	8/18/2014 9:05 PM
13	PCP either don't know or don't care about voiding dysfunction	8/18/2014 8:43 PM
14	Increase	8/18/2014 8:23 PM

### Q9 Has your practice been impacted by hospitals' hiring of urologists?

Answered: 331 Skipped: 5



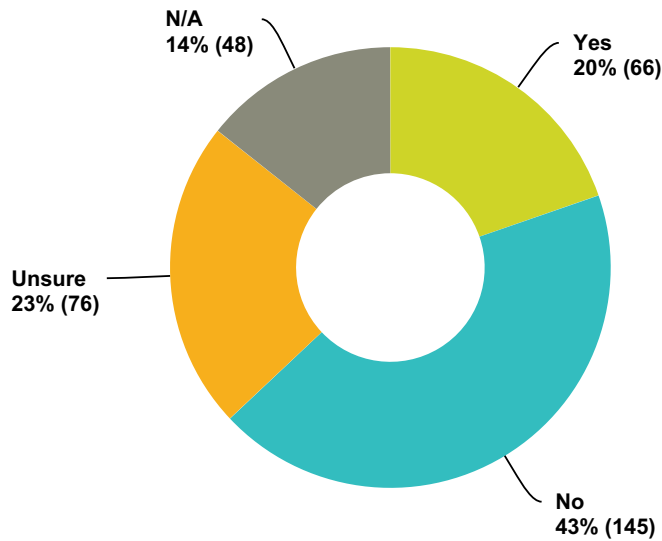
Answer Choices	Responses	
Yes, I am under the threat of hospital consolidation	10%	32
Yes, I am likely selling my practice / being hired	3%	11
No	59%	195
N/A	17%	55
Other (please specify)	11%	38
<b>Total</b>		<b>331</b>

#	Other (please specify)	Date
1	am now hospital employee	9/9/2014 8:11 PM
2	i work for Kaiser already	9/6/2014 4:02 PM
3	One of the hospitals in town has hired more urologists than necessary which has oversupplied our area.	9/6/2014 2:41 PM
4	i am employed	9/4/2014 5:00 PM
5	Hospital has not yet approached urologists	9/3/2014 9:06 PM
6	member of Franciscan Med Group-sold practice 4 yrs ago	9/2/2014 1:37 PM
7	Competitor aligning with hospital surgery center, but not being owned by them. Yet.	9/1/2014 4:44 PM
8	I was going to acquire another rural urology practice to keep mine viable, but the hospital paid more than I could afford and is now recruiting another urologist.	9/1/2014 4:11 PM
9	Competition from nearby hospitals	9/1/2014 3:13 PM
10	I work for a healthcare system, closed my private practice	9/1/2014 2:26 PM
11	i am employed by Kaiser	9/1/2014 1:25 PM
12	Yes; I am under the threat of being replaced.	9/1/2014 1:15 PM
13	hired as a urology hospitalist	8/25/2014 8:17 PM
14	retired	8/25/2014 2:43 PM

15	Shorter lead time in scheduling patients	8/24/2014 7:54 PM
16	all ready bought out by hospital	8/24/2014 1:56 PM
17	Hospital/health care organization hiring of urologists has severely overpopulated urologists in our market area. Considering selling our practice and becoming employed.	8/24/2014 8:12 AM
18	Our hospital has threatened more than once to start their own group.	8/23/2014 10:53 PM
19	member of group owned by hospital	8/23/2014 4:25 PM
20	Hospitals in Canada do not 'hire' urologists directly	8/20/2014 10:45 AM
21	By hospital hiring of RNP/PA and their patient churning	8/20/2014 9:25 AM
22	I am part of hospital	8/19/2014 9:26 PM
23	Not in an academic institution	8/19/2014 9:49 AM
24	I am employed already	8/19/2014 9:17 AM
25	I foresaw this many years ago.	8/19/2014 8:41 AM
26	Yes. Hosp hiring other urologists	8/19/2014 7:40 AM
27	We are a combined organization	8/19/2014 6:42 AM
28	Hospital already owns virtually all specialty and most primary practices in this community.	8/19/2014 6:10 AM
29	While we do not "belong" to the hospital's multi-specialty group they are thusfar more than satisfied with the excellent care we rendered patients and our fee structure. It would not be economically beneficial for them to hire their own people at this time.	8/18/2014 10:32 PM
30	hospital employee	8/18/2014 9:46 PM
31	I work for a hospital	8/18/2014 8:59 PM
32	My practice was consumed in 2013, so now I am part of a large multi-specialty group	8/18/2014 8:28 PM
33	I am employed	8/18/2014 8:16 PM
34	academic program	8/18/2014 7:43 PM
35	none hired by my hospital	8/18/2014 6:57 PM
36	Already consolidated	8/18/2014 6:54 PM
37	Part of hospital	8/18/2014 6:39 PM
38	I would LOVE to have our local hospital hire some urologists who could shoulder the burden of ER call.	8/18/2014 5:40 PM

**Q10 Some Insurers seem to be building narrower networks with fewer providers than are typically found in commercial health plan provider networks. Has your practice been excluded from insurance products by narrow-network plans as related to the ACA exchanges, i.e. "through the exchange"?**

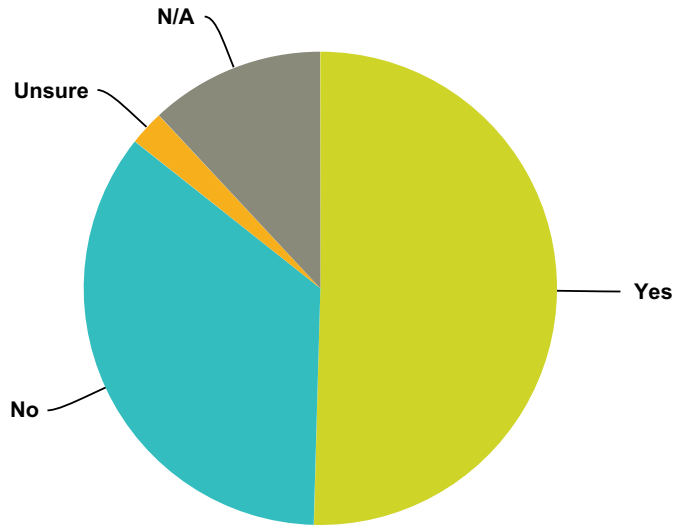
Answered: 335 Skipped: 1



#	Comments	Date
1	Not participating is ACA	9/3/2014 9:06 PM
2	Kaiser Permanente	8/29/2014 11:21 AM
3	I don't think so	8/24/2014 9:10 PM
4	Not so far	8/23/2014 8:57 PM
5	More like we don't want to be part of them	8/23/2014 7:25 PM
6	There is only one payer in the Canadian health care system	8/20/2014 10:45 AM
7	We are them as is our competitors	8/19/2014 6:42 AM
8	dropped as preferred with some insurers	8/18/2014 10:07 PM
9	Covered california	8/18/2014 7:56 PM
10	Must take ACA and EPO patients to remain a "preferred provider".	8/18/2014 7:24 PM

### Q11 Are you being required to provide ER coverage at your hospital or face loss of privileges and other negative consequences if you refuse?

Answered: 335 Skipped: 1



Answer Choices	Responses	Count
Yes	50.45%	169
No	35.22%	118
Unsure	2.39%	8
N/A	11.94%	40
<b>Total</b>		<b>335</b>

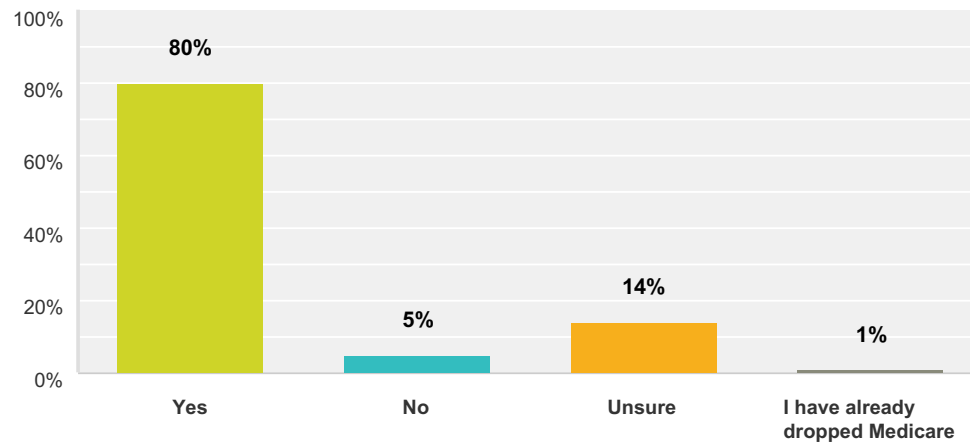
#	Comments	Date
1	I do not get paid to take my required 10 days of ER call per month	9/4/2014 7:24 PM
2	Always have been if want active staff privileges	9/1/2014 4:44 PM
3	But if full time I would. I do office practice and surg. center Bladder tumors , stones and minor procedures , eg. scrotal surg .	9/1/2014 2:26 PM
4	This is the most painful part of my work.	9/1/2014 12:56 PM
5	All of our group provides ER coverage	8/29/2014 11:21 AM
6	Grandfather clause. Don't have to take call anymore	8/28/2014 1:28 AM
7	academic practice, not applicable	8/25/2014 2:53 PM
8	Has always been so.	8/24/2014 10:59 AM
9	I need to do the call rotation to maintain volume. It is a significant source of patients.	8/23/2014 8:57 PM
10	Urology department was singled out in that requirement in 2007	8/23/2014 7:25 PM

11	Am very senior	8/23/2014 4:25 PM
12	Urologists in Canada have to provide ER coverager	8/20/2014 10:45 AM
13	at 125 per night, I signed out of the medical staff.	8/19/2014 9:50 PM
14	this was required of my original contract and is not a change	8/19/2014 7:31 AM
15	Condition of employment	8/19/2014 7:31 AM
16	This is not a new problem. We've had that rule on the books for 20 years.	8/18/2014 10:32 PM
17	Always has been the case.	8/18/2014 8:43 PM
18	My group covers a major referral center, which receives dumps from all over the region due to lack of urology coverage (for emergent issues) at many community hospitals	8/18/2014 8:28 PM
19	It's part of the urology residency training program.	8/18/2014 7:06 PM
20	Some compensation now	8/18/2014 6:52 PM
21	This new unfunded burden has been the biggest challenge to face us in the past couple of years. The impact on life style, income, liability and practice patterns is enormous--and not in a good way.	8/18/2014 5:40 PM
22	I am part time: no evening call or weekend call required . Do try to help as needed so the call burden is no just on two people,	8/18/2014 4:59 PM



## Q12 Do you expect that you will continue to be a Medicare participating provider over the next 2-5 years?

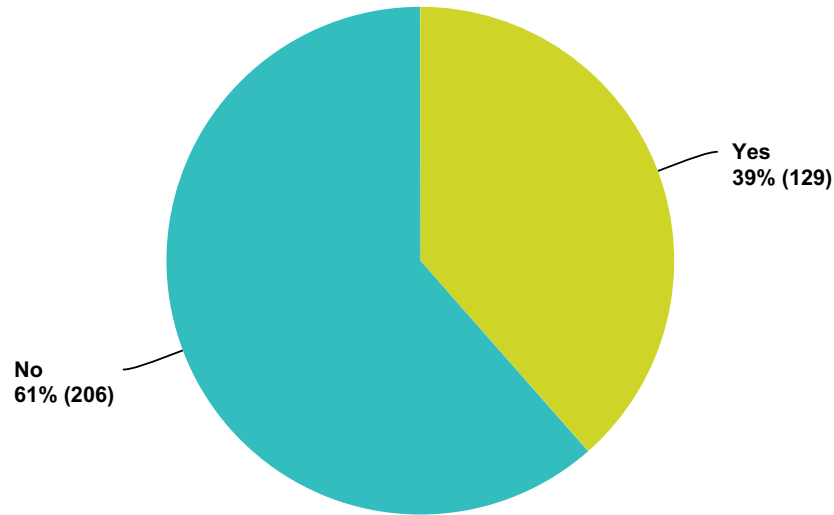
Answered: 335 Skipped: 1



#	Comments	Date
1	when I work locums or fill in for my old partners	9/2/2014 1:37 PM
2	Medicare has been a stable and welcomed source of income in the economic downturn.	9/2/2014 10:16 AM
3	reetored	8/25/2014 2:43 PM
4	I retired!	8/24/2014 6:22 PM
5	Work at VA Hospital.	8/24/2014 2:19 PM
6	My preference would be to drop it. But pt's see it as their entitlement and our referring practitioners expect. Our participation. If you have a way out please let me know.	8/23/2014 10:53 PM
7	pediatric only	8/23/2014 8:06 PM
8	pediatric only	8/23/2014 8:03 PM
9	Medicare a large % of my practice	8/23/2014 6:20 PM
10	The problem I have is that if I drop Medicare, Medicare punishes my patients by not allowing any funds to be used in seeing me. So like me, people are forced to contribute to Medicare but have not say how their Medicare Dollars are spent.	8/23/2014 4:28 PM
11	I don't practice in USA. All physicians must participate with single government payer in each province.	8/20/2014 10:45 AM
12	I will be retired	8/19/2014 9:26 PM
13	Requirement of employment and of medical staff privileges.	8/19/2014 6:10 AM
14	I would love to drop medicare but cannot as an employee of a multi specialty group	8/18/2014 9:02 PM
15	Not sure that I want to participate in Medicare, but likely have no choice. This coordination of care stuff is worthless as regards reimbursement. \$42 for several hours on the phone is not worth the effort. but it gets done vocationally.	8/18/2014 8:43 PM
16	Medicare has funded postgraduate medical training for decades.	8/18/2014 7:06 PM
17	Hospital system	8/18/2014 6:39 PM

### Q13 Have you (or your staff) ever been in fear for your personal safety while in the performance of your patient care giving?

Answered: 335 Skipped: 1

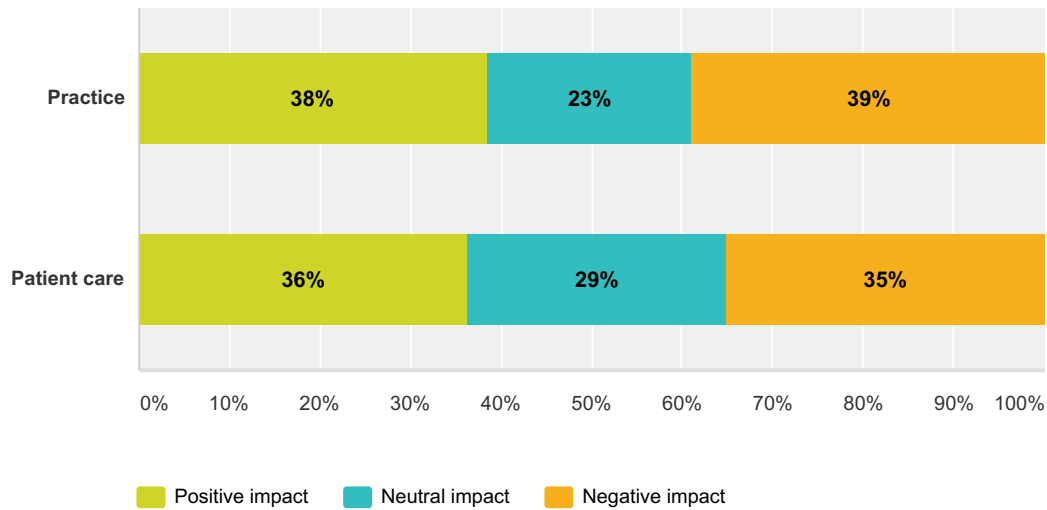


#	Comments	Date
1	one time an unhappy patient threw a tantrum in the lobby, he had a grocery sac with him that turned out to be full of toilet paper that he threw all over the lobby, but we didn't know what it was in the beginning, very scary...	9/29/2014 4:16 PM
2	Absolutely. one of my greatest fears is being shot by a patient upset with his care	9/6/2014 4:02 PM
3	Drug seekers	9/4/2014 7:24 PM
4	scared by attacks on urologists in California and Nevada; I am in Arizona.	9/2/2014 7:36 AM
5	have called security twice	9/2/2014 5:27 AM
6	Some threatening pts	9/1/2014 3:13 PM
7	But is getting more worrisome with angry patients and families	9/1/2014 1:33 PM
8	occasional hostile patient- very rare	9/1/2014 1:25 PM
9	Pt with Unholstered gun	9/1/2014 1:15 PM
10	One person I knew well killed in his office changes your outlook	8/28/2014 1:03 PM
11	Not me personally, but members of our staff have	8/25/2014 2:53 PM
12	cut by endourologic knife while incising stricture of patient with HIV.	8/25/2014 2:43 PM
13	i think urology is higher risk from the crazies than other	8/25/2014 9:57 AM
14	Nothing serious, but given the spectacular (and rare) occurrences out there, it's always worth thinking about.	8/24/2014 10:59 AM
15	We have a provider packing	8/23/2014 8:56 PM
16	interesting question . I've had a gun in my office for over 25 yrs.	8/23/2014 6:20 PM
17	One patient reminded a partner that he could do	8/23/2014 4:28 PM
18	not yet	8/23/2014 4:25 PM

19	Threatened with firearm during house call for catheter related problem.	8/23/2014 4:17 PM
20	Angry patient threatened " to kill someone"	8/20/2014 7:19 AM
21	life threatened but patient never showed up	8/19/2014 11:10 PM
22	I have been assaulted by a patient	8/19/2014 2:27 PM
23	I had to confront an irate patient once who was threatening the staff. Everything calmed down.	8/19/2014 8:41 AM
24	Some patients are getting more stressed.	8/18/2014 8:43 PM
25	I answered no, but the patients are getting scarier	8/18/2014 7:49 PM
26	prisoner care and indigent population who must be detained by hospital security	8/18/2014 7:43 PM
27	G	8/18/2014 6:39 PM
28	Not in fear because the Practice promotes personal safety, and does NOT discourage the safe and proper carrying of firearms by patients or by staff.	8/18/2014 6:16 PM
29	There are a lot of crazy patients out there	8/18/2014 5:46 PM
30	I am in a low social economic area. See some people that one needs to be cautious around.	8/18/2014 4:59 PM

### Q14 Which of the following best describe the overall impact of an EHR on your practice and patient care?

Answered: 332 Skipped: 4



	Positive impact	Neutral impact	Negative impact	Total
Practice	38% 127	23% 75	39% 128	330
Patient care	36% 115	29% 91	35% 111	317

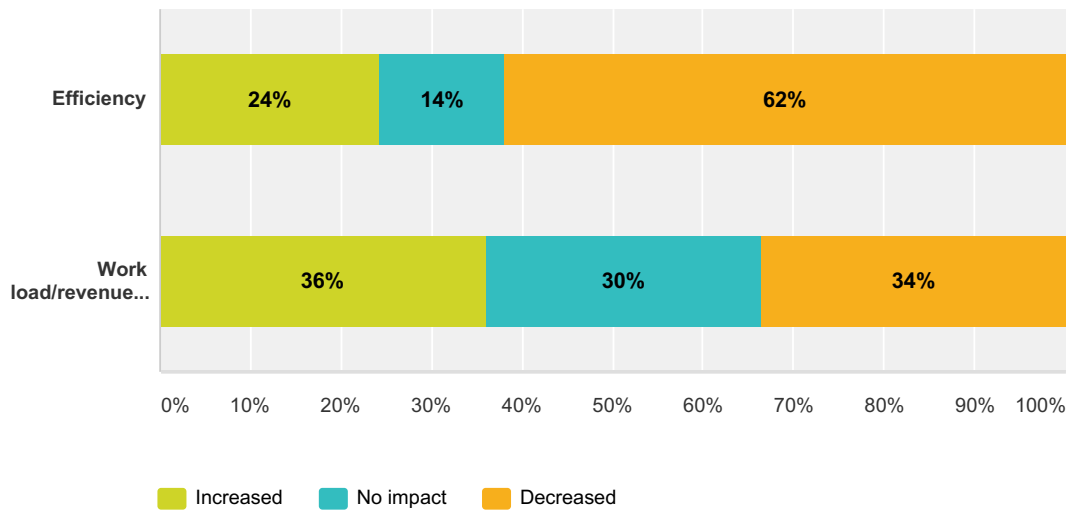
#	Comments	Date
1	cant glean much info from most Pcp notes, often cant find the reason for referral	9/29/2014 4:16 PM
2	More cost in time and infrastructure, some efficiencies in information management	9/6/2014 2:41 PM
3	do not have EMR	9/2/2014 10:23 PM
4	can't spend as much time with patients	9/2/2014 1:37 PM
5	by neutral, I mean some good and some bad - not no effect	9/2/2014 6:52 AM
6	Still with 10% loss of productivity 5 yrs into epic	9/1/2014 3:13 PM
7	Increased te demands	9/1/2014 2:01 PM
8	Lost volume, unable to review films as was able previously. Am a high paid scribe . Have to work through 4 different ehr programs to work at 4 hospitals. None the same	9/1/2014 1:33 PM
9	Decreases productivity	8/31/2014 9:52 PM
10	Not on it	8/28/2014 1:28 AM
11	Still a long way to go to make EHR more physician friendly	8/26/2014 9:38 AM
12	EHR does not improve quality of care, and limits my efficiency, which limits access of patients in a rural area to urological health care.	8/25/2014 6:20 PM
13	Multiple repetitive forms requesting same info ever become available for review for care	8/25/2014 2:43 PM
14	so much easier.	8/25/2014 9:57 AM

15	it takes a tremendous amount of time so fewer pts are seen and the wait to be seen is much longer	8/24/2014 9:10 PM
16	N/A	8/24/2014 8:56 PM
17	Much more time needed to complete chart work with little savings in time or greater thoroughness of the record	8/24/2014 7:54 PM
18	Not all good, though.	8/24/2014 2:19 PM
19	The real benefit would be for me to receive the patient's past information from the primary care doctor directly into my EHR. That would be a huge benefit for patient care (no forgotten meds, allergies, surgeries, etc), and a huge benefit to my practice by not having to repeat this tedious data entry for every new referral.	8/24/2014 1:54 PM
20	greenway	8/24/2014 12:09 PM
21	This has actually increased our capture of billable events and, in turn, our collections. But it takes time away from actually caring for patients and has increased the workload on the physicians.	8/24/2014 10:59 AM
22	It's ineffective and inefficient for the practice and a failed promise to facilitate better inter-practitioner communication and pt care. It's a lot of 'garbage in, garbage out' because of poor interoperability. It's a false sense of completeness. But, it is typed, not hand written. So it's easy to read.	8/23/2014 10:53 PM
23	But it's still a pain.	8/23/2014 8:57 PM
24	Cumbersome and not helpful	8/23/2014 7:52 PM
25	A money pit for no pt benefit For the bean counters only, including the govt	8/23/2014 7:25 PM
26	I've used an EHR for 30 years.	8/23/2014 7:19 PM
27	Absolutely atrocious! I am spending more time documenting junk so that I will be paid a meager sum than taking care of patients. I feel like I have turned into a poodle jumping through endless hoops.	8/23/2014 4:28 PM
28	love me EMR. Epic	8/23/2014 4:25 PM
29	referring physicians' ehr are poor	8/20/2014 1:26 PM
30	More M.D. time consuming and costs more, but does make access to patient records easier and eliminates paper records completely.	8/20/2014 10:45 AM
31	taking way too much extra time to complete records	8/19/2014 11:10 PM
32	Nextgen is terrible	8/19/2014 9:26 PM
33	Things have a much harder time "getting lost:" with an EHR system, but direct patient contact suffers.	8/19/2014 1:03 PM
34	Based on primary care model- not specialist model - wastes time adds nothing.	8/19/2014 9:52 AM
35	It's great for overall care for individual patients, education, and research. But efficiency is way down.	8/19/2014 8:41 AM
36	definitely reduces the number of patients I can see	8/19/2014 7:31 AM
37	More work	8/19/2014 6:42 AM
38	Very slow. Patients wait longer. Internet down occasionally which brings everything to a complete halt. Had to convert back to paper charts one day last week. Very frustrating & discouraging & costly!	8/19/2014 12:23 AM
39	I cannot in good conscience enter data "in real time" while with a patient. I tried the EHR for 18 months...would take notes during the visit and then use "Dragon" voice-recognition software to dictate a very succinct but very readable, complete note at the end of the day. It cost me 1 1/2-2 hrs/day. The last straw was when I did not get my MediCare "bonus" because I did not enter a SMOKING hx on two patients...	8/18/2014 10:32 PM
40	Very expensive to have EHR; not sure it's worth it	8/18/2014 10:27 PM
41	EMR records are worthless and unreadable. Most of us have given up trying to read them	8/18/2014 10:21 PM
42	PQRS and all the quality measures are a time waster and will force many to drop Medicare. It is not worth the money and lost revenue penalty can be made up elsewhere	8/18/2014 10:07 PM
43	Negative financial impact without improvement in patient care. Just another way for the government to get a stranglehold on how we practice	8/18/2014 9:11 PM
44	The move to 'transparency' is having the administrative types breathing down our necks and really they don't understand the problems.	8/18/2014 8:43 PM

45	EHR costs so much more yet the incentives only are a drop in the bucket for the costs. Overall, governmental regulations on the shoulders of physicians to pay for it	8/18/2014 8:24 PM
46	Use EPIC so based on typing	8/18/2014 8:23 PM
47	slows down patient volume and has shifted work load pendulum from nurses/admin to MD's	8/18/2014 7:43 PM
48	I refuse to lower my standards for the bean counters	8/18/2014 7:24 PM
49	Our particular system is slow to navigate and negatively impacts ability to get old notes, labs, etc.	8/18/2014 6:45 PM
50	Keeps you from looking at the patient	8/18/2014 5:46 PM
51	Enormous cost burden, provides little or no value, increases risk of error, adds nothing to quality of care provided, has transformed physicians into data entry clerks, the focus of medical practice has shifted from providing care and reducing suffering to data entry and documentation.	8/18/2014 5:40 PM
52	EHR does not improve care in the office and does detract from the perception that patient matters to you. The old style was fun and I know the patients liked it . I do not endorse that EMR has improved care.	8/18/2014 4:59 PM
53	the worst part is the inefficiency	8/18/2014 4:48 PM

### Q15 Which of the following best describe the EHR's impact on productivity?

Answered: 333 Skipped: 3



	Increased	No impact	Decreased	Total
Efficiency	24% 80	14% 46	62% 205	331
Work load/revenue capture	36% 115	30% 97	34% 107	319

#	Which EHR System do you use?	Date
1	eclinical works	9/29/2014 4:16 PM
2	citrix	9/9/2014 8:11 PM
3	Allscripts	9/8/2014 11:24 PM
4	Epic	9/8/2014 2:34 PM
5	EPIC	9/6/2014 4:02 PM
6	Pulse	9/6/2014 2:41 PM
7	EPIC	9/4/2014 7:24 PM
8	help 2 now but switching to cerner	9/4/2014 5:00 PM
9	Centricity	9/4/2014 9:14 AM
10	Meridian	9/3/2014 9:06 PM
11	Epic	9/3/2014 2:33 PM
12	Allscripts	9/3/2014 12:37 PM
13	N/A	9/2/2014 10:23 PM
14	eclinical	9/2/2014 10:05 PM
15	CPRS	9/2/2014 9:17 PM
16	Epic	9/2/2014 4:49 PM

17	epic	9/2/2014 1:37 PM
18	meridian	9/2/2014 1:00 PM
19	EPIC	9/2/2014 10:16 AM
20	epic	9/2/2014 8:08 AM
21	UroChart	9/2/2014 7:36 AM
22	Allscripts	9/2/2014 6:52 AM
23	epic	9/2/2014 5:27 AM
24	Allscripts	9/1/2014 10:07 PM
25	centricity	9/1/2014 7:57 PM
26	EPIC	9/1/2014 5:34 PM
27	Intergy	9/1/2014 4:44 PM
28	meridian emr	9/1/2014 4:35 PM
29	Cerner	9/1/2014 4:11 PM
30	Urochart	9/1/2014 3:23 PM
31	Epic	9/1/2014 3:13 PM
32	Epic	9/1/2014 2:43 PM
33	Intergy	9/1/2014 2:27 PM
34	Meridian	9/1/2014 2:23 PM
35	Urochart	9/1/2014 2:14 PM
36	Dna	9/1/2014 2:01 PM
37	EPIC	9/1/2014 2:00 PM
38	-	9/1/2014 1:54 PM
39	Urochart	9/1/2014 1:46 PM
40	Meridian	9/1/2014 1:43 PM
41	Serner, Meditech , quest, epic	9/1/2014 1:33 PM
42	UroChart	9/1/2014 1:26 PM
43	Epic	9/1/2014 1:25 PM
44	Vitera intergy	9/1/2014 1:16 PM
45	EPIC	9/1/2014 1:15 PM
46	Urochart	9/1/2014 1:15 PM
47	centricity	9/1/2014 1:04 PM
48	Epic	9/1/2014 12:56 PM
49	Practice Fusion	9/1/2014 12:55 PM
50	allscripts	8/31/2014 9:52 PM
51	UrochartEHR	8/31/2014 3:27 AM
52	Health Connect	8/29/2014 11:21 AM
53	E Clinical Works version 10	8/28/2014 3:54 PM
54	Nextgen, Cerner , Epic	8/28/2014 1:03 PM



55	Don't have one	8/28/2014 1:28 AM
56	epic	8/27/2014 2:03 PM
57	EPIC	8/26/2014 5:13 PM
58	Intergy	8/26/2014 9:38 AM
59	Epic	8/25/2014 8:17 PM
60	Epic; Work load is increased; I am not sure revenue capture is increased	8/25/2014 6:20 PM
61	Allscripts	8/25/2014 5:32 PM
62	EPIC	8/25/2014 2:53 PM
63	Cerner	8/25/2014 2:41 PM
64	Vista	8/25/2014 12:39 PM
65	Epic	8/25/2014 11:45 AM
66	EPIC	8/25/2014 11:21 AM
67	epic	8/25/2014 9:57 AM
68	E Clinical Works	8/25/2014 8:25 AM
69	Touchworks/centricity	8/25/2014 7:20 AM
70	Healthtronics	8/25/2014 12:45 AM
71	EPIC	8/24/2014 9:41 PM
72	nexGen	8/24/2014 9:10 PM
73	None	8/24/2014 8:56 PM
74	EMD's	8/24/2014 6:22 PM
75	EPIC	8/24/2014 6:02 PM
76	urochart	8/24/2014 4:31 PM
77	epic	8/24/2014 4:30 PM
78	Epic	8/24/2014 4:01 PM
79	Veteran's Administration CPRS.	8/24/2014 2:19 PM
80	all Scripts	8/24/2014 1:56 PM
81	Urocharts	8/24/2014 1:54 PM
82	greenway prime suites	8/24/2014 1:46 PM
83	triMed	8/24/2014 1:29 PM
84	greenway	8/24/2014 12:06 PM
85	Touchworks	8/24/2014 11:49 AM
86	Epic	8/24/2014 10:59 AM
87	e clinical	8/24/2014 9:39 AM
88	epic	8/24/2014 9:12 AM
89	Urochart	8/24/2014 8:12 AM
90	Epic	8/24/2014 6:51 AM
91	Allscripts	8/24/2014 5:28 AM
92	greenway	8/24/2014 12:58 AM

93	Greenway	8/23/2014 11:01 PM
94	Urochart, but plan to make a change soon.	8/23/2014 11:00 PM
95	Meridian. Data input is hugely inefficient in this EHR environment.	8/23/2014 10:53 PM
96	prime	8/23/2014 10:21 PM
97	Epic	8/23/2014 9:13 PM
98	Epic	8/23/2014 9:02 PM
99	Alscripts	8/23/2014 8:56 PM
100	Health Connect	8/23/2014 8:43 PM
101	cerner	8/23/2014 8:06 PM
102	Urochart	8/23/2014 8:03 PM
103	cerner	8/23/2014 8:03 PM
104	Meridian	8/23/2014 7:52 PM
105	Centricity	8/23/2014 7:25 PM
106	Epic	8/23/2014 7:19 PM
107	allscripts	8/23/2014 7:07 PM
108	Nextmed	8/23/2014 6:56 PM
109	urochart	8/23/2014 6:34 PM
110	Healthtronic	8/23/2014 6:30 PM
111	Allscripts	8/23/2014 5:42 PM
112	EClinical Works	8/23/2014 5:16 PM
113	nextgen	8/23/2014 5:15 PM
114	Insync md online	8/23/2014 5:00 PM
115	Centricity	8/23/2014 4:47 PM
116	Emedsys	8/23/2014 4:45 PM
117	eMD's	8/23/2014 4:28 PM
118	epic	8/23/2014 4:25 PM
119	Hospital: Cerner; Office: Office Allay	8/23/2014 4:17 PM
120	Epic	8/23/2014 4:15 PM
121	allscripts	8/23/2014 5:36 AM
122	Urochart	8/22/2014 9:14 AM
123	None	8/22/2014 9:08 AM
124	AllMeds	8/22/2014 7:18 AM
125	Epic	8/21/2014 12:53 PM
126	epic. the emr takes longer every day	8/20/2014 10:06 PM
127	different at different hospitals epoch sorian	8/20/2014 8:57 PM
128	Allscripts	8/20/2014 4:35 PM
129	Mckesson	8/20/2014 3:57 PM
130	Meridian	8/20/2014 2:46 PM

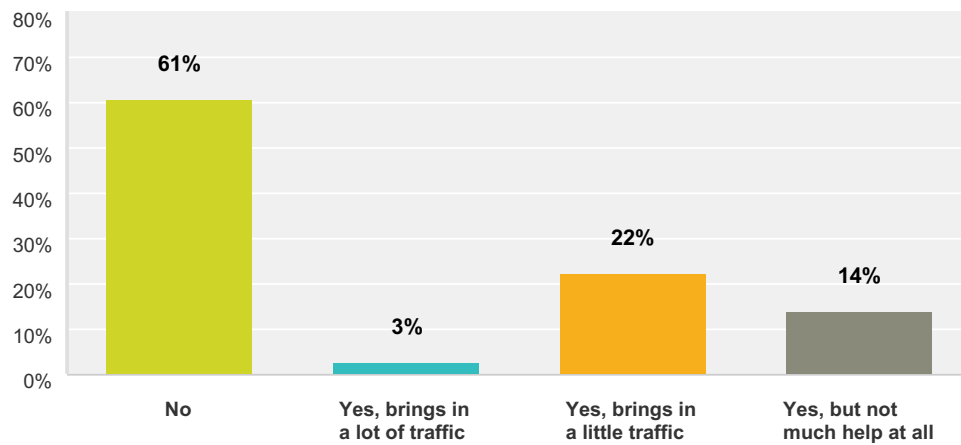
131	don't have one	8/20/2014 1:26 PM
132	Accuro	8/20/2014 10:45 AM
133	EPIC	8/20/2014 9:25 AM
134	Urochart	8/20/2014 9:19 AM
135	Epic / kaiser permanente	8/20/2014 7:19 AM
136	urochart	8/19/2014 11:10 PM
137	urochart	8/19/2014 10:36 PM
138	Epic	8/19/2014 10:32 PM
139	urocharts then kareo. urocharts thought they got me by the lls but i refused to be ripped off by them.	8/19/2014 9:50 PM
140	Centricity	8/19/2014 9:44 PM
141	Nextgen	8/19/2014 9:26 PM
142	epic	8/19/2014 5:26 PM
143	HealthConnect	8/19/2014 2:27 PM
144	AHLTA/CHCS	8/19/2014 2:22 PM
145	EPIC	8/19/2014 1:20 PM
146	Epic	8/19/2014 1:16 PM
147	Intergy	8/19/2014 1:03 PM
148	epic	8/19/2014 12:29 PM
149	Allscripts.	8/19/2014 10:53 AM
150	Affinity	8/19/2014 10:47 AM
151	EPIC	8/19/2014 10:19 AM
152	Allscripts - marginal service at best.	8/19/2014 9:52 AM
153	EPIC	8/19/2014 9:49 AM
154	Urochart	8/19/2014 9:17 AM
155	cerner	8/19/2014 9:09 AM
156	urochart	8/19/2014 9:08 AM
157	allscripts	8/19/2014 8:47 AM
158	Cerner, damn it!	8/19/2014 8:41 AM
159	epic	8/19/2014 8:29 AM
160	Greenway (we stopped using last year)	8/19/2014 8:05 AM
161	UROCHART	8/19/2014 7:40 AM
162	Next Gen	8/19/2014 7:39 AM
163	eClinical Works	8/19/2014 7:31 AM
164	Epic	8/19/2014 7:31 AM
165	Allscripts	8/19/2014 6:42 AM
166	CompuGroup	8/19/2014 6:29 AM
167	EPIC	8/19/2014 6:10 AM
168	allscripts	8/19/2014 4:38 AM

169	Urocharts	8/19/2014 12:45 AM
170	Urochart	8/19/2014 12:23 AM
171	Athena net	8/18/2014 10:48 PM
172	Meridian	8/18/2014 10:32 PM
173	UroChart	8/18/2014 10:27 PM
174	Office: Meridian Hospital EPIC	8/18/2014 10:21 PM
175	EPIC	8/18/2014 10:12 PM
176	Prognocis	8/18/2014 10:07 PM
177	Cerner	8/18/2014 9:53 PM
178	next gen	8/18/2014 9:46 PM
179	Practice Fusion	8/18/2014 9:33 PM
180	Allscripts	8/18/2014 9:11 PM
181	Centricity	8/18/2014 9:08 PM
182	EPIC	8/18/2014 9:05 PM
183	EPIC	8/18/2014 9:02 PM
184	EPIC	8/18/2014 8:59 PM
185	Next gen	8/18/2014 8:59 PM
186	cerner	8/18/2014 8:55 PM
187	Urochart	8/18/2014 8:43 PM
188	Meridian	8/18/2014 8:40 PM
189	Epic	8/18/2014 8:28 PM
190	eMDs	8/18/2014 8:24 PM
191	Epic	8/18/2014 8:23 PM
192	NextGen	8/18/2014 8:16 PM
193	NEXT GEN	8/18/2014 8:08 PM
194	Allscripts	8/18/2014 7:56 PM
195	Allscripts	8/18/2014 7:49 PM
196	EPIC	8/18/2014 7:43 PM
197	Epic	8/18/2014 7:25 PM
198	Greenway	8/18/2014 7:23 PM
199	practice fusion	8/18/2014 7:11 PM
200	Epic	8/18/2014 7:06 PM
201	n/a	8/18/2014 6:57 PM
202	Urochart	8/18/2014 6:57 PM
203	EPIC	8/18/2014 6:54 PM
204	CPRS	8/18/2014 6:52 PM
205	DNA -----> NEX GEN	8/18/2014 6:52 PM
206	HELP2	8/18/2014 6:45 PM

207	greenway	8/18/2014 6:39 PM
208	Epic	8/18/2014 6:39 PM
209	Greenway	8/18/2014 6:39 PM
210	Allscripts Professional EHR	8/18/2014 6:16 PM
211	Cerner	8/18/2014 5:48 PM
212	EPIC	8/18/2014 5:46 PM
213	MedEvolve practice management and Urocharts EHR	8/18/2014 5:40 PM
214	MERIDIAN	8/18/2014 5:40 PM
215	Cerner	8/18/2014 5:05 PM
216	EPIC	8/18/2014 5:03 PM
217	Greenway	8/18/2014 5:02 PM
218	GE centricity	8/18/2014 4:48 PM
219	EPIC	8/18/2014 4:48 PM
220	practice xpert	8/18/2014 4:46 PM
221	EPIC	8/18/2014 4:42 PM
222	Urochart	8/18/2014 4:38 PM

### Q16 Is social media part of your marketing plan?

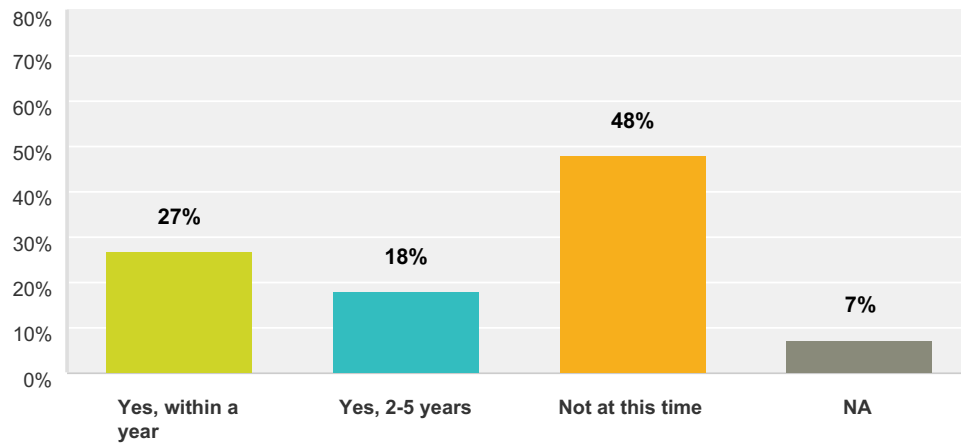
Answered: 335 Skipped: 1



#	Comments	Date
1	@thepeedoc	9/1/2014 1:43 PM
2	Not personally. Recommended against its use	9/1/2014 1:33 PM
3	Unsure	8/23/2014 7:25 PM
4	a certain segment of my practice	8/20/2014 1:26 PM
5	What a joke	8/19/2014 6:42 AM
6	Not at this time	8/18/2014 10:32 PM
7	Not quantified	8/18/2014 8:23 PM
8	website is reportedly highly viewed	8/18/2014 7:43 PM
9	Marketing degrades ur peofession.	8/18/2014 7:06 PM
10	Online reputation management is key to continued practice success.	8/18/2014 6:16 PM
11	Is Urology marketing?	8/18/2014 4:59 PM

### Q17 Are you looking for a partner?

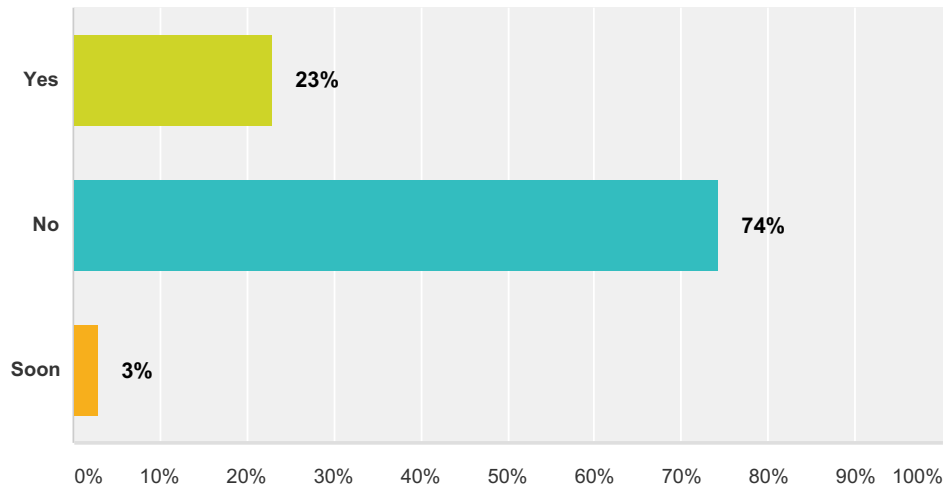
Answered: 319 Skipped: 17



#	Comments	Date
1	hard to find	9/1/2014 4:38 PM
2	Health care agency has hired 2 urologists in the last 2 years to partner with me.	9/1/2014 4:16 PM
3	Depending on medical climate	9/1/2014 1:37 PM
4	Two new associates starting this year and hopefully will be partners	8/28/2014 1:07 PM
5	I have just downsized the practice	8/28/2014 1:56 AM
6	just added one 9-1-2014	8/24/2014 1:35 PM
7	I need at least a part-time Urologist.	8/23/2014 7:19 PM
8	work in public hospital with urology residents	8/22/2014 9:17 AM
9	I	8/19/2014 9:31 PM
10	We have several new partners coming aboard in the next 2 years. When they are here I might decide to exit.	8/19/2014 8:47 AM
11	We just brought in a new partner in 7/2014	8/19/2014 8:08 AM
12	Hired one 2 years ago and another just recently	8/19/2014 6:46 AM
13	One of our oncologists has decided to leave academia for private practice.	8/18/2014 7:19 PM
14	Very supportive of someone coming full time. Practice could support one Urologist. I would fill in for 10 days every other month. Curry Co . Oregon is so under served.	8/18/2014 5:20 PM

### Q18 Have you merged or are you considering merging with another Urology practice?

Answered: 319 Skipped: 17

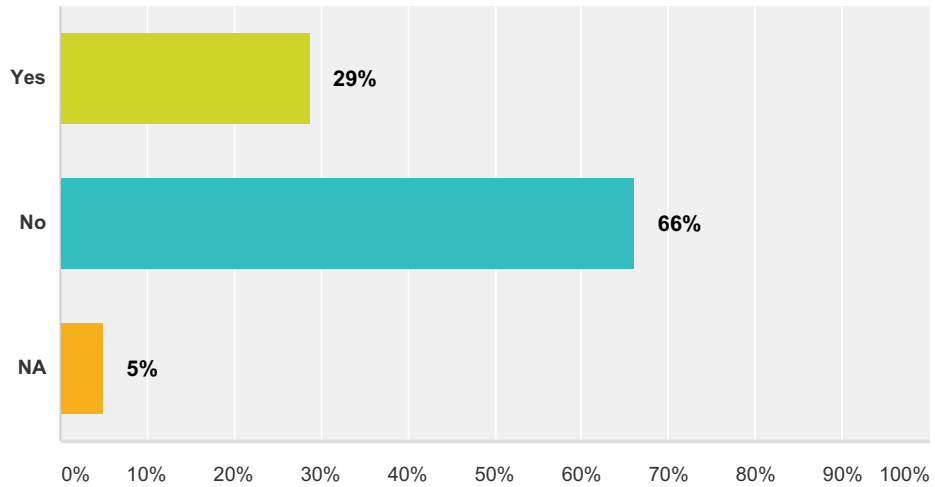


#	Comments	Date
1	we have met with multiple groups, single specialty large groups, multispecialty groups, hospital systems but for now staying independant	9/29/2014 4:16 PM
2	3 groups merged 5-6 yrs. ago	9/2/2014 7:40 AM
3	tried but failed	9/1/2014 8:01 PM
4	Possibly in 2 years. I was trying to bring someone in but the cost would have been too high	8/28/2014 1:56 AM
5	I personally joined a big group in town 3 yrs ago. The group is not planning on merging	8/24/2014 9:17 PM
6	I was a solo practice, joined a large group a few moths ago	8/24/2014 4:33 PM
7	currently Kaiser-Permanente	8/23/2014 8:49 PM
8	Merged in 2010	8/23/2014 7:33 PM
9	Tried Not successful	8/23/2014 5:45 PM
10	We merged in 2009 but have difficulty due to different comp models and practice patterns.	8/23/2014 4:31 PM
11	I joined PAMF from independent practice.	8/19/2014 1:18 PM
12	Multispeciality with dignity health care we will probably become a super group with dugnity	8/19/2014 6:46 AM
13	We merged practices 19 years ago	8/18/2014 10:28 PM
14	Merged 14 years ago	8/18/2014 8:00 PM
15	I will be closing my practice.	8/18/2014 7:15 PM
16	One of the worst things I have done in my career--I have not made many mistakes other than this but this was a doozy.	8/18/2014 5:47 PM
17	No other practice for 2 hrs. Would support the concept of affiliation with a group strong urology group to refer to.	8/18/2014 5:20 PM



### Q19 Do you (or the practice) plan to add any non-physician providers (Physician Assistants or Nurse Practitioners) in the next 12 months?

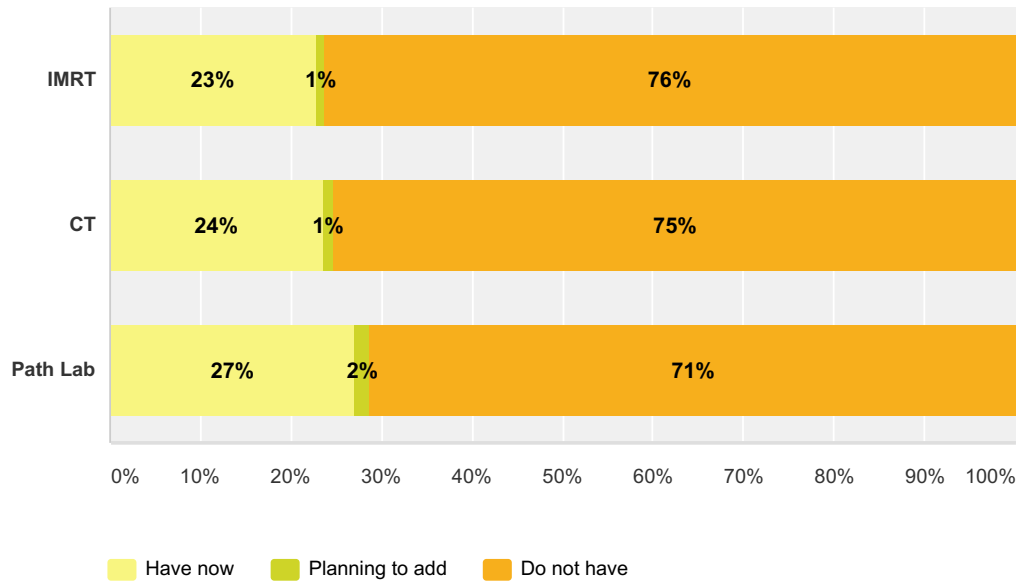
Answered: 319 Skipped: 17



#	Comments	Date
1	not my choice	9/6/2014 4:06 PM
2	Have thought about it but don't have time to implement it	9/3/2014 9:17 PM
3	Already have 2 pa's	9/1/2014 4:48 PM
4	Have 2 but practice may consider expanding	9/1/2014 1:37 PM
5	Already have a PA.	9/1/2014 12:59 PM
6	5	8/24/2014 4:36 PM
7	not sure	8/24/2014 4:33 PM
8	We have expanded considerably over the past 3 years and will continue to do so.	8/24/2014 11:04 AM
9	Already have one	8/23/2014 9:07 PM
10	already have 1 PA	8/19/2014 10:39 PM
11	we have one now	8/19/2014 2:31 PM
12	We have enough PA's and Residents at this time.	8/19/2014 8:47 AM
13	We have lost two PAs in the past couple years and are feeling tired of training PAs just to see them take the skills elsewhere.	8/18/2014 8:34 PM
14	We already have several.	8/18/2014 7:19 PM
15	Have 1 PA-C now	8/18/2014 6:57 PM
16	Already do	8/18/2014 6:43 PM

### Q20 Do you currently have or are you planning to add ancillary services? (select all that apply)

Answered: 315 Skipped: 21

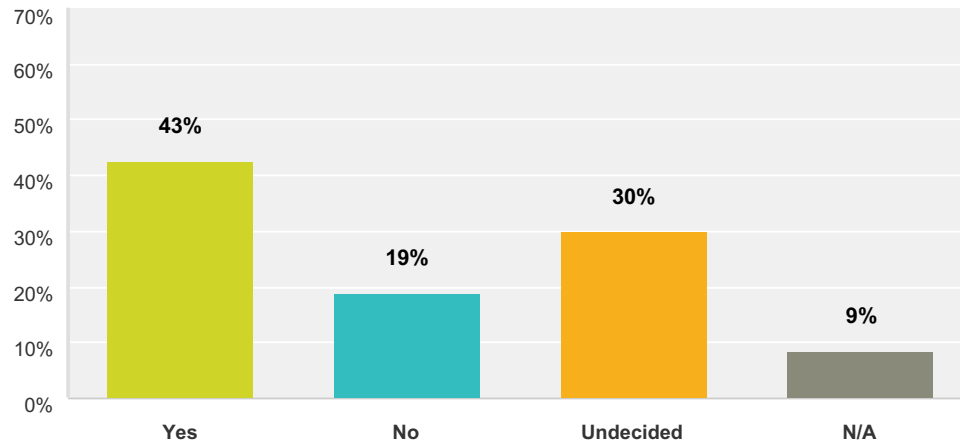


#	Comments	Date
1	No plans to add	9/3/2014 9:17 PM
2	HMO Kaiser	9/2/2014 2:55 PM
3	Urology group part of Franciscan Med Group	9/2/2014 1:45 PM
4	CT only for IMRT planning	9/2/2014 6:58 AM
5	In multi specialty group	9/1/2014 2:47 PM
6	If we did imaging it would really be hard on this little hospital.	9/1/2014 2:32 PM
7	Hospital based physician's group - as employees, we are not allowed to benefit from these services.	9/1/2014 1:19 PM
8	Clinical research	8/28/2014 1:56 AM
9	Hospital employed, does not factor.	8/25/2014 2:44 PM
10	At a major academic center	8/24/2014 9:47 PM
11	have a pathologist who comes in and reads biopsies	8/24/2014 9:17 PM
12	Hospital already has	8/24/2014 9:14 AM
13	Just got rid of path	8/23/2014 7:33 PM
14	All from the hospital	8/21/2014 12:58 PM
15	na	8/20/2014 9:00 PM
16	In Canada MD cannot own ancillary services outside of specialty practice.	8/20/2014 10:50 AM
17	N/a, kaiser	8/19/2014 10:35 PM

18	I had them when I was in the big group. but I left the group due to increased admin costs and decreasing revenue.	8/19/2014 9:52 PM
19	All part of hospital	8/19/2014 9:31 PM
20	Part of hospital system	8/19/2014 9:23 AM
21	employee of hospital system, already has these services	8/19/2014 9:11 AM
22	These are fully integrated into our Mayo practice.	8/19/2014 8:47 AM
23	All are currently owned/provided by the hospital.	8/19/2014 6:20 AM
24	Not sure they are worth it; esp path lab and CT scanner	8/18/2014 10:30 PM
25	Not allowed in our current practice.	8/18/2014 8:44 PM
26	Our multi-specialty group provides comprehensive services	8/18/2014 8:34 PM
27	IMRT ancillary is being bashed constantly by negative publicity regarding self referral	8/18/2014 8:26 PM
28	academic program	8/18/2014 7:46 PM
29	C-arm and ultrasound are enough for us.	8/18/2014 7:19 PM
30	Large group hospital system	8/18/2014 6:43 PM
31	The hay days of IMRT, CT, and path are over.	8/18/2014 6:20 PM
32	Hospital employed	8/18/2014 5:49 PM
33	Income from ancillary services is diminishing presently and will get even smaller in the near future. No one not already invested should consider this.	8/18/2014 5:47 PM
34	If we opened a CT in the practice it would greatly negatively affect the Health care System	8/18/2014 5:20 PM

## Q21 Do you now use or are you thinking of using genetic tests for prostate cancer screening or treatment?

Answered: 314 Skipped: 22



#	Comments	Date
1	OncoType, Prolaris, Decipher, ConfirmMDx	9/8/2014 2:36 PM
2	I want to, but Kaiser will not cover this for now	9/6/2014 4:06 PM
3	Too expensive	9/6/2014 2:44 PM
4	More patients are requesting this despite lack of data to support its clinical use	9/1/2014 9:03 PM
5	On non-IPA patient S	8/28/2014 1:56 AM
6	do not treat CaP	8/25/2014 2:55 PM
7	We use Myriad Genetics' Prolaris	8/24/2014 11:04 AM
8	if covered by insurance	8/19/2014 9:56 AM
9	We are evaluating several	8/19/2014 8:47 AM
10	phi,4K, TMPRSS2-ERG, PCA 3	8/18/2014 10:28 PM
11	endourologist	8/18/2014 7:46 PM
12	Monitoring the value (Benefit divided by cost).	8/18/2014 7:19 PM
13	Been using genOMIC (not genetic - there is a difference) testing for CaP prognostication since January, 2014.	8/18/2014 6:20 PM

## Q22 Are there any specific tests, services or procedures that you would like covered by insurance that are not now covered?

Answered: 133 Skipped: 203

#	Responses	Date
1	no	9/29/2014 4:16 PM
2	as above	9/8/2014 2:36 PM
3	None	9/5/2014 8:54 AM
4	prolaris	9/4/2014 5:02 PM
5	Nope	9/4/2014 9:18 AM
6	No	9/3/2014 9:17 PM
7	NO	9/2/2014 10:29 PM
8	No	9/2/2014 10:10 PM
9	MRI-US Fusion guided prostate biopsies MRI's for Elevated PSA to decide on who needs a biopsy	9/2/2014 7:38 PM
10	no.	9/2/2014 10:19 AM
11	biofeedback for pelvic floor therapy, improved coverage for percutaneous tibial nerve stimulation	9/2/2014 7:40 AM
12	Not aware of coverage restrictions but Oncotype should be	9/2/2014 6:58 AM
13	penile prosthetics	9/2/2014 5:29 AM
14	none	9/1/2014 10:29 PM
15	Need Medicare approval for UROLIFT	9/1/2014 8:01 PM
16	No	9/1/2014 5:37 PM
17	4kscore, genetic testing, prostate MRI, penile implant, urolift	9/1/2014 4:48 PM
18	not really	9/1/2014 4:38 PM
19	None	9/1/2014 4:18 PM
20	MRI fusion prostate biopsy	9/1/2014 4:13 PM
21	Voiding trials	9/1/2014 3:30 PM
22	Sacral nerve stimulation and medical	9/1/2014 3:15 PM
23	Prostatic health Index	9/1/2014 2:32 PM
24	PHI	9/1/2014 2:32 PM
25	HIFU once approved by the FDA	9/1/2014 2:26 PM
26	none	9/1/2014 2:16 PM
27	Opko 4Kscore	9/1/2014 2:02 PM
28	no	9/1/2014 2:02 PM
29	-	9/1/2014 1:56 PM
30	infertility	9/1/2014 1:48 PM
31	Carbon 11 Acetate. I wish it would be covered.	9/1/2014 1:45 PM

32	Biofeedback payment comes and goes	9/1/2014 1:37 PM
33	No	9/1/2014 1:30 PM
34	Multiparametric MRI of Prostate with subsequent fusion biopsy	9/1/2014 1:29 PM
35	ConfirmMDx/PHI/MRI-fusion PNBxs.	9/1/2014 1:19 PM
36	fertility	9/1/2014 1:06 PM
37	Unknown	9/1/2014 12:59 PM
38	99900/supplies...catheters/irrigation trays/lidocaine (viscous) etc	8/28/2014 4:04 PM
39	limited by Kaiser, so yes (anticholinergics myrbetriq, etc)	8/27/2014 2:05 PM
40	PHI	8/26/2014 9:42 AM
41	PCA3 testing	8/25/2014 6:22 PM
42	not that i know of	8/25/2014 2:55 PM
43	Expand botox use for IC/CPSPS	8/25/2014 2:44 PM
44	NA	8/25/2014 1:30 PM
45	Oncotype Dx, Prolaris	8/25/2014 11:49 AM
46	no	8/25/2014 9:59 AM
47	new tests, new drugs (mirabegron), MRI for prostate, Oncotype Dx and Prolaris, etc	8/25/2014 8:32 AM
48	Testopel, prostate mri	8/25/2014 7:24 AM
49	PCa3	8/25/2014 12:48 AM
50	no	8/24/2014 9:17 PM
51	MRI target prostate biopsy	8/24/2014 6:05 PM
52	pc3 test	8/24/2014 3:21 PM
53	PCA3	8/24/2014 3:18 PM
54	fertility testing, ED meds, advanced diagnostics	8/24/2014 1:35 PM
55	prostaris,pca 3,mdx	8/24/2014 12:13 PM
56	Infertility	8/24/2014 11:55 AM
57	Telephone consultations, especially for return patients	8/24/2014 11:04 AM
58	pca3, multiparametric mri	8/24/2014 9:43 AM
59	Genetic Testing	8/24/2014 8:52 AM
60	Hifu, urolift	8/24/2014 8:15 AM
61	none	8/24/2014 5:43 AM
62	no	8/24/2014 1:00 AM
63	4k score or phi score or oncotype	8/23/2014 11:05 PM
64	Better reimbursement for PVP and all minimally invasive procedures, including laparoscopy and robotics. Disposable costs for most of these procedures far exceed reimbursement for the surgeon's skill and service. Even a PVP fiber is better reimbursed than my skill and effort.	8/23/2014 11:01 PM
65	no	8/23/2014 10:20 PM
66	Proton beam radiation just to get the pts off my back. I don't blame the insurers for not covering it, though.	8/23/2014 8:49 PM
67	I think the insurance in the current form is the problem, not necessarily whether they cover some procedures or not. Doctors 60 years ago made the biggest mistake of billing the insurances for their patients; that changed the whole dynamics of healthcare	8/23/2014 7:33 PM

68	PCa-3	8/23/2014 7:19 PM
69	PCA-3	8/23/2014 7:01 PM
70	Ptns	8/23/2014 4:41 PM
71	The less they cover, the less strings attached , the better the care for my patients.	8/23/2014 4:33 PM
72	Urolift Implantation	8/23/2014 4:31 PM
73	Urolift	8/23/2014 4:30 PM
74	prostate health index. Not sure if this will be covered.	8/23/2014 4:29 PM
75	nona	8/23/2014 4:22 PM
76	Pelvic Pain Physical Therapy	8/23/2014 4:18 PM
77	no	8/22/2014 6:55 PM
78	prostate membrane antigen	8/22/2014 9:17 AM
79	Bladder instillations very poorly covered	8/22/2014 7:21 AM
80	PTNS	8/21/2014 9:28 PM
81	Depends on the pt's coverage	8/21/2014 12:58 PM
82	na	8/20/2014 9:00 PM
83	no	8/20/2014 3:43 PM
84	No	8/20/2014 10:50 AM
85	the prognostic tests re prostate cancer, urolift	8/19/2014 11:17 PM
86	n/a	8/19/2014 10:39 PM
87	Opko 4KScore Test	8/19/2014 9:48 PM
88	No	8/19/2014 9:31 PM
89	no	8/19/2014 12:36 PM
90	unsure	8/19/2014 11:18 AM
91	PCA3, prostate mdx	8/19/2014 10:21 AM
92	PCA3 - should be much more accurate than PSA	8/19/2014 9:56 AM
93	Genetic tests for prostate cancer	8/19/2014 9:53 AM
94	pca3	8/19/2014 9:10 AM
95	InterStim coverage by Medicaid	8/19/2014 8:58 AM
96	N/A	8/19/2014 8:47 AM
97	UroLift. PCA3, Prolaris	8/19/2014 7:44 AM
98	Yes	8/19/2014 7:43 AM
99	.	8/19/2014 7:37 AM
100	none	8/19/2014 7:36 AM
101	No	8/18/2014 10:35 PM
102	MRI-US fusion guided biopsies	8/18/2014 10:28 PM
103	Acupuncture, massage	8/18/2014 10:16 PM
104	Urolift procedure	8/18/2014 9:03 PM
105	PTNS	8/18/2014 8:48 PM

106	No	8/18/2014 8:29 PM
107	no	8/18/2014 8:07 PM
108	Genetic tests, pca-3	8/18/2014 8:00 PM
109	Biofeedback, accupuncture, herbals	8/18/2014 7:54 PM
110	bilateral ureterosopic procedures bundle the contralateral side	8/18/2014 7:46 PM
111	Circumcision	8/18/2014 7:46 PM
112	Not sure	8/18/2014 7:31 PM
113	Penile prosthesis surgery.	8/18/2014 7:19 PM
114	MRI FUSION biopsy	8/18/2014 7:15 PM
115	phi score	8/18/2014 7:04 PM
116	n/a	8/18/2014 7:00 PM
117	NA	8/18/2014 6:58 PM
118	Case by case	8/18/2014 6:45 PM
119	no	8/18/2014 6:37 PM
120	genetic testing	8/18/2014 5:51 PM
121	Phone consults - specifically metabolic urine intpretation and planning as well as treatment	8/18/2014 5:51 PM
122	I would like to not have to beg for tests such as CT scan and for medications for OAB	8/18/2014 5:49 PM
123	None	8/18/2014 5:47 PM
124	PCA3	8/18/2014 5:26 PM
125	N/A	8/18/2014 5:20 PM
126	no	8/18/2014 5:12 PM
127	MRI TRUS fusion	8/18/2014 5:07 PM
128	Penile implants are being threatened	8/18/2014 5:06 PM
129	Xiaflex, Botox.	8/18/2014 5:00 PM
130	none	8/18/2014 4:55 PM
131	FISH test	8/18/2014 4:50 PM
132	prolaris	8/18/2014 4:49 PM
133	no	8/18/2014 4:43 PM



**Q23 Please describe any other billing or health policy issues that have been raised in your state or area that are important to you?**

Answered: 102 Skipped: 234

#	Responses	Date
1	cutting of reimbursement at surgery centers,	9/29/2014 4:16 PM
2	Untenable position of academic medical centers (MediCal payment rates, rising regulatory burdens)	9/8/2014 2:36 PM
3	None	9/5/2014 8:54 AM
4	pay for performance	9/4/2014 5:02 PM
5	MICRA	9/3/2014 9:17 PM
6	Medicaid roles	9/2/2014 10:10 PM
7	none.	9/2/2014 10:19 AM
8	Attempts by trial lawyers to push through the MICRA legislation - prop 46; restrict practices owning an IMRT center - Cal SB 1215	9/2/2014 6:58 AM
9	cancer survivorship, esp treatment for ED	9/2/2014 5:29 AM
10	none	9/1/2014 10:29 PM
11	Increased patient numbers with Medicaid, 10% of practice and increasing, reimburses poorly	9/1/2014 9:03 PM
12	Increased reimbursement for Medicaid, medicare	9/1/2014 8:01 PM
13	Unknown	9/1/2014 5:37 PM
14	Medicaid expansion	9/1/2014 4:48 PM
15	None	9/1/2014 4:18 PM
16	See comments above about rural practice.	9/1/2014 4:13 PM
17	Pay for ER coverage for urologists. It would be interesting to see what we are being paid in different areas for taking call,?or to at least get an idea if an average (country wide would be even better, but western section is a start)	9/1/2014 3:30 PM
18	na	9/1/2014 2:32 PM
19	Take away in office testing for CT, PT, Path and IMRT	9/1/2014 2:32 PM
20	transparency of pricing legislation	9/1/2014 2:16 PM
21	none	9/1/2014 2:02 PM
22	-	9/1/2014 1:56 PM
23	low reimbursement	9/1/2014 1:48 PM
24	Drug testing of physicians, sunshine reporting. Loss of MICRA	9/1/2014 1:37 PM
25	NA	9/1/2014 1:19 PM
26	n/A	9/1/2014 12:59 PM
27	MICRA	9/1/2014 12:58 PM
28	Affordable Care Act/ICD10 implementation	8/28/2014 4:04 PM
29	Overwhelming increase in Prior Auth for MEDICATIONS!	8/27/2014 3:52 PM

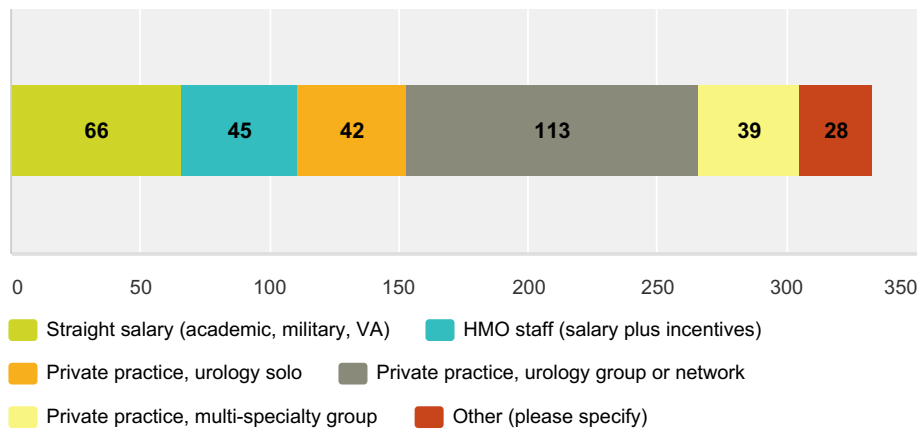
30	Too much red-tape - goal is to make providers/patients "give-up"	8/26/2014 5:16 PM
31	Removal of In-office ancillary services	8/26/2014 9:42 AM
32	nothing to add	8/25/2014 2:55 PM
33	NA	8/25/2014 1:30 PM
34	Medi-cal expansion under ACA and how we will accomodate substantial increases in Medi-cal referrers	8/25/2014 11:49 AM
35	none that i can think of	8/25/2014 9:59 AM
36	Aca	8/25/2014 7:24 AM
37	nA	8/25/2014 12:48 AM
38	none	8/24/2014 3:21 PM
39	I am not a MediCal provider due to poor reimbursement. Making MediCal on par with Medicare would enhance the public good by increasing access to care and bring more (and better) doctors into the Medi Cal system.	8/24/2014 1:58 PM
40	the EMR bullet generating notes for billing are insane. We generate 5 pages of documentation. Only the first two and the last two lines matter.	8/24/2014 1:58 PM
41	clean claims policy act-like Colorado	8/24/2014 1:35 PM
42	Bundled payments continue to be a challenging concept, mostly because the details of the bundle have yet to be defined. I am also very concerned about a probable net decline in the urology workforce in the face of an aging population.	8/24/2014 11:04 AM
43	concerns with exchanges- not knowing if pts have paid premiums	8/24/2014 9:43 AM
44	Ihc is heavy handed and exclusionary in slc.	8/24/2014 8:15 AM
45	very difficult to collect from Indian Health Service	8/24/2014 8:05 AM
46	none	8/24/2014 5:43 AM
47	none	8/24/2014 1:00 AM
48	Restriction on ancillary services	8/23/2014 11:05 PM
49	Con	8/23/2014 9:01 PM
50	NA	8/23/2014 7:33 PM
51	Not sure of any.	8/23/2014 7:19 PM
52	ObamaCare and meaningful use are additional unfunded mandates that are killing me	8/23/2014 5:21 PM
53	Trying to eliminate in office ancillary exception	8/23/2014 4:41 PM
54	Too many political solutions for non political, medical questions.	8/23/2014 4:33 PM
55	can't think of anything that stands out.	8/23/2014 4:29 PM
56	N/A	8/22/2014 6:55 PM
57	ObamaCare Policies	8/22/2014 9:17 AM
58	Poor coverage for ED	8/21/2014 12:58 PM
59	none	8/20/2014 3:43 PM
60	N/A	8/20/2014 10:50 AM
61	health exchange plans have very high deductables and high copays.difficult to collect. medicare cuts	8/19/2014 11:17 PM
62	n/a	8/19/2014 10:39 PM
63	0	8/19/2014 9:31 PM
64	MICRA which will hopefully be voted down.	8/19/2014 3:01 PM
65	none	8/19/2014 12:36 PM

66	na	8/19/2014 11:18 AM
67	Nov 14 California Proposition to increase liability cap - this will lead to increase in insurance costs.	8/19/2014 9:56 AM
68	MICRA	8/19/2014 8:51 AM
69	The ACA is not going to serve this country as well as if we had a more market oriented system. I think each state should evaluate it's system of licensure more realistically. It would take a long time to explain what I mean	8/19/2014 8:47 AM
70	poor reimbursement for endoscopy procedures and medications	8/19/2014 8:08 AM
71	.	8/19/2014 7:37 AM
72	poor insurance coverage of many of my preferred drugs including Vesicare, or post-RALP PDE5-inhibitors	8/19/2014 7:36 AM
73	Too many referrals/authorizations required! My staff doesn't have the time.	8/19/2014 12:26 AM
74	--	8/18/2014 10:35 PM
75	Restriction of the In office ancillary services	8/18/2014 10:30 PM
76	Low Payments for Obama Care patients and Medi-Cal	8/18/2014 10:28 PM
77	None	8/18/2014 10:16 PM
78	Change of CPT codes with less reimbursement	8/18/2014 9:57 PM
79	Threat to in office ancillary exception	8/18/2014 9:13 PM
80	Coding edits that bundle procedures are frustrating and don't represent workload.	8/18/2014 9:08 PM
81	Assault on our tort reform	8/18/2014 8:34 PM
82	Quality improvement efforts	8/18/2014 8:29 PM
83	Medicaid expansion	8/18/2014 8:20 PM
84	Physician testing for alcohol or drugs - physician rights	8/18/2014 7:54 PM
85	Way too many denials since new 1500 form required	8/18/2014 7:31 PM
86	The embarrassingly faulty roll-out of our national health care system last fall.	8/18/2014 7:19 PM
87	capitated contracts. we are in competition with another group that can see to say no to capitated contracts while we hold off.	8/18/2014 7:04 PM
88	excessive auditing of records by Medicare advantage insurers	8/18/2014 7:00 PM
89	Sunshine Act will have a negative impact based on general population's impression of physicians that are otherwise working hard and providing additional service to the medical community/peers/patients.	8/18/2014 6:58 PM
90	proton beam therapy controversy	8/18/2014 5:51 PM
91	It's the prior auths that are killing me	8/18/2014 5:49 PM
92	California Proposition 46 that will overturn MICRA protections, require random drug and alcohol testing, demand consultation with a flawed state data base before prescribing triplicate medications (including testosterone) and demand drug and alcohol testing in the event of an untoward patient outcome or create a presumable claim of malpractice.	8/18/2014 5:47 PM
93	52356 CPT Code	8/18/2014 5:26 PM
94	NA	8/18/2014 5:20 PM
95	none	8/18/2014 5:12 PM
96	Bundling of 52353 with 52232	8/18/2014 5:07 PM
97	drug testing mandate that is actually a referendum to attack MICRA	8/18/2014 5:06 PM
98	Repeal of MICRA in california with current proposed bill.	8/18/2014 5:00 PM
99	none at this time	8/18/2014 4:55 PM

100	none	8/18/2014 4:50 PM
101	physician order entry is killing me	8/18/2014 4:49 PM
102	none	8/18/2014 4:43 PM

### Q24 What is the organizational structure of your practice? (please check all that apply)

Answered: 319 Skipped: 17



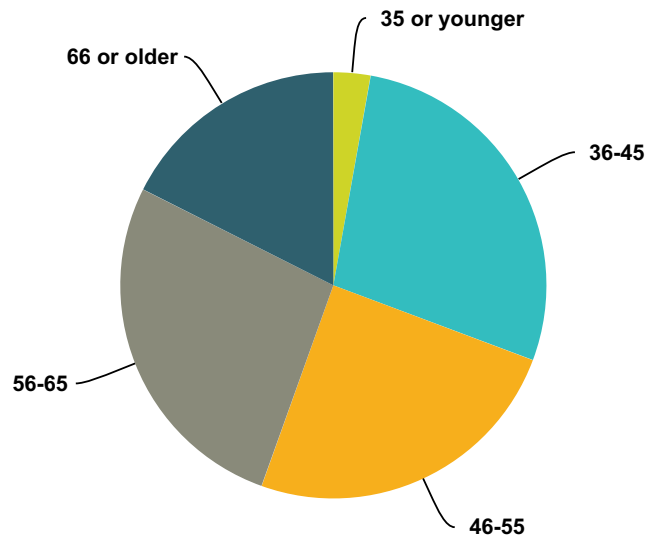
Answer Choices	Responses
Straight salary (academic, military, VA)	21% 66
HMO staff (salary plus incentives)	14% 45
Private practice, urology solo	13% 42
Private practice, urology group or network	35% 113
Private practice, multi-specialty group	12% 39
Other (please specify)	9% 28
<b>Total Respondents: 319</b>	

#	Other (please specify)	Date
1	Regulatory	9/2/2014 11:22 AM
2	Hospital-employed practice	9/1/2014 5:37 PM
3	County hospital based, fixed salary	9/1/2014 4:16 PM
4	perdiem with a health network	9/1/2014 2:32 PM
5	Multi Cancer Specialty	9/1/2014 1:45 PM
6	Hospitalist plus some cash-based (infertility)	8/25/2014 8:20 PM
7	Academic practice including fee sharing	8/25/2014 2:47 PM
8	Major Academic Center	8/24/2014 9:47 PM
9	Salary + paid incentive for RVU	8/24/2014 9:14 AM
10	hospital employed	8/23/2014 5:21 PM
11	hospital owned group	8/23/2014 4:29 PM
12	I hold clinical position with Dept Urology and academic appointment with Faculty of Medicine and have salary support from both.	8/20/2014 10:50 AM

13	academics have gone to salary plus incentives and thus RVU generation more than research	8/20/2014 9:28 AM
14	three solo providers in a group	8/19/2014 11:17 PM
15	Hospital	8/19/2014 9:31 PM
16	academic with incentives	8/19/2014 5:28 PM
17	Academic (salary based on productivity)	8/19/2014 8:58 AM
18	Nullify speciality with hospital relationship with in dignity health care	8/19/2014 6:46 AM
19	Employed with base salary and productivity bonus if I exceed and set level of RVUs.	8/19/2014 6:20 AM
20	We office share--divide the expenses based on gross income	8/18/2014 10:35 PM
21	hospital employee- fee for service	8/18/2014 9:49 PM
22	multispecialty group, integrated with hospital	8/18/2014 8:57 PM
23	contractor for county medical system	8/18/2014 7:57 PM
24	A complicated academic practice formula.	8/18/2014 7:19 PM
25	Academic practice with fee for service incentives	8/18/2014 6:49 PM
26	group practice	8/18/2014 5:51 PM
27	hospital employed with salary plus incentives but this is not an HMO	8/18/2014 5:49 PM
28	Part time stipend.	8/18/2014 5:20 PM

### Q25 What is your age group?

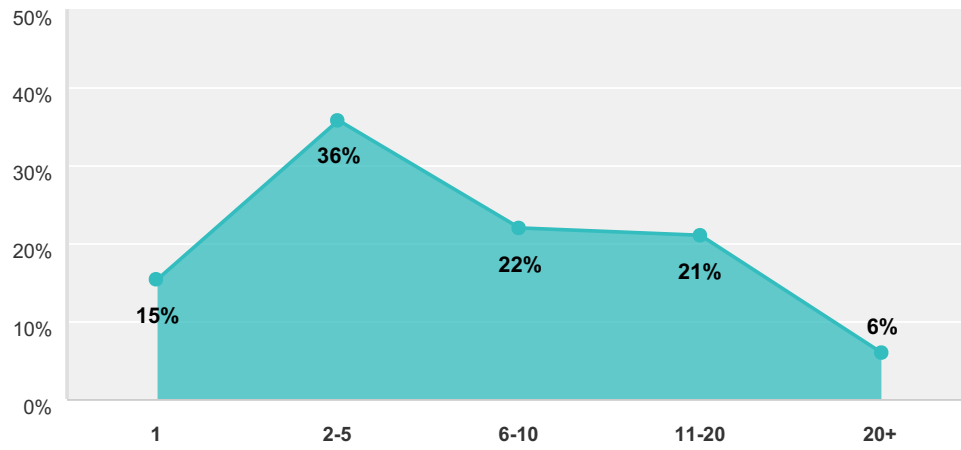
Answered: 319 Skipped: 17



Answer Choices	Responses	
35 or younger	2.82%	9
36-45	27.90%	89
46-55	24.76%	79
56-65	26.96%	86
66 or older	17.55%	56
<b>Total</b>		<b>319</b>

### Q26 How many urologists are in your practice / group?

Answered: 319 Skipped: 17

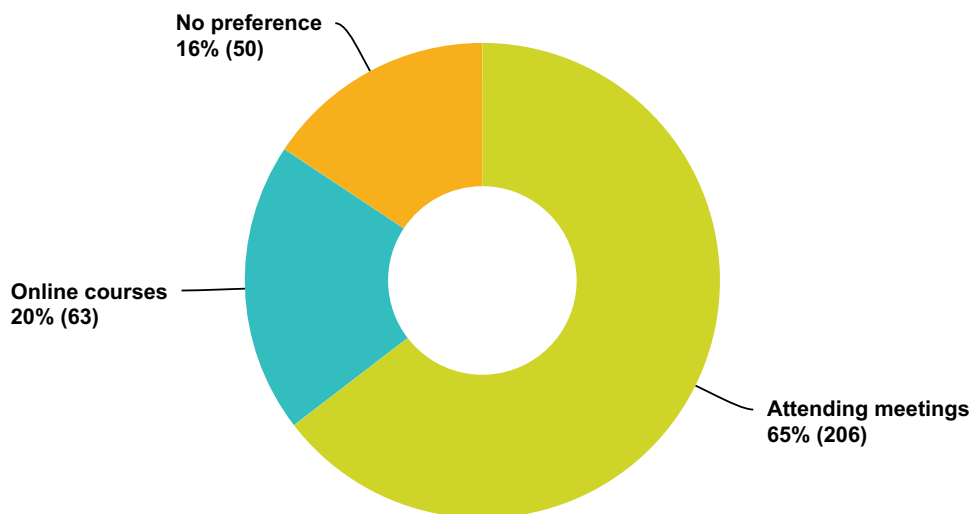


Answer Choices	Responses	
1	15%	49
2-5	36%	114
6-10	22%	70
11-20	21%	67
20+	6%	19
<b>Total</b>		<b>319</b>



### Q27 For your CME needs, what do you prefer?

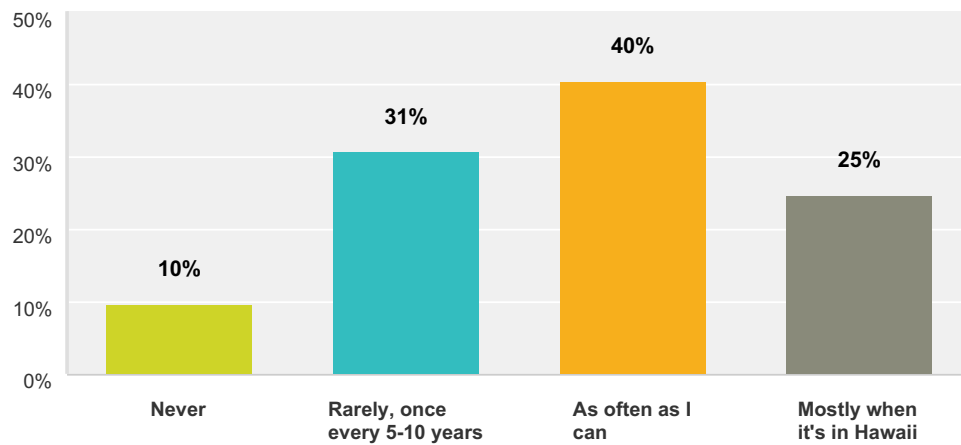
Answered: 319 Skipped: 17



#	Comments	Date
1	Annual oncology course, reviewing manuscripts, local CME/meetings	9/1/2014 9:03 PM
2	Convenient times costs locations paramount	9/1/2014 1:37 PM
3	on line ok- great to network at meetings	8/28/2014 4:04 PM
4	Journal of Urology, SASP	8/23/2014 7:01 PM
5	practical reviews in urology, etc.	8/20/2014 1:29 PM
6	Read journal	8/19/2014 9:31 PM
7	I use both methods extensively	8/19/2014 8:47 AM
8	I prefer written/audio courses that can be completed on my own schedule	8/19/2014 7:37 AM
9	Air travel is time consuming and the TSA is a pain. For me to attend an East Coast meeting requires a full day travel each way. Half a day for West Coast. I like attending in person, especially if the location is interesting, but the travel costs in \$ and time make it a difficult decision.	8/19/2014 6:20 AM
10	prefer a variety of sources	8/18/2014 8:07 PM
11	It depends on what is needed at the time. Most of the CME requirements can be met with meetings.	8/18/2014 7:19 PM
12	prefer local meetings that provide CME	8/18/2014 5:51 PM
13	So feel I need to stay current even if part time. Need to dialogue with others.	8/18/2014 5:20 PM

### Q28 How often do you attend Western Section meetings? (select all that apply)

Answered: 319 Skipped: 17



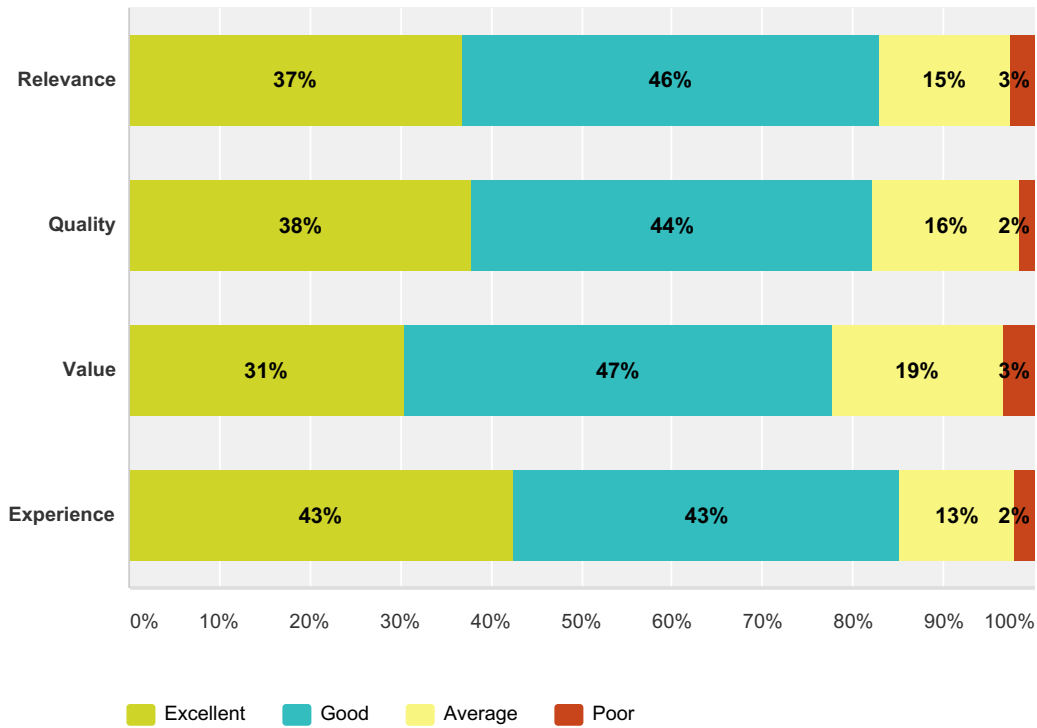
#	If never or rarely, please tell us why	Date
1	I go to 1 meeting a year or 2, and it's usually the AUA. I just don't hae the time. One day, when I have kids, I will go to the western section in Hawaii.	9/6/2014 4:06 PM
2	This will be the first year but I am going because it is in Hawaii.	9/4/2014 7:27 PM
3	Cost	9/3/2014 2:36 PM
4	Time and distance	9/2/2014 11:22 AM
5	Time off to travel. Yield of learning	9/2/2014 8:12 AM
6	I just have never gone.	9/2/2014 7:40 AM
7	Conflicts with other sub-specialty meetings. Not as robust an academic experience.	9/1/2014 8:08 PM
8	Just started my practice. Few years ago, and just now stabilizing so I can go.	9/1/2014 3:30 PM
9	Difficult to fit in and take the time- the meeting is good- have no concerns about its CME value	9/1/2014 1:27 PM
10	Cost and time	9/1/2014 12:58 PM
11	interferes with hunting season	8/31/2014 9:56 PM
12	Have one week of CME and attend similar Miliatary Sectional (Kimbrough)	8/29/2014 11:24 AM
13	Too busy with other things	8/28/2014 1:07 PM
14	Every 2 years, especially if I am presenting a paper	8/28/2014 1:56 AM
15	Required an answer, but my answer wasn't there. This will be my first WS-AUA -- New to the Pacific NW -- but have attended NCS-AUA almost every year for the last 10+ years	8/24/2014 9:47 PM
16	I go to AUA yearly and leave Westrn section for my partners to attend. I enjoy it when I go. Never go to Hawaii because it is so popular with my partners	8/24/2014 9:17 PM
17	Every 3-4 yrs.	8/24/2014 7:58 PM
18	I have young children, and I prefer meetings within driving distance or a short flight to minimize my time away.	8/24/2014 1:58 PM
19	mostly when in California	8/24/2014 1:58 PM
20	Went to annual AUA meeting. Difficult to take kids out of school	8/23/2014 11:05 PM

21	I treasure where I live in the months of September and October.	8/23/2014 11:01 PM
22	Fee required. Usually no new info compared with that the AUA main meeting	8/23/2014 7:33 PM
23	4 small children	8/23/2014 4:49 PM
24	Seems to be relatively low yield for time away from work.	8/23/2014 4:33 PM
25	haven't gone, but would like to attend	8/23/2014 4:29 PM
26	Expense of being away from practice and meeting/travel	8/22/2014 9:18 AM
27	Too many other fall meetings, often a direct conflict	8/22/2014 7:21 AM
28	I do not find this to be a heavy duty learning meeting	8/20/2014 10:10 PM
29	I have too many other meetings annual that I am required to attend.	8/20/2014 10:50 AM
30	Pediatrics not a large part of meeting	8/20/2014 9:28 AM
31	I can go to one meeting per year, if I go to one then the Aua is higher yield	8/20/2014 7:28 AM
32	no time to travel. 2 young kids and full time job would have gone this year except decided against as meeting is over halloween	8/19/2014 10:39 PM
33	Aua	8/19/2014 9:31 PM
34	prefer the national meeting	8/19/2014 2:31 PM
35	Cost and time-of-year are often difficult for me.	8/19/2014 1:07 PM
36	just joined	8/19/2014 11:18 AM
37	Have only been in the west for a few years	8/19/2014 9:23 AM
38	I let my younger colleagues go and I hold the fort down since it's more important for their futures to network and report research, I attend subject oriented meetings more appropriate to my interests.	8/19/2014 8:47 AM
39	Poor value, inconvenient time during school year	8/19/2014 7:37 AM
40	educational return never seems worth it	8/19/2014 6:32 AM
41	Difficult to get away for another meeting during October.	8/19/2014 4:42 AM
42	There's too little relevant information for FPMRS urologists to make it worth the time & expense.	8/18/2014 10:54 PM
43	Seems to always be a conflict with work or family schedule.	8/18/2014 9:03 PM
44	I really don't like being around a group of urologists anymore.	8/18/2014 8:48 PM
45	I prefer to go to the AUA mtg every couple years	8/18/2014 8:34 PM
46	Never did in training but trying to more now that I'm in practice	8/18/2014 8:29 PM
47	I just joined. The only island in HI I have been to is Maui so I did not want to go to Maui again!	8/18/2014 7:04 PM
48	Usually covering for my partners (who go every year). I go when I have a talk to give	8/18/2014 6:49 PM
49	I like some of the smaller focused meetings.	8/18/2014 6:42 PM
50	Timing. It's personal preference.	8/18/2014 6:20 PM
51	Poor value for the money; really not into the social scene.	8/18/2014 5:49 PM
52	Always	8/18/2014 5:47 PM
53	If I take time off from work, I will vacation with family	8/18/2014 5:33 PM
54	Why Seattle ,Orange County or LA ? Our wife's have given up a lot , Why not make it nice for them and young families.	8/18/2014 5:20 PM
55	Too expensive. Not at a favorable time of the year.	8/18/2014 5:08 PM
56	Timing of meeting	8/18/2014 5:07 PM

57	Time conflict with AAP / Fall Congress Pediatric Urology meeting	8/18/2014 4:57 PM
58	weakness of program, closeness in date to other meetings	8/18/2014 4:41 PM

### Q29 How would you rate the overall quality and value of the Western Section annual meetings?

Answered: 319 Skipped: 17



	Excellent	Good	Average	Poor	Total	Average Rating
Relevance	37% 117	46% 146	15% 46	3% 8	317	1.83
Quality	38% 119	44% 139	16% 51	2% 5	314	1.82
Value	31% 97	47% 150	19% 60	3% 11	318	1.95
Experience	43% 134	43% 134	13% 40	2% 7	315	1.75

#	Comments, suggestions?	Date
1	everytime I go to the business section of the meeting I come back feeling terrible like I should quit practice, but it is never as bad as they make it out at the meeting. maybe there should be more focus on how to do better within the regulations than all the doom and gloom from Jeff Kaufman	9/29/2014 4:16 PM
2	unknown	9/4/2014 7:27 PM
3	Have not attended	9/3/2014 2:36 PM
4	I have never been, but n/a was not an option for answers.	9/2/2014 7:40 AM
5	I usually go to the national AUA meeting and don't attend any other meetings	9/2/2014 6:58 AM
6	Don't know, have not been to one	9/1/2014 9:03 PM
7	love it. better than aua	9/1/2014 4:38 PM

8	want to see it in Portland!	9/1/2014 1:27 PM
9	NA	9/1/2014 1:19 PM
10	Need to cover general urology as well as research topics	8/25/2014 6:08 PM
11	way too expensive.	8/25/2014 9:59 AM
12	Again, required an answer so ... I'm rating the NCS-AUA	8/24/2014 9:47 PM
13	More topic lectures would be good rather than the research presentations	8/24/2014 7:58 PM
14	I love the meeting whenever I go. Much more applicable to every day practice than than AUA meeting.	8/24/2014 1:58 PM
15	any abstract gets accepted to the WSAUA	8/24/2014 1:58 PM
16	I've not attended for reasons of family obligations at that time of the year.	8/23/2014 11:05 PM
17	Never been to one but computer required An entry	8/23/2014 4:41 PM
18	Need more podium sessions with extended discussion. eg panel debates, etc.	8/23/2014 4:18 PM
19	Great meeting, don't change	8/21/2014 12:58 PM
20	SHOULD BE IN HAWAII EVERY YEAR	8/20/2014 8:04 PM
21	I haven't attended one.there should be a "n/a" for this question	8/20/2014 7:28 AM
22	Na	8/19/2014 7:27 PM
23	too long	8/19/2014 5:28 PM
24	I appreciate the value of resident participation in this meeting but like the NY section where the information is delivered by faculty level physicians	8/19/2014 8:51 AM
25	this will be my first one	8/19/2014 7:36 AM
26	Need more FPMRS	8/18/2014 10:54 PM
27	Many of the presentations from the academic practices in California do not apply to my clinical practice and are of marginal help.	8/18/2014 9:14 PM
28	Montery was a great venue	8/18/2014 8:48 PM
29	n/a	8/18/2014 8:34 PM
30	Joe Presti is the man	8/18/2014 7:57 PM
31	Cabo	8/18/2014 7:54 PM
32	great networking opportunity to collaborate for research purposes	8/18/2014 7:46 PM
33	Have not attended for years, but programs look good	8/18/2014 7:31 PM
34	I enjoy the meetings, both academically and socially. It's an important stepping stone to national participation through the AUA and ABU.	8/18/2014 7:19 PM
35	Never been	8/18/2014 7:15 PM
36	I've never attended, but this question does not allow "not applicable"	8/18/2014 6:20 PM
37	Hawaii is getting awfully expensive	8/18/2014 5:51 PM
38	Need to involve academic centers even more. We have tremendous quality programs in the west but not all are committed to the section meetings.	8/18/2014 5:47 PM
39	This is the best sectional meeting and very powerful-- keep up the excellent work for urology!!!	8/18/2014 5:06 PM
40	I wish it isn't during school year when it's marketed as a family friendly meeting	8/18/2014 4:51 PM

### Q30 Are there any specific topics, courses, suggestions, locations, etc. you would like us to consider for future meetings?

Answered: 90 Skipped: 246

#	Responses	Date
1	going to Hawaii every two years is too expensive for most urologists. I also don't like that the meeting seems to go back and recycle to the same venues/hotels, I think they should try new places	9/29/2014 4:16 PM
2	San Diego	9/9/2014 8:18 PM
3	"How to communicate to local primary care community re: PSA-based early detection"	9/8/2014 2:36 PM
4	More renal transplants	9/5/2014 8:54 AM
5	Up dates on antibiotics/sensitivity trends	9/4/2014 9:18 AM
6	More video sessions and post-grad courses	9/4/2014 7:52 AM
7	Infertility Erectile dysfunction	9/2/2014 10:57 PM
8	Coding	9/2/2014 10:10 PM
9	n/a	9/2/2014 7:40 AM
10	more management/financial	9/2/2014 5:29 AM
11	Uncertain	9/1/2014 9:03 PM
12	It should be during kids vacation. Either in summer time. Or in winter time at a ski resort during Christmas break.	9/1/2014 7:39 PM
13	No	9/1/2014 5:37 PM
14	None	9/1/2014 4:18 PM
15	I will be moving to a different section.	9/1/2014 4:13 PM
16	N/A	9/1/2014 3:30 PM
17	no	9/1/2014 2:32 PM
18	Mens Health How To Survive In Private Practice	9/1/2014 2:32 PM
19	group lobby efforts	9/1/2014 2:16 PM
20	I like the point counterpoints	9/1/2014 2:08 PM
21	no	9/1/2014 2:02 PM
22	-	9/1/2014 1:56 PM
23	Kauai, Oahu	9/1/2014 1:48 PM
24	Multiparametric MRI and how to financially incorporate the fusion platforms into private practice	9/1/2014 1:29 PM
25	see above	9/1/2014 1:27 PM
26	Continue/enhance the Economics Forum.	9/1/2014 1:19 PM
27	Navigating and understanding healthcare changes and ACA	9/1/2014 1:19 PM
28	No	9/1/2014 12:59 PM
29	surviving private practice/healthcare proactice management/optimizing revenue, profitability and value/practice valuations/revenu cycle management	8/28/2014 4:04 PM

30	Allow relevant new products and research on products when released to be part of the academic podiums and lectures. I have presented new data from phase II & III Clinical Trials on Viagra, Cialis 5 mg daily and Botox for OAB and Urge Incontinence around the time of their release. I was only given the chance to do a poster session which was really a disservice to the attending Urologists, our patients, as well as the pharmaceutical companies sponsoring the research and talk. There were only about 10 doctors who actually passed by the poster and looked at it. These were all novel products that had a dramatic effect for our patients and represented a significant change in the treatment of our patients.	8/28/2014 1:56 AM
31	CODING; ICD-10	8/27/2014 3:52 PM
32	Future of Integrated Physician Practice (Private Practice) in USA	8/26/2014 9:42 AM
33	not at this time	8/25/2014 2:55 PM
34	Health care education for residents/trainees	8/25/2014 8:32 AM
35	San diego	8/25/2014 7:24 AM
36	no	8/25/2014 12:48 AM
37	n/a	8/24/2014 9:17 PM
38	none	8/24/2014 3:21 PM
39	mountain retreat. Business courses in ACO	8/24/2014 1:35 PM
40	San Francisco	8/24/2014 11:55 AM
41	lap suturing	8/24/2014 9:43 AM
42	More Pediatric Content	8/24/2014 8:52 AM
43	none	8/24/2014 5:43 AM
44	you are doing OK	8/23/2014 10:20 PM
45	Portland, OR	8/23/2014 9:07 PM
46	Las vegas	8/23/2014 7:54 PM
47	No	8/23/2014 7:33 PM
48	Coding and billing issues, Intermountain West	8/23/2014 7:01 PM
49	More on the economics of urology	8/23/2014 4:50 PM
50	Portland	8/23/2014 4:41 PM
51	Yes- since you brought it up, security and safety at work.	8/23/2014 4:33 PM
52	Less Hawaii meetings	8/23/2014 4:22 PM
53	chronic pelvic pain	8/23/2014 4:18 PM
54	no	8/22/2014 6:55 PM
55	Hawaii	8/22/2014 9:17 AM
56	ancillary	8/21/2014 9:28 PM
57	You usually do a great job of covering all the important urologic areas.	8/21/2014 12:58 PM
58	management of advanced prostate cancer genetic testing for prostate ca	8/20/2014 10:10 PM
59	Seattle, WA	8/20/2014 4:41 PM
60	infertility	8/20/2014 1:29 PM
61	las vegas, Seattle	8/19/2014 11:17 PM
62	n/a	8/19/2014 9:52 PM
63	0	8/19/2014 9:31 PM



64	No	8/19/2014 7:27 PM
65	Impact of newer medical therapies on urologic care (metabolic syndrome, medical management of gout and stones, advances in anticoagulation and its impact on urologic surgery, preoperative risk assessment, for example).	8/19/2014 6:01 PM
66	not vegas	8/19/2014 3:01 PM
67	have the xray course again.	8/19/2014 1:23 PM
68	no	8/19/2014 12:36 PM
69	Updates on Urologic Trauma	8/19/2014 10:50 AM
70	bladder dysfunction	8/19/2014 9:56 AM
71	Always appreciate the health policy updates, maybe they could be made more applicable to the members by including discussions on ACA, bundled payment models, etc	8/19/2014 8:51 AM
72	.	8/19/2014 7:37 AM
73	mo	8/19/2014 7:36 AM
74	Anything FPMRS	8/18/2014 10:54 PM
75	No...you always have an excellent, complete agenda	8/18/2014 10:35 PM
76	Hands on ultrasound course No Vegas meeting, maybe Alaska attempt again	8/18/2014 9:03 PM
77	n/a	8/18/2014 8:34 PM
78	Continue every other in Hawaii.	8/18/2014 8:29 PM
79	Painters to discuss practice management issues	8/18/2014 7:54 PM
80	Hawaii every other year can be an expensive undertaking for training programs.	8/18/2014 7:19 PM
81	Image guided biopsies: New US machines that are available for office renal biopsies as well as new techniques in prostate biopsy	8/18/2014 7:04 PM
82	n/a	8/18/2014 7:00 PM
83	NA	8/18/2014 6:58 PM
84	No	8/18/2014 5:26 PM
85	Nice Resorts Topics that those of us in frontier urology can use when they get home.	8/18/2014 5:20 PM
86	NO	8/18/2014 5:12 PM
87	Hands on education in female urology	8/18/2014 5:07 PM
88	threat management	8/18/2014 5:06 PM
89	no	8/18/2014 5:00 PM
90	none	8/18/2014 4:50 PM